

NATURAL APPROACHES TO PROSTATE CANCER

A Personal Perspective

“Christopher Garner has written a thought-provoking account of his approach to dealing with prostate cancer, based on direct experience. Everything he writes about, he has tried out himself. You may not agree with all his observations, but this remains an innovative, challenging and humane work”.

JOHN BISHOP – *Chair of Edinburgh & Lothian PC Support Group*

*Our fundamental nature is to want to contribute
to the well being of others.*

Marshall Rosenberg

T'ain't easy, McGee.

From popular US radio show 'Fiddler McGee & Molly'.
Often said by my mother; widely applicable.

Death destroys a man; the idea of death saves him.

E M Forster

A man's a man for a' that.

Robert Burns

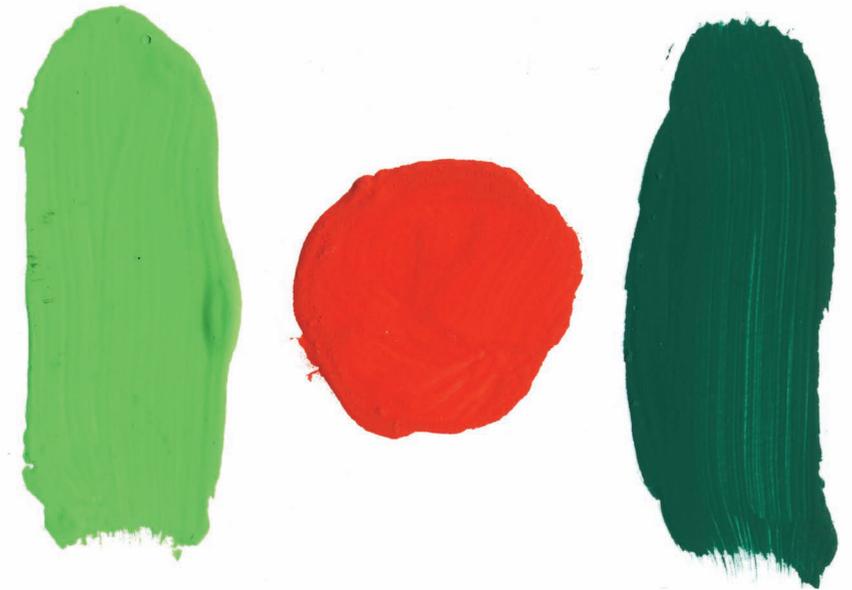
*We are like autumn
a wavering certainty of geese
brush-stroked upon the silver mist of time.*

J G H Williams

This book is published free of charge by the Edinburgh and Lothian Prostate Cancer Support Group. Donations are welcome and will be used to further the work of Maggie's Centres. See page 7 for details.

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NATURAL APPROACHES TO PROSTATE CANCER
A personal perspective

**An exploration of possibilities
from direct experience**

Written for those

- * seeking natural solutions for this condition
- * wishing to add support to conventional treatments
- * hoping to reduce the risk of developing prostate cancer

Dedicated to

* all those actively involved in running Prostate Cancer Support Groups in Scotland and, in particular, to four exceptional men on the committee of the Edinburgh & Lothian Support Group when I joined
- David Wright, Peter Phillips, Kerry Napuk and Charlie Hogg.

Christopher Garner
Edinburgh 2010

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FOREWORD

I wish to recommend this short book and believe it is one of the first of its kind to be produced, opening up a much broader and enlightened holistic view of approaches, not only for prostate cancer, but as a healing base for all cancers.

It encompasses age old beliefs, by dealing with disease, not only on chemical (chemo) and physical (surgery/radiotherapy) levels of interventions, but upon a broad palette of a wide awareness of approaches and strategies, finely tuned to the individual patient's requirements.

Trained in conventional science and medicine for 40 years, and as a naturopathic nutritionist and alternative therapist, I have come to believe that the most effective weapon in cancer and degenerative illnesses is the body's own immunity - once it is naturally strengthened. This immunity bears an inner innate intelligence, developed over millions of years of self-adjusting striving for survival against the elements. It involves literally thousands of reactions per second over all these years and with a degree of complexity 'modern' medicine has come nowhere near understanding. There is no doctor or scientist in his lifetime of learning whose interventions or understanding can compete with this super intelligence. However, this intelligence can only be fruitful for the patient when we maximise its potential to work with the body by giving it the best nutrition/lifestyle/mental attitude and by listening on all levels to hear what that sick body's needs are. In this way, the treatments outlined in this book can trigger inbuilt body memories of blueprints for health.

The fact that most cancer rates have soared in 50 years, despite sophisticated medical technology, suggests the latter's shortcomings in its efforts to address all the myriad aspects of the body's potential for health. As an example, it may come as a surprise to both patients and oncologists, that a varied organic, vegetarian-based diet has the capacity to attack cancer cells at **all** levels of their biological

functioning, given the right conditions; something which, to my knowledge, has never been duplicated in a lab.

Hopefully the healing strategies in this book may encourage you to read further and to explore your own potentially immense healing system - in tandem with your doctor's guidance. I firmly believe that this approach will one day form a large part of the medicine of the future.

Dr Neil K C Milliken

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A PRELIMINARY WORD

There are, in my view, two vitally important features of prostate cancer -

1. In the great majority of cases, detected by screening, the cancer is extremely slow growing and often takes decades before it spreads.

2. No one really knows which treatment is best. That's why you're given options.

If you are considering which treatment to follow and are not aware of these two factors, then, in my opinion, there has been a serious failure in communication within the health service. Without this crucial knowledge, I do not see how you can make an informed decision regarding your future and if you are looking at conventional options, especially surgery and radiotherapy, there are some important points you should know before coming to a decision. I therefore strongly urge you to read what my colleague, Kerry Napuk, has written regarding the 'informed choice' process. You will find his considered views in Appendix 1.

Another term for the 'great majority' would be low risk cases. To define 'low risk' I am using the criteria currently adopted by NICE (National Institute for Clinical Excellence). These are: a PSA of 10 or less and a Gleason score of 3 + 3 or less. Age also needs to be taken into account. In general, the higher your age, the lower the risk. If you are under 60, you need to pay attention to your PSA readings and your Gleason score.

If you are in the 'low risk' category, you will normally be offered three broad options - surgery, radiotherapy or active surveillance. The first two options will be explained to you following diagnosis - a urologist will invariably recommend surgery, an oncologist radiotherapy and there is unlikely to be anyone pressing for active surveillance.

Because active surveillance is the treatment recommended by NICE for men with low risk, it seems to me a serious omission that, apart from monitoring procedures, you are unlikely to be told anything further about this option. My view is that, in addition to having your condition monitored, you also need to be able to manage it. That is what this book is about. Its main aim is to provide you with a range of options, based on my direct experience, that you can use in order to come to terms with your cancer in a natural fashion.

If you have an aggressive tumour, or have been diagnosed when the cancer has already spread, you will probably not know which way to turn. Unfortunately, since this has not been my experience, I cannot speak from personal knowledge but I have included an account by someone who had to face what he regarded at the time as a death sentence - see Appendix 2. You might also like to read Peter Phillips' amazing story - Appendix 10. I hope this book will be useful to you in adding support to conventional treatments.

About this book

A brief look at the Contents will show you that this book covers a wide range of topics. I take what is sometimes called a holistic approach to the subject and I doubt if all the topics will interest you, at least on a first reading. So my suggestion would be to read the Introduction and then pick and choose. For some of you, the Summary at the end might be a good place to start. Use the index for specific points.

References in this book to individuals and organisations relate specifically to Scotland, but I have given details of UK national organisations wherever possible.

This book is not intended to substitute for the advice provided by a physician. Suggestions are intended as guidelines only. The author and publisher strongly advise consultation with an appropriate healthcare professional and cannot accept responsibility for any

effects resulting from any treatment or recommendations included in this book.

This book is published free of charge by the Edinburgh and Lothian Prostate Cancer Support Group. Donations are welcome and will be used to further the work of Maggie's Centres. Cheques should be made out to "Maggie's Centre". Please write 'Prostate book' on back of cheque, or include a note to that effect, and send to:

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The author would be pleased to receive any comments, queries or additions from readers and can be contacted through the above address. Further copies of the book can also be obtained from this Centre.

Finally I would like to thank the many people who have helped me. No man is an island but, in order to write this book, I had to become something of an archipelago with visits to many, often far-flung, ports of call. These island people know who they are. I know who they are. Thank you, friends.

Christopher Garner

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1. INTRODUCTION

Mountain in a mist

We arrived at the foot of the mountain one morning in early summer. I was guiding a group of people on a coast-to-coast route across Scotland. Normally the climb up, over and down Schiehallion formed one of the highlights of the week's journey from the Tay Estuary to Fort William. From its pyramidal summit in the middle of Scotland, the views extend from the snow-filled corries of the Cairngorms in the north-east across to the peaks of Glencoe and on to the blue-layered ridges of Lochaber in the far-flung west.

But this morning there was a problem. Schiehallion lay wrapped in impenetrable mist. The forecast indicated that it might lift, but I was not certain it would and thought it best to offer my group some alternatives. Although climbing a mountain always involves more than gaining a view, I didn't want a disgruntled crew arriving at the bottom "And to think we paid good money for that!" So we discussed some options - a cycle ride down to Rannoch, canoeing on the Loch. I was surprised to find that they all wanted to go ahead with the climb. "It's what we signed up for" in the terse words of a former US submariner. After impressing on all of them the need to keep in visual contact with at least one other person throughout the 5 hours' outing, we set off. I still hoped the mist would, at some stage, disperse.

It didn't. We walked all the way to the top, all the way down the opposite flank and the only thing my participants glimpsed during the whole time was the shadowy outline of the person in front of them. As we neared the end, I was wondering how best to make amends for this dismal experience. A classic and extended example of missing the view and viewing the mist. Maybe a good malt whisky before supper? Then out poured the reactions - "Amazing, absolutely amazing." "Incredible. To think we walked all the way up and down and never saw A THING." "Mystical, man." Perhaps they would be the ones buying the drinks.

My reason for mentioning this is not that I expect you to have similar ecstatic reactions on completing this book. My reason has to do with what is probably the main difference between us. I have been there already. I know the terrain. If you have been recently diagnosed, I am a few years further along the path from you. Without some knowledge and experience of mountain leadership, I could never have taken that group over Schiehallion in the mist.

All that I have written is based on personal experience and my aim is to put that experience at your disposal in the hope that some of it at least will help to guide you over the mountain.

When it comes to discussing prostate cancer, there can, I think, be little doubt that we find ourselves in very misty territory. I was first diagnosed in 2002 and read a number of papers and articles. One that has stuck in my mind was a major study initiated by the prestigious American Institute for Cancer Research. This study concluded that it could not say whether it was best to treat, or not to treat, prostate cancer. If we are honest about it, I think that is still the only conclusion we can come to today. Add to this uncertainty the fact that the only test currently available is the PSA test which even the man generally regarded as its inventor, Dr Stamey of Stanford University in the 1980s, now considers as being virtually useless in predicting the risk of prostate cancer and you have some measure of the difficulties we face. Mist-shrouded mountain ahead.

Terminology

If you choose to follow a natural approach, you will come across these two terms:

1. 'Watchful waiting'. When I was first diagnosed, this was the only term generally used for non-invasive treatment but its current meaning defines an option where no action is taken unless it seems necessary ie if symptoms appear. It is often the recommended mode for men who are diagnosed late in life and who fall into the category of those who are expected to die with, but not because of, prostate cancer.

2. 'Active surveillance'. This is the option recommended by NICE (National Institute for Clinical Excellence) for low risk people and involves regular monitoring of the condition. Normally, a PSA test will be given every three months and this will be supplemented by DREs (digital rectal examination) and re-biopsies where considered necessary. Although the PSA test is recognised as being far from perfect, this option provides you with an ongoing picture of your situation. You may also come across the term 'conservative management' to describe this mode and 'active monitoring' is sometimes used for a scaled-down version of 'active surveillance'.

Although 'active surveillance' may be 'active' in tracking your condition, it leaves the patient in a fairly passive role. You are most unlikely to receive any advice or information on positive steps that you can take to improve your condition. Is there a Consultant for Active Surveillance anywhere in the NHS who can provide help on matters such as diet, nutrition, stress and exercise? These are the issues that need to be looked at, in my view, if one is to successfully treat prostate cancer through natural means. These are the issues covered by this book.

If you decide to follow a natural path, there are two questions that you will face. One is the issue of how you set about following the various treatments. Do you adopt them in parallel or serial fashion? Do you take them all at once, some of them at once or only follow one at a time? The second question concerns the degree to which you pursue any particular treatment. Do you adopt a rigorous 100% attitude or do you take a more relaxed approach? For example, if you are cutting down on dairy produce, do you eliminate all dairy items from your diet completely or do you allow yourself a little milk in your tea? It's impossible to give hard and fast rules but here are some thoughts:

* if you are using diet and nutrition as your main mode of dealing with your cancer, then it is important to be strict with yourself; especially during the initial period of de-toxing and clearing your system.

* look for an acceptable alternative. If, for example, you are in the habit of taking milk with tea but want to cut out dairy, find a tea that i) doesn't require milk ii) that you enjoy (and which will probably be better for you at the same time). Don't become a martyr, even if it is in a good cause.

* if you decide to take several treatments at once, it will be difficult, if not impossible, to tell what the effect of any one treatment is. In some cases, this may not matter. If your situation is serious, you will probably want to find something, anything that will work. If your condition is not too threatening, you may feel you have time at your disposal and can afford to take a more serial approach.

* a reliable testing method is one way of cutting out the guesswork. The whole question of testing is dealt with under the key point 'Inquire within' in Chapter Three.

These two issues (parallel/serial and degree of treatment) inevitably raise the questions of how much money, and how much time, are involved in taking this approach. Since most of the treatments I have followed are not available on the NHS - although in my view many of them should be - the short answer to the first question is - not cheap. Over the years, I have lost track of all the payments and can only estimate the total cost to be something in excess of £10,000. Sharp intake of breath? Have I lost you? Well before you close the book, let me ask you a question - how much is your life worth? Remember that the evaluation is not just what it is worth to you but to your family and friends as well. Although our financial circumstances will vary considerably, I imagine we can all agree that there are few things more important in life, especially in its later stages, than health and a sense of well being. Don't forget that some of the remedies are free (many forms of exercise for example) and that a healthy diet can be cheaper than an unhealthy one. On the question of how much time it will take, we are back to the proverbial piece of string. I can only encourage you to devote as much time as you can afford.

It is worth making the point that, in my search for the causes of, and solutions to, prostate cancer, I have followed a multitude of routes,

not all of which have guided me to the promised land. Some have come to an abrupt end, others have led me astray. My hope is that you will benefit from my experiences and that this will enable you to be more selective, both in terms of money and time, than was possible for me.

My approach

One of the reasons that my mountain group were prepared to undertake the walk was that they appeared to have trusted me. They knew something of my background experience and training for guiding groups and had had three days to get to know me. A few of you reading this book will already know me but the vast majority will not. In order for you to gain some insight into my general approach to this particular journey, I think it would be a good idea if I put some of my cards on the table right at the start.

Here are two which I regard as aces and another two will appear later in the book :

◆ Ace number one

We are all uniquely different. Throughout millions of years, there has never been another you. (“Thank God” did I hear from some quarter?) and, amongst the billions living on the planet today, there is not another you. This may seem self-evident but it is surprising how often this truism is disregarded when discussing health issues. When it comes to matters such as diet and nutrition, therapies, types of exercise etc, it seems to me essential always to take individual differences into account. How often do we hear about a dietary recommendation - in favour of taking selenium or pomegranate juice or B12 - that fails to recognise that, while the advice might be suitable for some people, it could be totally inappropriate for others?

Throughout this book, I try to give due emphasis to the importance of individual differences.

♣ Ace number two

Your body has a natural impulse to heal itself. Whatever affliction we are talking about, and it could be anything from a cut finger to

cancer, the body's innate tendency is to seek to repair the damage. One dramatic example concerns the arteries to the heart. If an artery is blocked or narrowed, the body creates additional branches (collaterals) so that the blood can find another route to the heart. I speak from experience. Self-healing properties are related to the connection between the mind and the body and we will come on to this when I reveal another ace in my pack later in the game.

In looking at ways in which I could help my body to deal with prostate cancer, I decided not to follow any of the conventional treatments, such as surgery, radiotherapy or chemotherapy. It is no great exaggeration to characterise these methods as "slash, burn, poison". Fundamentally, they all deny the body its basic response mechanisms and its impulse to mobilise its own defences. In addition, they all carry possible side effects which include being turned into a species of *homo non-erectus* and/or *homo incontinentus*. If either of these conditions applies to you, I suggest you remember what has become something of a motto for our Group - "A man's a man for a' that".

Since there is a wealth of information currently available within the NHS, from prostate charities, from books, the internet etc on conventional methods of treatment, I do not think there is any need to reproduce this information here; and I could not write from any personal experience.

Going back to the matter of the body's self-healing process, I have to accept, of course, that the more advanced the cancer, the more difficult it might be to implement this process. This is where prostate cancer has one major advantage over other cancers. It's to do with the prostate itself and the dense, hard quality of its texture. Proof of this comes from an unlikely, and somewhat gruesome, source. In cases where bodies are badly mutilated, sometimes the only item that positively identifies the sex of a victim in an autopsy is the existence of a prostate. It can be the one soft body part that remains in the absence of all others.

I assume that this is at least one reason why prostate cancer is slow growing, unless you have an aggressive tumour (which unfortunately is the case for about 10% of individuals). In the minefield of uncertainties that surrounds prostate issues, the normally slow growing nature of the cancer process stands out as a tower of certainty. It is one reason why a natural approach probably has more chances of success than with any other cancer.

You will find a wide range of views and statements being made throughout this book. Many of these are based on personal experience; some come from consulting other people, other sources. In general, I have not given detailed accounts of what these sources are; mainly because they would clog up a book which is intended to be easily readable. I also believe that people who want to follow up any particular claim or who wish to query a certain statement will be able to do so on the internet.

To give you an example of the point I am trying to make - and this is taken more or less at random - when I discuss the importance of melatonin, you will find the statement that “blind people have a degree of protection against certain cancers”. This is not something I have personally observed or know about but there are several studies that substantiate this claim. One of them is an article in *Epidemiology* 1998 Sept; 9(5):490-4 entitled “Reduced cancer incidence among the blind” by Feychting M, Osterlund B, Ahlbom A from the Institute of Environmental Medicine, Karolinska Institute, Stockholm, Sweden. I could have included this information in the text or as a footnote but, in my view, neither would be appropriate in a book of this nature. The basic point is this - there is evidence for all the views expressed in this book but that evidence is seldom given with detailed references.

In case you think the approach I am advocating in this book represents some alternative, new age, unconventional way of thinking, let me quote from the writings of the Frenchman Ambroise Paré, considered by many to be the father of modern surgery. I have added square brackets for modern equivalents.

Having identified two main causes of cancer as “irregular diet” and “perturbations of the mind” [stress], he goes on to discuss the best methods of treatment -

“We must not attempt the cure [treatment], neither with instrument [surgery], nor with fire [radiotherapy], neither by too acrid medicines [hormone therapy] but we must only seek to keep them from growing more violent, and from spreading further For thus many troubled with a cancer have attained even to old age”.

When was this advocacy of active surveillance written? 1579.

Before ending this chapter, I would like to address two issues which may well be concerning you at present. There were certainly uppermost in my mind at the time of being diagnosed.

These issues are:

Has my cancer spread?

This is the question of whether or not the cancer has spread (metastasised) beyond the capsule of the prostate. The main way of determining this is through a scan, but this can involve a wait and you may feel the need for some sort of an answer straightaway.

Unfortunately, it is not possible to give a simple answer, nor to provide clear-cut guidance on this issue prior to a scan. The best I can do is to give you a table with approximate figures as to the likelihood of spreading. You will find this in Appendix 3 on page 105. It is important to realise that these figures are by no means hard and fast. They need to be interpreted by an experienced professional and are given as a rough guide only. We would all like there to be greater clarity, and fewer time delays, on this vital topic.

Does the natural approach work?

Again, I wish I could give a clear-cut answer but the uncertainties continue. I can, of course, only speak for myself but, in terms of causes and remedies, my contention is that all of us with prostate cancer are pretty much in the same boat. The respective stages of our cancers will inevitably vary, as will our ages and general health.

Perhaps the only way to ascertain whether the natural approach works would be for me to undergo a re-biopsy. If such a test would provide conclusive proof, I would go ahead; but it wouldn't. First of all, there is the question of what timescale to use. 5 years? 10 years? Any length of time seems arbitrary and it is always possible that a biopsy result at any particular juncture could be different a year or two later. Secondly, since a biopsy samples only a portion of the prostate, a negative result would not be proof positive that there were absolutely no cancer cells present in the prostate as a whole. It is known that an initial biopsy can fail to detect the presence of cancer and thus produce a false result.

Apart from the above reasons for not having a re-biopsy, I do have reservations about the operation itself. Instead of giving the poor old prostate some tender care, it gets shot at by needles from all sides. Common sense suggests, to me at least, that this action must increase the risk of cancer cells in the punctured prostate spreading; there are also the attendant risks of infection and haemorrhaging.

So I'm afraid you will have to wait until the post mortem on my body for a definitive answer to this question. In the meantime, what we can say for certain - well, nearly certain! - is that the general upward trend of my PSA count is roughly in line with the increase due to age. I can also say that my energy level is high, as high as I can reasonably expect, and I add this conviction: whatever I die from, I do not believe that it will be from prostate cancer.

2. WE ARE WHAT WE HAVE BEEN

In this chapter, I discuss the diagnosis of my prostate cancer and my attempt to discover its causes. If you are not particularly interested in the question of causes, you might like to skip this chapter for the time being and go on to the next one 'We are what we eat and drink'.

I was diagnosed with prostate cancer in August 2002 aged 63. My PSA was 4.9 and the biopsy put me at 6 (3:3) on the Gleason scale and revealed that one out of 8 needles was 'positive' - though as I said to my consultant it wasn't a very positive result for me. A subsequent scan indicated that the cancer had not spread.

My first reaction to this news was not so much "Why me?" as "What causes prostate cancer?" I asked a number of NHS professionals (including my consultant, a specialist nurse and my GP) but the only information that came from my questioning was a tentatively muttered 'excess testosterone' from one source. I got the feeling that this was not an appropriate question to be asking. But I took the simple view that, unless you understand what causes a condition, you cannot really solve it. So I decided I would try to find out for myself. I therefore rejected my consultant's recommendation in favour of surgery and opted for 'watchful waiting'- as it was called at the time.

It's worth recording that, although he thought I was mistaken, my consultant did not attempt to talk me out of following this course. Indeed, two years after the decision, when reviewing my case with a student on one of my 3 monthly check-ups, he had the honesty and courage, to say "In the light of what has happened, I think Mr Garner was right and I was wrong". Two years after that statement, when my approach did not appear to be working, I felt that he was perhaps right and I was wrong. Nothing is clear cut or straightforward in the field of prostate cancer.

I would also like to mention that my consultant took up the issue of terminology with the urological powers that be. 'Positive' in a medical sense means that cancer has been detected. For the patient this may feel more like a 'negative'. Result? Powers that be 1: patients 0.

Causes

So I embarked on an attempt to discover what had caused my cancer. Since I do not have a medical background, and my knowledge of how the body works is rudimentary, you may consider this venture to have been foolhardy or arrogant or futile - or all three. There have been times when I would have agreed with you. Yet I was driven by a need to know and by the thought that, if I could uncover the causes, I might be able to resolve the cancer through natural methods (by playing Ace number two - the body's natural impulse to heal).

I began my search with the obvious - with diet and nutrition. I made inquiries about a test which would help to establish what was going on inside me and was given the name of the 'BEST' test, which stands for 'bioresonance energetic stress test'. A probe, placed on a particular spot on your finger, sends a signal to the body and back to a computer which then delivers a specific reading for a wide range of foodstuffs, vitamins, minerals, etc.

One of the main findings from this test was that my digestive system was seriously compromised and therefore my immune system was not functioning properly. Since this test also told me which foods were bad for me, I embarked on a drastically new diet together with a bewildering array of supplements. As someone who had never had any digestive problems, never had any allergies, had scarcely taken any pills, I found this new regime both perplexing and difficult to follow - and to swallow. However it seemed to be beneficial. My first PSA after starting this regime fell to 3.9. "I've cracked it", thought I, "it's all to do with diet."

Since the BEST test uses acupuncture points and meridians to determine its results and, since these features are not generally recognised by the Western medical model, there is a problem in discussing findings from this test within mainstream healthcare. This was a problem which occurred with most of the investigations I undertook. It's as if there are two opposed sides which, for

whatever reason, do not communicate with each other. Even if he had wanted to discuss something like the BEST results with me, my GP resorted to “I’m sorry. I just don’t have the training to help you on this.”

Unfortunately, my PSA did not continue to fall. In fact, the very next reading rose to just over 5. I realised that I had probably not cracked it after all. So began a lengthy, costly and, at times, daunting search for the causes of my prostate cancer.

After seven years of investigation, I feel I am now in a position to state the main causative factors behind my cancer. Although the proportions will vary from one person to another, I believe that these causes are likely to be involved in other cases of prostate cancer. For this reason, I shall list the causative factors and include in each case examples which relate to other people’s experiences as well as my own.

The list follows no particular order of importance.

Cause number one - diet and nutrition.

I remember an epidemiologist beginning his talk at a national conference with a provocative remark “Of course, we could get rid of prostate cancer overnight.” Pause for effect. “If we all adopted an eastern diet”. While the statement is essentially hypothetical, it illustrates the importance that diet plays in this, and no doubt every, cancer. Dietary issues are highly complex; for any one piece of advice or research, you can usually find its complete opposite. We shall look at this in the next section. Generally speaking, nutritional deficiencies occur in a range of areas of which these seem to be the most important -

- * mineral deficiencies, especially zinc, selenium, calcium
- * anti-oxidants, including vitamins A,C and E
- * chemical compounds including bioflavonoids - a group of plant pigments, many of which, such as pine bark, grape seed and cranberry, act as free radical scavengers ie they mop up cancer-promoting cells

* omega 3 fatty acids. These are essential to health but cannot be manufactured by the body. Found in fish, other marine life such as algae and krill, certain plants and nut oils. If taking Omega 3 as a supplement, make sure that the product has been cleaned, otherwise you could be adding extra metals to your diet. If you ring the company concerned they should be able to confirm that the product has undergone a cleaning process.

Cause number two - toxins.

Our present day environment abounds in toxins from a myriad of sources. Two groups seem to be implicated in prostate cancer -

* chemical toxins such as synthetic growth hormones in animal, fish and dairy produce; phthalates (a class of widely used chemical compounds) in personal care items; synthetic hormones from pharmaceutical products. Artificial “gender-bending” hormones create an imbalance in the hormone system - a feature of prostate cancer.

* toxic metals, including mercury, aluminium, cadmium, palladium and lithium. Sources include water supply, dental treatment, pharmaceutical products, deodorants, car exhausts etc; also occupational hazards and foodstuffs.

Of these metals, mercury is the most toxic and my view is that anyone with prostate cancer should have any mercury amalgam fillings replaced. Two reasons for this i) mercury severely compromises the immune system ii) one area it tends to congregate in is the pelvis.

It is important to have any replacements done by a dentist who has specialist experience otherwise mercury can be released into the body as the fillings are removed. Two conditions are necessary - a) rubber damming which prevents bits of mercury from lodging in the body b) continuous close nursing and suction by an assistant who can mop up any fragments etc. To prevent any mercury from entering the body other than through the mouth, it is

recommended also to wear a nose mask and eye pad.

One source of information on such dentists is The British Society for Mercury Free Dentistry www.mercuryfreedentistry.org.uk

Cause number three - emotional stress.

It has been shown that stress affects one's immune system and uses up the body's store of vitamins and minerals faster than any other cause. I can testify to the effect stress can have on PSA readings. Just after a turbulent period in family relationships, my PSA shot up from 8.0 to 11.1. Although PSA numbers fluctuate, often without any obvious cause, I am certain this particular blip was caused by stress. Stress, of course, comes from a multitude of sources these days but, particularly relevant in this context, is the emotional stress that derives from the internalisation and suppression of strong feelings. Many men find difficulty in expressing such emotions but, regrettably, these feelings do not go away of their own accord. If held on to over a period of time, they may have serious detrimental effects.

Cause number four - geopathic stress.

This could be termed stress mainly from non-human sources such as negative earth energies and, especially relevant for us today, electromagnetic pollution - often called EMFs, electromagnetic fields. EMF pollution includes electromagnetic fields from high voltage cables; emissions from computers, domestic appliances; mobile and cordless phones; communication masts, especially the Tetra police network. I live 200 metres from two mobile phone masts (placed on top of a school, of all places) and, although this is a controversial subject, I have been led to believe that frequencies from these masts have a bearing on my cancer.

Cause number five - invasive organisms.

These include the following -

- * bacteria - harmful ones are known as pathogens. They colonise where poor natural or nutritional immunity exists.
- * fungal-type organisms - for example, moulds and yeasts.

* parasites - internal parasites are commonly acquired by eating infected meat, through contact with impure water or contaminating fingers with faecal matter.

* viruses - the smallest known type of infective agent, which invade living cells and make copies of themselves.

Over the past seven years, I have identified these as the causative factors behind my prostate cancer. Although I would have preferred to have found out about these causes from within conventional medicine (and not just for reasons of cost), this possibility was not open to me. For example, when I wanted to find out about mercury, I was told that there was no such test available on the NHS. This meant that I had to use other means. It also meant that any results obtained from such sources would not be recognised by the NHS. My sources of information have included both knowledgeable people (nutritionists, naturopath, causative diagnostician, etc) and techniques such as hair analysis, kinesiology and bioresonance testing. No doubt these sources would be dismissed as 'alternative' by NHS practitioners and the vast majority of them would not take the results seriously. Many of them, I suspect, would not be prepared to even discuss the findings.

A number of points emerge from these investigations -

Firstly, I have been talking about causes in the plural, not one single cause. Although it is possible that some prostate cancers may have just one cause, it seems most likely - as in my case - that a combination of factors is involved. For this reason, the search for a single magic bullet that will deal with all forms of prostate cancer seems misguided.

Secondly, just as every individual is uniquely different from every other individual, so no two prostate cancers are alike. I accept therefore that the causes for me will not necessarily be exactly the same ones for you, although I suspect there will be a high degree of correspondence. The most likely difference is in the respective weighting of these causes. For example, toxins may be 30%

responsible for my cancer but only 10% for yours. This concept has important implications for remedies - as we shall see.

Thirdly, causes are not separate, discrete entities. They are interactive. Parasites, for example, can incorporate mercury and some other undesirable metals in the body. To be effective, therefore, treatment has to be aware of the ways in which these various causes interconnect.

Lastly, and to me quite surprisingly, only one of these causes - the one on toxins - relates specifically to the prostate. Gender-bending hormones in toxic chemicals (cause no 2) can lead to a hormone imbalance, which is characteristic of prostate cancer. The other four could, presumably, lead to any form of cancer or to a variety of other conditions. This point emphasises the need to adopt a wide-ranging, multi-disciplinary approach to the treatment of prostate cancer and indicates that we should not focus solely on the prostate.

You may be thinking that one cause is conspicuous by its absence - the genetic factor. There is considerable evidence that having a relative with prostate cancer increases the risk of your developing the condition. To conclude that the reason for this increased risk lies solely in the genes seems to me to be taking a limited view of the situation. Genetic analysis may well be able to tell us whether or not we have a disposition towards a particular condition. Whether or not that susceptibility translates into reality may depend on a range of other, non-genetic, lifestyle factors.

To illustrate the point from my own experience - when I had bowel trouble a few years ago, my GP was in two minds about sending me for a colonoscopy. We discussed the issue and when I told him that my father had had bowel cancer, his divided mind suddenly became unified and decisive - immediate test. I was not surprised to find that, in fact, there was no problem. Because my lifestyle was so different from my father's largely sedentary career and his penchant for fat

(he used to devour any fatty chunks we children sliced off), I suspected that I might not follow his pattern. On the other hand, had my lifestyle been similar to his, I suspect that the results from my colonoscopy could have been similar to his.

And, for the record, I have not been able to trace any prostate cancer history amongst any of my male ancestors.

Having looked at the likely causes, let's now consider the remedies.

3. WE ARE WHAT WE EAT AND DRINK

Just about everyone nowadays recognises that what we eat and drink has a major impact on our wellbeing, or 'illbeing'. So diet constitutes our first remedy. I start with a list of key points and suggest you look at these first; then, if you want further information on any particular point, consult the page references that are given.

Key points

i. Inquire within

Time to reveal another key card in my hand.

♠ Ace number three

Your body knows the answers. Because it has been functioning successfully for millions of years, the body has stored within it a tremendous amount of information about how it works. The problem is how to access this information in a reliable manner. One way is simply to put the question to the body and see what answer is forthcoming but many of us lack the confidence to trust whatever emerges. In this case, we can resort to various testing methods, bioresonance tests and kinesiology, for example, which will help us to discover the diet that is right for us. The alternative to a test is to see a recommended nutritionist, naturopath or holistic doctor. Without some knowledge of this kind, it is difficult, if not impossible, to plan a diet specifically geared to our system.

For further information on this point see page 33

ii. Digestive & immune systems

Unless we have a good supply of digestive enzymes and friendly bacteria in our gut, whatever we put in our stomachs by way of foods, drinks and supplements will not be properly absorbed. One consequence of this is that our immune system will be impaired. An immune system that is not working effectively invites the enemy to invade and the enemy comes in many forms - parasites, unhealthy bacteria, an acid environment in the body. All these enemies

encourage fermentation in the body's metabolism, which, over time, is a known trigger for cancer.

For further information on this point see page 38

iii. *Acid alkaline balance*

If we do not have the right balance between acid and alkaline phases in our bodies, many health problems can develop, including immune deficiency, bladder conditions, free radical damage, arthritis. Many of us have too much acid in our system (dairy, red meat, processed food etc) and this can be corrected by changing to a vegetarian-based diet.

For further information on this point see page 40

iv. *Chief culprits*

Avoid, and find alternatives for, the chief culprits affecting our health today -

- * dairy products derived from cow's milk
- * the wrong fats
- * sugar
- * alcohol
- * smoking

For further information on this point see page 41

v. *Fruit & veg*

We are constantly advised to eat fruit and vegetables but we need to remember that these are carbohydrates and the general recommendation for a prostate cancer diet is that it should be low in carbohydrates. What matters in particular is the rate at which glucose becomes available from the process of digesting food. The glycaemic index (GI) of each food provides an indication of how quickly the blood glucose level rises after eating a measured quantity of the food. Try to aim for foods with an index below 50. Broccoli for example has an index of 10, chips of nearly 100. Notice the difference that cooking can make with certain foods - e.g. raw carrots are 35, whereas cooked carrots have a GI of 85. The higher the GI, the higher the blood sugar and this causes fat deposition and chronic

inflammation in the body. If this continues for some time, cancer is the body's response to this degenerative state of affairs.

Research suggests that allium vegetables (garlic, onions, spring onions, shallots, leeks and chives) can reduce the risk of developing prostate cancer. They contain compounds with anti-cancer properties although heat during their cooking can prevent the formation of these compounds. Best plan is to eat raw or steam, not to boil or microwave.

Since fruit can ferment in the gut if eaten straight after a meal, either take half an hour before, or two hours after, a meal and preferably in the morning. Because of chemicals, etc it is sensible to wash and wipe all fruit whose skin is eaten. If seeds are edible you might like to eat them along with the fruit since they contain laetrile (B17), thought to have anti-cancer properties; apricot kernels being one of the richest sources of this vitamin. Other sources are apples, pears, buckwheat, millet and mung beans (especially sprouted).

vi. *Fresh, local, organic and varied*

Avoid processed, prepared and packaged food, particularly smoked produce. Instead, buy fresh, local foodstuffs. Organic food is desirable, especially for items that are heavily treated with pesticides (such as carrots and lettuce) and when you are eating the skin (eg apples, pears). Water alone does not remove pesticide residues; peel or wash with veggie wash.

E numbers are something to be aware of. They are number codes for food additives, and can usually be found on food labels in the European Union - the prefix 'E' stands for Europe. They are often thought of as artificial food additives that should be avoided if possible. However there are many additives that are safe - e.g.E300, which is vitamin C. To follow a diet that does not have any E-numbered additives in it would be difficult, but preparing meals from ingredients that have not been processed will mean that you will be avoiding most of the undesirable additives.

Go for variety. Chris Woollams' book on how diet can help to beat

cancer is called 'The Rainbow Diet'. Include a wide spectrum of colours in your food - especially greens, but also reds, purples and yellows in vegetables. One recommendation is that we should eat 50 different foods per week. Remember, there is no white in a rainbow - sugar, bread, rice etc. Apparently, the 5 fruit & veg a day was chosen instead of 9 since the panel reckoned that the average person could not cope with taking so many on a daily basis.

vii. *Supplements - vitamins & minerals.*

In today's world it is unfortunately necessary for even healthy people to consider taking supplements. If you have cancer, taking supplements is mandatory. The question of which supplements, at what levels and of which kind is not straightforward and this is another reason for having a test and/or seeing a nutritionist. The key point to remember is that supplement intake must always be **balanced**. Taking any one supplement in excess can be bad news and certain supplements should be avoided eg flaxseed oil can make advanced prostate cancer worse.

For further information on this point see page 47

viii. *Water of life*

The general recommendation is to drink 2 litres of water (excluding teas, coffees, etc) a day, about 8 glasses. Some people will find this excessive and individual differences should always be taken into account. Drink before or after meals, not during and consider the best way(s) of drinking properly filtered water. Drinking during meals weakens the effect of the digestive juices/enzymes to break down nutrients in the food.

For further information on this point see page 50

ix. *Detoxing*

Not for the first time in our journey we come to two signposts. One says 'Yes' and states that it is important to rid the body of accumulated harmful substances. The other points in the opposite direction 'No' and claims that the body has its own system of dealing with these substances. Furthermore, this signpost says that detox

programmes are based on unscientific and unproven claims. We're in familiar territory and, as your self-appointed guide on this trip, I'll give you my view.

If you follow the key points mentioned above in relation to diet, as well as attending to matters such as toxic metals, you will, in essence, be pursuing a detox diet and your system will begin to cleanse itself. There is no need for a specific detox regime, of which there are a bewildering number. The exception to this would be if you discover that one of your organs, especially the liver, was not functioning properly. In this case, I would recommend taking guidance from an experienced and trustworthy dietician or nutritionist.

One of the additional ways in which you can help the body to detox itself is through juicing. Many people regard fresh fruit and vegetable juicing as one of the keys to good health and it plays a central role in the Gerson diet (see Appendix 4). Personally I have not tried juicing so cannot speak from any experience but it is an approach you might like to consider.

Finally

At my school, the younger boys took turns as orderlies to serve food to others. As an orderly, you made a point of asking the Housemaster how much he wanted even though, in my house, you knew the reply would always come back as the same incantation "In moderation, my boy, in moderation". In fact, this seems pretty good advice. Whatever diet you choose, I recommend keeping everything according to my Housemaster's mantra.

Follow-up information to key points on diet -

Inquire within

Although diet and nutrition may be the most important of our remedies, they are also some of the most complex for two reasons i) the extraordinary complexity of the human body ii) the fact that we are all uniquely different.

This is not the place, and I am not the person, to delve into the body's complexity. There are, apparently, something like 3 trillion processes going on at any one time. I'll just run through the list with you, shall I? Firstly So let us just accept for now that, on the physical level alone, we are dealing with an immensely intricate system that has evolved over millions of years.

The fact that no two people are the same has important implications for the treatment of prostate cancer in general and for the question of diet and nutrition in particular. My wife can't stand me putting peanut butter on bananas; I don't enjoy the dates she puts in salads. And so it goes. This brings me to my first recommendation - **Find out about your own digestive system.**

Unless you have some understanding of the state of your digestive system, of those foods which are beneficial (and which ones are harmful), of the levels of your vitamins and minerals, of any food intolerances (which may not be obvious) then it seems to me that choosing the right foods will be a very hit and miss affair - bit like going into battle without a plan. How can we formulate a plan?

For me, the obvious first step is to take a test which will enable us to determine what's going on inside. Fortunately there are a number of tests available these days. Some of these involve computer technology and use the body's resonance to obtain specific readings for intolerances, vitamins, minerals etc. Personally, I took the BEST test (bioenergetic stress test) when I was first diagnosed and any doubts I may have had as to the test's truthfulness were put to rest when the probe on my finger examined my system overall. My urinary system, which includes the prostate, emerged as being by far the most weakened in my body. No one told the computer that I had prostate cancer. Another finding from this first test concerned my digestive system. It was severely compromised despite the fact that I had no symptoms, have never had any allergies etc. Armed with the information from this test, I was able to set about changing my diet in a positive, if fairly drastic, manner.

It may be that this particular test is not available in your area but if you search around - local health food shops can often help here as well, of course, as the internet - you should discover something similar. One of the country's leading establishments in natural health care, Napiers with branches in Edinburgh and Glasgow, have practitioners who test for food sensitivity. Regrettably, the NHS do not seem able to offer anything in this area - and your GP may be dubious about the value of such testing. Almost certainly your GP will not be able to interpret the results of any resonance testing (since they are based on the recognition of meridians and acupuncture points) so you will have to rely on the person conducting the test. It would be a good idea to speak to such a person beforehand to make sure you have confidence in them and their test. In general, tests are only as good as the person who conducts them and interprets the results - so make sure you find a competent practitioner.

That last sentence applies particularly to a form of testing known as kinesiology. This technique blends Traditional Chinese Medicine with Western methods and enables the kinesiologist to test your muscles in order to get a picture of what is happening in your system. When I visited a kinesiologist, one finding was that my PSA count of 12.8 consisted of 4 due to cancer, the balance being caused by enlargement. I do not know if this is the case but I do know that my prostate is enlarged - about double the normal size - and that therefore a portion of the PSA count must be caused by this factor. Unfortunately, the current PSA test cannot apportion the readings in terms of cancer and enlargement.

Recommended contact for further information on kinesiology - Christina Damerell, 22 Eyre Crescent, Edinburgh EH3 5EU 0131 556 0634 or Kinesiology Federation kfadmin@kinesiologyfederation.org 0845 260 1094 Other ways of finding out what is right for you, apart from taking a test, include -

* getting some advice on nutrition by

i) seeing a good nutritionist in your area. I say 'good' because, as is the case with all practitioners, not all of them are. Ask around. Speak to the nutritionist before visiting if you can and see if you sense whether

this person will be helpful for you or not. Ask whether he/she has experience of dealing with clients who have cancer.

ii) attending a course on nutrition. Perhaps there is one run by your local education authority or a Maggie's Centre (see Appendix 8)

* rotating certain foods in your diet and seeing what the effects are. For example, if you eliminate a particular food for one week initially you could see what difference, if any, this made. Several weeks might be needed to confirm the effect. Inevitably this is a lengthy process and proceeds along the lines of trial and error where many factors may be involved. Patience therefore is involved - but not cost.

* listening to your body. For example, just before you put something in your mouth, ask your body if it is going to be positive or negative for you. See what response you get and how you feel afterwards. One of the lessons we can learn from this approach is that not everything we fancy does us good. In fact, if we have an obsession for something, it may be doing more harm than good. Dowsing is a method of getting information from the body about its condition and is a relatively simple technique to learn. Further information from www.britishdowsers.org

One way of developing sensitivity to the body's needs is to go on a fast. Apart from providing an opportunity for our system to detox, fasting sharpens our awareness of what foods the body really needs. Some people recommend a regular period of fasting, say one 24 hour period per week. This may not be your cup of (non)tea, but why not give it a try? However, do not start any fast if you are diabetic or have low blood sugar and always take advice.

* considering your blood group. Some 10 years ago, a book called 'Eat Right for Your Type' by Dr D'Adamo related diet to blood type (see Appendix 12). The basic idea is that your blood group reflects your evolutionary background and can therefore give you information on the foods that are most suitable for your type. In a nutshell, the four groups are -

GROUP O - O stands for old and this group dates from the earliest period of humanity. The hunter-gatherers. They were meat eaters and their diet was high in protein, low in carbohydrates. O group should cut out wheat and most other grains.

GROUP A - A stands for agrarian and this group appeared somewhere between 25,000 and 15,00 BC. Instead of hunting, these people lived in settled, agrarian communities. Their diet accordingly was vegetarian - high in carbohydrates, low in fat.

GROUP B - B stands for balance and reflects the migration of races from the African homeland to Europe, Asia and the Americas. If you are B type, your diet should be a varied mix of recommendations for O, A and A/B and yours is the only group that does well with dairy products.

GROUP A/B - This group represents a modern intermingling of disparate groups and is rare (less than 5% of the population). The type has most of the benefits and intolerances of both A & B.

The relationship between blood type and diet is considerably more complex than the above summary suggests but, if you look into it, you will find a wealth of information relating to the most suitable foods for you. D'Adamo's book provides lists of fruit, vegetables, meats, dairy products, cereals etc broken down into 3 categories for all blood types - Highly Beneficial; Neutral; Avoid. Items in the Avoid category need not be rigorously banished for all time; eat sparingly or leave a gap of a week.

If you have a strong addiction (to caffeine, sugar etc) never stop suddenly. Phase out over a week or so. The body, especially in a weakened state, will not cope with the added onslaught of a sudden deprivation of stimulants, even bad ones, which should be replaced in a measured fashion by healthier, and permanent, alternatives.

Now that you have some basis for evaluating what foods are most appropriate for you, I suggest looking at some general principles concerning our eating, and drinking, habits. All too often, people think in terms of specific details. Should I take pomegranate juice? Do I need more B12? What about brazil nuts? Is red wine good for me? I believe that these particular questions can only be answered properly in the context of a general understanding of how diet works. One thing that we have already seen is that everyone is different. It follows that any one specific item may be appropriate for some people but quite wrong for others.

Digestive and immune systems

Because they are closely connected, I have linked how we digest foods with the effectiveness of our immune system. The fact is that, unless we have a good supply of digestive enzymes and friendly bacteria in our gut, whatever we put in by way of foods, drinks, supplements will not be properly absorbed. Consequently our immune system will be impaired. This chapter might have been called 'We are, not what we eat but, what we absorb.'

Please read the above paragraph again. An experienced medical practitioner commented "It may save your life".

Apparently over 800 different types of bacteria live in our intestines (only about half of them have been properly identified). Included in this vast array are certain friendly bacteria that play an important role in boosting our defences. They tend to have long names such as *Lactobacillus acidophilus* etc and they act as a front line in our immune system. For example, during sleep they attack and digest most of the microbes and yeasts we have eaten during the day. Unfortunately our modern, sanitised world depletes our army of defence troops in two ways - firstly, we do not ingest the amount of dirt that was common amongst our ancestors and secondly, we actually kill off these beneficial bacteria through the use of antibiotics, chemotherapy drugs and through drinking chlorinated water or eating too much processed food.

How can we know if we have a sufficient supply of friendly bacteria in our gut? One way is to take a test, as we've already mentioned. Another way is to become aware of any symptoms of poor digestion - colour of tongue (should not be white coated or have furrowed edges), energy levels, discomfort in the gut, appearance of our poo (I'm not going to linger on this topic but we should be looking for/at stools which are neither too loose nor too dense).

One last, and very obvious, recommendation concerning digestion is - eat s-l-o-w-l-y. I know this applies to me and I suspect to most men who went to boarding school and/or didn't want to become another Gladstone by following his advice to chew each mouthful 32 times - one bite for each tooth. Chewing food slowly and well starts digestion in the mouth and places much less strain on an overworked digestive system.

The importance of chewing is apparent when we look in detail at what can happen when eating food. Take the compound indole 3 carbinol (I3C) which is found in the cabbage family and is thought to have anti-cancer properties. This substance is produced only when a certain enzyme (myrosinase) is released and the best way of doing this, apart from cutting and light cooking, is through chewing. (Reminds me of the story of a Scottish judge who entered his court to discover the defendant chewing gum. He immediately summoned his clerk ordering him to tell the man to stop masticating. Whereupon the clerk went up to the defendant with the reprimand "Tak' yer hands oot yer pockits.") So remember to chew thoroughly. You won't go blind and your stomach will be grateful.

One of the tricks here is to enjoy your food. Take time over meals. Don't be distracted by TV etc. Digestion takes up more energy than any other body process and, if your teeth don't grind down your food sufficiently, your intestines will have to do the work instead. As the Chinese saying has it "The stomach has no teeth". Consider the French and their eating habits. One thing generally overlooked

in discussing the French diet is the fact that they spend a great deal of time both in preparing and eating, usually in convivial circumstances. And they positively enjoy their meals. So ... don't eat standing up, much less on the move. At mealtimes, see if you can be the last to finish.

Digesting food fully and having a plentiful supply of enzymes in your gut will have a beneficial effect on your immune system. It will then be in a better position to deal with whatever noxious forces come its way. It's a bit like having a fully fit and effective set of defenders in a football team. If your diet, digestion and nutrition are deficient, your defence consists of a myopic central defender with a hangover, a right back who's nursing a sprained ankle and a goalie who's playing in welly boots with one arm tied behind his back. The way is open for the killer strikers to score.

Acid-alkaline balance

The balance between acid and alkaline substances in our bodies has an important effect on our health in general and on our immune system in particular. One way of expressing this balance is through a pH number. 'pH' stands for the 'potential of hydrogen' and the scale goes from 0 - 14. The lower the pH value the more acidic the solution, the higher the more alkaline. A neutral solution has a pH of 7 and the human body generally seems to function best at around 7.2 to 7.4. In other words, slightly alkaline. Unfortunately, many of us fall below the neutral point and have an acid system.

Over acidity can cause a vast array of health problems. For our purposes, these include - immune deficiency, bladder conditions, slow digestion, free radical damage, osteoporosis (the latter may be relevant if you are taking hormone therapy). Since over acidity is caused by diet in the first place, the right balance can be restored through dietary means. Therefore it is a good idea to have some understanding of the acid/alkaline nature of what we eat - and drink.

Acid-forming foods include: sugar (especially sweeteners), salt,

dairy produce, vinegar, processed foods, refined flour, alcohol, caffeine, carbonated drinks

Alkali-forming foods consist of most fresh fruits (apples, pears, bananas, grapes), most fresh vegetables (broccoli, onions, greens) and most herbs.

Foods rich in magnesium and potassium (eg fruits and vegetables, whole grains, nuts and seeds) will help to make your cells more alkaline. Any foods that reduce potassium levels and increase sodium levels (in addition to acid-forming items mentioned above - smoked foods, dried meats and Chinese foods) will render your cells more acidic. Low potassium levels are almost always found in cancer patients.

As with most issues concerning diet, matters are not straight-forward and you frequently get unexpected or contradictory findings. Lemons, for example, are acidic but once they have passed through the digestive process they end up being alkaline-forming according to one school of thought. Similarly, meat will test as alkaline before digestion but leaves an acidic residue in the body and, apparently, like nearly all animal products, is acid-forming.

There are various ways of testing for your pH level including home tests of urine and saliva with pH strips.

The chief culprits

Having looked at some general principles governing diet, let's now be specific and, to start with, consider the cast of chief culprits. Let me introduce them.

Daisy the cow

When I was diagnosed seven years ago, the Karolinska Institute in Sweden came up with an authoritative study which found a direct correlation between the consumption of dairy products from cow's milk and the risk of prostate cancer.

The trouble with Daisy is that she herself is full of drugs, antibiotics, genetic changes and 'super' feeds and what she eats naturally contains an array of herbicides and pesticides from the fields - with the overall result that American Daisy is now producing something like 50 times more volume of milk than she did just 20 years ago.

In particular, Daisy's milk contains a hormone called Insulin Growth Factor 1 (IGF 1) which enables a baby calf to develop to full size in about the same time as humans take to grow from conception to birth. IGF 1 therefore causes cells to grow at an extremely rapid rate and has, apparently, been shown to cause cancer cell proliferation.

Add to this the fact that dairy protein in milk inhibits the absorption of elements like zinc (a key factor in prostate health) and reduces levels of magnesium, potassium and Vitamin D and you come up with a very clear recommendation - **cut out cow's milk and cow's milk products**. If this is asking too much, then **cut down** as much as possible. Try soya or rice milk instead (though do not switch from heavy milk consumption to a large amount of an alternative all at once and too much soya is not good). If you are concerned about not getting sufficient calcium, then a daily portion of greens will help. Cow's milk is one of the least efficient ways of absorbing calcium. As a replacement for cow's milk cheese, try one of the many good goat's cheeses available today. Regarding ice cream, here are two statements from Eureka, an American cancer society, both of which it claims are axiomatic "Ice cream is the world's number one most unhealthy food. It is also the most delicious."

It seems that Margaret Thatcher Milk-Snatcher may have been doing the right thing for the wrong reason. So, men of the prostate, whatever you did yesterday "Tomorrow to fresh fields and pastures new." Without Daisy produce.

Fatso

Fatso comes in two guises - good and bad. In terms of diet and its connection with disease, we need to be clear about the two forms -

together with oils (which are fats in a liquid state) -

'Bad' fats: saturated and trans fats. Saturated fats are animal fats found in meat and dairy. They are difficult to metabolise and, apart from leading to a narrowing of the arteries, they are inflammatory and connected to increased prostate cancer rates, although more research is needed to establish the exact links. When fats are hydrogenised (mainly to extend shelf life) they are called trans fats and can be found in a whole host of products - junk and fast foods, crisps, salted peanuts, biscuits, even some breakfast cereals and health bars!

'Good' fats: these are unsaturated fats with the prefix poly (many) or mono (one). Polyunsaturated fats and oils include soybean, sunflower and linoleic acid while the healthiest monounsaturated oils are olive and walnut oil. These oils have a high oxidation threshold and remain stable when lightly heated, thus decreasing the risk of becoming hydrogenated or saturated. One of the dangers of cooking with margarine, and polyunsaturated oils, is that they can become damaged in the heating process, causing free radicals which are associated with cancer.

On the question of eating margarine v butter, it is probably true to say that a good quality margarine (eg pure brand) is better for us than butter, although butter is safer to cook with.

Some simple rules for dealing with Fatso:

- * fat consumption should only be 10-20 % of your daily calory intake
- * eliminate trans fats and reduce saturated fats as much as possible
- * avoid fried food, particularly when eating bought meals, and do not fry, or roast, at high temperatures. Grill or steam where possible. Avoid microwaves; they change the molecular structure of food.
- * include oily fish and oils such as hemp and pumpkin seed, especially for their omega 3 content

Sweetiepie

My wartime childhood was spent in Canada so, while my British contemporaries were subjected to a healthy, if dull, diet, I was able to gorge myself on unrationed Hershey Bars and Root Beer. Whether all this candy contributed to my getting cancer in my 60s, we shall never know but it can't have done my body any good.

It's sometimes said that glucose is the cancer cell's favourite food. Anything with an -ose ending usually indicates a sugar (fructose, dextrose, lactose, maltose, sucrose). The trouble with sugar is that it weakens our immune defences in addition to undermining our endocrine system and using up essential vitamins and minerals. The other trouble with sugar in foods is that we often don't know that it is there, let alone in what quantities. So-called healthy fruit smoothies, for example, can contain high levels of sugar. And the list of culprits is a long one - including ketchup, fizzy drinks, ice cream.

Honey appears to be an exception to this dictum. It has the amazing ability to distinguish between cancer and non-cancer cells, feeding glucose only to the latter. The less refined and processed the honey, the better since it has a great number of health benefits, including stimulation of the immune system, the formation of enzymes and being a good source of anti-oxidants. So think of honey as a substitute for sugar in both food and drinks. Honey also helps to promote a healthy sleep cycle - see page 76 - and evidence is emerging that honey, as opposed to all other refined sugars, may have a role to play in cancer prevention.

Recommendation - avoid Sweetiepie's tempting company as much as possible and this means discovering which foodstuffs and drinks she might be not so innocently lurking in.

It is the combination of sugars with the bad fats that is particularly damaging.

Demon

The obvious guise of this demon is alcohol, which reminds me of a Highland saying - if you want to discover the secret of life, find out how much whisky to drink. The answer is therefore left to you and the solution might be anything from a bottle a day to the occasional dram. It could also be that the secret is not to drink any whisky at all. The choice is yours.

Like most matters concerning diet, you will come across sharply conflicting views on the question of alcohol. Take red wine. Some studies indicate that it may be beneficial in moderation; other studies refute this. My own view is that it depends on a) you (we're back to the advisability of testing again) and b) the wine in question. We know that these days most wines have a great deal added to them in the wine-making process for a variety of reasons. The trouble is that these additives are not declared on the bottle so it is extremely difficult, if not impossible, to know exactly what has been added to the grape.

This suggests two solutions - one is to avoid altogether (especially during an initial period of diet change and/or detoxing), the other would be to buy only from known organic sources (and, even then, to drink in moderation - a glass or two of wine per week). Remember that red wine is inflammatory and depletes your body of vitamins, mainly the B ones. Wine-drinkers may like to know that Californian vintners, who produce Pinot Noir and Pinot Blanc, are working on a new anti-diuretic brand - Pinot More.

Even the issue of drinking beer is not straightforward. The advice I heard from a nutritionist was that anyone with prostate cancer should avoid beer (because of yeast and alcohol content) but a recent study from Oregon State University has found a compound (xanthohumol) in beer that slows down the growth of prostate cancer cells. The trouble is you would need to drink 17 beers to produce this effect.

As far as spirits go, I refer you to the old Highland saying about the secret of life.

On the question of non-alcoholic drinks, it is worth making the following points:

* one ingredient found in everyday drinks like tea and coffee - caffeine. Basically this is a poison which depletes the body of vitamins and negatively affects the immune system. The buzz people feel after drinking coffee apparently comes from the immune system's attempt to get rid of the substance! If you have prostate cancer, I strongly advise you to avoid caffeine. I remember a nurse once telling me that she noticed men with prostate cancer tended to drink more teas and coffees than any other patient group. So my recommendation would be to experiment with the wide range of herbal teas available, including green and white tea and look for a coffee substitute that you like; they do exist. Green tea, taken without milk, has cancer protective effects and is probably best added to water 'off the boil'.

* because of additives and sugar levels, it is best to avoid ordinary fruit juices and fizzy drinks.

Finally, the curtain of the culpable cast show comes down on -

'My Lady Nicotine'

JM Barrie wrote a book with this title describing one man's attempt to give up smoking. His book was written some 30 years before the connection between smoking and health was established. Today, the health hazards of smoking are too well known to need elaboration. The main factor in giving up smoking seems to be motivation. If you really want to abandon the addiction, there are a number of methods that will help you to do so - patches, hypnotherapy etc. The trouble is that most people need a jolt to trigger the necessary motivation, such as the lung cancer of a friend, getting asthma oneself, thoughts of one's children and so on. But this jolt can often come too late, although 'better late than never' seems to apply. Strange to recall that

some of my contemporaries were actually advised to take up smoking by their doctor as a means of calming the nerves.

Supplements

In an ideal world, a balanced, varied diet would give us all the nutrition we needed. But our western world is far from ideal and, because of modern agricultural methods and processing techniques, the food we eat is often very lacking in essential vitamins, minerals and nutrients. This can even apply to organic food. If our nutrition is deficient, immune systems will be impaired and health problems can arise. So most of us probably need to take supplements, even if we don't have cancer. How do we know which ones, in what quantities and from which sources? Especially when we bear in mind that everyone is different and that we are all constantly changing?

Again, in my view, this is an area where we need enlightened and unbiased opinion - from a test and/or nutritionist, etc. With this information you can then establish the relevant supplements you should be taking. In general, we can say that anyone with prostate cancer should be looking at taking the following:

* antioxidants, such as Vitamin C (buffered/acid-free) & Vitamin E (natural form), zinc and selenium. Chlorella, a genus of green algae, can be taken in place of beta-carotene. Pomegranate plus should be considered. If taking high dose of zinc supplement, combine with copper - excess zinc depletes copper from the body.

* Vitamin D is produced in response to the effect of sun on the skin. Scotland has one of the highest levels of chronic illnesses, including cancer, in the world and low levels of Vitamin D are known causes of these conditions. The recommendation therefore for people in Scotland, with its high amount of cloud cover, is to spend 15 to 30 minutes outside with bare arms and face a few days a week between 10am and 3pm; sun's rays are not effective between October & March. Make sure you protect yourself against the possibility of skin cancer, especially on those parts of the body not normally exposed to the sun, but beware that conventional sunscreens may contain

cancer-forming chemicals. Wear a large hat.

Alternatively, in the all too common absence of sunshine, especially during winter, take a minimum of 1,000 iu's of Vitamin D - higher doses are often suggested, as much as 4, and up to 10, times this amount. Remember that our skin's ability to make Vitamin D decreases with age.

* fish oils, Omega 3 - provided the pills have undergone a cleaning process otherwise you may be adding extra metals to your system. Fish oils should **not** smell fishy. Go for high quality products. Omega 3 fatty acids come in two forms - long chain, which are found in seafoods and short chain, which are mainly found in leafy vegetables and plants. A general recommendation is that we should take at least 500mg of long chain omega 3 for the healthy functioning of heart, brain and immune system.

* a quality multivitamin and mineral, preferably in liquid form.

* one item that is **not** good for prostate, or any, cancer condition is table salt. Cut down as much as possible, bearing in mind that many processed foods include this ingredient - as much as three times the amount we need. Pure sea salt is better for you.

Remember to stick to a good quality supplement and follow the recommended dosage.

Herbs and homeopathy

* Herbal medicine. There are a number of herbs which may be of specific benefit to anyone with a prostate problem. Here is a list of the most frequently used ones -

* aloe vera

* saw palmetto

* pygeum

* turmeric/curcumin

* ginger

* periwinkle

* nettles

* wormwood

- * resveratrol
- * pau d'arco

For a description of the herbal mixture Essiac, see Appendix 10.

If you want to follow this up and see which herbs might work for you, the best idea is to see a qualified herbalist. Herbal medicines that are promoted as cures for cancer need to be looked at carefully.

*Homeopathy is based on the theory that a substance that causes similar symptoms to those of the illness can be used in tiny amounts to treat those symptoms. Some GPs and hospital doctors are trained in homeopathy and treatment is available on the NHS through GP referral.

Contact: Glasgow Homeopathic Hospital, 1053 Great Western Road, Glasgow G12 0XQ 0141 211 1600 heal-inform@dial.pipex.com

Personally I have tried both herbal medicine and homeopathy and, although practitioners in both cases assure me that their treatments can help with prostate cancer - provided the cancer has been caught at an early stage - their treatments did not appear to work for me. I suspect a great deal depends on the skill with which the practitioner matches the remedy with the profile of the individual. In the case of homeopathy in particular, this requires a considerable degree of understanding of the individual's psychological make up. Unless every aspect of the patient's lifestyle and nutritional status has been addressed, it is unlikely that any one treatment will work.

One of the key points about supplements is that absorption rates vary considerably both in terms of your individual system and in terms of the type of pill you are taking. In general, supplements which end with the words 'oxide' 'sulphate' or 'carbonate' are poorly absorbed whereas 'chelated' pills have better absorption. Vitamins do not work well in isolation and often need to be combined with other supplements to be effective. Here again, professional advice is needed and this will also give you information

on the best time to take your supplements. Remember that minerals and vitamins naturally present in food (especially in fresh, organic produce) are not only more easily absorbed, but work longer in the body compared to most supplements. Finally, do not look for immediate results from taking supplements; it can be a long haul.

Water

A widely accepted piece of advice these days is that we should all drink around 2 litres of water a day. This is a lot. Something like 8 glasses, although I believe individual circumstances should always be taken into account (height, weight, lifestyle, etc) as well as time of year. One of the main reasons for taking this amount of water is to help wash away toxins. If you want a simple way of finding out if you are drinking enough water, consult the colour of your urine. It should be very pale yellow or colourless; dark yellow or brown urine indicates that you are not drinking a sufficient amount of water and shows that the body is not excreting toxins easily via the urine.

The important word is “water”. Many people, when quizzed about their intake, will reply that they drink at least 2 litres “if you include all the teas and coffees”. But teas and coffees are not included in the strict interpretation of this recommendation. Nor are fruit juices or alcohol. Possibly weak juices and caffeine-free herbal teas would count but basically we are talking about pure water.

This raises the question - what is pure? Unfortunately, there appears to be no simple answer to this basic issue. All tap and bottled water can contain a number of additives and pollutants. One only has to think of the cycle that starts with rain water bringing with it dust, chemical fumes and germs and then travels through the soil and rivers picking up pesticides, herbicides and nitrates to appreciate how impure the product can be when it reaches the reservoirs.

In Scotland, chlorine is used as the standard method of making water safe from bacteria but there is no added fluoride. In some localities aluminium forms part of the treatment process and lead

and manganese occur naturally in upland areas. Lead only seems to be a problem when it comes in contact with lead pipes and cisterns. If you are concerned about the possible health effects of drinking chlorine, leaving water to stand overnight will help to dissipate it. Scottish Water provide a number of fact sheets on these issues - www.scottishwater.co.uk Since fluoride is toxic, and almost all toothpastes contain this substance, you might like to consider using a fluoride-free variety.

So what can we do about the less than pure water that all of us drink today? There are a number of solutions -

- * filtration, which removes contaminants through a double carbon filter under the sink. There is some question as to how effective and comprehensive this filtration process is.
- * reverse osmosis, a filtering system which eliminates almost all the potentially toxic chemicals and impurities, but which also gets rid of some minerals that are beneficial. Lost minerals can be replaced by enough fruit and veg intake. Natural water, which is slightly alkaline, is made more acidic through this process.
- * jug filtered water - the simplest and cheapest method but one which only filters out something like half the number of the more common impurities.
- * ionisation, a process which appears to be effective and keeps water alkaline but whose costs currently make this an expensive option.
- * bottled water. A number of studies on the relative merits of bottled v tap water do not prove the argument conclusively in favour of either. One of the problems of bottled water are the plastic containers which can emit harmful chemicals, especially if allowed to get hot, eg by lying in the sun. It is extremely difficult to know just how noxious, or otherwise, plasticisers are so one solution is to buy only glass-bottled water (if you can find it). One of the troubles of buying water in plastic bottles is that we don't know for how long, or under what conditions, the water has been lying in the bottles. If you are considering bottled water, you might like to know that a study has shown that Deeside Mineral Water has anti-oxidant

properties that slow the rate of cancer growth.

To sum up - once again, there does not appear to be any straightforward or clear-cut answer to the question. Personally, I go for jug filtered tap water and do my best to remember when to change the filter.

Drinking 2 litres a day may mean that you have to carry water around with you. If you use a plastic bottle, I suggest you change it regularly. Although, as we've said, it is difficult to get clear evidence on how harmful plastic really is, old, damaged plastic probably produces the most noxious effects,. The alternative is to buy a drinking flask from an outdoors shop (but check what it is made from!).

Finally, something on timing -

- * if you find 2 litres of water a lot to get through in a day, I recommend drinking a couple of glasses early in the morning to ease the burden

- * water should be drunk before and after meals but not during

- * if you are in the habit of getting up during the night for a pee (and there can't be many of us in the third age of life who aren't acquainted with the dilemma "To pee or not to pee") this is a good opportunity to keep washing away the toxins by drinking some water, although more sips may lead to extra trips. In theory, one way of cutting down on the number of times you get up at night is to stop taking any liquids several hours before you go to sleep.

Further information on diet and nutrition

See Appendix 4.

Conclusion

My concluding thoughts are that the issue of diet and nutrition is a) important b) complex. You will need a good deal of patience and perseverance and help from knowledgeable people to establish what is best for your health; but it can be done.

My other thought is that diet alone is not the whole answer to resolving cancer through natural means. We need to consider it alongside a number of other remedies. The word 'diet' itself comes from a Greek word which we would translate nowadays as 'lifestyle'. So let us look at those other remedies.

4. WE ARE WHAT WE DO - OR DON'T DO

This section looks at ways in which we can use mainly physical approaches in order to improve prostate problems in particular and our overall health in general.

Exercise in general

Looked at in one way, any health problem can be seen as a blockage in energy at a specific point. Anything we can do to promote the flow of energy in that area is likely to have significant beneficial effects. I know of one person with advanced prostate cancer who appears to be dealing successfully with his condition based on the twin approaches of diet and walking. When I say walking, I'm not talking about an amble to the corner shop; his aim is 20 miles every day.

Again, I find myself making the point that, because we are all different, forms of exercise that suit me may not be appropriate for you. Not many people could manage a daily 20 miles, for example. I suggest you let yourself be guided by your natural instinct here to decide whether you opt for triathlon or Tai Chi, hurling or curling. If you are undertaking detoxing via diet it is not recommended to take any vigorous exercise and, if your reserves are limited, don't exhaust them.

If in doubt as to which type of exercise is most appropriate for you, you can always refer to your blood group which we mentioned in connection with diet (page 37). Just as there appears to be a connection between blood group and dietary considerations, so is there a tie up between blood group and physical activity. Put simply, O types should take up vigorous, aerobic exercise (jogging, contact sports) while A types are better suited to gentle exercise (yoga, golf) and B types should engage in activities somewhere between the previous two (moderate swimming, tennis). More information on this topic from D'Adamo's book - 'Eat Right For Your Type' (see Appendix 12).

When you are considering exercise, I personally would go for activities out of doors as far as possible. I remember coming across

a fitness centre in the Scottish Highlands where people were toiling away on exercise bicycles indoors when they could have been doing the same activity in glorious scenery and, at least on this occasion, in wonderful weather. Don't forget to warm up, and to warm down, especially if engaging in any extended or robust activities.

Another recommendation is to establish some sort of regime and stick to it as best you can. If you decide on swimming, for example, choose a time, or times, each week that are suitable for you and keep to a regular plan. This will build the exercise into your daily/weekly routine and hopefully prevent backsliding. I suggest doing a certain amount of exercise every day. Personally, I try to do at least an hour's daily walking, cycling or swimming - or combination thereof. This suits my O type profile but whereas I used to exercise in a challenging way (marathons, walking across Scotland in 24 hours) I am now more relaxed and able to consider the lilies of the field, and the heather on the moors, as I walk.

Finally, a few other thoughts:

1. The most important factor in exercising, as in most things, is whether or not you **enjoy** it. If you don't, you either will not continue or you will persevere unwillingly and associate exercising with negative feelings.
2. Do things at your own pace not at your teacher's. Any good teacher will allow for individual variation.
3. If you cannot do certain exercises, or are forced to stop exercising for any reason, remember that you can always exercise in your mind. Visualising a routine is the next best thing to doing it.
4. Appropriate exercise will bring many benefits, including boosting your immune system.

Exercise in particular

Incontinence

One of the major benefits of adopting a non-invasive approach to prostate cancer is the avoidance of what can be serious side effects

of conventional treatments. Impotence, for example, is not associated with natural methods of dealing with cancer. On the other hand, incontinence in some form is likely to feature in your life, at least for a period, as a side effect of invasive treatments. With luck, it might be only a background problem but frequently it appears critically in the foreground.

In towns, many of us become experts at knowing which stores and public buildings we can make a beeline for *in extremis*. Out in the country, things can be more tricky. I remember being taken short on a walk once and finding a man unexpectedly appearing nearby. "Sorry" I muttered "Medical condition" to which he replied "And my dog's called Brandy". As ex-President Clinton once remarked "Denial is not just a river in Egypt". I think others are often more embarrassed than we are in these predicaments; my wife has thrown me many a mortified look.

What solutions can we propose for incontinence? One initial suggestion I would make is to carry a card, such as the one issued by The Continence Foundation, which states "The holder of this card has a medical condition and needs to use a toilet quickly". I have seldom used mine but the knowledge that I have one makes it easier to contemplate going in to a pub, for instance, when I have no intention of buying - or as friend more accurately puts it "renting for a short period" - a pint. The Foundation is currently undergoing a change but inquiries can be addressed to info@incontact.org with a helpline on 0845 345 0165.

Incontinence can often be caused by bladder, rather than prostate, problems. In this case, you might try bladder training where you learn to suppress, or ignore, the desire to pass urine. This usually involves checking how often you pee - by keeping a chart - and trying to increase the time interval between visits to the toilet. Another option is hypnotherapy or hypnosis. There are accounts of people who have been helped by this technique - basically a question of mind over matter. Since I have not used either of these methods,

I cannot comment from personal experience but I am sure that any technique, which suits your temperament and where your motivation is strong, will, in the end, bring beneficial results. One last option - if you are, stop drinking caffeine.

Incidentally, having to get up in the night for a pee does not necessarily indicate a problem with the prostate. Before the age of 65 less than 1/3 urine production is at night, 2/3 during the day. After 65, this ratio reverses. An evening diuretic - several are available on the NHS - helps urine to be passed during the daytime. Also, the kidneys become less effective with age and the filtration rate changes.

You might be interested to know that it seems we all have a biological clock. Energy flows through our system in a continuous, circulating rhythm and each major organ has a period of two hours during which energy passes through it. Here are the times for the average person:

1 - 3pm small intestine	1 - 3am liver
3 - 5pm bladder	3 - 5am lung
5 - 7pm kidney	5 - 7am large intestine
7 - 9pm circulation/sex	7 - 9am stomach
9 - 11pm immune systems	9 - 11am spleen
11 - 1am gall bladder	11 - 1pm heart

If you found you were continually waking up at around one in the morning this could indicate a problem with the liver, 5am could be the large intestine and so on. This clock appears to be valid for most people, though I have never worked out how, or if, BST affects the timings.

Pelvic floor

One exercise I have tried concerns the pelvic floor muscles, which stretch in layers like a hammock from the tail bone at the back to the pubic bone in front. Since these muscles play an important part in bladder and bowel control and are thought to be involved in

maintaining an erection, they should be better known than they usually are. Although pelvic floor exercises do not seem to have solved my problem of having to get up at night (currently at least twice) and of occasionally being caught out during the day (particularly walking in cold weather, it seems), I have used these muscles in a couple of 'tight' situations to good effect.

Two things to remember at times which my mother used to describe as "my back teeth are floating". Firstly, don't panic. Remain as calm as you can. Any anxiety on your part will only make the situation worse. And when you do put the key in the front door, remember that you're not home and dry yet! Secondly, make one, slow contraction of the muscles and sustain this for as long as, hopefully, is necessary.

I recommend that you become familiar with where the pelvic floor is and what it can do for you. If you have any problems with bladder or bowel incontinence, I suggest you work these muscles on a daily basis. For a description of the exercises, see Appendix 5.

Breathing and the importance of oxygen

One of the reasons for doing an active exercise of any kind is to increase the supply of oxygen in the body. This is beneficial for ordinary living but, if you have cancer, it may be critically important. The basic point is that oxygen inhibits the growth of cancer cells and, when there is a dearth of oxygen (hypoxia), cancer cells can flourish.

For this reason, any exercising you do that promotes the flow of oxygen in your body will help in the process of dealing with prostate cancer through natural means. One specific way of increasing oxygen is through slow, deep breathing. Many of us use only the top part of our lungs for breathing. For example, if you ask someone to take a deep breath, the chances are that the shoulders will move upwards. This indicates that the inhalation is only filling the upper lungs. What should happen when taking a deep breath is that the stomach area should move outwards - the shoulders stay still. You

should feel, and see, your stomach moving in and out as you breathe in this manner - sometimes called diaphragm breathing. A simple way to test out where your breath is coming from is to place one hand a few inches away from your mouth and exhale. If the air stream is on the cool side, the breath is coming from the top of the lungs. Breathing out from the stomach makes the breath feel warm on the hand.

You may be familiar with this type of breathing which, apart from increasing oxygen, can help you to feel calmer and more balanced. Many people use it as a way of inducing sleep in wakeful moments and of restoring calm at times of anxiety. If you are not familiar with breathing exercises, I have included some tips in Appendix 6.

Hyperbaric oxygen

Another method of greatly boosting the oxygen supply in your body is through hyperbaric oxygen. 'Hyperbaric' means high pressure (anything greater than pressure at sea level) and hyperbaric oxygen therapy (HBOT) delivers virtually pure oxygen into your system while the body is under pressure in a chamber. When we breathe in room air, the oxygen content is about 20%; in hyperbaric conditions, this rises to nearly 100%. This increase in oxygenation helps to reverse states of tissue oxygen depletion, which is often a leading cause of cellular damage in disease states.

The father of oxygen treatment was a Scot - JS Haldane, an Edinburgh man who became an international authority on ether and respiration. His colourful and intrepid life took him to many places including down the mines where he introduced canaries to detect carbon monoxide levels. In the first World War he was sent to the front to identify the gases being used by the Germans - a trip which ended with the invention of the gas mask. In 1917 he devised an apparatus to administer oxygen for metabolism and for the repair of injury or disease.

One man who has continued to work in the tradition established by Haldane is Professor Phillip James of the Wolfson Hyperbaric

Medicine Unit, University of Dundee. In an email communication, he made made this succinct and categorical statement to me - "malignant cells are always inhibited by oxygen and thrive in hypoxia." (hypoxia being a state of oxygen depletion where cellular damage occurs). If he is right, and he has evidence to back up this view, it seems to me that everyone with cancer should be offered the opportunity of hyperbaric oxygen therapy. Consider the fact that the heart never suffers from cancer because it is always oxygenated.

At present, HBOT is mainly used in the treatment of multiple sclerosis and there are a number of centres throughout Scotland - see the list in the Appendix 9. Not all these centres will accept clients with illnesses other than MS but many do and the charge is very reasonable (currently about £10 for an hour for the centre in Edinburgh). Normally all you require is a GP consent form. Another benefit of HBOT is that it speeds up the natural healing process and is therefore worth taking both before and after surgery and during radiotherapy, chemotherapy etc.

Physical Therapies

Therapies come in all shapes and sizes and from all parts of the world these days. The range of choice is bewildering and I am using the term 'therapy' loosely to include any system which involves body work. Briefly, I am going to look at a number of Eastern and Western forms, all of which I have experienced. First, two thoughts that apply to any therapy you are considering -

1. Choose a therapy that appeals to you. This sounds simple and obvious but, in practice, may not be so straightforward. For example, most therapies have different approaches within the same form. You might decide on Tai Chi and then discover that there are many different original schools - Yang, Wu and Chen amongst others - and then there are secondary forms and various organisations, all of which can be perplexing for someone coming to this for the first time.

My advice would be to ask around and speak to people in your area and see what information you can garner. Taster sessions are often arranged these days where you can go and try out a number of different therapies without obligation and usually without charge. Another idea is to ask to go to an initial session without commitment. Although some practitioners may balk at this, I would like to think that any professional practitioner should be happy to find a way of enabling you to sample a therapy before signing up for a course.

2. Choose a therapist that you trust. This is another reason for trying out something before committing to it. Just as important as the therapy is the therapist and they come in many guises. The only person who can really assess their value is yourself. Don't settle for someone you're not happy with and never suffer in silence.

Although some therapies are available on the NHS - physiotherapy, for instance - most of the therapies mentioned in this section have to be paid for. Another good reason for being choosy. I'm assuming that you will be able to find information on NHS therapies without difficulty so will confine myself to what are usually termed 'complementary' therapies. People who use the word 'alternative' usually have a prejudicial axe to grind. Some of these therapies may be on offer at your nearest Maggie's Centre (see Appendix 8)

Eastern approaches

Since Chinese medicine has a written history stretching back thousands of years, it seems to me short-sighted and arrogant not to consider the findings of this ancient tradition. I begin therefore with the briefest of excursions into Traditional Chinese Medicine (TCM).

The fundamental difference between Chinese and Western medicine can be seen in the manner in which the respective physicians approach their clients. The Western doctor starts with a symptom and then chooses a remedy for that specific condition. The approach is essentially an analytical one which homes in on a particular,

isolable disease which it then goes on to change, control or destroy. In contrast, the Chinese doctor will look at a client from both a physiological and psychological perspective. The physician will gather information on the specific symptom, as well as on the patient's general characteristics, in an attempt to understand what is termed a 'pattern of disharmony'. This pattern describes an imbalance in the patient's body which the doctor then seeks to rectify in an attempt to restore harmony to the individual. The concept of chi (often translated as 'life force') is central to this idea of restoring balance and harmony.

In Chinese thinking, cancer is a pattern of disharmony caused by heat where heat is seen as a male, Yang characteristic while cool is female and Yin. Such heat can arise from a number of sources - there may be an excess of it from habits such as prolonged cigarette smoking and drinking alcohol or it may arise from stagnation, the result of combining rich foods with a lack of exercise. Apart from helping to re-establish an underlying balance in the body, there are several specific remedies that TCM can offer for those with prostate cancer -

- * Diet & nutrition - herbs can be used to clear the heat, to aid in tumour reduction and to invigorate the flow of chi, especially in the prostate region. Hemp is particularly beneficial in this respect. Herbs can also be useful in off-setting the damaging effects of radiation, particularly to the immune system.

- * Exercise - frequent, moderate exercise (if not undergoing detoxification, radio- or chemotherapy) that moves the energy in the genital/perineum area is recommended - walking, swimming, Tai Chi, yoga etc. All diseases can be seen as a blockage of energy at some point and there is a Chinese saying "Running water never goes stale."

In conclusion, TCM has much to offer both in terms of our general health and in terms of specific help for prostate problems. I am not suggesting however that TCM should take the place of any necessary conventional Western treatment or of any relevant complementary

therapy. On the other hand, there is, I believe, a strong case for considering TCM and for including aspects of it that seem relevant to your particular situation.

After that cursory survey, let's look at a selection of Eastern therapies, all of which help to promote the flow of energy (chi).

Again, I am being very selective and very brief; all my comments are based on personal experience.

Tai Chi

An ancient Chinese practice that is particularly helpful in improving balance and flexibility through slow, fluid movements. As we have already mentioned, Tai Chi comes in a wide range of forms. Those of you living in the Edinburgh area might like to know of a school - L'art du chi - which, unusually, offers classes both in movement and in working with chi.

Recommended contact: Laurent Haquin www.art-of-chi.co.uk

Qigong, sometimes spelled Chi Kung.

Another Chinese exercise system with less movement and fewer moves than Tai Chi. Both Tai Chi and Qigong can generate a sense of well being and calmness and they may also relieve some of the side effects of cancer treatment.

Yoga

The Sanskrit word 'yoga' translates as union and the practice aims to achieve a better balance between mind, body and spirit. There are many different schools ranging from gentle stretching and movement to vigorous movement and dietary change. All include postures (asanas), breathing exercises (pranayama) and relaxation techniques.

Recommended contact: Pat Morais 0131 445 2663

The above therapies might be described as active in that you have to make the moves and do the exercises. The following three therapies are more passive; you simply lie there.

Acupuncture

Based on TCM, this therapy places needles along points in the 14 meridian channels of energy in the body to restore health and balance. Acupuncture can help with specific problems such as pain and nausea - sometimes side effects of cancer treatment. It can also reduce hot flushes caused by hormone therapy in the treatment of prostate cancer.

Shiatsu

A Japanese form of massage where pressure is applied to the appropriate meridians in order to help the person's energy regain its balance. People often find shiatsu pleasantly relaxing and re-energising. It starts with the practitioner placing a hand on your stomach. My wife always wanted to know what happened next - especially since I was seeing an attractive young lady.

Recommended contact: Tamsin Grainger 0131 555 1875 www.shiatsu.ryoho.co.uk or The Shiatsu Society www.shiatsusociety.org 0845 1304560

Reiki

A practice developed in Japan nearly 100 years ago. The first syllable means soul or spirit and the second is our familiar 'chi'. This form of therapy is delivered usually by the practitioner laying hands on or near your body and then moving them to certain areas, sometimes known as chakras. Treatments can be extremely relaxing and I can't remember much of my first session as I drifted off for most of it.

Western Approaches

In contrast to the East, we have fewer ancient, wide-spread therapeutic traditions in the West but the following are worth mentioning:

Reflexology

A specialised form of foot, or hand, massage. The underlying notion is that all the internal organs are mapped on the sole of the foot, or palm of the hand, and by applying pressure to various points, the

flow of energy is stimulated and toxins can be eliminated. I have practised as a part-time reflexologist and can testify as to its benefits. In a few cases I was able to effect some dramatic cures and invariably people felt more relaxed, more balanced, and often more energetic, after a session.

It is possible to massage the reflexes on your own hand. Either get a chart showing the reflex points (for the prostate, directly beneath the thumbs, an inch or so below the wrist) or contact a reflexologist who can show you where, and how, to massage the reflexes.

Recommended contact: Suzzy McMaster 01382 776932 suzzymcmaster@hotmail.com

Pilates

A system of physical exercise developed by Joseph Pilates a century ago. It focuses on the core postural muscles - in the abdomen, lower back, buttocks - to keep the body balanced and to enable it to move with economy and grace. Pilates also believed in the importance of breathing, especially to get the blood circulating and working properly.

Since lower back problems are frequently associated with prostate cancer - and may in some cases be a trigger for the condition as well as being its only symptom - Pilates exercises can strengthen this area. If you have a persistent back pain, especially with no history of injury/strain, you should have it seen to. Pelvic floor exercises can also help with incontinence - see Appendix 5.

Recommended contact: Pat Morais 0131 445 2665

Osteopathy

As mentioned in the previous paragraph, lower back problems are often connected with prostate conditions. The reason for this is that the nerve supply to the prostate comes from the spine in the lower back area. The practice of osteopathy began in America in 1874. This therapy emphasises the importance of the musculoskeletal system, particularly in the back and neck areas, and operates

through massage and manipulation. Osteopathy can be helpful in dealing with any back problem through facilitating the body's recuperative powers. Again, the important thing is to find an experienced professional whom you can trust.

Recommended contact: Lyn Bennett 0131 225 5542 (Napier Clinic)

Craniosacral therapy

This works to support the body's own self-healing ability. It does so through a gentle direct engagement with the tissues, fluids, organs and innate healing potencies of the body. As an adjunct to the standard medical interventions, it helps to release impediments to the healing process and can help remove burdens that the body is working under and so support the natural self-healing ability that is always inherent in the body. In the right hands (!) this therapy can also unlock years of repressed emotional stress, often linked to the origin of many cancers.

While I may have derived general benefit from this treatment, it does not appear to have helped my prostate condition directly.
Craniosacral Therapy Association, Monomark House, 27 Old Gloucester Street London WC1N 3XX 07000 784 735 office@craniosacral.co.uk www.craniosacral.co.uk

Alexander Technique

Another way of helping with any body problems in general or back problems in particular. This self-help technique seeks to re-establish the natural relationship between the head, the neck and the back - the 'core' of the body that supports the strength of the limbs and which provides the structural environment for breathing and for the internal organs.

Recommended contact: Michael Magg 0131 667 7141 magg.michael@virgin.net

or The Society of Teachers of the Alexander Technique, 1st Floor, Linton House, 39-51 Highgate Road London NW5 1RS 0207 482 5135 www.stat.org.uk office@stat.org.uk

Sound Therapy

Music has always been an important part of my life - flute at school; saxophones in middle years and, recently, my wife and I joined a choir. So I was interested in exploring music, and sound, as a possible approach to helping with cancer. I contacted Elaine Thompson who practises a sound therapy called 'vibrational retraining'. When I told her I had prostate cancer, she replied that my E frequency would therefore be strong. There are 12 frequencies in all, related to the 12 semitones in an octave. I recorded a few minutes of my normal speaking voice which was then analysed by a computer and lo and behold! the E frequency was by far and away the most dominant. The idea is that all 12 tones should be more or less evenly balanced and Elaine then gave me a CD of low frequency sounds to listen to, based on the voice test, which was intended to even out the imbalances in the frequencies. My experience suggests that the analysis was uncannily accurate whereas the remedial listening did not seem to work effectively for me.

Recommended contact: Elaine Thompson www.elaine-thompson-soundtherapy.com

Massage

Apart from massage which is done to you, and with the right therapist can be relaxing and restorative, there is also a certain amount of massage you can do to yourself. For example, the main area where stress congregates is in the middle of the back at the top (around both sides of the top of the thoracic spine). This area can normally be reached easily enough and by pressing firmly but not harshly against the boney parts, taut muscles can be relaxed and the build up of crystals dispersed.

Since the hand, like the foot, contains reflex points which correspond to all parts of the body, pressure can be applied to alleviate pain, increase the energy flow, rid the body of toxins etc. For example, pinching the skin at the base of the thumb and the index finger often helps to ease a headache. The right hand relates to the right side of the body - left to left. A relexologist can give further

help on hand massage.

NB - if metastatic cancer is present, seek professional advice before going for massage.

Naturopathy

This approach, also known as naturopathic or natural medicine, seeks to facilitate the body's innate ability to heal and maintain itself. Naturopaths use a wide range of natural treatments including herbs, foods, sunlight and water. They take a holistic attitude towards medicine that looks at the mind and soul as well as the body.

Interestingly, one of the earliest proponents was a doctor who trained in Edinburgh - Thomas Allinson. In the 1880s he promoted a brand of medicine which he called Hygienic Medicine and which stressed the benefits of diet, exercise, fresh air and bathing. Allinson advocated a vegetarian diet and the avoidance of alcohol, tobacco, coffee and tea. His whole grain bread exists to this day - "wi' nowt taken out".

Seek a practitioner with recognised naturopathy qualifications.

Recommended contact: Dr Neil Milliken, a GP with a practice in Kippen - neilkcm@hotmail.com

5. WE ARE WHERE WE LIVE AND WORK

The environment

With toxicity affecting so many different areas - our atmosphere, oceans, soils; our homes, buildings, products; ourselves - where does one begin to talk about the impact of today's environment on our health? Perhaps I could start with a statement from Dr John Peterson Myers, CEO of Environmental Health Services, who in a recent address to UNESCO made a chilling prediction about our children. He said that the current generation of children "would be the first in modern history who would not be as healthy as their parents". If he's right, the implications are staggering. What sort of a world are we bequeathing to our children? And what will become of their children?

I can attempt to address only a small segment of this problem and will start by focussing on where we live. In fact, on one room - the bedroom. And, you may be relieved, or disappointed, to hear on just one activity therein - sleep. I have two reasons for choosing the bedroom - geopathic stress and the importance of sleep.

Geopathic stress

You may not be familiar with this term but it is the label that describes a range of subtle energies that can have an important impact on our health. This form of stress was one of the causes of my prostate cancer (page 25) There are three main categories -

- * earth energies - a whole range of energies from radon gas to underground water courses
- * psychic environment - which may include resident spirits or ghosts
- * electromagnetic fields - all those frequencies emitted by mobile phone masts, computers, wireless free devices etc often abbreviated to EMFs

So we are dealing with a wide spectrum of disparate energies, all of which can, in my view, have a bearing on our health. Having done some reading and work in this field, I felt it important to check out our house after I was diagnosed with prostate cancer. I called in a

geopathic practitioner and both of us were amazed when his powerfrequency meter picked up a continuous electromagnetic line running across the middle of the bed, which I have slept in for the past 20 years. "... in a sleeping position that would be affecting the groin area" he said.

I am not claiming that this frequency was the cause of my cancer but I have already stated that I believe EMFs are one of the causative factors in my case and in many other cases. This particular EMF across the bed alerted me to this possibility. Although we never managed to trace the source of the frequency, I was advised to screen it out by placing some chicken wire underneath the mattress and earthing the wire to the mains. This device acts as a modified Faraday cage deflecting any harmful frequencies away from the bed. The task of tracing the causes of prostate cancer has given me some unexpected experiences!

The reason why it was necessary to take action relates to the importance of where we sleep. Normally throughout the day we are moving around a considerable amount but at night we tend to remain in one specific location for 8 or so hours. Any negative influences from the environment are bound to have a greater impact on us at this time than at any other period - especially since important processes, such as cell development and others as we shall see, occur during our time asleep.

Like most matters connected with prostate cancer, this whole issue of EMFs and health is both complex and controversial. I suspect the truth is that no one really knows the truth. We have not yet had long enough to evaluate the long term effects on our health of the sea of EMFs in which most of us are now continuously bathed. This suggests to me that we should all be guided by the principle of caution until we know more about these matters. To give an example - I don't think we need to throw away all mobile phones but I do think we should use them with caution. In other words, restrict our use as much as possible and hold the phone away from our ears as far as is

practicable when speaking/listening (the inverse square law applies - doubling the distance means the radiation is quartered). Better still, buy a hands-free mobile phone. When carrying a mobile, avoid placing it near the prostate area.

Another example concerns microwave ovens. A Russian study has provided evidence of biochemical changes to the structure of proteins and amino acids in foods cooked by microwaves. Who knows what the long term health effects of such changes will be? At the very least, it seems only sensible to limit our use of these ovens as much as possible.

If you have a laptop computer, I recommend not using it in proximity to the prostate area - for example perched on your lap - and it should be earthed. Best to use from battery rather than mains.

If you want to investigate what might be happening in your home, here are two suggestions -

1. Call in a geopathic practitioner for an assessment. This should alert you to any major problems that your house may have.

Sources of information include - Patrick MacManaway at patchmac@aol.com and the British Society of Dowsers www.britishdowsers.org

2. Meters exist which can measure i) fields from power lines, house wiring, appliances etc ii) microwave radiation from mobile and cordless phones, microwave ovens, baby monitors etc. Both meters can also tell you about exposures in vehicles and public places.

Powerwatch is a non-profit organisation which has been researching the effects of EMFs on public health for the past 20 years. Their website - www.powerwatch.co.uk - contains a wealth of information on this subject and their shop, EM Fields, has a range of screening products as well as instruments for sale or hire.

When I tested our house with the two meters, the main culprit I discovered was our cordless phone. The base unit of these phones emits frequencies all the time and these frequencies travel through

walls. If you can't bring yourself to ditch your cordless - because they are so convenient - I would recommend a compromise measure of at least switching off at night. The only cordless phone on the market at the time of printing which switches off the base unit when the call is finished, comes from Orchid's range of low radiation products - www.orchidgrp.com

I have constantly made the point that, since we are all different, we will all have different reactions to different phenomena. EMFs are no exception. Our sensitivities vary enormously. At one end of the scale, some people can feel pain or nausea every time they come within a few feet of a computer or electronic equipment. They are likely to have the little known condition - electrical hypersensitivity or EHS. Symptoms include numbness or pricking sensations when near EMF sources. At the other end of the scale are presumably those who feel no adverse symptoms but I suspect most of us are somewhere in the middle. How often have you heard a friend say something like - "I get this funny tingling in my ear after speaking on the cordless/mobile for a long time"?

This book is not the place to discuss the wide number of therapies, supplements, treatments and devices available to help deal with the problem of EMFs. I merely want to draw attention to the role EMFs, both in the home and at work, may play in the formation of cancer. Some people liken our current attitude to EMFs to the attitude taken towards smoking in the 50s. I leave you with this thought which comes from Dr Sharma in his 'Family Encyclopaedia of Health' 2002

"Lastly, but probably most importantly, consider the possibility that the vital force or Chi is the most potent form of radiation, although little understood. Meditation techniques and active Chi control through Chi Gong, Tai Chi and yoga are principally the best defences we have."

Before leaving the question of where we live and the stress that the household can cause, we should mention again that a great amount

of toxicity can be generated by domestic products such as detergents, shampoos, cleaners, soap and deodorants.

The importance of sleep

Having considered the issue of **where** we sleep, I now want to look at **how** we sleep. Basically, there seem to be two quite different patterns -

* a natural cycle of sleep where a recovery cascade starts with the production of melatonin - a key hormone in this process. Melatonin is released from the pituitary gland and this promotes recovery via the insulin growth factors. Other beneficial hormones such as serotonin and tryptophan, an essential amino acid in our diet, are also produced when we sleep in this natural manner.

* a stressed sleep cycle in which many of the important hormones such as melatonin and serotonin are underproduced and, in their place, hormones such as cortisol and adrenaline are generated. Cortisol is known as the 'stress hormone' and while we need cortisol and adrenaline in certain 'fight or flight' situations, we do not need to produce these hormones during our nightly sleep. Not unless we want to end up like Macbeth, who, as his wife noted "doth murder sleep".

Guess which cycle these days many, if not most, of us undergo? And the result of this chronic metabolic stress, night after night over a long period, can, according to a number of studies, result in conditions such as heart disease, diabetes, obesity and dementia. What is the main cause behind these two radically different cycles of sleep? The answer, according to Edinburgh pharmacist, Mike McInnes, is clear.

"Sleep is an energy-driven process and the key energy store for this is the liver". His experience and tests have shown that unless the liver is adequately fuelled before bedtime, sleep patterns will be compromised, blood glucose will be unstable and recovery will not take place. He adds this further point "In medical schools they teach

psychosocial and environmental stress and the key source of stress - metabolic - is ignored”.

How do we ensure that the liver is properly fuelled for sleep? Again, Mike McInnes has a disarmingly simple answer - honey. A generous 1 or 2 dessertspoons of honey last thing at night, not taken with anything else, will provide the appropriate reserves for the liver. It is not necessary to buy the most expensive type of honey but a multiblended supermarket variety is not recommended. Look for a local, preferably organic, source. When I first heard of this remedy, I was concerned that the glucose in honey would feed any cancer cells in the body. But, amongst honey's many amazing properties is its ability to distinguish between cancerous and non-cancerous cells through the agency of bioflavonoids, themselves an antioxidant with several other benefits. Cancer cell mitochondria (energy generators) are non functional, and bioflavonoids improve mitochondrial function, thus optimising cancer cell apoptosis (suicide).

If you are someone who does not sleep well, I recommend trying the honey remedy. We experimented with seven members of our Support Group, all of whom had poor sleep patterns. Six reported definite improvement, although we did not follow up the long term consequences.

In summary, here are the main factors that will promote a natural sleep cycle -

- * adequate liver glycogen as discussed. Honey should do the trick.
- * a darkened bedroom. Light affects the production of melatonin so the bedroom should be kept as dark as possible.
- * absence of electromagnetic frequencies. Do not have a cordless phone or any equipment that gives off EMFs in the bedroom.

Melatonin has been mentioned several times already but it is worth underlining the importance of this hormone. Apart from a number of other virtues, it appears to have a vital role in the prevention and

treatment of cancer. As the most powerful natural antioxidant in our bodies, melatonin can mop up free radicals five times more effectively than vitamin C and twice as well as tocopherol (vitamin E). Melatonin can enter every cell in our body and many studies have called it the safest molecule of all time. This means that, whatever else, it will not have any adverse side effects. Although it is possible to take melatonin as a supplement, one could upset the hormone balance of the body by taking it externally on its own. The best solution is to let your body create melatonin habitually for you as part of the natural sleep cycle and the optimum time for going to sleep appears to be in the late evening, from 10 - 11pm.

Further information from The Honey Revolution - see Appendix 12.

Having referred to Macbeth earlier, let me complete the quotation -

*Sleep that knits up the ravell'd sleeve of care,
Balm of hurt minds, great nature's second course
Chief nourisher in life's feast.*

6. WE ARE WHAT WE THINK AND FEEL

The bigger picture

“We are what we think” according to a Buddhist saying, which goes on “having become what we thought.” There seems to be little doubt that the way we think about our prostate cancer will have a definite effect on the course of its condition. If we envisage a positive outcome, if we believe that something is going to work for us then the chances of this happening are greatly increased. There is plenty of evidence that the ‘placebo effect’ does, in fact, work. For example, studies have shown that individuals suffering from mild depression respond to placebos as well as they do to antidepressant drugs - and without adverse side effects.

One of the leading proponents of the view that a positive frame of mind can alleviate even the gravest illnesses has been the American author and editor, Norman Cousins. He has defined the placebo effect in this way - “The placebo is the doctor who resides within”. It is a view based on personal experience. Suffering from a serious arthritic condition, Cousins successfully treated himself through generous doses of good humour - mostly old Marx Brothers films and re-runs of Candid Camera.

There are at least two other ways in which thinking about our condition can have beneficial results. One is through visualisation or what we might term guided imagery; the other is through prayer which we might call guided thought.

Visualisation is where we see in our mind a picture of, for example, the immune cells grappling with, and overcoming, the cancerous cells. To be successful, it is important that the imagery you use has a particular meaning for you. The ‘goodies’ and the ‘baddies’ should relate to your interests, whether the proponents are Crusaders and Infidels, Cowboys and Indians or Rangers and Hibs. Imagine the Rangers attacking line-up as the transgressors who are denied any advance by the resolute and impregnable Hibs defence. This may place a strain on your powers of imagination, but there’s a double

prize - your condition may improve and Hibs may progress up the table.

I do not consider myself a very visual sort of person and have not used this technique to any extent but I know people who have and, although results are difficult to pinpoint, they consider that visualisation has played a part in their recovery.

Another way in which the mind can influence the body is through the power of prayer and a considerable body of research data supports the notion of the beneficial effects of prayer on health. Some people may find the idea of prayer too closely tied to religious practices and beliefs and might prefer to think of this activity as guided thought. It may take the form of saying in effect to some higher power "I cannot deal with this problem on my own. Please help me". Or you may be the recipient of positive thoughts from another person or group of people. This brings us to the whole question of faith healing and, although I have had only limited experience in this field, I would not hesitate to consider this form of healing for anyone in a serious condition where nothing seems to be working. Personally, I would want to assure myself that the healer was a trustworthy person. In a similar vein, some people are able to call upon healer guides to help them.

The effect that thinking can have on our health is often referred to as the mind-body connection and this represents an area of increasing interest and research. Since the term 'mind-body' can trip off the tongue all too glibly I think it is worth looking at each part of the equation. The words are not quite as straightforward as they seem.

Take the word 'body'. In the West we tend to perceive the body in terms of its visible and identifiable components. Thus bodies consist of their outward appearance and their internal composition of bones, muscles, organs, nerves etc. In the East, however, this description would apply only to the gross body. They also talk of the subtle body which, according to Dr Arya in *Meditation and the Art of Dying*, has

seventeen constituent elements. To give some idea of the complexity of the body as seen in an Eastern perspective, Dr Arya also talks about the source of our life and consciousness - termed Kundalini - as having three main channels, seven chakras, and innumerable lesser chakras, together with 325,000 energy currents sent forth from the main channels. Clearly, East and West view the body in very different terms. I would say that we in the West are gradually coming closer to an appreciation of the Eastern view. NHS acceptance in principle of acupuncture is a case in point - as is the discussion of Chi on the NHS Choices website. Furthermore, it is not uncommon for people to be able to see auras around bodies, part of the subtle body, and the electrical discharges captured by Kirlian photography are often taken to be evidence of such an aura.

Then there's the word 'mind'. What exactly is the mind? Many people would probably equate the notion of mind with Descartes' famous dictum "I think, therefore I am". He understood the mind as something rational and analytical, which we would now identify largely with the functioning of the left hemisphere of the brain (as distinct from the more intuitive and artistic right hemisphere) and the distinction he makes between mind and body has given rise to a dualistic view of human nature, which is still much in evidence nearly 400 years after he made his statement.

In the NHS for example, a clear distinction is made between mind and body. Basically you are either a physical or a psychiatric case and you will be treated accordingly by either one set of physicians and nurses or the other. And we see this dualistic approach at work in many different areas. The other evening I watched a programme on the box dealing with soldiers wounded in the fighting in Afghanistan. One event concerned a road mine which blew up an army vehicle. Those who were wounded received treatment; those who had no physical injuries reported for duty later that day. The 'mind' experiences were seen as something totally separate from the 'body' ones. While such an attitude towards the mental and emotional aspects of traumatic events may work in the short term, it is, as the

programme showed, likely to have devastating consequences in the longer term.

In conclusion, time to play my last key card -

♥ **Ace number four**

Mind and body are connected. They form an indivisible entity and any examination of the causes and remedies of serious illnesses should look at both aspects. Without going into the detailed science of the connection, it seems that processes, in the words of Ernest Rossi's *The Psychobiology of Mind-Body Healing* "encoded in the limbic-hypothalamus and closely related systems are the major information transducers that bridge the Cartesian dichotomy between mind and body".

Feelings

So it is not just a matter of what we think with our minds but of what we *feel* with our bodies. In their recent book *CosMos*, the philosopher Laszlo and the cosmologist Currvan review developments in leading-edge science and come up with this statement - "It's important for us to appreciate that our emotions and thoughts are energetic patterns that embody awareness and their reorganisation can inhibit or restore health. Our feelings and beliefs about ourselves and the world are crucial. Their limitations are our limitations; their possibilities are our possibilities."

Feelings play a key role in the attempt to regain our health, especially after being diagnosed with prostate cancer. It's not enough to talk only about the mind or brain; we need to include the heart. This organ is, after all, the first one to develop in the embryo and, as if to emphasise its superiority over the brain, it initially forms above the head. Interestingly enough, one piece of evidence mentioned in *CosMos* concerns the heart. Research has now established that the heart has its own nervous system. At least 40,000 nerve cells (neurons) make up this system - as many as are found in various subcortical centres of the brain. What this means in practice is that,

in addition to receiving signals from the brain, the heart is able to send signals to the brain. We could say that our body has two brains.

In this context, it is worth mentioning some recent research quoted by Laszlo and Currivan in their book. The traditional view has been that we are born with a fixed number of neurons that progressively die off as we age. That is what I was led to believe. Now research suggests that a process of neuron regeneration continues throughout our lives. Several factors influence this process, an important one being our willingness to learn. The implication is that, provided we retain our sense of curiosity and keep our minds, and hearts, open then our bodies will respond accordingly. Growing older does not mean an inevitable decline in our mental and emotional powers - quite the opposite.

One of the troubles for men is that we are usually much better at coping with the head brain than the heart brain. I speak for myself - but also a good many others, I suspect - when I say that I was brought up to discount emotions. In general, they were neither expressed nor discussed. Feelings were things women had. They were messy, changeable, irrational. Men were straight-forward, consistent, logical. I remember a family discussion involving the future of a particular relationship. Not unnaturally, someone spoke about the respective feelings of the two people concerned only to receive this rebuff from my father "We are here to make a decision, not to discuss feelings". You may not be surprised to learn that my father suffered from bouts of depression - as dire as Churchill's black dog - during his working life. The lesson I think is simple - we ignore our feelings at our peril.

It may not be too fanciful to suggest that, in addition to the brain and heart, we all possess a third intelligent centre - the one in the belly. In fact when something hits us especially deeply or suddenly, we talk about registering the sensation 'in the pit' of our stomach. We also talk about having a 'gut' feeling about something. This would seem to tie up with that part of the belly - just below the navel in the middle of the body - which in many Eastern therapies is recognised as being our centre of energy. In Tai Chi, it is known as the 'tantien' - a non-

physical organ which enables us to access the life force or vital energy called chi. In Western terms we might recall the saying of the ballet dancer and teacher Martha Graham to the effect that “all movement begins from the centre.”

However many centres or brains we possess, and however many more we may uncover in the future, there are two central principles about ourselves that are unlikely ever to change -

- * that we are all uniquely different (Ace number one)
- * that we make up an interactive whole in which no one part can be taken in isolation from other parts. Often it is difficult to tell where one part ends and the next begins (Ace number four). This becomes apparent with our next topic -

Stress

We have already touched on several aspects of stress -

- * environmental stress otherwise termed geopathic stress to which can be added all the other negative daily effects of modern living, particularly in urban areas
- * physical, bodily stress where we considered some activities such as deep breathing and some therapies which help to reduce our stress levels
- * metabolic stress which occurs when our sleep cycle is a stressed rather than a natural one. We have also seen how these different forms of stress can have an adverse impact on our health.

One category of stress not considered so far is stress that involves our heart; what we might call psychological or emotional stress. To illustrate the significance of this type of stress, let's look at what happened to Dr Hamer. He was a German doctor of internal medicine and had worked in university clinics for fifteen years, five of them as a professor. Then, in 1978, in his own words “a terrible thing happened: while asleep on a boat, my son Dirk was shot, for no reason, by a madman, an Italian prince. This was a terrible shock for

me, sudden and unexpected, and I was powerless to react.” That same year, Dr Hamer, who had never had a serious illness in his life, developed testicular cancer. Three years later, as chief of internal medicine in a gynaecology-oncology clinic at Munich University, he had the opportunity to study female patients with cancer and to investigate whether any of them had experienced a similar shock. He found that, without exception, all his female patients had suffered an equivalent trauma, which he termed a “biological conflict”. Dr Hamer went on to study the connection between emotional stress and cancer and developed a practice which goes under the title of German New Medicine.

I do not propose to go into the details of Dr Hamer’s approach (Googling on ‘German New Medicine’ will give you a full account of his work) and there are questions in my mind about whether all cancers have a single cause of this nature. That has not been my experience with prostate cancer, although emotional stress was a causative factor as we have seen and there was one occasion when my son was in intensive care and his life was hanging by a thread. This event occurred some twenty years before my diagnosis so the effect was not the same as on Dr Hamer, in terms of timescale, but I can certainly accept that some connection exists between my son’s state at that time and my subsequent cancer. What I think is indisputable is the contention that a single, sudden, powerful emotional shock can have a devastating and lasting effect on our health.

We cannot avoid stress in our modern world; no doubt stress in some form has always been with us. If it isn’t credit crunch, it was the plague. If not wars, wolves. What we can avoid is allowing stress to exert too many damaging effects on us. For example, having to meet a deadline can act as a positive incentive to get on with things. Many of us need this type of ‘good’ stress to accomplish tasks. If, however, we wake up at 3am worrying about how to finish the work in time, what will happen if we don’t, how our work is going to be regarded by others etc, etc a vicious spiral begins to open up before us.

Depression

We can then become worried, anxious, depressed. I have already mentioned that my father suffered from depressions; as have other relatives of mine. In fact, depression is far more common than most people think. It is likely to strike anyone - at some time, in some form or other - embarking on a natural approach to cancer. I have certainly had spells when I wondered if anything was working and have consequently felt pretty depressed. But what does 'depressed' mean? The word covers a wide spectrum of states from feeling slightly down and low for a morning to full-blown depressions which seem as if they will never lift and make us feel hopeless, helpless and utterly isolated.

My experience suggests two things - i) that depressions come in all shapes and sizes. They are as individual as we are, no two probably the same. ii) unless you have had a serious depression yourself - or have felt what the experience is like - it is difficult, if not impossible, to understand how debilitating the state can be. To outward appearances you may seem perfectly normal while inside you are undergoing a personal hell. Your feelings may include a sense that your life has no meaning, no purpose; that there is nothing you really enjoy doing any more; that you can't relate to people, even those close to you; that you have lost touch with reality. Any attempt to jolly someone out of this condition is not likely to work.

It is estimated that about a quarter of men diagnosed with prostate cancer will suffer some form of serious depression, often referred to as 'clinical depression', as a result of having the cancer. In my view, we can only cure the condition if we have an understanding of its cause. There may of course be several causes and none of them easy to detect, but here, very briefly, are three possible sources -

i) as a result of the cancer, you may find you experience feelings that relate to events in your early life. For example, you may feel that the world is treating you unfairly. "Why me?" is a common reaction to being told the news that you have cancer. This feeling may go back to a time when, as a child, you had a similar reaction. As children we

tend to react strongly to any perceived sense of unfairness or injustice. Other examples of childhood emotions being revived by the cancer could include a feeling of being alone with no one to turn to or a sense of generally being unloved and unappreciated. These times might be very early in life, even before the period of conscious memory, which is one reason why it may be difficult for you to make any connection between feelings in the present and their antecedents in the past.

ii) since treatments such as prostatectomy, radiotherapy and hormone therapy can leave you sexually impotent, at least in the short term, you may be experiencing feelings that your sexual life is finished, with all the implications that this sense can carry.

iii) being diagnosed with prostate cancer raises the spectre that your life might be about to end. Indeed you may have been told that you only have a short time to live. Whether or not that is the case, you will inevitably be left with the thought that your life might be much shorter than you had expected. The question then becomes - what is your attitude to dying? Some thoughts on this at the end of the chapter.

At moments when negative emotions like these get hold of us, it is important to have strategies to prevent us from sliding further down the vicious spiral and, hopefully, to reverse the process. In chapter four, we touched on various activities and therapies which might help. Walking was talked about as a means of helping to deal with cancer but I also know people who use walking as a way of dispelling depression. Additionally, it is worth looking at diet. If you are a person who uses chocolate or caffeine to give you a high, be prepared for a corresponding low later on. Such a pattern may only serve to consolidate your fluctuating emotional state.

If you are following a course of complementary treatments for prostate cancer, you will from time to time be assailed by questions such as - is this treatment working? can I trust this therapist? can I afford to pay? who really knows the answers? Doubts can prey on you and leave you feeling isolated, confused, sometimes despairing.

One strategy I would recommend to counteract such a situation is to develop your own support team. Throughout the past seven years, I have generally had a small number of people that I felt were helping me to find the answers. People I could turn to for advice and support. Sometimes they would be therapists, sometimes friends, including my wife. If you have a prostate cancer Support Group in your area, this might well be a useful member of your team.

The key thing is to find something, anything that makes you **feel good** and, these days, it is difficult to overemphasise the importance of giving ourselves sufficient time for rest and relaxation. But there is another area we have not yet looked at and this concerns -

Relationships

Following on from our discussion of depression, my view is that what a depressed person probably needs most of all is the right sort of relationship with another person. That person might be a counsellor or therapist; might be a friend or relative; might be someone, or several people, in a group. The important thing is to talk to someone who understands, and has sympathy with, the awful plight of depression. One of the worst aspects of the condition is the feeling that you are totally alone, that there is no one in this world who can help you.

One of the reasons for this sense of being utterly alone is that the feelings engendered by a depression often relate to times when the right sort of relationship did not exist for that person. If there is one area where I believe we, particularly in the West, are lacking in our understanding of human nature it is to do with making the connections between how we as individuals were in the past and how we are now in the present. In a sense, the poet Wordsworth said it all "The child is Father to the man". What happens to us in our early years (say up to the age of about 7) in terms of close relationships, especially with parents, sets the blueprint for the whole of our subsequent lives. I would sum this up by saying that we habitually treat others - be they a child, a partner, an uncle,

a neighbour - as we have ourselves been treated.

If we look at prostate cancer in psychological terms, there are two key relationships to consider. First of all, the male/female one. The fact is that for most of the past 2,000 years at least we have lived in a male-dominated world. In recent decades we have seen the balance shifting with women increasingly asserting their natural rights. Inevitably, this transition has led to a general sense of disempowerment for men who can no longer rely on traditional forms of expressing their manhood and sexuality. Since the one clear function of the prostate is to assist procreation, it is no wonder that this organ might be affected by such a major upheaval in the evolving relationship between the sexes.

In terms of the specific relationship between you and your wife/partner, there is the obvious point to make that following a natural approach to cancer can make considerable demands on the partnership. It's hard enough when treatment options are clear and you are following a well trodden path but when you are pursuing a route with few signposts in trackless territory - the mountain in the mist - the strain on the relationship can be severe. Obviously it helps if both of you are of the same mind about the direction being followed but differences of opinion can be accommodated as long as the relationship is based on tolerance and acceptance. I am fairly certain that my wife would have preferred me to have accepted my consultant's recommendation to take the surgical option but she has supported my attempt to find another way and I could not have come this far without her help. The most important thing, in my view, is always to keep the lines of communication open. Discuss the issues, express the feelings and listen to each other. Do not get yourself into the situation where one person thinks he/she is right all the time and the other person is therefore consistently wrong.

The second key relationship is the one between father and son. If you accept the view, expressed above, that we treat others as we have ourselves been treated then it follows that fathers are going to

relate to their sons in much the same way as their fathers related to them. The model of a father that impacts most profoundly is that of your own father and because we absorb so much so early on, even if we are not aware of this, it follows that we are likely to behave towards our son(s) as our father behaved towards us.

Other factors come into the picture and I don't think it's the case that we are doomed willy nilly to repeat with our son the pattern we received from our father. But it is not easy to break away from that pattern. I can illustrate from my own experience. Since I had never had a close connection with my father, I was determined to have a better relationship with my son. This meant, for example, that I did a number of things with him - from building a toy garage to trying to perfect his off drive - that my father had never done with me. I also thought that I had achieved an easier, closer relationship. In one vital respect, however, I repeated the relationship with my father. I was not close on an emotional level. Since I had not experienced this form of connection with my father, I was not able to pass it on to my son. Over the years, I have come to recognise this failing and have tried to make amends. It has been hard work. To what extent my prostate cancer reflects this at times problematic relationship, I do not know but I am sure it has played a part.

Fortunately, we are given a second chance to get things right if we are lucky enough to have grandchildren. Some of the happiest times of my whole life have been spent with my grandson - flying kites, delving into rock pools, enjoying his jovial company.

On the question of relationships in general, our network of social relationships is likely to have a significant impact on our health and happiness. At the same time that I was diagnosed with prostate cancer, my sister was handed a death sentence because of a malignant, inoperable tumour. Three things have enabled her not only to defy the predicted death but to be leading a completely normal and very full life seven years on. Firstly she had surgery and some chemotherapy (although her consultant considered that these

treatments would merely delay the death sentence by a few months). Secondly, she has consistently taken the herbal mixture Essiac (see page 127). Thirdly, in addition to having a good relationship with her partner, she has a number of close female friends with whom she stays in regular contact. These relationships were enormously important to her at critical phases of her illness and they remain a source of support and strong, mutual companionship.

Dr James Hawkins, who has worked through the Edinburgh-based medical charity Good Medicine, writes about research which shows that, in breast cancer patients, “relationship satisfaction is associated with improved immune activity involving a substance called Tumour Necrosis Factor-alpha (TNF-alpha). TNF-alpha is associated both with tumour regression and with increased survival time.” He goes on to state that “caring and love activate a rich network of brain pathways activating reward systems and quietening fear responses. ... There is fascinating evidence that ‘opening our hearts’ in this sort of way - both for ourselves and for others - has important clinical implications, with studies demonstrating benefit for pain, mood, functioning and overall wellbeing.” In this context, it is worth making the point that possibly one of our greatest sources of pleasure lies in helping to promote the well-being of others.

One last word on relationships - if you have any unresolved issues regarding your close relationships (siblings, partner, parents, children) I strongly recommend trying to sort these out. The important thing is to make a start and the sooner, the better. We all have a tendency to put these matters off. You may know the story of Lucifer sending out three emissaries in an attempt to turn humanity away from God and over to his side. The first emissary reported back that he had told people that God was all good. “Not a good ploy” said Lucifer “they know about earthquakes, diseases and disasters.” The second emissary tried the opposite tack - that God was all bad. “But people know there is much beauty in the world and wonderful music and arts”. In consternation, he turned to his third emissary. “I told them there was nothing at all to worry about and

that there was plenty of time.” “That’s the one.” said a jubilant Lucifer “We’ve got them now.”

Your life

Here’s an abrupt question for you - “Do you feel your life has some purpose?” I ask it because I think it’s an important question, whatever stage we’re at, and it often goes unasked. Being diagnosed with cancer tends to bring it to the foreground.

My sense is this - we are all born with a unique configuration of gifts and abilities. If we are fortunate, these talents are recognised and encouraged by our parents, relatives and other adults as well as by our schooling. Unfortunately, many of us are not that lucky. We grow up not being really aware of what it is we are good at and what we should be doing in life. The sort of gifts I am thinking of are -

- * coming up with new ideas
- * being good at looking after others
- * growing plants
- * coaching young people
- * having a good business sense
- * playing a musical instrument
- * being able to organise activities and events

All these, and countless other attributes, make up the wealth of talent that exists in our communities but all too often goes unrecognised and unrealised. So we need to identify our particular skills and interests. Ask ourselves what things really matter to us, what do we find genuinely satisfying. Then it is a question of discovering a suitable outlet. In doing this we might bear in mind the advice I once heard from a Tibetan rinpoche. “Doing something just for yourself, not good. Too selfish. Doing something just for other people, also not good. Not satisfying, you see. Secret of life - doing something good for you and, at same time, good for other people too.”

What we are talking about here is being creative. Not with a capital ‘C’. We’re not thinking about writing a novel or composing a

symphony. It's more a question of being creative in our everyday activities. We can choose between doing things as we have been taught and act like everyone else or we can add a few of our own original touches and thoughts. For example, if we were decorating a room, we could exactly copy ideas from some magazine or we could adapt these ideas and include something that particularly pleases us. This may seem a trivial point but, since the prostate is connected with creativity in all its forms, it may be important for you to let out and express your creative side in your day-to-day life.

In this context, it is worth mentioning local prostate cancer Support Groups - see Appendix 7. There are a number of these in Scotland, particularly in the central belt, but most of them experience considerable difficulty in running activities and maintaining an active committee and membership. And there are large areas of Scotland without such Groups. Perhaps you could help out? A wide range of skills is involved - from the traditional ones of having a chairman, treasurer and secretary to the question of making contact with local men's groups, of raising funds, promoting awareness, providing transport for meetings, arranging activities, keeping records of members' treatments, publishing a newsletter, contributing to a website ... the list is a long one. Please give it a thought. End of plug.

In considering what one's purpose in life might be, I think it is worth paying attention to the things that happen to you. I suspect there is always some reason behind any important personal event, however hard it might be for us to discern that reason at the time. Take prostate cancer. I have already said that I believe my getting cancer in this way is connected to some extent with failings in my relationship with my son. I wonder if you think your prostate cancer ties up in any way with relationships between you and your children or between you and your father? These are not easy matters to solve but I believe they are worth raising since they can give us an insight into why seemingly random and often unfair events occur to us.

I think all of us need to have a sense that our life is serving some purpose, has some pattern and is not just, in RD Laing's phrase, a "sexually transmitted disease and the mortality rate is one hundred percent" or, in the words that my mother used, that life is not simply a matter of being "hatched, matched and dispatched".

Forgive me if, in talking about your life, I also mention the only certainty that you face in life after birth - death. Considering that this is the one sure fact we know about our existence, I find it odd that we do not discuss the topic more openly. Especially when it can happen to any of us, at any moment. The other day I was driving into a car park and saw the sign "The barrier may descend at any time". Rather than prepare for the event and talk about it, we tend to avoid any mention of the subject. I remember a session in our Support Group on palliative care. Not once throughout the evening did the words 'death' or 'dying' sully the lips of the health professionals giving the talk.

Whenever it seems appropriate I do not hesitate to bring up this subject and almost invariably people then say that, when the time comes, they hope that their death will happen suddenly, painlessly and preferably in the middle of the night. This reminds me of Woody Allen's remark about death - he wasn't afraid of dying but didn't want to be around when it happened. He also added, on another occasion, that although he didn't believe in life after death, he was taking a change of underwear just in case.

Unlike Woody, I was glad that I was around when my mother died of lung cancer at the age of 77. She was an American lady - a Hoosier from the Mid West - of great vitality with an impressive array of accomplishments. Someone who couldn't stay still for a moment. She was also fond of occupying centre stage and of depending on her supporting cast. After putting up an initial fight to beat her cancer, she reached a point where she realised this was one battle she was not going to win. The result was that in the last few weeks of her life, she became a different person. For the first time ever I saw her at

peace with herself and her surroundings. She had led an extremely eventful life but confided to my sister that these final days were “the most stupendous” of her whole life. I should add that she was not on any pain-killing drugs and that she had no religious belief about life after death. “When you’re gone, baby, you’re gone.”

If you are interested in trying to discover what may happen to us after we die, I suggest you look at the evidence that has been accumulated by American and European researchers over the past 20 years. I refer to one such book in the Booklist, Appendix 12.

Thus, in the resplendent light of my mother’s demise, I learned that death could be a positive, enriching experience, not something to fear and hope to be elsewhere when it happened. My wish is that, when the time comes, everyone might have an experience similar to my mother’s.

On that note, the time has now come for our ways to part. As we descend from the mountain in the mist, I should like to leave you with this concluding thought for your life -

However long
However short
May it be full
May you have
The joy of a fearless heart
May you be kind to the world
May the world be kind to you
And may your light
Shine forth
Perpetually

Good health
Slainte mhath

Christopher Garner
Edinburgh, 2010

SUMMARY

Two key factors concerning prostate cancer -

- * normally, prostate cancer is extremely slow growing, unlike other cancers.
- * no one knows which treatment is best.

My approach is based on four main principles, the four aces in my pack -

- ♦ we are all uniquely different (p15)
- ♣ the body has a natural impulse to heal itself (p15)
- ♠ your body knows the answers (p29)
- ♥ your mind and body are connected (p82)

Here are the main findings of my search into causes and remedies -

1. Prostate cancer does not have a single cause. It is multi-causal and, in my case, I discovered five causes - diet, toxicity, stress, environment, invasive organisms. (Chapter 2)
2. In order to treat your prostate cancer through natural, holistic means, you need to address its causes. These are likely to be similar to the causes mentioned above and diet will normally play a key role (Chapter 3).
3. In addition to treating the causes, I recommend having an appropriate exercise routine and considering a suitable therapy, especially to help deal with stress. (Chapter 4)
4. Consider geopathic stress and sleep soundly. (Chapter 5)
5. In terms of the mind, an engaged attitude is important in effecting self-healing. Feelings play a crucial part. (p82)
6. Consider the purpose of your life and resolve any outstanding issues, especially those concerning close relationships. Live with an open heart. (p92)

APPENDIX ONE

Informed Choice Process

Kerry Napuk has a wealth of experience, on both sides of the Atlantic, in public administration, social think tanks, setting up new businesses and facilitating large groups looking at future developments. His background makes him an ideal person to write on this important topic.

When a man is diagnosed with prostate cancer, he enters a twilight world. After receiving the diagnosis and often only hearing the “C” word, a man is usually told that the choice of treatment is up to him. At this point, you need to avoid making any rash decision and remind yourself that PCa is a slow growing cancer; you have time to decide what to do about it.

As long as you have what is called an indolent or low risk cancer, that is, a Gleason score from your biopsy of 3:3 or less, a PSA of 10 or below and are over 60 years years of age, there is more than enough time to examine treatment options. Remind yourself that the vast majority of men with PCa die with, not from, the disease because it’s not normally a life threatening illness.

Generally, the NHS will offer three types of treatment: surgery, radiotherapy or active surveillance. You are asked to make an ‘informed’ choice. In order to make an informed choice, you need information which can come from several places. As far as we know, this is the only cancer where the patient is asked to make the choice of treatment. Why? No specialist knows what is the best treatment; all they can do is talk about their speciality. Nobody knows how effective one treatment is compared to another until a 10 year study called ProtecT is completed and evaluated, which is still a few years away.

The only time the actual extent of your PCa is definitely known is after surgery when the gland is examined by a pathologist. Otherwise, a prognosis is determined by historical data presented in tables which provide a guide to the outlook for someone with your test results and age.

So, what does 'informed' choice really mean? You are asked to look at your options and come to some decision. You do not need to do this on your own. There are health care professionals, such as specialist doctors and nurses, who can explain their approach and answer your questions. There may be support groups who can put you in touch with men who have had various treatments. And there are cancer charities who can help with information and advice.

Before deciding on any intervention, ask your specialist for his prognosis, the likely outcome if you select their treatment. Do not be shy about shopping around, that is, asking different specialists for the pros and cons and likely outcomes from their treatment. You might also ask how many procedures they have done and what was their success rate. **Be sure to ask what and how certain are any side effects from a given treatment.** You need to push specialists on this point, because hard information is difficult to obtain but vital to any decision you make. A few limited surveys of patients who had radical interventions indicated more actual side effects than were indicated during the selection process. While psychological relief might be gained by dealing with the immediate cancer threat, side effects may be with you for the rest of your life. You need to be comfortable with any choice you make, so be sure to ask your key questions and be satisfied with the answers.

On the other hand, if you have a Gleason of more than 3:3 and are young, that is, in your 50s, you might be facing an aggressive cancer and should seriously consider choosing a radical intervention. Such a decision needs to be made in close consultation with a specialist and, hopefully, a urological nurse, who can present the advantages and disadvantages of each treatment. Some factors to consider before making your decision might include the time to prepare for and complete the treatment, recovery time after treatment, likely side effects that will affect your quality of life following treatment such as incontinence or sexual dysfunction, the prognosis of how many years after treatment you are likely to be cancer free, whether there are remedial treatments if the cancer returns and anything else that might be of concern.

The most important part in making your decision is to ask questions. If you do not ask, you will not know. Try to understand as much as you can about each treatment. Do some reading on the internet or look at printed information and make a list of questions. Ask your hospital if there is a support group in your area, because personal experience of men with PCa can be invaluable in helping you to cope with your illness and understand why someone chose a particular treatment and what happened afterwards. Seek advice from established prostate cancer charities. (See Appendix 7)

In one sense, you cannot get enough information, but, be aware of paralysis by analysis. You can drown in all the information that is available, especially on the Internet. You can easily become confused and frustrated, which is all the more reason to talk at length with consultants, specialist nurses and men who have lived through the journey you are about to take. It's also a good idea to talk with your partner or anyone else who can provide support and understanding. In the end, however, you have to decide what to do and put your faith in one course of action or another.

One treatment option that often gets brushed aside is active surveillance. Active surveillance means regular PSA tests, usually every three months, and the occasional biopsy if your PSA level has increased. **There are three important advantages with this option:** First, you will not suffer any side effects, because you will not have a radical intervention (surgery or radiotherapy.) Second, you buy time for more effective diagnostic tools to be developed, treatments to improve with fewer side effects and new treatments to emerge with better outcomes. For example, limited and early trials of HIFU (high-intensity focused ultrasound) have shown consistent side effects of 5% or less. Thirdly, there are several non invasive treatments and actions you can take, which are listed in Chris's book.

Keep an eagle eye open for the arrival of prostate cancer's holy grail - a diagnostic test that identifies aggressive cancer (tigers) from the

more prevalent indolent forms (pussycats.) Such a test will avoid the risk of overtreatment of low risk cases, where treatment is often based on only a single headline PSA result.

You can take responsibility for your own illness, take steps to manage it and avoid any radical intervention. In order to choose active surveillance, however, you need support at your NHS hospital, someone who will oversee your case and respect you for your choice. Again, this decision should be taken with advice and support from various sources. If your Gleason score moves upward, you seriously should consider a radical intervention as discussed above.

Prostate cancer is a complicated disease. An elevated PSA can lead a man into a labyrinth of confusion and risk, not to mention considerable emotional upset for him and his partner and family. The good news is, if you have to have a cancer, this might be the best one, because it is slow growing in most men and leaves you ample time to become informed and make the best choice for you. Moreover, time is on the side of men dealing with PCa like it never has been before. **Don't panic, get focused, choose the right path and live the best quality of life you can.** There are many people out there who can help you with your journey. You have already taken a positive step by reading this book.

APPENDIX TWO

On being given a death sentence.

I was fortunate to be diagnosed with a PSA which was only mildly elevated and with a tumour which was midway on the Gleason scale. Others are not so lucky. In some cases, the PSA is already in the thousands. When this happens, the medical profession will not hold out much hope for you and may even hand you what seems like a death sentence. This is likely to throw you into panic and confusion.

For this reason, I am including here an account written by Robert Gilson who was thrown into such a predicament in his early 60s. When he was diagnosed, his PSA was over 25 (later rising to 3,700), his Gleason score was 9 and the messages he received from consultants and GP at the time amounted to a virtual death sentence. He was not prepared to accept this verdict and 5 years after the diagnosis, having followed an extensive course of complementary treatments, some of which worked better than others, he is alive, reasonably well and physically still intact. The turning point for him came when he met a Dr Callebout in London who regards cancer not as a terminal illness but as a curable disease. Here is Robert's view.

“Despite what many in the medical profession believe and proclaim, cancer is not a terminal disease unless we allow it to be. There are many cases of people recovering full health despite rather than because of mainstream treatment.

The medical profession tends to use a phrase such as “inexplicable spontaneous remission” to describe such recoveries. In many cases they are no such thing, but result from the patient's unwillingness to surrender to death by diagnosis helped along by a slow process of chemical and radiation poisoning and invasive surgery. Instead the patient chooses to take up the challenge cancer offers.

They then view the symptoms as messages rather than threats and take heed of them rather than suppress them with aggressive medical interventions. As a result these people become more aware

of what their body is telling them. They begin to live more consciously and take steps to change their lifestyle, thought processes, diet, and beliefs.

Cancer is, therefore, best seen not as a death sentence but as the start of a new way of life. If the challenge is approached with gusto, the person involved may end up seeing it not as a curse but as a blessing”.

APPENDIX THREE

PCa and metastasis

Assuming that you know your PSA and your Gleason score (which gives you an idea of the aggressiveness of your tumour), the following table shows the likelihood of spreading according to your PSA band:

PSA band	likelihood of metastasis
0 - 10	0 to 5%
11 - 20	6 to 10%
21 - 50	11 to 50%
51 - 100	51 to 99%
100 +	100%

These guideline figures were provided for me by a Consultant at the Western General, Edinburgh and, if accurate, will give you an idea of the statistical probabilities for spreading. If your PSA is 30, for example, you can calculate the likelihood at roughly 25%.

Bear in mind that it is not a good idea to base any decision on just one PSA reading. Readings are subject to a number of variables and, since the PSA test cannot distinguish between cancer and enlargement, it is possible to have a high score with no cancer. Since some aggressive cancer cells do not produce antigens, it is also unfortunately possible (in about 15% to 20% of cases) that you might have a low count with an aggressive cancer.

APPENDIX FOUR

Further information on diet and nutrition

If you want to take further this matter of how diet and nutrition may be able to help your cancer, I recommend Chris Woolams' comprehensive book '**The Rainbow Diet** and how it can help you beat cancer'. Chris Woolams is the editor of **icon** magazine (available free from Maggie's Centres) and is one of the UK's leading experts on complementary therapies. He also directs the charity CANCERactive - www.canceractive.com

'Healthy Eating: The Prostate Care Cookbook'

Margaret Rayman, Kay Dilley, Kay Gibbons

Prostate Cancer Research Foundation

Contains over 100 recipes compiled by a leading scientist, dietitian, chefs and researchers and backed by the Prostate Cancer Research Foundation.

Here are two organisations which you could consult -

The Gerson Diet - or Therapy - has been going for some 60 years and the Gerson Institute, based in San Diego, California probably has the greatest amount of experience in the world on the question of cancer and diet. Basically this diet aims to boost the immune system through an abundance of organic juices which provide the body with a superdose of enzymes, minerals and nutrients. These substances help to break down diseased tissue and enemas are used to eliminate toxins from the liver.

Unfortunately, there is no Gerson Institute in Scotland although one may be established in the near future. The only body currently authorised to use the name Gerson in the UK is the Gerson Support Group which was set up by recovered patients in 1993. Further information from:

*Gerson Support Group, P O Box 406, Esher, Surrey KT10 9UL
7 days a week telephone helpline: 01372 464 557*

enquiries@gersonsupportgroup.org.

or contact Dr Neil Milliken neilkcm@hotmail.com

In the UK, the Penny Brohn Cancer Care (formerly the Bristol Cancer Care Help Centre) are pioneers in the field of complementary medicine in relation to cancer. On the issue of nutrition, they produce guidelines which can be downloaded from their website (see below) and their nutritional therapists run one-to-one sessions, give talks and hold one day courses. Details from:

Penny Brohn Cancer Care, Chapel Pill Lane, Pill, Bristol, BS20 0HH

Tel 01275 370 100

Email info@pennybrohn.org

Website www.pennybrohncancercare.org

APPENDIX FIVE

Pelvic floor exercising

The best plan is to have someone demonstrate these exercises and go over them with you. Your GP should be able to arrange for such help in the form of a nurse, physiotherapist or continence adviser. If you want to try doing them on your own, I hope the following description will be sufficient.

To start with, we need to identify exactly where the pelvic floor muscles are. One way of doing this is to imagine you are trying to have a pee then trying to stop yourself mid-stream. You can do this for real but do not overdo it since it may interfere with normal bladder emptying. When you tighten your pelvic floor muscles, you may feel your penis move up towards your abdomen.

Having identified the muscles, you can now exercise them by squeezing them and lifting them up inside. Aim for a firm contraction and hold initially for a count of five. Then release and you should have a sense of letting go. Repeat this several times. Try for a strong, controlled contraction. Then do three short, fast contractions, lifting up and immediately letting go.

That is the basis of the exercise. When you have become used to the feel of the muscles, you should aim at a daily routine of -

- * lifting and holding for a count of ten. Do this three times in each of the following positions - standing, sitting, lying.
- * three short, sharp contractions after each of the above - a total of nine in all.

While doing these exercises, do not hold your breath - just breathe normally - and keep stomach and buttock muscles relaxed.

APPENDIX SIX

Breathing

Ask anyone to take a deep breath and the chances are that, as they inhale, the shoulders rise steeply as though they were trying to touch the ears. That person will be taking a shallow breath, not a deep one. Ask someone who is aware of breathing - or who has read this appendix! - and when they take a deep breath, the only parts of the torso that move are the ribcage and stomach. They bulge slowly outwards as the air is being taken into the lower part of the torso. The shoulders remain exactly where they were - no movement. This type of breathing is called deep, or diaphragm, breathing and it is this form of breathing that we shall discuss here.

You can test out the type of breathing you do in a number of ways. One idea is to stand in front of a mirror, take a deep breath and see if your shoulders move at all. At the same time check that your stomach is taking in air. You should be able to feel, and see, the outward, expansive movement of your stomach and ribcage as you inhale and their return inwards as you exhale. Another idea is to put the palm of a hand a few inches in front of your mouth. Try and breathe from the top part of your lungs. The expelled air should feel cool. Now breathe from your stomach and the air should now feel warm. Cool air denotes shallow breathing, warm air deep breathing.

If we have not considered our breathing before, the tendency of most people is to breathe in a shallow manner. This means that a large part of our lungs is not being used. It also suggests that we are not relaxed and that we have a poor body posture. So here are some steps towards cultivating deep breathing -

Firstly, breathe through your nose. And never force the breath. Breathe in slowly as though you were smelling a rose. Enjoy the sensation of the air expanding the nostrils as it makes its way down to the stomach. It's worth spending a little time inhaling in this way so that, in time, it becomes your normal way of breathing. When breathing out, do so again through the nose and feel your body relaxing as you exhale.

Here's a little experiment you might like to try. Cover one side of your nostrils and breathe in deeply. Now cover the other side and breathe. The chances are that one side will feel fairly free and easy while the other feels a bit clogged. If you repeat the same process, say, half an hour later you may find that a reversal has taken place. The 'free' nostril has become clogged. So our inhaling appears to switch nostrils and there is a view that inspiration (which comes from the Latin meaning 'to breathe in') occurs at the point when the switch happens. It is also possible to switch the cycle by lying for a few minutes on the side of the 'free' nostril. Since the left nostril relates to the right side of the brain, and vice versa, switching the breathing can help to balance the two hemispheres of the brain. Headaches, it seems, can be caused by an imbalance in these breathing cycles.

Breathing into the chest.

In order to make the lungs work properly, we need to spend some time breathing into various parts of the chest, starting with the side ribs. This exercise should be done either sitting comfortably but upright or lying down with your back on the floor. Place your right hand lightly over your right ribcage and your left hand over your left ribcage so that your pinkies are covering the base of the ribs. Your hands should be roughly parallel to the floor if sitting or roughly vertical if lying down. Now breathe - remember the rose - into each hand. You should feel your ribcage expanding outwards in both directions. When you have finished breathing in - and again don't take in more air than is comfortable - you should feel the ribcage returning to its initial position as the air leaves the lungs.

If you have difficulty feeling your ribs moving, try lying on the floor on, say, your right side. This will immobilise the right ribcage so that, when you place your hand over your left ribcage and breathe in, you should feel a definite upward movement of the ribs.

Spend 2 or 3 minutes, or as much time as you can, breathing into the side ribs so that you feel a definite expansion and contraction with each inward and outward breath.

Now try breathing into the middle of the chest. Place your hands over the sternum or breastbone and breathe in deeply and out as before. This time you should feel the front of your chest moving forwards if seated or upwards if lying down. Spend some time on this movement. It may help to have an image in your mind as you breathe in and out. For example, you may be reminded of waves breaking on the shore. During the inhalation, the wave builds up and gently breaks on the sand. When exhaling, the water subsides back into the sea and you might just hear the pebbles clinking.

One last area of the chest and this is the most difficult at first to feel any movement - the upper chest. Place both hands over your collar bones and now you should feel a less pronounced but in time definite movement of the collar bones opening in an outward and upward motion. It may take a little time before you can get a good sense of this movement.

When you are happy about breathing into all 3 parts of the chest, try inhaling into all areas at the same time. Use your hands to check that the movements are happening. Add the back portion of the ribs to complete whole cage.

Just as we can direct our breath into any part of our chest, we can also breathe into any part of our body - left thumb, right knee, forehead. I want to take one more area that is relevant for our purposes since it contains the prostate -

Breathing into the lower stomach.

As above, this can be done either sitting or lying. Place both hands on the lower stomach - below the navel. Breathe deeply into both hands and you should feel a gentle outward movement, followed by a contraction. Apart from the prostate, there are many other organs situated in this area and they are rather cramped. Breathing in this fashion helps to give them 'breathing' space.

The benefits of deep breathing.

- * helps you to feel generally more relaxed, more at ease with yourself - especially if you are often or normally tense.
- * promotes good body posture. Breathing into the chest as suggested helps to open up the upper torso and gives you a nice upright position.
- * increases the energy flow in the body. You may have come across the definition of disease as 'blocked energy'.
- * helps you to go to sleep. Also helps you to calm down if you are really wound up over something. For example, someone says something which makes you extremely angry. Remember to breathe deeply and don't forget the rose.

Fast breathing

Sit comfortably in a chair and breathe in and out rapidly through the nostrils. As soon as you take a breath in, blow it away and continue this in/out piston-like routine for at least 10 breaths. When you can do this easily, increase to 20, then 30 and up to 100. This exercise sounds simple but quite a few people find it difficult at first, especially if they did not get a full first breath at childbirth. This form of breathing helps to increase energy and, according to the osteopath Dr Fulford, to regenerate cells.

APPENDIX SEVEN

Prostate Charities in Scotland

Four different charities have been operating in Scotland. This can cause confusion as far as the general public is concerned and possibly between the charities themselves. Discussions are therefore taking place as to how to simplify and rationalise the situation.

1. Prostate Cancer Support Scotland (PCSS)

The association was formed in 1999 with its head office in Perth and Support Groups throughout Scotland. Each Group organises regular meetings with guest speakers and many offer opportunities to speak about your situation on a one-to-one basis.

As previously mentioned, discussions are continuing on how best to move forward in the best interest of members, but you may find the following contact details for Support Groups (correct at time of going to print) useful.

Borders

Andrew Wood
Tel: 01890 883825
c.wood10@tiscali.co.uk

Crieff

Jeff Davies
84 Dollerie Terrace
Crieff
Tel: 01764 652001
sheenajeff@waitrose.com

Dundee, Angus & North Fife

Bob Craig
16 Balmullo Square
Dundee DD4 8QK
Tel: 01382 509981
jean&bobcraig@tiscali.co.uk

Dumfries & Galloway

Tim Hancock
Bankhead
Wallacetown
Dumfries DG2 0XT
Tel: 01387 820881
djclservices@ukonline.co.uk

Edinburgh & Lothian

John Bishop
26 Murrayfield Drive
Edinburgh EH12 6EB
Tel: 0131 337 7472
JohnBishop@phonecoop.coop

Fife

Tom Brown
46 Strathmore Street
Kinghorn
Fife KY3 UX
asmz41@dsl.pipex.com

Forth Valley

Elwyn Batt
6 Cruickshank Drive
Shieldhill
Falkirk FK1 2DS
Tel: 01324 629003
ejbatt@tiscali.co.uk

Greater Glasgow

Frank Kelly
12 Pollack Road
Bearsden G61 2NJ
Tel: 0141 942 8886

Perth & Kinross

Jonathan Coates

Tel: 01738 828869

2. Prostate Scotland (PS)

This charity was set up in 2006 with the following aims:

- provide information about the prostate and its diseases
- increase awareness and improve education, support and provision for prostate issues
- influence policy and promote research and treatment developments on prostate issues across Scotland

You can contact them by

email – info@prostatescotland.org.uk

post - Prostate Scotland, PO Box 23913, Edinburgh EH3 6PD

tel - 07810750256

or visit their website - www.prostatescotland.org.uk

3. The Prostate Cancer Charity Scotland (TPCC)

This charity is the UK's leading voluntary organisation working with people affected by prostate cancer. Since 2006 they have had a base in Glasgow where their services include a telephone-based peer support system for anyone affected by prostate cancer. They also run training courses and operate a freephone Helpline service.

You can contact them at their Scottish office:

tel: 0141 314 0050

email: scotland@prostate-cancer.org.uk

The Helpline number is: 0800 074 8383.

4. UCAN

This charity works with people affected by urological cancers who are living in the North East of Scotland. In addition to raising awareness of these cancers, UCAN supports patients from its centre

based on Ward 44 at Aberdeen Royal Infirmary.

Contact can be made:

through their website: www.ucanhelp.org.uk

by email: ucan@abdn.ac.uk

APPENDIX EIGHT

Maggie's Centres in Scotland

Maggie's Centres offer you help with any problem, small or large, associated with cancer. Their services include help with information, benefits advice, psychological support both individually and in groups, courses and stress reducing strategies. You don't have to make an appointment, or be referred and everything they offer is free of charge. Most centres have a library where books can be consulted or borrowed. Details correct at time of going to print.

Dundee

Ninewells Hospital
Tom McDonald Avenue
Dundee
DD2 1NH
Tel: 01382 632999
Email: dundee@maggiescentres.org

Edinburgh

The Stables
Western General Hospital
Crewe Road
Edinburgh
EH4 2XU
Tel: 0131 537 3131
Email: edinburgh@maggiescentres.org

Fife

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH
Tel: 01592 647997
Email: fife@maggiescentres.org

Glasgow

The Gatehouse
Western Infirmary
10 Dumbarton Road
Glasgow
G11 6PA

Tel: 0141 330 3311

Email: glasgow@maggiescentres.org

Inverness

Raigmore Hospital
Old Perth Road
Inverness
IV2 3UJ

Tel: 01463 706306

Email: highlands@maggiescentres.org

Lanarkshire

Flat 78, Residential Accommodation
Wishaw General Hospital
50 Netherton Street
Wishaw
ML2 0DP

Tel: 01698 358392

Email: lanarkshire@maggiescentres.org

APPENDIX NINE

Hyperbaric Oxygen Therapy (HBOT)

Here is a list of Multiple Sclerosis centres in Scotland that provide Hyperbaric Oxygen Therapy. Most centres offer this facility to non-MS people at a reasonable charge although a few of the smaller centres only cater for MS clients - they may be able to offer advice on your nearest centre. Details correct at time of going to print.

Argyll

Lochgilphead MS Therapy Centre

Campbell Street Centre

Lochgilphead

Argyll PA31 8JU

Tel: 01546 606303

Email:- msargyll@btconnect.com

Caithness

Wick MS Therapy Centre

Tel: 01955 604586

Email: c/o Jan Farrington at
janf@pv139.fsnet.co.uk

Edinburgh & Lothians

Lothian MS Therapy Centre

Unit 40c Swanfield

Bonnington Road

Edinburgh EH6 5RX

Tel: 0131 5545384

Email: info@swanfieldmstc.org.uk

Glasgow

Revive

16 Chapel Street Estate

Maryhill

Glasgow G20 9BQ
Tel: 0141 945 3344
Email: info@revivemssupport.org.uk

Grampian

Grampian MS Therapy Centre
Unit 1 Saxbone Centre, Howe Moss Crescent
Kirkhill Industrial Estate, Dyce
Aberdeen AB21 0GN
Tel: 01224 771105
Email: grampian.ms@btinternet.com

Inverness

Inverness MS Therapy Centre
1 Burnett Road
Inverness IV1 1TF
Tel: 01463 240365
Email: admin@ms-inverness.f2s.com

Isle of Skye

Skye and Lochalsh MS Therapy Centre
Dunvegan Road
Portree
Isle of Skye IV51 9EG
Tel: 01478 612984
Email: iansmart667@btinternet.com

Oban

Oban MS Centre
Glencruitten Road
Oban
Argyll PA34 4PU
Tel: 01631 566602
Email: oban.msc@virgin.net

Orkney

Orkney MS Therapy Centre
The Crafty
Junction Road
Kirkwall
Orkney KW15 1AR
Tel: 01856 875454
Email: orkneymy@freeuk.com

Stirling

Central Scotland Friends of Arms
Borrowmeadows Road
Springkerse Industrial Estate
Stirling FK9 4NY
Tel: 01786 445563
Email: mscentrestirling@hotmail.com

Stornoway

Western Isle MS Therapy Centre
Granian Day Centre
Westview Terrace
Stornoway
Contact: Mrs Mary Ann McLeod or Mrs Munro
15 Jamieson Drive
Stornoway
Lewis HS1 2TE
Tel: 01851 702324

Tayside

Tayside MS Therapy Centre
Unit 12B Peddie Street
Dundee DD1 5LB

Tel: 01382 566283
Email: enquiries@mstherapytayside.plus.com

APPENDIX TEN

Advanced PCa

This book is aimed principally at men who have been recently diagnosed with PCa and whose cancer is low risk and non aggressive. For a definition of 'low risk' I go by the measurement of the Prostate Cancer Research Institute (2008) - PSA under 10 and a Gleason score of 3:3 or less. I was fortunate to be in this category. Others are not so lucky.

The Extraordinary Peter Phillips

When I was given my first PSA reading (4.9) I was told that it was "mildly elevated". No-one explained to me what the scale was and I calculated that it must go from 0 to about 12 or 15, possibly 20. When I heard that a man in our Group was diagnosed with a count of 10,800 (the Guinness record for Scotland is 15,000!) I could not at first believe it. That man was Peter Phillips. The year of diagnosis was 1992 when Peter was 45. He had a 2 year old baby son and the doctors gave him a life expectancy of months. All these years later, Peter is not only alive but runs his own business, works like a Trojan seven days a week, is heavily involved in family life and plays an extremely active role in prostate matters where he gives unstintingly of his time and expertise. How has he done it?

His own answer is that he has kept himself going thanks to a regime which basically supports his immune system. Peter's regime draws on various treatments from the NHS combined with natural treatments of his own devising.

In terms of NHS treatments, he started by having a surgical castration during which the tubes carrying testosterone were snipped off. Although this is a drastic intervention, Peter regarded it as essential for someone in his condition and believes that anyone in a similar predicament should have the same treatment. In his own words "I was left impotent but I'm not bitter. It saved my life."

Other NHS treatments have included - Flutamide, Estramustine, Diethylstilbestrol and Strontium 89

In terms of natural approaches to prostate cancer, there are, in my view, two key features of Peter's regime -

1. Diet and nutrition

Early on, Peter received some advice from a health professional which he has modified over the years. Important aspects include:

- * non-dairy (takes soya on cereal on which he sprinkles flaxseed and cinnamon to bring down sugar level)
- * all foods are organic
- * lots of vegetables (curly kale, garlic, tomatoes, plenty of greens - a source of vitamin U which he regards as a key vitamin)
- * very little alcohol - occasional glass of wine
- * loads of honey including honey at night
- * fish (especially oily) and meat in moderation

2. Mental attitude

Peter himself regards this as extremely important and it could hold a key to the success he has had. He believes that you should become interested and involved in your disease. In this respect he derives considerable help and confidence from the Support Group to which he, in turn, gives a lot of his time and assistance. He says you have to keep on working, keep on firing. The only time he thinks about his illness is when he has to go to the toilet through the night. Perhaps this statement best sums up his philosophy "I don't have time to die".

As a matter of interest, Peter thinks that an injury to his lower back following a car accident was the trigger for his cancer.

A truly amazing man. Lang may his fiery lum reek.

Possible Options

If you have advanced PCa, here are some options you could consider:

Essiac

A herbal mixture which was put together by a Canadian nurse, Rene Caisse, in the 1920's. She assembled four main herbs mainly from the native Canadian Ojibway Indians and found that the formula helped hundreds of people who had been given death sentences because of their cancer. I know of several people, including my sister, who have taken Essiac when the medical authorities held out no hope for them and who survived. If you are considering taking a natural remedy for your cancer, I would strongly suggest that you look into this one. An updated formula of this remedy exists under the name of Flor-Essence.

Pfeiffer Protocol

Dr Ben Pfeiffer, based in Switzerland, works with advanced, hormone-refractory patients. His protocol consists of four main supplements - ProstaSol, Curcumin complex, Biobran and Imupros. The results to date show that a significant PSA decline is achieved in two-thirds of the patients and that there is a reduction in tumour volume together with a considerable improvement in quality of life. The treatment therefore seems to have some success but it is not cheap - in the region of £500 per month for the initial period.

For further information on the protocol, contact: Dr John Moran, 19 Wimpole Street, London W1G 8GE 020 7631 1111 doctor@hmc-holistic.demon.co.uk www.holisticmedical.co.uk

Dr Callebout

Specialises in treating advanced cancer and a strong believer in using natural methods to complement orthodox practice. He is widely regarded as a leading physician in this field. His philosophy is simple "Look at what went wrong, try to correct it and give an extra little push to the body."

Further information: Nutri Centre, Lower Ground Floor, 7 Park Crescent London W1B 1PF 020 3230 2040

MMS

The initials stand for Miracle Mineral Supplement. I am highly suspicious of anything that claims to be a 'miracle' - either in the conventional or complementary field. This particular supplement consists of a combination of sodium chloride & citric acid producing chlorine dioxide - something akin to bleach! The idea is that it destroys all pathogens which saves the immune system from having to deal with infections, inflammations etc. Important to start with just one drop a day and then build up. Decrease dosage or stop taking if you experience any vomiting/diarrhoea. About £40.

Further information: Ann Cullen 020 7351 0122 www.anncullen.co.uk

Colloidal silver

This appears to be a powerful, natural antibiotic which disables the enzyme that bacteria, viruses and fungi need for their oxygen metabolism. It is able to kill some 650 different disease organisms, whereas an anti-biotic only deals with about half a dozen. Although colloidal silver was used by physicians as a mainstream antibiotic treatment prior to 1938, its production was subsequently set aside in favour of more financially lucrative drugs. It has been described as "the best all-round germ fighter we have."

APPENDIX ELEVEN

PSA readings - a personal log

Although there is widespread dissatisfaction with the PSA test (because of its inability to distinguish between cancer and enlargement and between aggressive & non-aggressive tumours), it is the only test the NHS offers at present and there seems to be no plan to replace it in the foreseeable future.

My readings cover a seven year period and illustrate a number of features -

* there is a pattern of considerable consistency to the figures. They do not jump all over the place and this suggests to me that, taken over a period of time, the readings can provide useful information about the condition of the prostate.

* the rate of change is known as PSA velocity and the time taken for a PSA reading to double is regarded as a significant marker. In my case, the figures have roughly doubled over the seven year period - a rise which many consider to be in line with the increase due to age.

* looking at the sequence as a whole, one can see times when there have been some relatively sharp rises and falls. I have not always known what caused these blips but one of the steepest increases I am certain was brought about by stress. If this is correct, it indicates that PSA readings, if interpreted in the right way, can provide us with relevant data about the condition of the prostate.

2002		Notes
Apr	5.0	
July	4.8	Biopsy - Gleason 6; 1 out of 8 needles 'positive'; enlargement = 40cc (about twice normal size)
Sept	5.1	Start of diet regime change
Dec	3.8	"I've cracked it" Diet the answer.
2003		
Mar	5.1	Diet not the only answer!
June	5.0	
Sept	3.9	Can't account for drop.

2004

Jan	3.8	
Apr	4.8	
July	4.4	Testosterone = 13.9. 'Normal' range 10 to 30
Oct	4.9	

2005

Jan	5.0	
Mar	3.8	?result of Sound Therapy (see page 68)
June	5.9	Highest to date. Causes: chondroitin ? 5 x-rays?
Oct	6.4	GP discounts x-rays.
Dec	5.7	

2006

Feb	6.7	Another highest. Probably psychological. Felt none of natural therapies working - homeopathy, herbal etc. Had a dream of being in No Man's Land in WW1
Mar	6.9	Started hyperbaric oxygen. Energy improved.
Aug	7.1	
Dec	6.6	12 amalgams removed. Started Tai Chi

2007

Mar	8.4	Am I foolish to think natural methods can deal with PCa?
May	7.0	Another diet change (sugar& yeast free, sterols 117). Seems to be working.
Aug	8.0	Or is it?
Oct	11.1	PSA has now doubled - after 5 years. This hike probably caused by stress in relations with Piers (son).
Dec	9.0	Stress from Piers abated.

2008

Jan	8.5	One month after starting Pfeiffer Protocol (Appendix 10)
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Feb	7.9	Two months after Pfeiffer. Going down.
Apr	10.8	Three months after Pfeiffer Going up.
May	7.8	Possibly a delayed result from Pfeiffer. Been dealing with EMFs (see chapter 5).
Aug	8.8	
Nov	9.1	Stress from angiogram could be factor.

2009

Feb	10.8	First reading after quadruple bypass op.
May	12.3	Consultant recommends intervention. Kinesiology test finds cancer accounts for 4, balance due to enlargement.
Aug	12.3	Has a plateau been reached? Ever the optimist.
Nov	12.5	Kinesiology finds cancer accounts for 3.

APPENDIX TWELVE

Booklist

A small and subjective selection of books that relate to the text and are useful for following up specific topics:

The Rainbow Diet and how it can help you beat cancer

Chris Woollams

To order copies:

email: enquiries@canceractive.com

tel: 0203 186 1006

A comprehensive review of the current information on healthy eating and how it can help to prevent, and possibly cure, cancer.

Healthy Eating: The Prostate Care Cookbook

Margaret Rayman, Kay Dilley, Kay Gibbons

Prostate Cancer Research Foundation

Contains over 100 recipes compiled by a leading scientist, dietitian, chefs and researchers and backed by the Prostate Cancer Research Foundation.

The Honey Revolution: restoring the health of future generations

Ron Fessenden & Mike McInnes

Describes the 14 research-validated benefits of honey and tells the truth about sugar and sweeteners. Also teaches you how to fuel properly for exercise and for sleep.

This book is currently published only in the US but can be sourced from mike@isoactive.com

The Power of Now

Eckhart Tolle

Hodder & Stoughton

Eckhart Tolle takes the view that most people live either in the nostalgic past or in the hopeful future whereas authentic human power is to be found by surrendering to the Now.

Exploring the Eternal Soul

Andy Tomlinson

O books

Presents the first-hand accounts of 15 people who, under hypnosis, recall what happened to them after they died. From a health perspective, one of the interesting features is that some conditions appear to have their root cause in a previous existence.

Recommended contact: Morag McMaster 01382 776932

moragmcmaster@hotmail.com

Eat Right for your Type

Dr PJ D'Adamo

Century Books

Looks at the connection between diet and blood type. Provides detailed information as to the most appropriate diet, and form of exercise, for your group.

The Powerwatch Handbook

Alasdair & Jean Philips

Piatkus

Gives information on simple, practical ways to make you and your family safer from electro-magnetic fields (EMFs). Powerwatch is an independent organisation with a central role in the EMF health debate.

CosMos

Ervin Laszlo & Jude Currivan

Hay House

The authors believe that we stand on the threshold of a revolutionary new vision of the world and back this up with discoveries from leading-edge science.

APPENDIX THIRTEEN

Food and health

This is a background paper on the issues of how food is produced, how it is marketed and how it affects our health. The writer, Mirabelle Maslin, has the unusual distinction of being qualified and experienced in both agriculture and counselling and is a writer on health matters.

In the 1960s a book was published called 'Concentrated Incomplete Fertilisers'. This book documented concerns about the prevalence of the use of artificial fertilisers for grassland and crops, a practice that was encouraged by government subsidies. This kind of fertiliser (known in farming circles as 'bag muck') provided a cheap source of nitrogen, potassium and phosphorus to crops at levels that produced lush growth. Not only was the fertiliser itself cheap, but also the cost of spreading it (when compared with farmyard manure) was low, a situation that encouraged its long and widespread use.

In the 1960s it was known that organochlorine and organophosphorus pesticides were dangerous. The residues of these chemicals had been shown to build up in the body fat stores of animals and humans. Once that build-up had exceeded a certain critical level, symptoms of ill health would appear – including disabling neurological symptoms. Farmers severely affected by over-exposure to sheep-dip containing these chemicals were not uncommon. Containers of such pesticides were labelled with warnings, including directions about handling and disposal of empty cans. However, the warnings and guidelines were not always adhered to by the users, and skin contact was all too easy in the absence of protective clothing, as was pollution of nearby streams. In a domestic context you will all remember the Vapona strips. These gave off an organophosphorus pesticide, and users cheerfully hung them in their kitchens, where food could become contaminated.

In our modern society, we have a situation where organically grown products are being promoted, and increasing numbers of people are buying them. The benefit of eating such food is that under the Soil

Association standards toxic chemicals cannot be used for pest control, and inorganic fertilisers are not permitted. However, to be accepted for organic status, the land on which the food is produced has to be farmed under organic standards for a minimum of only three years. The production of food that is free from toxic residues from pesticides is relatively straightforward to achieve, whereas the production of food that has its natural content of trace elements is a more difficult task. If a soil has been treated only with artificial fertiliser for several decades, it is not possible to restore it to its full nutrient status within three years. It is even possible to have soils without organic status that are more fertile than those that have it – if they have been properly fertilised for more of the time. In short, organic status does not guarantee adequate trace element composition of food.

It is now generally accepted that when human beings are stressed, their daily requirement of certain vitamins and minerals is increased. There is much in our culture that promotes situations of long-term stress. Such conditions have become so ‘normalised’ in our society that many of us are barely aware of them; but our lack of awareness does not mean that our bodies are not being stressed, and consequently have certain increased nutrient requirements.

The government Recommended Daily Allowances (RDAs) for vitamins and minerals were based on studies that identified the levels of intake required to avoid the development of gross deficiency symptoms. For example, supplies of vitamin A sufficient to avoid the development of night blindness, and supplies of calcium and vitamin D sufficient to avoid the development of rickets. However, there is a different kind of concept that can, and should, be applied – that of Optimum Health. The body operates through a myriad of complex metabolic processes, and if we are not taking in the nutrients which are needed for this, we risk operating at a sub-optimal level, and we are then predisposed to ill health.

For example, we are habitually taught in our current culture that the

consumption of low fat or fat free food is desirable for good health. This is a dangerous assumption to make. It is true that, in general, saturated fats are not good for our health – these are the fats that when cooled to room temperature appear as lumps of lard. But it is not true that all fats are bad for our health. In fact, if we do not take in enough of certain fats – those that provide the essential fatty acids – we can become ill. Oils such as olive oil and fish oils are good sources. Without these essential fats, cellular metabolism begins to founder and health declines.

In a culture where we are groomed to reach for ‘quick food’ and ‘ready meals’, the real meaning of the word ‘food’ has been eroded. We have been taught by manufacturers and advertisers to assess the quality of food by the ‘hype’ that is given to it, and not by its origin and integrity. Real food is that which provides adequate nourishment, and is not something that merely creates a ‘buzz’. Belief systems promoted by those who are reaching for personal gain rather than for the well-being of our population tend to be accompanied by the evocation of ‘buzz’ feelings.

Our true hunger is for reality – real food, real relationship, life lived out in an authentic way – but aspects of our culture so often seek to misdirect our impulses towards objects and activities that can never satisfy the hunger. Hunger for food itself cannot be truly satisfied by substances that do not provide the range of nutrients essential for our well-being. Eating food that is inadequate in its integrity and nutrient content can easily lead to the development of cravings that can then be mistaken for hunger for yet more of these inadequate unsatisfying substances.

We have been taught to reach for help from the NHS when we become ill, yet that service is the one least able to supply information about real nourishment and the achievement of optimum health. It is a service in which many of the central employees are unaware of the serious consequences for our health of the degradation of our soils and therefore our crops, and the

damage done to our food by wrong methods of processing. It can provide access to technology to reduce the likelihood of disability or death due to disease or trauma, but it does not yet focus its resources into the promotion and establishment of optimum health, and prevention of disease by a broad understanding of life itself.

There is much information available now which leads to the promotion of consumption of fruit and vegetables for better health. The huge EPIC study (European Prospective Investigation into Cancer and Nutrition) demonstrated a clear link between low consumption of such foods and a higher incidence of cancers. Cancer is a response by the body to maltreatment. Our Health Service has developed, and still is developing many courses of treatment to try to suppress or remove cancers, but our real task is to support our bodies in ways that reduce the likelihood of cancerous cells developing and spreading. Encouragement towards eating more fruit and vegetables is a step in the right direction, but it cannot be hailed as the solution, since the way in which such foods are produced and used has a bearing on their efficacy in disease prevention, and it is not really sufficient merely to add the consumption of these items to a daily routine that is inadequate or detrimental in many respects.

Some years ago, one of the top heart surgeons in the USA began to take stock of his lifestyle when he realised that patients who had benefited from his high-tech operations would return with the same problems in around three years. He observed that he himself was carrying a lot of extra weight, was not feeling well, and that he 'kept himself going' between operations by eating chocolate bars. He studied his situation in detail, and began to change his life. He then began to advise his patients about lifestyle changes – asking them to undergo such changes for six months before attending for surgery. He soon found that there was frequently a sufficient reversal of serious symptoms, such as narrowed arteries, for surgery to be no longer necessary. After this he dedicated his life primarily to the promotion of lifestyle changes and non-invasive alternative therapies.

Exercise for good health, and its attendant sense of well-being, does not necessarily have to involve frequent trips to the gym with intense 'workouts', particularly if the gym is only accessible by car. It is far better to weave activity into one's life in a more natural way. The best exercise is that which is easily embarked upon, such as the daily discipline of walking up and down stairs, sweeping up leaves, and walking to the post box or the shops. It is perfectly possible to devise more focused exercise in the home through resourceful planning, using simple props. There are certainly those who enjoy more vigorous activity, and that is fine, so long as it is within the true capacity of the individual.

Always remember that we were not made as robots to which spare parts can be fitted.

It is not a good thing to sit or slump in a sagging chair in front of the TV for hours at a time (although certain advertisements would have us believe that this is the preferred way to relax). It is a habit that stresses the mind, can produce large adrenalin surges when viewing aggressive and horrific scenes, constricts the arteries at the knees, and damages the back. For those of you who have prostate problems, do not forget that the nerve supply to that whole area is from the base of the spine – the place that is most likely to be damaged by long periods of sitting with lack of proper support – and once that supply is compromised, the health of the organs it serves is also at risk.

A further thought... When we are born, we require to be attached to a person who is our main carer in our early life, and that person is usually our mother. That is the person who feeds us, keeps us clean and warm, and provides emotional nourishment. Without this we cannot survive. Food manufacturers and advertisers use and abuse this basic reality by trying to attach us to objects and activities for their financial gain. They do not usually have our well-being in mind as their primary objective! Please be aware that breast milk, and therefore baby milk substitutes for the human infant, are high in

simple sugars and therefore taste very sweet. An advertisement showing an adult lolling back in a chair in the 'being-nursed-as-an-infant' posture, about to eat a chocolate bar or a bag of sweets, is cashing in (literally) upon our distant memories.

For those of us (and there are many) whose care at that stage was not adequate, we are vulnerable, as there is a longing, conscious or unconscious, to return to that baby state and be properly cared for. The epidemic of type II diabetes is not due to an illness or genetic disorder. It is due to the manipulation and exploitation of our underlying insecurities in a way that leads us to believe that daily overdoses of sugar mean happiness and contentment. High intakes of certain sugars are a necessary part of infant nutrition, but they are not appropriate to the health of those who are no longer babies.

Facing the true roots of our emotional hunger, and identifying the real needs of our physical hunger, is a task which each of us must address. The former can be very painful, but leads to our being less vulnerable in the face of possible exploitation. The latter is easier to address, as through the application of one's innate intelligence and the gathering of appropriate information, it is not hard to learn the art of providing adequate physical nourishment for oneself. It is not necessary to remain a victim of those in society who seek to exploit us for their own financial gain.

The medical profession has a valuable part to play, but is not the source of all answers, and it is unfair to view it as such. Its members try their best, but are limited by their necessarily finite resources, and by their own experience and areas of expertise.

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