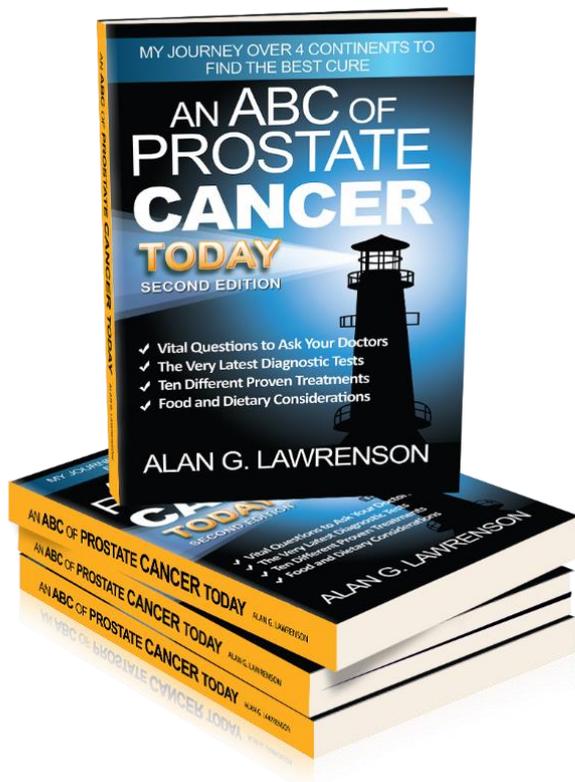


SEPTEMBER 2016

## “PROSTATE TALK” #3



### 1. “An ABC of Prostate Cancer Today” – 2<sup>nd</sup> Edition: arrives

Hi. I’m Alan Lawrenson, the author of the best-selling Prostate Cancer book, “An ABC of Prostate Cancer in 2015.” In Australian bookshops, it’s called “An ABC of Prostate Cancer Today”.

**My new 2<sup>nd</sup> edition book reaches the bookshops later this month and will be available as an eBook or a printed version by the 15<sup>th</sup> September from the various Amazon online outlets. But first a little more about the “PROSTATE TALK” Newsletters.**

The first issue of the “PROSTATE TALK” Newsletter was emailed to more than 500 prostate support groups around the world. I was well pleased with the feedback received and the large number of people who have subscribed on my web site at [www.anabcofprostatecancer.com.au](http://www.anabcofprostatecancer.com.au) to receive it regularly. The second issue was even more popular. The place of diet and nutrition in cancer prevention and its importance in restoring a strong immune system in prostate cancer patients appeared to be particularly popular. I present additional information on these two subjects in this Newsletter and address the other components, not covered previously.

This issue of the “PROSTATE TALK” Newsletter is devoted fully to the new book “An ABC of Prostate Cancer Today” – 2<sup>nd</sup> Edition.

### Contents

1. Introduction
2. The New Book
3. New Inclusions in the Book
4. Book References
5. So What Do I Eat?
6. GcMAF
7. Metastatic Cancer
8. Incontinence

### Important Disclaimer

The author of this newsletter is **not a medical doctor**, and the reader is advised that any information or opinions expressed or implied in this newsletter are those of a layman and **should not be acted upon without the consent of a qualified medical professional**. The author is expressly not liable for any damages or negative consequences that might follow from any treatment, actions or procedures undertaken by any person or persons reading or following the contents, information or opinions within this newsletter, including the content of web sites and research papers referred to in the newsletter.

The information in this newsletter is provided under the understanding that the author is NOT rendering medical advice. The author takes NO RESPONSIBILITY for any information that might not be accurate or might be incomplete.

## 2. An ABC of Prostate Cancer Today – 2<sup>nd</sup> edition.

This new book replaces the best-selling “*An ABC of Prostate Cancer in 2015*” and the Australian variant “*An ABC of Prostate Cancer Today*”. The new book consists of 100,000 words compared to 77,000 in the earlier books. Whilst the tale of “My Journey over 4 Continents to Find the Best Cure” is maintained in its entirety, the technical content of the book has been substantially changed and updated to reflect the latest medical research and thinking on many aspects of prostate cancer.

The new developments in the diagnosis of the causes of prostate cancer continues to amaze me. Practically every day sees new scientific papers being released in scientific journals or at medical conferences. The focus by Big Pharma and their medical research colleagues seems firmly focussed on immunological sciences. The search for drugs that can activate the body’s own immune system to fight the rogue cancer cells is absorbing most of the research dollar. In my new book I address this development and discuss the use of Xtandi; Provenge, and Prostavac, besides others.

Of course relatively few research dollars are being spent on natural treatment that offer some much in keeping us well and healthy in what is a very toxic home or workplace environment. There are toxins everywhere that certainly challenge our immune system on a daily or even hourly basis. It is very sad that if a natural treatment can’t be patented, then it is practically ignored by funding bodies.

The new book includes details on many fruits, vegetables, nuts and other foods that should be part of our everyday diet. It gives a background as to why we should eat ‘naturally’ from a cancer preventative and treatment standpoint.

Most of our diets today, see us deficient in many compounds. Thus the needs for herbal and vitamin supplementation. Herbs and spices that should be included in the diet include curcumin from the turmeric root, saw palmetto, ginseng, cinnamon, oregano, grape seed extract, and herbs like astragalus, echinacea, cat’s claw and flaxseed oil. A number of cups per day of green tea or even better, essiac tea should be the beverages of choice.

The book explains in detail what the bad foods are and why we should remove them from our dinner tables. Junk fast foods, microwave meals, breads and too much sugar leave our bodies exposed to ill health.

Today, with less nourishment available to plant foods by absorption from increasingly poor soil, it is pretty well essential that we all supplement our diet with vitamins, enzymes and minerals include the most important Vitamin D. Adequate Vitamin C, Vitamin K, Vitamin A levels are also important. Two important enzymes that should be taken daily include proline and lysine. The latter is one of nine essential amino acids that are very important to the body’s metabolic function and are not produced by the body. It is an important building block of the amino acids that together unite to form **collagen**, the connective tissue between all body cells. It has an even more important function that is not always recognised: it inhibits the growth of the **collagen digesting enzymes** that are produced and secreted by all cancer cells. According to Dr Matthias Rath, a former colleague of Professor Linus Pauling – Nobel Laureate – and head of the Dr Rath Research Institute, lysine and vitamin C both contribute to the stability of the connective tissue (collagen) and the prevention of the uncontrolled tissue degradation. *It’s a critical component in the war against all types of cancer.*

People with liver or kidney disease should be careful not to take too much proline or for that matter any amino acid supplement, without first consulting their doctor.

Magnesium is critical for the synthesis of Vitamin D in the body. Vitamin D deficiency has been linked to the formation of a number of cancer types. It is also important to the efficient energy production by the mitochondria. Research shows that about 40% of Americans are deficient in magnesium. High levels of dairy intake also depress the magnesium levels in the body. A person with an average diet is likely to see their sodium levels overwhelm their potassium levels. Potassium is essential to the internal mechanism of all human cells. Thus potassium intake is important.

## 3. Other New Inclusions in the Book

The book includes a series of treatments that may be beneficial to men with prostate cancer. Many of these are to increase the cellular levels of oxygen in the body. Oxygen in a cellular environment is a great cancer cell killer.

The book discusses an array of ways by which this increased oxygenation of the body can occur.

It also discusses the work of a dozen or more international clinics that claim to successfully treat very advanced cases of prostate and other cancers. Established medicine, in some quarters, ridicules these practices, but they do not explain the good success rate obtained by these clinics. In fact, they generally yield results far better than achieved by chemotherapy.

Almost all major statements in the book are backed by published literature with these being noted in the extensive reference section of the book.

#### 4. Book References

I spent more than 500 hours researching latest developments in the prostate cancer field whether it be treatment, research, new diagnostics or new books on the subject. I must have read 50 books on the topic since completing "An ABC of Prostate Cancer in 2015". Some were outstanding and one or two were terrible. I found a fountain of new knowledge by reading these books. By the way, they are far easier to read and understand than published scientific papers. They are almost as hard to read as doctor's hand-writing on prescriptions (No wonder that few scripts are hand written today!)

Whilst I extracted "gold" from many books, two books and a video series had a profound effect on me. Firstly, the video series. I was privileged to view all 9 video episodes of Ty Bollinger's "**The Truth about Cancer- A Global Quest**". This video series, seen by hundreds of thousands of people around the world, featured Ty's interviews with 131 doctors, scientist and cancer sufferers and put into stark contrast the position of the medical establishment versus those doctors, and scientists whose patients had benefited from a less than fully conformist approach to their treatment. I don't talk much about Ty's work to a great extent in the new book, but I have embraced its philosophy, whilst not abandoning conventional medicine's orthodoxy. Chris Woollams' "**Everything you need to know to help you beat Cancer**" also challenged the orthodoxy of conventional treatment, but offers complementary solutions. The other book published by Online Publishing and Marketing LLC, titled "**The Complete Guide to Alternative Cancer Treatments**" covered 340 different treatments over it 470 pages. This book lead to at least another hundred hours of research to try to determine the efficacy of some of these treatments. Some of these methods are reported on in the book whereas others didn't stack sufficiently from a scientific point of view, for their inclusion.

#### 5. So What Do I Eat ? (versus a patient with mCRPC)

Bear in mind that my prostate cancer is in remission. Therefore my diet is one to hopefully minimize the chance of its recurrence.

##### Breakfast

Wholemeal toast spread with unrefined coconut oil and a light spread of marmalade.

A bowl of eight fresh fruits including: strawberries; blueberries; raspberries; kiwi fruit; watermelon; rock melon (cantaloupe); banana; red grapes.

A small serving of quality yoghurt which has no added sugar has recently been included.

##### Lunch

Usually a salad containing half an avocado, lettuce, red and green capsicum; tomatoes, red onion, cucumber, celery, radish, cold range feed chicken with minimal olive oil-based dressing. A couple of times a week, I break the rules by substituting the chicken with ham. Twice a week, I have two bananas only.

##### Dinner

Two glasses of red wine (for their resveratrol content!).

Lightly steamed vegetables: carrots; Brussel sprouts; broccoli, brown rice; peas; potatoes; pumpkin; mushrooms; onions; etc. Occasionally, cauliflower; cabbage and stringed beans.

Grilled fish (once a week); steamed chicken; grilled loin chops; mutton curry with curcumin; occasionally grilled pork chops; mince beef; etc.

Small desert (minimising dairy and sugar)

Coffee with minimal milk and with Stevia sweetner.

I try not to eat anything after 8pm, which sees me fasting for 12 hours, during which period the body relies on body fat to provide it with its nutritional requirements.

I am very conscious of the contents of all food purchased. I avoid foods with transfats, too high sodium and sugar content. Also processed and 'instant' microwave meals.

##### Supplements

I take a daily multivitamin and mineral tablet; vitamin D3 (1500 IU); magnesium (300mg); calcium (25mg); flaxseed oil (1000mg); selenium (150mcg); vitamin C (1000mg); lysine (1000mg); krill oil (1000mg) and alpha lipoic acid (200mg).

#### My Friend's Diet and Supplementation

I met Fred at a Prostate Support Group about a year ago. He had not long before been diagnosed with metastatic prostate cancer with a few bone spots in the pelvic area and a couple more in the lower spine and a rib. His PSA has dropped from over 100 when diagnosed to single digits after initial ADT and more recently enzalutamide, after the cancer became castrate resistant. After contact with the usual conventional specialists he had a consultation with an integrative medical specialist and adopted her dietary recommendations. He said why not attack the cancer from both conventional and alternative directions. Of course, it is important to check that the

supplements don't interact with conventional treatment.

#### Throughout the Day

He uses only filtered water produced by his reverse osmosis water purifier. He enjoys at least 6 cups of green tea per day. (He is considering changing to the Essiac tea mixture). In the morning and before retiring to bed he has a glass of water to which he adds a teaspoonful of sodium bicarbonate to help alkalize the body. He occasionally substitutes a glass of organic apple cider vinegar instead of the bicarb solution. He nibbles on unsalted fresh nuts (almonds, cashews, walnuts, etc.) throughout the day and evening.

#### Breakfast

His breakfast consists of two main components, namely flaxseed oil with cottage cheese (FOCC – about 250ml.) and sometime later a bowl of in-season fruits (berries, pomegranates, red grapes, papaya, melon, etc.). Sometimes lemon juice is squeezed over the fruit offering. The FOCC is freshly prepared daily and allowed to stand for 20 minutes before consumption.

#### Mid morning

He has up to 100ml Bravo yogurt GcMAF (at least 90 minutes after his morning vitamin D). This product contains a massive 42 different bacteria and yeast strains. The preparation of this product sees the inclusion of several powerful bio-active molecules such as lactoferrins, immunoglobulins, antioxidants, vitamins and the very powerful immune-stimulating factor called GcMAF which assists in restoring a healthy gut microbiome.

#### Lunch

A number of days a week, a salad similar to the salad I have which contains some veggies like avocado, lettuce, red and green capsicum; tomatoes, red onion, cucumber, celery, radish, with minimal olive oil-based dressing. From time to time, he has a canned fish on brown rice or a little chicken, but no red meat. A couple of times a week he has home-made vegetable soup with a slice of ancient grain bread.

#### Dinner

Baked or steamed potatoes (no mash with milk); peas, beans and other lentils; cooked tomato; a cruciferous vegetable (broccoli, cauliflower, sprouts, etc.); garlic; spinach; squash; onions; poached or boiled organic eggs; deep sea oily fish; vegetable curries with turmeric, ginger and other herbs added; unrefined brown rice; a variety of mushrooms. Occasionally a small serving of free range chicken.

He didn't comment on any desert that he might take regularly or occasionally.

#### Supplements

Vitamin D3 (5000 IU); vitamin K2 (180mcg); magnesium (300mg); vitamin C (up to 10gm); grape seed extract (12000mg); selenium (180mcg); zinc (15mg); astragalus (2000mg); krill oil (1000mg) and a vitamin B complex.

(This section and sections 7 and 8 are extracts from the new book)

## 6. Gc Protein Macrophage Activating Factor (GcMAF)

GcMAF is a protein produced in the body as a response to enzymes released by T and B immune cells when inflammation is detected. These enzymes react with Gc proteins to form GcMAF, which is a protein required by macrophages (large blood cells) for the macrophage cells to become active against cancer cells. The protein is also known as vitamin D-binding protein macrophage activating factor.

Cancer patients produce an enzyme, called nagalase, which reduces or stops the ability of the macrophages to do their job as the immune system's 'director'. GcMAF treatment sees the macrophage cells restored to their full function that includes converting cancerous cells into healthy cells. It also eradicates chronic inflammation and viral infections and probably has a role in fighting an array of autoimmune diseases including autism.

The FDA and their UK equivalent, the MHRA, have acted against scientists working in this field and the MHRA has closed the Immuno Biotech Inc., production facility, in Cambridge, England. I have read extensively about the research and circumstances surrounding this GcMAF saga and am angered and perplexed by many aspects of the matter. So it is fair to say that the jury is still out about the cancer fighting potential of GcMAF that many scientists and people believe exists.

More than 10,000 people have benefited from GcMAF treatment and this number continues to grow, albeit more slowly due to the limited Swiss source of supply.

(This section is an extract from the new book)

## 7. Metastatic Cancer

As distressing as it is, many prostate cancer sufferers will see their disease progress to the point that it metastasises into the bones, lymph nodes, and organs such as the lungs and liver.

Present conventional treatments are extending the quality of life of sufferers and longevity itself. More and more research outcomes from completed clinical trials are leading to better and better treatments being introduced on a regular basis. Many sufferers are confounding the doctors by progressing better than expected. Some achieve permanent regression of their cancer.

Researchers at the Duke Cancer Institute and other top cancer centres have found that the organ site where prostate cancer spreads has a direct impact on survival.

Patients with lymph-only metastasis have the longest overall survival, while those with liver involvement fare worst. Lung and bone metastasis fall in the middle. These findings were reported in a study published online on 7<sup>th</sup> March 2016 in the *Journal of Clinical Oncology*. All 8736 men had participated in one of nine large, phase III clinical trials for men with metastatic prostate cancer. The patients had all undergone standard treatment with the chemotherapy drug docetaxel.

Median survival rates were: Lymph nodes – 32 months; Bones – 21 months; Lungs – 19 months; Liver – 14 months.

Newer drugs are keeping the disease at bay and other gains are being made in the complementary and alternative treatments that are discussed in the book.

## 8. Incontinence

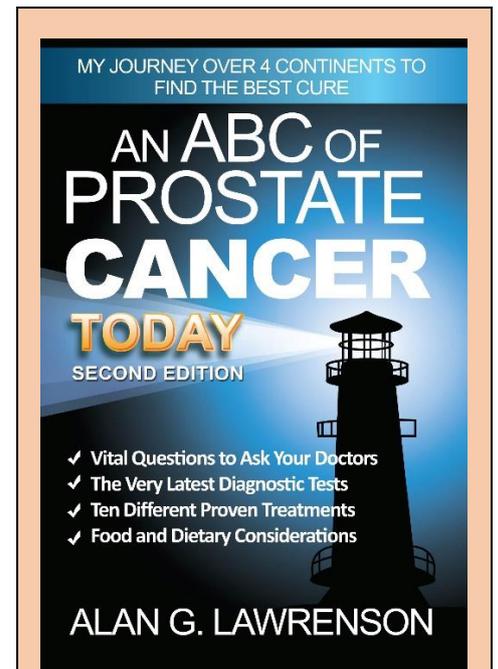
It is a fact of life that more than 25 % of patients undergoing a radical prostatectomy are going to experience incontinence after their surgery. Men having other treatments for prostate cancer are not immune from incontinence.

In many countries the health authorities provide an incontinence nursing service which give valuable advice to patients before and after the primary treatment is provided. Their support includes the teaching of a series of pelvic floor exercises.

Men with regular incontinence often resort to urinary pads to absorb their uncontrollable urination. Many find the use of these pads very restrictive to their quality of life. Their sleep patterns are disturbed by having to change pads during the night. Outings from the home are often restricted by the need to change pads. The cost of pads is another consideration.

Urologists can offer incontinent men a sling procedure, which entails the surgical placement of a synthetic mesh in the groin area to compress the urethra under it. The procedure offers a fairly short recovery and requires only a small incision in the groin (between the scrotum base and the anus).

Men with more severe incontinence can opt to have an artificial urology sphincter (AUS) fitted. The AMS800 (Boston Scientific, USA) is generally regarded as the gold standard and has been an excellent innovation in the field. Studies have shown that at 60 months post surgery, 80% of patients are still dry. At five years post surgery, complication rates remain low with infections occurring in 2%, erosion in 5%, mechanical failure in 7%, and urethral atrophy in 7%.



I hope you enjoy this newsletter. Feel free to circulate it to your friends and support group members. **Register on the web site** address listed below to receive it regularly.

*“An ABC of Prostate Cancer in 2015”* will continue to be available at a budget price in print or eBook formats. However, *“An ABC of Prostate Cancer Today” – 2<sup>nd</sup> Edition*, is a much more comprehensive book that will be of particular assistance to advanced sufferers. Pre-orders already suggest that it will be a category best-seller.

Both books are available from [www.amazon.com](http://www.amazon.com) in the USA and Canada or in the UK or Europe from [www.amazon.co.uk](http://www.amazon.co.uk) in printed or eBook format.

In Australia, it's available in eBook form from [www.amazon.com.au](http://www.amazon.com.au) or in print format directly from me. Use the appropriate order form from the web site below for local print orders.

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