Prostate Problems

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The chestnut-sized prostate gland is small compared to the big problems it causes. Changes occur in the prostate gland as a man ages. Between ages 40 and 50, the smooth muscle atrophies and there is an increase in fibrous scar tissue, collagen fibers (protein strands) and lymph cells. After 60 years, the prostate gland is largely replaced by fibrous tissue (Encyclopedia Britannica). After age 55, up to 60% of men suffer the effects of prostate enlargement (Murray). More than 300,000 men have surgery for enlarged prostates each year (Steinman) at an annual cost of over a billion dollars (Murray). Even worse, prostate cancer strikes 136,000 men yearly, killing 36,000 (1993 American Cancer Society). Because of histological (cellular) similarities, distinction of cancer from non-malignant changes may be difficult.

What Causes Benign Prostatic Hypertrophy (Hyperplasia) or BPH?

Prechtl and others think that prostate trouble is a degenerative disease caused by the shift away from natural foods to processed ones devoid of nutrients required by the prostate. I believe that all chronic degenerative diseases partially originate from a processed food diet. In an article on prostate problems, Steinman described a study by Camille Mallouh, M.D., chief of urology at New York's Metropolitan Hospital who examined prostate problems in men of all ages. She found that men with BPH had 80% more serum cholesterol than those without BPH. Although Steinman attributes this to a high fat diet, he overlooks the hypothyroid-high cholesterol connection. Since hypothyroidism is associated with high cholesterol, men with BPH, as well as prostate cancer, may have a higher incidence of hypothyroidism than men with healthy prostates. Other associative factors include excess alcohol, pesticides and other chemicals and stress. Many researchers believe that BPH is associated with accumulation of testosterone, inside the prostate, which then converts to dihydrotestosterone (DHT). They believe that DHT is the hormone responsible for excessive cellular reproduction in the prostate (Murray; Herbert; Buist; Russell).

Research by Dr. Ray Peat indicates that this is not true. *"The DHT theory is conjecture, not experimental. Instead, it is estrogen, which is formed from testosterone via various routes, that causes BPH"* (McKeehan; Ekman; Barrack). Peat suggests that, just as female problems arise as the ratio of progesterone to estrogen decreases, male problems arise as the ratio of androgens to estrogen decreases. Studies show that not only estrogen but also hormones stimulated by estrogen, such as insulin, glucocorticoids and prolactin but not testosterone exhibit mitogenic activity (e.g. stimulate cell division and thus, BPH) (McKeehan; Ekman; Barrack; De Klerk). Estrogen has also been shown to induce squamous metaplasia in prostate cells, a precancerous condition (Tunn). Whether one man gets BPH and another, prostate cancer is due to many variables, including dietary, environmental and genetic factors. Although prostate enlargement is not cancer, it can lead to bladder and kidney infections and eventual bladder obstruction resulting in retention of urine in the blood (uremia), kidney damage, and sexual disability. Early symptoms include: progressive urgency, frequent nocturnal urination, difficulty urinating with reduced force or dribbling, pain in the lower back or around the groin, feeling of incomplete bowel evacuation and painful intercourse.

Nutritional Support For The Enlarged Prostate

Hormonal Balancing: Thyroid, Pregnenolone, Progesterone and DHEA

Cholesterol, in the presence of adequate thyroid hormone and vitamin A, converts cholesterol to pregnenolone, the steroid precursor of progesterone and dehydroepiandrosterone (DHEA). Several groups of researchers, including Ekman; Schleicher; and Geller, have shown in clinical studies that progesterone remediates BPH. Adequate thyroid function and adequate cholesterol lead to optimum production of the anti-aging steroids and a healthy prostate gland. This is discussed in detail in the section on prostate cancer below.

Enzyme-herbal Support

I have seen many men aged from early 20's to late 70's with prostate problems. There is no one program that fits everyone. But, from my experience, I have observed that most men who have prostate problems need natural products that will relieve swelling, and provide nutrients to prevent reoccurrence of the problem. When infection is present, it needs to be addressed. Several appropriate enzyme formulas are listed below. Tests are performed to see which remedy is needed in each particular case.

- Thera-zyme Mal: an enzyme/herbal formula that helps relieve swelling of the prostate. Dosage: 3-4 caps between meals 3x/d.
- Thera-zyme Kdy: a kidney-lymphatic drainage formula that helps the kidneys cleanse the blood and remove allergens from foods or the environment. Dosage: 3 caps between meals 3x/d.
- Thera-zyme UrT: a urinary tract formula containing enzymes and herbs for urinary tract problems. Dosage: 2-4 caps 3x/d between meals. Dosage depends upon severity of symptoms.

Herbal Support

Herbalists reported the following as having positive effects on BPH.

Saw Palmetto (Serenoa repens): This is a small palm tree native to the Atlantic Coast from South Carolina to Florida. Many doctors believe that the fat-soluble (liposterolic) extract from Saw Palmetto berries offers an effective remedy for an enlarged prostate. Historically, the American Indians and later, naturopaths used saw palmetto to treat genitourinary tract disturbances, as a nutritional tonic, in men to increase testicular function and in women to treat mammary gland disorders. European researchers found that a standardized fat-soluble extraction of the berries provided the greatest effect. Results were observed for periods ranging from one to four months with no significant side effects with both saw palmetto berry extract or with the berry itself.

Pygeum (Pygeum africanum): This large evergreen tree is native to high plateaus of southern Africa and was listed in botanical texts in the mid-18th century as a remedy for benign prostatic hypertrophy. According to Mowrey, both saw palmetto and pygeum have an anti-inflammatory action via inhibition of inflammatory prostaglandin synthesis. BPH patients show elevated prostaglandin levels which drop significantly under the influence of pygeum. Pygeum pentacyclic triterpenoids were found to inhibit certain enzymes involved in the initial phases of prostatic inflammation. Side effects were minimal, even in elderly patients in poor condition. Gastric disturbances were reported in about 1% of the patients.

Horsetail (Equisetum arvense): Horsetail contains up to 40% silica (a source of silicon), depending on when it's harvested, the greatest amount being fall-gathered (Weiss). It is an excellent astringent for the

genito-urinary system and is specifically used for both inflammation and enlargement of the prostate. Some herbalists combine horsetail with hydrangea for prostate problems.

Hydrangea (Hydrangea arborescens): This herb is used mainly for inflamed or enlarged prostate but other uses include kidney stones (Hoffman).

Food Sources of Zinc: The following foods are also good sources of zinc in descending order: oysters (highest source available), ginger root, ground round steak, lamb chops, split peas, egg yolk, whole wheat and rye. All whole foods contain varying amounts of zinc. I do not recommend taking zinc, or any mineral (or vitamin) in an isolated, synthetic form, away from the mother plant.

Bee Pollen: Raw bee pollen has been used by Europeans since the early 1960's to treat both BPH and prostate infections (Steinman). Bee pollen is rich in nutrients that nourish the prostate gland. It also contains minerals of which zinc and magnesium are of importance to the healthy prostate. Be sure your bee pollen comes from areas free from pesticide use.

Caution: Don't run out and buy all this stuff! Find a qualified herbalist. Don't assume that you have BPH or anything else until it's properly diagnosed. The symptoms of BPH and prostate cancer are similar. First, find out what's wrong from a qualified health care provider, such as a physician. Then, your efforts to correct it will be more fruitful.

Prostate Cancer

Prostate cancer is not a natural occurrence. We have created it from unnatural life styles that depend on chemicals, especially pesticides, processed foods, a polluted environment and, male sterilization, or vasectomy. For a discussion of the relationship of prostate and testicular cancer to pesticides, see the article entitled "Breast Cancer and Pesticides."

The incidence of prostate cancer has increased by 600% since 1985 - the fastest rise in cancer detection ever recorded (Diamond, J.W. and W. Lee Cowden). "*One of every five males born in the 1990's is likely to develop prostate cancer compared to one in ten females getting breast cancer* (Boik, J.)," In addition, testicular cancer has increased by 100% in white men and 200% in black men since 1950. A 1935 autopsy study showed prostate cancer in 30% of men by the age of 50. (Peat).

The following information comes from *Ray Peat's Newsletter* on prostate problems, May 1998 and related references.

The Hormone Connection to Prostate Cancer: Estrogen, Prolactin, and Growth Hormone

There is an estrogen connection to prostate and testicular cancer as well as male genital abnormalities. Estrogen dominance is not only due to hypothyroidism but also due to environmental estrogens (xenoestrogens) such as pesticides, petroleum byproducts, dioxin (a byproduct of paper bleaching, some synthetic chemicals and the incineration of chlorine-containing waste), and synthetic estrogens such as DES (diethylstilbestrol). Animal studies showed that estrogen treatment promotes enlargement of the prostate. Yet estrogen is still the most common treatment for prostate cancer, even though by the mid-1980s, studies showed that estrogen treatment did not prolong the life of prostate cancer patients at all and it was known that estrogen treatment was dangerous for men, and that it increases blood clotting and vascular spasms.

By the age of 50, estrogen and prolactin rises in men (Peat; Pirke and Doerr, 1975). This rise is exacerbated by stress, disease, malnutrition, and hypothyroidism (which are also associated with old age). Estrogen is produced in fat (Siiteri, and MacDonald, 1973, Vermeulen, 1976) and fat tends to increase with age, especially when thyroid and progesterone are deficient. *"This is the age at which enlargement of the prostate often becomes noticeable. Estrogen's role in prostate growth and cancerization is clear* (Peat, 1998)*."*

Even so, it is commonly believed that testosterone is the hormone that causes prostate growth, despite research showing that testosterone was found to decease consistently with aging (Vermeulen et al., 1972, 1979). Also, men with low testosterone have a short survival if they have prostate cancer and men with the highest testosterone had the longest survival (e.g. Harper).

A deficiency of thyroid, pregnenolone and progesterone causes testosterone to convert into estrogen. The conversion of testosterone to estrogen occurs in the testicle itself, but this conversion is inhibited during the optimum thyroid, progesterone and pregnenolone levels produced during youth. As thyroid levels decline with aging (especially T3, the active thyroid hormone), less pregnenolone and progesterone are formed. These factors plus increased stress can cause DHEA to rise.

Estrogen's carcinogenicity is well known but its role in prostate cancer has not been recognized even though there is evidence that there is a connection. For example, there is a significant increase in estradiol in prostate fluid in men with prostate cancer than the fluid in men without prostate cancer (Rose, et al., 1984). Similar observations have been made in women with breast cancer.

Estrogen increases prolactin secretion from the pituitary and prolactin also stimulates prostate enlargement (Tullner, 1963). Prolactin stimulates growth of the rat's lateral prostate (Holland and Lee, 1980), and the growth of human prostate epithelial cells in vitro (Syms, et al., 1985).

Growth hormone, ACTH (Lostroh and Li, 1957) and prolactin (Tullner, 1963) stimulate prostate growth (Peat, 2000). Both growth hormone and prolactin increase with stress and with excess estrogen (Peat, 2000). Another pituitary hormone, LH or luteinizing hormone, increases when progesterone or testosterone is deficient. Prostate cancer patients with higher levels of LH and lower testosterone died sooner than prostate cancer patients with lower LH and higher testosterone levels (Harper, et al., 1984). Patients with lower growth hormone levels survived longer than those with higher growth hormone levels (Wilson, et al. 1995). A high ratio of testosterone to estradiol and/or prolactin produced better survival rates (Rannikko, et al., 1981).

"Avoiding tissue atrophy is very closely related to promoting healthy regeneration. These processes require efficient energy production, and an appropriate balance between stimulation and resources. Growth hormone is sometimes recommend to correct tissue atrophy, but the evidence seems reasonably clear that it is a factor in the promotion of tumefaction of the prostate. Numerous publications suggest that blocking growth hormone is beneficial in treating prostate cancer* (Peat 1998, 2000)*." * Resources means supporting factors, including circulating nutrients, oxygen, carbon dioxide and hormones.*

The Role of Prostaglandins and Unsaturated Fatty Acids in Prostate Cancer

"Estrogens cause elevation of free fatty acids, and there are many interactions between the unsaturated fatty acids and estrogen, including their metabolism to prostaglandins, and their peroxidation.

Unsaturated fatty acids, but not the saturated fatty acids, free estrogen from the serum proteins that bind it, and increase its availability and activity in tissue cells. Estrogen's roles as free-radical promoter, DNA toxin, carcinogen, tumor promoter, modifier of tissue growth factors, anti-thymic hormone, etc., as well as its local effects on the prostate gland, have to be kept in mind (Peat, 1998)."

Prostaglandins occur in high concentrations in prostatic fluid and they are deeply involved in the development of many kinds of cancers. "Prostaglandins and related eicosanoids synthesized from unsaturated fatty acid precursors have been implicated as modulators of tumor metastasis, tumor promotion and cell proliferation, (Peat, 1998; Hubbard, et al., 1988)."

Nutritional Support

Hormonal Balancing

The best protection against prostate hypertrophy and prostate cancer is a high animal protein diet combined with thyroid, progesterone and pregnenolone therapy. *"Thyroid supplementation, adequate animal protein, trace minerals, and vitamin A are the first things to consider in the prevention of prostate hypertrophy and cancer. Or, more practically, a generalized antiestrogenic therapy, using thyroid, progesterone, and pregnenolone. Pregnenolone does tend to correct testosterone deficiency. Progesterone usually lowers it. Thyroid, with good nutrition, can correct liver abnormalities that are often behind the aged hormone imbalances* (Peat, 1998)*."*

Although high testosterone levels correlate with survival in men with prostate cancer, taking testosterone is dangerous because it can convert to estrogen and exacerbate the cancer. It's safe and effective to take thyroid, progesterone and pregnenolone. Progesterone inhibits estrogen and prolactin, which promote cancer. *"Several studies using synthetic progestins have shown that they effectively shrink the hypertrophic prostate, and the saw palmetto remedy for prostate enlargement has been reported to contain pregnenolone, or something similar to it. These materials might be expected to reduce conversion of testosterone or other androgens to est*rogen (Peat, 1998)."

Although progesterone also inhibits the production and the effects of testosterone, "*pregnenolone and thyroid will normalize both the production and effects* (Peat, 1998)*."* Like estrogen, testosterone shrinks the thymus but progesterone and pregnenolone prevent testosterone's destructive action on the thymus. Thyroid causes the liver to dump estrogen and causes regeneration of the stress-damaged thymus.

Nutritional Support For The Thyroid

Eat thyroid-stimulating foods to achieve optimum thyroid function and an optimum cholesterol level so that cholesterol can be converted to the anti-aging steroids. This includes adequate animal protein, sea salt, fruits and fruit juices, raw carrots and coconut oil. Contrary to what many people believe, seeds, nuts, grains, beans, rice, pasta and bread do not contain adequate protein. These foods are mainly starch and unsaturated oils. The immune system diet emphasizes animal protein, not starch.

Avoid thyroid inhibitors: all unsaturated oils liquid at room temperature except extra virgin olive oil. This includes all seed, nut, grain, bean and fish oils such as canola, soybean, safflower, corn, flaxseed,

Evening Primrose, borage oils, DHA, EPA, EFA and oils labeled omega 3- or 6. Avoid all soy products (tofu, soybeans, soymilk, tempeh), raw cruciferous vegetables (cabbage, broccoli and cauliflower which must be cooked to destroy the thyroid inhibitors), fluoride (water, toothpaste and commercial foods), estrogenic substances (birth control pills, ERT and all herbal estrogens), and xenoestrogens, such as pesticides.

See my articles on diet, soy, unsaturated oils and hypothyroidism for more details on this topic.

Enzyme Support

For people with immune system problems we recommend the following four enzyme formulas regardless of what the Loomis urinalysis says. In addition to these, other enzyme formulas may be needed, which is determined by the Loomis urinalysis and a non-medical palpation tests plus an extensive client history.

- VSCLR: a multiple digestive enzyme formula, 2 caps before meals. If the person is sugar intolerant, PAN can be used in addition to VSCLR. Dosage: 2 caps with each meal, 3x/d.
- Spl: for the immune system; helps increase oxygen in the body. Dosage: 2 caps with each meal 3x/d.
- TRMA: a formula high protease, catalase, calcium and minerals. Dosage: 4 caps 3-5 x/d between meals (30-60 minutes prior or 1-2 hours after food). People with gastric problems must be especially careful to take TRMA on an empty stomach and may need to take the Stm formula along with this formula.
- Zn-Min: A pancreatic enzyme formula with minerals. Pancreatic enzymes have been used for many years with cancer. Dosage: 4 caps twice daily between meals.

Bovine and Shark Cartilage:

Shark cartilage is a popular anti-cancer formula but I have a problem with this because of the following:

- I am against unnecessary killing of sharks.
- All the research on cartilage was done on bovine cartilage, not shark cartilage. Also, using bovine cartilage does not increase the number of cows that are killed. It is a by-product of the cattle industry.
- Patrick McGrady, a well-respected independent researcher of cancer therapies says that the use of shark cartilage as an anti-cancer therapy is wrong. He talked to the Harvard researcher who studied it and was told that the data on shark cartilage is flawed (McGrady).
- Peat agrees with McGrady and comments, "*cartilage does contain some useful nutrients, but I think beef cartilage is just as good, and is better for the sharks.*"

Herbal Support Remedies:

Many plant products offer nutritional support for those battling cancer. In fact, within the *organic whole* foods of nature are a limitless variety of radioprotective and cancerostatic foods. I have listed many of these common foods in my book, ***Radiation Protection Manual.***
The medical treatment of cancer - drugs, radiation and surgery - does not address the systemic nature of the disease. It does not treat the body as a whole organism. So, although chemotherapy kills the fast

growing cancer cells, it does not address what's causing them to grow. Healthy cells are not spared either. That's why cancer chemically destroyed at one site shows up at another site. Herbs which cleanse the liver, kidneys, colon and lymphatics or whatever organ system needs help, may support the body's effort to initiate healing. A detailed discussion of herbal remedies is beyond the scope of this article, but lets mention some of them and see how they may help support the healing process.

Hoffman lists the following herbs, which are used in cancer therapies, either because of their organ-cleansing effects or because of reported anti-tumor action.

Cleavers (Gallium aparine): According to Hoffman, perhaps the best lymphatic drainage remedy available, which may be why it has a history of use in the treatment of tumors and ulcers.

Echinacea (Echinacea augustifolia): has anti-microbial and immune system-enhancing properties. In any illness, the immune system should be supported.

Mistletoe (Viscum alba): This nervine has been shown by current cancer research to have some anti-tumor activity.

Red Clover (Trifolium pratense): Used mainly in respiratory and skin disorders. Hoffman presents some recent evidence suggesting anti-neoplastic action in animals using red clover.

Sweet Violet: (Viola odorata): Used as an expectorant and in urinary infections, sweet violet is also reported to be an anti-tumor herb.

Burdock (Arctium lappa): This popular herb is used to cleanse the blood and the liver. Because of its cleansing and detoxifying properties, it is a common remedy for skin conditions such as psoriasis, eczema and dandruff. It is also used to aid kidney function and to remediate cystitis. Perhaps its reputation as an anti-tumor herb results from its cleansing and detoxifying action rather than a direct effect on the tumor itself. All parts of the burdock root may have anti - neoplastic activity (Hartwell). Also, in a *Townsend Letter for Doctors* article, Walters reported that two Hungarian scientists discovered *"considerable anti-tumor activity"* in a purified fraction of burdock. He also reported a 1984 discovery by Japanese researchers at Nagoya University, of a new type of desmutagen, a substance that uniquely reduced cell mutation in the absence or presence of metabolic activation. The researchers named this new property, *"the B-factor,"* for burdock factor.

Essiac: Burdock root is one ingredient in Essiac Tea, which also contains slippery elm, turkey rhubarb (or Indian rhubarb) root and sheep sorrel. This remedy was formulated by the late Rene Caisse, a Canadian nurse who used it with thousands of cancer patients from the 1920's until her death in 1978.

Essiac can be obtained either prepackaged or in bulk from health professionals, many health food stores across the nation and from Troutlake Farms in Oregon. A number of distributors claim to sell this tea. My advice is to fully investigate who they are and avoid products with unlisted ingredients. Why? I do not believe that nature should be kept secret! Also, some of the versions of Essiac do not even contain the principal herbs but instead, incorrect substitutes.

The following is an abstract of Richard Walters *Townsend Newsletter* article on Essiac. Caisse observed that the Essiac formula would break down tumors to a more normal tissue and greatly relieve pain. Many patients reported an initial hardening of the tumor, followed by softening and frequent discharging of pus and diseased tissue. Caisse believed that the herbal formula acted synergistically to reduce tumor growth

and purify the blood. Even if the tumor did not disappear, it could be reduced in size, allowing surgical removal after six to eight weeks, with less risk of metastasis.

Although Caisse lived under the constant threat of prosecution from the Canadian government, many doctors publicly supported her work. These include Dr. Charles Brusch, former physician to President John F. Kennedy, who said that he cured his own cancer with it. On April 6, 1990, Brusch testified, *"I endorse this therapy even today, for I have in fact cured my own cancer, the original site of which was the lower bowels, through Essiac alone."*

Walters points out that no remedy, including Essiac, should be considered a magic bullet for cancer. Today, we are facing more difficult healing challenges because of worldwide pollution of earth with radiation, pesticides, fluoride and other toxic chemicals. Natural remedies should be combined with other non-toxic therapies as well as an organic, whole food diet.

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Vasectomy, Is It Safe ?

Tampering with nature always makes me nervous, whether it's a vasectomy, birth control pills or organ transplants. I have a deep respect for the natural processes of the earth and I have observed that the farther from these we go, the deeper in trouble we get! In this article, we will explore the health effects of vasectomy, which involve 50 million couples worldwide. Information for the following report comes mainly from H.J. Roberts' shocking book, ***Is Vasectomy Worth the Risk?*** It is based on 30 years of research and observation in his practice as a physician and medical consultant. Roberts encountered unexplained diseases, some of which were life-threatening, in men who had had vasectomies. Although Roberts reports animal studies showing health problems after vasectomy that are similar to those in humans, many doctors who perform vasectomy are unfamiliar with them. All of Roberts' attempts to obtain compelling data concerning the frequency of medical problems among men having had vasectomies through follow up questionnaires were rebuffed by large vasectomy clinics. The following is a partial list of health effects reported by Roberts.

Allergic Responses

"The testes of a vasectomized man continues to make thousands of sperm every minute." These sperm and/or their breakdown products now have abnormal access to the body, because surgery has weakened the natural barrier between the testes and the blood stream. As the sperm degrades, its degradation products can initiate an allergic response. Also, sperm contains a number of potent antigens, at least eight of which have been identified. Because of this, sperm antigens can stimulate multiple antibodies and alter cellular immunity. Antibody production persists for prolonged periods following vasectomy. Roberts reports one study in monkeys in which sperm-antibodies could be detected seven years after vasectomy.

Men who do not demonstrate antisperm antibodies following vasectomy are more likely to show testicular endocrine malfunction pertaining to hormonal activity of FSH (follicle stimulating hormone) and LH (luteinizing hormone). Just as undigested food provokes an antigen-antibody response resulting in the formation of "immune complexes," so also do sperm antigens and antibodies. As with undigested food, the sperm-antibody immune complexes provoke severe inflammation in tissues where they are deposited. This explains why, let's say in 100 men with vasectomies, you would find many different inflammatory conditions involving such diverse tissues as the blood vessels, kidneys, joints, and so on.

Thrombophlebitis

This means clot formation, which follows irritated vein walls, usually in the legs or thighs. Symptoms include local pain, swelling and decreased ability to walk or stand. Often, this condition is undiagnosed until clots dislodge to the lungs (pulmonary embolism). This condition can be fatal. Roberts observed enough thrombophlebitis in his vasectomy patients to report it.

Arthritis

Some vasectomized patients reported recurrent attacks of severe joint pain and inflammation, especially in the wrists, hands, knees and ankles. Hospitalization rates for these men showed a 2.3-fold increase of admission for arthritis, rheumatism and connective tissue diseases as long as 3 to 5 years after vasectomy. Nine years or later, this increases to 3.7 fold.

Emotional Disturbances

Following vasectomy, some men suffered severe emotional disturbances, including anxiety, depression and a sense of sexual inadequacy. Onset of symptoms ranged from three months to several years. It would probably be impossible to distinguish which percentage of these symptoms are due to anguish over lost fertility and which are due to the physiological response to vasectomy.

Impaired Sexual Function

Symptoms include reduced sexual drive, impotence, and other less common problems including genital pain on attempting intercourse. Significant hormonal abnormalities have been found in men after vasectomy versus men without the operation. The FSH and LH responses were significantly greater in the vasectomy group compared to the controls.

Kidney Stones

A significant increase in kidney stones was found in men after vasectomy versus men not having the operation. The relative risk is greater for men 35-years-old or younger than it is for men over 55.

Cardiovascular Problems

Studies show that vasectomy *promotes* atherosclerosis, especially within the coronary and cerebral arteries. This is a touchy subject because of its enormous implications (Roberts).

Tumors and Cancer

More than one study suggests a link between vasectomy and cancer, especially of the prostate gland (Rosenberg; Mettlin). Bendich reported that metabolic changes similar to those during malignant transformation occur in somatic cells that have been invaded by sperm. The February 17, 1993 *Register Guard* reported two new studies suggesting that vasectomies increase the likelihood of prostate cancer. Edward Giovannucci of the Harvard Medical School in Boston and his colleagues investigated the increased risk of prostate cancer in men with vasectomies. They studied data from more than 73,000 men. A statistical study showed that men with vasectomies had a 66% greater risk of prostate cancer than men without. This risk remained even when the researchers considered other factors thought to influence the risk of prostate cancer. In a second study, the result was a 56% greater risk of prostate cancer in vasectomy recipients compared to men not having vasectomies. These findings were detailed in the February 1993 *Journal of the American Medical Association.*

Notes from Dr. Ray Peat

In a hormone survey of males who had emotional problems and impotence following vasectomy, as well as females who had nervous or emotional problems following tubal ligation, both groups had normal hormone levels *immediately* following surgery *except* for decreased progesterone. Taking a small dose of progesterone (5-10 mg) daily for only one week cured both males and females. Why? According to Peat, vasectomy sends a signal to the testicles to stop making progesterone. Tubal ligation as well as the IUD, sends the same signal to the ovaries. Peat's research refers only to the initial weeks following the surgery. It does not apply to the long-term immune system, allergenic and carcinogenic effects described by Roberts.

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