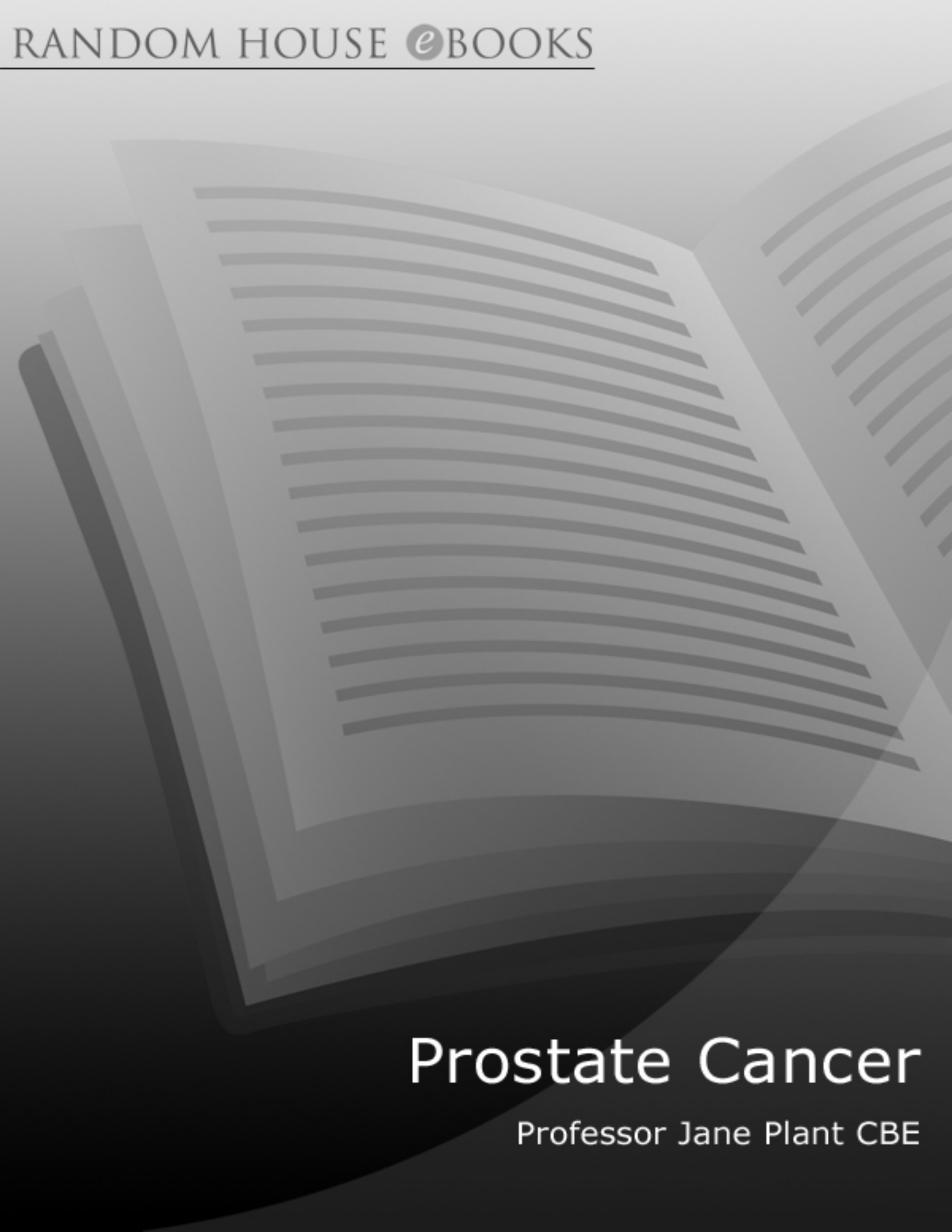


RANDOM HOUSE  BOOKS



Prostate Cancer

Professor Jane Plant CBE

CONTENTS

Cover

About the Book

Also by Professor Jane Plant CBE

Title Page

Author's Note

Welcome

1. Problems with the Prostate?

Why, as a natural scientist, my approach to the problem of cancer of the prostate is different from that of orthodox medical researchers. The orthodox approach to prostate cancer, the conventional risk factors for the disease, the value and reliability of different diagnostic tests and the advantages and disadvantages of the various treatment options.

2. Cells Behaving Badly

Cancer explained clearly in unscary, everyday language based on information from the most up-to-date scientific papers.

3. The Third Strawberry

How I used my science, my knowledge and my experience of working in China and Korea, and with colleagues from these countries – as well as a large dollop of good luck – to identify what I believe to be the main factor that causes prostate and breast cancer.

4. Milk is a Four-Letter Word

An explanation of the scientific evidence that links the consumption of dairy produce to prostate cancer. Why giving up dairy will cut your risk of suffering from prostate cancer and many other diseases.

5. The Food Factors

The eight dietary factors that will help you cut your risk of suffering from prostate cancer.

6. The Lifestyle Factors

The eight lifestyle factors that can help you cut your risk of suffering from prostate cancer.

7. Why Are Our Lives in Our Hands? Ten Simple Guidelines

Why the system has failed to protect us from, or even inform us of, the many avoidable risk factors implicated in prostate cancer, and the relationship between science and funding.

To Find Out More About Prostate Cancer

Notes

Index

Acknowledgements

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About the Book

Prostate cancer is one of the most common cancers among men, yet research into the illness has been so underfunded it is years behind research into other cancers.

Professor Jane Plant, an establishment scientist, reveals why the establishment has singularly failed to tell us the facts about what really causes cancer, and explains:

What is cancer? The latest scientific evidence linking dairy produce with prostate cancer The latest cancer therapies from high intensity ultrasound (HIFU) and photodynamic therapy (PDT) to gene therapies The food and lifestyle factors to cut your risk of developing prostate cancer.

This groundbreaking book has been completely revised and updated including the latest science-based advice on dietary and lifestyle factors that can help you prevent and overcome prostate cancer as well as other types of cancer, including pancreatic, colorectal and testicular cancer.

Prostate cancer and its treatment can cause pain and discomfort, incontinence, sexual impotence and relationship and psychological problems. This book will tell you how to substantially cut your risk of ever having the disease.

Also by Professor Jane Plant

YOUR LIFE IN YOUR HANDS: UNDERSTAND, PREVENT
AND OVERCOME BREAST CANCER AND OVARIAN
CANCER

With Gill Tidey

THE PLANT PROGRAMME

UNDERSTANDING, PREVENTING AND OVERCOMING
OSTEOPOROSIS

EATING FOR BETTER HEALTH

PROSTATE CANCER

Understand, Prevent and Overcome

Professor Jane A. Plant

www.janeplant.com



AUTHOR'S NOTE

The diagnosis and treatment of medical conditions is a responsibility shared between you and your medical advisors. All diets should begin with a medical check-up to make certain that no special health problems exist and to confirm that there are no medical reasons why you should not undertake a change of diet.

WELCOME

IT IS NOW 14 years since my breast-cancer secondaries disappeared following a fundamental change in my diet and lifestyle. My cancer had spread to the lymph nodes in my neck, in spite of radical mastectomy, three further operations, 35 radiotherapy treatments, irradiation of my ovaries to induce the menopause and several chemotherapy treatments. Despite all this treatment, my doctors had given me only months to live. I then recalled that people in rural China, where I had worked as a scientist, had a very low incidence of breast (and prostate) cancer. At that point I changed my diet and lifestyle, and to everyone's amazement, including, I have to admit, my own, the large cancerous lump in my neck disappeared within weeks.

Since that time I have not even had a scare, and my annual check-ups at Charing Cross Hospital have tended to focus more on my diet and lifestyle than on my cancer.

I have talked to senior doctors who have said that they personally have not met anyone who has survived such serious illness and had been very sceptical about my books until they had talked to me.

My experience, and that of many other women who had followed my diet and lifestyle, led me to write *Your Life in Your Hands*,^{[1](#)} which was published in 2000, followed in 2001 by *The Plant Programme* and in 2005 by *Eating for Better Health*, written with Gill Tidey, cookbooks which complement the dietary advice in *Your Life in Your Hands*.^{[2](#)}

In the first edition of *Your Life in Your Hands* I gave some information about prostate cancer because whenever and wherever I looked for information on breast cancer the same factors kept emerging as factors for prostate cancer too. I therefore included the data and information about prostate cancer in the book – and I included more in the second edition, published in September 2003. This book develops that work further and provides up-to-date science-based information specifically for prostate cancer sufferers.

I now help to run a website, www.cancersupportinternational.com, to provide information and support to cancer sufferers; this includes a forum for people to discuss their experiences of their illness, treatments, diet and lifestyle. From the many communications we receive from men and women who have complemented their conventional medical treatment with the Plant Programme dietary and lifestyle factors, I know that many people are now healthy and cancer-free. Indeed, when I attend functions these days I am always surprised by the number of men who come bounding up to me and the first thing they want to tell me is how good their test results are now that they follow my recommended diet and lifestyle!

Since the first edition of *Your Life in Your Hands* was published in 2000, more and more scientific evidence has appeared to support its findings and recommendations. It is perhaps worth noting that, despite the press seizing on one or two of the most sensational recommendations of the book – eliminating dairy produce and reducing exposure to hormone-disrupting and hormone-mimicking chemicals – there were seven food factors and five lifestyle factors to be addressed – there are now eight and eight, respectively, for prostate cancer.

Examples of new supporting evidence include the results of studies conducted by eminent researchers that show the link between prostate cancer and high dairy and

calcium intake. There is also more and more evidence that the disease is associated with high circulating levels of a chemical messenger in the body called IGF-I and new evidence that this is linked to food factors identified in *Your Life in Your Hands*, especially high dietary intakes of dairy produce, as well as trans-fatty acids and refined carbohydrate and low dietary intakes of vegetables and fruit.

Also, there is further evidence of the importance of the correct balance of oils in the diet, as well as increasing evidence against consuming man-made vitamins and minerals, including mega-doses of vitamin C or calcium. Evidence of the association of carcinogenic chemicals such as those in pesticides and prostate cancer also continues to mount.

The reason all the recently published science has confirmed the findings and recommendations in my books and shown them to be so soundly based is not because I am clairvoyant or indeed particularly clever. It is simply because both books are based on research into the peer-reviewed scientific literature. Because of my scientific training, I am able to read information in publications written in the sort of scientific shorthand that all scientists tend to use to communicate with other specialists in their field, and translate it into simple straightforward English that makes it accessible to a wider readership. I am also able to recognise biased studies funded by vested interest groups such as the dairy or pharmaceutical industries. The extent to which medical practice is influenced by vested-interest groups is something that many others, including the *British Medical Journal* (*BMJ*), now take very seriously. The *BMJ* now requires that authors of any paper published by them should declare the funding sources of their study or other potential conflicts of interest. For this reason, many of the references in this book are from the *BMJ*. There is also concern about bias and misinformation in

relation to our food. In *Save Yourself from Breast Cancer*,³ Robert D Kradjian, head of the breast-surgery division at the Seton Medical Centre, Daly City, California, states the problem as follows:

The issue is clear. Much of our highly varied, desired, and profitable food supply has been found to be dangerous. The people who furnish this food and who are enriched by its sale do not want you to know this. They have generously contributed to scientists who have supported, and are willing to continue to support, their products. If those scientists suddenly have a change of heart, and seriously challenge the safety of that food, you may be certain that the bulk of the food-industry financial support will promptly disappear.

Whom are you going to believe? Those with no financial gain from the sale of food and with the backing of the world's scientific literature? Or are you going to follow those who have at times devised flawed studies and reaped millions of dollars in support of the industries that they fail to seriously criticise? You must decide, and your health will be substantially determined by your decision.

Happily, many medical professionals and scientists have been supportive of my work, and in 2005 I was given Life Fellowship of the Royal Society of Medicine. I am aware that many doctors are now recommending my books to their prostate-cancer and breast-cancer patients. Indeed, the recommendations have been found to be helpful to sufferers of many other types of cancer including colorectal cancer. Increasingly, I am invited to address medical societies and cancer support groups, with very positive feedback.

Perhaps it's worth mentioning that the diet will NOT cause osteoporosis. Quite the reverse. The book *Understanding, Preventing and Overcoming Osteoporosis*,⁴ which I wrote with Gill Tidey, provides the scientific evidence that this disease, like breast cancer and prostate cancer, is strongly linked to the Western diet and has an extremely low incidence in countries such as China. The osteoporosis book contains many more delicious, healthy recipes which complement those in *The Plant Programme* and *Eating for Better Health*, and it is particularly helpful to those concerned about cancer spreading to their bones or who are taking medication that can cause bone thinning.

Prostate cancer is a serious illness: it is already the commonest type of male cancer in the USA, having increased by nearly 200 per cent between 1950 and 2001, and it is fast overtaking lung cancer as the number one cancer in men in most Western countries: in some countries death rates from it have trebled over the last thirty years. Conventional risk factors such as family history totally fail to account for the massive increase in the rates of prostate cancer.

Prostate cancer can cause incontinence and impotence, and some aspects and types of diagnosis and treatment can be unpleasant, with damaging short-term and long-term side effects. No man would want to go through all this unless it is essential.⁵ This is definitely a disease for which prevention is better than cure, and one of the main messages of this book is ... prevention ... prevention ... prevention. The book is packed with information to help to prevent prostate problems; and many men tell me that having followed the advice that it contains they no longer have to go to the loo several times a night so they sleep better, that their sex lives have improved and for those having regular PSA tests that the levels have fallen and they no longer have to worry about their results.

For a long time, the disease, unlike breast cancer, was surrounded by silence, but recently it has moved more into the public domain.⁶ The fact that it is now talked about more openly has been helped by high-profile men such as former Mayor Giuliani of New York and the former Archbishop of Cape Town, Desmond Tutu, being prepared to admit publicly to having prostate cancer. Nevertheless, many men continue to bury their heads in the sand when, by making the simple dietary and lifestyle changes described in this book, they could cut their risk of ever suffering from the disease dramatically.

This new edition of the book also aims to bring you the most up-to-date scientific information on treatment. I look first at new developments in the conventional medical diagnosis and treatment of prostate cancer – though even screening and diagnosis are controversial, which is one of the reasons the disease is such a problem. Many men have only non-malignant but enlarged prostates; others have very slow-growing cancer, which could continue for ten or fifteen years before any treatment is really needed; while yet others have more aggressive disease.

I describe what cancer is in simple, unscary language and show that, instead of it involving some terrifying invasion of our bodies, it is simply our own cells behaving badly in conditions that encourage them to lose control.

I go on to describe some of the latest research findings into growth factors and hormone-disrupting and hormone-mimicking substances in our food, drink and environment, which I believe are responsible for the dramatic increase in prostate cancer throughout the West. I take forward the debate on chemopreventive substances in our diet and I provide simple, practical advice on how to reduce your risk of suffering from prostate cancer – advice that will also help to treat the disease in those already affected. I also look again at the politics of the problem, such as links between the pharmaceutical industry and medical

clinicians, and the failure of the press to root out bias and flawed science funded by vested interest groups such as the dairy industry.

In each chapter I explain fully all the science and its implications and at the end of chapters 2 to 6 I summarise the main points 'in a nutshell' to help to make the arguments easier to follow. The scientific references on which the book is based are also included, should you or your doctor wish to follow them up.

Finally, I should like to reassure readers that I wrote this book in my own time, with no funding or influence from any vested-interest group, and that I have tried to ensure that the science on which it is based is, to the best of my knowledge, objective, authoritative and as free as possible from commercial, political or other such influences.

I hope very much that you can put the information in this new book on prostate cancer to the best possible use in your life.

Sincerely,

Professor Jane A Plant CBE, FRSM, FRSE, FRSA, FRGS, BSc (Geochemistry: Class 1), PhD, D Univ, DSc (Hon), DSc (Hon), FIMMM, CEng, FGS, CGeol, Freeman of the City of London

(I am not normally someone who uses titles. Everyone I know quickly calls me just 'Jane' and that is how I like to be addressed. However, I am a scientist and this book is based on what I believe to be sound science, so I include here my academic and professional qualifications and honours in order to reassure you, the reader, of my scientific credentials.)

1. PROBLEMS WITH THE PROSTATE?

*In this chapter, I explain why, as a natural scientist, my approach to the problem of prostate cancer is different from that of many orthodox medical researchers. I then go on to examine the orthodox approach to prostate cancer. I review the conventional risk factors for the disease, the value and reliability of different diagnostic tests, the advantages and disadvantages of the various treatment options that are now available ... and much, much more. I include brief case histories of three of the many men who are in touch with me about their disease after reading my first book, *Your Life in Your Hands*.¹ By observing what has happened to all of them, I am convinced that the best outcome is achieved if the conventional medical treatments described in this chapter are combined with the dietary and lifestyle advice given later in the book.*

IT WAS MY hope that my first book, *Your Life in Your Hands*, would serve two purposes. First, I wanted it to be directly useful to other people. I wanted to make the information I had access to as a scientist available to them as simple, straightforward advice, told in the context of my own story – a detective story which centred on my own breast cancer, the findings of which, I believe, saved my life. In this book I hope to do the same for men affected by prostate cancer, using my experience of helping many men to overcome their disease since *Your Life in Your Hands* was first published.

The straightforward advice and simple lifestyle suggestions described here will, I hope, be of practical benefit to men, in significantly reducing their risk of developing prostate cancer or other prostate disease. If you happen to be that one man in about 14 in the UK or one man in about 6 in the USA who has been diagnosed with prostate cancer, then you will also find much information here which will give you a better chance of survival and help you to cope with the rigorous treatment methods.

Secondly, it is vitally important that this book should take forward the debate within the scientific and medical communities – a debate that was ignited by *Your Life in Your Hands*. Science is, at heart, an adversarial process. This new book on prostate cancer backs up the evidence and hypotheses on the cause of the disease with the mounting evidence from the scientific literature on factors which promote it, especially the most dangerous form of the disease – metastatic prostate cancer. The inescapable conclusion is that the disease is almost entirely preventable and that relatively small augmentations to the orthodox medical therapies currently being used in clinics and hospitals would result in major improvements in patient survival. Providing prostate-cancer patients with sound dietary advice, as is common in cases of heart disease or diabetes, could greatly increase survival rates. Prostate cancer appears to be a particularly cruel disease, and I believe that so much suffering could be prevented, and so many lives could be saved, if the new evidence I have compiled in this book is acted on.

HOW ON EARTH CAN A NATURAL SCIENTIST CONTRIBUTE TO PREVENTING AND TREATING PROSTATE CANCER?

I am trained in a subject called geochemistry – a combination of geology and chemistry aimed at

understanding the chemistry of the Earth. My speciality is in understanding the chemistry of the surface of the Earth, especially concentrations of chemicals where these occur either as natural concentrations in ore deposits or as a result of man's activity, for example, where there are landfill sites or contaminated land. When I studied this subject at university I had no idea how useful it would be in helping to deal with problems of human health (especially in developing countries), agricultural animals, and the environment generally.

I have frequently worked with biochemists, veterinarians, epidemiologists and medical geographers looking at the impact of chemicals in the environment on the health of humans, animals and crops. Early in my career, between 1975 and 1977, I served on a Royal Society committee concerned with geochemistry and health.² Since that time, I and my team of scientists at the British Geological Survey (BGS), often working in collaboration with Imperial College, London, where I am now a professor, became concerned with a wide range of human health problems related to the environment. Some of the methods we developed allow highly reproducible, high-resolution maps showing the distribution of chemicals over the Earth's surface to be prepared. We are then able to look on our computer screens at the distribution of, say, cadmium or lead (as potentially toxic chemical elements) or copper or cobalt (elements essential to animal and human health in trace amounts) in the same way people can look at the Earth's physiography – using remotely sensed photographs from space.³ Almost from the beginning, and initially to our great surprise, these images, although intended for geologists, especially those exploring for metalliferous mineral deposits, created a lot of interest from veterinarians, who found them helpful in diagnosing environmental and nutritional animal diseases. For example, the veterinarians had an experimental farm to

identify the levels of copper needed as a supplement in the diets of sheep and cattle in the north of Scotland. They could not understand why, when they gave the copper supplements developed on this farm to animals elsewhere, the animals quickly showed symptoms of copper poisoning. When they saw the maps we had produced, all became clear: their experimental farm contained soils with very high concentrations of another trace element, molybdenum, which blocks the uptake of copper, so the copper supplements they had developed contained far too much copper for general use. Seeing the natural variation in these two elements helped them to work out more appropriate doses of copper and other trace elements in relation to the natural variability of the soil. It was by working with veterinarians that I first began to learn of some of the amazing connections between geochemistry and biochemistry. I also learned, when I was ill, that veterinary was often better than medical literature in providing fundamental answers based on biochemistry. Eventually, I established a team that is regarded as one of the best in the world in tackling health problems related to the levels of trace elements in the environment: some elements such as arsenic and fluoride can occur at levels so high that they cause disease, such as cancer or severe bone deformity respectively, while others such as selenium, iodine, zinc and cobalt can occur at such low levels that they cause deficiency and ill health in man and animals. This is a particular problem in developing countries if the diet consists predominantly of locally grown crops and the underlying rocks are abnormally rich or depleted in particular chemical elements.

Very recent work that the BGS team has conducted includes studies of iodine deficiency and fluoride toxicity. The latter can lead to severe bone deformity and may be caused by the burning of poor-quality coals (in parts of

China, for example) or by the presence of naturally high levels of fluoride in drinking water.⁴

What I learned as a result of this type of environmental detective work, time and time again, was that until you identified the fundamental cause of such problems, there was little or nothing that could be done to help the affected individuals. And until you've found the cause (whether it's of prostate cancer or any other disease) and effectively neutralised it, then you can never claim to have 'cured' the problem.

HOW SCIENCE SERVES US - AND WHY SOMETIMES IT DOESN'T

A good scientist will see things a little bit differently. As a science 'insider', I'd like to tell you something about the way that science works, which will help you to make sense of the approaches that scientists from different disciplines adopt when trying to treat diseases such as cancer. Also why any good scientist will want to probe, and know *why* something such as a disease has occurred.

I also want to look at why, despite vast expenditure, we have made so little progress against cancers such as those of the prostate.

There is a word to explain this situation, which also sums up what has happened to many branches of science in recent decades. This word, which is increasingly used pejoratively, is reductionism.

Let me quote from David Horrobin's article 'Not in the Genes', published in the *Guardian* on 12 February 2003, shortly before his death. Dr Horrobin was a prestigious medical researcher and author of more than 800 papers. In the *Guardian* article he states:

Starting in the 1960s, molecular biologists and genome specialists took over biomedical science.

Journals and grant-giving bodies came to be dominated by reductionists, who were scathing about the complexity of the whole organ, whole animal and especially whole human studies which were seen as too full of uncontrolled variability to be interpretable. Now we have an almost wholly reductionist biomedical community which repeatedly makes exaggerated claims about how it is going to revolutionise medical treatment, and which repeatedly fails to achieve anything.

For some time this reductionist approach dominated my own subject of earth sciences in the UK, and it is difficult to think of any memorable scientific breakthrough from that period. We have now returned to a systems-based approach, whereby all the Earth's complex interactions and feedbacks are taken into account to understand likely outcomes. We now grandly refer to our new approach as Earth Systems Science. In fact there is nothing new, except that the establishment now accept it again. As that great natural scientist James Lovelock explains in *Gaia: the practical science of planetary medicine*, published in 1991, 'To understand the physiology of the Earth as a whole system we need science, but it must grow from the top down as well as from the bottom up!' This was not the case in much of the earth sciences in the UK at the time.

Of course reductionist science is vital. It provides the pieces of the jigsaw, but too great a reliance on reductionism can lead to not being able to see the wood for the trees.

Reductionist science produces masses and masses of data. This is, in fact, a serious problem with science in general today: too many people are providing too much information, yet too few people have time to read and digest it. Sometimes scientists are repeating the same work without knowing about it. What happens to all the data this

work generates? Well, it gets published in learned journals, helping to create scientists' reputations, and wins more funding for yet more research. But how much of this work is directly beneficial to cancer patients? Disappointingly little, I fear.

A better balance is needed, with more of the sort of science that involves analysing, synthesising or reviewing the work of others – putting the pieces of the jigsaw together. This is now highly unfashionable. It is thought not to be creative and not to provide the original cutting-edge ideas that 'bottom-up' science produces. Hence there are few prizes or distinctions for scientists carrying out such tasks and it is difficult for them to find sources of funding. Also, review papers are generally not welcomed by the prestigious research journals and they count for little on the CVs of individual scientists.

The implied aim of reductionist science in cancer research is to find the single 'magic bullet'. Modern medical research in general, and especially cancer research, is aimed at trying to find a pure form of a chemical compound which has a clearly defined chemical formula, can be administered in quantitative doses, and can be shown in statistically designed clinical studies to have a significant and reproducible effect on the outcome of the disease. This approach falls under the worthy-sounding title of 'evidence-based medicine' and is discussed further in [Chapter 7](#).

But what if such a magic bullet doesn't exist?

What if our belief in magic bullets is just that – magical, illusory, not based in reality? In that case, no amount of scientific research and no amount of expenditure will ever find it. We will have wasted many fortunes, many decades and many lives for little or nothing.

In the meantime, we are left with surgery, radiotherapy and chemotherapy – albeit improved and refined – as the main front-line treatments against prostate cancer, as they

have been since the 1950s, together with hormone-based methods. True, there have been small improvements in survival, but the reported incidence of prostate cancer continues to rise (see Chapter 3, [here](#)). If I am feeling at my most cynical, I cannot help thinking how this must be the best of all possible worlds for those involved in 'the cancer industry'. This is discussed further in [Chapter 7](#).

Too great an emphasis on a reductionist approach towards cancer research also, sooner or later, runs into the law of diminishing returns, whereby we have to spend more and more to achieve less and less. That's why all the cancer charities you know seem to have an inexhaustible appetite for money and why many of them are the best-funded charities in existence. In *Your Life in Your Hands*, I complained that the only message we all seem to receive loud and clear is: 'Give us another billion or so, and give us another decade ... and then we may finally have a cure that works.' A few years ago, when I was listening to the BBC, I heard the then new Head of the Medical Research Council in the UK ask for a substantial increase in government funding to take forward [reductionist] medicine. In this way, he said, many chronic illnesses would be treatable in *twenty years time*!

Even if a cure were identified, would we be able to afford to prescribe it to cancer sufferers? The National Health Service in the UK is already in serious difficulty because of the cost of prescribing expensive new cancer drugs.

The high-technology approach to developing drugs for cancer is leading to many new drugs which are extremely expensive - which are then strongly marketed, often directly to patients via the World Wide Web or sometimes using patients to make emotional appeals through the media - although they may prolong life for only a few weeks or months and have unfortunate side effects. Hence there are increasingly highly charged emotional debates

between individual patients and their families who, understandably, wish to have the latest treatment, and health authorities and organisations that find it difficult to justify the large aggregated bills for groups of patients for marginal benefit. Is this approach really helpful except in the very short term?

The modern era in cancer research really began in America more than thirty years ago when President Richard Nixon proclaimed 'war' on cancer in his State of the Union address in 1971. And, right from the beginning, it was dominated by reductionist scientific thinking, with its requirement for large-scale funding, extracted with the beguiling promise of a cure 'just round the corner'. 'Many people anticipated swift victory' recounts the news magazine *US News & World Report*, 'with the taming of the dread disease likened to a moon landing. Even as recently as 1984, the National Cancer Institute's director predicted that cancer deaths could be halved by the year 2000 in America.'

Such optimism was, of course, unjustified. Despite massive expenditure, the cancer death rate has continued to rise inexorably, and is now predicted by the World Health Organisation (WHO) to double worldwide by 2020.⁵

Certainly, there have been some success stories: for example, childhood cancers, particularly some leukaemias, can now be treated and cured effectively. But such bright spots are too few and far between. Moreover, what most people really want is primary prevention. As Jane Stephenson, Chair of the UK Breast Cancer Coalition, states 'For us it is not just gaining access to the best treatments available. It is about not getting cancer in the first place.'

So what, you may be wondering, is the alternative to relying so heavily on reductionist science? And is it any more effective in delivering tangible benefits to ordinary people?

Let me give you a couple of examples to explain how really significant medical breakthroughs have been made in the past with minimal resources but with great intellect and flair and a large measure of common sense. Most doctors would agree that the greatest contribution to all mankind in overcoming infectious diseases came not from the use of antibiotics but from improvements to public health: a clean water supply, improved sanitation, better nutrition and proper housing. These improvements came about as we gradually increased our understanding of why and how infectious diseases were transmitted. An early example of this type of work was carried out by Dr John Snow, who showed the value of studying the pattern of occurrence of disease. He made the famous dot map that showed the location of deaths from the epidemic of cholera which occurred in central London in September 1854. Deaths were marked by dots and, in addition, the area's eleven water pumps were located by crosses. Examining the scatter over the surface of the map, Snow observed that cholera occurred almost entirely among those who lived near (and drank from) the Broad Street water pump. He had the handle of the contaminated pump removed, ending the neighbourhood epidemic which had taken more than 500 lives. This 'scientific detective work' is called epidemiology – literally the study of epidemics – and it has been used successfully many times to identify the cause of disease and, through public-health medicine, to correct the things that society was doing wrong.

Professor Sir Richard Doll's epidemiological study of lung cancer in the 1950s was one of the most significant advances in understanding cancer in the twentieth century. Doll demonstrated beyond any shadow of a doubt the relationship between lung cancer and smoking tobacco. Lung cancer was shown not to be a curse visited on us by a wrathful God, nor to occur because of bad or faulty genes, but rather to be caused by something human beings were

doing to themselves. For the first time we had a modern rationale and scientific understanding of the cause of a common type of cancer. Following Doll's work, we can now choose whether to smoke or not in the knowledge that by doing so we shall significantly increase our risk of getting lung cancer. Moreover, identifying the cause of lung cancer has led to people quitting the habit, approximately halving the death rate from the disease.⁶ Since that time, rational explanations have been found for many other types of cancers. For example, mesothelioma – a type of chest-wall cancer – is now known to be caused by exposure to asbestos dust, skin cancer to be caused by exposure to ultraviolet light or arsenic poisoning, and cervical cancer is known to be caused by infection by the sexually transmitted human papilloma (wart) virus. In all of these cases the risk of cancer ever developing can be minimised by lifestyle changes as individuals or as a society.

Many doctors tend to see non-communicable diseases like prostate cancer as simply an inevitable result of ageing. For example, a recent article in the *British Medical Journal* (BMJ) spoke of '... the growing burden of non-communicable disease – in both developed and developing countries – as a consequence of population ageing. Cardiovascular disease, cancer, neuropsychiatric conditions, and injury are fast becoming the leading causes of disability and premature death in most regions.'⁷ There is no mention in the article of the influence of 'Western diet and lifestyle' or other possible underlying causes of non-communicable diseases. According to this line of reasoning, age is a primary cause of cancer. I, for one, think this is far too simplistic.

Before we proceed, let me tell you a little more about the scientific method and the way I was trained to approach problems.

This involves five stages:

- 1. Gather existing information.** Previous facts and theories are reviewed as objectively and impartially, but as critically, as possible.
- 2. Produce new information.** This is collected by experiment or observations, without emotional involvement. In some cases new ideas are produced by analysis and synthesis of information produced by other scientists. To be a good scientist you must be prepared to admit you are wrong: arriving at the truth is what is important, not personal prestige. If you raise a question, even if you arrive at the wrong answer, you will be respected if you work with honesty and openness. At the beginning of my science career, I learned a saying that has always stayed with me and guided my work: 'the person who asks the questions solves the problem'.
- 3. Evaluate.** The new results are evaluated in relation to existing theories, and new insights or ideas are identified.
- 4. A new hypothesis is proposed.** Speculation must be identified as such and clearly separated from facts.
- 5. Test the hypothesis.** If the hypothesis works, submit it for further testing and validation until you have a new theory. If it doesn't work, begin again.

The characteristic values to which scientists have traditionally aspired are:⁸

- Honest experimentation
- Meticulous respect for evidence
- Candid admission of mistakes or error
- Pursuit of truth
- Moral and intellectual independence of all political authority and economic power
- Openness to the public scrutiny of research by one's peers. (You will see that throughout the book I use the term 'peer reviewed' to indicate science published after

it has been critically reviewed by other scientists. This type of information is distinguished from newspaper reports and other sources of information.)

This logical and ethical framework has been successfully used by scientists (whether they realised it or not) for centuries. It is how I and my team have successfully solved many human health problems related to environmental factors, and it is precisely how I approached the challenge of my own breast cancer and also prostate cancer.

There is a wealth of research – some of which goes back many decades – on the factors involved in prostate cancer. As you read the chapters that follow, I am sure you will be just as astonished as I was initially to learn how much has been discovered already but has not reached the public. While it is true that some of the risk factors for prostate cancer – such as increasing age or a family history of prostate cancer – are completely outside our control, there are many other risk factors which we can control – easily. These ‘controllable’ risk factors readily translate into simple changes that all men can make in their day-to-day lives to help prevent or treat the disease.

My message is: even advanced cancer can be overcome.

I know, because I’ve done it – and I have helped many, many prostate-cancer (and breast-cancer) sufferers to do the same.

RISK FACTORS

A risk factor is something that increases your chance of getting cancer. Different cancers have different risk factors. For example, smoking is a risk factor for cancers of the lung, mouth, larynx, bladder, kidney and some other organs.

But having a risk factor, or even several, does not mean that you will automatically develop cancer. Some men who

have one or more prostate-cancer risk factors never develop the disease, while many men with prostate cancer have no known risk factors.

According to the University of Michigan website, the following are the key known risk factors for prostate cancer in the USA:

- **Age.** Prostate cancer is found mainly in men over age 55. The average age of patients at the time of diagnosis is 70. In the UK, the average age at diagnosis of prostate cancer is 72.⁹
- **Family history of prostate cancer.** A man's risk for developing prostate cancer is higher if his father or brother has had the disease.
- **Race.** This disease is much more common in African American men than in white men. It is less common in Asian, African and native American men.

Scientists have studied (see below) whether benign prostatic hyperplasia (BPH), obesity, lack of exercise, smoking,¹⁰ radiation exposure, or a sexually transmitted virus might increase the risk for prostate cancer. At the present time, there is little hard validated evidence that these factors contribute to an increased risk.

In the UK, the following risk factors for prostate cancers have been suggested:

Factor	Variable
Demographic	Increasing age Place of residence
Genetic	Family history of prostate cancer Family history of breast cancer Race – black
Dietary	High fat consumption Low green-vegetable consumption
Occupational	Cadmium exposure Radiation exposure Farming

Source: Factsheet 20.3 1994 (Cancer of the Prostate) of the Cancer Research Campaign, adapted from Dearnaley, DP, 1994. Cancer of the prostate. *BMJ*, 308, 780-784.

These are fairly standard risk factors, and smoking and sedentary lifestyle are also included on the websites of some charities.

One authority, Professor Jonathan Waxman of Imperial College, London, a distinguished oncologist specialising in prostate treatment,^{[11](#)} indicates that the Chinese diet is protective, and he attributes this to the consumption of yellow beans (even though I have worked in China, I am not sure what these are: perhaps he is referring to soya beans).

I am impressed that dietary and lifestyle factors are mentioned in the factsheet above, by many other prostate cancer charities and by Professor Waxman; I have yet to see such factors included in discussions of breast cancer. Indeed as soon as dietary and lifestyle factors are mentioned in relation to breast cancer, somebody from a breast cancer charity can almost be guaranteed to try to undermine the findings, however eminent the researcher or however sound the research (see further in [Chapter 7](#)). Do these people not understand that multifactorial diseases can be prevented and treated by eliminating controllable risk factors? (See further in [Chapter 3](#).)

Why me?

One of the first questions that I think everyone asks when they are diagnosed with cancer is 'Why me? Why has this awful thing happened to me?' Eventually, I believe I found the answer to this question for breast-cancer and prostate-cancer sufferers, and it is very disquieting, because it brings home the high risk that people living a Western lifestyle are taking - a risk that increases more and more each year, despite the fact that, like me, most of the

sufferers I know thought they were living a healthy lifestyle.

Prostate cancer rates have increased dramatically since the 1970s, more than doubling in the USA between 1973 and 2000.^{[12](#)} Throughout the West, prostate cancer is now one of the most commonly occurring cancers affecting men. In the UK, for example, it is the commonest cancer in men, with a lifetime risk of being diagnosed of 1 in 14; it is rare under the age of 50.^{[13](#)} In the US, it is the most commonly diagnosed cancer among men, with a lifetime risk of 1 in 6; one man there loses his life to the disease every 20 minutes.^{[14](#)}

No man living a Western lifestyle should be surprised, therefore, to be one of those affected. The odds are high. However, what struck me very forcibly when I first became aware of these figures was the contrast between the comparatively high risk Western men and women run of contracting prostate or breast cancer, compared with the much lower risk of people living in the East (see [Chapter 3](#)). This was the first suspicion that there might be a cause for such cancers, just as there is a specific cause for the high risk of lung cancer that smokers run. In the following chapters, I will tell you what I think that is: but first, let us look at how to equip yourself to fight against the disease.

HOLDING YOUR GROUND

The typical route through cancer treatment is surgery, radiotherapy and chemotherapy, although new treatments such as photodynamic therapy (PDT) and high-intensity focused ultrasound (HIFU) have become available to treat prostate cancer. Many people use the analogy of cancer treatment as a battle between the disease and the treatments – with the patient as the battlefield. Although this analogy is unpopular with cancer charities or doctors, one of the things you must realise from the outset is the