PRIMUM NON NOCERE

The Revolution in Prostate Cancer Management:
Active surveillance and integrative medicine on the front line

PHANQ DOMINIC TAMBUREI, NMD

This past year has been remarkable in both the changing perceptions of, and the recommendations in, the management of prostate cancer (CaP). Some presumed screening and treatment strategies have nearly collapsed under the weight of ever-increasing research and changing clinical perceptions. These factors challenge prostate specific antigen (PSA) values, reflex biopsy, surgery, radiation and even the “dreaded” CaP hormone testosteron. In its place is a new flux of promising yet mostly unrealized CaP genetic tests and new ways to use older screening tools. An especially radical change has been the new CaP therapeutic approach designated Active Surveillance (AS). Consequently, the salient role of the integrative ND is to sort through these changes, educate patients on their options and honor their choices.

Ves Medicatrix Naturae
Natural Treatments for Hemorrhoids

NIRALA IACOBI, ND

Hemorrhoids are a common condition, frequently overshadowed by more “glamorous” afflictions. Most NDs have successful treatment plans for hemorrhoids, including many of the suggestions in this article. As part of a list of recommendations, I’d like to emphasize a simple thermal therapy device that has provided instant relief for countless patients.

Hemorrhoids are protrusions of the rectal vascular tissues and are classified into two categories: internal and external. Typically, external hemorrhoids are visible outside the anus, and internal hemorrhoids are non-visible protrusions above the anal sphincter. These are further graded based on severity of prolapse.

It is not surprising to most NDs that hemorrhoids are a common ailment of western countries. A dietary emphasis on low fiber and highly processed foods in countries such as the U.S., Australia and Great Britain promote harder stools and can lead to an increase in straining and tearing of anal tissues. If treated early enough, many cases of hemorrhoids respond well to natural treatments. Very advanced cases, however, often need surgical intervention.

Symptoms
- Rectal bleeding and itching
- Prolapse or protrusion of vascular tissue of anus
- Pain with or after defecation, although frank pain could signal other problems, such as a rectal abscess or anal fissure

Treatment
I often advise patients to start taking hemorrhoids seriously even if symptoms are still relatively minor. It can save years of pain and discomfort. Treatment focus for acute hemorrhoids is anti-inflammatory, tissue strengthening and stool softening.

Docere

Col-Fusion

Jacob Schor, ND, FABNO
A look at existing coenzyme Q10 product forms and their effectiveness, as well as a look at ubiquinol, the “new kid on the block.”

SIMILAR THOUGHT
Case Study: Anxiety and Panic Attacks...
Joe Kellenstein, DC, ND
Time modalities bring out the keys to this case.

NATURAPATHIC NEWS
Message from the President...
Fraser Smith, NUNH
A rotating column from the presidents of naturopathic medical colleges.

What’s Happening in the Naturopathic Medical Community...
- Regulation of NDs in Arkansas
- Canada’s Bill C-51 Disabled
- AANP Convention Awards
- FTC Stops bogus Cancer Care Claims
- Needed Service for the Poor
- Rusty Building Receives “Green” Award
- and more

EDUCATION
What Shall We Become This Winter?
David Schreieck, PhD
Taking a look at key tactics during a time of transformation. Part of a continuing series.

To keep the body in good health is a duty, otherwise we shall not be able to keep our mind strong and clear.

Gautama the Buddha, 563 BC
Growing Naturopathic and Allopathic Unity with AS

One often present to divergent groups about better qualitative risk evaluations for CaP. I was honored this past year to be a key CaP presenter among conventional urologists by the Arizona Department of Health. An irony presented itself in that as I discussed an integrative model utilizing allopathic tests, the urologists discussed their allopathic model utilizing a new integrative approach. The conventional physicians were promoting what NDs have been practicing for years. Coming from different disciplines, we nonetheless each recognized how new research and social trends are forcing “reflex” surgery or radiation for CaP to be rethought in lieu of tracking the disease and involving patients more in their treatment. AS became the unifying term of the day.

Although the concept of treating surgically only as a last resort is not revolutionary to NDs, it is for the allopathic establishment. Consider a conventional doctor promoting AS, leaving the security of note surgical procedures endorsed by the American Medical Association for less invasive measures. By promoting AS rather than surgery, physicians increase their risk he or she and the patient feel comfortable taking. AS could include patients with either undiagnosed suspect CaP without biopsy or a diagnosed CaP of Gleason 7 (3+4) or less. Other criteria may include no PSA velocity over 2.0 ng/ml/yr or over 0.75 ng/ml/yr consecutively over two to three years, and PSA values capped at 8-12ng/ml. One condition for some allopathic AS physicians is submitting to mandatory yearly biopsies to track progression. The naturopathic AS program could follow all of these guidelines or perhaps substitute annual transrectal ultrasound of the prostate with color doppler imaging, PSA dynamics and genetic marker testing in lieu of annual biopsies. The goal for any variant of AS is to responsibly monitor CaP patients for elevated risk for metastatic disease while they decide on or undergo their preferred treatment. AS is a powerful strategy when both longevity and quality of life issues surface for patients. If metastasis risk elevates, then patients must be informed, advised of perhaps more invasive options and yield informed consent if such treatments are denied.

About AS

There are two instigators for the AS movement. First is a new conceptualization of CaP in vivo where CaP in most cases can be left alone but monitored. Second involves recent studies that are finally declaring traditional CaP screening and monitoring tools as ineffectual and that question even the long-term efficacy of surgery and radiation treatments. Together, these two realizations have undermined the conventional model and illuminated AS as a viable treatment strategy. It may not yet be promoted to patients, but it is a prevailing topic among urologists.

Criteria for AS will depend on each physician’s experience and the amount of risk he or she and the patient feel comfortable taking. AS could include patients with either undiagnosed suspect CaP without biopsy or a diagnosed CaP of Gleason 7 (3+4) or less. Other criteria may include no PSA velocity over 2.0ng/ml/yr or over 0.75ng/ml/yr consecutively over two to three years, and PSA values capped at 8-12ng/ml. One condition for some allopathic AS physicians is submitting to mandatory yearly biopsies to track progression. The naturopathic AS program could follow all of these guidelines or perhaps substitute annual transrectal ultrasound of the prostate with color doppler imaging, PSA dynamics and genetic marker testing in lieu of annual biopsies. The goal for any variant of AS is to responsibly monitor CaP patients for elevated risk for metastatic disease while they decide on or undergo their preferred treatment. AS is a powerful strategy when both longevity and quality of life issues surface for patients. If metastasis risk elevates, then patients must be informed, advised of perhaps more invasive options and yield informed consent if such treatments are denied.

Of further note, “Active Surveillance” is a doubly appropriate term for naturopathic patients. For example, if a conventional patient denies-standard CaP treatment (e.g., surgery), then he is typically labeled as “Watchful Waiting” (WW). This moniker, however, only labels the patient who simply returns home to undergo surgery when the iPSA “gets bad enough.” This label fails to describe proactive, educated naturopathic patients engaged in their healing through botanicals, fasting, exercise, meditation and other means. So although AS technically refers to the manner of follow-up by the physician for CaP patients, it can dually describe the treatment strategy undertaken by the integrative patient.

Changing Perceptions of Cancer

Although cancer is never desired, its role and purpose is slowly changing in some minds. For example, the further research unravels the inter-workings of how cancer...
functions, the more astounding and be-
deviling it appears. As the sheer number of specific therapy and diagnostic strat-
egies are uncovered, the more one may perceive cancer as a unique life form to itself rather than a simply mutated “mis-
take.” In addition, from a public health standpoint, leading representatives of the “cancer establishments,” like the public National Cancer Institute (NCI) and non-
profit American Cancer Society (ACS), are slow and subtle in changing course, changing from the simplistic “war on can-
cer” promoted 30 years ago to developing better strategies of prevention and quality living with the disease.

**CaP Biopsy Considerations**

Not all CaP is created equal. Some (the minority, in fact) are aggressive cancers that if not stopped or removed can quickly become metastatic and fatal. High genetic risk or Gleason scores above seven certain-
ly apply. This also includes biopsies where multiple cores are positive, with the major-
ity (each) having only one positive core “biopsy” on the urology biopsy, the indolent, non-aggressive form. Indolent CaP tends to be “lazy,” with a low Gleason score of six, maybe seven, and where only a small percent-
age of perhaps 1/12 cores is CaP positive.

Indolent CaP is often stenotyped as the form “where the patient will live 20 years and probably pass away from something else.” Although there is obviously a strong disparity between these two CaP presenta-
tions, aloppathy nonetheless traditionally treats both scenarios with the same, often disproportionate, treatment options.

**Indolent CaP**

A growing number of research papers and reviews suggest that biopsies are systematically done on random CaP cells of the indolent variety. Ifindolent CaP variation is present, followed by aware-
ness and healing.

**CaP Screening Studies that Ignited the Urology Field Recently.** The first reports reviewed in this article, Lu-Yao et al., 2002). The researchers studied the efficacy of CaP screening, such as tPSA and digital rectal exam (DRE). As the second most important screening and was published in the American Journal of Preventive Medicine (AJPM; Lim and Shein, 2008). It reviewed the efficacy of DRE and PSA for CaP screening found in medical literature prior to July 2007. It was concluded that there is insufficient evidence to recommend routine prostate cancer screening with PSA testing and DRE. Rather, they Physicians who have a paramount responsibility to alterna-
tively recognize early when the odds for an aggressive prostate cancer (Hsieh et al., 2007). They include advanced CaP assess-
ment tools such as the American Urological Association Symptom Score and Transectal Ultrasound of the Prostate with Core Dwy-
ner in addition to PSA dynamics such as iPSA, percent free PSA (fPSA)/iPSA, PSA density (PSAD) and PSA velocity (PSAv). An excit-
ging CaP assessment indicator, independent of PSA, is the new urinary Prostate Cancer Antigen 3 molecular gene test (PCA3).

**A Disquieting Concern**

With current mounting economic concerns, for a cancer that perhaps may not be a mortal threat. Whereas studies suggest that cancer cells are common to everyone, indolent CaP appears so common in even large, low-risk, young male studies that perhaps we will one day recognize some CaP varieties as almost “natural.” The primary objective, however, for both the practitioner and the patient when considering CaP is in recognizing which CaP variation is present and the general awareness that all cancer has mortality risks.

**CaP Screening Studies that Shocked the Establishment**

Two important CaP screening studies igni-
ted the urology field recently. The first is from the British Medical Journal (Lu-Yao et al., 2002). The researchers studied the efficacy of CaP screening, such as tPSA and digital rectal exam (DRE), between two patient populations in Chicago and Seattle over an eleven-year period. They concluded that in general, the “absolute preva-
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