In 1994, I made this rather bold statement in Health & Healing: “Last month I turned 50. Half a century. According to conventional wisdom, it’s time for me to start worrying about my prostate. But guess what? It’s not time, and I’m not worried. My prostate is doing just fine, thank you, and I plan to take it to the grave with me, unviolated. I do not intend to have it biopsied, reamed, or removed for either benign prostate enlargement or for prostate cancer.”

I’m happy to report that this holds true. I’ve never taken any drugs or had any other conventional treatments for these issues, and my prostate is still A-OK.

How have I managed to avoid the prostate problems that plague so many men my age? Genetics likely plays a role, but I’m convinced it’s primarily because I practice what I preach. Let’s take a look at the prevention and treatment of three common prostate conditions.

**ABCs of BPH**

A weak urine stream, urgency, hesitancy, incomplete emptying, and nighttime trips to the bathroom: These are the classic symptoms of benign prostatic hyperplasia (BPH). BPH is caused by age-related enlargement of the prostate. Half of men in their 60s and 85 percent over age 80 have prostates that are large enough to constrict the urethra and cause urinary problems.

Two types of drugs are prescribed for BPH. Alpha-blockers (such as Flomax, Uroxatral, Hytrin, and Cardura) relax the smooth muscles in the prostate and neck of the bladder. They do improve urine flow but may also relax the arteries and can drive blood pressure too low, resulting in lightheadedness and dizziness.

Another class of drugs, 5-alpha-reductase inhibitors (ARIs, including Proscar and Avodart), shrink the prostate by inhibiting the enzyme that converts testosterone to dihydrotestosterone (DHT), the hormone that stimulates prostate growth. These drugs are bad news. In addition to causing erectile dysfunction, low libido, and ejaculation problems, they are linked with increased risk of aggressive prostate cancer and birth defects in male babies whose mothers are exposed to the drugs during pregnancy.

For intractable symptoms such as urinary retention, invasive procedures may be required. Transurethral resection of the prostate (TURP) involves snaking a roto-rooter-like device up through the penis to cut away prostate tissue that blocks the urethra. Lasers, heat, freezing, microwaves, and radio waves are also used to remove excess tissue and, in very severe cases, prostatectomy (surgical removal of the prostate) is performed. All these procedures have serious side effects, including surgical, sexual, and urinary complications. And with the exception of prostatectomy, about 10 percent of patients require repeat treatment within five years.

**DrugsVersusSawPalmetto**

I attribute the fact that I’ve never had to consider drugs or surgery to saw palmetto (Serenoa repens), which I’ve been taking since my mid-40s. Extracts from the berries of this small palm tree inhibit 5-alpha-reductase and thus the conversion of testosterone to DHT and its stimulating effects on the prostate. It is a remarkable herb that has been used for centuries in the treatment of prostate problems.

I’ve been diligent in taking this herb daily, and I’ve noticed a significant improvement in my symptoms. In fact, I’ve been able to reduce my alpha-blocker dosage by half, and my blood pressure has also improved. I’m convinced that this herb is a key factor in my good health.

For those interested in trying saw palmetto, I recommend starting with a small dose and gradually increasing it to a maximum of 400 mg twice daily. It’s important to consult with a healthcare provider before starting any new supplement, especially if you have a history of urinary tract problems.

In summary, I believe that regular exercise, a healthy diet, and the use of saw palmetto can help prevent and manage prostate problems. It’s never too late to take control of your health and well-being.
Dear Reader,

PBS’s Frontline recently aired a special, “Supplements and Safety,” that came down hard on nutritional supplements. The FDA was called on the carpet for lack of oversight and need for more government regulation, manufacturers were accused of routinely mislabeling and adulterating products, and a handful of shoddy and unscrupulous companies were featured, as if they were representative of the entire industry. It was a hatchet job from start to finish.

Most of the interviewees are avowed supplement skeptics. One made the outrageous and easily refuted statement that there are no placebo-controlled studies showing the benefits of any nutritional supplement. Another claimed that Americans get enough vitamins from food, despite government surveys reporting inadequate intakes for several nutrients. Case in point: 93 percent of us don’t get enough vitamin E from our diets.

The bulk of this nonsense doesn’t even merit discussion. However, the segment on fish oil was so slanted that I feel compelled to comment. Omega-3 fatty acids are supported by a robust body of research demonstrating positive effects on mood, mental health, cognitive function, inflammation, triglycerides, and prevention of heart attacks and some types of cancer.

Frontline acknowledged that eating fish is helpful but maintained that fish oil supplements have no proven benefits (an outright lie, as discussed in my blog on drwhitaker.com). The cheapest shot was fired by Harvard researcher Preston Mason, PhD, who had the interviewer take a whiff of fresh-smelling prescription fish oil and compare it to a smelly, rancid “common” fish oil supplement. The commentary then cut to concerns about high levels of oxidation in fish oil, suggesting that all supplements are tainted and only prescription fish oil is safe and effective.

This is grossly inaccurate. Reputable manufacturers go to great lengths to ensure freshness with molecular distillation, independent testing, and stringent quality control. And as it turns out, Mason is an avid promoter of Vascepa, a $250/month prescription fish oil—an inconvenient truth that wasn’t mentioned.

We all know sensationalism sells, but I’m disappointed in Frontline. Sure, there are some bad companies, as there are in any industry. But if they really want to highlight a threat to our health, they should do an exposé on the overreach of Big Pharma.

To your health,

[Signature]
**Prostate** (continued from page 1)

prostate—without the drugs' adverse effects. And it’s not just for prevention, as demonstrated in numerous clinical trials.

In a 2016 study, Spanish researchers followed 1,713 men with moderate to severe BPH who were being treated with alpha-blockers, 5-alpha-reductase inhibitors, or herbal supplements. When they were retested after six months, improvements in symptoms and quality of life were similar among all groups. The main difference? The men taking saw palmetto had fewer side effects.

Research has emerged over the years showing that pygeum, beta-sitosterol, stinging nettles, and lycopene also have benefits. But saw palmetto is still my go-to for prostate health.

The Pain of Prostatitis

I’ve also always taken high doses of zinc. Concentrations of this mineral are 10–15 times higher in the prostate than in other tissues, so it’s obviously important for prostate health, likely due to its antioxidant, immune-boosting, and anti-inflammatory effects. And inflammation leads to another common complaint: prostatitis.

Prostatitis is an inflammatory condition marked by pain in the pelvis and a burning sensation while urinating. It’s a bear to treat. Doctors may prescribe antibiotics, but just one in 10 cases is due to bacterial infection, so they’re rarely effective. Anti-inflammatory medications, warm baths, prostate massage, and avoiding caffeine and alcohol may reduce symptoms, but they’re no cure.

Zinc may also help. In a 12-week, placebo-controlled clinical trial of men who had suffered with non-bacterial prostatitis for at least a year, those who took high doses of zinc reported significant improvements. Flower pollen extract is another promising supplement, shown in several studies to reduce symptoms of prostatitis. And essential fatty acids help suppress inflammation in this and other urological conditions as well.

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**My Recommendations**

- **Suggested supplements for prostate health and BPH include**
  - Zinc 30–60 mg, selenium 200–400 mcg, saw palmetto 320 mg, pygeum 100 mg, stinging nettles 200–300 mg, beta-sitosterol 130–180 mg, lycopene 6–10 mg, and fish oil 1–2 g EPA/DHA.

- **For prostatitis, the best-studied flower pollen extract is Cernilton/ Graminex; take as directed.**

- **For prostate cancer, consider adding modified citrus pectin 10–15 g, AAHC 4–6 capsules, curcumin (Meriva) 500 mg, DIM (EstroDIM) 1 capsule, and vitamin D 5,000 IU. To order, call 800-810-6655.**

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**The Big C**

Prostate cancer is the condition men fear the most. Cancer is scary, but you need to understand that the prognosis is usually good—even without treatment. Routine PSA screening has increased the lifetime risk of being diagnosed with prostate cancer to 1 in 6. However, the likelihood of dying from prostate cancer is just 1 in 34. That’s why I don’t worry about it. Even if I had prostate cancer, statistically speaking, it’s unlikely to hurt me.

Treatment, on the other hand, is virtually guaranteed to harm. Prostatectomy and radiation therapy are notorious for causing erectile dysfunction and urinary problems, and androgen suppression and chemotherapy have side effects of their own.

If a PSA test is suggestive of cancer, look before you leap. For run-of-the-mill, low-grade disease—the kind most men have—these interventions do far more harm than good. Active surveillance with periodic monitoring is typically the way to go.

Regardless of what path you choose, I suggest you also make some significant lifestyle changes. In a year-long study of men with prostate cancer who opted for active surveillance, diet changes, supplements (vitamins C and E, selenium, fish oil, and soy), exercise, and stress reduction resulted in marked declines in PSA and tumor activity. Other recommendations include modified citrus pectin, AAHC, DIM, curcumin, vitamin D, and IV vitamin C.

I’m not minimizing the scourge of prostate cancer, and aggressive and metastatic disease must be treated. But don’t forget that although autopsy reports reveal cancer in the prostates of half of men ages 70–80, most die with cancer, not of it.

**References**


Dear Dr. Whitaker

Q My daughter has been using powdered peanut butter. It’s supposed to be healthier than regular peanut butter. What do you think? — J.D., New York

A Powdered peanut butter is made by pressing peanuts to remove most of the fat. Two tablespoons of a popular brand, PB2, contain 45 calories/1.5 g fat, compared to 190 calories/16 g fat in regular peanut butter, making it ideal for people watching their weight. It’s also low in sugar and sodium with no other additives. The powder can be used like regular peanut butter by mixing it with a little water or by adding it to smoothies, sauces, etc. I also give a thumbs-up to regular peanut butter, provided you use a natural, low-sodium and sugar-free variety and consume it in moderation.

Q You recently answered a question about cold feet, but I have the opposite problem: hot feet, especially at night. They don’t burn or hurt, but even when I’m bundled up, I sometimes stick my feet out, and I often wake up with one or both feet out of the covers. This is not a serious problem (I am very healthy) but I have wondered if it is something I should be concerned about. — Lou D., Oklahoma City

A Burning and pain in the feet are fairly common symptoms caused by nerve damage related to diabetic neuropathy, peripheral artery disease, B-vitamin deficiency, autoimmune disease, infection, injury, and more. Given your good health status and the fact that your only symptom is warm feet at night, these serious disorders don’t seem probable. What’s most likely occurring is that your core temperature has risen, which happens when you’re under the covers, and sticking your feet out dissipates heat and helps cool you down. Normal body temperature falls during sleep, and staying cool by kicking off blankets or uncovering your feet promotes better sleep. This may occur more often with age-related hormonal changes, but rest assured that it’s normal.

Q I credit my good health to your advice and products, but I want to know what nutrient can be used as a natural diuretic. I have had congestive heart failure for five years and want to get off the drug I have been told I will be on for life. — Evelyn F., via phone

A Preventing fluid buildup is important for anyone with heart failure, so I suggest you go with your doctor’s advice—and don’t discontinue your diuretic—until you have a handle on this condition. To that end, I recommend focusing on supplements that energize the heart muscle, especially coenzyme Q10 300+ mg, L-carnitine 2–4 g, ribose 10–15 g, and magnesium 500–1,000 mg, all taken in divided doses daily. Several herbs have been used as diuretics in traditional medicine, including hawthorn, dandelion, uva ursi, horsetail, and parsley, but I would not recommend them in place of drugs for serious heart failure. Finally, don’t forget to take a good multivitamin and mineral supplement to replace nutrient losses caused by diuretic-related increased urination.

How to Reap the Health Benefits of Green Tea

When I first wrote about green tea 22 years ago, I highlighted its antioxidant, anti-cancer, antibacterial, and cholesterol-lowering properties. Since then, thousands of studies have revealed even more benefits of green tea, including weight loss, cardiovascular support, prevention of metabolic syndrome, improved memory, and better physical performance. It’s no doubt one of the healthiest beverages on the planet. But how you prepare your tea could affect its health profile. A recent study showed that steeping green tea for prolonged periods—up to two hours—in cold water yielded the highest antioxidant capacity (as opposed to five minutes in hot water for black tea.) Who knew? To learn more about how to reap the health benefits of green tea, including a few recipes and what to look for in green tea supplements, check out my blog.

Get the rest of the story—and share your opinion—by visiting my blog at “Connect with Dr. Whitaker” on drwhitaker.com.
Works for Me...

► Neck Pain  I hurt my neck about a week before I was scheduled to leave for my honeymoon in Indonesia. Ibuprofen didn’t help and I was dreading 20 hours on a plane. A friend suggested acupuncture, and I had a treatment the day before I left. I didn’t notice much difference at the time but was amazed by how much better I felt the next day, and the trip went without a hitch. That was my first experience with acupuncture but it will not be my last. — Ian B., Oakland, CA

► Weight Loss  I lost my sweet grandmother in October and I took it really hard. The grief, coupled with all the holiday indulgences, left me in a pretty bad place emotionally and physically. So I turned to the 4 B’s: booze, bread, brie, and bad TV. Come January, I knew what I needed to do to get back on track. I cleaned up my diet by cutting out processed foods and added sugars, kicked the booze to the curb, and fueled my body with amazing supplements. And you know what? It worked. I’m 11 pounds lighter and I’ve lost 11 inches. It’s a lifestyle, not a life sentence, so I still indulge occasionally. But moderation and a more intentional focus on health go a long way. — R.S.G., via Facebook

► Skin  After reading your article about the benefits of niacinamide for skin, I began taking this supplement. Several months ago, I ran across a topical facial niacinamide serum. I have seen great results with it too and have been amazed at how much more supple my skin has been since I began using it. — Beth S., Texas

   Topical niacinamide (vitamin B3, also called niacinamide) has proven benefits for acne, rosacea, and aging skin. Taken orally, it reduces risk of non-melanoma skin cancer. Look for serums and capsules in stores and online. The usual oral dose is 500 mg twice a day. (Note: Niacinamide, which is not the same as niacin, does not cause flushing.)

► Diabetes  I recently started taking the botanical extract berberine for my diabetes, instead of my metformin. WOW! I am so happy with my results. Blood sugars are doing much better already—and no bad side effects like with metformin. — Corina S., British Columbia

Have a Health Tip to share? Send it to worksforme@drwhitaker.com. Read more tips at drwhitaker.com/works-for-me.

checkpoint

Healing Tip

Studies of professional football players reveal that vitamin D deficiency is associated with increased risk of fractures. Furthermore, athletes who were cut or released from NFL rosters for injuries or performance had significantly lower levels. For good health, I recommend most people take 2,000–5,000 IU of vitamin D3 daily.

Like my Facebook page at facebook.com/WhitakerMD to receive daily healing tips and join the conversation.

Monthly Health Quiz

The “Tooth” of It: True or False

A) Anyone with a heart murmur should take antibiotics prior to dental procedures.
B) More than 400 medications cause dry mouth and promote tooth decay.
C) Coenzyme Q10 improves gum health and periodontal disease.
D) Poor oral health is linked with heart disease, osteoporosis, and diabetes.

Answer:

A: False. While antibiotics are recommended for prophylactic use, their effectiveness is not always guaranteed. 
B: True. Many medications cause side effects that can impact oral health.
C: True. Coenzyme Q10 has been shown to support gum health and prevent periodontal disease.
D: True. Poor oral health can lead to systemic health issues, including heart disease, osteoporosis, and diabetes.

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- Adverse Effects of Stress on the Body
- Benefits of Vinegar on Diabetes and Weight

Visit today for these articles and more in-depth wellness advice to help you achieve optimal health.

Notable Quote

“Always laugh when you can. It is cheap medicine.”

— Lord Byron, English poet (1788–1824)

No computer? Mail your question or health tip to Health & Healing, 6710-A Rockledge Dr., Ste. 500, Bethesda, MD 20817.
Widespread Depression Screenings Are Bad News

Over the past two weeks, have you had trouble falling asleep, staying asleep, or sleeping too much? Felt tired or had little energy? Had a poor appetite or overate? Had trouble concentrating? Been either slow moving or fidgety and restless? Felt bad about yourself? Had little interest or pleasure in doing things? Felt down, depressed, or hopeless? Thought you would be better off dead?

Odds are good that your doctor will be testing you with these questions in the near future.

Recent updates from the US Preventive Services Task Force now recommend periodic screening for major depression for all adolescents and adults, and physicians are expected to comply.

Depending on how you answer these questions, which are from a popular screening tool (PHQ-9) based on the diagnostic criteria for major depression, you may be told you have a mental illness. And you thought you were just tired and grumpy!

This is wrong on so many levels. Major depression is a serious disorder that requires treatment. However, fishing expeditions like this, which turn normal reactions to the ups and downs of life into a disease, only cause harm.

Antidepressants: $10 Billion Business

In addition to screening, physicians are expected to ensure “effective treatment...which generally includes antidepressants or specific psychotherapy approaches.”

Let’s not kid ourselves. Although talking with a therapist is a safe, cost-effective treatment, most patients end up on drugs. Antidepressants are the third most common medications in the US, taken by 11 percent of all people over age 11 and 25 percent of women in their 40s and older. Routine mental health screening will further inflate these numbers and create millions of new “users.” It shouldn’t surprise you to learn that Pfizer, the pharmaceutical giant that makes two top-selling antidepressants, Zoloft and Effexor, held the original copyright for the PHQ-9 depression questionnaire. This whole nasty affair has Big Pharma written all over it.

For decades, I’ve been voicing serious concerns about the adverse effects of antidepressants: sexual dysfunction, nausea, weight gain (10 pounds or more is not unusual), insomnia, headaches, anxiety, agitation, restlessness, emotional numbness, aggressive and violent behavior, and increased risk of suicide.

Well, these drugs are even worse than I thought.

Dangerous Drugs...

Earlier this year, Cochrane researchers conducted a meta-analysis of 70 double-blind, placebo-controlled clinical trials on the two most popular types of antidepressants (SSRIs and SNRIs). Unlike many analyses, they didn’t simply rely on the summary reports but examined the actual study data—and discovered that many of the summary reports were misleading and unreliable. For example, Eli Lilly, manufacturer of Prozac and Cymbalta, failed to report 90 percent of suicide attempts in their clinical trials! With the inclusion of this new information, antidepressants were shown to be far more hazardous than previously reported: They double the risk of aggressive behavior and suicidal thoughts in children and adolescents.

Most of the school shootings that are cropping up with increasing regularity have involved psychiatric drug use, as have untold numbers of tragic suicides and uncharacteristic acts of aggression and violence by people of all ages. Up to now, many experts have denied any sort of causality. I can only hope this damning research will be a wake-up call on the true dangers of these drugs.

I’m not holding my breath. The US Task Force concluded that the magnitude of the drugs’ adverse effects is far too high. It’s time to think independently and act on this data.
effects “is small to none” and found “no direct evidence on the harms of screening in adolescents or children.” Huh? Take another look at the questions in the opening paragraph. Can you imagine how many teenagers (and adults) would be diagnosed with depression based on this screening tool? One in 13 children between the ages of 6 and 17 are now taking psychiatric medications. It’s time to say enough!

…With Minimal Benefits

Scientific studies show that antidepressants work no better than placebos (sugar pills) for mild to moderate depression and have only modest effects for major depression. I often wonder why millions of people persist in taking drugs that do so little to improve mood yet cause them to gain weight, dampen their sex lives, interfere with sleep, and make them restless, emotionally numb, or worse.

Perhaps they don’t realize their medications may be causing these problems. Or they may believe the drugs are helping and worry they’d feel worse without them. Habit might also play a role. Most people taking antidepressants have been on them for at least two years and a significant percentage for 10 years or longer.

Doctors must shoulder some of the blame. After all, antidepressants are prescription drugs, and it’s up to physicians to educate their patients (and themselves) about side effects and efficacy. Unfortunately, our current health care system encourages brief visits and standard-of-care protocols, i.e., treating symptoms with drugs.

Talking to patients about what’s going on in their lives; testing for and treating sleep disturbances, nutritional deficiencies, hormonal imbalances, and chronic health problems that often underlie depression; explaining the importance of exercise, diet changes, stress reduction; and suggesting natural therapies are outside the narrow scope of conventional medicine. Compulsory depression screening, like all government health insurance mandates, will add more bureaucratic burdens, drive up health care costs—and push personalized patient care even further out of reach.

References


“When I arrived at Whitaker Wellness for the first time in the summer of 2011, I was in bad pain and barely walking. Six months earlier, I was diagnosed with rheumatoid arthritis, which caused me pain, inflammation, and stiffness in most of my joints and muscles. My nights were horrible. Every time I changed position, tears came because every little movement was very painful. I was in bed most of the day and walking was difficult.

“The rheumatologist prescribed a medication that I refused to try after reading the side effects. But in order to live in some peace, I was taking over 1,000 mg of painkillers twice a day. I was worried about my kidneys and liver taking this amount of medication, and still I had pain.

“I learned from my mother-in-law’s friend about the Whitaker Wellness Institute, and I immediately called to make an appointment. Since the beginning, I felt very welcome and was treated with empathy, which is something that I consider to be the first step in recovering my health. Soon my pain was gone and I did not have to take any painkillers. It has been almost five years now, and I don’t take a single medication in order to control pain. I am walking, working out, and even dancing!

“I have a lot of gratitude for this clinic, the therapists, and all of the staff. Everybody here is warm, kind, and makes me feel at home. I feel very fortunate.” — Lucia Aviles-Schantz, Laguna Nigel, CA

At Whitaker Wellness, we try to figure out what is causing the immune system to attack the body’s own tissues (low-grade infections, leaky gut, heavy metals, environmental toxins, etc.) and treat those underlying triggers. We also use natural anti-inflammatories to reduce pain and therapies such as low-dose naltrexone to modulate the immune response.

To make an appointment at the Whitaker Wellness Institute, call 800-488-1500 or visit whitakerwellness.com.
Innovations in Wellness Medicine

Female Sexual Function

Last year, the FDA approved the first drug for female sexual dysfunction. Flibanserin (Addyi), which was initially developed as an antidepressant, is supposed to improve libido by modulating neurotransmitters. The research is not impressive. Taken daily, it resulted in 0.7 more “sexually satisfying events” per month and a high dropout rate due to dizziness, sleepiness, and other serious side effects. Not much bang for $400 a month.

I suggest you explore other options, such as small doses of topical testosterone, which effectively boosts libido, and estrogen for vaginal dryness. Supplements worth trying include testosterone-boosting DHEA (25 mg per day), L-arginine, and the herbs Ginkgo biloba, ginseng, and maca, which have all been used in traditional medicine to improve female sexual function. Ladies, none of these solutions are akin to “female Viagra,” but they are a heck of a lot more promising than Addyi. Estrogen and testosterone require a prescription. Look for the supplements in health food stores and use as directed.

Supplements for Migraine Prevention

“His headache was still sitting over his right eye as if it had been nailed there.” James Bond’s headache, as described in Ian Fleming’s Moonraker, was alcohol-related, but it’s a pretty good description of the crushing, one-sided pain of a migraine. Sufferers resort to strong painkillers or triptan drugs for acute pain, but the real goal is prevention—and a 2015 German study suggests that a combination of three nutritional supplements just might help.

In this clinical trial, 130 people of all ages who had three or more migraines a month were divided into two groups and, after discontinuing any preventive therapies they were using, took either a placebo or daily doses of a combo product containing coenzyme Q10 150 mg, magnesium 600 mg, and riboflavin (vitamin B2) 400 mg. When they were retested three months later, the average number of migraine days in the supplement group decreased from 6.2 to 4.4 per month, and headache intensity, pain, and “burden of disease” were significantly reduced. The product used in the study is not available in the US, but you can find CoQ10, magnesium, and riboflavin in stores or online, or you can order from the clinic by calling 800-810-6655.