

The Lifesaving Benefits of Sunlight

After the long, dry, hot summers here in Texas, I can't wait for the cooler days of fall to arrive. The air takes on a different feel and smell and, until it gets too cold, I can sleep like a baby with the windows open.



Dr. David Williams

With each season, there are corresponding changes that take place within the human body. Many of the ancient forms of healing

understood and addressed these changes to improve survival, preserve health, and prevent disease.

I've collected and studied age-old books and documents from

around the world that detail these practices. As described in one of my books, our original Americans "existed festively" for many generations by varying their diet to the weather and seasons.

Cranberries, a favorite autumn food, were considered blood and liver boosters. Blackberry roots were astringents (bitters). Nuts, most of which become available in the fall and early winter, were one of nature's most nutritious bounties. Roots of all types (dandelion, pond lily, milkweed, etc.) were a common food source along with corn, squash, and pumpkins. These fall foods were recognized among indigenous groups residing independently in the forests to the coastal and plains regions.

The American Indians didn't focus on disease. Their primary objective was physical endurance. Heart attacks, adrenal fatigue, diabetes, and nervous tension weren't part of their lives for thousands of years. They could overcome a running deer, swim for days at a time, and dance ceremonial dances for weeks. Their survival was a way of life. In every historical reference you can find, the Europeans were utterly amazed and astounded by the stamina and overall health of the American Indians. And in most cases, archeology cannot find any evidence of them

having modern-day ailments such as heart disease, dental cavities, arthritis, osteoporosis, tuberculosis, cancer, etc.

The connection between seasons and diet existed in early populations throughout the world. Tibetan, Ayurvedic, and Oriental medicine also incorporate this concept, as do most ancient healing disciplines.

Today we've come to believe that we are so scientifically advanced that a practice so primitive, one used by those without a proper education, obviously can't have merit. After all, where are the double-blind research studies? There obviously aren't any. What exists, however, is generation after generation of "clinical" proof.

The Sun and Vitamin D

In addition to the cooler temperatures, the autumn and winter bring shorter days and less sunlight. Decreased sun exposure results in lower levels of vitamin D. The seasonal drop in vitamin D during the winter months is a well-documented phenomenon. It is estimated that we get about 90 percent of our vitamin D from the sun. (Ultraviolet B light exposure

Inside

What's Your Fitness Level? 3

Just for Men: Erectile Dysfunction and Prostate Cancer 5

You will observe with concern how long a useful truth may be known, and exist, before it is generally received and practiced on.

— BENJAMIN FRANKLIN

converts cholesterol in the skin to vitamin D.)

Individuals with higher levels of vitamin D tend to be healthier. They have a lower risk of hypertension, heart attack, metabolic syndrome, stroke, and diabetes. The incidence of high blood pressure and cardiovascular disease not only correlates with latitude, it also rises in the winter months. (*J Diabetes Res* doi:10.1155/2013/243934)

In addition, people with elevated vitamin D are less likely to die prematurely from any health-related issue. This is one of the reasons I have always advocated supplementing with additional vitamin D, and the amount in my daily vitamin/mineral formulation is higher than most you'll find.

However, even with the addition of vitamin D from supplementation, nothing can compare to the benefits associated with actual sun exposure and the inclusion of winter foods in the diet. Undoubtedly this is because, like many things in nature, the effects of sunlight on the skin are more complex than we imagined.

Sun Avoidance Can Be Dangerous to Your Health

For the last several decades, most of the research involving sun exposure and the skin has been focused wrinkling, cellular damage,

and skin cancer. And most of the recommendations concerning sun exposure are based on Australian/English guidelines from studies done in Australia, which has the highest rate of skin cancer in the world. These SunSmart recommendations may be appropriate in an area like Northern Australia, which has a high UV index. But they don't necessarily apply to countries with limited sunshine and a low UV index. Plus, it's important to keep in mind that these recommendations are primarily focused on preventing skin cancer.

New research shows that avoiding the sun in an effort to prevent skin cancer may lead to more than just a vitamin D deficiency; it may lead to early death from other causes.

In a 20-year study of 29,518 Swedish women, researchers evaluated the avoidance of sun as a risk factor for all causes of death. The women were recruited from 1990–1992 and were 25–64 years of age at the start of the study. During the 20 years, there were 2,545 deaths and, regardless of the cause of death, those who avoided the sun were two times more likely to die compared to those who didn't restrict their exposure at all. The researchers calculated that 3 percent of the deaths in Sweden are due to insufficient

sun exposure. (*J Intern Med* 2014 Jul;276(1):77–86)

Over the years, I've warned about the notion that sun exposure is overly detrimental. In these types of studies, there are numerous factors that aren't taken into account.

Rarely, if ever, does this research consider the individual's ancestry. Most Australians are of British descent. They have fairer, lighter skin types, blue or green eyes, and blond, red, or light brown hair—all factors known to increase susceptibility to sunburn and subsequently skin cancer. Malignant melanoma risk is 57 percent higher in people with blue/blue-grey eyes compared with dark-eyed people. And the risk is tripled in people with red/red-blond hair, doubled in blondes, and 46 percent higher in people with light brown hair, compared to individuals with dark hair. (*Int J Cancer* 2010 Nov 15;127(10):2430–45)

Other Factors That Harm Skin

Dietary fats have changed dramatically over the last several decades. We've seen the introduction and widespread implementation of hydrogenation to solidify vegetable oils and increase shelf life. Our foods are now loaded with trans fatty acids and polyunsaturated vegetable oils. Margarine has replaced butter. For many people, these chemically altered fats make

Alternatives Author: Dr. David Williams; Editor: Larissa Long

ISSN# 0893-5025. Published monthly for \$69.99/yr. by Mountain Home Publishing at 6710-A Rockledge Dr. Ste. 500, Bethesda, MD 20817.

Editorial Office: 6710-A Rockledge Dr. Ste. 500, Bethesda, MD 20817. Periodicals postage paid at Bethesda, MD and at additional mailing offices.

Postmaster: Send address changes to *Alternatives*, PO Box 3314, Lancaster, PA 17604. Copyright © Healthy Directions, LLC All rights reserved. Photocopying or reproduction is strictly prohibited without permission from the publisher.

The approaches described in this newsletter are not offered as cures, prescriptions, diagnoses, or a means of diagnoses to different conditions. The author and publisher assume no responsibility in the correct or incorrect use of this information, and no attempt should be made to use any of this information as a form of treatment without the approval and guidance of your doctor.

Dr. Williams works with Healthy Directions, LLC to develop his unique formulations that supply many of the hard-to-find nutrients he recommends. Dr. Williams is compensated on the sales of these nutritional supplements and health products, which allows him to continue devoting his life to worldwide research and the development of innovative, effective health solutions.

up a large part of their fatty acid intake, which, in turn, become the building blocks of the skin.

Polyunsaturated fats are known to suppress the immune system and increase the risk of cancer. Greater consumption of polyunsaturated fats coincides with the dramatic rise in skin cancer in Australia since the mid-1970s. We've also seen the introduction of a long list of artificial colors, flavoring agents, preservatives, and other chemicals in our food supply.

We've also introduced artificial fluorescent lighting into our homes and workplaces. Fluorescent lighting (particularly compact fluorescent lamps, or CFLs) emits UV light at spectrums known to damage DNA. These are the smaller curlicue bulbs that came on the market after the government passed legislation to phase out sales of less efficient bulbs.

There were reports, primarily coming out of Europe, that after installing these CFL bulbs, users were experiencing an increase in dermatological problems and skin cancer. Sure enough, it was discovered that these bulbs leak a high level of UV light that damages DNA.

If you have CFLs in your ceiling fixtures, it's probably not a huge issue. But if they are in your desk lamps or other fixtures close to you, then it could be a problem. The best lamps are either incandescent or LED bulbs, neither of which have any emission in the UV range. (*Photochem Photobiol* 2012 Nov-Dec;88(6):1497-506)

The Surprising Truth About Skin Cancers

We really need to take a more objective look at what we're

What's Your Fitness Level?

Next time you're on your computer, go to worldfitnesslevel.org to calculate your fitness level. It only takes a couple of minutes to answer a few easy questions. It's a good benchmark of your current health.

Not only is it interesting to see personal results, the test is based on a research study that used the same questions and data to accurately predict long-term mortality based on cardiorespiratory fitness, without any actual exercise testing. (*Med Sci Sports Exerc* 2014 Jun;46(6):1159-65) (*Eur Heart J* 2013 Mar;34(10):750-8)

trying to accomplish by avoiding exposure to the sun. Don't get me wrong; you need to be prudent. You don't want to overexpose your skin and get sunburn. But our fear of the sun and skin cancer has been taken to the extreme. Our goal should be to live a long, healthy life. It shouldn't be to avoid one specific disease and in the process raise our risk of cardiovascular disease, stroke, diabetes, cancer, or dying prematurely from other causes.

Granted, the melanoma form of skin cancer can be dangerous, even fatal. But it's rare, and the risk decreases with the right diet and environment.

There are three forms of skin cancer—basal cell, squamous cell, and melanoma. The first two are the most common and occur on the outer layers of the skin in areas exposed to the sun (face, lip, neck, ears, back of hands, etc.). They grow slowly and can be cured by removing them, and they are almost never fatal.

Melanoma is the less common but more dangerous form. It accounts for only 2 percent of all skin cancers, and when caught quickly, it can also be cured through surgical removal. Unlike the other forms of skin cancer, it is more common in indoor workers than outdoor

workers. It occurs more in the untanned than the tanned. It even occurs in places that don't get much (or any) sun exposure, such as the genital area, buttocks, feet, under the nails, eyes, or mouth.

Here's another very interesting finding: **Those who develop non-melanoma forms of skin cancer are less likely to have heart disease or experience a hip fracture, and they have half the risk of dying prematurely compared to those who have never had those cancers.**

In other words, if you've had basal cell or squamous cell skin cancer removed by your dermatologist, you've laid the groundwork for avoiding a heart attack and premature death. But I doubt many dermatologists will tell you that. Most will still probably tell you to stay out of the sun. (*Int J Epidemiol* 2013 Oct;42(5):1486-96)

The Sun and Nitric Oxide

As I mentioned earlier, vitamin D production is only one of the benefits of sun exposure.

Dr. Richard Weller and other researchers in the UK have found that the skin contains large stores of nitrate. UV radiation from the sun converts the nitrate into nitric oxide. You may recall that when

nitric oxide enters the bloodstream, it dilates (opens) blood vessels, which improves blood flow and lowers blood pressure. (*J Invest Dermatol* 2014 Jul;134(7):1839–46)

This discovery helps answer questions that have plagued researchers for years about high blood pressure and cardiovascular disease.

The extra nitric oxide produced by the sun explains why blood pressure levels tend to be lower in the summer than in the winter months. As early as 1921, researchers have observed this, and it has been reported in studies all around the world, including Japan, northern India, Canada, Great Britain, Finland, Iraq, the United States, and elsewhere. It is most noticeable in areas where there are larger fluctuations in temperature, but it seems to occur most everywhere. The Australians reported that an 18-degree increase in temperature resulted in 5–7 mmHg drop in blood pressure. (*Am J Geriatr Cardiol* 2004 Sep-Oct;13(5):267–72) (*J Clin Hypertens* 1985 Mar;1(1):49–52)

This reduction in blood pressure from sun-produced nitric oxide during the summer months also results in a significant decrease in heart attacks and stroke.

I don't know if the American Indians or the various other indigenous populations knew that blood pressure levels would rise in the winter, but it wouldn't surprise me. Their winter foods are known to increase nitric oxide production naturally. We see this over and over when it comes to health: Many of the so-called “new” discoveries are simply rediscoveries or validation of the knowledge our

ancestors possessed and utilized for thousands of years.

Many of the foods with the highest ability to raise nitric oxide are those that grow well or become available during winter. Coincidence? I doubt it. By including more of these nitric oxide-boosting foods in your diet during the winter months, you can naturally help compensate for the drop in sunshine exposure.

Arugula is at the top of the list. It prefers cold weather and is frost hardy enough that it can be grown through the winter in a cold frame or unheated greenhouse. Other winter vegetables that increase nitric oxide include:

- | | |
|-------------------------------|---------------------------------------|
| ■ Rhubarb | ■ Artichokes |
| ■ Spinach (Perpetual) | ■ Garlic |
| ■ Leaf lettuce | ■ Onions |
| ■ Kale | ■ Carrots |
| ■ Swiss chard | ■ Cabbage |
| ■ Beet root and greens | ■ Collard greens |
| ■ Lamb's lettuce | ■ Radishes |
| ■ Land cress | ■ Parsley |
| ■ Mustard | ■ Squash |
| ■ Pak choi | ■ Pumpkin seeds |
| | ■ Capsaicin-rich chili peppers |

Many of the tubers or root vegetables, which were winter favorites of American Indians, also increase nitric oxide levels. These include the roots of blackberry, dandelion, pond lily, milkweed, radishes, parsnip, beet, yucca, turmeric, and ginseng. Other foods and compounds include nuts (particularly walnuts, which are high in arginine, an amino acid known to increase nitric oxide levels), apples, strawberries, melons, grape seed extract, resveratrol (found in red wine), omega-3-rich foods, and

horny goat weed (which contains the flavonoid icariin).

While the list of nitric oxide-enhancing foods seems long and varied, if you survey the general public, you would find that very few people regularly include these foods in their diet. Add the fact that most of the population has been brainwashed into avoiding the sun, it's no wonder that 1/3 of 20-year-olds in this country have high blood pressure, or that the hypertension-related death rate has increased 23.1 percent between 2000 and 2013, whereas the rate for all other causes combined decreased 21 percent.

I don't expect you to start digging up and eating pond lily roots. Radishes, apples, cabbage, chard, spinach, arugula, turmeric, nuts... those are no problem. But pond lily roots aren't something I plan to include in my diet (at least not now). But it's nice to have the complete story and the information on hand if the need ever arises. It's also good to know there are other alternatives. I include many of these winter vegetables and foods in my diet, along with raw cacao.

I wrote about the cardiovascular benefits of raw cacao last December. It is one of the easiest and most effective methods to raise nitric oxide and antioxidant levels. (*J Clin Biochem Nutr* 2011 Jan;48(1):63–7) (*J Hypertens* 2003 Dec;21(12):2281–6)

Cardiovascular disease is the leading cause of death around the world. It isn't a new disease and, to some degree, it appears to be common throughout history. What has changed, however, is how it has rapidly become the primary cause of health-related deaths

since about the 1920s, particularly heart attacks.

Traditional cultures may have had degrees of atherosclerosis, but had a near-zero risk of heart attack. I suspect this has to do with a reduced tendency for blood to clot, higher nitric oxide levels, and other factors that naturally increase the diameter of blood vessels and improve blood supply.

Follow the Lead of Our Ancestors

We constantly hear that, thanks to technology and advances in healthcare, we are living longer lives. The truth of the matter is that the typical lifespan for humans has remained pretty constant for the last 2,000 years.

It's common to hear statistics like the average lifespan in the US has now risen to 77.6 years, while 50 years ago it was only 65 years and a century ago it was just 45 years. It seems even more

impressive when you hear that the average lifespan during the middle ages was only between 30 and 35 years. The truth is, these figures are the “average” life expectancy, not the “typical” lifespan. The typical lifespan has remained the same.

In those earlier periods, not everyone died around the average lifespan. For example, Ben Franklin died in 1790 at the age of 84, even though the average lifespan was only 40 years.

Life expectancy is the *average* of when people die from any cause. And the cause that has the greatest influence on the life expectancy average is infant mortality.

For example, if you have three adults who live to age 75 and one child who dies at age 1, the average life expectancy would be 56.5 years. If you take the infant death out of the equation, the typical lifespan would be 75 years—almost 20 years longer. In this

particular case, an infant mortality rate of 25 percent changes the average life expectancy by 20 years!

So, current life expectancy figures stem primarily from lower infant and childhood mortality.

In summary, our society is ignoring the lessons and wisdom of our ancestors. As a result, we are systematically destroying our health and dying prematurely as a result.

Don't be fooled into thinking the latest technology, surgery, or pharmaceutical product will save you. Doing this is a recipe for disaster. From where I sit, keeping an eye on the research and health statistics on a daily basis, it's like watching a train wreck in slow motion. Don't be on that train.

I know implementing some of the ideas I outline requires a change in your routine. But it's worth doing because the payoff can be tremendous. ■

Just for Men: Erectile Dysfunction and Prostate Cancer

In my last article, I brought up nitric oxide and its importance in maintaining heart health.

But nitric oxide's benefits extend far beyond the heart, relaxing blood vessels throughout the entire body. This is particularly pertinent for men with erectile dysfunction.

An estimated 40 percent of men aged 40 and over have some degree of erectile dysfunction. About 80 percent of them can be helped with Viagra and Cialis, drugs whose primary function is to raise

nitric oxide levels by blocking enzymes that destroy it.

Erectile dysfunction should be an early warning sign for more life-threatening circulatory problems like high blood pressure and heart disease. Next to maintaining healthy testosterone levels, ensuring adequate amounts of nitric oxide are available in the body is crucial to men's health.

In past issues, I've talked about niacin (vitamin B3) and the amino acid arginine, both of which can be used to boost nitric oxide levels

and help with erectile dysfunction. Both in their own way are vasodilators—substances that widen blood vessels and increase blood flow.

Gum Disease Affects Erections and Prostates

It's also interesting that arginine stops the formation of dental plaque (a type of biofilm), which can help prevent cavities and gum disease.

It seems like many body functions begin to slow down around the age of 40, and our ability to naturally increase nitric oxide is one. Part of the reason is that certain bacteria in

the mouth and gut are responsible for the conversion of nitrates found in food into nitric oxide. Foods don't contain nitric oxide. They contain nitrates that have to be converted to nitric oxide.

As soon as nitrate-rich foods enter the mouth, beneficial bacteria that reside on the surface of your tongue reduce them to nitrites. These nitrites are swallowed and then either reduced to nitric oxide in the acidic environment of the stomach, or converted by gut bacteria. Once transformed into nitric oxide, they are absorbed via the gastrointestinal tract and placed into the circulatory system. This describes the nitrate-nitrite-nitric oxide pathway, one of the primary ways the body produces nitric oxide.

Roughly 30–50 percent of the population doesn't have the proper bacteria necessary to generate nitric oxide. This can stem from poor oral hygiene, the constant "leakage" of mercury from amalgam tooth fillings, and the use of antibiotics and mouthwash.

Studies are just beginning to surface linking chronic periodontitis to erectile dysfunction. The problem is obviously more prevalent as men get older, but even men in their 30s who have inflamed gums due to periodontal disease are three times more likely to have problems with erections. (*J Sex Med* 2013 Mar;10(3):838–43) (*J Clin Periodontol* 2013 Feb;40(2):148–54)

Researchers at China's Luzhou Medical College found that when they induced periodontal disease in lab rats, their ability to produce nitric oxide was significantly impaired due to systemic inflammation. In other words,

the researchers could actually cause these animals to have erectile dysfunction by giving them gum disease. (*J Sex Med* 2011 Sep;8(9):2598–605)

In addition to erectile dysfunction, you now hear a lot about prostate problems like benign prostatic hypertrophy (BPH) and prostate cancer. What you don't hear about, however, is their connection to gum disease.

Researchers at Case Western Reserve University in Ohio treated 27 men who had undergone prostate biopsy because of abnormal findings on digital rectal examination or an elevated prostate specific antigen (PSA) test. Twenty-one of the 27 men had no or mild prostate inflammation, but 15 had biopsy-confirmed malignancies. Two men had both inflammation and a malignancy.

In addition, all had moderate to severe gum disease, for which they received treatment. They were retested at four and eight weeks and showed significant improvement.

During their periodontal treatment period, the men received no treatment for their prostate conditions. Even with no prostate treatment, 21 of the 27 men showed decreased PSA levels. Their urination issues and other symptoms improved as well. Those with the highest PSA levels experienced the most benefit from the periodontal treatment. (*Dentistry* 2015;5:284)

Roughly 50 percent the population brushes their teeth only once a day, and just 25 percent floss. Surveys indicate that nearly 24 percent of adults in this country have untreated dental cavities and 39 percent have moderate-to-severe

periodontitis, a number that rises to 64 percent for those over the age of 65. This explains why 25 percent of those over 60 years of age have lost all their teeth.

Avoid Mouthwash

Good dental hygiene (brushing, flossing, professional cleanings, etc.) is imperative to good health, but wiping out the beneficial bacteria with mouthwash should not be part of that plan.

Mouthwash works like an antibiotic. It indiscriminately kills all bacteria in the mouth, even beneficial strains necessary for the production of nitric oxide. And research shows that arginine works more effectively than antimicrobials used in many popular mouthwashes, such as cetylpyridinium chloride. (*PLoS One* 2015 May 6;10(5):e0121835)

Don't be surprised down the road when someone "discovers" that using mouthwash increases the risk of cardiovascular disease, arthritis, obesity, prostate problems, and erectile dysfunction. It's coming.

It took decades for those in conventional medicine to finally accept the fact that the microflora in the bowel affect our immune system, psychological well-being, and practically every other aspect of our overall health. Hopefully it won't take that long to realize the importance of having a healthy, balanced oral microbiome.

By some estimates, there are more than 700 different bacterial species that inhabit our mouth. So far, only half of those have even been named. Like the bacteria in the gut, many in the mouth are beneficial, while others are pathogenic. But rather than sterilize our

mouths, the key to optimal health is to maintain the right balance.

The findings I mentioned earlier are just some of the reasons I not only recommend and use probiotics for the intestinal tract, but also an oral probiotic supplement specifically designed to replenish the healthy strains of bacteria in the mouth and upper respiratory tract. Doing so can help keep pathogenic bacteria in check, just as nature intended.

I also like the Ayurvedic technique of oil pulling, which I've discussed in the past. It's another way you can improve gum health and help restore the balance of oral bacteria.

PooH-PooH the PSA Test

I've discussed many times in the past that I'm not a fan of the PSA test. (See the August 2009 issue for more.)

Research studies don't support it as an accurate test to detect cancer. I think far too many men get surgery and treatment for cancer based on their PSA scores. It continues to be the gold standard when it comes to diagnosing prostate cancer. This is despite the fact that it is notoriously unreliable in that respect and more of an indicator of inflammation than cancer.

Some studies estimate that when it comes to diagnosing prostate cancer, PSA tests produce false positives in one out of three cases. While early screening tests have been associated with overdiagnosis in a variety of cancers including neuroblastoma, melanoma, thyroid, breast, and lung, nowhere is overdiagnosis more prevalent and clinically relevant than in prostate

cancer. (*J Natl Cancer Inst* 2002 Jul 3;94(13):981-90)

One 2009 study found that, using the most optimistic assumption about the benefits of early detection and treatment, at least 1 million men were overdiagnosed and needlessly treated for prostate cancer in the previous 20-year period. (*J Natl Cancer Inst* 2009 Oct 7;101(19):1325-9)

Even the developer of the test, Dr. Thomas Stanley, now says a positive PSA test is an indication of inflammation, not cancer.

Canine Cancer Detectors

Fortunately, there is a less expensive, more accurate test to detect prostate cancer. But I don't know if or when we'll see it used in this country.

When I was actively practicing, there were certain patients that emitted a very distinct, peculiar odor. In almost every instance, those patients were later found to have cancer.

I obviously couldn't detect every case of cancer...far from it. But I quickly became a strong believer in the diagnostic significance of various odors.

Researchers have tried to develop diagnostic tests based on the presence of various compounds when a person exhales, and a few have been successful. Dogs, with some of the keenest sense of smell on the planet, may turn out to be the diagnostic tools.

The Russians recently patented the Sulimov dog breed for use in airport security. The breed was developed by Klim Sulimov, the Russian airline Aeroflot's chief dog breeder, over a period of 30-plus

years. This dog is particularly suited for use in colder weather. Subzero temperatures can suppress smells. But this dog has been shown to still smell effectively at temperatures as low as -70 degrees C (-94 degrees F) and as high as 40 degrees C (104 degrees F).

It doesn't appear that we need to wait 30 years to develop a distinct breed to diagnose prostate cancer. A new study shows we can use existing breeds to get the job done.

Researchers in Italy tested two 3-year-old German Shepherd explosive detection dogs that were trained to identify prostate specific volatile organic compounds in urine samples. They were tested on 362 patients with known prostate cancer and on 540 healthy controls with no prostate cancer and no non-cancerous prostate tumors.

Both the dogs were correct over 96 percent of the time in identifying patients with prostate cancer. Earlier research using similar testing showed dogs to be successful 91 percent of the time. (*J Urol* 2015 Apr;193(4):1382-7) (*Eur Urol* 2011 Feb;59(2):197-201)

It's pretty amazing, especially when you compare the dogs' 96 percent success rate to PSA screenings' 20 percent.

It's no surprise that most of these studies are taking place in Europe. With the way our medical system works (or doesn't), regardless of how cost effective and accurate canines may be at diagnosing prostate and other cancers, I doubt we'll see them being used here anytime soon. There's too much money to be made in the treatment of prostate cancer,

necessary or otherwise, based on PSA test results.

Active Surveillance and Natural Therapies

Most prostate cancer is slow growing and better left alone. Prostate cancer that starts out as low-grade and slow-growing almost always stays that way. Men are likely to die from some other cause before the cancer ever spreads beyond the prostate gland.

On the flipside, most high-grade, aggressive cancers are “born” that way and behave aggressively from the beginning. By using what is called Gleason scores, where the prostate cancer cells are graded depending on how they compare to normal prostate cells, a prediction can be made as to the aggressiveness of the disease. Fortunately, this is why “active surveillance” is becoming more popular, rather than automatically resorting to surgery, radiation, or chemotherapy.

One of the most useful substances you can take to prevent prostate cancer and/or stop it from progressing is the green tea extract epigallocatechin-3-gallate (EGCG).

Researchers reported this year at the American Society of Clinical Oncology that taking 200 mg of the extract twice daily could help prevent these problems. (*J Clinical Oncology Vol 33, No 15_suppl (May 20 Supplement)2015:1572*)

An earlier Japanese study followed 49,920 men aged 40–69 years for up to 14 years. There was a dose-dependent relationship between the number of cups of green tea they drank daily and the risk of developing advanced prostate cancer. Those who drank five or more cups a day had just half the risk

compared to those who drank one cup or less. (*Am J Epidemiol 2008 Jan 1;167(1):71–7*)

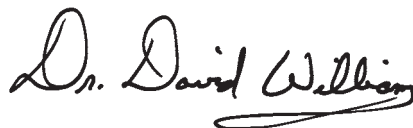
This helps explain why prostate cancer deaths are the lowest in Asia, where 20 percent of the entire consumption of green tea takes place.

The other compound that I think is promising and effective to prevent prostate cancer and inhibit metastasis is modified citrus pectin.

I’ve written many times about amazing benefits of PectaSol-C modified citrus pectin from EcoNugenics (econugenics.com). It is one of the few products shown to effectively lower levels of galectin-3, which has been linked to numerous diseases triggered by inflammation, including cancer, heart disease, arthritis, liver disease, Alzheimer’s, Parkinson’s, and multiple sclerosis. I take modified citrus pectin on a daily basis.

Please share this important information with the men in your life. And if you’re a man reading this, please take to heart my advice about boosting nitric oxide levels and protecting your prostate. You don’t want to become one of the millions who fall into conventional medicine’s trap of pharmaceutical drugs, unnecessary surgeries, and expensive, harsh treatments.

Happy holidays to you and yours!
And best wishes for a healthy 2016.
Until next month,



This Month Online



Visit my website at **drwilliams.com**, where you’ll find information and recommendations for many of your top health conditions, including:

- *Strengthening Immunity*
- *Digestive Concerns*
- *Cognition and Brain Health*
- *Weight Loss*

Stay in touch between newsletter issues by signing up for my weekly Health E-News.

Simply visit **drwilliams.com** and submit your email address. You can also read newly posted articles on a variety of topics of interest to you. Here are just a few additions:

- *A Self-Test for Cognitive Impairment*
- *Lower Blood Sugar Naturally*

Remember, you can read current and past issues of *Alternatives* when you create or access your account at drwilliams.com.

Contact Us Here

- To submit a Mailbox question, suggest an article topic, or make a comment about this month’s issue, email feedback@drdavidwilliams.com.
- For customer service matters such as address changes, to renew your subscription, to order back issues or reports, or to sign up a friend for *Alternatives*, call 800-527-3044 or email custsvc@drdavidwilliams.com.