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The Prostate Cancer Machine


Dr. David G. Williams

If you knew with almost 100 percent certainty that you would develop a potentially lethal disease in the upcoming years, what would you do today? To be even more specific, what if the disease were cancer? I would hope and pray that you would immediately take steps to prevent it.

If you are male, and live long enough, your risk of developing prostate cancer actually does approach 100 percent *if* you do nothing to prevent it.

I met up with a long-time, very close friend of mine a couple of weeks ago. I hadn't seen him in almost a year. I didn't want to pry into his personal matters, but I noticed he seemed to be making numerous trips to the bathroom during our visit and I asked if he was having any problems in that area. Sure enough, he had all the symptoms of BPH (benign prostatic hypertrophy): difficulty initiating a urine stream, interrupted and weak urine stream, more frequent urination, sudden strong urges to urinate particularly at night, et cetera.

It's only fair to say that, in and of itself, BPH isn't cancer. Rather, it's an enlargement of the prostate gland that can be triggered by age-related hormonal changes. As men age, their testosterone levels begin to wane and the testosterone-to-estrogen ratio decreases. Animal studies suggest the estrogen increases the activity of compounds that promote prostate cell growth. We also begin to accumulate a compound called DHT (dihydrotestosterone), which encourages the growth of prostate cells.

(You may remember that DHT is one of the factors responsible for male pattern baldness. It appears that some men have an inherited predisposition for hair follicles to shrink in the presence of DHT. Much of the research in preventing male baldness has been focused on the use of inhibitors or compounds that block the conversion of testosterone to DHT.)

It's important to keep in mind that many men with an enlarged prostate have very few, if any, symptoms for a long period of time.

I also need to point out that, although the two conditions have many of the same symptoms and can exist concurrently, the consensus is that having BPH doesn't increase your risk of developing prostate cancer. Although I can't support my idea with mountains of research, *I can't help but disagree*; chronic inflammation (BPH and/or prostatitis) could be a significant contributing factor in prostate cancer. Oncologists will tell you that inflammation or prostatitis is present whenever they see cancer.

Known risk factors include the incidence of prostate cancer in immediate family members (heredity), race (blacks in this country have higher rates than whites), hormone changes, and exposure to environmental toxins. But age seems to be the primary factor. The longer you live, the greater your odds of developing the cancer.

The Test That Fails

Years ago, I discussed the failure of the PSA (prostate-specific antigen) test for detecting prostate cancer.

The PSA test was developed in the early 1980s. Later, with endorsements from several celebrities and a major

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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

marketing propaganda effort, PSA testing became widespread, even though there was no legitimate research to support the idea that early detection and treatment did anything to save lives. The number of diagnosed cases of prostate cancer skyrocketed in this country.

European countries didn't adopt the PSA screening programs, because of the lack of supporting research that it actually saved any lives. Unlike in this country, their incidence rates stayed the same—and, not surprisingly, our mortality rates are still about the same as theirs.

The PSA test measures a protein that the prostate produces when it's inflamed. Although the initial research only suggested that higher PSA levels might be connected to prostate cancer, there is an ever-growing amount of research to suggest that higher PSA levels are more closely linked to an enlarged prostate and the associated inflammation than to prostate cancer. This fact, however, hasn't stopped the unnecessary treatment of hundreds of thousands of men for prostate cancer.

The Cancer Is Often Benign

The results of two very recent studies, published in the *New England Journal of Medicine*, shed more light on what I talked about years ago: Prostate cancer screening with the PSA test has led to some very questionable outcomes and a long list of testing victims.

One of the *NEJM* studies was actually a review of seven different European studies involving 162,243 men ages 55 to 69. One of the top oncologists in the world, specializing in the study and treatment of prostate cancer for over 20 years, Dr. Otis W. Brawley, said these studies were "some of the most important studies in the history of men's health."

The review found that, using PSA screening tests, 1,410 men would need to be screened regularly for ten years and 48 additional men would need to undergo totally unnecessary cancer treatment to prevent one death from prostate cancer. (*N Engl J Med 09;360:1320–1328*)

To make these results easier to understand, try considering them this way. Let's say you have no symptoms but get your yearly PSA cancer screening test. An elevated PSA level leads to a biopsy showing you have prostate cancer and you are subsequently treated for it. There is roughly one chance in 50 that, between now and 2019 or later, you will be spared death from a cancer that would have killed you. But there's a 49 in 50 chance that you would have been treated unnecessarily for a cancer that was never any threat to your life.

Dr. Brawley, who is currently a director at the National Cancer Institute and the chief medical officer of the American Cancer Society, summed up his feelings about this study by saying, "The test is about 50 times more likely to ruin your life than it is to save your life."

There's a fortune being made with PSA testing, even though early screenings of this type and early treatment haven't been shown to save lives. This is simply because not all prostate cancers need to be treated. Studies have shown that at least one-third of those men diagnosed with the cancer by PSA and then "cured" by treatment would have never otherwise even known they had the disease, or been affected by it, and would have eventually died of some other cause.

The Treatments Are Seldom Benign

The second US study recently published in *NEJM* involved 76,693 men, roughly half of whom received yearly PSA testing. When the researchers compared the two groups, those who were "diagnosed early" with PSA tests had basically the same rate of death due to prostate cancer as those who had never had the test. (*N Engl J Med 09;360:1310–1319*)

Another very interesting finding from this study wasn't widely reported for some reason.

The treatments being used for prostate cancer involve everything from radiation and administration of hormones to surgical removal of the entire gland. The side effects are far from minor. The long list includes such things as impotency, urinary problems, bowel problems, penile shrinkage, infertility, gynecomastia (breast enlargement), and hot flashes. Any one of these can

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dramatically lower one's quality of life. The emotional and social aspects alone take a toll on one's personal relationships and severely limit activities. And the treatment itself can be fatal.

Researchers found that, in the PSA screening group, 312 men with prostate cancer died from causes other than the cancer, versus only 225 in the unscreened group. Commenting on the much larger number of deaths in the PSA screening group, the researchers stated it was "possibly" due to the treatment of non-progressive cancer. In other words, it "could" have been the fact that treating cancers that didn't need to be treated killed many of those men.

Testing Roulette

Even though we know that the PSA test isn't a reliable test for cancer, at this point it's almost considered malpractice for a doctor not to have the test performed for men who have any of the symptoms I mentioned earlier. It's the *recommendations based on* PSA test results that become a real concern.

If you don't have any prostate symptoms, then I would strongly recommend against having a PSA screening test. For the last couple of decades the PSA test has been marketed to both doctors and patients as the means to early detection and the way to save lives. Only rarely after a positive PSA test, a positive biopsy, and any other test that indicates the presence of cancer, do men ever adopt a "wait and see" philosophy—the clinical term is "watchful waiting"—despite the fact that PSA tests aren't indicative of cancer. (Even the developer of the test, Dr. Thomas Stamey, now says it is a sign of inflammation—not necessarily cancer.)

Most doctors immediately recommend biopsies if PSA levels are elevated, even though false positives are very common. And in the unlikely event that a man actually does have prostate cancer, the biopsy itself can generate problems. First, they're very much a hit-or-miss situation; small cancers confined to various areas of the prostate are routinely missed. And in the event that a cancer is present, and the biopsy needle does locate it, individuals are facing a second threat. I've reported on the various studies showing how removing cancerous tissue with biopsies can lead to the spread of cancerous cells into the bloodstream through needle trails or other means. Prostate cancer that stays confined within the prostate is far less of a threat than one that has metastasized or spread to other areas of the body. [*Editor's note: For more about the dangers of biopsies of any type, and how to protect yourself, visit the Subscriber Center of the* Alternatives *Web site,* www.drdavidwilliams.com.]

And when cancer is found, most men proceed to the next step of treatment, regardless of whether the cancer is confined and non-threatening or fast-growing and lethal. PSA testing can't distinguish between the two.

You'll notice that nowhere here have I written anything about specific PSA levels. There are two reasons behind that intentional omission. First, as I've stressed and will continue to stress, the test is useless for its intended use: detecting prostate cancer early and so saving lives. Second, individual readings can vary depending on any number of factors, including your overall health.

With that said, there is a perfectly good use for the PSA test, and that is to track the results of any current therapy. A man with diagnosed prostatitis or BPH will likely be able to tell how well a therapy is working long before any test shows a change, but having a number to track does provide some measure of comfort.

When It Isn't Cancer

Remember that PSA is an indicator of inflammation. The higher the level, the greater the inflammation present. If the cancer hasn't formed, the inflammation and associated prostatitis or BPH can be treated naturally.

Prostatitis

Prostatitis is simply any inflammation of the prostate, regardless of the cause. Obviously BPH can create inflammation, but so can infection.

Symptoms include all those common to BPH, plus the possibility of pain behind the pubic bone during urination or ejaculation; pain anwhere else "down there"; pain in the lower back or hips; impotency; bowel irregularity; and recurrent urinary infections.

Inflammation in the prostate, no matter what the cause, can inhibit the flow of prostate fluids—a condition called prostate congestion. Typical treatment for prostatitis includes a course of antibiotics. This treatment is seldom successful, likely as a direct result of the congestion. (Antibiotics need to circulate freely to reach the site of infection.)

A very effective treatment for prostatitis is prostate massage, which is exactly what it sounds like: physical manipulation of the prostate gland. This techique is consistently overlooked by even knowledgeable urologists, so it's becoming more and more difficult to find old-time practitioners who remember how to perform it. [*Editor's note: To learn more about the benefits of prostate massage, visit the Subscriber Center of the* Alternatives *Web site,* www.drdavidwilliams.com.]

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NEWS TO USE FROM AROUND THE WORLD

An Un-"beet"-able Blood Pressure Remedy

LONDON, UNITED KINGDOM—Researchers studying the effects of beet juice on blood pressure have also learned how consuming green leafy vegetables can protect the heart.

When participants in this study were given 500 mL of beet juice (just over 2 cups), their blood pressure began to drop within an hour—and within 2.5 hours it reached a peak drop of 10 points. (*Hypertension 08;51:784–790*)

Beets and many other vegetables contain nitrates (NO_3). Nitrates, as you may recall, are the compounds that were blamed for causing higher rates of stomach cancer in individuals who ate increased amounts of nitrate-cured meats like sausages. Many researchers are backtracking on that idea, and think it may be something else other than nitrates causing the problem. Additional research into the area has determined that we're getting hundreds of times more nitrates from vegetables than we do from meats. Furthermore, there is a growing amount of research showing that vegetables, regardless of how high their nitrate levels are, actually protect the stomach from cancer.

Researchers in the above study discovered that the NO_3 (nitrates) in vegetables are converted to NO_2 (nitrites) by saliva, through the action of bacteria that reside on the back of the tongue. The bacteria split off one oxygen atom, creating NO_2.

NO_2, also known as nitrite or nitric oxide, is also something I've written about extensively in the past. Nitric oxide relaxes the smooth muscle that lines the walls of very small arteries called arterioles. Nitric oxide also has antiplatelet effects, lessening the clotting tendency of blood. Both of these effects allow for an immediate increase in blood flow. Nitric oxide is a gas that lasts for an extremely brief period of time before it's metabolized, which makes it almost impossible to measure. It was only a few years ago that it was detected in the bloodstream.

Nitroglycerin, routinely used by individuals with angina (a sudden lack of blood flow and oxygen to the heart muscle), works the same way—by increasing nitric oxide levels. And many of the drugs (like Viagra and Cialis) and herbs used to treat erectile dysfunction work by increasing or prolonging nitric oxide levels and subsequently improving blood flow to the penis.

Beets aren't the only vegetables rich in nitrates. Of course, soil conditions have a lot to do with nitrate content, but generally radishes and kale contain higher levels than beets. Other high-nitrate vegetables include celery, lettuce, mustard greens, turnip tops, spinach, Chinese cabbage, regular cabbage, eggplant, leeks, scallions, potatoes, string beans, and carrots. I'm sure the resulting increase in nitric oxide helps explain why heart patients who follow a high-vegetable diet often see such a dramatic improvement in their condition.

Being such a short-lived, unstable compound, nitric oxide can't be made into a supplement. For several years, bodybuilders have sought to increase their nitric oxide levels to achieve a better "pump" before and after a workout through the use of the amino acid L-arginine. The "pump" is that full feeling and look that occurs during a workout when the muscle is full of blood and the blood vessels are more prominent. L-arginine is metabolized by the body into nitric acid. When combined with various other amino acids, creatine, sodium bicarbonate (baking soda), caffeine, and other compounds, the effect is even more enhanced.

While I've never been much of a fan of pickled beets, I'll have to say they do taste good on the hamburgers "with the lot" like they serve in Australia. When you order "the lot" on a hamburger there, it includes slices of beet, a fried egg, and usually a slice of Canadian bacon. I do like freshly juiced beet as was tested in the above study. It was also interesting that the nitrates are not destroyed during cooking, which makes cooked beets just as beneficial.

Beets and beet juice are relatively inexpensive items you can add to your diet and begin to see immediate benefits, regardless of whether you have blood pressure problems or not. It's not unreasonable that you would experience cardiovascular benefits, improved kidney function, and a boost in sexual function.

I grew up in the farm country of the panhandle of Texas, and one of the local crops is sugar beets. These are actually processed into sugar. The table beets available in the grocery stores, however, are not the same sugary vegetable. Instead, they fall in the medium range of the glycemic index. It would take one or two cups to raise blood sugar levels as much as eating a single slice of bread.

Beets are inexpensive, plentiful, and easy to obtain. And they're a natural method to increase NO_2 levels and even lower blood pressure. Keep in mind, however, that it's the bacteria on the back of the tongue that split off the extra oxygen atom, converting NO_3 to NO_2. As such, as you eat beets or drink the juice, let it spend a little extra time in your mouth to get the full benefits.

On a related note, Canadian researchers have discovered that certain proteins in eggs can also help lower blood pressure. Cooked and digested eggs have been found to produce angiotensin-converting enzyme (ACE)–inhibitory peptides.

Compounds in boiled and fried eggs, particularly fried eggs, break down into the same type of peptides that have been manufactured, purified, and sold as blood pressure medication. Unfortunately, egg consumption has been on the decline for the last 40 years or so due to misinformation about their cholesterol content increasing the risk of heart disease. (*J Agric Food Chem 09;57:471–477*)

As you may already know, I think eggs are just about nature's perfect food. You'll get health benefits from every part. Egg white is an excellent source of high-quality protein, containing practically every amino acid you need for good health.

And while the trend toward egg white–only omelets, et cetera, may sound healthful, discarding the yolk is a mistake, because it may be the more nutritionally valuable portion. Egg yolk is a rich source of lutein, which is beneficial for vision; of lecithin, which helps regulate cholesterol and supports brain health; and of sulfur, which is essential for the building of new amino acids in the body.

Even the eggshell is nutritious. The lining is a good source of hyaluronic acid, which supports healthy joints. You can toss eggshells into the bone broth that you make with a leftover chicken or turkey carcass or beef bones from the butcher. Once the shells have simmered for a few hours, remove and discard them, leaving behind the hyaluronic acid that has cooked out.

Ignore all the propaganda about eggs, and enjoy them often.

Food for Thought

IRVINE, CALIFORNIA—Researchers at the University of California have found that eating a particular kind of fat increases the formation of a lipid called oleoylethanolamide (OEA), which can transform short-term memories into long-term ones. OEA activates areas of the brain that produce our more emotionally charged, vivid memories. (*Proc Natl Acad Sci U S A 09;106:8027–8031*)

The type of fat that produces these results is the monounsaturated fat called oleic acid. The richest food sources of oleic acid are vegetable oils, including olive, avocado, hazelnut, and macadamia nut oils.

Based on some limited animal research, it would appear that if you consumed some food high in oleic acid like olive oil following a session of studying, your recall would be much better. It stands to reason that a diet rich in olive oil could lead to consistent improvement in long-term memory as well.

It's unfortunate that our society has become so fearful of fats and oils. We seem to be obsessed with low-fat and no-fat foods. Our bodies require various fats to remain healthy, but even most "health nuts" shun fat unless it's one of the more "popular" ones like fish oil or olive oil. Fats are crucial building blocks for cell walls and the insulating components of our brain and nervous system, and in the formation of hormones and other compounds. They also provide a source of long-term and storable energy.

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BPH

This condition may be benign, but it can certainly be bothersome. Several nutrients can help relieve an enlarged prostate. None of these are news, but I thought it would be a good idea to review some of them here.

Saw palmetto is the reliable standby for prostate health. Research going back 25 years supports the use of 160 mg twice a day to provide symptom relief: improved urinary flow, reduced nighttime urination, decreased feelings of urgency, et cetera. Interestingly, saw palmetto doesn't affect PSA scores. This is likely because it isn't working as an anti-inflammatory, but at the level of hormone regulation by blocking DHT formation.

Pygeum is another supplement with plenty of evidence behind it for prostate support. Pygeum does work against inflammation, by limiting the ability of cholesterol to enter the prostate and convert into inflammatory compounds known as prostaglandins. The dose used in much of the research is 100 mg taken twice a day.

Flower pollen is much less well known for relief, but it's no less effective. Studies performed in the late '80s showed that the pollen of the flowers from rye grass produced results significantly better than those from a placebo. More than twice as many men felt that their symptoms had improved, residual urine in the bladder was less (meaning that each "session" was more effective), and ultrasound measurements showed that the flower pollen substantially reduced the size of swollen prostate glands. (*Br J Urol 90;66:398–404*)

Every man should be on a good prostate product for life. The whole idea is prevention, and if you can stop the inflammation and other symptoms that I believe can eventually lead to cancer then the time to act is right now. It makes me wonder how many men could avoid the slippery slope of PSA testing that generally leads to biopsies, radiation, surgery, or other potential nightmares when they could have avoided these issues by stopping the inflammation naturally. The nutrients I just mentioned are available in a variety of prostate products, including Pollen Aid, from

www.americasnutrition.com or 800-270-9593; Prostate Care, *www.healthychoicenaturals.com* or 800-985-2808; and Healthy Prostate, from Mountain Home Nutritionals, *www.drdavidwilliams.com* or 800-888-1415.

When It Really Is Cancer

If you're diagnosed with prostate cancer it's important to know if it's localized or has spread. Talk to the most knowledgeable doctor you can find. Observational therapy (the "watchful waiting" approach) is the first option you should discuss. Prostate cancer may be the second leading cause of cancer death in men (behind lung cancer), but it still causes only 3 percent of all deaths in men. That means you have a 97 percent chance of dying from something else. If the doctor has a different opinion on what might be best for you, then by all means listen, but also make them explain their reasoning.

When the disease is extensive, aggressive, or fast-growing, treatment is warranted. Over the years I've discussed various effective natural therapies to address prostate cancer, but the best, most effective one I've seen so far is an herbal combination called HP8. This product combines herbs in a way that takes into account their various interactions and maximizes their overall effect. It's available from The Harmony Company, at *www.theharmonycompany.com* or 888-809-1241.

In response to my April 23rd Health Dispatch, I received a number of e-mails from men saying that their lives had been saved because, after a PSA test, they had received therapy to address a diagnosed cancer. To those men, I'll say that you may have been among the one in 50 who do benefit from PSA testing. Or, maybe not. What physician or surgeon would recommend and implement cancer therapy, with all its potential side effects, then say afterward, "Maybe you didn't need this after all."

Be a Thoughtful Patient

PSA screening is controversial, to say the least. I warned about it being more of a cash cow than a viable diagnostic tool for cancer as far back as 1992. The backlash I received at the time was unbelievable. I suspect more of the same now, since PSA testing has become more of a religion than something based on hard, scientific evidence that it actually saves lives.

The source of this faith in the test is somewhat puzzling to me. It's interesting to note that by 1998 all major organizations, including those who previously recommended PSA screening, had reassessed the scientific data and no longer recommended screening. Even the National Cancer Institute has a Web page that discusses the shortcomings of routine screening.

And while in this country we do spend more than a billion dollars a year on PSA testing, that's chicken feed to the institutions and corporations that make up the medical-industrial complex. Still, we need to spend more efforts first in prevention through natural means and then on ways to better determine exactly which cancers are aggressive and fast-growing and actually need treatment. Unnecessarily treating hundreds of thousand of cases is not what needs to continue.

The decision to participate in PSA screenings when you have no prostate symptoms is obviously a personal one. If you have no symptoms and don't have cancer, I strongly suggest avoiding mass PSA screenings—and whatever you do, immediately get on a preventive/supportive prostate product and stay on it for life. In a recent interview, Dr. Brawley was asked his own PSA level and when he started taking PSA tests. His response was that he had never had a PSA test and didn't desire to have one. Despite the fact that he had several relatives with prostate cancer, and he is black, both of which put him at an increased risk, he just didn't believe the accuracy and benefits of the tests outweighed the downsides.

We've been led to believe that all forms of cancer kill and the earlier we can find it and treat it the better the odds of staying alive. That's not the case with the large majority of prostate cancers. In the case of prostate cancer, the odds of causing serious health problems (possibly even death) from the tests and the early treatment are far greater than the odds of actually dying.

Exercise, Not Drugs, for Bones

As I've mentioned often, one of the big problems facing the aging baby boomer population will be osteoporosis. It seems like I get several calls a month now from friends around the country who have been recently diagnosed with the problem. One of their questions always seems to be about the drug Fosamax, which belongs to a class of drugs called bisphosphonates that are being widely prescribed to prevent bone fractures. Others in the group include Actonel, Boniva, and Reclast.

My advice is generally to avoid these drugs like the plague. Nobody knows the long-term effects of taking them, but from what we've seen so far, it's a no-brainer that it won't be good. It's another case where the known adverse effects far outweigh any possible benefits.

For example, Fosamax was tested in trials lasting only three to five years and reportedly only reduces the risk of a hip fracture by 1 to 2 percent. Research now shows that bisphosphonates have a half-life of over ten years.

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Seeking Sinus Solutions

Question: I've recently developed what appears to be a chronic sinus problem. I've tried all types of natural remedies, but it just doesn't seem to help. I'm beginning to think it is some type of allergy, and my doctor feels the same way. I hate to resort to pharmaceuticals, but I don't know what more I can do at this point. Any suggestions you have would be greatly appreciated.

Jan C.
Topanga, California

Answer: Before trying any pharmaceutical product, I would suggest starting with the most basic treatment of all: nasal irrigation.

This low-tech, ancient remedy will cost you practically nothing to try. It dates back to early Ayurvedic medicine practitioners hundreds of years ago in India.

Nasal irrigation is the first thing I would suggest doing for anyone with allergic rhinitis, sinus problems, nasal polyps, and even asthma. Treatments don't get any less expensive. All you need is a small amount of salt and some water. If you want to get fancier, you can use a traditional neti pot—which is really a handy item to have around.

When I first recommended neti pots years ago, they were pretty hard to find. Most health food stores now carry them, and some drug stores as well. I recently saw one in the local Walgreens for about $15.

The procedure is really very simple. First mix 2 cups of lukewarm water (16 ounces) with a teaspoon of salt and fill the neti pot.

While standing over a sink, very slightly tilt your head down and then tilt it to one side about 45 degrees. Put the spout of the neti pot in the upper nostril and slowly pour until that nostril fills to the top with water and then begins to empty out the lower nostril. After the pot has emptied, clear out both nostrils. Then refill and do the same thing through the other nostril. The procedure can be repeated several times a day for as long as needed.

If you have access to the Internet you can find short videos on YouTube demonstrating the procedure. It's not uncomfortable, and very easy to do. Instructions will also come with the neti pot.

Research studies have demonstrated that solutions with as little as 2 percent salt can have a dramatic effect on the problems I mentioned above without having to resort to antibiotics, allergy medications, antihistamines, or nasal sprays. If the general public ever finds out just how effective neti pots are, the pharmaceutical companies will see a large drop in revenue.

Some people I know "customize" their neti formula by adding a little powdered vitamin C. One study in the early 1990s found vitamin C spray used 3 times daily reduced allergy symptoms by 74 percent and returned the pH of the nasal secretions to the normal range. (*Ear Nose Throat J 91;70:54–55*)

Others add a little baking soda to the mix to lessen any irritation from the salt, although I'm not sure that makes it any more effective.

As you probably know, I'm also a huge fan of Xlear, the saline and xylitol nasal rinse. Not only does xylitol help clear the nasal passages, sinuses, and upper respiratory tract, pathogens tend to feed on it—which makes them less virulent. It's a godsend if you have kids. A couple of squirts up the nose is far easier than trying to use a neti pot on them. It's been a lifesaver (and sleep saver) when our youngest was a baby and was having difficulty breathing at night.

More Sinus Solutions

You didn't mention which other natural remedies you've tried, but there's a couple I might suggest.

For allergies, the extract from the plant butterbur (*Petasites hybridus*) has been shown to be very effective among those suffering from hay fever—but from what you've said I'm not sure that's your problem.

I also have seen very good results using the bioflavonoid quercetin, particularly when used along with the pineapple enzyme bromelain. A good dosage appears to be 500 mg of each three times daily right before meals.

I don't want to confuse matters, but if you've been under a lot of stress lately or have been experiencing blood sugar problems, it may be that your adrenal glands need additional support. Weak adrenal function often seems to be the trigger for developing allergy symptoms. Correcting hypoglycemia problems and strengthening the adrenals with additional vitamin C, B-complex vitamins, and especially a quality adrenal glandular product like Drenamin from the company Standard Process can work wonders in the more difficult cases. Drenamin is available from Banks Chiropractic, at *www.spinelife.com* or 877-698-4826.

Personally, I would try the nasal irrigation first. For a few pennies you may have a cure, particularly since this seems to be a recent problem.

Nasal/sinus problems are among the top 10 ambulatory diseases, and result in over 2.5 million office and ER visits each year at an estimated cost of $5.8 billion annually. They're also the fifth leading reason that antibiotics are prescribed. At a time when everyone is talking about cutting health care costs, it's amazing that simple, natural, effective solutions like nasal irrigation are never mentioned.

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This means if you stop taking the drug it still takes at least ten years for half of the drug to clear your body. Furthermore, it was found that taking the drug orally, as directed, will increase drug levels in the body to the same levels given intravenously to cancer patients being treated for bone metastases. And these problems appear to be just the tip of the iceberg.

Last year, FDA reports indicated that these drugs also increased the risk of developing extreme and often debilitating musculoskeletal pain. Other studies report an increase in fractures of the femur bone (the leg bone that goes into the hip socket) and heart irregularities, particularly atrial fibrillation.

The latest news about Fosamax came from the University of Southern California School of Dentistry. During the last couple of years both here and abroad there have been concerns that one of the side effects of Fosamax might be a problem called osteonecrosis. The literal translation is "bone death." A more detailed definition applied to dental problems would be, "the presence of exposed bone in the mouth, which fails to heal after appropriate intervention over a period of six to eight weeks." It was thought to be rare, but this latest study found that it happens in at least 4 percent of those taking the drug. The study involved 208 patients taking the drug, and one in 23 developed the problem. They found no cases of the problem among another group of 4,384 patients who were not taking the drug. Those involved were all women with an average age of 73 who had been taking the drug for a year or longer. (*J Am Dent Assoc 09;140:61–66*)

One study from New Zealand, involving cancer patients who receive the drug for bone, breast, or prostate cancers, showed that osteonecrosis appears in about 5 percent of those patients. (*Bone 09;44:4–10*)

If you, a friend, or a loved one are diagnosed with osteoporosis, please read my past articles on the condition. Dealing with the problem, or better yet, preventing it in the first place, is not as simple as increasing your intake of calcium. And osteoporosis certainly doesn't result from a lack of some prescription medication. Certainly, diet plays a major role in bone health. The minerals in your bones are an important source of what are known as *buffers*, compounds that help regulate pH throughout your body. The foods you eat have a strong influence on your pH balance. [*Editor's note: For a quick overview of the importance of pH balance, and to get a list of foods that can have positive or negative effects on your pH, visit the Subscriber Center of the* Alternatives *Web site,* www.drdavidwilliams.com]

Bone needs stress as well (that is, weight-bearing exercise) to grow and strengthen—which is routinely being overlooked by most prescription-prescribers these days. Any doctor that tells you otherwise has obviously forgotten what they were taught in Physiology 101.

There are reasons to incorporate weight-bearing exercises into your life beyond improving bone strength.

Just recently, it was also discovered that osteoblasts (the cells that create bone) also secrete a hormone that helps regulate insulin production and also enhances insulin sensitivity. The hormone, called osteocalcin, triggers the increased production of insulin by the pancreas. Osteocalcin also causes fat cells to release a hormone called adiponectin that improves insulin sensitivity. This helps explain how exercise can help prevent type 2 diabetes and other blood sugar problems. This research shows that, rather than just being some calcified, inert structure, the skeleton is more in the class of an endocrine gland that helps control sugar metabolism and weight. (*Cell 07;130:456–469*)

I used to study under the late Dr. George Goodheart. He had a saying that seems to come to mind more and more as more knowledge becomes available about the inner workings of the human body. He used to say, "The human body is simply intricate and intricately simple." The connections between the various systems in the body never cease to amaze me.

Take care,

If you have questions or comments for Dr. Williams, please send them to the mail or e-mail addresses listed to the right. Of course, practical and ethical constraints prevent him from answering personal medical questions by mail or e-mail, but he'll answer as many as he can in the Mailbox section of *Alternatives*. For our part, we'll do our best to direct you to his issues, reports, and products related to the subject of your interest.

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