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**Prostate Specific Antigens Not
Found Just in Men**

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If you are 50 years old or older, you have likely heard that you need to have a colonoscopy to check for colon polyps, a digital exam and a PSA test if you are male, to check for prostate cancer. However, age or being male has much less to do with these matters than you may suspect. Should women have PSA tests? If so, and they have no prostate, why should they be concerned about high levels of prostate antigens? Since this article will deal only with the PSA count, if you are interested in more information on colonoscopy, and colon polyps go to:

<http://cancerconnect.com/communities/colonrectal-cancer>

What are prostate specific antigens?

Actually prostate specific antigens may very well be a misnomer. These antigens are specific types of proteins called enzymes. In biology terms, enzymes are catalysts. They get actions started but are not used up in those biological actions. While the prostate gland accounts for the production of more of these enzymes than any other tissue in the human body, it is not the only tissue that produces these antigens. If that were not the case, then how would you explain low to high levels of these antigens in the blood of women who have no prostate?

Prostate antigens' relationship to cancer:

Actually, these antigens are known in the medical field as cancer markers. They have been known to be present at high levels in men with various prostate problems to include prostate cancer; and women, who have various breast conditions, have been known to have even higher counts of these markers than men with prostate cancer.

Depending on what literature you read, a "safe" level is between 1 and 4 ng/dl of blood. Some literature will recommend taking an age specific count. Since more of these antigens tend to migrate from the prostate to the blood stream of older men (who likely have enlarged prostates) it is believed that older men will have a higher count than younger men. Some literature disagrees with this and indicates there should be a standard "high" count of 4 ng/dl of blood or higher for all men. Still, other literature suggests there is no specific safe or harmful level at all. But, how about women?

Women can have higher serum PSA than men with prostate cancer:

Since these proteins are found in human breast milk and the female breast tissue, I would suspect it has more to do with sex hormones in general, than being male or female specific. There are medical records of women with various breast abnormalities registering as high as 55.1 ng/ml. In these cases it is thought that excessive PSA is produced by the hyperplastic breast tissue and increased leakage from the

fibroadenomas or cysts spill over into the blood stream, very similar to what happens in patients with prostate cancer.

Who should get PSA testing?

There is a great controversy about this among the medical profession. This is a call that you, the patient, will have to make. However, remember this; the reason there is such a controversy, is because of the actions that result following the testing.

Due to ignorance or greed, past actions have demonstrated that folks who have positive readings on these screenings, have been subjected to aggressive treatments of slow growing tumors that either were not cancerous, or were so slow growing that the treatments were more damaging to the patient than the malady itself would ever have been. By the time PSA indicators appear if it is cancer it has been growing for 10 or more years.

Is there anything you can do to reduce your chances of hormonal cancers: breast, prostate?

It is well known and documented that hormone production is directly impacted by the type of nutrients ingested by the human body. It is further well known, in the medical field, that breast and prostate cancers are sex hormone related cancers. That is, they form due to excessive hormone production and absorption into the blood.

Diets high in animal products cause an over production of testosterone in men and estrogen in women. In biology, we have a term, "conservation of energy". This means that energy is never created or destroyed; it is merely changed. This is true in physics and in chemistry. Since our bodies are such large chemical factories, this would be true in biology

as well. So, it would follow that the body is a naturally conservative entity.

The body is designed to recycle:

As stated earlier, enzymes, when used as catalysts, are never used up in the action. In this sense, they are like instigators. The instigator gets the fight or riot started and backs up and watches the show. Since they are not used up in the chemical action, these enzymes are often recycled and used over and over again.

If we treat our bodies right, recycling is a good thing. If we consistently feed our bodies the wrong nutrients, however, this can develop into a really health and life threatening biological activity. For instance, if we eat a high fiber, whole plant diet, all the poisons developed during cellular respiration and digestion will be eliminated from our bodies in a timely fashion, and all is well.

However, if we eat the standard American diet, high in meats, cheese, milk, eggs and low in fiber, the feces move very slowly through the digestive system; and since there is little or no fiber with which to bind these poisons, they tend to be re-absorbed and recycled through the system.

Bacteria: good guys or bad?

When these sex hormones have completed their mission, they are supposed to pass to the liver, to be combined with a substance that prevents re-absorption. They are then passed on to the small intestine and eventually eliminated from the body via our feces. But, if you are on a high animal fat diet, this encourages the growth of a strain of bacteria in the intestine that breaks down these substances that are supposed to prevent re-absorption and the hormones are re-circulated into the blood stream where they are allowed to perform their harmful deeds and

stimulate the growth of breast and prostate cancer.

What are doctors' reasons for not being forthright with patients?

There are a few reasons physicians may not tell patients about this, either of which is unforgivable. He/she either does not understand the reasons, or the prognosis just is not profitable enough. Or, they think we are too stupid to understand, or they don't have time to waste on educating their patients. That would take away from the money they could make scheduling too many patients into already overcrowded waiting rooms.

Conclusion:

1. Prostate specific antigen tests are not reliable for timely cancer detection. The time it takes for them to become markers, cancer is likely to have been growing for 10 or more years.
2. Treat the cause, not the symptom: low or high numbers may mean nothing or something; however, a diet of whole plants takes away the underlying cause of most all cancers and the patient is healed, or, better, yet the cancer never even gets a chance to start.

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