

## From the Director's Desk

I first wanted to thank everyone who contributed to the Foundation's Mt Kilimanjaro fundraising expedition last fall. The project raised almost \$30,000 and was the foundation's primary source of operating capital last year. The Prostate Cancer Climb also helped us to reach our goal of focusing attention on the prostate cancer epidemic. We received national media attention both in the newspapers and on TV. The foundation could not function without the support of caring individuals like yourself and the small number of socially conscious companies who are our benefactors. Thank you.

These desperately needed funds were used to purchase a copy machine, scanner, fax machine, and much needed software. We were also able to begin a lending library, move our monthly support group meetings to a larger and more user friendly environment and pay for part-time administrative staffing.

I'm pleased to announce that this year's Prostate Cancer Climb, Hike and Gathering in Yosemite National Park in September will be open to a much wider group of participants. It will not only offer challenges for the "hard-core climber", but this year's "expedition" will also include a hiking and support team. The expedition is open not only to men but also their families. This is a great way to stand up and be counted. Thank you in advance for your generous tax deductible contribution. (We are still recruiting participants. If you would like to learn how you can be involved please call me at 415-661-2691)

Last year, the foundation sponsored a trial of an herbal formula called Healthy Prostate and Ovary Formula. Eight foundation members tried this botanical for three months. Although there was little impact on PSA, the majority of men did report a reduction in nocturnal urinary frequency. This was a most encouraging result. (This product can now be purchased from Inventive Biomedical by calling 415-464-1347)

This year's trial is being conducted on maca root. A botanical from the Andes that was originally used by Inca royalty to enhance physical and sexual endurance. The foundation is trying to determine with a three month trial of twelve men whether this supplement has an impact on libido, sexual function and general endurance. We are still recruiting candidates. Please contact the foundation if you are interested in participating. There is no cost for the supplement.

Wishing you a prostate healthy 2004

Ken Malik  
Executive Director

## Why Climb Mountains in the Name of Prostate Cancer

### The Kilimanjaro Expedition *By Ken Malik*

**A**fter my return from the first Prostate Cancer Climb of Mt Aconcagua in Argentina in 2001, I had absolutely no interest in going on another mountain climbing expedition. Although I felt a certain amount of satisfaction from being on the support team and reaching an elevation of 17,500', this "sport" was not for me. Mt Aconcagua was one of the windiest, coldest, and most desolate places I had ever visited. Taking another three weeks out of my life to battle the elements had absolutely no further appeal. I did not consider myself a mountain climber, just a high altitude trekker. The yearning to climb Mt Everest or any higher mountains just was not in my blood. Then I was invited to climb Mt Kilimanjaro and everything changed.

### Why Climb Kilimanjaro?

Mt Kilimanjaro has a magical ring to it. The name conjures up image of mysterious Africa, Ernest Hemingway, and the exotic. I had recently read that due to global warming there would be no "Snows of Kilimanjaro" within twenty years, I wanted to see the snow and ice before it was gone. After all, twenty climbers had raised over \$200,000 for the two foundations involved in the Aconcaqua expedition. What better way to help put an end to this menacing, epidemic disease than to help raise funds for drastically needed education and awareness programs.

"Count me in," I said to myself. My latest biopsy in November 2002 indicated I no longer had prostate cancer malignancy after an eight year unconventional battle with the disease. I wanted to once again stand up and be counted.

The climb was designed to raise funds for two non-profit foundations. The larger

organization based in Los Angeles is the Prostate Cancer Research Institute. Twenty two of the twenty six member expedition would represent PCRI. The Prostate Awareness Foundation (PAF) the organization that I co-founded in San Francisco would be represented by three other participants beside myself.

After a year of careful planning, getting in shape and fundraising the expedition arrived in Tanzania, Africa in mid-September. The group was made up of participants from not only here in the United States but also from Canada, Ireland and South Africa. Everyone of us either had the disease or had been touched by a family member with cancer.

### In Tanzania, Prostate Cancer is Not a Problem

Tanzania is a beautiful country. The people, smells, terrain, trees and wildlife stayed in my mind long after the journey came to an end. There are no prostate cancer concerns in East Africa. The average life span is only forty seven years of age. Not old enough to develop prostate cancer. The major health concern plaguing the country is Aids. Over one thousand people die everyday from this rampaging epidemic. This truly is the "Third World".

### Apprehension and Botanical Solutions

We all arrived in Tanzania with apprehensions. Most of us had concerns about malaria, high altitude sickness and dysentery. All of us, whether we voiced it or not wondered if we were in good enough physical shape to make it to the summit. Only 15% of climbers reach the summit.

Thanks to the generosity of PAF corporate sponsors from [continued on page 2]

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## Prostate Self Help

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Managing Editor: Jan Zlotnick, R.N., EdS  
Contributing Editor: Robert Gumpertz  
Executive Director: Ken Malik

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### DISCLAIMER

The information contained in this newsletter should not be considered medical advice. We do not prescribe. We offer you what we have learned over the years, as fellow prostate cancer veterans, with confidence that you can make your own choices.

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## The Kilimanjaro Expedition

[continued from page 1]

the nutritional supplement industry, the expedition had access to cutting edge botanicals. Allergy Research Group supplied us with the anti-malarial preparation artemisinin. This botanical is the new medication of choice for this tropical disease. Artemisinin has also become a cancer treatment. I myself attribute my prostate cancer reversal in part to this medication. Econugenics, a formulator of innovative supplements, donated a Ten Mushroom Formula to not only help build our immune health but also counteract the effects of altitude sickness. Douglas Laboratories supplied the expedition with a cutting edge prostate formula. (*You can learn more about these companies by visiting [www.prostateawarenessfoundation.org](http://www.prostateawarenessfoundation.org) and visiting the benefactors on our home page.*)

### The Team and Why They Were There

Jan Zlotnick, a member of the PAF team and a ten year prostate cancer veteran is also an RN. He had the added responsibility of medical support. We were fortunate to have him along. He was needed almost immediately as 75% of the men were felled by dysentery. Fortunately it was of short duration because of his careful planning.

Jan like many men diagnosed with cancer chose surgical intervention when diagnosed ten years ago at the ripe old age of 41. Sorry to say he is one of the 40% of men who fail this therapy within ten years of treatment. (Johns Hopkins University White Paper on PC.) He then had radiation therapy, which also was unsuccessful. He is now on ADT (hormone blockade therapy). Jan was particularly apprehensive about making it to the top. Men on this therapy suffer from fatigue and muscle atrophy. Jan expected at best to be at three quarters strength. He is always quick to say that he never had any symptoms from PC, just from the treatments!

Brad Neal had a special reason for joining the expedition although he does not have prostate cancer himself. He was there to honor his father, a fifteen year veteran of the disease. Brad has concerns about getting PC himself. Statistics indicate a much higher incidence among men whose fathers or brothers have the affliction. (Sorry to say, upon returning home Brad found that his brother had just been diagnosed, with a Gleason of 9.)

Ralph Lake, a recently retired senior engineer for Applied Materials was another PAF teammate. Ralph does not have prostate cancer and is taking steps to avoid it. His father died of cancer and his uncle has PC. His goal was to learn more about how to prevent PC while raising money for PAF.

Other expedition members included Art Shafer a prostate cancer veteran who had a radical prostatectomy. Art also has a pacemaker. He made the journey in a support capacity and did not summit. Bob Pugh a PC survivor who had successful radiation treatment. Doug Menelly, a veteran climber from our Mt Aconcagua expedition was back once again representing his father Mario. Mario has been waging a battle to survive advanced PC and has used both alternative and conventional therapies to stay alive. Bruce Hestad, the first expedition member to reach the summit, is a veteran of surgery, radiation and hormonal blockade therapy. Reviewing the treatment paths chosen by our PC veterans reminds me once again that there is no "magic bullet" or sure cure for prostate cancer.

## The Longest Day of Our Lives / Exhaustion and Triumph

It took us four long days to reach our base camp at 15,500' feet. Our next day's summit attempt would prove to be one of the longest most exhausting days of our lives. It was also probably the most gratifying. We started climbing before midnight so that we could climb the 4000' vertical feet to the summit while the loose rock was still frozen. We climbed an hour and then rested for ten minutes throughout the long night. There were other climbing teams attempting the summit as well. We continually passed climbers along the way who had succumbed to the high altitude and could go no further. You move very slowly at this altitude. Finally at sunrise we reached the crater rim at 18,300' after seven challenging hours. At this altitude, oxygen levels are only 50% of normal. Brain function slows to a molasses level! None of us had ever reached this height before. What a great feeling of jubilation as we took a fifteen minute break before pushing on for the hour and one half climb to Uhuru peak, the "Roof of Africa" at 19,341'. All of the PAF climbing team reached the top. We celebrated and held a tribute ceremony honoring those with prostate cancer.

The trek back to base camp proved to be a grueling experience. Glenn Weaver from PCRI wound up with cerebral edema and had to be evacuated. Gordon Lawson, a Canadian Chiropractor was diagnosed with pulmonary edema and spent two weeks in the hospital recovering. After a four hour decent back to camp, we found water in short supply and many of us suffering from exhaustion and dehydration. Hot soup and medical attention from Jan, Erdem, Joel and the expedition leader Tom Hyde slowly brought us back to life. This was for most of us the longest sixteen hours of our lives.

Two days later we found ourselves back in civilization. The feeling of accomplishment, companionship and the friendships we developed will never be forgotten. Would I do something like this again? You bet I would! We are heading for Yosemite National Park in September and the Prostate Cancer Climb and Gathering.

## FROM THE LIBRARY

By Ken Malik

### THE NUTRITION SOLUTION: A Guide To Your Metabolic Type

By Harold J. Kristal, DDS & James M. Haig, NC  
North Atlantic Books Berkeley, CA, 2002

There is probably nothing more controversial than proper nutrition except possibly religion and politics! This book provides an answer to the very real dilemma faced by everyone interested in diet and preventative healthcare: *which expert* – among so many widely differing opinions should we believe.

The basic tenant presented in this interesting work is that each of us is biochemically unique. But from that uniqueness certain patterns emerge that affect the way we metabolize the food we eat. The book explains eloquently why no one diet is right for everyone.

Dr Kristal, is a retired holistic dentist, and an early pioneer of what is now known as biological dentistry. His chapter on the relationship between dental health and chronic disease should be “must reading” for everyone battling cancer. Kristal is the developer of a testing procedure which evaluates blood, urine, and saliva to determine one’s specific Metabolic Type. He sets forth the interesting proposition that there is a proclivity for cancer among the Metabolic Type that has difficulty processing fats and proteins. This conclusion is drawn after having conducted over 4,000 Metabolic Typing tests.

The book has been a particularly important one to me personally. I have been eating for my personal Metabolic Type and consider it one of the cornerstones of my prostate cancer protocol. After an eight year natural healing protocol and no conventional intervention a recent biopsy indicates I no longer have malignancy in my prostate!

I would highly recommend this readable book to anyone wanting to use diet as an adjunct to their prostate cancer protocol.

(Dr Kristal’s clinic offers a special discount to PAF members and can be reached at 415-257-3099)

## The Alternative Side

### Watchful Waiting is a Full Time Job

Most urologists point out that no symptoms other than incontinence and occasional impotence are attributable to prostate cancer. However, I have experienced sporadic and alarming aches and shooting pains in the groin, testicles, penis and abdomen. Over a year ago, I went to a urologist after a PSA test that showed an elevated reading. I was rushed into a biopsy and told that I had a life threatening cancerous tumor (it had not penetrated the capsule!) I was given two weeks to schedule urgently needed surgery. The doctor did not go into great detail about my condition. He did, however, clearly explain that he was an expert in this field and was prepared to operate! The biopsy pretty much destroyed my orgasms for eight months. I’m now pretty much back to normal function.

I went for a second and third opinions at the most prestigious medical center in the area. The biopsy result was upgraded from a Gleason 3+4 to a more aggressive 4+3. I learned from several surgeons that surgery was considered to be the “gold standard”. I learned from a radiologist that radiation was the smart approach for my condition. I don’t believe in toxic therapies so I decided to pass on a visit with an oncologist.

It seemed to me that a holistic approach was the best option for me to heal my immune system and prostate. With the help of a team of health professionals, I made sweeping changes to my diet and began taking a number of supplements. I began a weekly regiment of colonics, acupuncture, counseling, massage, chiropractic, Qi Gong and energy healing. I began an exercise program with an emphasize on walking. I quickly lost 40lbs and my sleep apnea and chronic reflux disappeared along with several other longstanding problems. I focused on non-toxic protocols such as laetrile, oxygenation, and ozone therapy.

I joined a well recommended support group. Their focus was on conventional healing. I ultimately left because of the groups unwillingness to consider alternative options.

Is it all working? I look and feel pretty good despite my symptoms. If nothing else my cancer is not gaining. Repeated ultrasound scans show no change in tumor mass. My PSA has dropped about 15%. I continue to work on tightening up my diet and plan to put some emphasize on balancing my blood ph.

I continue to read extensively on the subject of prostate cancer. I cannot escape the feeling that the National Institute of Health, American Cancer Society, and the American Medical Association do not seem particularly interested in finding a cure that is not on their own terms.

Since I have chosen not to tell my family or associates that I have cancer, I am using the pen name – “Marin Male”

## News from the Mainstream

### Recent Developments You Need to Know

By Jan Zlotnick, R.N., M.Ed., Ed.S

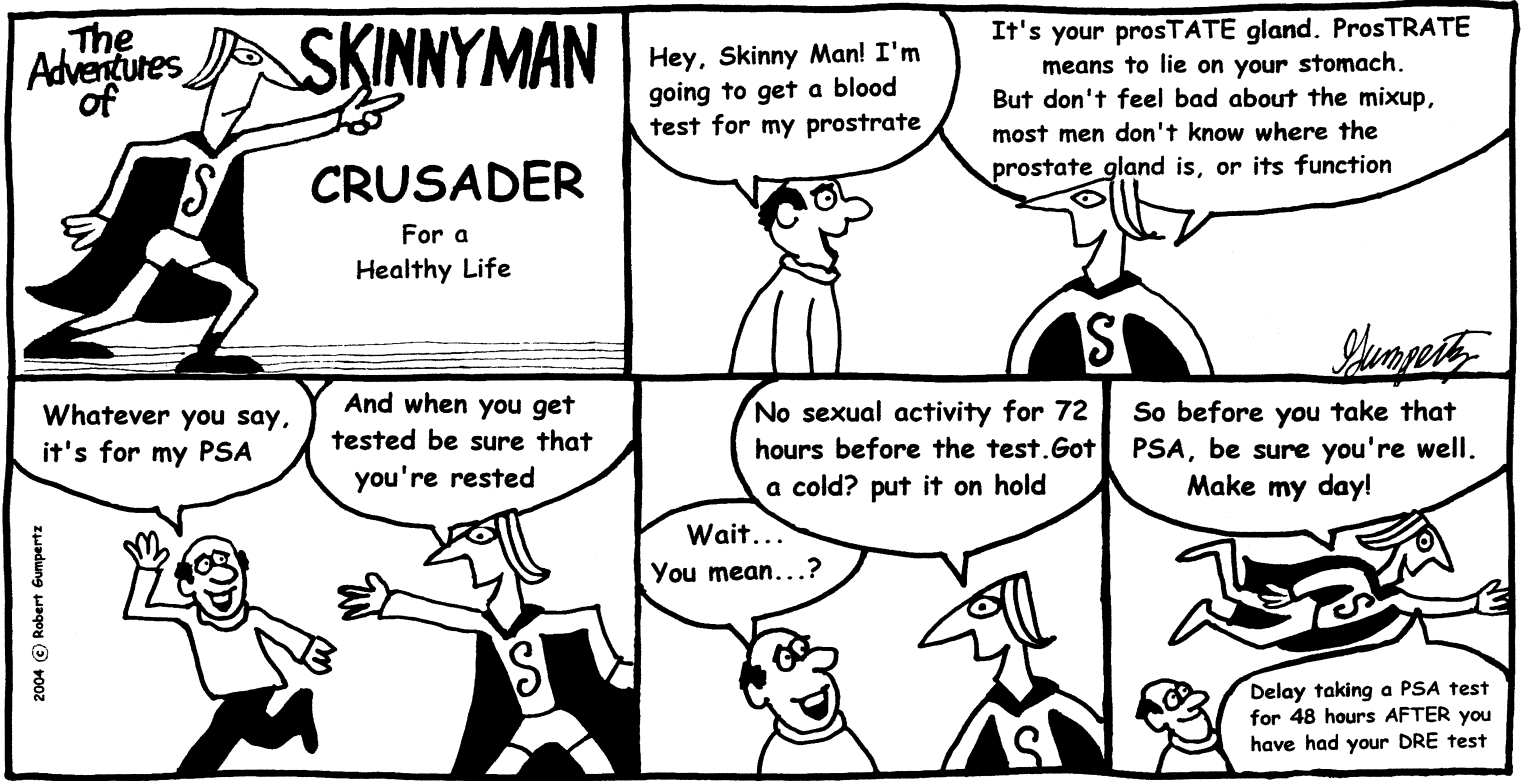
There has been plenty of good news from conventional medicine in recent months. Many studies have been published in respected journals that both validate the integrative approach promoted by PAF and simplify what men should do to maximize their health.

First of all, obesity has been implicated as a risk factor for prostate cancer (PC). A study reported in the *Journal of Clinical Urology* found a 60% greater chance of recurrence in overweight men. Men who stay or get slim have a greater chance of staying cancer-free. This dovetails nicely with research on other illnesses, which is increasingly implicating obesity as a risk factor. Exercise and a diet that emphasizes fruits, vegetables and whole grains are mainstays of an integrative approach to both proper weight and good health in general. So, it is becoming increasingly apparent that the same lifestyle that keeps away heart disease, stroke, back problems and diabetes, to name just a few, also is likely to reduce prostate cancer risk.

High fat consumption continues to be vilified by the scientific community, and not only because it promotes obesity. A study published in the July 2003 journal of *Clinical Cancer Research* found that mice fed a low-fat diet had slower PC tumor growth, even when they ate the same number of calories as the high-fat group.

In a related study, researchers at Johns Hopkins and the University of Michigan have identified the fatty acids in beef and dairy products as elevating one of the most common biological markers for prostate cancer. While the protein (casein) in dairy remains controversial as a risk factor for PC, the fat in it is yet another factor implicated in numerous common illnesses, especially cardiovascular ones like stroke and heart disease. Here again, similar dietary habits promote both prostate health and overall health. At PAF we also caution against conventionally-raised fowl, which are given copious amounts of hormones, antibiotics, and other chemicals. Splurge on organically-raised chicken for that occasional meat treat. And don’t forget to take the skin off!

Speaking of dairy, a study published last July by the American Association for Cancer Research found that while high calcium intake (greater than 2000mg/day) modestly increased PC risk, dairy intake itself did not. Overall, the data seem to indicate that non-fat dairy products may be all right in an otherwise balanced diet, but calcium supplements should be taken with caution.



PROSTATE CANCER CLIMB

HIKE & GATHERING  
YOSEMITE  
September 19-24, 2004

Prostate Self Help  
PROSTATE AWARENESS FOUNDATION  
2166 Twelfth Avenue  
San Francisco, CA 94116

