

# **PROSTATE ORGASM, PROSTATE CURE**

**BY PLATO ROSINKE**

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*This book is dedicated to my parents,  
Bruno and Hedwig Rosinke  
who are the greatest parents in the whole world.*

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All Taoists past, present and future.

**In memory of:**

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1683—?

*Wilhelm Reich*  
1897—1957

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## **FORWARD**

I maintain that prostate cancer is a blessing in disguise. It is nature's way of drawing our attention to something so critical to the survival of the human race that it kills those who do not pay attention to it. I am of this view because the path one must walk to heal the prostate gland is a path which holds promise for the healing of man's collective sexuality and the closing of the ever-widening rift between men and women on this planet. I also maintain the optimistic speculation that this path will promote a smoother exodus from the shackles of patriarchy than the pandemonium that we currently find ourselves in, and return us into the embrace of a matriarchal society.

The source of today's conflict between men and women is rooted in the fact that women have collectively embraced a matriarchal stance with respect to issues of sex and paternity while opting to continue to reap the benefits of the remaining pillars of our present patriarchal structure. In short, modern man has been cuckolded not only in the bedroom but in the broadest of socio-economic terms.

In a matriarchal system there is no marriage. The children produced are raised collectively by the men of the system (often the tribal unit) and nobody is aware of the true paternity of any one child except *maybe* the mother.

Anthropologists refer to this prerogative of the female as “the 1st law of matriarchy.” In a patriarchal system a woman gives up this sort of sexual freedom in exchange for a marriage contract whereby she becomes the exclusive sexual property of her husband and thereby guarantees the paternity of her child (at least in theory as recent DNA research has determined that a staggering amount of children are *not* from the woman’s lawful husband).

Why would any woman enter into such a contract? Why would any man desire such an arrangement? Before I answer these questions, let me say that *there is a lot of debate as to what is the natural range of human behavior with respect to pair bonding and mating*. Some will point to ducks and geese which mate for life while others will point to bonobo apes who engage in constant recreational sexual activity. Both groups will apply their natural observations to the human realm in order to validate their

respective cases. Now, those who point to birds no doubt have a deeper connection to their own reptilian brains while those who point to apes no doubt have a deeper connection to their own mammalian brains. Humans, of course, have 5 brains: reptilian, mammalian, “human,” abdominal, and heart. For example, recent scientific studies have found that the intestines and heart are loaded with brain cells which explains such cliché expressions as “I feel it in my gut” and “listen to your heart.” With so many brains at our disposal, isn’t it a wonder we are capable of making any sort of decision at all?

Now, *there is also a lot of debate with respect to how we shifted from a matriarchal culture into a patriarchal one.* Keep in mind that most people are *unaware* that a matriarchal cultural model ever existed, and often the mere mention of a female-ruled society conjures up possibly pornographic images of giant amazon women dominating hapless western explorers. Let’s be clear about one thing: *matriarchy is not about female domination.* Anyway, Reichian scholar James DeMeo in his masterpiece “Saharasia” suggests that the shift from matriarchy to patriarchy began in Mesopotamia and coincided with the rapid desertification that fell upon this once

lush jungle region between the Tigris and Euphrates rivers in what is present day Iraq. Nobody is sure *exactly* what promoted the rapid change in climate, although some have speculated that it was the result of a pole shift. I personally believe that this is what happened and I also believe that those who suddenly found themselves in desert regions were in fact the *survivors* of this pole shift, because humans would not *willingly* journey into an area where they would be confronted with the sudden, severe and inescapable malnutrition that DeMeo then proceeds to blame for the ultimate transition towards patriarchy. How did malnutrition drive humans into the stern arms of a patriarchal cultural model? Well, DeMeo goes on to postulate that malnutrition caused stunted development in the formation of human skulls across the entire social spectrum, which in turn resulted in a perpetual state of psycho-sexual retardation in the human organism—and patriarchy sprung forth and continues to be maintained by this perpetual state of psycho-sexual retardation.

For example, cranial malformation will result in a decreased capacity for a human being to experience orgasm and promote an over-reliance on the possessive reptilian brain-stem to better its

chances of survival. There will be little room for love, empathy, or higher human functions to express themselves. The classic work “Nutrition and Physical Degeneration” by Weston Price, DDS would offer a lot of supplemental support for the theory put forth by James DeMeo, as would the modern-day practice of Neuro-Cranial Restructuring as invented by Dr. Dean Howell (more on him in a later chapter).

Either way, no matter how patriarchy rose to dominate the human social landscape, we can safely say that an irritating grain of sand (the possessive reptilian institution of marriage) ended up in the oyster of our collective sexuality and this inadvertently produced the pearl of economic “progress.” How so? Well, first of all patriarchy did more to provide a foundation for and to promote the concept of property rights than anything else in human history, and second, the inability of sexual energy to flow freely from dalliance to dalliance (as it would in a matriarchy) goes hand-in-hand with all manner of neurotic dysfunction, misdirected ambition and twisted invention—the most *deadly* of which is technology. Technology lies at the root of the catastrophic overpopulation problem we face today, for it allows for a “wisdom-free” model of a human being to

replicate itself ad infinitum. Technology also allows for psychotic individuals (who are often the only ones attracted to positions of power and influence to begin with) to leverage narcissistic control across populations at large. Even worse, specific technological applications like genetic engineering run the risk of castrating mankind's spiritual development by destroying the natural state of our glandular system which houses the entire human potential inside of it.

Technology, much like other forms of power, belongs in the hands of those who have wisdom. Unfortunately, modern man has no wisdom. Take a look at our politicians, our corporate captains of industry and our men of science—most of them are dysfunctional to the core yet wield enormous power. While a river may run pure at the source in the realm of nature, in the human realm “shit always flows downhill.”

See, it is my speculation that we could have at least had a decent shot at a smooth transition out of the shackles of patriarchy were it not for the communists, the feminists and the other social malcontents who irresponsibly poisoned the river of the social

mind via their influence in education and in the media. Utterly selfish, they thought nothing of the disastrous consequences of seducing women into embracing the 1<sup>st</sup> law of matriarchy inside of a patriarchal social structure. They only sought to destroy a system they felt didn't meet their own entitlement needs. Feminists, for example, are most often women whose beauty is not desirable in the marketplace to begin with. Communists lack individual force of will and have lost "the game of life" by forfeit unless they seize political power via the instigation of a "revolution." Basically, both groups have an axe of social disenfranchisement to grind. The consequences of their sabotage of the educational system and the popular media have not been wide-spread social revolution as they *consciously* claimed they desired, but rather wide-spread social suffering as they clearly *subconsciously* desired.

How do we know what they *actually* desired? Simple! We look at the results they achieved! I call this method of mine for uncovering evil *The Gorgon Shield*. It can also be used to root out your own subconscious agendas which may be sabotaging your conscious dreams. If you remember the Greek hero Perseus, he was only able to chop off Medusa's head by gazing upon her reflection in a

mirrored shield, for to gaze upon her directly would have turned him to stone. To “turn to stone” is a metaphor for being frozen and incapable of action, and looking upon true evil directly always renders you incapable of action because when evil discerns it has been spotted its first defense is to fragment your single-minded intention to destroy it by interfacing with your conscious thought process and sowing seeds of internal conflict using the tools of fear and self-doubt. Sinking in a sea of self-doubt, the aspiring agent of justice may even find himself doubting his assessment of evil’s very existence! The only way out is to use *The Gorgon Shield* and *invert cause-and-effect!* In this manner you will be able to discern true from false by discerning intentions via the examination of results.

Also, remember that true evil is often invisible because it is yin in nature as opposed to yang. The only way to see that which is invisible is to track the shadow that it casts, and *the shadow of the cause is the effect!* So keep in mind that the mirrored shield of gorgon-slaying myth is nothing more than the inversion of cause-and-effect and that *this* is the wisdom hidden within the myth of Perseus slaying Medusa.

Anyway, thanks to the feminists and communists who would force equality on everyone by chopping the wings off those who would fly, our sabotaged social order has set sail directly against an iceberg of sexual entitlement issues—issues that the social malcontents didn't have the guts to tackle in their own tormented souls.

Today's American woman is currently able to enter into the contract of marriage knowing full well that she can and will break said contract at any time if she so desires. Breaking this contract via divorce results in an enormous financial windfall for the woman yet it often results in financial destruction/enslavement for the man. It doesn't matter if the man has a prenuptial agreement as prenuptials are mostly declared null-and-void by biased judges. The facts are in, and they reveal that over 60% of marriages in the United States end in divorce and that most divorces are initiated by women!

Still, women deviously continue to perpetrate the ruse of romantic love in their own self-interest while simultaneously dividing men into "suckers" and "fuckers" where the "fucker" is the lover (and often the real father) and the "sucker" is footing the bill while under the illusion that there is actually such a thing as romantic love.

However, women really have no choice but to cheat men like this, for they themselves have been cheated by the aforementioned army of social malcontents into embracing the 1st law of matriarchy in droves when there is in fact *no corresponding matriarchal support system* to ensure the “liberated” woman and her offspring’s socio-economic survival – other than twisting the patriarchal system to their own ends in the divorce and family courts!

It is very important to keep in mind that women have an inherent biological drive to seek out what is best for the propagation of the species, and what is best for the propagation of the species is rarely found in *any one man* any more thanks to our patriarchal ways! In other words, the men most capable of providing the best genetic material are usually not the men most capable of providing the best options with respect to socio-economic survival.

See, it *used to be* that what was best for the species was found in one man, but then along came patriarchy and resultant economic progress, and suddenly men who “wouldn’t last ten seconds in the jungle” were at the top of the social order! Sure, it made *socio-economic sense* to marry these men, but it didn’t make *biological*

*sense* to procreate with them even if women *were already having sex with them in order to ensure their own socio-economic survival!* This is actually what the movie “King Kong” is all about and now you know why the film is so popular with modern audiences.

So you can't blame women for their actions. Modern females are *fundamentally insane* because they exist inside of a catch-22. To add insult to injury, women instinctively look to men for direction in life and the men are not providing any! Then again, *for the most part* those men who could provide direction have been banned from the halls of power and condemned to ride about on motorcycles or live out their “alpha scripts” without social reward *except* for the periodic opportunity to inseminate (on the sly) the “property” of those in the halls of power! In a twisted sort of way, we should thank god for women who cheat their husbands into raising another man's baby! Where it not for these women, all passion (and other survival traits) would have long been bred out of the human race for within a few generations nobody would ever match up against another's genetically programmed “attraction filters.”

Let me repeat myself: don't blame women or expect them to solve this Goliath of a problem society is faced with today. They are the weaker sex and *it is the responsibility of men to make things right*. Don't think women are the weaker sex? Do you believe that "the goddess" will save us?

One time I overheard some woman boasting of her wide-array of sexual experiences and the fact that her husband was not aware of them. I asked her why she had never told him about them and she responded snottily "It is none of his business." I then asked her: "How can your relationship be 'real' if he doesn't know all about you sexually?" She replied condescendingly, "He wouldn't be able to handle it."

Disgusted by her gloating, I enlightened her to the fact that her husband was bothered by her past *only* because he himself never had the opportunity to have such a "free time" as she did. I pointed out that if she truly loved him and was truly sexually confident and complete like she claimed, then she would do whatever was needed to make sure her husband acquired the same level of sexual completeness that she professed to own. She may

bring home other women, for example — whatever it took. Once they were on the same level sexually, then she could relate her past to him without upsetting him, and their love would be realized as an uninhibited exchange of energy!

When I said this, the rage came out of this woman, for I had exposed her for the small-hearted, controlling person that she was. Love for her was all about need-fulfillment, and the only need she needed to fulfill was the need to feel sexually superior to another because she herself was orgasmically impotent no matter how many penises had been inside of her.

See, cheating *is not about* having sex outside of your present relationship nor is it the act of hiding said behavior. Cheating is going out and getting sexual fulfillment while preventing your partner from fulfilling his or her needs. It is abusive, controlling, and reflective of someone with a very small heart. Sadly, women are most guilty of this. Once again, I am not suggesting you blame them for it. Women are just too emotionally underdeveloped to make things right in society. Another case in point is that I have seen plenty of married men allow their wives the freedom of an open

relationship (possibly because they were afraid of being financially raped in the court system), but *never the other way around*—at least not if the woman actually loved the man.

Some will argue that women simply thirst for revenge after centuries of abuse and that the current suffering of men at their hands is just karma. Maybe so. Either way, marriage is a dead institution and I sometimes wonder who will raise the kids when marriage is officially out-of-fashion? Patriarchy has conditioned men to the belief that the act of raising another man's child is the greatest shame, and without a tribal context how could children be raised by men on a collective level? There is just not enough love as things currently stand. Unless men lead the charge and grow up spiritually and inspire women to follow suit and embrace the aspects of matriarchy that are *beyond* "sex with whomever you want," children will inevitably end up being raised by the state like you see in some science-fiction films. What a cold and loveless world it will be!

Men will have a tough time carrying out their mission. There is an acceleration in reptilian brain activity in the female of the

human species these days. I don't know why this is so, but I have a wonderful story to demonstrate my point. One time there was this woman who was very attracted to me. She used to see me on the train and giggle to her friend. So one day I asked her what her name was and it was "game over" as things got really weird and I could swear I heard screeching tires and the sound of two cars hitting into each other. I didn't understand what happened until I made friends with a famous pick-up artist who informed me that asking a woman her name is a form of supplication (communicates weakness on a reptilian level) and puts me in the "chump" category. He informed me that only a loser would ask a woman her name while a winner would have launched a conversation so interesting that the woman would have been begging for his name. Wow, to think that a woman's attraction can be turned off so fast by so simple a question! Needless to say, I never asked a woman her name ever again.

Yes, men will have a *very* tough time carrying out their mission. In writing this book, my aim is to get men to see that prostate cancer is really nature's brilliant way of directing us onto a particular path that has the best chance of resolving the conflict between men and

women because otherwise it will be “curtains” for our species. This path is the path of prostate orgasm, for via prostate orgasm a man can be equal to a woman on the orgasmic level, and since a man is inherently free from the emotional tyranny so common to a woman, he may just be able to harness this expanded orgasmic awareness and shoot beyond his reptilian programming into the realm of his heart. With new-found compassion for women in his heart, may he take them by the hand and lead them out of the deserts of patriarchy and back into the lush jungles of matriarchy. The promised land. This is the responsibility of men, and nobody else.



## INTRODUCTION

Prostate cancer knows no lines, no boundaries and does not choose favorites. Second only to skin cancer as the leading cancer among men, prostate cancer is a formidable foe. Each year at least 200,000 men are diagnosed with prostate cancer while another 45,000 men die from the disease.

The probability of a man getting prostate cancer rises steadily with age. One in 10,000 men will be diagnosed with prostate cancer between birth and 39 years of age; one in 45 men will be diagnosed with prostate cancer between the ages of 40-59 and one in seven men will be diagnosed with prostate cancer between the ages of 60-79 years of age. Despite these grim statistics, the annual mortality rate for prostate cancer is dropping. This is mainly due to the promising research taking place determining both the cause of prostate cancer as well as new treatments that can provide hope.

The problem is, none of the treatments for prostate cancer work (neither do the treatments for prostatitis, prostate enlargement, etc.)

*in the sense* that they will return you to the state of a whole and fully-functional sexual being. What I mean is, if you have prostate problems, you may be looking forward to such tortures as radioactive seed implantation, or getting your prostate cut out entirely which may render you sitting around wearing diapers and unable to achieve an erection. I have even had one individual tell me that his doctor had wanted to cut off his balls, claiming that his testosterone production was feeding his cancer! While there is merit to the claim that testosterone feeds prostate cancer, cutting off a patient's balls is a lot like throwing the baby out with the bathwater, don't you think? Then again, what do I know? I am not a doctor.

Given my standing in society, I am still of the personal opinion that the prostate can be healed without western medical intervention assuming that the cancer has not spread into the bones or elsewhere into the body. I base this opinion of mine on the fact that many men have prostate cancer by the time they reach a certain age and remain unaware of it. "Natural causes" often beat prostate cancer to the punch, you see? So, if a man can walk around with prostate cancer for years and not be aware of it, why can't a man just become aware of his prostate and actualize its full orgasmic potential? Could

prostate cancer survive in the same space with prostate orgasm? That is my thought, and in no way am I encouraging any man to take prostate cancer lightly. Rest assured that it is a very deadly form of cancer. Once the cancer has spread into the bones one is in deep trouble, because the bones are the deepest level of the human body. As a matter of fact, the danger of sickness entering the bones of a human being is one of the reasons that truly knowledgeable practitioners of Chinese medicine frown on young people taking ginseng, for ginseng has the tendency to drive a simple cold into the bones where it will ferment for years—only to emerge one day as something potentially unstoppable.

Speaking in terms of prostate problems in general and not limiting our discussion to the topic of prostate cancer, the point to keep in mind is that *nearly all men past a certain age have a prostate problem*, they are merely numb to it — or else have gotten used to it and accept their experience as a natural consequence of aging. Given the spread of the problem, their experience is in fact quite normal indeed!

However, those men who are “blessed” to have “lazy” cancerous cells in their prostates are not on easy street by any means. They often

suffer from the same symptoms as those who are merely afflicted with prostatitis and prostate enlargement. Trust me, having a catheter jammed up your urethra in order to take a piss is no picnic. Neither is getting up several times a night to urinate, or experiencing a burning pain when you ejaculate. That is, if you can get an erection to begin with! Yes, prostate problems often cause impotence, premature ejaculation and a host of other sexual problems.

Prostate problems are not the domain of “old” men either: More and more young men are developing serious prostate problems and in my opinion this is thanks to the prohormone supplementation craze started by the fitness industry and the excessive hormones in the meat which we over-consume. Add to this biochemical imbalance the social curse of on-line pornography that encourages men to over-ejaculate and abrade their prostate glands and presto — we’ve got a recipe for disaster we’ve *only begun* to harvest.

”Over-ejaculate?”

Yes, I can hear the uproar already. For years the general public has been fed this image of the celibate priest who develops prostate

cancer, or been exposed to the more recent Japanese study that demonstrated that frequent ejaculations decreased the odds of getting prostate cancer. They've responded to this input by jacking-off as much as possible, but what people overlook in their lack of wisdom is that there is an *optimal frequency* for ejaculation that varies from person-to-person depending on such factors as age and constitution — and believe me, the optimal frequency is never 5+ times a day!

Still another myth is that “passive” gay males never get prostate problems since their prostates are always being “massaged” by another man’s penis. The fact is that gay men are especially vulnerable to abrading their prostate glands from over-usage.

Wisdom dictates that one should never pursue any activity to excess, but if we heeded the dictates of wisdom we would have rounded up all the on-line pornographers years ago and spent a few pennies on bullets and pine boxes before depositing them in a “potter’s field” somewhere. Don’t get me wrong—I personally love pornography as much as a smoker loves smoking but while no smoker actually *believes* that smoking is healthy for them, the

great majority of those who consume pornography believe their pastime to be a healthy avenue of sexual expression. Wilhelm Reich once wrote that pornographers and those involved with it have more issues with sexuality than those who are uptight prudes. The answer to sexual repression is never sexual exploitation. The answer is orgasm. Pornography promotes an orgasm-less frenzy of frustrated ejaculations that degrade a man's mind, body and spirit and usher in the specter of female domination. While I am all for a matriarchal society, a female dominated society is simply *not* a matriarchal one!

Anyway, regardless of your sexual proclivities this book may offer the solution for you. If you are lucky enough to be reading this book at a young age and you apply the knowledge contained within it, then you may be able to prevent any prostate problems from ever occurring in the future. This is my opinion.

If you are older and apply the knowledge contained within this book, I'd like to think that you will solve your prostate problems, whether they be the early stages of cancer or simply the more common and "benign" conditions known as prostate enlargement or

BPH. I put “benign” in quotation marks because ultimately there is no running from prostate cancer. One in five men will develop the disease, and it can be generally be said that if you live long enough, you will develop prostate cancer.

Let me rewind for a moment to remind you that when I am talking so flippantly about prostate cancer I am talking about the *early stages* of prostate cancer. The reason prostate cancer is so deadly is not *only* because it usually goes undetected until it is too late, but because the prostate gland sits at the base of the spine which allows the cancer in the prostate easy access to the spinal marrow. The prostate gland is also sitting in a nest of pelvic lymph nodes. This allows the cancer easy access to the lymphatic system. Once prostate cancer makes the jump (called metastatization), you are in serious trouble and beyond the scope of this book’s well-meaning suggestions. You need to see a doctor immediately! At that point I would still recommend exploring alternative points of view such as are presented in the works of Sam Biser or put forth by the Hoxsey Clinic in Mexico — but I only recommend exploring these alternative points of view after a trip to your doctor! I am telling you to visit a doctor because I am just an

author and a philosopher and nothing in this book should be taken as a substitute for qualified medical advisement.

Look, no matter the condition of your prostate gland, after reading this book it is imperative that you take a trip to see your urologist and have your prostate scanned via diagnostic ultrasound. Have your testicles scanned as well! Diagnostic ultrasound is the “gold standard” of urogenital diagnosis which allows doctors to literally see inside of your body. It is non-invasive. It is painless. If you have a decent HMO it will probably cost you around \$20.

Now, I am tempted to tell you that after the ultrasound you should get the hell out of your doctor’s office but that would be irresponsible. I mean, you should always listen to your doctor’s advice, but I feel really terrible about any man succumbing to a “roto-rooter” job (T.U.R.P.) or getting a cold and clinical finger shoved up his ass. It just isn’t necessary in my opinion. I also feel that western medicines are replete with side-effects. See, western medicine is wonderful if you get your hand chopped off and need it re-attached but when it comes to other things, well... Furthermore,

I am of the opinion that the modern medical machine is dominated by greed and rules with fear. My thought is that most people are so conditioned to worship doctors as gods, that when they hear that they have prostate cancer they immediately succumb to the solutions their urologists suggest. In my view, solutions that may leave you impotent or incontinent are fucking insane. I'd rather you got with a program that put you on the path to prostate orgasm and mastery of your sexual potential then victimized by a butcher with a medical degree.

If I were diagnosed with the early stages of prostate cancer, the way I *personally* would choose to look at it is that I probably wasn't going to die tomorrow. So, I'd give myself a little time to work with what is in a book like this one. Like, I could always get my prostate cut out or get it irradiated next month. Right? But once my urogenital system has been damaged, there is no going back. It is just a different sort of death. Kill a human's ability to enjoy sex and he is as good as dead on a spiritual level.

According to Dr. William Fair of the Memorial Sloan Kettering Cancer Center in New York, men have been reluctant to openly

discuss this issue because it remains an intensely personal one. The possibility of incontinence and impotence speaks louder than words ever could and serves only to hold men prisoner within the fear that these possibilities create.

I was having a conversation with a woman the other day that illustrated the dynamic Dr. Fair speaks of. She had pain in her ovaries and I told her to go see a doctor and get them checked. She replied that she didn't want to know, and would rather just die than get cut apart.

The problem with this logic is that it is based on the assumption that the only thing to do if it turns out that there is a problem is to "go under the knife." It seems to me that there are plenty of alternative treatment options for many situations where surgery would be advised, yet people are always looking to their daddy, their doctor or their deity to make everything right instead of taking responsibility for their own fortune. The notion of prostate or ovarian cancer is *so* awful with the notion of *any chance* of treatment failure *so* unacceptable that people often rather hedge

their survival on “archetypes.” I’ll offer forth the notion that you don’t *have* to end up the way your fears would suggest.

It is a shame that prostate cancer gets so little attention given the body count it has produced. From 1990 to 1997 the National Cancer Institute spent \$1.8 billion on breast cancer. Only \$376 million was spent on prostate cancer. However, I am not surprised given the extent that anti-man feminist ideology has penetrated (pun intended) our society. Men are routinely portrayed as slack-jawed, inept morons on television shows and in commercials. They are emotionally and financially devastated by divorce and child-custody proceedings. It is a very sad time to be a man, and one of the many reasons I wrote this book was to do something for my fellow man because it seems to me that our spirits are following the inexplicable drop in planetary testosterone levels.

Unfortunately, many men may still take their chances — feeling that if they ignore it, prostate cancer will never knock at their door. For them I would like to say that living in a dream world is something that women do. Men face reality and change it.

The strategy of ignoring reality may bring initial comfort, but it definitely brings long-term misery.

The sad truth is that many men are held prisoner within their own belief systems. Much like they have been programmed to worship doctors, they have been programmed to believe that getting a prostate exam or a prostate massage makes them “gay.” While I believe that a digital (using the fingers) prostate exam is unnecessary, a proper prostate massage can be an orgasmic experience and boost your sexual performance with women. How is that gay?

In addition, is losing your ability to attain or maintain an erection due to the neglect of your prostate gland manly? Is ejaculating too quickly something that a “he-man” does? Wake up people. Being gay means that you are sexually attracted to other men. That’s all. If you aren’t sexually attracted to other men you can get thousands of orgasmic prostate massages and you will still remain sexually attracted to women.

Another irrational fear that men have is they are afraid that if they somehow admit the possibility of prostate cancer they may lose their

courage, strength and dignity. This fear may not be unfounded if they thoughtlessly succumb to the treatments offered by western medicine which may leave them soft and dribbling. Certainly such a state is not conducive to fostering a sense of personal dignity! However, if they follow the advice presented in this book they may get a whole different set of experiences *so please, make an appointment with your urologist and face reality.*



## PROSTATE CANCER BACKGROUND

Even though prostate cancer awareness pales in comparison with breast cancer awareness, prostate cancer is a disease that has received more attention in the last decade or so than in all the previous years combined. While prostate cancer is not a new disease, prior to the 1980's it was not a disease that was commonly discussed, or even a disease that many people had common knowledge of.

As with most types of cancer, prostate cancer begins when various types of cells within the body begin to grow at an alarmingly abnormal rate. Clumps of additional cells form what is known as a tumor. The presence of a tumor alone does not necessarily signal that there is a cause to be concerned about cancer. In some cases tumors may simply be benign, which means that there is no danger or risk associated with them. In other situations, however, tumors are cancerous and there is a definite need for immediate treatment.

Keep in mind though, that even if a tumor is benign, *it should not be there!*

With prostate cancer, the cancer begins in the prostate gland, which is found only in the male reproductive system. Younger men rarely are afflicted with prostate cancer although countless men under the age of 40 have tangible prostate problems even if they aren't aware of them.

Unaware of them? How is this possible?

Well, I am sure that you have heard stories of women taking classes in body awareness where they will take a small hand mirror and study their vaginas. Sounds funny, I know. However, women are less aware of their vaginas because their vaginas are inside of their bodies, while men are much more aware of their penises because they are outside of our bodies where we can touch and play with them—awesome! When you think about it, every time we urinate we see and touch our penis.

When it comes to our prostates, however, we are even worse off than women, because we can't stick hand mirrors up our assholes (most of us can't, anyway) and our abdomens are not made of a clear material like plastic or glass (thank heavens).

Anyway, generally speaking only males over the age of 40 should have any concern for developing prostate cancer and in reality 75% of all males who do develop prostate cancer have already attained the age of at least 65.

Still, the fact of the matter is that a prostate the size of a baked potato or riddled with tumors *took years to develop*. Don't wait until you are at that point to do something about the situation. I am not saying it is impossible, I am just saying that it is a lot of work at that point and you won't get results overnight. If your enlargement and/or suffering is more conservative, however, it is my opinion that you can expect relief in days and tangible results in months with the information contained in this book.

While some cancers spread very rapidly throughout the human body, prostate cancer grows at a much slower rate. However, one of the most frightening dangers involving prostate cancer is the risk of cancer cells that originally began growing in the prostate entering the bloodstream or bones. If this occurs, it is likely that the prostate cancer will affect other areas of the body as well, such as the lymphatic system and possibly other organs such as the lungs.

The purpose of the prostate gland is to produce semen. Although it is referred to as a gland it is only partly glandular. The rest of the organ is muscular and is located directly below and around the urethra as well as in front of the rectum. About the size of a chestnut or walnut, the prostate gland is similar to a cone in shape and contains a distinct base and apex as well as an anterior, posterior and two lateral surfaces. The base of the prostate gland is directed upward, near the bladder. The apex of the prostate gland is directed downward, near the urogenital diaphragm. Due to the location of the prostate gland it is possible for part of the gland to be felt during a rectal exam.

The prostate gland also works in conjunction with the male urethra. The urethra is responsible for carrying urine from the bladder to the tip of the penis during urination as well as carrying semen during ejaculation. Part of the seminal fluid that is ejaculated during orgasm is produced by the prostate gland, while the remaining fluid is produced by two seminal vesicles. Smooth muscle tissue is also present in the prostate gland which serves to assist with expelling semen during ejaculation. Androgens, also known as male hormones, help the prostate to function properly. The main male

hormone, testosterone, is produced by the testicles and is critical to healthy prostate gland function.

Four zones make up the prostate gland. Among the four is the peripheral zone, which is where most prostate cancers begin. The peripheral zone of the prostate gland can be felt by a finger inserted into a man's rectum which is why the rectal examination of the peripheral zone of the prostate gland is considered so important. Although uncomfortable, it is the most accurate means of detecting early stages of prostate gland cancers, so it is very important to include the rectal examination during a physical exam.

A misconception about the prostate gland is that it is the "male g-spot." In fact, the prostate gland is the male uterus. The uterus and the prostate both start out their lives as the same undifferentiated tissues until the correct hormonal soup determines if the organism will be either male or female. The way this whole "male g-spot" mix-up occurred is that there has been so much attention in recent years paid to the female g-spot as "the ultimate female orgasm" that it became very convenient from a marketing stand-point to promote prostate massage as targeting

the “male g-spot.” The male g-spot is in fact the underside of the penis towards the head — the most sensitive area that triggers ejaculation. After all, a penis is just a vagina turned inside out.

Some of you may ask, “If the prostate is not the male g-spot, then how come some men derive such intense full-body orgasms from stimulating it?” Those who ask such questions are not aware that a woman achieves her most satisfying orgasms from her uterus when she is stimulated in the round pocket formed between her cervix (mouth of the uterus) and her vaginal wall. Incidentally, this is the only reason why women claim that “size matters.” After all, if the penis is not long enough for the vagina it happens to be penetrating, it will not reach into this deep area. In case your penis is too short for a particular vagina, then the solution is not to enlarge your penis with pumps, weights or some other stupidity that will cause permanent damage (if you have damage from such activities use authentic Leech Oil from Indonesia which will fix any circulatory damage), but to simply get your penis into a more compatible vagina! The same solution would apply if your penis were too long for a particular vagina. So yes, size does matter but not in the way that is commonly thought!

While we are on the topic of penis size let's talk about the issue of penile girth. Some guys with fat cocks and some women with really loose vaginas started the rumor, "It isn't about the length, it is about the girth." Once again, the truth is that a woman with a healthy hormonal balance always has a tight vagina. You can work your hand (plenty of silicone lubricant please) into such a woman's vagina and fist-fuck her but when you pull your hand out of her vagina it will snap right back into shape to grip your penis tightly no matter your girth.

Unfortunately, most women are in horrible shape with respect to their hormonal balance. In my opinion the two biggest culprits here are birth control pills and "morning after" pills which inhibit orgasm and create vaginal looseness by flooding the system with an excess of estrogen. Such women are horny yet cannot reach satisfaction with a level of orgasmic awareness beyond the clitoral. They often further exhaust their nervous system and smooth musculature with vibrating sex toys in futile attempts to achieve deeper orgasms. This leaves them totally non-orgasmic and suffering from female impotence — once again, a vagina is simply a penis turned inside out! So in summary, it isn't massive

cocks or childbirth that make a woman's vagina loose but rather an imbalance of hormones in her body.

But I have digressed too much here! Back to the male uterus itself—the prostate gland!

At times, the prostate gland may become inflamed. This health condition is known as prostatitis. This type of inflammation is generally due to the presence of bacteria, although there is a form of prostatitis in which there appears to be no bacteria present in or around the prostate gland. The prostate gland may also become enlarged when inflamed. When this occurs, the urethra is generally constricted and urine may not be able to pass through.

The patient suffering from an enlarged prostate gland may experience symptoms such as a difficulty in urinating or painful urination. In some cases, it may not be possible for the patient to urinate at all if the urethra has been compromised too much. If the inability to pass urine persists, doctors will have to insert a catheter up the urethra and into the bladder to drain out the urine. This is a humiliating and uncomfortable mess and is said to leave scars inside the urethra.

Patients may also experience such symptoms as burning sensations when they urinate, blood in their urine and painful ejaculations. However, if you have blood in your urine you may have a kidney problem and should seek the advice of an internist. A baseball bat across a kidney may only result in blood in your urine for a few days, but over years it may result in kidney failure. Get your kidneys checked out by a doctor!

It is said that abusing erectile dysfunction drugs may also result in blood appearing in your urine or ejaculate. I don't feel that there is a need to take any of these extremely popular prescriptions to achieve and maintain erections. In my experience there are four herbs from China which should be consumed every day which I have found to guarantee my sexual performance anytime, anywhere. They are legend, and it is said that they will also keep your hair from falling out, retard your aging process and keep you full of energy and happiness. More on them in a later chapter.

Like most other types of cancers, prostate cancer stands a better chance of being successfully treated if it is caught while still in the early stages. Unfortunately, this is sometimes very difficult

to accomplish due to the fact that prostate cancer typically does not cause any symptoms when it first begins to develop. By and large, prostate cancer is a slow growing and developing disease. This means that a man may have begun to develop prostate cancer years — even decades, before he begins to show any symptoms. For this reason alone, prostate cancer is very dangerous. Also, men are not aware of the deterioration in their sexual organs because the deterioration happens so slowly over a long period of time.



## PROSTATE CANCER CAUSES

Doctors and scientists diligently continue to search for a single factor that may cause prostate cancer. However, to date they have only been able to pinpoint several risk factors that may lead to the development of prostate cancer.

Too bad for the doctors! While this gland continues to grow throughout most of a man's life, I don't think it has to. The fact that the scientific and medical community have accepted this tendency as an inescapable fact seems to me a tragedy of epic proportions.

When one is a baby the prostate gland is amorphous — meaning that it doesn't have a definite shape. Rather, it is like a sort of “jelly.” What you need to understand is that as you age your prostate becomes harder and grows larger because it is amassing toxins until it ultimately becomes so stagnant as to be cancerous. The top toxin is DHT (a by-product of testosterone metabolism) or dihydrotestosterone.

I know that for some of you the word “stagnant” might seem a little strange when applied in this context because the word “stagnant” is often associated with water, as in the expression “stagnant water.”

Allow me to explain:

In traditional Chinese medical thought, your body is considered to have a certain quality and quantity of life force, or “chi” that can be said to flow in a manner that may be metaphorically compared to that of water. When this “chi” does not flow, it takes on the same quality as that of water that has been sitting in an old tire — breeding both mosquitoes and diseases alike. If you are not comfortable with the terms “chi” or “life force” because they feel “unscientific,” then think about the concept of “stagnancy” in terms of blood and lymphatic fluid that does not flow optimally.

The key to prostate health is to restore the “flow” in and around your prostate gland and to flush out all of the toxins — many of which were produced by your own body to begin with! You

see, it is very easy for the prostate to get clogged over time like a greasy sponge. This phenomenon begins at puberty, when your body starts to produce testosterone for the purposes of growth and reproduction. When this testosterone is metabolized, it produces a metabolic by-product known as DHT, or dihydrotestosterone. DHT is the #1 toxin that clogs up your prostate in addition to the hair follicles in your scalp. Can you say “hair loss?”

What is known about prostate cancer has led researchers to form some initial theories regarding prostate cancer cause stimulators, which back up the “DHT theory.” For example, it is currently believed that there is a high correlation between prostate cancer and the relationship of the prostate to the male reproductive system. Many years ago researchers noted that men who were castrated before they reached the age of puberty did not develop prostate problems, including prostate cancer. This observation has led to the link between prostate cancer and male hormones, especially testosterone.

Another example would cite a fairly new study that indicates that infrequent ejaculation may be linked as a prostate cancer cause. It

appears that the more times that a man ejaculates between his 20th and 50th birthday, the less likely he will be to develop prostate cancer. The research indicates that ejaculation appears to prevent the build up of carcinogens in the prostate.

Now before you bust out the porno mags read on!

The research was based on questionnaires that were completed by almost 1100 men younger than 70 years old who were diagnosed with prostate cancer and almost 1300 healthy males in 2003. *The research further indicated that the amount of times a man ejaculated during a week was significant whereas the number of times a man ejaculated in a given 24 hour period was unimportant.* This is a crucial point, because it reinforces what I said earlier about extreme behavior. Ejaculating multiple times within a 24 hour period is not only “unimportant,” but can result in abrading the prostate over a period of time. As I stated before, one should shoot (pun intended) for an *optimal* ejaculation frequency.

There is a second toxic aggressor your prostate must “square-off” with besides DHT. It is the putrid waste that may be sitting in

your colon! The back of the prostate gland facing the rectum runs the risk of getting clogged with a slew of toxins commonly found in fecal matter. This is because millions of Americans allow themselves to suffer the pains of constipation which promotes the accumulation of feces in the rectum. The only thing separating your prostate gland from your feces is the wall of the rectum itself. Why do you think the peripheral zone of the prostate is such a hot-bed for problems?

Prostate cancer also tends to run in families — similar to breast cancer. It can be passed on to you from either your mother or your father. A recent study at Johns Hopkins University indicates that if you have a father or brother who has prostate cancer, your risk for developing the disease is two times greater than for the average American man. The risk of developing prostate cancer at a younger age, when you are least likely to think of it, is also increased if prostate cancer runs in your family.

Furthermore, research indicates that there is a link between prostate cancer and breast cancer. Men who have family members with defective forms of the breast cancer gene BRCA1 are also at

an increased risk for developing prostate cancer. The first proof that a mutant gene can increase your risk for prostate cancer was discovered by researchers at the National Center for Human Genome Research and Johns Hopkins. There is already speculation that this study could ignite a race to discover the defective gene and to develop a test that could potentially determine whether an individual carries the gene.

Researchers have also noted that prostate cancer does tend to appear more commonly in African American men than men in any other ethnic group. While race appears to be a factor here, researchers are not sure exactly why this is the case. Black Americans have the highest instances of prostate cancer deaths, followed by Caucasians and Hispanics. In fact, African American men have the highest rate of prostate cancer incidence in the world. They also have the highest death rate resulting from prostate cancer. The incidence of prostate cancer is 66 percent higher among African American men than among white men. A recent study from the Walter Reed Army Medical Center indicated that PSA tests should be modified and interpreted differently to better detect prostate cancer in African American men.

It is further believed that genetics may play a role in the development of prostate cancer. Men who have had a male relative (such as a father or brother) with the disease appear more likely to develop prostate cancer themselves. Scientists continue to research other factors that they believe may play a role in prostate cancer risk such as diet, exercise, smoking and certain sexually transmitted diseases.

Further research also indicates that a virus often seen in the urinary tract without consequence may play a role in the development of prostate cancer. The BK virus was found in the urinary tract with abnormal cells, which indicates that it might be a prostate cancer cause. The BK virus has apparently been tracked in several cancers and it has also been studied in laboratory animals. The BK virus has caused kidney cancer in laboratory rodents. Although this isn't a telltale sign that cancer is imminent, it is an interesting finding. However, researchers who participated in the research are quick to point out that the development of cancer takes several steps. Therefore, prostate cancer evolves — it doesn't just magically appear. It takes time to develop from one abnormal cell.



# **PROSTATE CANCER SYMPTOMS AND DETECTION**

Because of the fact that prostate cancer is slow growing and can develop over a period of years, there may be no early prostate cancer symptoms. The lack of prostate cancer symptoms early in the development of the disease makes it difficult to detect and unfortunately many men will have already progressed to a later stage of the disease before it is detected. This makes life-saving measures much more difficult.

Because of where the prostate gland is located and its function, any prostate cancer symptoms that are present are most likely to be related to urinary or sexual function.

Among the symptoms and signs that men with prostate cancer are likely to notice first are the need to urinate more frequently and difficulty in holding in their urine. Men with prostate cancer may also notice that when they do go to the bathroom, urination is painful and causes a burning sensation. Erectile dysfunction and

painful ejaculation are also common symptoms of prostate cancer. As the situation progresses, the patient may begin to experience other types of prostate symptoms. For example, the patient may find that they experience weak or interrupted flow of their urine as well as a need to urinate more frequently than usual — particularly at night. Difficulty in starting urinating as well as a sudden inability to urinate may also be present. Patients may also experience pain or what feels like a burning sensation when urinating. Finally, men with prostate cancer may notice traces of blood in both their urine and their semen.

In some cases the tumor in the prostate gland may begin to break off into cells that spread to other parts of the body. Nearby lymph nodes as well as the blood may be affected by such metastasis as well as the bones in the pelvic area of the patient. In these cases there may be persistent pain in the lower back, hips or even the thighs. If this type of prostate symptom is present, it is possible the cancer has already spread to the bones of the pelvic region.

Currently there are two methods of prostate exam available. The digital rectal exam (DRE) and the prostate specific antigen (PSA) test.

The digital rectal examination is performed in the doctor's office by inserting a gloved and lubricated finger into the rectum. The purpose of this is to feel for any areas which may be irregular or abnormal. Usually, the doctor will only be able to feel one portion of the prostate during this type of prostate exam, so it may be necessary to have other types of prostate exams as well to conclusively make a decision regarding any abnormalities or disorders.

The prostate specific antigen blood test is a very simple procedure used to test for the presence of prostate cancer and only involves minor blood work so there is no need for a hospital stay or even for the use of anesthesia.

This prostate exam measures for an enzyme produced by the prostate by using a blood test. Usually a prostate specific antigen blood test can be performed right in the doctor's office or in a lab. The prostate specific antigen blood test is conducted by taking a blood sample from the patient's arm.

The technician will then expose the blood sample to an antibody that is known to attack prostate specific antigen and the amount of

prostate specific antigen present will then be measured. Normally, a prostate specific antigen range is between 0-4 ng/mL. Older men, however, do tend to have higher levels of prostate specific antigen.

The PSA prostate exam cannot be used alone to make a determination about prostate cancer, as PSA levels may also be elevated if there is an inflammation or enlarged prostate gland present. If PSA levels are high the doctor may want to repeat the test again or may decide that it is necessary to perform a biopsy in order to make a final determination as to whether the cause of the problem is related to prostate cancer, prostate inflammation or an enlarged prostate.

Due to the fluctuation of PSA levels and data that has been obtained from ongoing clinical trials, the American Cancer Society has updated its guidelines on prostate cancer screening. The ACS now recommends that both the PSA test and the digital rectal exam (DRE) be offered annually, beginning at age 50 to men who have a life expectancy of at least ten years. Furthermore, men who fall

into high risk categories such as African Americans and those who have a family history of prostate cancer begin at a younger age—say at age 45, for example. In some cases, it is further recommended that testing begin at age 40.

The most important fact regarding changes in PSA is a significant change over a period of time. In general, if your PSA advances more than 0.75 nanograms per milliliter in one year, this could be an indication that you have prostate cancer. There is a current belief that following PSA velocity could eventually help doctors make a more accurate diagnosis; possibly even at an earlier stage of the disease.

When following your PSA, try to remember that it's always a good idea to have your PSA performed by the same lab and with the same method to ensure that the results can be compared. Don't be immediately alarmed if your PSA does begin to rise. Ask questions first, "Has there been a change in the method used at the lab?" Keep in mind that ejaculation can also raise the level of PSA in the blood.

Some men believe it to be useful to chart their own PSA levels so that they can keep their personal records up to date. The PSA test is by no means perfect. If you do choose to chart your own PSA, there are also many things to keep in mind. This would include your age and rate of change. You can have a high PSA and not have cancer or have a low PSA level and still have prostate cancer. Also remember that your PSA level can remain low while your cancer continues to grow and spread.

In normal circumstances the PSA levels are usually low, however if they are high this *may* indicate the presence of prostate cancer. The ACS also now recommends that doctors inform prostate cancer patients that a PSA value of less than 4ng/ml does not necessarily guarantee that cancer is not present. This is due to the fact that up to 25 percent of men with the disease can have PSA levels of less than 4.

It is probably for some of these reasons that some doctors feel that the PSA test is useless and should no longer be used. Even the digital rectal exam can only tell you if the prostate is too large or too hard.

While prostate cancer is the leading man in the theater of prostate disorders, a prostate exam may also be needed to determine the presence of other disorders. Prostatitis is an inflammation of the prostate gland. This inflammation can be classified in three different ways. Acute inflammation of the prostate gland, which is caused by bacteria and may be accompanied by chills and fever, is known as *acute bacterial prostatitis*.

Other symptoms include pains in the lower back and rectum. A recurrent infection of the prostate, which is often associated with chronic urinary infection, is known as chronic bacterial prostatitis. Painful urination and genital pain may also accompany this form of prostate disease. A type of prostate disease in which there is no apparent bacterial infection, but where there is inflammation, is known as non-bacterial prostatitis. The most common symptom of non-bacterial prostatitis is difficult or painful urination. Antibiotics are the most common form of treatment for all three of these types of prostate disease.

Benign prostatic hyperplasia, often referred to as simply BPH, is an enlargement of the prostate gland that usually occurs in men who

are over the age of 50. This enlargement in the prostate gland can cause a gradual squeezing of the urethra, which makes urinating difficult and painful. Quite surprisingly, many patients of this form of prostate disease do not have any symptoms at all. Those who do experience symptoms may notice difficulty in starting urination, frequent urination as well as an increased frequency in awakening at night to urinate.

Because the urethra becomes blocked by BPH, the patient may experience repeated urinary tract infections. A sudden inability to urinate as well as bladder and/or kidney damage may also result from BPH. Men who are over the age of 50, have a history of prostate disease or who are of African-American ancestry may be at risk for BPH. This form of prostate disease does not always lead to prostate cancer. Although other forms of prostate disease may interfere with a patient's sexual function, BPH generally does not.

While many men who suspect they may have prostate cancer initially consult their family physician, they are usually referred to

an urologist, who is trained in diagnosing and treating all matters relating to the urinary system. A battery of tests including blood tests as well as a rectal exam can help the physician determine whether the patient does or does not suffer from prostate cancer. A rectal exam alone is often not enough to definitely rule out prostate cancer. An ultrasound and a biopsy may also be needed to make the final determination regarding a prostate cancer diagnosis.

Some studies now recommend that men who are at least 55 years of age have a yearly prostate cancer screening so should the disease develop, it can be caught in the early stages. In fact, the American Cancer Society recommends that all men age 40 and over have an annual digital rectal exam. If you're aged 50 or over, it's recommended that you have an annual PSA test in addition to a digital rectal exam. However, if you're African American or have a family history of prostate cancer, it's recommended that you begin all testing at the age of 40.

Such advice is critical and well-intentioned, as the further the disease progresses the less likely it becomes for the disease to be

successfully treated. In the final stages of prostate cancer, the disease is deadly.

It is critical to detect any type of prostate gland disorder or disease early in order to preserve as much urinary and sexual function as possible. Unfortunately, if men do not go in for an annual rectal exam, it may not be possible to make an early detection. Prostate cancer, in particular, is slow in developing which means that there are often no early symptoms to indicate that there is a problem. Prostate cancer may take years to develop. The average age of detection in most men is 72. The level of the cancer stage often determines which treatment options are pursued and how much function can be preserved. In the best case scenarios the patient will be able to retain all or part of their sexual function.

If the physician feels what he or she believes to be an abnormality during the exam, they may order a prostate specific antigen test to make a determination regarding the presence of prostate cancer. The presence of a higher prostate specific antigen level does not always indicate prostate cancer. Sometimes the prostate simply becomes inflamed due to bacteria that are present and this can

sometimes account for a raised prostate specific antigen level. In other cases, the prostate may be enlarged which can contribute to symptoms similar to prostate cancer as well as a raised prostate specific antigen level.

If the test is positive, the doctor will most likely need to perform a biopsy in order to make a positive or negative prostate cancer diagnosis. The biopsy is more invasive than the prostate specific antigen test and comes with more risks, however, it necessary to diagnose the presence of prostate cancer.

A prostate biopsy is a procedure which is utilized to remove samples from the tissue in the prostate gland for the purpose of examination in order to make a determination regarding a number of prostate problems. In a transrectal prostate biopsy a needle is inserted through the rectum. A prostate biopsy may also be performed by inserting the needle through the area located between the anus and the scrotum, known as the perineum. The transrectal prostate biopsy is the most commonly used technique. Once the tissue samples have been obtained, they are examined through a microscope to observe the presence of cancer cells.

Many times a prostate biopsy may be needed if the blood test known as a PSA has indicated that there is a high level of a particular protein present. The high level of this protein may indicate the presence of cancer. A prostate biopsy may also be performed when a digital rectal exam indicates that there is a lump or an enlarged prostate present.

If the doctor plans to do a transrectal prostate biopsy, they will usually order an enema the night before the test. Patients may also be required not to drink any fluids at least 12 hours before the prostate biopsy.

It is quite common for patients to receive a sedative that will help them relax during the prostate biopsy procedure. Antibiotics are also commonly used to reduce the risk of infection. Depending on how the doctor intends to perform the prostate biopsy, the patient may be asked to lie on their side, stomach or on their back with their feet in stirrups. A kneeling position may also be requested. A prostate biopsy usually does not take very long and patients are surprised that it can be accomplished so quickly.

A transurethral prostate biopsy is performed a little differently and most patients are requested to lie on their back with their feet in stirrups for this procedure. A general anesthetic is usually used to numb the area where the needle will be inserted. In this type of prostate biopsy a lighted scope is frequently used and will be inserted in the urethra. This lighted scope allows the doctor to see the prostate gland. A special instrument is then inserted into the scope and allows the doctor to cut small pieces of tissue from the prostate gland. This procedure is also fairly quick and rarely lasts longer than 45 minutes.

The least commonly performed prostate biopsy is the transperineal biopsy. In this type of procedure the surrounding area will be cleaned and a local anesthetic is used. If the patient requests it, a general anesthetic may also be used. The doctor will make an incision in the perineum. Bandages may be used to quell the bleeding from the incision. This type of prostate biopsy normally lasts anywhere from between 15 to 30 minutes.

With all three types of prostate biopsy, the patient will usually be asked to refrain from vigorous activity for at least several hours.

For a few days following the procedure, the patient may have some mild discomfort and may need to take a mild pain pill. The patient may also notice a slight amount of blood in their urine or semen — even up to one month following the prostate biopsy. Although this is quite normal, the patient should report immediately to their doctor if they experience any persistent bleeding, increase in pain, a fever higher than 100 degrees or if they are unable to urinate within 8 hours following the prostate biopsy.

As with any medical procedure there are risks related to a prostate biopsy. Although they are slight risks, the patient should still understand that there is a risk for an infection. An infection risk is much more common if the patient has undiagnosed prostatitis. In most cases antibiotic medication used during the prostate biopsy procedure will keep an infection at bay. There is also the chance of bleeding into either the urethra or bladder. A hemotoma, also known as a blood blister, may occur which will cause the patient to be unable to urinate. Although most patients who undergo a transrectal prostate biopsy experience some bleeding for a day or two following the procedure, there is a risk for persistent bleeding.

One of the most difficult parts following a prostate biopsy is waiting for the test results, which may take up to 10 days. The results of the prostate biopsy will be presented as either normal or abnormal. If the results are abnormal, they may indicate there were either cancer cells present or that it appeared there was an enlargement of the prostate gland present.

While most prostate biopsy tests are accurate, if there was not enough tissue collected, it may be possible that the test results are inconclusive. If this is the case, the doctor may need to order additional tests such as a bone scan, blood test or CT scan. Many men are reluctant to undergo a prostate biopsy because of rumors that it interferes with a man's ability to achieve an erection or will cause a man to become infertile. *While they say* that neither of these are true and that it is imperative that a man who experiences any symptoms related to prostate disorders have a prostate check and biopsy immediately—if needed, *I personally don't trust doctors.*

See, the urogenital system is very delicate and plain common sense says to me that running medical instruments up the urethra, or

making incisions into the perineum and prostate are just plain stupid and asking for trouble. Then again, this is based on my personal definition of plain common sense. My thought is also that people follow through with these painful and potentially damaging procedures out of fear.

If the test turns out to be negative, but there have been some prostate disorder related symptoms or the doctor believes there was an abnormality felt during the rectal exam, they may need to repeat the test. For example, the test results can sometimes be inconclusive if there was not enough blood drawn.

You may have the thought while reading this that doctors are really poking around in the dark. I feel it is better to take charge of your own prostate health with herbs and massages and rest easy with the belief that your prostate will be in perfect health if you only take care of it. I mean, if you don't smoke you have no need to go have tests done to see if you have lung cancer. Right? This is because you treated your lungs right by not smoking. Same goes for your prostate gland. My brand of common sense tells me that if you treat it right with daily

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ingestion of the correct herbs and frequent prostate massages that result in orgasm there should be no need to have doctors poking their fingers into your ass or running “roto-rooters” up your “plumbing.”



## STAGING PROSTATE CANCER

If you have prostate cancer, it is imperative for the treating physician to determine the level at which the cancer has progressed. This will help the treatment team determine the best plan for treating prostate cancer. In order to determine the staging of the disease, the physician may use multiple tests including a bone scan, CT scan and MRI as well as blood tests.

Grading refers to a way of classifying how the cancer cells look under a microscope. How they look can reflect how aggressively they may behave. The cells that look the most like normal prostate cells have clearly defined borders with clear centers. These are considered to be well differentiated or low-grade and less aggressive cells. Those that don't look like normal prostate cells are considered to be poorly differentiated or high-grade and more aggressive.

The Gleason Score is one of the more commonly used grading systems to report the way that cancer cells look as well as

the differentiation between the cells. It can also classify the tumor and how aggressively the cells can multiply. The Gleason grading scale goes from 2 to 10 and consists of the two most prevalent cell patterns (each pattern is graded 1 to 5) added together. For example, 3 + 4 would give you a Gleason score of 7. A score of 2 to 4 indicates low aggressiveness; a score of 5 to 6, moderate aggressiveness; and a score of 7 to 10 indicates an aggressive tumor.

You are more likely to have margin positive cancer if you have a high Gleason score. This means that cancer cells were found on the edges of tissue cut out during surgery. In this case the cancer has probably penetrated or escaped the prostate capsule, and there is an increased chance that the cancer may have spread to the lymph nodes. Margin negative cancer indicates that cancer cells were not found on the edges of tissue removed. It is possible your cancer is still located within the prostate and has not spread to other organs.

There are four basic stages of prostate cancer. In the first stage of prostate cancer, the tumor is still small enough that it cannot

be felt during a rectal exam. In this stage, the cancer has not progressed beyond the prostate. In the second stage, the cancer has not yet spread beyond the prostate but it has advanced. In stage three, the cancer has begun to spread but is usually not yet present in the lymph nodes. In stage five, the cancer may have spread to numerous points in the body including the lymph nodes, bones, bladder and rectum. Sometimes a fifth stage is assigned and that is known as recurrent cancer.

In most cases the prostate cancer treatment plan will depend on a number of factors. First, the doctor will need to make an evaluation regarding the prostate cancer stage to which the cancer has progressed. This will make a difference in the treatment options that are available. Mainly the determination of the prostate cancer stage will depend on whether the prostate cancer has spread to other areas of the body and if so, how much the other areas have been compromised.

At the current time there are two systems used by physicians to make a prostate cancer stage determination. The first is known as the Whitmore-Jewett staging system and it ranges from A to

D with separate sub-stages to allow for more precise definition of the prostate cancer development. The Whitmore-Jewett System also evaluates the extent of the tumor, lymph node involvement, and if the cancer has metastasized to other organs.

The Tumor Node Metastases (TNM) classification system is also quite popular and was developed in 1992. Today it is the most frequently used system to stage prostate cancer. This is an international staging system that combines information about the extent of the tumor (T) in the prostate gland, the involvement of the lymph nodes (N), and whether it has metastasized (M) to other organs.

When discussing the various ways that prostate cancer can be staged it is important to understand the ways in which prostate cancer can grow and spread. This is known as metastasis.

The first concern will be what is referred to as the primary tumor site. This is the location where a malignancy begins, such as the prostate. In some cases cells from this tumor can break away and travel to other parts of the body through the bloodstream or the

lymph system. As they travel, these cells will create a secondary tumor in a new location. At this point, the cancer is said to have metastasized.

Bone metastasis occurs when the spread of cancer reaches the ribs, the pelvis, and the spinal column. This is quite common with prostate cancer. What is even worse is that as the cancer grows, it burrows inside the bone marrow. This is a problem because this is where new bone growth actually occurs. As a result, the patient may suffer anemia, pain, problems associated with too much calcium in the bloodstream, spinal cord compression and even bone fractures. In more advanced cases, prostate cancer can spread to the lungs, the liver, and (rarely) to the brain.

The lymph nodes are small bean-sized glands located throughout the body. The purpose of the lymph nodes is to filter lymphatic fluid, which drains from the prostate into several lymph nodes clustered on each side of the pelvis.

When cancer spreads to the lymph nodes from the lymph system there is said to be a presence of lymph node metastasis. Usually,

if cancer has spread to the lymph nodes, it has probably spread to other parts of the body as well. In most cases, this means that it will have spread to the bladder, bowel and bone. There can be a variety of symptoms caused by lymph node metastasis, including swellings that can be felt in the pelvic area, pain related to urinary tract obstruction and swelling in the lower limbs. Below is a chart comparing the two staging systems:

<b>TNM Classification</b>	<b>Whitmore-Jewett System</b>
T= Tumor	
T0 – reflects no evidence of primary tumor	A1
T1 – clinically non apparent; tumor cannot be felt by DRE or seen by imaging	A2
T1c – tumor is identified by needle biopsy because of elevated PSA only	
T2 – Palpable tumor (tumor can be felt by DRE and is confined within the prostate gland)	
T2a – tumor limited to half of one lobe or less	B1
T2b – tumor spread to half of one lobe but not to both lobes	B2
T2c – tumor spread to both lobes	B3
T3 – tumor penetrates wall of prostate, for example, into seminal vesicles	
T3a – unilateral extra capsular spread	C1
T3b – bilateral extra capsular spread	C2

<b>TNM Classification</b>	<b>Whitmore-Jewett System</b>
T3c — tumor spread to one or both seminal vesicles T4 — tumor fixed (doesn't move around easily) or grown into nearby tissues other than the seminal vesicles	C3
N = Node (the number that follows the N describes tumor spread into the lymph nodes) N0 — no lymph node involvement found	D1
N1 — tumor found in one lymph node and is less than 2 centimeters N2 — tumor found in one lymph node and is larger than 2 centimeters or more than one lymph node involved	
N3 — tumor found in any lymph node larger than 5 centimeters M = Metastasis (the number that follows the M describes where the tumor has spread to other organs)	
M0 — no spread outside the pelvic area (no distant metastasis) M1 — tumor spread to another organ or tissue, for example, bone or a lymph node outside the pelvis (distant metastasis)	D2

Under the N prostate cancer stage, a determination is made to the invasion of the cancer in the lymph nodes. N0 refers to no metastasis. N1 refers to the spread of the cancer to a single lymph node, while N2 refers to the spread of the cancer to a single lymph

node in a dimension that is somewhere between 2cm and 5cm. N3 refers to the spread of the cancer to the lymph node in a greater than 5cm dimension.

Under a basic prostate cancer stage system, there are four primary stages. In the first prostate cancer stage the cancer is present only in the prostate gland and cannot be felt during a rectal exam and is also not visible by any type of imaging system. There are also typically no prostate cancer symptoms at this point. In most cases of the first prostate cancer stage, the cancer is discovered because of the results of a blood test in which there appeared to be an elevated PSA. In the first prostate cancer stage, the cancerous cells may be confined to one area of the prostate gland or they may have spread to many separate areas of the prostate gland.

During the second prostate cancer stage, the cancer can be noted with a needle biopsy which is generally done when a blood test indicated a raised PSA level. The cancer may also be felt during a rectal exam in the second prostate cancer stage; although the cancer cells are still confined to the prostate gland at this point.

In the third prostate cancer stage the cancer cells have generally spread outside the covering of the prostate gland to tissues surrounding the prostate gland but not to the lymph nodes at this point. The glands which produce semen, known as the seminal vesicles, may also have cancer cells at the third prostate cancer stage.

During the fourth prostate cancer stage the cancer cells have generally spread to the lymph nodes which may be located near or far from the prostate gland. Other organs may also be compromised by the prostate cancer cells and tissues as far away from the prostate gland, as the liver and lungs as well as bones may also contain prostate cancer cells at the fourth prostate cancer stage.



## **PROSTATE ORGASM: PREVENTION AND CURE**

The late Wilhelm Reich used to treat his patients for neurosis and sexual dysfunction by doing body work to release physical tension and trauma from their bodies. He referred to these tensions and traumas as “emotional armoring.” For this reason, I used to be heavily into physical cultural modalities such as yoga because I am always on the lookout for ways to remove psycho-sexual blockages from my body which often show up as inappropriate tension and movement restrictions.

“So what?” I can hear you say. “What does this have to do with prostate orgasms?”

Well, your “tension and movement restrictions” are actually the accumulated physical manifestations of your memories of emotional and physical trauma — and you travel throughout your life handicapped by them. Your back pain, your anxiety attacks, your

premature ejaculation, your inescapable fear of barking dogs, *and your afflicted prostate!* They are all related.

Accept for just a few minutes while you absorb what I have written, the notion that in order to make changes in your life — real changes that impel those around you to stand up and take notice, you'll have to let go of the current patterns that up until now have been the architects of your life. These patterns are “guests” that have taken up residence in your mind, and will not leave (as would be their normal course of movement) only because “you” on some level will not let them go. As a matter of fact, these guests have been kept in the house of your mind against their will for so long that most of the time you are under the mistaken belief that they are in fact “you” yourself!

These guests can be viewed as your mental attachments which often turn into compulsions and addictions.

I know that the word “compulsion” brings to mind those who wash their hands one time too many, and that was my intention in choosing such a noun. You see, a neurotic hand-washing addiction

is an obvious example of a compulsion because it lies outside of the range of what we consider normal or baseline mental activity and therefore begs for our attention.

From a point of view that could be considered very Zen, one could say that the habit of having conversations in your head is compulsive in itself. After all, you have little control over them, if any at all. One could also say the same for the projection of an angry drama into the future where you fantasize about exactly what you are going to tell so-and-so when they say such-and-such to you. Even the “creative visualization” of standing in front of a Mercedes dealership imagining yourself in a particular model in graphic detail can often be just another form of neurosis that robs you of the present moment.

So why are we so addicted to staying *out* of the present moment? Because the present moment usually sucks! In the present moment is where the painful past is forever present — stored in your physical body in the form of tension, as limited ranges of motion and as anxiety. So you stay glued to the TV in an effort to distract yourself. You trace out the lines of the forms before your eyes. If there is no

TV around then your mind becomes the TV where you watch your own private “trauma-porn” over-and-over again when it should be a mirror reflecting the beauty that is all around you. Okay, there is also ugliness all around us too but if we don’t hold onto this ugliness or resist it we have in reality an endless source of compassion to harness for the betterment of humanity.

As you read the above, you probably said to yourself “Man, these things that you call ‘compulsions’ and ‘addictions’ are all normal mental activities that everybody indulges in!”

That’s the problem.

A cluttered mind is so common these days that it isn’t even worthy of notice until it gets to the point that you find yourself smitten with a nervous tic or two! At that point you won’t need convincing of the wisdom of “letting go” but by then it will be too late. You’ll be helpless because at that point your thoughts will have already shaped your body after their own image, and your body will have become your cage. After all, a man is limited by his biology and while spiritual progress may occur in the mind,

it is ultimately a transformed physical biology that separates the sage from the common man.

You see, water doesn't flow so easily when you add gravel and cement — it becomes concrete! You'll "let go" but "it" just won't leave. Why? Because your mind will still be getting the trapped signal from your body that it is not safe to let go, and the mind listens to the body because it needs the body in order to return to its origin. This is a very deep spiritual concept here, and something to keep in mind for the future. There is a Taoist saying that goes something like "Without the body, the Tao cannot be realized, but with the body one cannot know the truth."

The body normally listens to the mind, but not when survival issues are at stake. This is when the mind defers to the body. Ironically, many "survival issues" that we store as trauma were not responses to true life-threatening events, but rather ego-threatening events which were generated by our "minds" to begin with! One moment your thoughts are there, and the next they are gone. Pretty scary—especially for the mind which is afraid it may cease to exist!

Then what?

Well, they do say that the magic comes from the space between your thoughts and the space between your breaths.

So how does one get there? You cannot get there easily if your body is like concrete with locked joints, rigid muscles and knotted tendons, although sometimes karma has to hand you a life such that it will get *that bad* before you are motivated to embark on a path of change and really “get” the importance of overcoming your mental addictions by dropping a little more with each and every day.

With this in mind, the three physical cultivation paths I recommend for the human organism are Neuro-Cranial Restructuring (NCR), Integrative Manual Therapy (IMT), and Neo-Reichian Therapy. NCR practitioners can be contacted at [www.ncrdoctors.com](http://www.ncrdoctors.com), IMT practitioners can be contacted at [www.centerimt.com](http://www.centerimt.com), and Neo-Reichian Therapy practitioners can be contacted at [www.meditationmodule.com](http://www.meditationmodule.com) via the world wide web.

These three paths are superior to yoga and every other movement modality I have encountered for the simple reason that they go deeper than the level of skeletal muscles and target the smooth muscles, the circulatory system, and the position of one's bones with respect to gravity. Sessions in these three modalities give results that are permanent and immediately available.

NCR was invented by Dr. Dean Howell. What happens in NCR is a doctor threads balloons (finger cots) through your nasal passages and into your sphenoid cavity inside of your skull. The balloons are inflated with a blood pressure bulb, and this moves your sphenoid bone. Your sphenoid bone is a bridge of bone spanning one end of your skull to the other at just above the level of your eye sockets. You can view it as a "keystone" for your skull because movement in the sphenoid bone will cause all the other bones in your skull to move as well. See, contrary to popular belief, the human skull is not one giant mass of bone, but many plates of bone cobbled together. Physical and psychic traumas will distort the position of the skull bones, and since the number one priority of the human organism is to keep the human walking upright with a stabilized skull, the rest of your body will

distort its shape in order to balance that heavy head of yours atop your body—regardless of the performance consequences of distorting your body's shape. In other words, it doesn't matter if you can't breathe properly, or if you are in pain or if any other system ceases to function optimally. Guarding that head of yours is always the top priority!

*The mythology says that by adjusting the position of the skull bones and the shape of the face and skull, you can change your entire body and your fortune as well!*

In at least one school of Buddhism it is said that the skull and the brain are the true root of a human being and not the hips as yogis and tai chi experts are always parroting on about. So, no matter how much yoga you do, you can only correct your posture and poise to the degree that your skull will allow. Ironically, it seems that when one goes for NCR sessions, there is no longer a need to do any yoga at all!

After protecting the noggin', the next priority of the human body is protecting the internal organs and the arteries. This is where IMT comes in.

IMT was invented by Dr. Sharon (Weiselfish) Giammatteo and is a highly sophisticated means of positioning and touching the human body so that it heals itself. Skilled IMT practitioners have gently touched me in such ways that tensions and traumas literally melted from my body. It has to be experienced to be believed. Knots in arteries will unwind and tendons will untangle. It is my opinion that when combined with NCR, nearly all physical obstructions can be removed.

These two modalities are critical not only for your mental state, but for your prostate gland! Most men have very tight hips and impaired circulation in their pelvis. As I already said, yoga classes will only take you so far in this regard. The looser your hips are and the better your pelvic circulation, the more effective the herbs I am about to recommend will be and the better your chances of having prostate orgasms will be.

Neo-Reichian Therapy works to release and integrate blocked emotional and sexual energy so that an organism doesn't retain any unnecessary "charge" that Wilhelm Reich believed was at the root of neurosis and human suffering.

Stack these three therapeutic modalities for maximum results!

So, there are several herbs that I feel men should ingest on a daily basis if they wish to ensure optimal physical and reproductive health. These herbs are He Shou Wu (otherwise known as Fo-Ti), Huang Jing (otherwise known as Solomon's Seal), Rou Chong Rong (otherwise known as Broomrape), and Gou Ji Dzu (otherwise known as Wolfberries or Goji). With the exception of wolfberries which are eaten whole and dried, the other herbs can be purchased as powdered extracts of 5:1 concentration or better and mixed with boiling water and drunk as a tea. Remember, never touch herbs with metal implements, store them in or drink them from metal containers!

Based on my personal experience, the plant sterols in He Shou Wu (Fo-Ti) are a "miracle cure" for prostate problems. He Shou Wu appears to absorb DHT at a rate no other plant sterol can compare with. It seems to suck it up so fast that not only will it prevent your hair from falling out, it will also re-grow hair with religious use! This is actually how I discovered it. I started purchasing He Shou Wu to combat hair loss and not only did it stop my hair loss

and regrow lost hair, it fixed my prostate as well! Made perfect sense when I did a little research, as both hair loss and prostate problems are tied to excess DHT in the body.

Saw Palmetto and Beta Sitosterol never did a thing for me, and after talking to countless men who reported the same level of disappointment, I concluded that both Saw Palmetto and Beta Sitosterol are very ineffective plant sterols despite being top- sellers as solutions for prostate problems. Millions of men apparently take them every month, month-after-month and still get no results. They continue to take them because they don't have any other options I suppose.

The optimal dosage of He Shou Wu in the ancient stories is 15-20 grams a day. If you ingest a powdered extract in a 5:1 concentration ratio, you'll only need to ingest 3-4 grams per day. I do this every day. Religiously.

Japan has one of the lowest instances of prostate cancer in the world. This is fueling speculation that a diet rich in omega-3 oils that you get from eating a diet filled with fish at least three times

per week is a possible preventive of prostate cancer. Not only is the Japanese diet rich in fish, it is also rich in soy products (plant sterols), which are showing promise as a natural way to prevent prostate enlargement and cancer. For example, there have been many studies conducted that indicate a diet rich in soy protein stops the enlargement of the prostate gland and helps prevent hair loss. Also, by consuming less red meat the Japanese consume fewer hormonal residues which would only be metabolized into excess DHT. Whether they are eating more soy or less meat, the Japanese scenario should make it clear to you that DHT is the main culprit in prostate problems.

Notice, however, that soy is a plant sterol much like He Shou Wu and that it has a positive effect on preventing both prostate enlargement and pattern baldness? So keep in mind though that if you ingest 15-20 grams of He Shou Wu every day, you won't have to go on a Japanese diet!

To return to the speculation surrounding omega-3 oils for a moment, in my personal opinion it is vital for men to ingest enough cod liver oil to give them about 10,000 I.U. of vitamin A on a daily

basis. Cod liver oil also contains large amounts of vitamin D, and vitamins A and D are pretty much missing from a man's daily diet. Vitamin A, along with adequate amounts of zinc, are critical for testosterone production and prostate health.

Besides the daily ingestion of 15-20 grams of He Shou Wu (3-4 grams if 5:1 powdered extract is used), you should make sure your colon is squeaky clean. The problem presented by fecal toxicity can be solved with good colon hygiene: find a local colon hygienist and allow her to educate you and guide you to spectacular colon health by administering a series of colonic irrigations. Colon hygienists are easy to find, and flush gallons of water in and out of all 6 feet of your large intestine which causes toxic deposits to detach from the walls of your colon. It isn't messy and doesn't smell and I recommend that everybody get a series of them.

Afterwards, a proper diet supplemented by a fiber formula will work just fine to keep you clean and regular. Eat more fiber, at the very least. A person with a healthy colon has at least three good bowel movements a day, assuming that said person is eating on a regular basis. If you are not having at last three good bowel

movements a day, it would work for you to do something about it. There are plenty of fibrous supplements that you can mix with juice and drink once a day. I encourage you to try many different formulas and see which one works for you. Some fiber formulas encourage bloating in certain individuals, but there will be one that works for you.

Once your colon is clean and you are in the habit of ingesting the aforementioned herbs and vitamin supplements, it is time to take up the habit of regular prostate massages. Now I know prostate massages may sound boring, but when done correctly they produce prostate orgasms and keep your prostate soft and snappy. Prostate orgasms are usually full-body in nature, go on-and-on for long periods of time and often do not result in ejaculation at all. When they do, your prostate will clean itself out like never before. Remember what I was saying earlier about the prostate being the male uterus? Well, when you experience a prostate orgasm you'll know what a woman feels like when she has an orgasm.

Prostate massage was at one time practiced by doctors (without the sexual aspect) as a part of their check-up routine for their

male patients. Such a practice has long-since gone out the window along with the old-fashioned notion of “house calls,” but the notion of taking responsibility for the health of your prostate has not.

Be warned — when you first begin to give yourself proper prostate massages, you will be amazed at what sometimes may come out of the gland! In some cases, prostate cancer patients who began a program of regular prostate massages have experienced black stuff coming out in their urine and ejaculate. This is toxic, cancerous filth and once it is out then the patient is in a much better position than before.

So how does one give oneself a proper prostate massage? There are two devices available on the market these days for this purpose. One is the “aneros” and the other is the “pantra.” The aneros is sold in the U.S. and can be found at [www.aneros.com](http://www.aneros.com) and the pantra is sold in the U.K. and can be found at [www.pantra.co.uk](http://www.pantra.co.uk) on the world wide web.

There is a saying in some schools of yoga that goes, “You have to heat a peace of iron before you can bend it.” This *same* principle

holds true for your prostate gland. Sexual arousal generates heat. However, the way in which you heat your prostate to a temperature where it can be re-shaped just like that proverbial piece of iron is through proper breathing methods combined with sexual arousal. Let's examine proper breathing methods, because sexual arousal either tends to take care of itself — or else you can view some erotic material when using the aneros or the pantra. However, before you read on first go to the two websites mentioned above and get an idea of what these two simple devices look like. A picture is worth a thousand words!

Now, there are two positions that I feel are most conducive to the generation of proper prostate massages that result in prostate orgasms. The first is lying on your side with the bottom leg drawn up towards the chest while the top leg remains extended. The second is positioned on the balls of the feet while in in a squat, leaning back against a bed with the legs held close together but not close enough to clap around your penis.

Lubricate the massage device. I prefer to use silicone lubricant which doesn't dry out, but some may wish to go more natural

in which case I would recommend using authentic leech oil from Indonesia which will help greatly to promote blood circulation deep inside your pelvis.

Insert the device into your rectum. In case you are using the pantra, you will need to “snake” the device in because it is for someone who is already “experienced” at inserting things into themselves. In general, one should always *slowly* massage these devices into their rectum using plenty of lubricant — waiting for the anal sphincter to relax periodically at various points during the insertion.

Once the device is fully inserted, relax for 15 minutes. Breathe in deeply, slightly contracting your anal sphincter and pulling up your pelvic floor while you inhale. Slowly exhale, feeling your stomach and abdomen relax. Do this for up to 81 times, gradually increasing in intensity. Use your free hands to massage your erogenous zones. Finally, inhale and contract your anal sphincter and pull up your pelvic floor ever-so-slightly and hold that contraction. The anus should automatically begin to contract and launch one into a full-body orgasm. I encourage you to visit the two aforementioned websites for more details on technique.

Take your time, relax and experiment with contraction on inhale, contraction on exhale, and contracting while holding your breath. These two devices will turn your prostate into toxin-free butter, allow for maximum absorption of He Shou Wu and allow for a man mastery over his sexual energy. Problems like premature ejaculation and weak erections are often easily cured. As an added bonus, in order to promote testicle health one should periodically massage the testicles firmly while using the device in a standing position. I find that the viewing of erotic material allows for a more firm massage of the testicles.

If you don't have a full-body orgasm immediately, don't give up. Continue to use the device on a regular basis and you will not fail. Sometimes you can approach it like a workout and at other times in a sensual manner. *Be careful not to push yourself too hard and exhaust your smooth muscles—give them time to rest!* Don't yank the device out when you are done either (try and gently “defecate” it out naturally), and above all remember to have fun!



## TIPS ON LIVING WITH PROSTATE CANCER

Studies have proved that laughter can provide a boost not only to your frame of mind but that it may also provide many other physical benefits:

- Laughter lowers the level of stress hormones in the blood.
- Laughter increases the number of natural killer cells, which seek out and destroy cancer cells.
- Laughter temporarily lowers blood pressure.
- Laughter exercises heart muscles—especially important for senior citizens or patients who have a difficult time walking or are confined to bed.
- Laughter reduces pain.

- Laughter helps you maintain a positive attitude, and that helps your body fight disease.
- Laughter reduces muscle tension, and that in turn eases psychological tension.
- Laughter triggers a breathing pattern that can have respiratory benefits by lowering the amount of residual air in the lungs and replacing it with oxygen-rich air.

While laughter has certainly proved to be beneficial, meditation is even better, and there is a Buddhist meditation technique known as the White Skeleton Meditation that I learned from William Bodri ([www.meditationexpert.com](http://www.meditationexpert.com)) that should ease the stresses of living with prostate cancer. Along with the White Skeleton Meditation, I highly recommend the book “Diamond Sutra Explained” by Huaijin Nan (Master Nan Huai-Chin). You can order it on the world wide web for less than twenty bucks and I cannot recommend it enough. I think it is one of the greatest books in print today.

Anyway, Shakyamuni Buddha taught lots of different meditation methods but the method most useful for those suffering from prostate cancer is the White Skeleton Meditation technique. It will increase your vitality, ease your pain, and render your body and mind supremely calm and free from troublesome thoughts. It will also do a lot to vanquish the fear of death in those who are terminally ill. These are all very important benefits for those suffering from prostate cancer.

Here is how you practice the method:

- Assume a comfortable sitting meditation posture and place in front of you a scale model of the human skeleton, or a picture of one from a book. Make sure the bones are gleaming white, as you don't want to visualize anything less than pure white when it comes to your bones.
- Now close your eyes, and joyfully imagine that you are giving away your flesh and blood to other sentient beings by stripping it from your body. Imagine that you are repaying any debts you may owe them. You can do this instantly or take your

time. When you have given it all away, imagine that you are just a white skeleton sitting there.

- Focus on your left big toe, and imagine that you can see the toe bone clearly and shining brightly with a white light. Then imagine the same thing with the rest of your left toes, then your right toes. Start moving your focus up the body sweeping back and forth until you can visualize all of the bones in your body clearly.
- All bones should now be shining brightly with a white light. Try to feel them — touch them with your mind or caress them with this purifying white light. Every now and then open your eyes *if necessary* to reference the skeleton model so as to secure the visualization and your ability to sense the energy in your bones. If your bones get warm when you concentrate on them, this can be used for healing purposes.
- When you are feeling most calm just sitting there present in your bones, then imagine that these same bones turn to dust, and finally blow away leaving nothing but empty space.

- Stay in this emptiness without opening your eyes, and try to forget any sensations or attachments to your physical body. Remain in this state for as long as possible.

In addition to this meditation, get back to nature by enjoying some time outside. Take the time to enjoy the beauty around you. Many people also find it helpful to keep a journal in order to express their feelings, their thoughts and their memories.



## SEXUAL CULTIVATION METHODS

Using prostate massage devices have other uses besides helping to heal the prostate gland. Long-term usage of the device will do much to banish premature ejaculation and allow you to have sex for as long as you'd like to—a prerequisite for “sexual cultivation” as made popular in recent books on Taoist bedroom arts. If you build your energy by ingesting the herbs I recommend in this book on a daily basis and conserve this energy by regulating the number of ejaculations you have *plus* diligently practicing the skeleton meditation method you will start developing chi that is very yang in nature and looking for an outlet.

This will allow you to have really wonderful sexual experiences with women. While the Sixth Dalai Lama was the last person on record to have used sexuality to cultivate himself spiritually and it is argued by certain Buddhist scholars that such endeavors are no longer possible, I feel that we can engage in sexual behavior in such a way that we can cultivate detachment from it in order to maximize our experience of it.

The whole problem with the recent crop of books promoting Taoist sexual techniques is that they attempt to spiritualize lust while presenting their sexual techniques in a manner that is completely divorced from spirituality. However, proper sexual qi gong is still considered a solid health practice in the East and you can follow such a lifestyle safely if you keep in mind the highest wisdom with respect to sex — which can be summed up by the Buddhist teaching:

“Clear mind, less desires.”

In order to practice sexual chi gong correctly, the first prerequisite is that one needs to be able to thrust or screw one’s penis inside the vagina for at least one hour. This is accomplished with the proper breathing method. However, no breathing method can be tackled until you first learn how to breath into your abdomen and not into your chest. To learn how to do this properly as well as achieve superb over-all health, I recommend that you purchase a “Frolov Device” on the world wide web.

Once you have internalized abdominal breathing, you may proceed to breath into your lower abdomen (naturally—don’t over-inflate),

hold your breath gently and *continue to lower your abdominal diaphragm to the degree that it allows you to press down on your pelvic diaphragm*. The pelvic diaphragm will feel slightly like it is turning inside out and it may take a while to get the hang of “rolling” the pressure from your natural and relaxed inhale down into your pelvic diaphragm, but what this technique does is it turns your abdomen into an *internal* penis pump that pumps *blood into* the penis as opposed to a dangerous, external penis pump that pumps *air out* of a cylinder in the hopes of drawing more blood into the penis.

Make sure that you are pressing down on the pelvic diaphragm and not bearing down as if to have a bowel movement! Bearing down as if to have a bowel movement is incorrect!

When you exhale, do it quickly and flatten your abdomen against your spine like you were squeezing out a tube of toothpaste. If you’ve ever seen a dog get excited and unable to move around and discharge said excitement, it exhales really fast in this manner and makes a fast snorting sound. Now, I am not suggesting you snort like a dog during sex, but the exhale can be slightly audible *if necessary*.

What this breathing method does is it keeps pressure off your prostate gland, *and channels more energy into the parasympathetic aspect of your nervous system (in part due to the ingestion of less oxygen)* which makes you calm (so as to refrain from ejaculating). See, the commonly taught “Taoist” method of inhaling while flexing the “pc muscle” (kegel exercises) places undue pressure on your prostate gland, *and channels more energy into the sympathetic aspect of your nervous system (in part due to the ingestion of more oxygen)* which makes you tense (so it is easy to find yourself ejaculating).

If you practice this technique while sitting on the edge of a bed, you will find that upon *correctly* pressing down on and inverting your pelvic diaphragm the base of your spine will contract *independently* of your “pc muscle.” This is proof that you are doing the exercise correctly, and such a level of skill is facilitated by working with one of the aforementioned prostate massagers.

So in summary, in order to last a long time during sexual intercourse, you need to channel more energy into the parasympathetic aspect of your nervous system then into the sympathetic aspect via proper

breathing methods. Contracting the buttocks around the base of the spine and arching backwards may also help to facilitate this process. You have to play around when you are with a partner and see what works for you. The idea is to be natural about the whole thing and not neurotic.

Once again, I cannot recommend the Frolov Device enough because it will not only assist you in mastering these techniques, but it will perform miracles for your health, longevity, and set the stage for great accomplishments on the spiritual path because proper, deep diaphragmatic breathing leading to *breath cessation* is one of the foundations of meditative cultivation, dynamite health, and physical longevity. The Frolov device will lay that foundation.

Many men may require lots of NCR, IMT or Neo-Reichian Therapy sessions before these techniques will work for them because their pelvic region may be too tight and not allow for ample blood flow. Also, the tension in their physical structure may have their nervous system “locked” into such a mode that too much energy is going into either the sympathetic or parasympathetic circuits by default.

Once the techniques for ejaculation control have been mastered, the next step is to maintain one-pointed awareness of your skeleton while you have sex or else repeat a mantra in your mind. I prefer the mantra “Naamo Saado Naa, Saamya Saampo Dwo, Gee Dzu Naa, Da Dzaa Dwo, Ohm Gee Lee, Jew Lee, Junti So Haa” which is called the Zhunti Mantra and is very famous in Asia.

Just do it, and allow the wisdom of your penis to unfold. It is like an antennae, and knows exactly what to do and where to go if you’ll just get out of the way. Many men take home a beautiful woman and find they have trouble achieving an erection so they either assume that they can expect an impending bout with impotence or else they use sexual fantasy to “force” an erection. Only later do they find out the beautiful woman had an STD or ended up breaking their heart. If only they had allowed the wisdom of their penis to unfold!

From the perspective of energy flow, in an ideal sexual situation a man gives energy to a woman with his penis in her vagina and she gives energy back to him with her tongue in his mouth. I tell you this because there are some very special women out there who

can change a man's fortune if a man is lucky enough to get one of them as a sexual partner because they instinctively take the man's creative yang energy and then manifest his thoughts using their substantive yin energy.

So, the next time you ejaculate into a woman remain inside of her for a few minutes and keep tongue-kissing her passively and see how much energy she will give back to you! On the other hand, *if you go to bed with a woman and she refuses to use her tongue when kissing you run away!* Only sex workers with bad attitudes and energy vampires do men such a disservice.

Anyway, unless your partner meditates or has led a very clean lifestyle, it can take many months of her receiving the benefits of your energy before she can open up and allow the two of you any potential experiences of oneness. That is why it is important that you ingest the proper herbs, conserve you sexual energies, and practice the skeleton meditation so you'll have energy to give!

Months of regular sex with a man with such bedroom skills, however, shouldn't be something for a lady to complain about.





## PROSTATE CANCER RESOURCES

- **Bio-Medical Center (Hoxsey Clinic)**

### **Bio-Medical center**

615 General Ferreira, Colonia Juarez

Tijuana, B.C. Mexico.

*Mailing Address:*

PO Box 433654

San Isidro, CA 92143-3654

Tel: 011-52-664-684-90-11

Fax: 011-52-664-684-9744

- **Education Center for Prostate Cancer Patients (ECPCP)**

PO Box 948

Westbury, NY 11590

516-997-1777

Fax: 516-997-9555

- **Man to Man**

American Cancer Society

1599 Clifton Rd NE

Atlanta, GA 30329

1-800-ACS-2345

<http://www.cancer.org>

- **PAACT**

1143 Parmalee NW

Grand Rapids, MI 49504

616-453-1477

Fax: 616-453- 1846

- **Prostate Cancer Foundation**

1250 Fourth Street

Santa Monica, CA 90401

1.800.757.CURE

Main 310.570.4700

Fax 310.570.4701

- **Prostate Cancer Coalition North Carolina**

5301 Creedmoor Road, Suite 519

Raleigh, NC 27612

(919) 841-0102

- **Prostate Forum**

Fullerton, CA 92633

714-526-3793

714-633-9241

- **US TOO International, Inc.**

930 North York Rd., Suite 50

Hinsdale, IL 60521-2993

1-800-USTOO

FAX 630-323-1003



# PROSTATE CANCER GLOSSARY

**Benign** a growth that is not cancerous.

**Benign prostatic hyperplasia (BPH)** a noncancerous condition in which the prostate grows and pushes against the urethra and the bladder blocking the flow of urine.

**Biopsy** the removal and microscopic examination of a sample of tissue to determine if cancer is present.

**Bone scan** an image that can show disease or trauma to the bones. Doctors inject a radioactive chemical into the bloodstream which goes directly to areas in the bones which may have tumor metastasis or prior injury, such as a previously broken bone.

**Capsule** the layer of cells around an organ such as the prostate.

**Computerized axial tomography (CT Scan or CAT scan)** an x-ray procedure that uses a computer to produce a detailed picture

or cross-section of the body. Useful in evaluating soft tissue organs

**Cystoscope** fiber—optic instrument having a narrow tube with a light at one end. Used to look inside the bladder and urethra.

**Cystoscopy** an examination of the urethra and bladder with a cystoscope.

**Digital rectal exam (DRE)** a procedure in which a physician inserts a gloved finger in the rectum to examine the prostate and surrounding area for any lumps, enlargements or areas of hardness that might indicate the presence of cancer.

**Diploid cells** cancer cells with two sets of chromosomes, or the amount found in normal cells. Tend to be slower growing and less aggressive.

**DNA** vital genetic information (“genetic blueprints”) contained in the nucleus of every cell.

**DNA ploidy analysis** an analysis of prostate cancer cells from a biopsy that enables a more accurate determination of the amount of DNA in the cell. The amount of DNA helps determine how fast the cancer cells will grow.

**Ejaculate** emission of semen at the climax of sexual intercourse.

**Erectile dysfunction** the inability to achieve and maintain an erection sufficient for sexual intercourse.

**Free radicals** high energy, unstable chemical substances that cause cell damage, which can lead to the development of cancer.

**Frozen section** a technique in which tissue is removed by biopsy, then frozen, cut into thin slices, and examined under a microscope by a pathologist. Pathologist can usually rapidly examine a frozen section for immediate diagnosis during surgery.

**Gland** structure or organ that produces a substance to be used in another part of the body.

**Gleason score** a method of classifying the grade of cancer by its microscopic appearance. Used to help determine how aggressive the cancer is and how fast it will grow.

**Gynecomastia** a tender enlargement of the male breasts.

**Hematuria** blood in the urine.

**Hormones** substances responsible for secondary sex characteristics.

**Immune system** complicated system of organs, tissues, blood cells, and substances to fight off infections, cancers, and other illnesses.

**Impotence** inability to have and maintain an erection suitable for sexual intercourse.

**Incontinence** inability to hold urine in the bladder. Also called urinary incontinence.

**Jewett system (also called Whitmore-Jewett system)** system of staging cancer to evaluate tumor involvement, lymph node

involvement, and whether cancer has spread to other sites or organs. This system is rated A through D.

**Libido** sex drive

**Localized prostate cancer** cancer that is confined within the prostate.

**Local recurrence of cancer** when cancer returns to the prostate or nearby tissue after treatment.

**Lymphatic system** network including the lymph nodes, lymph vessels, and lymph fluid; can also be an avenue of spread for cancer cells.

**Lymph nodes** small bean-shaped structures scattered along the vessels of the lymphatic system. The nodes filter bacteria, viruses, and cancer cells that may travel through the system.

**Malignant** cancerous, with the potential for uncontrolled growth and spread.

**Medical oncologist** a doctor with special training in the diagnosis, treatment, and evaluation of cancer and in the use of drugs for chemotherapy and hormone therapy to treat cancer. He or she has also had training in internal medicine. A medical oncologist can follow you concurrently with your urologist.

**Metastasis** the spread of cancer cells from one part of the body (the main tumor site) to other organs or tissues through the lymphatic or blood systems. (metastases, *pl.*, metastatic, *adj.*)

**Nocturia** a condition where an individual must get up several times during the night to urinate.

**Oncology** the branch of medical science dealing with cancer.

**Orgasm** the climax of sexual intercourse.

**Palpable** can be felt. Palpable cancer in the prostate means there's a lump or nodule that a doctor's gloved finger can feel during a digital rectal exam (DRE).

**Pathologist** a doctor who specializes in the diagnosis of disease by studying cells and tissues removed from the body.

**Pathologic fracture** bones that have broken due to brittleness caused by the invasion of cancer. Men with metastatic prostate cancer are susceptible to broken bones.

**Penile** relating to the penis.

**Perineum** the area between the scrotum and the anus.

**Ploidy status** the genetic status of cancer cells; similar to the grade.

**Poorly-differentiated** cancer cells that have poorly defined borders. Considered high-grade and aggressive cancer that spreads rapidly.

**Positive biopsy** the detection of cancer in a biopsy.

**Primary tumor** the site where a malignancy starts.

**Prostate** a muscular, walnut-shaped gland about an inch and a half long that sits directly below the bladder.

**Prostatic specific antigen (PSA)** an enzyme produced by the prostate. PSA levels, measured by a simple blood test, are used to help detect and monitor prostate cancer.

**PSA velocity** PSA's rate of change.

**Recurrence** return of a disease.

**Refractory** a term commonly used to describe a situation where the disease is no longer controlled by current therapy.

**Remission** complete or partial disappearance of the signs and symptoms of disease in response to treatment. Can be temporary or permanent.

**Scrotum** sac that holds the testicles.

**Secondary tumor** tumor created by cells which have broken away from the primary tumor and traveled to another part of the body.

**Semen** the fluid that transports sperm.

**Seminal vesicles** glands at the base of the bladder that produce fluid and nutrients for semen.

**Small-cell carcinoma** a type of prostate cancer. Cells in these tumors are similar to other small-cell cancers (the lung, for example), and respond to the same kinds of chemotherapy drugs used to treat these tumors.

**Sphincter** a bundle of muscles surrounding a tubular organ and controlling passage of fluid, such as the urinary sphincter.

**Staging** determining the extent of a cancer; if it's still confined to the prostate, how big it is, or how far it has spread. The stage of prostate cancer helps to determine the appropriate therapy. The two main systems for staging prostate cancer are the Whitmore-Jewett and the TNM system.

**Stress incontinence** the leakage of urine during certain activities such as running or golf.

**Testicles** a man's reproductive organs inside the scrotum. They produce sperm, testosterone, and other sex hormones.

**Testosterone** a male sex hormone, or androgen, produced by the testicles. It is associated with growth and activity of the prostate. Lowering testosterone levels is a major goal of hormonal therapy to treat prostate cancer.

**Tetraploid cells** cancer cells that contain more chromosomes than normal cells. Tend to be faster growing and more aggressive.

**TNM (Tumor Node Metastasis)** international staging of cancer determined by combining information about the extent of the tumor in the prostate gland, the involvement of the lymph nodes, and whether it has metastasized to other areas or organs.

**Transperineal** through the perineum, the area between the scrotum and the anus.

**Transrectal** through the rectum.

**Transrectal ultrasound of the prostate (TRUS/P)** A test using sound wave echoes to create an image of an organ or gland to visually inspect it for abnormal conditions.

**Transurethral** through the urethra.

**Ultrasound** painless, noninvasive use of high-frequency sound waves to produce an image or photograph of a tissue or organ.

**Ureter** the tube that carries urine from each kidney to the bladder.

**Urethra** the tube that carries urine from the bladder and fluid from the prostate through the penis to the outside of the body.

**Urinary retention** inability to urinate, with the bladder filling up with urine.

**Urologist** a doctor who specializes in the diagnoses and treatment of diseases of the urinary tracts of men and women and the genital

organs of men. Urologists are surgeons who perform the operations for prostate cancer. Urologists may also administer hormonal therapy, and/or follow you concurrently with your oncologist.

**Vascular** involving blood vessels.

**Vas deferens** tiny muscular tube that transports sperm from the testicles to the prostate gland.

**Venous** relating to the veins.

**Well-differentiated** cancer cells with clearly defined borders and clear centers. Considered to be low-grade and less aggressive



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