Integrating Prostate Cancer Diagnostics, Treatments, And Integrative Therapies Transcript

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Introduction and Guest Background

Hello, everyone. Welcome once again to the Prostate Cancer Summit. I'm your host, Doctor Geo Espinosa, and it's with great pleasure that I introduce to you Donnie Yance, who is a clinical master herbalist and a certified nutritionist renowned for his extraordinary knowledge and deep understanding of the healing properties of plants and nutrition, as well as epigenetics, laboratory medicine and oncology oncologic.

Sorry pathology and molecular oncology. He conducts his clinical practice at the Madeira Center in Ashland, Oregon and teaches at the Madeira Academy, a world class online training program in integrative oncology and health optimization.

Madeira Academy offers a robust curriculum on demand theory, care method methodology, a unique approach to health and healing developed by Donnie that combines the latest scientific research with wisdom of ancient healing traditions.

Donnie has authored two books, both of which I Have and Love, and I reference to all the time Herbal Medicine, Healing and cancer and adaptogens in medical herbalism, elite herbs, and natural compounds for mastering stress, aging, and chronic illness.

And he's also the founder of the formulate the formula and formulator of Natural Health products and professional product line a therapeutic, great botanical and nutritional supplements.

Donnie is a well-respected is well respected in medical communities around the globe as a visionary leader, mentor, teacher, author and healer. Donnie Yance, thanks so much for agreeing to be on this on the summit.

You're so welcome. It's my pleasure. For a moment there, I thought that this was never going to happen. We were in touch with your assistant, and, and I know I had some idea of how busy your schedule is, and I know that you're involved in so many things, and there was a lapse in communication.

I said, oh, man. You know what? If Donnie Yance is not going to be on this summit, I'm not going to host this thing anymore. I mean, what am I doing? And so.

So, when you agreed, I was so excited, and, we had to reschedule. And I'm glad that you're here. So, again, I this is really an honor to have you on. Thank you.

We I mean, we we spoke a little bit, know of your work? We spoke a little bit prior to recording. You have a whole different approach. Let's just before we dive, dive deep into prostate cancer, let's just talk about cancer and your approach with cancer.

You've been doing this for a long time. I mean, I've been in the field for a little bit over 25, over 20 years, and I know none of your work, so that means you've been in it for.

I don't know, about 40 years or so. And so you have a certain philosophy principles as it relates to cancer, how you treat patients with cancer. Why don't you go over that with us?

And I think that would kind of gives us, a platform to, dive deep, more deeply into prostate cancer. Yes. Thank you. And, and, I, I don't know what, at what point.

And I've been working maybe close to four decades now with cancer. Originally I started with a patient that came to

me with breast cancer, a young woman named Sinclair Williams.

That was her name. And that was, again, 30, maybe 35 years ago. And I didn't know anything about cancer, but I wanted to help her. So I tried my best, but everything that was done to her, nothing worked.

And back then they did double mastectomies. Total lymph node dissection radiated the chest wall, they did CMV chemotherapy and nothing really helped her.

And I did my best. And she was so angelic, so graceful, so beautiful in every way that my clinic renamed her from Sinclair to Saint Clair. And when she passed, her parents brought in this ring that I never take off my finger.

Actually, I've never removed this from my finger. They. After she passed, her parents came in and handed it to me and said, Sinclair, how to finish this for you? That's how much you meant to her.

So I found out in that moment that my vocation is to do everything I can possibly do to help people with cancer and learn it from every perspective. I, my great.

I'd say fan, but also, incredibly knowledgeable about the history of herbal medicine in our country, in America.

Donnie's Cancer Philosophy and Unitive Medicine

So I'm a scholar of the eclectic, medical system and the physio medical system, which was two of the three systems of herbal medicine practiced 100, 150 years ago here, along with Tom Sony and his, and the eclectic believe that you should read every materia medica.

Don't just read your own. And so learn about a disease from every perspective, every vantage point, because everything has something to teach you. And I often tell my patients, I call Ben Franklin and I say a place for everything, everything and its place.

So I dedicated my life to to cancer at that point. And every day I still spend 1 to 2 hours doing research, collecting research, compiling research, writing papers, organizing.

So I would say that my library on cancer has got to be larger than probably anybody in the world. When you take into account natural medicine, botanical medicine, nutritional medicine.

But also conventional medicine as well. So at some point I said that natural medicine or herbal medicine or whatever you're practicing in a holistic framework is never really going to fit into the existing model.

So and I and it's not good just to complain about the system and figure out what to do. So I decided at some point I've got to actually just write. When I wrote my first book, Herbal Medicine Healing in Cancer, I'm a I was a terrible writer.

I couldn't even type, you know, it's like, but I said, there's no really good book written on herbal medicine and cancer. So I said, I better start at start working at it, and I did.

And and so then I said, there's not a really good system of medicine. So let me build a system of medicine. And I quote, Buckminster Fuller says, you never change things by fighting the existing reality.

To change something, build a new model that makes the existing model obsolete. So that's what I did, and that's what we call now Madeira care. Madeira is the Latin word that means to heal and be whole.

And it's also the root word for medicine or medicinal. And then I decided to explain that rather than use some of the buzzwords that we know conventional medicine, functional medicine or complementary medicine, I decided to embrace the term unitive medicine because I want to see everything synergize into one.

Like like the what makes the medicine work beautiful? It's like putting a puzzle together. I tell my patients this everything does a little bit of something, and the miracle, the healing miracle is the whole of everything working together. One.

So I chose to use the word unitive medicine. I love that, you know, and, as you know, I or like from an uncle logical perspective, all I do is prostate cancer.

And I tell you, I've seen when we can talk about, the, the, the challenges that, that we have in Western medicine. And I think that's no secret for, you know, for most people.

But there are elements that are just magical. Some of those approaches and treatments that are work really well and, and, and I've learned to the term that we've all used that overused integrative medicine.

How do you integrate both. And so I love that idea of this unitive medicine element. As opposed to that doesn't work. That doesn't work. Now what does work and how can we implement what works into, you know, our practice with our patients?

So I couldn't agree with you more on that. How do you apply those, the principles of unitive medicine as it relates to patients with, with prostate cancer.

And I would say maybe we can focus more on, more advanced prostate cancer, right. Because, you know, those with low grade disease, you know, they're unlikely to die from their disease, those with more advanced disease, whether it's, you know, metastatic or just high grade, they're more likely to succumb to, to their disease.

What is the what how do your principles work as it relates to advanced prostate cancer? So there are I'll start with there are six toolboxes that I apply.

And I work in three distinct branches that are entirely connected. Particularly we're using botanical medicine, which is far less specific and incredible, incredibly global.

And what it provides for us at the molecular level, at the cellular level, at the organ system level. So we're no longer thinking in terms of like this herb treats this kind of thing.

It's like it's it's so beautiful to see this concept of of network medicine and as it applies to botanical medicine and that that we're going to engage in something that is going to have a relationship with our body at that molecular, cellular and organ system level.

And really good medicine only does one of two things. There's the if you're really going to practice in a holistic model, you're going to really think holistically.

You have two main objectives. How do I build robustness in this patient and how do I get their body to auto regulate better. Those are the two fundamental things that that that the starting points so that then so in Madeira's care we're going to work in three branches.

The first branch is the patient themselves. What I call the host. And so we're going to learn their narrative. Let me let me hear about you. Tell me about you.

Tell me about all your symptoms, about all your concerns. And then let me also then question you and observe things and, and, notice things about you and, and see what your tongue's like, possibly see what your skin's like in all kinds of ways, that we would assess somebody in a more traditional, possibly subjective matter.

And then we're going to also learn about your environment or your landscape. We're going to learn about your various stressors that that are that are around you.

And then that would be one factor. That's one branch. The second branch we're going to then do a group of of

blood work. So we're not only going to in prostate cancer.

Look at your PSA say free and total. We're going to look at something called the old prostate cancer marker, which is a prostatic acid phosphatase, because that's a little bit more concrete as it relates to metastatic disease.

And more advanced cancer is most likely metastatic. So we're going to get a baseline and we're only going to get a baseline. And we're only going to compare these blood markers to you and not make some big assessment.

Like we're all machines or robots, because that's the way conventional medicine wants us to think. Now we're all individuals, we're all everything's in flux, everything's and moving.

So we're going to get your baselines, not not anyone else's. So we're going to get your free PSA, total PSA, your PAP. We're going to look at your CBC, look at like everything at it, making sure you're not anemic, making sure you have a good neutrophil to lymphocyte ratio.

Neutrophils pretty much do one of three things. They either fight bacteria, induce inflammation or spread cancer. And even platelets are recruited by cancer to help.

We know when platelets aggregate they help. They help create that healthy tumor environment for the tumor, not for the health. So then we're going to look at hyper coagulated markers like fibrinogen and D-dimer, maybe plasminogen activator inhibitor, to make sure there isn't blood stasis going on.

Because those markers aren't. They serve two purposes. One is that they're recruited by the cancer again to form the nest, to form those protective, that protective lining, and to to make the tumor more hypoxic, meaning more lower oxygen environment.

We're going to also look at it from the perspective that the higher these markers are, the higher risk there is of blood clots and thrombus lytic episodes.

And, cancer patients are seven times greater risk of having blood clots, particularly as they get older, possibly having secondary, conditions like cardiovascular disease.

Then we're going to look at zinc copper. So rule of plasm ratio I can't tell you almost every single prostate cancer patient in early or in late stage is going to have high copper highs.

The rule of plasm and low zinc. We're going to look at both forms of vitamin D 25 125 hydroxy. And there are numerous other things. Even first morning page I want to make people as alkaline as possible.

I use potassium bicarbonate predominantly to bring up the pH, and I want the pH to be around 77.5 consistently. And there are a host of other things that will assess, in the patient.

That's just an example of some of the things that we're going to be looking at that are pretty straightforward. But very, very important. And the objective of the microenvironment is to optimize the health of the host and to inhibit an environment that's conducive to their cancer spreading.

Also, to analyze it from the cancer perspective, because cancer cannot invade, it can't can't form, it can't grow tumors, it can't, metastasize unless it hijacks the microenvironment.

So then we move into the cancer itself. And if you have later stage cancer, you either have had, a more aggressive type of cancer right from the get go.

So you're looking at things with DNA mutations that weren't picked up in the beginning. That should have been on the biopsy. You're looking at all those mismatch repair, mutations, microsatellite instability.

You have the the stem cell biomarkers that need to be looked at. Most prostate cancer at some point turns more

like breast cancer. And because becomes estrogen driven.

So and as men get older they are high. They have higher risk of prostate cancer yet their testosterone levels go down. So what's really happening here?

So when people think it's just an an androgen disease. No it's not I mean there's there's metabolites that are formed from the androgen which have to do with estrogen.

So there's estrogens. There's also dihydrotestosterone. There is inflammation. There is insulin. There is leptin. There's all these other co collaborators that we need to learn about.

And so we're going to do either a fresh biopsy to to see what's happening at the tumor level at this point. Or nowadays we can get close by doing a blood biopsy or a liquid biopsy as it calls.

So you're looking for the shedding of that tumor where all of these characteristics could actually be picked up in the bloodstream. And there's all there's, you know, there's an endless list of things that I would want to analyze.

And so the end objective is first and foremost is to optimize health in your patient. That's the most important thing. And people forget that. I said don't even worry about the cancer half the time if you just make patients healthy, they will.

There are too strong for that cancer to move at a rate that would ever become life threatening. Because our end result is are we making people live longer or making them live better?

And sometimes that's independent of prostate cancer, because you can get rid of prostate cancer in someone. And because of the aggressive nature of your treatment, they develop diabetes, they develop depression, neurological disease or heart disease and died earlier than they would have if they just completely never went to a doctor.

I see that happen all the time. People get over treated for their disease and don't see the big picture. So again, objective number one is I say, I'd say to my patients, I'm going to turn you into Superman or Superwoman.

You know, that's that's my objective. The second thing we're going to do is we're going to make that micro environment the best it can be to optimize health in the house, the least conducive to the cancer.

Assessing Advanced Prostate Cancer

And now when we need to be, we're going to target all of those molecular biomarkers in the cancer. Wow. So that's the unitive approach. And we're going to use various lenses.

Now some of those lenses are microscopic and some of those are telescope lenses. And we apply a concept called hermeneutics which is applied in, in theology and scholarly reading of, say, the Bible or something.

But you're really analyzing all these parts, but always seeing how they serve the whole, always going back to the whole. How does this relate to the whole?

And again, the beauty of herbal medicine and food is medicine and lifestyle is medicine, and spiritual care is that by its nature it's very holistic. It's not specific.

So as much as we can, we want that nonspecific medicine that's enhancing the whole, making everything healthier. And then we'll then we still can use specifics when need to be.

practitioner. And what I would say is first is that you have you know, we talked about my book on adaptogens, but you have to be adaptable as a practitioner.

So you have to first be a great listener. You would not apply the same concepts for one person to the next. You

might have someone that is completely non-religious and then the next person that walks in your door.

I have three, Roman Catholic priest, one minister, a rabbi, all with prostate cancer. So I will be I will meet them where they are and how they see the world through their lens.

And work with that lens. But another person that that is completely non-religious, but still, still, whether they know it or not, has a part of their makeup is still a spiritual makeup.

I mean, you can't like in Chinese medicine, the Shan you can't get away from that, that that part of our human existence. It's just, you know, you can deny it, but it's there.

And so in prostate cancer, one of the traits and I hate to generalize, but one of the things I've seen over the years and decades is that a lot of the men that develop prostate cancer are have a, an obsessive compulsive, and almost like, perfectionist kind of mentality.

So they're very much in their head a lot, and they're very much striving for perfection and are very obsessive about that. And remember, the prostate sits right next to the next to the rectum.

And so, that whole concept of anal retentive, almost like as it applies to like a rectal cancer, can also apply to prostate cancer. And those two, those two sit right next to each other.

So a lot of times you've got to make sure both both are working really well. And of course the the the lumbar region also fits right into that area as well.

So there's a there's a whole convergence there that sometimes needs to be addressed, as a whole. But I would say that, for me, you know, I, I'm a Franciscan.

So I spent I live three years in an eastern right Franciscan monastery. I'm also part of a Jewish, movement called matzah. So for me, that aspect of my being is everything.

So it's where it is, and I'm a musician, so I'm able to improvise, I'm able to listen really well, and I'm able to figure out how to get inside that person and how to press those buttons.

One of the things I, I I'll tell patients, I said, I said, if you're really struggling, whether it be with stress or with your disease, meditate from your deathbed and then look back on your life and say, why did I worry about all these silly things?

Because we're all going to come there some time where we all we all have to, as Saint Francis says, you know, embrace, you know, Sister Death, you know that it has to be there because once you get comfortable with that, all this burden is really from you and you can actually start living, because that's why I said we're this is about about about living, not about survival.

So these are, you know, some of the terms that I'll bring up with somebody and a lot of the botanicals I might use, even from a standpoint of prostate cancer, might work.

And I'll say this. Lastly, the biggest breakthrough, the biggest breakthroughs in cancer, maybe since we've ever even thought of cancer, has been the relationship between the nervous system and the advancement of cancer in the reoccurrence of cancer, most notably what's called the beta adrenergic receptor, which is the the stimulator to the sympathetic nervous system, and that the vagus nerve is maybe the number one thing that needs to be done to help somebody with advanced cancer.

And that is the gateway to the parasympathetic nervous system. And the vagus nerve is everywhere in the body. And there's an overwhelming amount of data that shows that if you, reduce the beta to and a nerve receptor, which could be done pharmaceutically, say, with, propranolol or, you know, that beta blockers where all the research is on or you do it in a more natural way, which could be through prayer, breathing techniques, meditation, chanting, cold

water on the face, vagal nerve stimulators, that are available now.

And I do recommend them frequently to patients and then or also using botanicals. And I know that you were at Columbia at one point, so they were doing research on one of the best inhibitors of the beta two adrenergic receptor, which also has all of these alkaloids that are anti-tumor.

And that's the herb, Ralphie, which was an herb that Gandhi took on a regular basis. And that herb is very good at quieting the sympathetic nervous system.

So, you can either have excess or deficiency. So when you see a patient, if they're deficient, you've got to build them up. If they have excess or, toxicity then you have to deal with that.

So if they're if they're over sympathetic Lee dominant like they've got that classic male kind of energy, then you need to nourish their inward energy like in Chinese medicine, that yin energy, that water element.

And again, a lot of those herbs, if they're if someone has kind of more testosterone like than a lot of the herbs and prostate cancer like crops that I'll use, even like biotechs and kava like, these herbs are calming, but they also lower that kind of energy in the body.

And so again, we can I take a lot of a lot of different approaches. I'll then say, well, stop doing all this aggressive exercise. I said, I want you to do tai chi or yoga.

Stop it with the, you know, the high impact exercise. It's not nourishing you. Yeah. CrossFit, the Crossfitters are a challenge. Yep. They are because they really think that.

And I said, well, look at what's what's the longest living species on the planet. You know, the tortoises, for example, like everything clams like these long living entities are very slow and methodical and have slow heart rates.

That's another thing important, like looking at, you know, people's heart rates, looking at their their blood pressure, looking at their heart rate variability.

These are really key factors not only to cancer and advanced cancer, but to again, the the whole way of looking at health. And again, our objective isn't just to see people through a cancer lens.

Certainly that's one lens that we're looking at somebody with that's coming for us. But again, sometimes you if you're a holistic minded like I am, your main objective is to to see everything and work on everything together as a whole.

And so their nervous system or, you know, what would be connected to that is their, you know, their spiritual, disposition which connects right into that nervous system is probably the most important thing.

I'd say, if you're going to do one thing, that's the most important thing to do, for somebody is to really figure out how to nourish that, in somebody to get them from.

Stop worrying about every little thing or being obsessive about things and really, really begin to relax. And, and so I'll approach it every way. Breathing techniques, herbal medicine, sometimes pharmaceutical medicine, if you have to.

I always tell people pharmaceutical medicines like hitting stuff with a sledgehammer. It's not, it's not. And it's usually hitting one area like like it's very modernistic and very strong and I, I, I, I it's very seldom you can find an, pharmaceutical medicine that's not just outwardly just blocking something.

Everything. And pharma in the pharmaceutical world is, blocking something. And in natural medicine, that's not really a term. You know, we're not really trying to do that.

We're trying to harmonize things, not block things. Wow. Thank you for that. You have an academy where you teach physicians and practitioners the concepts and the principles of the Murdery method.

What you just said and how you approach your patients in my mind is not teachable. How to listen. You know, you bring your background, your musician, yet there are things there that like, how do I so I'm in a position now where I teach on holistic and integrative neurology, and there's some things that they're asking me, how did you know?

And I say, I don't so sense I'm listening. I'm intuition plays a role here as a as a practitioner. How do you teach this to practitioners. Is that teachable?

As I said, it's the most difficult thing to teach. It's the most. And I'll say I start with this. It comes from love. You have to love what you do. You have to love your patients and you have to be fearless.

So love and courage are the two most important things in life. I think the two most important things and and I think medicine is set up as a model, conventional medicine right from the get go to fail because it's based on fear.

And patients with prostate cancer come with fear. Like he's like like they're obsessed about their PSA, which is a place of fear. And so you can never heal.

If there's fear, you can only heal if there's love. So I said I said, so that's the basis of everything is love. You know, my love. I, I'm an herbalist because I love plants and I love plants not just for what they can do, but for everything.

They are in the world that we live in. I mean, we wouldn't have oxygen if it wasn't for plants. We, you know, plants are smarter than people like they really are.

When you when you think of the term, when you understand how advanced they are and every way to be able to not only live in very harsh environments, but thrive in those environments.

Botanical Categories for Prostate Cancer

It's just and then you learn like, like this new concept of network pharmacology as it applies to all of these pathways. One single plant can impact hundreds and thousands of pathways, but in very gentle ways.

It's like, wow, oh my gosh, look what that plant can do in our bodies and how it interacts and bathes with us. So I think like my first thing is that, you know, plants are so humble and so loving.

I always tell people how much roundup has been used to date to try to kill dandelions, right? And people's lawns, I have them, I have a mug that says it says celebrate dandelions.

If you can't kill them, eat them. I'm surprised you don't have shirts with with such, with that line, you know, now we have these super weeds, like, there's, there's, there's ragweed that grows up to be like a tree now because it just becomes resistant to whatever we do because plants are so intelligent.

It's mind blowing when you can, when you when you can believe that that they can. They can't forage for food and water. You know, they're stationary and they can't when they're invaded by anything in the environment, they can't run away from covet.

You know, they can't be put in a bubble. They have to build all of these compounds within them. All these phenolic compounds, these terpenes, these alkaloids, which by the way, are all the medicine that we benefit from.

So the plant out in the environment takes on all this stress and adapts to its environment. This is where adaptation, again, is one of the keys, the plants adapting to the environment.

It lives in very, very well. And and as it adapts, it's building all these compounds that then when we ingest that plant or food, those that that's the medicine right there.

And there's a new science called Xeno or MREs, which is all about that. It's all about these secondary metabolites formed in plants that provide all these incredible health benefits just by us ingesting them.

So to me, if you don't believe in God, you have to believe in that. You know, the belief in nature that how beautiful, profoundly beautiful nature is and how much it has to offer us as food, as medicine, cleaning our environment.

You know, getting our environment well is is not just eliminating things that are that are making it toxic, but planting more plants. You know, plants that are greater, mediators of toxicity, mushrooms, trees, you know, anything?

The bees come flowers. I mean, if you were I planted every single plant outside my house that I live in here. And it's just, it's just a Mecca for for life, you know, for birds and for for insects.

And so I think that, you know, again, my love for what I do came of reading the first book I ever read called Back to Eden, which is a book based more on Tom Sony and ism.

Yeah, it was real. Like it was really just about how how beautiful plants are and how they were here for us to use as food and medicine. One of the first books I read, I think that has an impact in me going to naturopathy school.

I was, I had just graduated from college and, I was still in college. That's when I actually, the story goes that I'm like, okay, I'm going to go into, I'm going to be a doctor, I'm going to go into medicine.

So I'm taking prerequisites, going into medicine. Then I'm reading books like Back to Eden and other books. And then I said, wait a minute, I want to go.

I don't know what's out there. We're talking over 25 years, no internet. I want to go into natural medicine. I don't know what that is. I don't know what that looks like.

And then my wife goes, she was my girlfriend then. So she's been a big part of my journey. Goes to the library. I said, look, I told her, I want to go into natural medicine.

I want to be a doctor in natural medicine. I don't know what that is. And then she goes in the library, she comes back. She says, you know, there's this natural plastic medicine thing that you may want to look into.

And, you know, the schools are out west and I don't know, do you want to move out west? And so so for the it turns out that University of Bridgeport late 90s came about.

I said, oh, maybe I don't have to move out west. But yeah back to Eden. Started the whole journey for me as well. And it's great to hear that you had an impact on you.

All right. I think I'll say one more thing on that, on that note on, on back there and that, that I'll, I'll quote, Albert Einstein who said the intuitive mind is the sacred gift, the rational mind is the humble, humble student or humble servant of the gift.

And we now live in a world that we've abandoned the gift and we honor the servant. And so part of like I train people, I said, the heart has to act. It's the mind.

So all the information has to be up here, everything that we read and study. But you have to work from the heart. The heart goes to the mind and then things come through.

And that's where whether whether it's how you put a protocol together or just how you decide to interact with that patient to, to, be inspirational and have them believe in their, their, in their spirit and their ability to heal and and to embrace, you know, and to embrace that this concept because it you know, it is you know, it is, it is a change of lifestyle for people.

And I don't want anyone to be doing something totally again, for survival tactics. I said, this is beautiful. This is all

about living. So when you change your diet to eat more plant food, food out of the earth, this is the way it was intended. And.

And I don't want you to be miserable eating something just to take one more breath on the planet. I said, you, you know, things have to be done with joy, with, with again, with love and and again, this, this sense of of true healing, you know, of healing.

And, so, you know, some people do some radical things, because they're afraid. They're afraid of dying. I said, that's not the you know, that's not the approach we want to take.

I so this has got to be about promoting living, not a if not the fear of dying. And so it's, you know, and and there's great breakthrough successes with some people, other people.

It's a long and slow process, but it's beautiful when people get there. And, I love my work for the relationships. My patient relationships are really deep and beautiful.

And when you work with people for decades, you know, you get very, very close to them. And so I don't mind having very intimate relationships with, you know, with my patients.

That's amazing. I my only fear for you is that, at some point, there's only so many patients you can actually see yourself and, and the wait list is long, as we all witness when we do the kind of work that you're doing. So, but so let's, let's, let's, let's talk botanicals for prostate cancer.

And you know, the audience probably knows that I mean we also have Eric Garner now who's botanical expert, as well. And on the summit and it's not just this is the year for prostate cancer.

Right. Because we we try not to apply based on the principles that you mentioned. It's not well, replace the chemo for the herb. And that herb treats prostate cancer as a whole.

It's a different way of looking at it. But for argument's sake here, you know, what are the top five botanicals? I'd say that you would say, yeah, these are these are these botanicals.

I will definitely, you know, prescribe probably to all my prostate cancer patients and not to the ones that are more advanced. You could go up to ten if you want, as long as it, you can summarize or what else?

What I'll start with is seven categories that I apply to everyone with cancer. And the first is adaptogens, which I have primary, secondary and companion.

So I base, I tell everyone that I have to build a strong plug. A plug for your book, shameless, shameless plug for your book, because it's actually well written on adaptogens is my go to resource.

So, yeah, thank you for for mentioning adaptogens I love it. Yeah. So adaptogens are the primary starting point that I do so know. Every patient gets a adaptogens that I work with has as what I say, part of the root system.

I said we got to make the root system strong regardless of what else we do. So there are and I categorize my adaptogens, with which, no one else has done.

But I have primary adaptogens, which are very strict to be called a primary adaptogen needs to really meet very strict criteria scientifically, traditionally.

So some of those herbs, which again, for prostate cancer, all they they have shown inhibitory properties against all cancers not just being adaptogens.

So don't think that adaptogens don't have profound ability to, to be useful even even when seeing the things through a cancer lens. But Panic's ginseng, Glencoe folia, which is American ginseng.

Rhodiola. Chazan. DRA. Eleuthera caucus. These are some of the main primary adaptogens there. And so some of the companion adaptogens I really categorize the categories.

These other plants like turmeric, like green tea that I use in every man with prostate cancer formula that contains them. Thymus quinone rich black cumin seed extract, grape seed extract, rosemary, ginger those are kind of the a companion adaptogens.

They because they don't have this stress protective endocrine protective that strengthens the what's called the HPA axis. The hypothalamus pituitary adrenal access.

But they have this trophic ability, you know, that they they have this global ability to mitigate a lot of the age related causes of cancer, whether they be the inflammatory pathways, oxidative pathways.

And so that's my starting point with everyone, including men with prostate cancer. Then I move into my second category, which are tonic herbs. And there are six classification of tonic.

I would say essence tonic herbs, which are endocrine nourishing herbs, like to nourish the inward essence. One of my favorite herbs, which I'll use in prostate cancer, will be shot to varia, which is the root of the asparagus root.

And that's one Romany discovery. I'll use white text. And again, in a man with, say, high levels of, testosterone and high levels of prolactin because prolactin drives prostate cancer, too.

So I will do some. But that's also kind of this in word essence tonic. Then we have men that have prostate cancer say that are deficient. They're actually really low in testosterone.

So some of the herbs that inhibit prostate cancer, that actually boost that kind of young, energy, that young essence would be an herb like APA medium, which is goat weed, for example.

That's one that's got profound anti-tumor effects. The, I carry and the, like a side is profoundly inhibitory to prostate cancer, promotes, mitigates all age related decline, and it nourishes that kind of energy.

So this is where do I want to nourish the inward energy that that female, kind of feminine energy, or do I want to nourish that masculine energy? So if they're deficient and or do I want to do both?

The next category is the immune system enhancers. So those are those can be lots of herbs like echinacea for example is a great immune enhancer. Astragalus.

Through baptism, all of the medicinal mushrooms, they use a mushroom formula that has reishi mushroom. The, treatise or Coriolis mushroom should talk mushroom.

Chaga mushroom, Cordyceps I use as well. So the so those are, those are like part of a protocol that everyone gets. I've got my mushroom formula, which also has the, school area back a Linzess in it.

It's got some ashwagandha, some qaisara, some hibiscus. So I have my tonic is my adaptogens and now my immune modulating and, enhancing or so then I'll move in.

So those are part of like the triads that pretty much everyone's going to get. The next area is what I call the organ system enhancer. So say somebody either you need to enhance their their liver or they have weak kidneys or they have a weak heart, for example.

Or you need to detoxify a certain, system of their body. Then I move into those herbs, like for kidneys. I love your Erica. See, the nettle seed is one that I give everyone that may have a high creatinine or just have a weakness in the kidneys, or say they have kidney stones.

And I'll use herbs like hydrangea and gravel root that really help cleanse the kidneys out. So those are the organ

systems or herbs that may be more neurologically beneficial for somebody.

And again, age is a big part. You know, when you're looking at prostate cancer, basically, four different types. One is, you know, non-aggressive, aggressive.

The second is, under the age of 65 over the age of 65. So those are the, you know, as an elderly person or an older person, it's and it's tends to be less aggressive than somebody in their 40s or 50s getting prostate cancer.

The next category is a classic category of alternatives. And so alternatives are herbs that like like help with lymphatic drainage or, or really help the nutritional status at that cellular level.

Those are herbs. Classic ones are going to be burdock seed is a great, great alternative. Alternative I use a lot in prostate cancer is burdock seed for example.

Fuchsia is another one that I like a lot in prostate cancer as well. May Apple is another one. There's, you know, some of these herbs are the sources of chemotherapeutic agents, like May Apple is the source of it.

Hope aside. So which is, you know, a common chemotherapeutic agent. It's based on the pedophilia toxin. One, one compound in that or, so those those are kind of those alternatives.

Then we move into the subtitle static herbs are getting a little stronger now. Like what herbs are actually specifically targeting the cancer. So most herbs work as a side of statics.

So side of statics means that they're inhibiting cell division, but they're not actually killing cells. So the reducing you know with cancer you have cells that are more faster dividing.

And and the more aggressive cancers have faster and faster dividing cells. So they're more sensitive to things that are static or cytotoxic. So those are anti metabolites.

Appetite IC inducers BCL regular BCL two to Bax regulators things that really work in that. And there we have some of those are the herbs that a lot of chemotherapeutic drugs 65% of chemotherapies derived from plants.

So there we have the Pacific yew tree for example. That's a really good example. That tree contains 27 toxins, all with anti-tumor activity. Yet we pull one compound and make a drug called Taxol.

Then we make a synthetic analog called tax here. Then we make, a light bismol nanoparticle form called, a vaccine. And there's several others that are approved for prostate cancer because vaccines are the most widely used, chemotherapy agents against prostate cancer.

Of all the chemo drugs, that's used, if someone is going to go on to chemotherapy, which is really advanced cases in prostate cancer, but we have numerous, numerous herbs that can kind of in a low level way, with very low toxicity, but still having more tropic effects.

Maybe, then, chemotherapy would have working more metronomic. So chemotherapy is traditionally given at very high dosages. The highest dosage someone can tolerate basically without killing them.

And, and that's what they give to kill the cancer metronomic chemo which in advanced cases of cancer I'm very much for whether it be plant medicines or even conventional chemotherapy is very, very low dosages that are continuously taken.

And there are three benefits to metronomic, dosage. And one is that it's of static still two is that it's antiangiogenic and three it's immune modulating because in advanced cases cancer gets pro-inflammatory.

So it becomes a very hot inflammatory cancer. Prostate cancer initially is very cold, not hot, very slow growing. But in advanced cases it can turn hot very, very easily.

And then you need things that are quenching to that heat. And a lot of these cytokines, static herbs are very bitter in nature because they have cooling.

Those alkaloids are very cooling in nature. Artemisia Andro graff is some of those herbs that have these compounds and, are, you know, incredibly bitter, you know, and bitter is cooling energetically.

And then the last category I use are called specifics. Those are herbs that are based on either the Constitution or alleviating some side effect, or say somebody's been on androgen deprivation therapy and they're very blood deficient.

You know, I'm going to do herbs that kind of nourish their blood a bit. Or again, there are specific side effects that they may have.

Closing Thoughts and Contact Information

They may have neuropathy or they, you know, anything that they may have going on that that is a presentation of their, of their, either, symptoms or their constitution.

So I call that this specifics. So B so getting into herbs that more specific for prostate cancer. They're all in those categories. But you know, say you want herbs that more work specifically around, down regulating the androgen receptor.

Specifically, you know, and again, those would be, hops would be a really good one that targets that very, very well by text would be another one that I, that I use frequently, for that too.

The shot of area is another one skewed area back to lens. This is another one. So those are herbs that really are are modulating and helping with that.

And then some of those kind of what's quote unquote, the phyto estrogen kind of plants that are also really good for that. And isoflavones, rich red clover extract, really rich and dazzling and Biogen and a is very, very good in prostate cancer.

And a simple herb that I love is kudzu. Kudzu is that you can buy kudzu powder. And I have people all my patients make a medicinal smoothie every morning.

And I often put kudzu powder in there as well, or eating a good amount of safe fermented soy foods like tempeh, miso also very, very good in those kind of, you know, quote unquote phyto estrogen kinds of, compounds that also have an affinity, but again, and then if they have high DHT and they're, they need nourishment.

I like herbs like pi, GM and Serrano, which is sol palmetto. The nettles, root extract is a big one I use to for, prostate health, too. So those herbs are very nourishing to that energy.

But also are inhibitory to cancer and particularly help down regulate that, with pumpkin seed or pumpkin seed oil I'll use as well. And then if they're aroma teasing a lot of their testosterone into estrogen, say, which happens as men get older, I'll use a, compound called cristen, which comes from the verb passive florets or passionflower.

I feel and I know this is not a master course, but I it does feel that way to me. Jeez. I'm blown away. So this is officially, probably the longest, summit interview.

And I tell you, I could not have asked for, a better, situation just because I feel like I'm back to being a student. Donny, I want to thank you so much for being on and for taking the time and for really showing not only knowledge and expertise, but passion into what you do.

You, you, you know, it's always interesting when you've done something for so long. You know, I'm here in New York and, you know, we go see shows and sometimes you see the eighth show of the week and the, the best thing

is when you see that eighth show and, you know, these guys are tired people, they're tired and but it's still this freshness is still like, this is the first show of the week and and and that's so admirable.

And I know people in show up in the show business and theater that yeah, that's what they do. You seem to have as much passion as ever. 40 years later.

And I can appreciate that because, you know, I, I like to think that that's what I this is why I'm even doing the summit. I'm always rather than thinking, what is it that I don't know?

I'm sorry, what is it that I know and be comfortable there? I'm always. What is it that I don't know? And this is why this conversation with you is like, my God, I thought I thought I was, you know, I was part of the American Herbalist Guild, and there we go.

You know, everything that has to do with prostate cancer and botanicals. Not quite. Not quite. So I really appreciate you again, showing the passion that you show.

Yeah. How can people find you or your work? So the, the Madhuri center. So that's Msde r I Madhuri Center is the over brand that the the organization.

If you're interested in the academy you can go on to that website. And right there the academy's on that website as well. We, I can share it with you too.

We just finished what I call an inquiry paper. That's would be something that you might be interested in reviewing as well. That before anyone would be a patient of Madhuri, this, paper would, would be sent to them as something to read so that people say, well, what what is Madhuri, care or Madhuri medicine.

And is it for me? So it's a and then I have an intro to care letter as well. That kind of explains this philosophy and this approach kind of to the best of my ability.

And you know, layman's terms. But I'd say some of my, you know, yeah, I'm definitely a passionate person, but, and, and, you know, I love what I do. But also it's, it's, it's a kind of a New York thing to.

I said, I said, when you're out in the West Coast, people are. I'm not going. I'm going to probably turn a lot of people off by saying that. But, but, but generally, it's a very general thing that that New York, New Yorkers and New York energy is just got passion in it less so.

Do you find that on the West Coast overall? That's like me for you for a little like a little bit more subdued. And so, so it's like so, so I always tell people I live here in Ashland, Oregon, but almost all my friends are from New York.

And people should know that you are from the northeast, originally born and raised. So, you know, well, you know, thanks for the good work you're doing out there.

And I'm glad that you still connected with us out here in the East Coast. Yeah, I love it. Thank you so much. Thank you, everyone, for watching this episode on the Prostate Cancer Summit.

With, an expert, a master herbalist and expert in all things holistic and integrative and whatever however you want to describe it. Oncology and Donnie Yance.

There's more to come. And we are loaded. We I promise to get the best of the best to come to this summit. And, share their expertise with you. So stay tuned. There's more to come.

Doctor Geo Espinosa here. Signing off. Much love to you all. See you next time.