Managing Prostate Cancer Treatment Side Effects Transcript

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Introduction and summit welcome

We know that there are patients who say cancer is the best thing that ever happened to me, which is so paradoxical, but it's because cancer makes you look at yourself.

It's a great opportunity. You have to look, your stuff is in your face, you have look to yourself, and you to have your relationships, choices, patterns, fears, mortality.

And it is an incredible opportunity to get real and get authentic. Becoming congruent with yourself is a gift of cancer. This is Doctor Talks. Hello, everyone.

Welcome once again to the Prostate Cancer Summit. I'm your host, Dr. Gio Espinosa, and I have great pleasure of introducing to you my friend and colleague, Doctor Nalini Shilkov.

Dr. Shokoff is the founder and creator of the OutSmart Cancer System, which provides education resources and guidance and specially designed nutritional supplements to patients and families whose lives have been touched by cancer so that they can live well, stay well and live WELL beyond cancer.

She is the author of the best seller book, 32 Ways to Outsmart Cancer and How to Create a Body Where Cancer Cannot Thrive. Dr. Shokoff is recognized as an expert in integrative cancer care and immune enhancement.

She brings over 35 years. I know you're not going to believe me once you get to see her. But she does bring over 35 years of experience with thousands of patients to our discussion today.

Let's welcome Dr. Shokoff. Thank you so much, my dear.

How to outsmart cancer with a broader model

Great to see you again as always. My pleasure. All right. So I have a very basic question for you, Dr. Shilkoff. How do we outsmart cancer? Let's start basic overview.

If you listen to, it depends what you're listening to. Some people say, well, there's no way because they're way smarter than we are. And if we give it a little chemo, they out smart that and prostate cancer.

We give hormone deprivation therapy and you remove the testosterone within two years. you know, research shows you get a recurrent or a hormone sensitive, hormone resistant prostate cancer.

How do we outsmart cancer? Well, I think we have to have a bigger model than oncologists have who are just fascinated by the tumor and not by much else.

And so, yes, one of the things we to do is understand the characteristics of someone's cancer, but we also need to understand the body that's hosting that cancer.

We need proliferating and spreading. And that is its own signaling environment. It's its' own ecology. So we have to understand why that's a happy place for cancer to thrive.

We have change that environment as well as target the tumor because cancer cells are smart and they will adapt to an aggressive therapy and figure out how to survive in that hostile environment.

And so we have to have a more multifaceted approach so that we are addressing other signaling pathways, such as how robust is our immune system? How much inflammation do we?

What's happening with our blood sugar and insulin, our vitamin D, or copper levels, et cetera, so comprehensive approach because most oncology treatments are addressing one or two pathways and cancer is much more complex than that.

So in our model, we can safely use nutraceuticals, botanicals lifestyle interventions, acupuncture, homeopathy, lots of other therapies to also influence the behavior of tumor cells.

I love that answer. I mean, obviously you're preaching to the choir and for us is all about whatever the terrain, the micro environment, right? And I think that that's why both our, I've seen a few, they do well and our patients do.

Well, cause you right. No one's doing this. Right? No, no one is like, you know, how can we, uh, always say, How can. How can we create a micro environment that's hostile and unfavorable to these cancer cells?

No, no self-respecting cancer cell should want to be in your body.

Choosing botanicals and adaptogens safely

Like I need to get that. That's right. Well, the other thing is you have to have a health model. if you're going to have health, right? And so in the oncology setting, conventional oncologist setting health isn't even in a conversation.

So it's important some prostate cancer patients will have an episode of prostate that will resolve. But many prostate patients who live with cancer as a chronic illness And they will have recurrences or their treatment will reduce their tumor burden, but not a hundred percent.

And so then how do you take control of that? But be healthy and feel well and have a good quality of life and be able to engage fully in your life while you have some cancer in you body, while your going through cancer treatment.

So I think it's important not only to have disease model and to disease experts on your team, But you want to a health model, and a have health experts also.

Nalini, let me ask you a question, because I know you are, I've been to your lectures and conferences. You always bring the goods, even if it's the same topic, you have a different way of presenting it that's just really attractive.

Maybe you could give us a little, You spoke a bit about the right nutrients and botanicals to use. I'm wondering, Derek Yarnell talking about Donnie Yance is going to be one of our speakers on this, but I am interested in your view.

Here's why. Today, I got an email. I said, Dr. Gia, you said ashwagandha is very good for prostate cancer or people that have prostate. cancer. Now the real answer is, but I just want to get your overview on like the whole picture.

The real answers that Ashwagandha is an adaptogen, which helps the body adapt to stress. And one of the stimulating elements of stress and chemicals and hormones is cortisol.

So ashwagandha seems to modify cortisol. And if you do that, and if that's the reason why testosterone is low, then testosterone rises. But nothing is stronger than androgen deprivation therapy, right?

So if your taking, so I use ashwoaganda for cognitive, for better sleep, or fatigue, you know, to me is one of my favorite adaptogens. The floor is yours.

Give me your ideas on your views and how you prescribe herbals and botanicals. Well, first of all, I feel very strongly that individualized treatment plans and individual decision-making is the best medicine.

So we can, of course, only talk in generalities in this conversation, but every patient has to be looked at individually. Ashwagandha does have hormonal impact both on estrogen and testosterone.

And I'm a pretty conservative clinician, and I would rather on the side of safety when I have a patient with estrogen-driven cancer. So I tend not to use Ospoganda since we have.

A lot of other adaptogens that we can use that don't necessarily influence that we know but we haven't studied. Let's say you know there's studies on all these adaptages, they would say, oh, well, you might have a hormonal effect or…

I think that there is a body of knowledge. So for example, things like Siberian ginseng and Korean genseng, they don't really influence the steroid hormones so much.

They do influence cortisol and stress adaption, not the sex steroids like estrogen and testosterone. I think that's a little bit safer. And I also am very concerned about the quality of herbs.

So I want to make sure that our patients are understanding it's important to have high quality herbs if you're going to get the actual beneficial effects.

Preserving muscle with protein and nutrition

So understanding that you have to buy professional quality adaptogens or Chinese mushrooms, whatever you're going to use, nutritional supplements, because we need to get a pharmacologic effect out of the herbs and supplements.

The quality is very important. So you asked my opinion, I tend not to use ashwagandha in hormone driven cancers, like breast cancer and prostate cancer, just because I think it's a shade of gray.

You know, it think, It's the shade gray and I that there are other options. Yeah. In prostate, cancer there a few elements. One is that, and we're going to have Dr.

Helen Burney. She's one of the. She's a urologist from University of Indiana. She is world renowned expert on testosterone and prostate cancer. I've had her on my podcast.

So I know her answers. One is that testosterone is not a big, and it's not her answer is what the research shows that she's just translating. Testosterone not only is a precursor to a signaling for prostate.

The most recent research actually shows men with low testosterone actually have more advanced prostate cancers. So that think that area of testosterone with prostate cancer, it's going to evolve.

It already has, but within the next five years, I think you're going see more men on testosterone or a history of prostate, cancer and even advanced prostate.

There are studies coming out of Hopkins on that. So we'll see, But I, think, that's gonna be within next 5 years the whole thing. And of course I know nothing about breast cancer.

I don't know how that is going play out. the hormonal elements of breast cancer, I have no idea about. Muscle. It's the name of the game, right? At the end of day is figure out how to keep muscle and retain muscle.

Is that in any patient with, let's just say even one could make the argument, you know, for all people, but in a cancer patient, in prostate cancer patients, despite of stage, particularly advanced stages when they're on hormone deprivation therapy, is the name of the game, keep as much muscle as possible.

Yes, we know that both the physiology of aging as well as the Physiology of Cancer cause loss of muscle mass. And in fact, cancer patients are starting to have loss muscle masks early on, even before it's perceptible.

So it is very important to plan to preserve muscle mask right from the beginning of diagnosis. And this is what part of a health plan is because muscle mass is very important to immunity, to brain function, and to blood sugar

regulation.

We don't think of muscle as being related to all these important functions, but in fact it is. And when you lose muscle mass, you also have the risk of becoming frail, and because of the age group of cancer patients, we sort of have this double risk, loss of muscle, mass due to cancer, or loss muscle-mass due age.

And so many people also as they age and many undergoing cancer treatment lose their appetite and their digestive strength and sometimes are interested in eating a lot of protein.

And in fact, as we age, and when you have cancer, you actually need more protein, so the guideline is one gram of proteins per pound of healthy body weight.

And so, if the average healthy body weight is 150 pounds for an adult, then that's 150 grams of protein, and that still quite a lot of proteins. So, I recommend that patients kind of shoot for about 100 to 120 grams a protein to start if they're not used to eating a whole lot protein.

And I do restrict red meat in my patients because Red meat due to its high iron concentration and it being high up on the food chain, it's very high in environmental toxins and hormones.

So I don't include red meat as a protein recommendation in the outsmart cancer diet, but it is challenging to eat that much protein. It's challenging to if you're in the middle of cancer treatment and you don't have much of an appetite or you are not interested in cooking.

Supporting patients during radiation therapy

So you have to have some strategies for getting enough protein. One thing is to use a protein shake or a Or even if you don't want to make a whole shake, you can have a scoop and a half of whey powder and glass of water and have 30 grams of protein.

I also recommend branched chain amino acids just in water on an empty stomach away from food as another way to get the equivalent of eating a serving of a protein so that you do not have to eat a mountain of food to be able to do that.

think about having three servings of protein a day that have 30 grams in them plus a protein snack. That's 30g and that gets you to 120. that is dramatic in improving recovery from surgery, helping the body to recover from the breakdown that chemotherapy causes, and helping to restore immunity.

When you get that muscle mass, you have more normal insulin and blood sugar physiology. And you also have more normal brain function. So, and then you can exercise more as well.

And then, you could sleep better. All of these things are connected. It's very important, it takes some effort and some planning to get that much protein in a day on a regular basis.

Fabulous. Let's talk a little bit more about your OutSmart cancer system in terms of the different areas. For example, how would that system help men that are undergoing radiation therapy?

about the side effects of the therapies that prostate cancer patients undergo, including radiation therapy, which is common. Then you want to think about what can we do to protect the healthy tissue and then what we can do help recover from some of damage.

So I think probably one of most disruptive side-effects of radiotherapy for prostate patients is inflammation in the urinary tract, inflammation and the digestive tract because the pelvis is getting radiated.

And so we want to make sure that we can restore and rebuild. Now, the first thing is patients ask, do I have to go off all my herbs and supplements? Do I to have go of all of my antioxidants?

Yes, what's the answer? The answer is no. A beam of radiotherapy is pretty powerful and a little bit of- 100 milligrams of vitamin C is not- It's not going to cancel out a beam electrons.

But some cancer patients on their own take really high doses of Vitamin C. So I ask patients to just restrict their vitamin c to 1,000 milligrams a day, 500 milligrams twice a during radiotherapy and not to take super high doses of vitamin A and E and tocotrinols concurrently or beta-carotene vitamin a.

The nutritional supplement antioxidants, but studies show that the antioxidants in food and in botanicals, herbs, medicinal herbs don't really interfere with radiation therapy.

You just can't get enough and disrupt it. And you actually need to have some antioxidants for the normal tissue repair. And it's interesting, like, for example, curcumin is known to be synergistic with radiotherapy and actually enhance the effects of it.

So many cancer patients are taking curicumin. for tumor control. It is a strong antioxidant, so there's always questions about it, but super anti-inflammatory, So it's very helpful to the inflammation that is produced by the radiation.

But one of the things I really love for the Inflammation in the intestines that happens to prostate cancer patients is Boswellia. I love BosWellia and you want to have BosWillia in a lipid fat soluble capsule, not a dry capsule.

And that is one of the best anti-inflammatories for the intestines. Also for the lungs, also for brain.

Options for advanced prostate cancer without treatment

And it does have some anti-cancer, anti tumor activity as well, but it's a super anti inflammatory for gut. Also, you might want to take a little bit of glutamine, like a scoop or a tablespoon full of just to repair the lining.

of your urinary tract and your digestive tract, all those epithelial linings are the fuel for that is the glutamine. And so they will just heal up really quickly.

I also recommend a little bit of vitamin A, but not during radiotherapy. You have to remember that the effects of radiotheraphy persist for about three weeks after the last treatment.

So you don't want to interfere with that ongoing effect. of radiotherapy, so you want to be mindful of the things that would be interactions. I love it.

So do you think, so we were kind of tongue in cheek on vitamin C, because there's no way that could really affect it, but you do think that vitamin A can protect cancer cells from radiation?

Is that the reason why you- No, no, that's just for repair of the lining. After the three week period, let me clarify, after the 3-week period when you know that effects of radiation are no longer active, then if you still need to repair those linings, than I'll give about 10,000 So vitamin A a day for, you know, one to three months, however long the person needs.

Love it. That helps the skin also. There's also some interesting research that spraying a concentrated solution of green tea on the scan before radiotherapy is very protective to the, skin inflammation, the radiation dermatitis that can occur for some patients.

Oh my goodness. Thank you. I did not know that. And then of course, aloe vera, fresh aloevera. So I always have people go buy an aloovera plant and scrape out the gel and then mash it up and put it like on a four by four piece of gauze.

Put it over the skin that's inflamed and just wear it under your underwear or your pants or while you're, while your sleeping or something, let it repair the.

Sure. What do you do? And I know you get this situation in your clinic because I do. Dr. Shilkoff, let's just stay with prostate. I have stage four prostate cancer and I am not going to do any treatment for it.

If I know I will not do treatment, I saw the site, so I'm not doing it, how can you help me? What are you doing in that scenario? Because honestly I honor the patient, give them their pros and cons and make sure they make an informed decision and if they insist, I'm a patient advocate.

I was like, okay, well, let's go in that direction. So how does an outsmart cancer system would work in a patients with stage four prostate cancer that we know is aggressive and they're not undergoing treatment.

And this is again, a case where they just not going to do it. Might as well do something or spend a hundred thousand dollars in Mexico. Maybe they could well with you.

Well, so then I think that there's a couple of things. I also respect patients wishes and values, but I, also think, that many patients come into our offices and say that and don't understand that chemotherapy is not the enemy.

cancer is the enemy. So they don't understand that the effects of chemotherapy are finite, not permanent, and that it's a hard thing to go through, but it is over, you know?

And so I just have a reality check, first of all. I respect the patient. And I tell them, I will take care of you whenever you decide, But let's make sure you're making a fully informed decision.

because the goal is not to avoid an unpleasant treatment, but you have an unpleasent disease. So, you know, where are we going to go? So the go is to live a healthy life, a good quality of life.

But if you're 80 years old and you are just diagnosed with advanced prostate cancer, then you might want to decline therapy. But if you're 40, I think it's another conversation because you could live another 50 years if get effective treatment.

So I, think the patient number one needs to be educated and to what the reality is of going through surgery or going, through chemotherapy or immunotherapy, like what is really the, reality and it not really, the enemy.

And so is there a place for that therapy? in their arc of their life, right? So if they had six months of chemotherapy in a 90 year life what would it be okay to be uncomfortable for six month?

You know, I think a lot of men with prostate cancer really worry about their sexual function also. And so that conversation, that reality check has to happen in considering particularly surgery for those patients.

So that's real, you know? That's really. But if you know, if your prostate is the size of a golf ball or an orange, you're not going to have much sex anyway.

So, and you are not gonna have good urinary functions.

Core principles of the OutSmart Cancer system

I think the first thing I do is have a reality check because patients sometimes come around when they understand there's a place for these therapies, If it's going contribute to the solution, understanding it is not the whole solution.

I don't think that naturopathic therapies do a very good job of reducing significant tumor burden. So if the goal is to reduce tumor-burden, which does take stress off the immune system, and we can do that in a way that we manage the side effects so the patient understands it's not a forever thing, then sometimes a patient will agree when they become more informed and more educated.

And I think when we talk to patients, about the value of chemotherapy or surgery or immunotherapy. It has a different ring to it because we have our feet in both worlds, right?

And so you still want to have an effective therapy. But if the patient really does not want do anything, then I might suggest that they consider something like mistletoe therapy, high dose IV vitamin C therapy I do recommend in In modern China, there are a lot of very, very powerful tumor control type of herbs.

So you can have a metabolic approach to the cancer such that you get control of its aggressiveness. And then you, of course, support the health. You can slow down the answer with a metabolic approach.

Take control over inflammation, make sure the patient's not going to a form of blood clot due to their cancer physiology, make sure that we optimize everything that, we can optimize like vitamin D levels and we might consider something like oral copriculation.

So there's a lot of things that can do to slow down the metabolic aggressiveness of a cancer and support the health and wellbeing and the quality of life of someone.

That's what I do, but if you have significant tumor burden, And you're getting like your diet, your urinary tract is going to be obstructed. I don't think you have a choice.

Yeah. You have the choice to have. But then you end up in the emergency room with an emergency surgery. So I think I take the time to educate the patient about the reality and what are all the tools.

And I always ask the question, what's the right tool for the job here? Not what tool do I prefer? I love it. What are your basic principles of the outsmart cancer system?

What other principles that you go by to provide the type of approach that your do with your patients? Well, there's layers that we have to understand.

So, like the oncologist, we want to know the nature and the types of tumor, its aggressiveness, it's personality, what's driving it. You need to be able to make informed individualized treatment decisions.

to control the tumor. And if you have a lot of tumor burden, you'll have to reduce that tumor burdens. So to figure out how you're going to do that part and then, and have some kind of targeted therapy.

Then you want to take a look at the whole biosystem. What are your genetics? Do you, have diabetes? You have heart disease. Do have depression. You can have blood sugar issues.

Have a disrupted microbiome. what's getting in the way of your immune system? being responsive to the tumor. What are we doing about this environment that's hosting cancer in a permissive way so that we can get control of it?

And then what things can we do about that? So then we build a plan and then you need the plan for your health also. So you have your unique nutrient needs met.

We stated that cancer patients have a higher need for protein because they are losing muscle mass and they need a robust immune system. And I think also, you know, the brain gets very inflamed in the presence of a tumor.

So we need to consider the health of the brains so that someone has clarity and lucidity and good sleep and can make decisions in a grounded way. We put together a plan to understand the tumor and what can we do about that.

What can we do about creating an environment that will not allow cancer to continue to grow, but will inhibit it, send stop signals instead of grow signals.

And that is food, diet, supplements, and targeted therapies that could be naturopathic or allopathic. Then you have to look at the larger environment too.

So that's like, what's going on? Do you toxic exposures? You have toxic relationships. Do live in a house with mold in it? I mean, do you live with a toxic spouse?

Yeah, exactly. So, you know, or is your job too stressful for you to be able to actually build your health? So I think the question has to ask what causes me to thrive.

You know what, causes health, what sustains health not just what's wrong. We look at all of those elements and then there's sort of a circle that I look a number of elements to address this metabolic aspect of cancer because I That's what really integrative cancer care and naturopathic cancer are really looking with the metabolic aspect of the tumor and the body so that we change the ability for cancer to grow.

It's like the soil in a garden. You change, the so you change how things grow there. And so, that is very, very powerful. I have a nutritionist in my practice that'll teach the patient how to eat properly, prepare their food properly store it properly how to manage their sleep their exercise their stress all of that has to be part of it so that's the health model part and so you have to have these different elements.

You look at the tumor you look, at your body that the biosystem that is hosting cancer you, look the environment you're living in that also contributing to cancer permissiveness.

And we want to get control of it, and we wanna have long-term thinking. I always have a long term thinking about my patients. So I think it's very important for patients to understand that cancer is complex.

You need a team, you need disease experts, need health experts. But you also need longterm plan, right? There's different stages of the cancer journey.

When you're first diagnosed, different set of issues, when you are in treatment, When you're in remission, you are living beyond cancer. And then there's a lot of prostate cancer patients that live with cancer as a chronic illness.

That's another set of needs. So you need a long-term plan, I think, because most prostate patients usually live a very long time. They might not live cancer-free.

probably going to live a long time. So most prostate cancer patients don't die six months after they're diagnosed. They live years. And so if not decades, so you need a plan for that.

It's a learning curve.

Closing remarks and where to find resources

I encourage patients to make incremental changes in the way they care for themselves and the they live in their relationships so that they can a year from today be in another life and another body.

say to patients, okay, we're going to build you a new body, but it's going take a year. And so to go in a stepwise fashion, because cancer itself is overwhelming.

So I don't want to also be overwhelming, although I would say my patients say that my plans are overwhelming but I think it is important to do something aggressive.

We can't dilly-dally around when someone has active cancer. One thing at a time, I encourage patients to just deal with what's on their plate at this moment.

The plan right now is to do surgery, then just deal with what you need to about getting ready for and recovering from surgery. Then when we're done with that, we'll deal what comes next.

And to take it in chunks like that and to have a support system. You know, cancer is a team sport. It cannot do it alone, and you really need a system and a community.

So for some patients, learning to ask for, receive help and love and support is part of their evolution. As a cancer patient, they learned to accept love and support and ask for help.

So it's a developmental process, I think. And we know that there are patients who say cancer is the best thing that ever happened to me, which is so paradoxical, but it is because cancer makes you look at yourself.

It's great opportunity. Or you can't run away from yourself anymore, right? You can. You have to look at your stuff is in your face. I have look to yourself and you have your relationships, your choices, patterns, and your fears and mortality.

And it's an incredible opportunity to get real and get authentic. Becoming congruent with yourself is a gift of cancer. Well said. Dr. Nalini Shilkoff, thank you so much for being on this summit.

It's so valuable the information you have to share with our audience. How can people find you? Well, we have a website called OutsmartCancer.com and we also, We have lot of free resources there, lots of information about how to implement this system.

And we, also have, I know you'll put the link for our guide to how I think about using supplements at every stage of the cancer journey so that you have the support for your health and for the unique needs that happen at EveryState.

Beautiful. Thank you once again. Great to see you and thanks for being on. Thanks you. Folks, thank you so much for watching. This is just another great episode that we have here.

We have more to come, so stay tuned for all the rest of the guests, that expert guests. And I hope you're enjoying it. It's all good. Thank you for tuning in to Doctor Talks.

We hope today's episode has enlightened and inspired you on your path to optimal health. Each day is a new opportunity to make choices that empower your well-being.

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