Managing Prostate Cancer Treatment Side Effects 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 I have, great pleasure of introducing to you my friend and colleague, doctor and and Nalini Chilko.

Doctor Chilko 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's the author of the best seller book 32 Ways to Outsmart Cancer and How to Create a Body Where Cancer Cannot Thrive. Doctor Chilko 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, but she does bring over 35 years of experience, with thousands of patients to our discussion today.

Let's welcome doctor Chilko. Thank you so much, my dear. Great to see you again. As always. Thank you for having my pleasure. All right. So I have a very basic question for you, doctor Chilko.

How do we outsmart cancer? Let's start at the basic overview. If you listen to depends on what you listening to. Some people say, oh, there's no way. How's the way smarter than we are?

And if we give it a little chemo, they outsmart that. And prostate cancer if we give it hormone deprivation therapy and you remove that testosterone within two years, you know, research shows you get a recurrence or a hormone, sensitive, plot hormone resistant prostate cancer.

How do we are smart cancer?

How to 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 have 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 to understand the whole bio system that is being permissive of cancer, developing and proliferating and spreading, and that is its own signaling environment.

It's its own ecology. And so we have to understand why that's a happy place for cancer to thrive. And we have to 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 signal learning pathways, such as how robust is our immune system, how much inflammation do we have, what's happening with our blood sugar and insulin or vitamin D or copper levels, etc., so that we can have a more comprehensive approach, because most, most archeology treatments are addressing 1 or 2 pathways, and cancer is much more complex than that.

So in our model, we can safely use nutraceuticals, botanicals, lifestyle interventions, acupuncture, homeopathy, other 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 it's all about whatever the terrain, the micro environment. Right? Yes.

And I think that that's why, both are I think your patients, I've seen a few. They do well. And and our patients do well, because you're right, no one's doing this right.

No one is like, you know, how can we? I 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 like I need to. Right? And 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 oncology setting, health isn't even in the conversation. So it's important some prostate cancer patients will have an episode of prostate cancer that will resolve.

But many prostate cancer patients will live with cancer as a chronic illness. And they will have recurrences or their treatment will reduce their tumor burden, but not 100%.

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? Well, you have some cancer in your body.

Well, you're going through cancer treatment. So I think it's important not only to have a disease model and have disease experts on your team, but you want to have a health model and have health experts on your team.

Also 100%. Nalini, let's let me ask you a question because I know you are. I've been to your lectures and conferences never get. There's always you always bring the goods.

Even it's the same topic. You you have a different way of presenting it. That's just really attractive. Maybe you could give us a little. You spoke a little bit about the right nutrients and botanicals to use.

Herbs, Adaptogens, and Individualized Care

I'm wondering, I mean, I have, Derek Yarnell talking about Donnie Yance is going to be one of our speakers on this, but I'm interested in your view. Here's what today I got an email.

So, Doctor Jia, you said ashwagandha is very good for prostate cancer. Or or people that have prostate cancer. I had prostate cancer. I am on engine observation therapy, isn't it?

You know, the recent research says I don't think it was. Research says that ashwagandha is not good for prostate cancer, and that it because it increases testosterone.

Now the real answer is and but I just want to get your overview on the whole picture. The real answer is that ashwagandha is an adaptogen, which helps the body adapt to stress.

And one of the, stimulating element of of, 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 a little, then testosterone arises.

But nothing is stronger than androgen deprivation therapy. Right? So if you were taking so I use ashwagandha for cognitive, for better sleep, for fatigue, for you know, to me is one of my favorite adaptogens.

The floor is yours. Give me your ideas on on on your views and how you prescribe herbals and botanicals. Well, first of all, I feel very strongly that individualized treatment plans and individualized 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 hormone all 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 ashwagandha.

Since we have a lot of other adaptogens that we can use that don't necessarily influence things. That we know that we haven't we haven't studied. Let's say, you know, these studies are all these adaptogens.

They say, oh, well, that, you know, they might have a hormonal effect or. I think that I think that there is, a body of knowledge. So, for example, things like, Siberian ginseng and Korean ginseng, they don't really influence the steroid hormones so much.

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

And 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.

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.

So 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, I think it's a shade of gray. And I think that there are other options. Can use. Yeah. And prostate cancer.

There are a few elements. One is that, and we're going to have Doctor Helen Burney. She's one of the, she's a urologist from University of Indiana. She's, world renowned expert on testosterone and prostate cancer.

I've had it on my podcast, so I know her answers. And one is that, 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 not a, a precursor to a signaling for prostate cancer, the most recent research actually shows men with low testosterone actually have more advanced prostate cancer.

So I think that area of testosterone with prostate cancer, it's going to evolve as it already has. But in the next five years, I think you're going to see more men on testosterone.

Muscle Preservation and Protein Intake

There a history of prostate cancer and even advanced prostate cancer there. Studies coming out of, Hopkins on that. So, we'll see. But I think that's going to be, within the next five years, the whole thing.

And, of course, I know nothing about breast cancer, so I don't know how that's going to play out. The hormone hormonal elements of breast cancer, I have no idea about muscle.

Muscle is is the name of the game. Right at the end of the day is, hey, figure out how to keep muscle and retain muscle. Is that in any patient with with.

Let's just say even a, one could make the argument, you know, for all people. But any cancer patient, any prostate cancer patient, despite of stage particularly advanced stages when they're on hormone deprivation therapy.

Right, 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 of muscle mass early on, even before you perceptible. And so

it's very important to have a plan to preserve muscle mass 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, to blood sugar regulation. And we 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 we sort of have this double risk of loss of muscle mass due to cancer or loss of muscle mass due to age and so many people also, as they age in many people undergoing cancer treatment, lose their appetite and, and their digestive strength.

And sometimes their interest 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 protein per pound of, of healthy body weight.

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

So you have to have some strategies for getting enough protein. So one thing is to use a, protein shake or a protein drink, or even if you don't want to make a whole shake, you can have a scoop.

And a half of whey powder and a glass of water and have 30g 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 protein so that you don't have to eat a mountain of food to be able to do that.

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

So all of these things are connected. And so 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 out cancer's, outsmart cancer system in terms of, you know, the different areas. For example, what would that system, how would that system help men that are undergoing radiation therapy?

Or when you think 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 what can we do to protect the healthy tissue?

And then what can we do to help recover from some of the, the damage? So, I think probably one of the most, disruptive side effects of radiotherapy for prostate cancer patients is inflammation in the urinary tract, inflammation in the digestive tract because the pelvis is getting radiated.

And so we we want to make sure that we can restore and repair. And now the first thing is patients ask, do I have to go off on my herbs and supplements.

Do I have to go off of all my antioxidants? Yes. What's the answer? What's the answer? You know, a beam of radiotherapy is pretty powerful, and a little bit of, 500.

Milligrams of vitamin C is not. Going to it's not going to cancel out a beam of electrons. Right. So, but, you know, some cancer patients on their own take really high doses of vitamin C.

So I ask patients to just restrict events to 1000mg a day, 500mg twice a day during radiotherapy. And not to take super high doses of vitamin A and E and Toho trinomials concurrently and or beta carotene, vitamin A, the the nutritional supplement antioxidants.

Supporting Patients During Radiation Therapy

But studies show that the antioxidants in food and in botanicals, herbs, herbs don't really interfere with, radiation therapy. You just can't get enough in to to disrupt it.

And you actually need to 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 curcumin 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 Boswell.

Yeah. I love Boswell, yeah. And you want to have Boswell? Yeah. 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 the brain. And it does have some anti-cancer anti-tumor activity as well, but it's a super anti-inflammatory for the gut.

Also, you might want to take a little bit of glutamine, like a, scoop or a tablespoon for glutamine 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.

And you have to remember that the effects of radiotherapy, persist for about three weeks after the last treatment. And 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 E can, protect cancer cells from radiation? Is that the reason why? You know. That's just for repair of the lining. So after the three week period, let me clarify.

After the three week period, when you know that the effects of radiation are no longer active, then if you need still need to repair those linings, then I'll give about 10,000 units of vitamin A day for, you know, 1 to 3 months however long the person needs of it, that helps the skin also love it.

There's also some interesting research that spraying a concentrated solution of green tea on the skin 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. Yeah. And then of course aloe vera fresh aloe vera. So I have people go by an aloe vera plant and scrape out the gel and then mash it up and put it, like on a 4×4 piece of gauze, put it over the, the skin that's inflamed and just wear it under your underwear.

Your fans and I love you. And while you're sleeping or something, let it repair the skin. Sure. I love it. What do you do? And I know you get this. Have this situation in your clinic because I do doctor Chilko.

I have let's just say we have stage four prostate cancer and I am not going to do any treatment for it. I by no I will not do any treatment. I saw the side. I'm not doing it.

So what can you how can you help me. So I'm interested. And what do you do in that scenario. Because honestly, I honor the patient. I give them their yeah, you know, the pros and cons and make sure they make an informed decision. Yes.

And if they insist I'm a I'm a patient advocate I'm like, okay, well let's go in that direction. So how does the outsmart cancer system would work in a patient 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. So might as well do something or or and or spend $100,000 in Mexico. Maybe they could do well with you.

Well, so then I think that there's a couple of things I also respect patient's 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 and 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's over, you know. And so I just have a reality check first of all, I respect the patient. I tell them I will take care of you whatever you decide.

But let's make sure you're making a fully informed decision, because the goal is not to avoid an unpleasant treatment.

Treating Advanced Prostate Cancer Without Conventional Therapy

You have an unpleasant disease. So you know what? Where are we going to go? So the goal is to live a healthy life, a good quality of life. But, you know, if you're 80 years old and you're just diagnosed with advanced prostate cancer, 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 you 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's 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 months?

You know, I think 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 real. But if you know, if your prostate is the size of a, a golf ball or, an orange, you're not going to have much sex anyway.

So, you know, and you're not going to have good urinary function. So I think, 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 to contribute to the solution understanding it's not the whole solution. But I don't think that naturopathy 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 can manage the side effects of the patient, understand 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 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 to do anything, then I might, suggest that they consider something like mistletoe therapy, high dose I. V.

vitamin C therapy. I do, recommend. And in in modern China, there are a lot of very, very powerful tumor control type of, so you can have a metabolic approach to the cancer such that you can get control of its aggressiveness.

And then you can, of course, support the health. You can can slow down the cancer with a metabolic approach. So you take can control of inflammation. Make sure the patient's not going to form a 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 complication. So there's a lot of things that we can do to slow down the metabolic aggressive ness of the cancer and support the health and well-being and the quality of life of someone.

So that's what I do. But if you have significant tumor burden and you're like your diet, your urinary tract is going to be obstructed, I don't think you have a choice.

You know? I mean, you have the choice to have I mean, you have. A choice. But then you end up in the emergency room with the emergency surgery. So I think I, 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? Now what tool do I prefer right? I love it. What are your basic principles of the outsmart cancer system?

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

So unlike the oncologist, we want to understand the nature and the type of the tumor, its aggressiveness, its personality, what's driving it. So you need to understand that to make informed, individualized treatment decisions.

So you have to have a plan to control the tumor. And if you have a lot of tumor burden, you have to reduce that tumor burden. 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 bio system.

What are your genetics? Do you have diabetes? Do you have heart disease? Do you have depression? Do you have blood sugar? Issues. You have a disrupted microbiome.

What's getting in the way of your immune system? Being responsive to the tumor. What? 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 can we do about that? And so then we build a plan and then you need the plan for your health also. So you need to have your unique nutrient needs met.

So 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.

And so we need to consider the health of the brain so that someone has clarity and lucidity and good sleep and can make decisions in a, in a grounded way.

And, so 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 and stop signals instead of growth signals?

And that is food, diet? Several meds and targeted therapies that could be naturopathy or, or alcoholic and and then you have to look at the larger environment to.

So that's like what's going on. Are you have toxic exposures. Do you have toxic relationships? Do you live in a house with mold in it?

Core Principles of the Outsmart Cancer System

Do you have nasty spouse? I mean. Do you live in a. Getting in a. House with a toxic spouse? Exactly. So, you know, where is your job too stressful for you to be able to actually build your health.

So I think, the question has to be asked, what causes me to thrive? You know, what causes health? What sustains health, not just what's wrong? So we look at all of those elements and then, there's sort of a circle that I look at a number of elements to address this metabolic aspect of cancer, because I think that's what really integrative cancer care and naturopathy cancer care are, really looking more at the metabolic aspect of the the tumor in the body so that we change the ability for cancer to go and like the soil in a garden, you change the soil, you change how things grow there.

And so, that is very, very, very powerful. And so 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 bio system that's hosting cancer.

You look at the environment you're living in that's also contributing to cancer permissiveness. And we want to get control of it. And we want to have long term thinking.

I always have long term thinking about my patients. And so I think it's very important for patients to understand that current cancer is complex. You need a team.

You need disease experts, you need health experts, but you also need a long term plan. Right. There's different stages of the cancer journey. So when you're first diagnosed, different set of issues, and when you're in treatment, when you're recovering, when you're in remission, you're you're living beyond cancer.

And then there's a lot of prostate cancer patients live with cancer as a chronic illness. And that's a whole nother set of needs. So you need a long term plan I think is most prostate cancer patients usually live a long time.

They might not live cancer free, but they're probably going to live a long time. So most cancer 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. And so, it's a learning curve. And so I encourage patients to, make incremental changes in the way they care for themselves and the way they live in their relationships.

And so that they can, a year from today, be in another life, in another body. I often say to patients, okay, we're going to build you a new body, but it's going to take a year.

And so, to go in a stepwise fashion because cancer itself is overwhelming. And 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's impossible, important to do something aggressive.

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

So if if the plan right now is to do surgery, then just deal with what you need to do about getting ready for and recovering from surgery. Then when we're done with that, we'll deal with what comes next and to to take it in chunks like that and to have a support system.

You know, cancer is a team sport. You cannot do it alone. And you really need a support system in a community. So for some patients, learning to ask for and receive help and love and support is part of their evolution as a cancer patient, they learn to 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's because cancer makes you look at yourself.

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

And it's an incredible opportunity to get real and get authentic. And becoming congruent with yourself is a gift of cancer. I think.

Closing Remarks and Resources

Well said. Well said. Doctor Nalini Chilko, 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 Outsmart cancer.com and we also we have a lot of free resources there. Lots of, of, information about how to implement this system.

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

Beautiful. Thank you once again. Great to see you and thanks for being on. Thank 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 guest and I hope you're enjoying it. Is it's all good. We have the best of the best coming to the prostate cancer Summit, so I will see you next time. Signing off.