Prostate Cancer Myths, Facts, And The Lifestyle Reset For Men Transcript

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Introduction to the Summit and Men's Health Focus

Hi everyone. This is Doctor Joseph Anton, your co-host for the Fasting and Longevity Summit. As I mentioned before, we're expecting north of 100,000, maybe 75, 200,000 people watching on us here today.

With taking care of women's health with two, three episodes. Focus on women's longevity and and and and healthspan. We focus on menopause with focus on post menopause and breast cancer and women's health in general.

Today we're going to take care of men, mainly men's life. That lifestyle and and prostate cancer. And we have one of the top national expert on this topic.

Doctor Julio Espinosa and and doctor I mean you have a fascinating background, naturopathic doctor that actually excels at NYU Langone, right? When I went to med school, we were like, that would have never happened.

Ever. But you're such an exceptional, functional medicine practitioner that, you've proven that this is a discipline that changes people's life, changes men's life.

You know, prostate cancer is not a cancer that people die from in three months. It's actually a lifestyle. It becomes a lifestyle. And and they end up dying from kind of vascular health conditions.

So lifestyle medicine, functional medicine is very necessary and proven that is and increases the healthspan or at least the longevity of those patients.

I cannot wait to talk to you about all of this. You also have your podcast, Doctor Geo, is it the Doctor Geo podcast? Yeah, the Doctor Geo Prostate podcast.

And it's one of those things that, well, I would have I should have started way longer. I started about two years ago, and I'm having so much fun with it because I get to interact with people like you all the time.

And I love that aspect. I love dealing with and working with patients, of course, and I love having discussions with, you know, experts from around the world on their respective, fields.

Doctor Geo's Background in Prostate and Functional Medicine

So, yeah, it's a lot of fun. Yeah. So welcome. I would love for you to elaborate a little bit on the introduction I made. I'm always fascinated how things are changing faster than were the functional medicine in the way how allopathic medicine is coming along to join forces with functional medicine, and how people such as yourself are leading this movement, starting in New York and other and other faculties.

So please, a few words about yourself. And then I want to tackle men's health, prostate cancer and longevity. Well, again, Joseph, thanks so much for having me on your summit.

And thanks for being on my summit, the prostate cancer Summit, which is part of Doctor Talks and, had a great time speaking with you on that as well. I guess long end of it is, I, you know, I took the road less traveled, perhaps.

Right. So here I am over 20 years ago. I'm doing my clinical work in as a natural path medical doctor and, most natural paths and functional medicine doctors become general practitioners.

They see everything, or a lot of them focus on women's health. So remember back then, you know, it's a, you know, I if for some reason I was seeing more men than anyone else, I say this is interesting.

I didn't pay attention to that. And then, I started working with the urologist even before I finished my clinical work as a, as a student. And I was like, wow, this is amazing.

Why? I love feeling prostates. So who would ever say they love, you know, sticking their index finger up someone's butt and feeling prostate? So once you feel like, wow, this is amazing.

I love doing this. I love figuring out, you know, wow, this prostate feels like this. That prostate feels like that. I enjoyed that testosterone erectile dysfunction prostate cancer and all these things like, wow, this is fascinating.

Then the other element is, well, I'm a man. And eventually I was much younger then, but I'll be aging. My father always had prostate issues and he was still alive at the time.

I said, well, I'd like to help my dad with. So, you know, I'm going to stay in this path. Of course, everyone else is saying, gee, oh, what are you talking about?

Men don't go see Doctor Geo. You're not going to you're not going to succeed if you become a male health doctor. And just in urology, you're not going to succeed.

And I, I, you know, that was that was tempting to kind of, you know, do what everyone else did. Bottom line is that I had great opportunities. I was mentored by Doctor Aaron Katz, a medical urologist from Columbia University.

I did a training in at Columbia University, at the center for Holistic Urology at the time. And then, I've been at NYU, Department of Urology for over 15 years.

So when you say that things have changed, they have not fast enough. I think if you just present things with information that science has a scientific backbone to it, which is very important, I think it becomes more appealing and that's what I did.

I learned, you know, everything I needed to learn from a urological standpoint. I know medical urology very well, though not a practice. It. And then I just applied, you know, evidence based, you know, functional medicine, neuropathic medicine.

And so that's what we're having this conversation because, man, I tell you, there's very little products and, and, and approaches, that have, a science based background or a science based backbone, like fasting, mimicking diet.

So I'm super stoked to be here with you. Well, it's fascinating to see what it's fascinating, and fascinating to see, you know, functional medicine doctors adopting the scientific fasting or the fasting and begin dying.

Can you talk to us a little bit about where is where this fasting, in the fasting, mimicking right fit within the longevity journey of men with prostate cancer and or with, you know, cardiometabolic health, health issues.

All right. So let's let's tackle one at a time. And I know that it could be there could be both together. But you know so prostate cancer I wouldn't say that.

You know, I think some people think that, hey prostate cancer, no problem.

Why Prostate Cancer Is Often a Longevity Issue

I'll never die from it. Not necessarily true. About 30 to 32,000 people do die from prostate cancer. He's a minute. And when I see men sometimes in my office, oftentimes they have a PSA.

That's the biomarker that for the prostate, you know, in the thousands and so they already have metastatic prostate cancer. So I want to say no one dies from it.

But I'll say most people that get diagnosed with it die from something else. That is true. But again, not everyone.

So, so when you are putting together protocols for, a patient with prostate cancer, you're trying to see.

Okay, you know, who is, you know, ten patients with prostate cancer or ten different situations. One scenario is, well, you got you just got diagnosed with prostate cancer.

Great. But it's low risk. So now you could be on active surveillance. This is a low risk, low, low Gleason score. You don't need to be treated. You could be surveilled and and so forth.

This is the guy that has, you know, LDL extremely high high glucose inflammatory biomarkers clearly has a metabolic issue. And that guy would definitely die if anything from a heart disease and not prostate cancer, then the other guy with more advanced disease who can die from prostate cancer.

There again, fasting and fasting mimicking diet helps. How so? Well again, any scenario, any scenario, the studies are very clear that metabolic syndrome increases the risk of prostate cancer detection, diagnosis and or prognosis.

So they they end up doing worse. Just metabolic syndrome. Right. So high LDL, bad cholesterol, low HDL, high blood sugar, big waists versus hips, you know, hypertension, all these things are metabolic dysfunction that it's associated could be causative maybe to things like cancer and prostate cancer.

So fasting mimicking, you know, pilot study in 2023, in nature, in case you don't see it clinically, what do you do just in case it's not seen clinically, which if you do fmd, you see it clinically, showed that metabolically patients do so much better, which again reduces the risk of dying from a heart attack, even though they coming in for prostate cancer is equally important.

You know, it's very important for the listener to know here that, listening to know you don't have a prostate coming into your office, you have a man who has a prostate coming in.

So the question is, do you I'm assuming you don't want to die from prostate cancer, but I'm also assuming you don't want to die from other things prematurely.

Is that right? Because you have to have that kind of conversation with patients and kind of redirect their focus. And so that could do you want to explain to listeners here why we're assuming that in most cases or in many cases, the prostate cancer patient, you explained that the risk for it is metabolic syndrome, which is, you know, the cholesterol, triglyceride, higher inflammation of the body, etc..

Blood pressure, high blood sugar. But why men with prostate cancer die mainly of aging and metabolic health condition. Can you clarify that? Because in most other cancers, people die from the cancer?

Can we explain? The connective is that people understand why we're talking then fasting in that case, afterwards. All right. So there is an there is a scenario where too many men, are just, diagnosed with low risk prostate cancer that never die from.

So part of it is just our screening process. That has changed as well. But it used to be like, hey, high PSA, get a biopsy and you just go down that process.

That's has changed a little bit so that we find only the type of prostate cancer, oh, the person with prostate cancer that we should find and leave the other people alone.

So over screening could have been one of them, and certainly in the past. The studies show very clearly that, when we say most men die with prostate cancer, not from it, that's because they've, they've, they've looked at you know, hundreds of men after they've died at any age and they died from other causes, accidents or what have you.

And oh, wow, they have prostate cancer. So they never died from it. They just got die. Some of them never got diagnosed with it. So that's the scenario.

So the number one, I mean, look, I'm a prostate cancer guy, but I'm also a longevity male guy. And the number one cause, by far, people dying prematurely is cardiovascular disease.

Not even close like right now. We've been, I don't know, talking for 20 minutes or so. You know, it's probably ten people around the world that died from a heart attack as we speak right now, ten men, so it's a very important, you never look just the C word is, is a powerful, fearful, word.

Right?

How Fasting Mimicking Diet Supports Metabolic Health

When you have the psychological element. Joseph here is amazing. So here we have here we have, you know, CEOs of a company run, you know, 10,000 employees.

You, sir, you have prostate cancer. All of a sudden, everything shuts down and it's almost they're not even listening anymore. So as I'm trying to say or hey, but it's okay.

I mean, look, you can still die from something else is not listening. It's the C word. So to me is an opportunity for men to like, okay, I'm going to take action now.

Do something like fasting, mimicking and then follow protocol dietary protocols that I have. Lifestyle protocols and stay on it to reduce the risk of dying from prostate cancer, but also reduce the risk of dying from cardiovascular disease.

Alzheimer's type two diabetes, and all these other things. And I want to make this message very crisp, right. Most men with prostate cancer die from cardiovascular disease.

That's the big statement, right? This is what we're trying to say here. Most men. Absolutely. So for every person who has prostate cancer or for your wife or the daughter, you know, looking at up at her father and prostate cancer, take care of the cardiovascular system.

And this is why and this and this summit, we're talking male longevity. We're talking fasting. We're not saying do fasting to cure the cancer. We're saying the fasting, the fasting, nutrition, fasting, mimicking diet have proven that they can help cardiometabolic health, which is the number one killer of men with prostate cancer.

And that that was the biggest message. And thank you for clarifying this, doctor. Tell us 1,000%. Let me add one other thing, Joe. So I think it's very important and I'm glad that you're kind of highlighting on that.

It's very important that people listening, they get diagnosed with prostate cancer and so. Well, you know, I don't have to worry about it. I mean, you know, when you're doing something like, fasting, mimicking diet and then and then you do, health care, health practices, you're reducing the risk of everything, of dying prematurely from many things, not just prostate cancer, cardiovascular disease.

The other thing I want to say is, and this will be, I don't, you know, this will be harder to prove, but there is anti-cancer activity through the process of autophagy that helps with cancer itself.

So as part of a protocol, I mean, look, when my patients said, look, I'm going to undergo radiation therapy around my pelvic area for prostate cancer, guess what?

I eat them, have them fast or have them going FMD while they get their radiation. Because some studies suggest that the cells are more sensitive to both chemo and radiation during during this autophagy phase, rather than not being on that.

So it can work congruent synergistically with other harsher treatments. Their side effect profile are not as harsh and potentially harder to prove. There's anti-cancer processes and activity at doing, doing, taking such a an approach.

I one of the things that that I always, mentioned in the summits and in the talks is that doctors themselves do the prolonged fasting, and we came back.

I'm very proud of that, because I've always watched doctors prescribing things and recommending things to their patient that we as physicians, we are the least adopters of any diet or.

Any. Bill. And that was one of the biggest pride we have at the at prolonged, with the fasting, with making diet, is that the doctors read the science, they're convinced and they do it themselves.

So doctors who have you don't problem. Do you prescribe it to your patients? Can you talk a little bit about your experience with it and and how you tried to help your patients with it?

I do prolong FMD, 3 to 4 times a year. So I try to do it quarterly. And so I'm, I'm, I'm up again now in November to do I'm not sure if it's the last one before the year.

But, I may do two actually, before the year. That's because I've slacked off and I need it. So here's my experience. Number one, let me emphasize what you said.

Decisions. Look, if your physician is not doing much of what he's telling you to do, I don't know. That's an issue there. If they don't look healthy, there's an issue. I'm sorry.

There's an issue I try to do. And not only me. Many of my colleagues try to do many of the things we recommend, if not only for our own health, to see what your experience is.

Before I tell you, and I know this because I didn't do that initially, I used to recommend these diets that I didn't do. And, all these exercise protocols that I didn't do, and people were coming back and say, this is crazy.

This is too hard. Once I started doing what I recommend people to do as it oh, you know what? Absolutely. How can a working man with three kids ever do this?

So what? I recommend things that are doable, very prescriptive and and with good outcomes. Fasting mimicking is one of them because, hey, I first of all, I work a lot, so I want to be able to work and not feel so crappy that, man, I need to go to bed.

And so I think the FMD program helps you with that process versus just a water fasts, which I've done. I think water fast are great. Honestly, that's my opinion.

I've done it for you. But when I did it, guess what? I didn't have children. This is before I had kids. This is before I had the kind of work that I have now.

So I had a part time job and going to school and things like that so I could afford, you know what? I don't feel well, let me just go take a nap for two hours in the middle of the day and maybe feel better.

Doctor Geo's Personal Experience with FMD

No, with with this FMD approach, there's enough coming in that it keeps me stable with the new, with the, neutral drink and the soups and the man those bars.

Boy, I tell you, I, I never appreciate, but. And crack those crackers. Those crackers that just call them crack. Just call them crack those crackers. I'd never, you know.

So I have a I think I have an eating, addiction. Right. So everybody is addicted to something. I think, you know, growing up, my parents grew up poor.

Come to the US, eat all the food no matter what. You gotta eat all the food. You know, people are dying. And, my

God, we are done in Africa, you know?

So then from that and then I became a football player, which is you take the pride of eating a lot. So then you develop a food addiction. So and then that doesn't go away that easily.

So during this time one of the things that helps him with FMD is kind of reset. Reset. My, my relationship with food, by the way. So after I'm done, I'm like, okay, I'm more in control.

Those. So part of eating, part of the, I guess being a food addict, you eat fast and you eat too. It's like, yes, when you have these crackers and, you know, there's only but 4 or 5 they give to you that you can't have more like a little bite.

You kind of savoring. Each each. Moment, each experience with a little bite so it can last a little bit longer. You develop the pleasure of eating right.

A lot of I love the pleasure of eating and actually tasting things. You know. That this is, this is important in the based on my experience and have been working on obesity and diabetes and nutrition for, you know, a decade and a half now.

There's two things that if people learn, they're probably going to balance their lifestyle and their weight is no snack late at night, if you sleep a little bit hungry, that's that's the number one biggest secret.

Some water or something. Yeah. And number two. So get you get your dinner early and then sleep a little bit hungry. That's a sign of, for me. It's very important.

I love that number two is enjoy the food by eating slowly because you're allowing time. Yeah. These the I mean, what is the GFP one? It's exactly that feedback that comes from the stomach to the brain.

And I'll allow time for the buddy to tell the brain I'm getting close to satiety. A lot of people that, struggle with weight gain are actually eating fast.

And guess what? They eat fast. They either bigger volume and they don't enjoy their food. Yeah. When you start learning eating slowly enjoy your food and you lose start losing some weight.

So, this is part of what problem does, the number two benefit with rule number one, people love the weight loss and the muscle protection, and therefore the high energy number two that they talk about lot is changing my relationship with food.

And that's critical. We just published an article showing that people who do prolonged exercise or the fasting, we begin to exercise four hours more naturally within a week.

They just add four hours natural, you know, changes. So they're they're healthier lifestyle changes within nutrition, but also with exercise. And and I'm happy to touch on those points as well.

And the personal experience is always with clicks with people and seeing the doctors and the post on this on this seminar, I'm accentuating the doctor experience because I think there's nothing that could match that.

When I see my doctor doing that product, when I see my doctor fully vested, I know the science is there because my doctor is not going to touch it. If it's not, then I know it works and I know it's feasible and I know I should do it.

Look. Absolutely. And so and the other thing I've noticed is the following the crappier I feel when I do it, that means that I misbehave dietary prior to.

So it's a signal telling me because I've done it. Other times where I've been more more focused, I guess I'm more disciplined with my dietary approaches.

And by the way, it's not a great dietary approaches are horrendous, but they get bad enough. I have children and we'll go out pizza and sometimes maybe too much pizza that I'm having or whatever the case is. Right?

So it's also telling me, it's, it's it's giving me information of how poorly my diet has been prior to doing FMD. The and the more disciplined I am with my diet, the less poorly I feel while I'm doing FMD.

So it's also telling me you know what you did, you know? So part of that struggle and process, I think it's a beautiful process. It's I think it's one that, you know, no one wants to feel crappy.

I would say this feel a little crappy. It's actually really good for you, you know, feel a little crappy. And that's also telling you the more crappy you feel then the, the more poor your, your diet is prior to and so forth.

I and I exercise during it and I exercise at different levels, kind of trying to feel it out to see, well, let me go a little bit more aggressive. Let me lift weights like I do. I do martial arts.

All right. I'll go. And I it's just a wide, experience that I have with being sedentary during that time. Moderate exercise and then heavier exercise through that period that, I mean, I've been able to make the adjustments and and do it successfully.

I lose 8 pounds, I lose a couple an inch and a half of my weighs. Everything is is great. And how about the emotional experience going through it? You and I were talking a little bit before this recording.

It's up and down and again I, I am I am in favor of there's you need to feel unwell at times. You mean just life. You know, I'm raising kids. Maybe you are, too.

Fasting, Autophagy, and Treatment Support

And maybe listeners, they have it too easy. They need. And so they don't have the tools to figure things out, right? Too easy is not good. Too easy for us as adults is not good.

So the emotional level is up and down. The emotional element is, you know, it's only day three. If you can get past day three, you're good to go. And can you explain why day three and the other things like why they three are so important when you do the prolonged.

So that's so day three is when. So that calorie intake is consistently decreases from what they want to day three. The three is the lowest calorie intake.

And by day three you start, becoming more ketogenic. So you create more ketones, to the, to and that's what you utilize for energy, that conversion of using from glucose to ketones is your body's trying to adapt.

Your brain is trying to adapt and say, what is going on here? I'm you give me glucose, give me more glucose. And you say, nope is the ketones. And that's all you're having.

So so the body has to adapt during that time. If there is a time you can take off from work, which I haven't, it is day three is day three because that's the time.

But that's the most important and critical time to stay on it and not deviate from the program. Look, okay, can you guys hire me as a person? I feel like this is.

We could do an infomercial right here. Gladly. By the way. I mean, I should be hired by Pro on a I mean, this is, you know, you hit the nail on the head prescribing a a protocol and you as a doctor doing it, it's a whole different experience.

And you're just more able to say to people and the way I do it out, Joseph, I don't know if you know, I have a big, audience. And I tell people, all right, guys, I'm doing this, you know, pro-life M. D.

who's going to join me? And we get together on zoom calls day one and day four. Hey, what's your experience? And I explain my experience. They tell me their experience with it.

And and I have a y kind of feedback from my audience saying, look, I felt this. I felt that in the other, it's a it's a phenomenal, I have to say. And look, I, I don't promote stuff, you know, I, I barely even promote my own.

That's how horrible I am. This, this, this, this approach, which is honestly, I don't know. I'll say you don't have to say it's medicinal. It's therapeutic, literally therapeutic.

And more and more good science, is is showing that. Well, we, I just want to mention to everyone this was a genuine statement. We haven't, you know, talked about this before, but.

You guys don't pay me to say that. But it it it's a blessing to my heart because we've worked for over two decades to get here. Yeah. And, every physician, every licensed practitioner is giving that feedback because it works, because they believe in it and because they're doing it.

And, and you and I were talking one day soon. We're preaching now. Everyone listening is the early movement.

Closing Thoughts on Prostate Cancer as a Wake-Up Call

And soon enough, people will realize that there's a way to update yourselves right on others yourselves fall on pushes themselves to rejuvenate Paul, on how to go to your optimal weight and protect the muscle, that full rejuvenation.

It's like when a when a race car takes a pit stop and all the engineers come in, they change the the oil is the issue, the the tires, the and they fix it and they send it back on track in a stronger need to survive longer.

And that's our, that's our mission. And they're trained with Paul on and with this summit. So hopefully I want to thank you from the bottom of my heart for your time today, Doctor Joe.

And, for the information that you shared. It was very important for me today to tell this story to men and their wives and their significant others that once you have prostate cancer, it's almost like menopause.

It just, hey, rethink your longevity. It's an aging clock. It's not a death sentence right away in most cases. And it's about taking care of your cardiovascular system and your healthy aging.

And we want to introduce one of the tools that you can do, which is fasting, that that you personally have an experience with and with your patients just to inspire more people to rally around that movement.

I appreciate you very much for the information today, and I'm pretty sure we'll, we'll do more of, more of those in, in the next year or so. I look forward to that.

I'm going to add on one very small thing, if I may, the, the, the guy diagnosed with prostate cancer. The way to see it is this is the opportunity that you've been waiting for. Don't squander it.

Yes. Don't squander this opportunity. You know, this is, if you're religious, this is a blessing. This is a blessing. I've heard this from people who are religious.

This is, you know, a blessing to wake up call is a wake up call. Don't squander that opportunity. Take full control and do the things you need to do so that the next X amount of years are your best years yet.

Yes. Well, thank you very much. Doctors have. Pleasure. Thank you.