Introduction and Why This Work Matters

I'm really excited about today's conversation, because we're talking with one of the world's most trusted voices in men's health and integrative virology, Doctor Geo Espinosa is a board certified naturopathic doctor, researcher and practicing physician in New York City, where he has cared for nearly 8000 men over the span of his career.

He also serves as clinical assistant professor at the Department of Neurology at NYU, where he trains clinicians to treat men with both scientific precision and genuine compassion.

You see, Doctor Geo is not just a clinician, a researcher. He's a husband, a father of three, a strength training and Krav Maga guy, and someone who cares deeply about helping men face the fear of cancer, aging, and mortality with courage, wisdom and a bigger sense of purpose.

He has walked with men through every stage of prostate cancer, from early active surveillance to advanced disease. And his mission goes far beyond treating cancer.

He focuses on building resilient bodies, protecting long term quality of life, and giving men more meaningful years with the people that they love. In today's conversation, we unpack his three prostate cancer buckets the lifestyle foundations that matter most, how to think clearly about targeted nutrition and exercise, and why mindset and relationships oftentimes shape a man's future just as much as any protocol.

With that, join me in welcoming my friend, Doctor Geo Espinosa. right. That could go. Appreciate you man. Love you brother. Love you too, man. Let's start with that.

You know, we're talking to guys here. We're talking to men and some women, obviously, who are interested in prostate cancer. Out of everyone that I know and of everyone that I know in our industry, you get to the heart of the matter, and you have such a deep reverence for people, for spirituality, for life.

I think that's the key to this whole thing, is that you honor life, and you see life from a different perspective than really anyone that I've ever met.

And I was kind of hoping to start a little bit differently, because we're going to talk about your protocols and the wonderful, wonderful ways that you're able to help patients.

But out of all the things that you could be doing right now, after all these years, you're in this grind and you haven't changed. And it's like you're more on fire for this than ever before.

So talk to us a little bit about that. Like what keeps you going doing this day in and day out, working with these wonderful patients and and fighting with them against this disease?

Well, first of all, Eric, thank you for that question that I don't think I've ever been asked before in any interview. And I do think is a profound and important question.

I always encourage my patients to when they have other physicians, urologist oncologists as well, find out their, you know, what's their principles or what's their medical philosophy.

If you can know their personal philosophy, that's good, because that's going to impact how they treat you and their approach with you. But the question is never been asked.

The other way around. Well, let's start with this. I'm, you know, I am a man, and I see only men in practice. And when I'm, when I'm dealing with and working with men with, an oncological problem, it's prostate cancer.

And so I've learned so much from the, learned about fears where I, learn about my own fears. As a result, I've learned about their fears. And at the end of the day, we all, as men have.

We are the same in many way. We come from different backgrounds. We have different experiences, but we all want the same things, and we all are dealing with the same things.

And one of them is the fear of dying. And so for me, I've grappled with that, not only personally, but with patients, you know. So when I see prostate cancer patients, I see early stage, low risk disease.

They're not going to die from prostate cancer in that situation. Intermediate disease may or may not see advanced disease stage four metastatic to the bone.

And I'm talking about men from all walks of life.

Geo's Motivation and Patient Vulnerability

I'm talking about men, that are, you know, blue collar workers to men that are CEOs of major companies. And at the end, no one is that tough. They all have to fear.

And some of them actually cry in my office, which I allow for a safe space for that vulnerability to take place. And it is, it is a humbling, relationship that I have with these men.

And so. I wish I can tell you that in my practice, and I've seen last time I counted probably, 7 or 8000 prostate cancer patients in my career. I go to bed every day, and, and I would say this, you know, all your protocols.

Are they are they curing prostate cancer? Are they? Those are words that I don't really use. It's not what I care to. You know, that's not the approach that I.

That I'm focused on. I'm focused on building their bodies to put the body to become resilient to the disease and to yet do I want them to live as long as I'm sure, the quality of life, so that the end they can focus on what really matters, what really matters.

Eric, what really matters? At the end of the day, once it's all said and done, is the relationship you have with those you love. That's it. That's all.

The lie matters more than the what and a how. Why? Here I'm going to say, hey, you know, exercise is medicine. You got to do this exercise. Hey, eat like this.

I know you love your fast food, but trust me, you got to eat more. Brock, why? It's the why. The why will drive the patient. The person, the man to choose one versus the other.

And that why, at the end of the day, is I just want to spend more quality time with my kids, with my wife, with my partner, with my grandkids. I want to see. I remember, this was early on in my career where, I saw a man with intermediate prostate cancer, and he just broke down.

He said, look, I just want to see, my grandkids, graduate from high school, and, and it would be nice. He was, at the time, 72. It would be nice if I hit the milestone of my 80th birthday, but, like, who?

I have no control over that. He made it to his grandkids, wedding, and graduate graduation and wedding. And then he invited me to his 80th birthday party, which we had a wonderful time.

So when I go to sleep at night, and out of 8000 patients, I have to say that most do very, very, very well, despite their, stage, disease. Some of them oftentimes say, well, I, you know, this diagnosis has been a blessing, right?

But no one bats a thousand. And I always think of those that didn't make it. As long as they could have. I should

have. And if you don't mind, I'll read you an email that I got just two days ago.

I can tear up. So this is the wife of just a remarkable man, right? So he was diagnosed. 11 years ago with Gleason nine prostate cancer. So Gleason nine is a very high stage.

When he was diagnosed, the cancer was already outside of the prostate. So it was in the seminal vesicles, different nodes in, lymphatic nodes in the pelvic area.

So it's a very advanced disease 11 years ago. And I might have seen them for the first time three years after. So he's been with me for about, eight years or so.

So to not to read the whole email. So, And he, he mentioned he, he was experiencing severe fatigue recently in September. He did he did a B12 shot a month ago and then had to do, blood transfusion.

But palliative care recommendation was another appointment with medical oncology at Emory. After meeting with his doctor on October 23rd, it was determined that the bone metastasis has infiltrated his bone marrow, and there were no, more treatment options available.

In expressing our frustrations with this scenario, he responded that most patients with aggressive prostate cancer do not typically live this long, and that's why we are seeing odd presentations of metastatic disease.

And then the wife says, in a small way, we took this as a win. Thank you. And to me, you know, it's like you always want to do more for these people. To me, that's not that's just not good enough.

So sorry I'm being super vulnerable in this scenario and this is the way it is you. It's your ministry, brother, and it's your ministry. And that's. A priceless is it to have, just a health care practitioner that cares?

Yeah. And that's just. And there are a lot of you out there. There are a lot of geos out there. You are. This man's special, and you're listening to him right now, and he has wonderful protocols.

And he's held people for a long time. 78,000 patients. And you, you and you and all the other heart centered practitioners out there give me a lot of hope.

I love it. I love the vulnerability. And I'm there's so much to unpack, and I think we'll have to do a follow up just on the why. All right. Yet, just thank you.

Really, truly thank you. And and and to the man. Watching right now and the women to, you know. This is a conversation that isn't had in this context.

And you can't stage this can't stage the emotion that someone's going to experience when they get that diagnosis or looking at death. And you're never going to hear someone on their deathbed tell you, I wish I would have worked more.

I wish I would have bought that extra jet. Right? Right. I wish I would have stayed away with my family to grind it out longer. You never going to hear that.

It's always like you said. I wish I were to spend time with my kids. My grandkids wish I would, you know, built that relationship with. My God, I wish I would have I wish I would have the wonderful things.

So with that said, my friend, I would encourage you to kind of sprinkle in some of these things. These stories are powerful, the quality of life that you're giving people, the extra time and you have these just kind of transition to the to how you do it.

You know, you have a unique way, you have a unique way of approaching nutrition. It's the same disease, right? But you have a few different ways of doing it.

And so you're not a one size fits all practitioner. So walk us through a little bit about that and why it's important to customize nutrition and and the other protocols that that you incorporate.

Well the way I like to break it break it down is the is three buckets right. One is men that are diagnosed on active surveillance, which means that they have low risk disease that was found.

And there's there's almost zero chance that they will die from prostate cancer. So that's one group. The other group is that they had, a little bit more aggressive disease, probably either low intermediate to high intermediate risk who been treated for prostate cancer.

And they, they either want to prevent a recurrence or currently have a recurrence at that point of the disease, or they're PSA rising. Very important to know that PSA rising after, prostate cancer treatment does not necessarily equate to mortality from prostate cancer.

Right. So many men can live a long time. And this is important to say because we always joke that PSA stands for patient stimulated anxiety. Right. And so when they see this PSA creeping up it can provoke some anxiety.

So PSA recurrence does not equate to mortality. And then you have men in the third bucket who they're more advanced stage either stage four or stage four with metastatic disease to the bones or other areas.

And then they're oftentimes on hormone deprivation therapy or androgen deprivation therapy. So those are the three buckets. Going back to bucket number one a man on active surveillance.

I'll give you a case in point. So, 59 year old man comes in Gleason six active surveillance. He's really concerned about this cancer diagnosis. His father died at 54 from heart attack.

His mother had had, she's on, cardiovascular, medications for blood pressure and statins and so forth. And his brother had a stent, put in for blocked arteries of the heart.

And so our conversation has to shift. So to see where in the fear of the see where brought him in. But the conversation is more like, listen, you have a almost zero chance of dying from prostate cancer and a high probability, if anything, of dying prematurely from a heart attack.

His own levels were up, his, cardiovascular levels were up. So I said, the good news is that now you're motivated to take action. So, And so then a year later, his blood pressure is reduced.

Not on medications. He lost 30 pounds. He's more, he's less inflamed. All these metabolically. He's doing great. And he's still doing great. And he, he's had a subsequent biopsy, because that's part of the process which one could debate whether you want to do that or not.

But it's part of the process to just confirm the first biopsy, to see if there's any other cancers found two years after the initial biopsy, no cancer was found.

I wouldn't say that. You know, I'm very careful with what I say. I don't tout things, unless there's absolute evidence. Could it be that the biopsy. What?

Missed it the second time versus the first time? Okay, it's the same. Urologist I've performed the first biopsy. PSA went down by 50%. And that's all you can do, right?

The Three Prostate Cancer Buckets

If you go to the same person, that's all you have. So. But more importantly, his cardiovascular risk came down. So that's the first bucket. The second bucket is a man for example, that is just, you know, 62 year old man had his prostate removed, for prostate cancer.

And then his PSA started creeping up again, which the PSA after the prostate is removed should be zero. That's what you're hoping for. Well, it was zero or undetectable, which is a terminology that's used in the year later.

And he starts creeping up. We are trying to avoid the next treatments for as long as possible and as much as possible. The next treatment for most people after their prostate is removed is radiation, along with hormone deprivation therapy for hormone deprivation therapies, chemical castration, testosterone down to zero.

I'm not. I've never met a man that's happy about getting castrated. And so that when you are undergoing hormone deprivation therapy, that can come with other consequences.

Metabolic problems, osteoporosis or weakening of the bones, sarcopenia or all these other issues. We're trying to avoid that. So in this particular man, I put him on a protocol where and we can talk about that.

Where now his PSA, while it kept creeping up, it kept creeping up at such a slow pace that there seemed to be no need to. And all his scans show that they can't find anything, anywhere.

PSM, Pet scans and mostly PSA me Pet scan. Couldn't find anything, so he's doing well. Will he need something eventually? I don't know, but certainly he's doing well now.

Third bucket is man with advanced disease and on hormone deprivation therapy. So they're chemically castrated in that particular person. Let's say we're talking about a 68 year old man who comes in on a PT, I'm trying to.

More than just trying to do something for the cancer, which we always are. I'm trying to prevent some of the side effects of the hormone deprivation therapy.

Oftentimes even in advanced stages of prostate cancer, the causes of death are not prostate cancer. They are heart attacks and things that are occur probably from the treatment itself.

So in that situation, the prescription is very specific to that, where another side effect of hormone deprivation therapy is cognitive decline or memory loss.

I'm very concerned about men on hormone deprivation therapy with a ApoE mutation, which is more increases the risk of Alzheimer's, or if they have a family, history of of Alzheimer's.

So we do things for their brain function, things to preserve muscle by any means necessary. You have to preserve muscle. And, Other things to for muscle, or bone preservation and things of this sort.

So with the lifestyle approaches, with the holistic approaches, integrative approach is to call it whatever you want, functional medicine, you have to be a little bit more specific.

And it's not always a one size fits all. Do you have any general recommendations for people in those three different buckets? What some just high level nutritional guidance.

That means maybe people should think about or hey, really want to stay away from this at this stage or you really want to focus on this at this stage.

So what with with the first two buckets is, overlap, you know, because of, you know, whether one is on active surveillance or one had treatment, 80% is what I'm about to say.

I think also what's important, particularly if you're, integrative oncologist or practitioner, is to be as prescriptive as possible. Yeah. Not just go exercise is be very prescriptive.

Right. So, there's four prongs to the whole thing. Right. There is and by the way, what's the goal? What are we trying to accomplish? Because when I'm, when I'm seeing patients with other oncologists and they're seeing their results the same men.

How do you treat prostate cancer naturally? I mean, this patient is doing so well, I don't know. I don't know that I treat prostate cancer, I treat people.

Okay. I'm treating people. I'm trying to build their bodies up and I am trying to create a micro tumor environment that's hostile to cancer cells and that's it.

So how are we doing this. Okay. There's four prongs to the whole thing. One is diet. And diet doesn't matter. So diet terribly for the most part. Again every case is different depending on what bucket you're in.

The first thing is how do we not only what to eat, but when to eat. Eric, I live in this world. I don't live in the Himalayas, meditating all day, you know, fasting or eating just leaves or day.

I live in this world and for the first decade of my career, if I'm honest with myself for the most part, I prescribed things that were not doable and I set my patients up for failure.

So it was like, you know, it's like, you know, great is the enemy of good or, you know. That's right. Yes. So and by the way, I was also shaming them, not intentionally, but with my comments.

I think you need to be more committed. Just be a little bit more disciplined. No, I, I, you know, I, I've struggled with, you know, food addiction. So the current, regimen and protocol as it relates to, let's say, diet is this.

Number one is let's eat, let's let's figure out how we can do some kind of fasting. We could do intermittent fasting, time restricted eating, maybe, you know, 16, eight, 12, 12, something to give our bodies a break from all the things that occur from eating.

And sometimes even feeding, potentially cancers with macronutrients. It in my mind, from a metabolic perspective, any macronutrient can, feed cancer cells, whether it's I know that people, focus on, carbohydrates and for prostate cancer, this is what we're talking about.

I don't do any other cancer. So maybe for glioblastoma brain cancers is something different for prostate cancer. It turns out that any of these micronutrients can do the trick and feed it.

Right. So let's eat less. We all we're all guilty of potentially overeating. So some time of time, but time restricted eating, perhaps fasting, dinner or dinner one day a week for perhaps fasting, mimicking diet?

A couple of times. Once a month or once every three months. Something along those lines. Then we talk about, you know, eat more of this, less of that.

The not a lot of details there other than, for sephora's vegetables is is the preferred go to for prostate cancer. So your brussel sprouts, cauliflower and broccoli steamed and or lightly cooked.

Not just raw or not raw at all. Salmon from a protein perspective, seems to be one of those protein rich foods that also have benefits for prostate cancer.

Maybe the are the omega three fatty acids in them. Whatever. And then there's some green and some being, I think that I did that, because I'm biased as a Cuban that we all eat rice and beans all the time.

So you got to have it as a staple. But there's some research to show that beans are very good. Again, fiber microbiome and all these things. Right. And the rice, I'm not two quarter, Eric.

And I've gotten some heat for this. It has to be brown rice. No cup. If it's white rice or basmati, that's what you have. Plus a lot of brown rice is filled with arsenic.

Right. So it's high in arsenic, which is not. So what do we you know, what are we doing here? Just because it's brown rice so little it doesn't that doesn't matter as much.

And we again the the the enemy of good is great. Yeah. Then they have what I call their effort days. And yes, your effort means what you think it means, which is either three meals a week or one full day.

You eat whatever you want. I don't care what you eat. I don't care how process it is three meals a day or one full day, not both. You eat whatever you want.

The reason I came to that conclusion is because in the first half of my career, when people were doing everything perfectly diets, I really I did not see that the outcomes were any better than those that had some sort of wiggle room.

In fact, those people that did everything diet terribly perfectly oftentimes struggled socially. What are we talking about? Didn't we say that the goal of life is to have more good times with people?

Food brings people together. So I'm going to tell you not to have, you know, whatever the food is. And a piece of cake for the birthday because is harmful for prostate cancer.

What am I doing? What are we doing? Doesn't make sense. The stress over overwhelms the body to the point where you don't get the nutritional benefit, right? The guilt.

Yeah, guilt is more indigestible than any food available. Let's go ahead and write that down. That's a good crock. Right. So that's the food part. And the other part is exercise.

Now the area where it's non-negotiable is 4 to 6 hours, or 3 to 6 hours of exercise with moderate to high intensity. A week. Exercise can forgive many sins.

Now, I know that the comment of you cannot I'll exercise a bad diet. That's really only relates us to weight loss and weight gain. And that's true. You can't if you're not eating properly then you cannot lose weight even if you exercise a lot.

But all things being considered, what happens to all these macronutrients that you eat that we said they are a problem to a certain degree.

Lifestyle Foundations: Diet, Exercise, Sleep

They go in different directions depending on how much movement you have and with what level of intensity. So if I have to prioritize which one of these four prongs, and we're going to go over the other two in a second, which one is more important than the other on one end is like asking me which one of my three kids I love most.

It's a tough one. The all important, if not. Nope. A gun in my head. Well, Eric, you have a few kids. Every now and then, and I know you're a man of God, but if we're honest, every now and then, I was like, I'm loving this one more than the other.

I mean, you're the way you're behaving today like that. I am loving this one a little bit more today. There you go. There you go. If I have to prioritize, exercise is number one when it. Okay.

I had Robert Newton on my podcast, excellent researcher from Australia on exercise oncology. Right. It's like it's number one. And then there you could do the, you know, 30% whatever.

I don't even call it a cheat day. It's sort of part of the program. It's not a cheat day, part of the program to do and eat whatever you want. So exercise, 3 to 6 hours a week with moderate to high intensity.

There's always weight resistance in there, but depending on where they're at and what the needs are, there's either two days a week or three days a week.

There's more details there, but people can look into that. The other prong is, sleep, right. Restorative sleep. And

they're I'm asking them and I know people say, well, why give me six hours?

And I'm looking for quality more than quantity. There are people that are starting at zero. So if they give me four hours of quality sleep, I'm like, I'll take it for now.

They're not going to give me eight. I don't do eight. First of all, if I don't can do many of these things, why? And then diagnosis is imperative for the people to be, motivated.

But if I can't do it, why would I think you can't? I'm as busy as you are, or you are as busy as I am. Six hours of sleep is good as long as is good quality.

And then if there's issues there, we've try to figure that out. Melatonin is important at night. So, you know, dark space because that seems to have, immuno, benefits and even anti-cancer benefits.

Maybe a supplementation melatonin, maybe not depending on multiple factors. And then the fourth is targeted nutraceuticals and dietary supplements. Right.

So bucket number one active surveillance a lot of anti-inflammatories a lot of immuno type of supplements or herbals and mushrooms and things of the sort.

Regimen number two includes agaric mushroom. There was one study that was performed. Can remember how far back that showed that those after surgery had a, less recurrence rate, with taking agaric as mushrooms versus those that did not.

And regimen number three is something similar. And this is from a nutritional guidance from X, Y wellness. One of the companies that I'm a I'm co-founder regimen number three is related to some of the things from regimen number one.

But a lot of things for brain health. And, you know, you have your ashwagandha in there. You have, you know, about copper, many herbals that I think help with cognition.

Boron, things that help with bone strength. I don't recommend calcium supplementation, ever. At this point. Okay. Why? Why am I saying this? Because everyone is recommending calcium supplements 1000mg a day for the person and hormonal deprivation therapy, because, you know, that's one of the things is, you know, osteoporosis.

And I'm saying no, I'm saying no. Why the name of it? First of all, if you want to keep stronger bones, nothing more important and stronger than weight, resist and exercise.

Yes, you can have all the calcium you want. Yes. Right. So nothing is more important than that. Second of all, there's a difference between hard bones and pliable bones.

Really? You and I, we're healthy people. Our bones have a little give to it, right? They give a little bit. If it's only calcium and a lot of calcium.

Actually, it's just that rigidity actually is easier for a fracture to occur. So just density alone. We don't want just density. We want, you know, nice and pliable bones.

And third is that calcium deposits is a huge problem for many other reasons. Calcium deposits in the arteries, calcium deposits in the prostate. If you have prostate, causing kidney stones, it's a problem.

So a is not needed for what we're looking for, which is healthy bones, other things magnesium, vitamin D, boron. You know, vitamin K2, those are probably more helpful.

And, and secondly, they don't do if you're just taking calcium, they're not going to do what you want it to. Leach is going to make it more rigid or your but your bones are not going to absorb it because you need weight resistance

exercise for that to happen as well.

So I'll pause there. Oh, this is wonderful. There's so much to be gleaned from this. And this is I'm taking a lot of notes and hope you all are too. I mean, this is where you'll be.

May even want to press pause, rewind, listen to that. Again. The nutritional advice, the fasting mindset. It's very much customized to you. This is stuff that most people, I would think, if at all, can just do without necessarily having medical guidance.

And this is one thing that I want to encourage people with. You don't need your doctor to tell you to have lightly steamed cruciferous vegetables. You just do it right.

And a lot of this stuff is that way. One side I want to go on before we go in the nutraceuticals, sitting is the new smoking. And you mentioned something.

You cannot exercise a bad diet. I've heard that too. But I've also heard you cannot exercise sitting all day. And I'm just wondering specifically in relationship to the where the prostate is located.

We sit down all day, all day. And so one, any recommendations for for guys? I'm just curious, are you a fan of vibration plates? Are you a fan of standing workstations? Just curious.

Like what kind of motion type of regular movement recommendations or tips can you give to guys specifically, that are looking to increase prostate health?

I want you you have a prostate intact. I know I want you to notice something when you go urinate. Right. So observe your urination after you sit down for a prolonged period of time.

You know, you and I, you know, I am I am always I have an elevated desk. This desk where, you know, I raise it and I stand up. I have a treadmill under this desk.

Yeah, right to do so, I'm good with that, right? That's important. There are times where I'm so honed in on what I'm doing, I don't want to disturb my thinking.

I don't even want to press this button. And it could be two hours. Yeah, right. Then you go urinate. Look at the force of that urination versus after movement.

You know, everything tightens up around the pelvic area, including your prostate and including that, including the area of the prostate called the transitional zone that surrounds the urethra.

It all to the prostate is a smooth muscle. Well, any smooth muscle, arteries, bladder, prostate squeezes when it's stressed, and sitting down for a prolonged period of time is stressful to the body, just like poor sleep.

So I do. So most of my patients, I got to meet them where they're at because if I can too much at them, they're not going to do anything. Once they we are at a certain level.

I say, look, get this table, this desk that can elevate, right? Yeah. And just try to keep stay moving. So even if you give me your six hours a week of moderate to high intensity, that does not necessarily give the license to.

Okay. Now I can sit down for eight hours straight. You really can't or shouldn't. So movement, low intensity, little basic, you know, little little exercises.

Like in my office I have kettlebells there and I 30s I do something like little movements actually, at higher intensity for seconds. Also vibration plates, you know, Eric, I have to admit that initially I was not a fan of, of these plates.

Wow. Yeah, to me is like, no, you can't. You got to go to the gym. And the truth is that these vibration plates

actually do help. And I was surprised when I saw some studies, and I saw things in my office, and a patient comes in, I'm measure body composition.

I was like, wow, this guy really has more muscle from just doing vibration plates. Like because his body composition has improved, sold. And I was like, well, you know, sometimes we need easier.

You get on a vibration plate and you know, for X amount of time and so forth. So, I am a fan of vibration plates as well. Now it's interesting. Yeah, I think, We're in alignment.

We get as much as we can from nature, yet we also realize the situation that we're in and and 500 years ago, 100 years ago, even 200 years ago, we'd be walking all over the place.

So if you could do a cheat code, I'm telling you, rebounding is nice, but it takes a lot of energy. But I'm a huge fan of vibration plates. I don't want to go too much down that track, but it's just a mindset.

Like the thing about vibration plate I want to leave you with. And I think the underscore of what you're sharing, Joe, is it has to fit with your lifestyle, has to fit with your time constraints, your ability to do things.

And it fits you. Standing out of my plate ten minutes a day reading a book, great. That will help you. And that can help counteract some of the sitting down all day.

This this concept of you do have a lot more control than what you think. That's really ultimately the underscore of what I'm hearing here. And I want to transition to some of the nutraceuticals before we leave, because you mentioned specifically targeted nutraceuticals.

So I'll never forget about 30 years ago, I don't know what my dad was watching. Probably 60 minutes or something on TV. And he got sold saw Palmetto. Right.

And he took some I just hard as a rock saw Palmetto supplement for years. And here he is in his mid 70s. PSA is are raising frequent colonoscopies, polyps.

I mean so many problems down there and and he's still faithfully taking his saw palmetto. And he also takes a couple other things. So I'm I'm assuming your approach is a little, you know, a little more specific to that.

So kind of demystify some of the, you mentioned the calcium, just not good advice to kind of demystify some of the bad supplementation advice out there and then give some people some food for thought about what to talk to their oncologist about or their doctor about whether or not they should be taking.

The first thing is that if a supplement sounds too good to be true, it is too good to be true. So this there are supplements out there that are, tainted with, synthetic estrogens.

And what that does is it will bring down your, your PSA rapidly. So then people feel good because PSA patients stimulate an anxiety. So this supplements the best thing around.

No supplement brings down PSA. From a pulling numbers out of the air, let's say from a 12 to a one. If it does that, it likely has synthetic acid estrogenic compounds in it.

Just one number two, in terms of what to look out for, you want to let's say selenium for example. Selenium is very interesting. Right. So it's very it's important for immune function.

It's important for detoxification. Very important. But you want to be careful with selenium methionine as just selenium assigning what I like to use is some nice is from cell a nice yeast.

Movement, Supplements, and Practical Guidance

It's more food like. So it has different type of selenium compounds in just selenium. So selenium, methionine. Why am I saying that? Because most supplements just contain selenium a fine any.

Yeah, yeah. And only that. So the select trial showed that there was a little bit of a uptake in prostate cancer in men taking this particular type of selenium as opposed to the.

So nice yeast which year before the select trial, it showed that there was a significant reduction in prostate cancer with this particular compound. So I do think that when you try to standardize nature way too much, it could be a problem.

Just like chemotherapeutic drugs, right? That a lot of them come from nature, standardize them, that at higher dosages they try to kill cancer cells, but they also kill normal cells as well.

So, there my supplement approach and I know every once this is different, I'm trying to hit all the pathways with supplementation. So what does that mean?

You know, reduce oxidative stress, for example, and sometimes too much of one kind of an antioxidant can promote oxidative stress. So it has to be balanced.

Not just so things like, you know, after the poor gas out of with vitamin C, not just vitamin C that's high, which can be a pro oxidant, reduce chronic inflammation.

So for I mean curcumin if you do curcumin and, and cancer and men maybe over a thousand articles on it. I'm a fan of curcumin. I take it every day. I drank the curcumin Kool-Aid.

I, I'm just and so, like, I prescribe quite a decent amount of it. So curcumin is a really important, botanical. Liver function. It's part of the detoxification.

So another element is that whatever we talked before you and I, Eric, on the toxic load. Right. Where I'm at with it is oh man. In my interview when you, when I interviewed you, you, you mentioned a perfume that I actually use low amounts is I don't want to offend anybody.

Why is traditional. You but I don't want to give up this thing that I've done since I was ten. Yeah. I don't want to give it up now. I'm aware that there's things in it that are coming in my body that are not good. Right?

So I use my I try to be mindful of what toxic exposure I'm going to allow in. Right. I take my chances. I know my genetic risk. I do blood tests, you know, once or twice a year.

So I think that a if you do everything perfectly, you still going to have toxicity around you in your environment or somewhere. We live in a very toxic world.

So to me is what can we do to improve the the detoxification processes of the body. Right. Give it everything it needs movement and exercise. Again you check so many boxes with exercise is not even funny.

Infrared sauna. Right. And so there's certain nutrients that I like to use in nutraceuticals and supplements. One of them of course is milk thistle. You know Xandra few other.

A curcumin is very good for for liver function as well. As an, for immune, immunity. I, I'm a big fan of, Andrew grasses for example, as a, as a botanical, most people never heard of it.

Most people think I can Asia, which is fine, but most, think of Andrew graph is, Magnolia and to we can have a whole seminar on just supplements. But this is what I'll say. Those are the standards.

For both regimen one on active surveillance, except there's a lot more anti-inflammatories, including quercetin. But William Basil Willia actually is good to talk about because most people associate that with joint function.

Yes. Excellent systemic anti-inflammatory. Research, that we may have, anti prostate cancer ability. So huge fan of Boswell. Yeah. From an immune perspective we use rishi mushroom in the regimen one kids.

Well why not turkey tail. Why not ex. There's only so much you can fit in. It's capsule number one. Number two at least when I with the research as a released to cancer and prostate cancer, it was just more human trials or the Cochrane report Library.

There's no supplement on the Cochrane that's ever good. Ever. Well, they said, well, reishi mushroom might be a good thing to use in a, in an adjunct with any other type of therapy for cancer.

Oh my. I was like what my Cochrane report. This is right. So reishi mushroom and so those are the standards again for regimen one. Some of that for regimen two, regimen two includes a Garrick is for because it shows to reduce recurrence and then regimen three a lot of other things that include some of those for cognition, bone health and so forth that we spoke about before.

So I think is very important to individualize the textbook. But Eric, you see him I ten prostate cancer patients, all these types of prostate cancer are not the same.

They're different. So I think we need to kind of, personalize the approach. And from a supplement perspective, this is what we do. And that's and that's that's the heart of XY wellness.

And your formulation genius behind that I know we're running out of time. There's so much more to talk about. Oh, boy. Folks, you got to go to that next.

What wellness. We really a lifestyle nutrition company for men with prostate cancer. Yeah. What we do, and it's really 100% focused on prostate cancer.

Nothing else. Yes. And that's the premise of it. My business partner and co-founder, was diagnosed now over 20 years ago in his 40s. So, he's ultra passionate about it.

As much as I am from a clinical side, thank God I never been diagnosed. And so, folks, when you go to Doctor geo.com Dr.. Geo doctor Goal.com, you get links to everything is podcast xy wellness.

Other supplements that are formulated by Doctor Geo and just learning these what lifestyle tips. And you got to listen to this discussion again. It's just the tip of the iceberg.

I mean, ultimately the goal is if you find yourself in a situation where you need support, extra support, you find someone like doctor JL and if you're in New York City area or you're willing to travel, definitely look him up.

And doc, any other parting words of wisdom advice hope you'd like to share with everyone listening. First of all, this is the first time where I tear up in and tear up in any interview.

So I tear up about two things and my kids think that I don't cry. They think I'm super, you know, Superman, that's what they think. And obviously I let them think that go for it.

There's two things where there's two times where I do tear up once when I one is when I'm talking about them, any one of them. And number two, my patients, particularly my patients who are don't do are not doing as well despite, because you want to hit a thousand, you just want to hit a thousand. My 11 years.

What the doctor is saying. Well, you know, you know, no one lives this long. Well, that to me, that's not good enough. Actually, it's not good enough.

And it pains me that these families, you know, they get this guy has three daughters, grandkids that he's not going to see his daughters or his granddaughters, you know, get older and which I know he was a family man.

So that, you know, so I'm always thinking how to do better. I'm going I'm always going to bed thinking, how can I do better not. Wow. I saw eight patients today.

They're all doing great. No. How can I do better? That's how it works. And how can you do better? Folks? Listening. How can you be inspired by what you've heard and just take that one step better?

You know, I once heard, doctor Tom O'Brien share something like, if you just spend just a little time, an hour a week on that little better, six months from now, your life will drastically be different.

Just think about that. Just one hour a week of doing this a little bit better. Doctor Geo, thank you so much for leading that charge, my friend. And everyone check them out.

drgeo.com and all of the resources available. And as always, Dr. Eric Zielinski of hope and prayers that you and your family truly experienced the abundant life.

And we'll talk to you back soon. Bye bye.