

PROSTATE HEALTH: ARE WE MISSING SOMETHING?

Key Note paper presented by

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The prostate is a little gland that doesn't receive much attention until it is enlarged or cancerous. If we were able to give the prostate more credence earlier in a man's life, could we diminish the problems associated with it? What trigger factors are involved and could we be missing something?

What is the Prostate Gland?

The prostate is a fibromuscular and glandular organ that sits just below the urinary bladder and in younger men is about the size of a walnut. It serves two purposes – reproductive and urinary. Firstly, it secretes a thin, milky, alkaline fluid which is added to the semen during ejaculation. The alkalinity helps to balance the pH of the semen when coming into contact with the strongly acidic secretions of the vagina and the fluid from the vas deferens. Ideal pH is essential for sperm mobilisation and subsequent successful fertilisation [1]. Secondly, due to the location, it is also involved in the elimination of urine. This donut shaped gland surrounds the urethra where it joins the bladder, an area known as the prostatic urethra. Smooth muscle within the prostate represents the true involuntary sphincter of the urethra [1].

Disorders of the Prostate

Prostate disorders can be divided into four categories: *prostatitis* – acute or chronic infection; *prostatodynia* – non-infectious, non-inflammatory chronic prostatic disease; *benign prostatic hyperplasia* – non-malignant enlargement of the prostate; and *prostate cancer* [1, 2].

Of these, *Benign prostatic hyperplasia (BPH)* is the most common, affecting 1 in 7 men aged 40-49 years and 1 in 4 men aged 70 or older [3]. An enlarged prostate can produce a range of lower urinary tract symptoms such as hesitancy starting urination, weak urinary stream, post-void dribbling, frequency of urination and nocturia – needing to urinate several times during the night [1, 2]. Despite the embarrassment, inconvenience and distress BPH causes, it is a non-life threatening disorder. With this in mind, it seems more appropriate to focus this paper on prostate cancer, which has a significant mortality rate.

Prostate cancer is the most commonly diagnosed cancer in men [4, 5] and is the second largest cause of male cancer deaths [6], lung cancer being the first [1, 2, 6]. The incidence of prostate cancer, and the highest mortality rates, is found in African-American men whilst the lowest are in North American Indians and Asians, specifically the Japanese [1]. To put it into an Australian perspective, around 18,700 men are diagnosed with cancer of the prostate every year and more than 3,000 die from the disease [2] and the figures keep on rising.

In the early stages of prostate cancer there may be no symptoms. In many men, it is not detected until the latter stages of the disease, after the cancer has infiltrated into surrounding tissue or metastasised (spread) to other organs or the bones. Early

detection is the key to greater survival rates. The advent of the 'PSA test' which measures the prostate-specific antigen in the blood has allowed for the stabilisation of mortality rates for younger men although the death rate in older men is expected to continue to rise [4].

Trigger Factors

A multitude of research has been carried out on myriad suspected predisposing factors for prostate cancer. A search of internet databases, including MedLINE, CINAHL, Health Source, PubMed, PsychARTICLES, and PsycINFO, identified hundreds of published studies from around the world on prostate cancer and its links. Specific fields of enquiry ranged from biological associations such as genetics, race, hormones and toxicology to family history of the disease and lifestyle factors such as diet, exercise, smoking and alcohol consumption [7-9]. One study, identified a significantly higher risk in men where a brother rather than the father, has had prostate cancer [7]. Could it be related to shared experiences or handed down genetics? A review of the literature also identified a wealth of information on the psychological aspects associated with prostate cancer from time of diagnosis, pre-and post biopsy and both during and following treatment with chemotherapy, external beam radiation and surgery [4-7, 10-14]. One Japanese study looked at the relationship between harmony-seeking personality and prostate cancer risk [14]. However, very few studies looked at the possibility of a link between emotional stress and trauma earlier in life and the subsequent risk of prostate cancer.

Most holistic practitioners would concur that certain negative lifestyle factors may increase a person's risk of getting cancer e.g. poor nutrition, lack of exercise, obesity, exposure to toxicity etc, and some may also see a link with a client's personality type. The author's interest lies not in these types of factors but in the emotional aspects of a man's life leading up to a cancer diagnosis as so little mainstream research appears to have been conducted in this area. Combine trauma and/or negative emotions held in the body with the usual suspected trigger factors and we have a potent cocktail for disease. Could this be what we are missing – the hidden trigger which sets everything into motion? The proverbial straw which breaks the camels back?

Cellular Memory and the Emotions

Dr Candace Pert PhD, internationally recognised neuroscientist and pharmacologist talks about trauma and how negative emotional events get stored in the nervous system and on the cellular level [15]. I 'know' this to be true, and call it cellular memory. For over 10 years I have successfully worked with clients energetically, through kinesiology, and Emotional Freedom Technique to help release traumas held deep within. Pain too, can be identified as a trapped emotion and as soon as the memory is accessed and the negative connection to it erased, the pain eases. Ever seen a person having a massage who spontaneously finds tears running down their faces as the therapist 'activates' the hidden memory in the tissues?

Over the years, through observation of male clients, I have seen some patterns emerging which in my opinion require further consideration and investigation. I suspect there is a connection between negative emotions and traumatic events, especially those experienced during childhood and teenage years, in relation to cancer of the prostate.

The ages from birth to 14 years are especially important as in my understanding, these years relate to the development and activation of the first two major energy centres; the base chakra – relating to survival, self-preservation, abundance, and the navel chakra – relating to creativity and sexuality. Each of these chakras takes around seven years to fully develop under ideal conditions – the base from years 1-7, the navel from 8-14. The other major chakras develop in turn. When a child is exposed to violence, trauma and on-going stress the chakra being development can become stunted and thus the life energy running through it is diminished and the organs it feeds affected. I have found in my practice that many adults possess underdeveloped chakras as a result of negative childhood experiences.

Research carried out in Israel on European immigrants prior to, and after, World War II showed that holocaust survivors had a far greater risk of cancer, including prostate cancer. Most of the increase in risk was borne by those who were 14 years of age or younger during the war [16]. Perhaps the concern for survival and poor development of base and navel chakras played a role.

During the writing of this paper several new observations have presented themselves around the theme of relationships – especially a man's early relationships with his parents, and father in particular. I suspect these early interactions may also have an affect on a man's sense of masculinity. Several studies examined prostate cancer in regard to sexuality and masculinity [4, 6, 8, 10, 11]. An interesting Australian study looked at the changing gender roles in society since the 1920's when men were the primary bread-winners of the family unit. Some of the vignettes describe difficult childhoods for the men including one who lost his father when he was 6 years of age and another's cruel boarding school life [11]. A possible connection between the effect of trauma during the developmental stage of the first two chakras (ages 0-14 years) and the risk of getting prostate cancer in latter years warrants further research.

Identifying Meridians and Associated Emotions

In the 1960's, the founder of Applied Kinesiology, Dr George Goodheart, discovered the relationship between the meridians, the organs and the major muscles of the body. Several therapies have evolved from his pioneering work, one being Touch for Health (TFH) [17], which I studied with Matthew, the son of the founder, John Thie DC, in Santa Monica and Los Angeles, California. Prior to this study, I trained in the use of SkaSys, a system of bio-energy assessment which uses a form of muscle test called the arm-length reflex test (ART) in combination with an advanced database, quantum physics and scalar wave technology [18].

The developers of SkaSys [18], Dr Johann Lechner and Dr Erich Wuhr collaborated with leading experts to identify 1000's of stressors which affect the body to create the SkaSys database including structures, chemicals, and the informational level (geopathic and physical disturbance fields, constitution and cell memory of foreign biological toxins) as well as all the acupuncture meridians according to Voll. Information on the psycho-emotional relationship between organs and their meridians was provided by two highly respected leaders in this field, namely Dr John Diamond MD and Dr Deitrich Klinghardt, MD, PhD. These two doctors have demonstrated the crucial connections between physical and emotional health, which is the basis for a truly holistic approach.

Dr Diamond graduated from Sydney Medical School in 1957 and was awarded a Diploma of Psychological Medicine in 1962. He was a close friend and colleague of Dr

Goodheart, and has built on and continued to refine his system called the Acupuncture Emotional System (AES) over the last 30+ years [19].

Dr Klinghardt studied medicine then psychology, completing a PhD on the involvement of the autonomic nervous system in autoimmune disorders. He was interested in the role chronic toxicity (especially lead, mercury, environmental pollutants and electromagnetic fields) played in illness. While working in India as a junior physician, he encountered Eastern concepts of disease etiology and blended them with his Western training [20].

I find the emotional aspect of illness constantly fascinating as every client presents with different visible and underlying emotional issues. Kinesiology provides a very effective tool to access the body's innate wisdom to identify stressors, appropriate treatment including specific therapies, ideal doses and frequency, and the order in which to carry out those treatments. When dealing with the prostate, several emotions and their associated meridians are likely to need balancing. Given the high incidence of prostate problems it would be wise to ensure that these are balanced in our male clients as a preventative measure. Also rather than finding and treating the meridians when they are out of balance, perhaps we can also ask if these meridians are functioning at optimal levels. Posing a slightly different question offers the body a chance to give a more subtle answer.

The topic of meridians is vast and complex and I do not purport to understand all aspects, however I do have specific experience with negative emotions and access to those emotions via the meridians. A brief overview of the main meridians associated with the prostate and the emotions which cause imbalance follows.

Bladder Meridian

According to Diamond, this meridian is related to peace and harmony with restlessness, impatience and frustration being the cause of any imbalance. Klinghardt identifies imbalances being caused by the negative emotions of unrequited love, feeling offended or injured, fear of standing on one's own two feet, indifference, being accusatory and ashamed of one-self.

Kidney Meridian

Diamond associates sexual assuredness to the kidney meridian and sexual insecurity the cause of imbalance. Klinghardt associates the kidney meridian with fear, guilt, lack of motivation, paralysed will, feeling demoralised and a lack of a sense of direction.

Both related to water, the bladder meridian is closely related to the kidney meridian and are most active from 3-5pm and 5-7pm respectively. Interestingly, these times coincide with the typical Australian male pastime of 'drinks after work'. I encourage male clients to make sure they are also drinking sufficient water at these times and not just alcohol to help maintain meridian balance. Through muscle testing, many of my clients experiencing prostate difficulties show imbalances in both these meridians as well as one or more points on the Governing Vessel (GV1-4 and GV6-7) especially if there is problems with pain or impotence.

In order to highlight some preliminary findings relating the emotions and childhood trauma to the prostate gland, I have compiled a couple of brief case studies.

Case Study One

Bill (not his real name) was an illegitimate child whose father only saw him until the age of one. His was a traumatic childhood. He would cringe at the sight of his step-father who frequently belted him with an electric light cord whilst his mother cowered in another room. He still has little respect for his mother. Frequently, he sought refuge with the lady next door who used to bathe his wounds. He soon learned that men had to be tough, and would lash out after a few beers when memories of his childhood came to the surface.

Bill was diagnosed with adenocarcinoma of the prostate following needle biopsy in 2007, at the age of 50. A Gleason score of 7 identified his case as an intermediate aggressive cancer. He has chosen not to have any conventional therapy and has opted to manage his prostate cancer with alternative methods including diet, herbal, mineral and vitamin supplementation, and exercise.

Bill first came for a SkaSys bio-energy assessment in March of 2008. Apart from hormonal and neurotransmitter imbalances, and constitutional weaknesses, which were treated with vibrational remedies, muscle monitoring identified several emotions related to the meridians – insecurity in the spleen, sexual insecurity in the kidney and frustration in the bladder. Touch for Health protocol was used to re-balance the meridians and vibrational Bach Flower Essences provided for on-going support. An imbalanced acupuncture kidney point (related to the autonomic innervation of the supra-renal plexus) was also treated with vibrational homeopathics.

Surrogate testing was used for most subsequent testing as Bill lives a long distance from Perth. Over the years he has continued to seek help with his emotional well-being as well as periodically checking the compatibility and efficiency of his supplements and therapies. More recently new negative emotions have surfaced to be healed such as contempt associated with the lung meridian and grief and despair affecting the triple burner.

Case Study Two

John (not his real name) is 55 years of age, married with grown up children. He too had a traumatic childhood. He grew up in a home where domestic violence was the norm. Although never the target of the bashings himself, his mother was often left bloodied and frightened. Support for battered wives during the 1950's and 60's when he was a boy was thin on the ground and he said his mother did the best she could to keep the children safe and happy. But the memories have not faded with time.

When first we spoke almost three years ago, John had been recently diagnosed with prostate cancer confined to the organ with a Gleason score of 7. Surrogate testing via SkaSys was used and muscle testing (ART) identified significant stress from several fungi and bacteria, and heavy metals. Detoxification was the main priority with emotional support a close second as he was traumatised by the diagnosis. Specific emotions (and meridian) according to Diamond were identified as frustration (Bladder), insecurity and fear of the future (Spleen-Pancreas), disappointment (Stomach), and hopelessness, grief and despair (Triple Burner). These were treated with vibrational homeopathics and Bach Flower Essences.

Two months later, following a radical prostatectomy via robotics, the spleen-pancreas emotions, insecurity and fear of the future, were still present. This may have been partly

due to stress surrounding the wait for biopsy results but may also have been related to the lived experience and learned patterning of his childhood. New emotions according to Klinghardt also resonated – dislike (stomach), feeling offended and fear of standing on one's own two feet (Genitals and Bladder). With support from his wife and regular six-monthly appointments to address any issues that surface, at least now John is able to speak about his childhood without the intensity of negative emotions that before brought tears to his eyes.

Conclusion

Despite the availability of non-painful detection methods and advancements in the medical fields of epidemiology and genetics, we are faced with an epidemic which is affecting our men in great numbers. The fact is, prostate cancer incidence, and its morbidity levels, continues to rise. A number of suspected predisposing factors and possible links are the basis of on-going research however the etiology of prostate cancer remains largely unknown. Something is missing! Insufficient research has been conducted into the role of trauma and emotion in men's lives prior to prostate cancer diagnosis. Can understanding the development of the chakra energy centres during the first 14 years of a man's life give a glimpse into his risk of getting prostate cancer? Do childhood traumatic experiences and stressful emotions hold the key to what is missing? We as practitioners can use our holistic understanding of the meridians and emotions to not only further investigate these occurrences in our own practices but perhaps, and most importantly, to help our male clients, family and friends to reduce their risk of prostate cancer.

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