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Risk Factors for Hormone-Dependent Tumors: Breast and Prostate Cancer

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Abstract:
It is a fact that gender- and hormone-dependent cancers are on the rise. This is no coincidence, but is due to a number of risk factors. These include: relative predominance of estrogens, xeno-estrogens especially in drinking water, intoxication by hydrocarbons and metals, radiation exposure, consequences of mRNA vaccinations, inadequate laboratory diagnostics with excessive normal ranges. Normal hormone levels in the blood should be aimed for individually; biochemical castration is an inadequate alternative. In order to avoid the negative developments, there is a selection of natural or nature-identical remedies (e.g., prohormones), which are listed below.

INTRODUCTION

The types of cancer dependent on sex hormones are increasing. (1) At the same time, the fertility rate in civilized countries is decreasing, e.g. the number of sperm per ejaculate, and the number of births per year is also falling. (2) The frequency of premature births and miscarriages is increasing. The erectile potency of men, on the other hand, decreased. It could be assumed that something has changed for the worse in the area of sex hormones in recent years. There are several possible explanations for this, which are listed here.

RISK FACTORS FOR BOTH SEXES

Elevated oestrogen levels in the blood (relative to the individual norm, depending on gender and age) are disadvantageous for both sexes. Estrogen receptor-positive cancers predominate in women, far more than progesterone-dependent cancers. Although an elevated estrogen level alone will not cause cancer, it will in conjunction with other risk factors. In men, increased estrogen levels are already visually recognizable by the growth of the breasts. The cause lies in the competition between the metabolism of estrogen in the liver and the breakdown of ethanol, especially in the presence of steatosis hepatis. In some countries, fatty liver has already achieved the status of a widespread disease, partly due to the generally increased consumption of ethanol and partly due to the passage of fusel alcohols (e.g., methanol) from the small intestine into the liver in the presence of intestinal dysbiosis and maldigestion. (3)

XENOESTROGENS

The most important risk factor today for both sexes are xenoestrogens. They are synthetically produced chemical compounds with an estrogen-like effect on the hormone system of an organism and are therefore classified as endocrine disruptors. (4, 5) They are distinguished from phytoestrogens (substances with an estrogen-like effect from plants) and the pharmacologically used artificial estrogens. (6)

Wikipedia (7) : " Xenoestrogens are a type of xenohormone that imitates estrogen. They can be either synthetic or natural chemical compounds. Synthetic xenoestrogens include some widely

used industrial compounds, such as, PCBs, BPA, Teflon, and phthalates, which have estrogenic effects on a living organism even though they differ chemically from the estrogenic substances produced internally by the endocrine system of any organism. Xenoestrogens are also called "environmental hormones" or "EDC" (Endocrine Disrupting Compounds). Most scientists that study xenoestrogens, including The Endocrine Society, regard them as serious environmental hazards that have hormone disruptive effects on both wildlife and humans. The overall mechanism of action is binding of the exogenous compounds that mimic estrogen to the estrogen binding receptors and cause the determined action in the target organs."

Xenoestrogens originate in part from the degradation products of chemical therapeutics used in humans, such as birth control pills and cytostatics. (8, 9) They leave the body via the urine and can only be intercepted to a small extent by water purification plants. They pass into the drinking water and are thus absorbed (10). The leading substances in drinking water contamination are PFAS (per- and polyfluorinated alkyl substances). (11) They can even be detected in the Antarctic and are practically non-degradable.

A further proportion of xenoestrogens are formed as degradation products of fungicide and herbicide applications in agriculture, e.g. atrazine, DDT, dioxin, glyphosate, etc. They enter the groundwater and thus the drinking water. They leach directly into the groundwater and thus into drinking water. Although some of them are banned, their presence in groundwater and lakes can still be detected for a long time.

Problematic target organs are the hormone-dependent organs: breasts in women and prostate in men. This makes them the most important cancer triggers and risk factors. (12, 13, 14, 15) The purification of drinking water has become a necessity.

THE ROLE OF SEX HORMONES

Both sexes have and need all three types of sex hormones: Estrogens, gestogens and androgens. The concentrations depend on gender, age and, in women, the menstrual cycle. If we take average laboratory values, we can assume à normal ratio of 15 : 5 : 1 for women and a ratio of 1 : 2 : 15 for men. The three sex hormone types should therefore be within their own normal range on the one hand, and the ratio to each other should be within the norm on the other. If there are significant deviations from the normal ranges, there is a risk of developing a hormone-dependent cancer.

The strongest effect is an absolute and/or relative increase in estrogen in both sexes. In line with this logic, antiestrogens are used for female estrogen receptor-positive tumors. Selective estrogen receptor modulators (SERMs) are active substances that mediate their effect via estrogen receptors. (16) They belong to the group of antiestrogens and are used as drugs.

The selective estrogen receptor modulators (16) are chemically different compounds that do not have a steroid structure like estrogens. They include clomiphene, raloxifene, tamoxifen, toremifene, bazedoxifene, lasofoxifene and ormeloxifene. These substances are used in the treatment of breast cancer, osteoporosis and endometriosis.

It has been known for some time that the substances used do not inhibit all estrogen receptors. A distinction is made between alpha-type (ERα) and beta-type (ERβ) estrogen receptors. The ERα receptors are found in the breast, uterus, pituitary gland and hypothalamus. The ERβ receptors,

on the other hand, are found in the bones, blood vessels, hippocampus and higher centers of the central nervous system. Raloxifene, for example, inhibits the ERα receptors and at the same time stimulates the ERβ receptors, so that breast cancer growth is inhibited without neutralizing the protective estrogen effect on the bones. This is why they are called selective estrogen receptor modulators. (16)

For prostate tumors, however, antiandrogens ("biochemical castration") are used. (17) Antiandrogens are drugs that inhibit the effect of male sex hormones. Substances such as cyproterone acetate (6-chloro-1α,2α-methylene-17-acetoxy-pregna-4,6-diene-3,20-dione) and flutamide block androgen receptors, e.g., on the prostate, and thus neutralize the effect of androgens. This is why antiandrogens are used for prostate cancer, among other things, on the assumption that the androgen effects would promote tumor growth. Possible side effects include male breast growth (gynecomastia), loss of libido and potency (18, 19, 20, 21, 22, 23, 24, 25).

The logic here is strange. It stems from the assumption that testosterone can trigger prostate cancer. This is wrong from a naturopathic point of view, as increased estrogens are responsible for this. Conversely, a lack of testosterone is a cancer risk. Instead, it would make sense to bring all three sex hormone types into the individual norm in order to reduce the risk of cancer or cancer growth. As artificial hormones should generally not be used, the prohormones of the steroid hormones are suitable for this purpose: DHEA, 7-keto-DHEA and pregnenolone. They are effective agents for the prophylaxis and treatment of hormone-dependent tumors. The basic principle should be regular: healthy and desirable is not a hormone value of zero, but an adjustment to the individual normal range.

TOPIC : STANDARD RANGES IN THE LABORATORY

If you look at the standard ranges of the sex hormones, you will see that they are much too broad. This is due on the one hand to insufficient individualization and on the other hand to the fact that the selection of test subjects is too generous. It would be necessary to aim for and use a "supernormal normal population" with narrower norm ranges. When using the usual normal ranges, it is difficult to identify potential dysfunctions or calculate adequate relationships between the three types.

EJACULATIONS

All organs in the body have the desire to function well according to their function. Shutting them down is always unphysiological and harmful. With regard to the mammary glands and the prostate, this also includes age-appropriate sexuality, in principle without age limits. If this is not possible within the framework of a partner relationship, masturbation should be used as a substitute. A social devaluation of this is not indicated. The prostate likes to be emptied again and again instead of having its contents accumulate. If its contents accumulate, the risk of prostatitis caused by chlamydia or trichomonads is increased. In chronic cases, the risk of malignant degeneration increases.

SPIKE PROTEINS

Since the coronavirus pandemic and the mRNA vaccinations, many people have had dangerous spike proteins in their bodies. (26, 27) They dock onto all organs that have ACE 2 and similar receptors. This primarily affects the myocardium and the brain, but also hormone-dependent organs. It is therefore not surprising that so-called turbo-cancers occur. Increased DNA breaks occur in the cell nuclei and mitochondria, which have to be repaired by intracellular enzymes.

These can be administered orally. (28) Neutralizing antibodies against spike proteins are important. The patient himself can use quercetin, dandelion juice and pine needle extract.

INTOXICATIONS

Metals are only partly necessary in the body, but both light metals (aluminum, titanium, etc.) and heavy metals (lead, mercury, platinum, palladium, cadmium, etc.) are dangerous. Hormonally active organs preferentially absorb such metals and they can act as cancer triggers. Detoxification, e.g. with chelates, should be carried out. Artificial hydrocarbons and micro- and nanoplastic particles are further potentially carcinogenic toxins.

RADIATION EXPOSURE

Ionizing radiation is known to cause cancer. This is generally recognized. Nevertheless, they are used too frequently, especially in cancers patients. In addition, there is growing evidence that non-ionizing radiation at high intensities can also cause cancer. Cancer therapists should be aware of this.

DIAGNOSIS

This should be as non-invasive as possible. Under no circumstances should there be any spread of possible cancer cells into the surrounding tissue, blood or lymphatic system. To this end, a) exerting pressure on the organs, b) exposing the organs to radiation, c) biopsies (punched or even fan-shaped), d) trial excisions should be avoided. The following should be used primarily for diagnosis: a) sonography, b) magnetic resonance imaging (MRI), c) tumor markers.

NATURAL REMEDIES

Natural remedies can be used to strengthen the prostate and increase a man's libido. Ingredients include: L-Arginine, Tribulus terrestris, Maca, Red Ginseng, Cordyceps chin, Cinnamomum cassia, Dioscorea opposita, Coix Lacryma-Jobi, Cuscuta chin, Ganoderma lucidum, Schisandra chin, Ziziphus Giuggiola, Atractylodes macrocephala, Lycium chin.

Appropriate remedies for women may include: Fenugreek seeds, Ashwagandha, Muira puamana, Saffron, Cordyceps chin, Reishi/Ling Zhi. This makes it possible for both sexes to lead a more satisfying partner life and prevent cancer.

SUMMARY

We are not at the mercy of negative developments in the incidence of cancer, but can take preventive measures if we are aware of the risk factors. This includes, among other things: Purification of drinking water, increasing progesterone in women and testosterone in men, cure detoxification, avoidance of radiation exposure, avoidance of artificial chemical hormones, avoidance of harmful diagnostic effects, neutralization of spike proteins.

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