

Another Look at the Prostate

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Additional ratio information (at no cost) can be requested by e-mail. Please include your name and address.

The consensus in medicine is that virtually all American males will die with prostate cancer, but not necessarily from prostate cancer. Such a prognosis does not support the contention of optimum health for American males. Prostate disease of any description should not be such a universal affliction.

Currently, multiple examination procedures are available to ascertain the presence or absence of a prostatic problem: rectal exam, biopsy, symptom profiles, MRI and CT scans, and the traditional blood and urine chemistries, including prostatic specific antigen (PSA) and prostatic acid phosphatase. Actual biopsy would appear to be the most definitive for a neoplasm, with all the other tests being contributory diagnostic aids at best.

Through the work of Dr. Paul Eck, we seem to have another significant aid in assessing prostate health and perhaps preventing the gland's normal function from declining into more severe pathology, such as prostatic neoplasm. Dr. Eck is best known for his groundbreaking work with minerals using hair biopsy-hair analysis. His proposals and writings suggest a better, or at least complementary, way of assessing prostate health.

Zinc is classically known as the prostate mineral, and indeed, zinc deficiencies are well-established in cases of prostate disease. Copper is known as an antagonist to zinc, and has been shown to correlate precisely with estrogen levels and use in females. Eck found that the ratio between these two minerals are in perfect balance when zinc:copper is 8:1. He has also proposed that when these two minerals display aberrant ratios in hair samples, sexual hormone abnormalities are present in both male and female subjects. Prostate disease in the male patient is a presumed resultant pathology.

To test his proposal that aberrant zinc:copper ratios in hair samples are related to prostate malfunction, we recently assembled 43 hair samples of known prostate disease patients. The only diagnostic support given for these patients was by means of a symptom survey. Most patients provided symptoms common with a prostate disorder, such as excessive nocturia, urinary stream constriction, painful urination and reduced libido. It's important to note that medication that successfully mitigates active prostate disease will skew these ratios (generally toward normal when successful), and we had no record of which patients, if any, had undergone prescription drug therapy. Other confirmatory examination findings were lacking to support the ailment in these patients, but comparisons with the hair-mineral ratios provide some interesting findings.

The average age of our 43 patients was 51.9 years, the oldest being 92; the youngest, 24. Our average is within the typical age of prostate disease patients.

Using zinc:copper ratios greater than 10:1 or less than 4:1 compared to the normal 8:1 ratio (20 mg% zinc divided by 2.5 mg% copper) in healthy subjects, we found 32 patient readings to be outside of these minimally aberrant values (74 percent). Twenty-nine patients demonstrated zinc to copper ratios higher than 10:1 by ratio - several greater than 24:1 - and three patients had ratios of less than 4:1. One patient had a zinc:copper ratio of 1:1, which is considered markedly abnormal.

Dr. Eck has also proposed that sodium and potassium ratios in biopsied hair samples are indicators of adrenal gland status, specifically, and immune capabilities, in general. Sodium and potassium are directly related to aldosterone and cortisol, both adrenal gland hormones.

Certain deviant ratios of sodium to potassium (less than 2.5:1) are suggested to imply a decline in adrenal gland efficiency, and impairment of the immune response. A decline in the immune response capability would seem to be a major factor in the appearance of prostate disease, since immune system breakdown allows for disease processes to develop. Conversely, sodium to potassium ratios greater than 4:1, suggests excessive aldosterone production and sodium retention, consistent with an inflammatory process. A common stage of prostate disease is clearly inflammatory.

Twenty-five of our subjects demonstrated sodium to potassium ratios less than 2.5:1, suggestive of immune suppression and adrenal gland hypofunction. Nine additional patients demonstrated inflammatory ratios (Na:K >4.0:1).

The third proposed mineral ratio finding involves what is described by Dr. Eck as an "all-four-low mineral pattern." The four major minerals on a hair biopsy (and most prolific in the body) are calcium, magnesium, sodium and potassium. Through literally hundreds of thousands of tests run on as many patients, Dr. Eck had determined that when these four minerals are less than normal in a patient's hair sample, it suggests major collapse of his or her metabolic or oxidation capability.

Specific glandular involvements are centered around the thyroid gland and the adrenal glands. Responses to any stresses to the body become muted, at best, and these responses however lacking, further denigrate remaining energy capabilities. The system is said to be in virtual "give-up"-unable and unwilling to muster more than a minimal defensive response to threat. This conforms to the stage of exhaustion as expressed by Dr. Hans Selye. Eighteen of our patients demonstrated an "all-four-low-pattern," consistent with an impaired immune response or virtual "give-up" in metabolic response capability.

Summation of Findings

Presuming that significantly altered hair zinc to copper ratio is an indicator of sexual hormone abnormalities, consistent with prostatic disease, our 43 subject patients revealed 32 abnormal ratios (74 percent)

Using sodium to potassium ratios in hair samples as indicators of an inflammatory state when greater than 4:1, and impaired adrenal gland and immune function when less than 2.5:1, our subject demonstrated 34 aberrant ratios (79 percent of patients). Twenty-five showed impaired immune response and nine demonstrated ratios consistent with inflammation.

An "all four low pattern," wherein calcium, magnesium, sodium and potassium are all at less than normal levels in a biopsied hair sample, is said to be indicative of a stage of exhaustion or virtual give-up. These patients would be more likely to be victims of a prostatic disease process, and our

subject group demonstrated 18 patients with these indicator readings. Clinical indications have suggested that patients with this pattern are generally in a more advanced state of prostate abnormality, having a less optimistic prognosis.

Using admittedly minimal supportive diagnostic data relative to the patient complaints of prostatic disease, a very high percentage of hair mineral assessments in these 43 male patients suggest remarkable consistency in aberrant ratios. Ongoing clinical experience by this author has commonly shown decline into gradual worsening symptoms and pathologies including invasive tumors incident with the passage of time, in the presence of ineffective or absent therapy.

These high incidences of abnormal ratios discussed herein and as proposed as indicators of disease hold true throughout Dr. Eck's experiences as a researcher in hair analysis and mineral levels. They are indeed both breakthrough and invaluable.

An additional case of interest outside of our 43 discussed subjects, is that of a 77-year-old male with diagnosed prostatic carcinoma. Complete medical evaluation over four years of symptoms, had well-established the malignancy and metastasis to the lungs and liver. A hair sample was analyzed on March 21, 2003. He died on May 14, 2003.

His sodium to potassium readings were 70 mg% over 28 mg%, respectively. This ratio was a perfect 2.5:1, and these higher-than-normal raw levels of each mineral are part of established indicator parameters of significant increases in metabolic or oxidation output. This perfect adrenal/immune system ratio of 2.5:1 supports the contention of an "all-out" and "last-ditch" attempt at a cure. The zinc to copper ratio of 20:1 reveals the malignancy to be unfazed at best, and death to be a likely endpoint.

The major indicator ratio of zinc to copper was 20:1, again confirming this proposed ratio as an indicator of prostate disease. We have often found that ratios frequently may normalize in some patients, prior to their death. The reason seems to be that the system performs this all-out attempt at ridding the body of the disease stressor. The increased oxidation rate as demonstrated on this patient's graph is part and parcel of this all-out effort. Failing to accomplish a remission or cure commonly results in the patient's death.

Perhaps the most important information to be gained from these findings, from a clinical standpoint, is that successful treatment of these conditions, by whatever means, results in universal improvement in these ratio indicators. Negative changes of these ratios to more abnormal levels suggest ineffective therapy, inappropriate supplementation or medication, and a less than optimum prognosis for eventual recovery. Thus, changes in these ratios provide an invaluable and virtually indispensable guide to successful treatment in daily practice.

One caveat needs to be considered when using Dr. Eck's suggested ratios. Assessment of these mineral ratios, and others proposed by him, are only valid when the hair sample is not subject to extensive washing at the laboratory. Dr. Raymond LeRoy has shown major denigration of mineral findings in hair samples manipulated by washing compared with samples not subjected to this preparatory wash.

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