



# POUGHKEEPSIE MAN TO MAN



*Prostate Cancer Education & Information Support Program since July 1993*

**Happy  
Thanksgiving**

November 4, 2004 Issue 11 (Meetings to date # 151)



Dennis P. O'Hara, Founder & Facilitator Emeritus. Local ACS # 845-452-2932 e-mail: <iggy41@aol.com>

Co-Facilitators: Jim Kiseda 845-223-5007 and Paul Totta 845-297-7992

American Cancer Society Information - 1-800-ACS-2345 or WWW.Cancer.Org

**Our web sites** <http://www.geocities.com/charl2ep/Cancer/> or <http://www.boodrow.com>

Man to Man (M2M) is an educational, not for profit, prostate cancer support program of the American Cancer Society. It is a forum for discussing medical developments & experiences. Protocols discussed at M2M meetings are sometimes based on anecdotal information. It is always advisable to consult a physician before adopting any form of treatment.

#### In This Issue:

- Program for M2M on Nov. 4, 2004
- Newcomers & PCa 101
- Organic Standards & Farmers Markets #2
- Psychology of Cancer-part 8
- Greater effort needed to combat cancer!
- GCP Update
- PCRI announces 2005 National conference
- Joke Du Jour
- Guest Speaker Dec 2, Dr. Schacter
- Guest Speaker January 6, 2005 Doug Menelly
- NYS Prostate Cancer Coalition web sites

A joint meeting of Man to Man (M2M) and Side by Side (SXS), the prostate cancer (PCa) support and education groups sponsored by the American Cancer Society, was held on November 4, 2004 in the Central Hudson Electric Company Auditorium-6, Rt.9, Poughkeepsie, NY. There were 52 in attendance including 6 new M2M members and 10 SXSs. Several of the new members were given our NEWBIE BOOK.

**PLEASE NOTE Poughkeepsie M2M has back issues of our newsletters & information on PCa.**

go to

<http://www.geocities.com/charl2ep/Cancer/>  
or <http://www.boodrow.com>

#### PROGRAM GENERAL MEETING

Man to Man held its monthly meeting on November 4, at the Central Hudson Auditorium with our new start time of 6:30 p.m. The meeting covered many subjects before the presentation of our speaker.

#### NEWS SQUIBS

##### GRAPES CUT CANCER RISK

Two and a half cups of grapes a week may cut the risk of some cancers in half, according to the Fred Hutchinson Cancer Research Center in Fresno, Calif. This all comes from a compound called resveratrol, which is found in abundance in grape skin. Resveratrol is a powerful antioxidant and has been linked to lowering prostate cancer risk.

Consumers can get the same amount by drinking 4 glasses of wine per week. If alcohol presents a health problem, then grapes, which are available year round now, is a good choice.

##### GCP STUDY

Genistein Concentrated Polysaccharide (GCP) seems to be helping to slow the progression of prostate cancer in studies at UC Davis. Results

are promising so far. After it demonstrated efficacy with mice, 13 men were treated and 8 men saw their PSA drop. This is only the first step according to Dr. Ralph DeVere White, UC Davis Cancer Center director. A new, larger double-blind study has just been launched and some results should be out next year.

**GCP** is a powerful extract mixture of soy and shiitake mushrooms. This compound has been out for a few years, but this will be the first randomized study on PC. (see update page 7)

### **SOY IMPROVES PC OUTLOOK**

**A** soy-rich diet may improve the prognosis for men with PCa and the effect seems to be immediate. Studies by Australian researchers, discovered that adding about 2 ounces of soy grits each day for one month caused a quick improvement in PSA levels. It caused a 13 % drop in PSA and a 27 % increase in free PSA. This study was published in the Sept. issue of Urology.

The 29 men, scheduled for surgery, ate the soy in four slices of bread containing soy grits. The control group ate either wheat bread or a combination of soy and linseed. Their PSA worsened by 40%.

This research follows another study in the May issue of the journal Prostate, showing a reduction in PSA among men who drank a little over 2 ounces of soy in a milk shake daily. In the three month study, 20 percent of the men had a PSA drop of 3 or more.

The suspected benefit comes from the isoflavone in soy. Soy seems to stop the progressive wild growth of mutated cells.

### **COCOA**

There is a new reason to enjoy hot cocoa on a

cold winter's night. Consider it a health drink. Comparing chemical anticancer activity, Cornell scientists found that cocoa has twice the antioxidants of red wine and three times more than in green tea. This is no wishful thinking. Their findings will be published Dec. 3 in the American Chemical Society's Journal of Agriculture and Food Chemistry.

The Cornell researchers were led by Chang Y. Lee, chairman of Food Science and Technology at the university's New York State Agricultural Experiment Station in Geneva, NY. The powerhouse, in cocoa, are the phenolic compounds which are known antioxidants that fight off cancer, heart disease and other ailments.

Also discussed was eating chocolate bars to gain the same effect. But, this is controversial because of the very high fat content in a bar-eight grams in a 40 ounce bar, whereas, a cup of cocoa has only one-third of a gram of fat. To avoid excessive sugar, the health food store variety may be a better choice with its lower sugar content.

**Jim Kiseda, Co-facilitator of  
Poughkeepsie M2M**

---

### **Guest Speaker Dr. Kenneth Bock SUMMARY OF DR. BOCK'S TALK**

It was a pleasure to hear Dr. Kenneth Bock's presentation at the November M2M meeting. He practices integrative medicine which combines traditional with alternative approaches. His emphasis was on addressing the roots of disease before having to "Band-Aid" it. PCa is the most common malignancy for men with 1 in 6 getting it.

**We still have much to learn about the causes of**

PCa. The alteration of genes is a factor. Chronic prostatitis may lead to PCa with infection as the central concomitant.

Six hundred men who died in accidents were observed for PCa.; 25% in their 30s were afflicted, 30% in their 40s, 40% in their 50s on up to 70% in their 70s had PCa. So PCa is quite prevalent even in younger men.

Treatment recommendations depend on who you go to. Surgeons usually do surgery, etc., which is part of the "politics of medicine." If watchful waiting is recommended, it's preferable not to spend time idly but to opt for alternative approaches. Conventional medicine gives little attention to a person's innate defenses to fight cancer. Alternative medicine boosts one's defenses (immune system) to fight disease. Alternative medicine is really "complimentary" as it is best used in conjunction with traditional medicine. Whatever offers good quality of life is worth going after. Surgery and radiation may result in poor quality of life (side effects) and therefore, should be considered as a last resort. In general, oncology dismisses alternative approaches. There is now much scientific evidence to support complimentary treatment. He cites a study comparing longevity between patients treated with an alternative approach and those who were treated traditionally. There was a dramatic increase in the prolongation of life in the first group.

A basic belief is that the body has the potential to heal itself, given the right nutrients and detoxification. Thus, there is less emphasis on destroying cancer cells once formed and more on preventing tumor cell development and spread.

What can we do? Exercise (stretch and strengthen), good whole foods (probably organic), vitamin, mineral and enzyme supplements,

acupuncture and homeopathy. Eat Alaskan wild salmon and tilapia. Supplements should be of good quality. Detoxification should include the liver as this organ is often overworked trying to detoxify us (this is not traditional medicine protocol).

He spoke of antioxidant intake after chemo and radiation therapy. This could be in the form of a vitamin C intravenous drip. Large amounts of C make a hydrogen peroxide effect to enhance natural killer cell activity. Vitamin C drips should be considered for cancer patients, also far-infrared saunas.

The mind-body connection is stressed in cancer. What are we doing to find happiness and contentment? Cancer does better when we feel loved and not as well when we are lonely. He advocates stress reduction, relaxation, meditation and gentle yogas to nutrients. He likes vitamin C (orally) - 10 to 40 grams, taken to bowel tolerance! Too much C results in diarrhea (but that's a form of colon cleansing), improved diet - a necessity, vitamin B3 (300 to 3000 mg), zinc (25 to 100 mg) with some copper as zinc lowers copper levels; calcium and magnesium (2:1 ratio).

Chemo and radiation damage normal cells; alternative treatments inhibit or kill cancer cells, but don't damage healthy cells. This makes a big difference. There are natural chemotherapy agents available from an alternative doctor. They include resveratrol (grape skins), vitamin E succinate, curcumin (tumeric), soy isoflavone, Vitamin D, lycopene (there is an increased effect when used with E), vitamin C, zinc and green tea extract. Green tea is both a preventative and chemo agent. It is known to inhibit Cox 2 activity that may provoke PCa. Drink lots of green tea.

Other products include Zyflamend, a brand name

herbal product, which in vitro reduces PCa 78%; pomegranate -- a high antioxidant known to program cancer cell death; selenium (200 to 400 mcg), a known cancer preventive; melatonin, an antioxidant (6 to 10 mg and even more if you have cancer); silymarin (milk thistle), a known liver protector and quite inexpensive. Again, protect your liver! Drinking soy milk has shown to cause a 70% reduction in PCa. Astounding! Take Vitamin D for hormonal activity and increased calcium metabolism. Garlic is recommended as a cancer inhibitor and detoxifier. He had all good things to say about Transfer Factor, a brand name colostrum product which is nonspecific in ways it helps improve immune function. It is good for allergy and autoimmune diseases, as well as viral, fungal, parasite and mycobacterial conditions of the body. Reishi mushrooms have anti-cancer activity. Lastly, it's good to take mixed digestive enzymes (proteolytic) between meals to break up certain conditions in the body, as well as tumors. What can we best do? Become proactive! Ask questions. Find answers for a quality of life. Don't be pressured in doing what your gut tells you is not the right thing to do. You be the boss! Find worthwhile consultants to help you make decisions.

In the question period Dr. Bock had a lot to say about taking therapeutic amounts of supplements "1 a day vitamins don't make it." Just because something good is included in a vitamin product, does not mean that it contains enough to do any good. You really have to watch the dose in multi-vitamin and mineral supplements. It can be best to take a separate vitamin or mineral supplement to make sure you are getting a therapeutic amount. This is where it often is good to consult a nutritionally oriented professional.

**Mike Kulla, Poughkeepsie M2M  
and Elena McHerron  
Newcomers & PCa. 101**

**1) He is 70 yrs. old.** His PSA is 4.7; a DRE was negative. He was biopsied and diagnosed in September with a GG 3+3 =6. His slides were sent to John Hopkins for a second opinion, and also confirmed as positive for PCa. He underwent a CT Scan, Chest X-Rays all were negative for PCa. He has an enlarged prostate. He is here for more data to enable him to make an educated decision on treatment.

**2) He is 72 years old.** His PSA ranged from 3.3 to 3.7. His FPSA is 18%. A DRE was negative. His doctor has recommended a biopsy. He is here for more information. There was discussion concerning the color doppler test which may help locate any cancer.

**3) No age given.** His PSA is 3.5. He has an enlarged prostate. He had blood in his urine 3 months ago. Numerous tests found no cause. He and his doctor feel the condition was brought on by excessive energy stress and strain due to heavy work. These were discussed with him and several other possible causes of this condition.

**4) He is 78 years old.** His PSA is ranging from 1.8 to 2.0 He is seeing a urologist. He is here for more info.

**5) He is 58 years old.** His PSA is 4. He had a biopsy that was negative. He is still bleeding from the biopsy and is being treated with antibiotics. Bleeding does occur sometimes and is treated with antibiotics. He is here for more information.

**6) He is 76 years old.** His PSA is 6.5. A DRE was negative. He has not had a biopsy. He was informed as to the importance of Free PSA and PAP tests to help him make a decision on whether to have a biopsy or not. He was also reminded of the color doppler test.

**Herb Ilker, Pca 10. Poughkeepsie M2M**

---

*One side effect of too much TURKEY is TRY-TOPHAN it will cause you to be sleepy!*

## ORGANIC STANDARDS AND FARMERS MARKETS Part 2

During the last century or so we have witnessed a vanishing American culture where each year many, many people have moved away from the farm. The lively web of farm houses, school houses, livestock barns, poultry coops and tilled fields have been replaced with a meat-fattening monoculture.

In the process, agribusinesses have cultivated our taste for food that has been seeded, fertilized, harvested, processed, packaged and shipped often with preservatives and refrigerated for many miles on an energy-costly journey.

Thus, we buy cheese from France, bananas from Ecuador, tomatoes from Holland and artichokes from California at the cost of some serious fossil fuel with greenhouse gas effects. I read somewhere that the average food item set before a consumer has traveled 1300 miles. I am in favor of buying nonperishable goods (rice, flour, coffee) from a collective in the US who gives my money to a collective in Central or South America who are growing their crops without damaging their natural environment.

If you think eating organically is a bland affair you are wrong. The movement has grown up. Compare, for instance, the taste of a pink store-bought tomatoes that is bred to be perfectly shaped with my yellow pear tomatoes, delicately sun-warmed and sugary right off the vine, and there are no toxins (or hormones) that lace our commercially grown foods in regulated quantities.

If you don't grow your own, somewhere near you is a farmer who really needs your support for 1 of a 100 reasons, in a time when the tradition of family farming is unraveling.

I prefer not to eat foods out of season that have spent half their life in a boxcar or some other

means of transportation. Local is my first choice. Here are some suggestions when shopping local farmers markets, especially where meats and eggs are sold.

**Poultry:** Ask the farmer how the birds are raised. Do they range on pasture or are they in the barn most, or all of the time? Pasture should mean grass, not dirt. What do they eat? Even on pasture, some grain is given. If you prefer organic poultry make sure to ask if certified organic grain is used. Antibiotics are acceptable only to treat acute illnesses. True free range birds are more muscular, have stronger bones and taste better.

**Beef:** Cattle should be raised without growth-promoting antibiotics or hormones. Most cattle are pasture raised. Typically, factory-farmed beef is "finished" for the last few months on corn in a feedlot. Humane groups like FACT do not consider this humane. Cattle should be finished on pasture. Some farmers supplement with grain, but the less grain the better as grass and forage are a more natural diet and kinder to the animals stomach. Grass-fed beef is lower in saturated fat, calories, cholesterol and it is firmer in texture.

**Pork:** As with poultry and beef, naturally raised pork has better texture and flavor. Growth-promoting antibiotics are verboten. It is against the law to give hormones in pork production. Pigs should be pasture-raised or raised in houses with deep bedding. Sows should be free to nest and move about freely. Ask the farmer if gestation crates are used for pregnant sows or farrowing crates are used for birthing and suckling piglets. Both crates are inhumane.

**Eggs:** The hens should be in a cage-free environment. It's best if farmers keep a small outdoor flock, because the birds have a varied diet of grass, forage and insects resulting in dark yolks and good flavor. Other farmers may keep birds loose in sheds all the time. This is better than cages, but crowding is common and cannibalism and other abnormal behaviors may result.

**Cheese:** Some farmers produce cheese from their own herd of dairy cows. The cows should not be given hormones and should be free to roam on grass pasture. Try to find cheese from goat

and sheep milk. These species are rarely subject to intensive factory-farming methods.

**Happy and healthy eating.**  
**Mike Kulla, Poughkeepsie M2M**

---

## **PSYCHOLOGY OF CANCER PART V111**

### **Personality Types & Coping**

The previous article addressed coping in reference to the tumor location social support and resource values and emotional patterns of the person and their age.

This article is about coping based on a person's personality dynamics. Personality refers to the way we think, feel and act. Both conscious and unconscious, but mostly unconscious, personality evolves as we go through life and meet various challenges and opportunities. But in great measure it is a relatively fixed pattern of emotions and behavior determined by a given set of experiences in childhood.

We usually take for granted our own personality traits, until someone we know displays a trait or behavior not in character with themselves. An example is an unassertive person uncharacteristically asserting their own needs. No individual is a pure personality type, although often one pattern may dominate. In actuality, a combination of traits and attitudes are present to some degree in all people.

Of course each person is unique due to genetic differences and because no two people have exactly the same experiences, even siblings or for that matter identical twins. We use these clinical labels, referred to as typology, to facilitate description and communication.

In their extreme forms, each personality type may be seen as a disorder, but in their usual, milder expressions, they are a collection of strengths and weaknesses both contributing and detracting from our ability to cope.

### **WELL ADJUSTED PERSONALITY.**

These people tend to be open, empathetic (feel deeply for others) and are able to give and receive love without being overly needy or demanding. They have realistic expectations and solid self-esteem. In short they are emotionally mature and evolved. The discovery of cancer is appropriately greeted with anxiety and depression, but then the disease is met with a challenge, flexibility, perspective and optimism. Such people usually cope well with their diagnosis, treatment and survival and they seem to be intimately involved in these processes.

### **DEPENDENT PERSONALITY. (Oral Character).**

They often appear needy, overly reliant on others for their emotional sustenance and naive. If required to be independent they may respond with fear and anxiety. While some dependent people can be demanding, they can also be generous and attentive. The parental response is abandonment and withdrawal. Deep underlying issues are being alone in the world, falling behind and weakness. The basic conflict is need vs independence. "I have to remain dependent in order to receive warmth and love. Yet if I reach out no one will be there for me and I won't be able to support myself." The intimacy issue is that they can establish closeness only on the basis of need, warmth and support. They can't initiate openhearted contact without trying to hook the other person in. "I love you" is really "I want you to love me." The therapy direction is helping the person experience their longing and open the fear of reaching and also mobilize their hidden rage. Work is done in supposing the self under stress, i. e. ability to contain deep feelings, energetic charge, building up the body, especially legs to "stand up" under stress.

Serious illness poses a major problem for the dependent person. Their wish is for boundless care about which they can be demanding. Yet they are fearful that people they most depend on will drop them.

If the illness is prolonged it presents additional difficulties in having to interface with a team of caregivers over time. Dependent persons usually respond best to firm but gentle, not critical, directions. Most importantly, they need to feel supported, that they won't be abandoned and that their needs for care will be met.

In the next article I will discuss other personality types and their likely coping responses to cancer.

**Michael Kulla, PhD., Psychologist.  
Poughkeepsie M2M**

---

### **Greater Effort Needed to Combat Cancer!**

Did we "lose the war on cancer" that started in 1971? Reports indicate that more than 7 million people died of cancer since then, while the United States spent a huge amount on cancer research and therapy --- very little on prevention. This year more than 1.3 million Americans will be diagnosed with cancer, about 550,000 will die of it, and 42 percent of today's citizens will develop cancer in their lifetimes.

Why did we lose the war and sacrifice lives? Was cancer smarter than the collective, educated minds of those who battled it, or did government and the medical system bungle the job? Did an uninformed, passive, uninvolved society allow failure?

We're about to declare another "war on cancer." In May 2003, the National Cancer Act of 2003 was introduced in the U.S. Senate. It was referred to the Committee on Health, Education, Labor, and Pensions. What happened since? Will society take charge?

Can we defeat cancer in a nation where greed and self-interest can be more important than lives; unaccountable government agencies have a history of failure; people are not adequately informed to take charge of their health; doctors know very little about nutrition, health, and pre-

vention; respect for patients is diminishing; etc.

The 3,000 deaths on September 11, 2001, resulted in unprecedented U.S. attention, outrage and action. Meanwhile the deaths of about 550,000 Americans in one year go relatively unnoticed. If we're attacked by a deadly disease, are we expendable?

**Gene Mentzer Poughkeepsie M2M**

**(Editor's Note: This article was previously published in the Letters to the Editor section of the Opinion page of the Poughkeepsie Journal.)**

---

### **GCP Update**

In Nov. of 2000 Dr. Aaron Katz, Assistant Professor of Urology, Columbia Presbyterian Hospital, NYC, was the guest speaker at M2M Poughkeepsie, NY (see Newsletter Dec-Christmas Issue of 2000). Dr. Katz reported on lab experiments at Columbia, with a new herbal supplement Genistein Concentrated Polysaccharide (GCP).

The lab work showed definite evidence that GCP caused apoptosis (cell death) in PCa cells. Dr. Katz stated that he was going to begin a trial with 20 men who were scheduled for RP. Six weeks prior to the surgery he would start them on a regimen of GCP. After their prostates were removed he would have pathology look at them and determine if the GCP had caused apoptosis.

Shortly after Dr. Katz's presentation, I approached Quality of Life Labs and Amino UP, the companies who supply and distribute GCP, with the suggestion to begin an informal testimonial trial. They agreed. The trial was initiated with men across the country and abroad who participated in 2001 and 2002 and \*6 men still using AHCC and or GCP in 2004.

The first of four three month trials (#1) was initiated and consisted of 13 men who began GCP at different doses according to their PSA and PCa history. The dosage ranged from 2 grams per day to 8

grams per day. All had rising PSA ranging from 1.6 to over 800. The only protocol required for the “testimonial trial” was a rising PSA. The results of this trial were very promising. Several men had PSA decline, some had PSA stabilize, some had PSA continue to rise but at a much slower rate. One man had a very high PSA, over 800, at the start and he had no response, His doctor advised him to discontinue GCP and start Chemo. Most of the men did not experience any serious quality of life problems. As a matter of fact several reported their energy level had increased. One particular man reported that while he was on PCSPES he had leg pains and could no longer walk his dog. His physician advised him to stop PCSPES and try GCP, after two weeks of GCP, his leg pains diminished his energy level increased and he had begun walking his dog once again. The only side effect reported (by 3 men on high dosage) was bloating and gas and two had diarrhea. Otherwise most of the men on all 4 trials tolerated GCP very well.

Because Trial #1 showed some significant results including several men who had a higher Free and Total PSA. This is indicative of cell death or APOPTOSIS. With this information the company decided to begin a second 3 month trial.

Trial #2 which consisted of 11 men, most of them from Trial #1. It was also decided to add Active Hexose Correlated Compound (AHCC) for the purpose of causing a synergistic effect or to enhance GCP. Four of the men on this trial agreed. The dosage of GCP and AHCC was 3 grams per day.

One of the candidates in this trial was also taking PCSPES and many other supplements. Some were on Hormonal Therapy and still their PSA's were rising. When we added the GCP several had their PSA stabilized, two remained the same, several continued to rise but at a much slower rate. Several kept rising.

Trial #3 was begun with 5 new candidates. One dropped out before he took any GCP due to his PSA continuing to rise rapidly and several positive bone scans. His doctor has recommended a regimen of Chemo. The dosage was set at 4.5 grams of GCP per day, all the men tolerated the GCP &

AHCC very well.

Trial #4 with 4 men taking 3 grams of AHCC and 3 grams of GCP. Two of the men had been on GCP for almost 9 months and their PSA continued to drop slowly. These two men tolerated the product very well. Two other men were candidates from Trial #1 & 2 and decided to try again. They both had gastrointestinal discomfort (gas and bloating). It was suggested they start at a very low dose and continue to increase dosage slowly so their systems will get accustomed to GCP and AHCC.

To sum it all up, remember the six week trial we discussed earlier in this report? Dr Katz reports that the pathology reports indicated apoptosis on the men who underwent RP and were taking GCP. He feels GCP should work for PCa. The lab results have proved it. We have discussed dosing and length of time on GCP. Preliminary results suggest the longer one is on GCP, the better the PSA results. Dr. Katz has also discussed the possibility of adding COX 2 inhibitors as part of a new trial (see article on page 6, Jan 2002 issue of M2M this trial is still ongoing in 2004).

I would like to thank Mr. Kosuna and Dr. Sun of Amino UP company in Japan along with Quality of Life Labs, the USA company that supplies GCP & AHCC, Mr. S.Yamada, Tac Kurihara and Ms. Maccy Franze. They have been very cooperative in supplying products free of charge to all the candidates. They have been extremely helpful in responding very quickly to all questions that have arisen during the time period the 9 months trials have taken place.

**WILL GCP and AHCC** be the magic bullet? Who knows, but to date there is no magic bullet. The testimonial trial has shown improvement in **30% of the men**. Their PSA's either declined, stabilized, or the rate of rise was not so rapid. Several men had a rise in Free PSA which is a strong indication of apoptosis (cancer cell death). Perhaps with time and adjustments of dosage, we hope this percentage will improve. These two products will possibly be some additional ammunition we can store in our prostate cancer tool boxes to use at a later date in case our PLAN B,C or D fails. We are confident

that in the near future once the dosage and time frames are worked out some of us will use these two products as our PLAN A.

**\*The six men mentioned earlier  
are still doing well.  
ed.**

---

**In reference to the PCa related supplements that were taken off the market by the FDA, the thousands of men who were using these products who now have limited options, perhaps AHCC & GCP can help. Send an e mail to [GCPAHCC@AOL.COM](mailto:GCPAHCC@AOL.COM) for additional information, pricing and ordering info.**

---

**PCRI announces conference in  
Washington for 2005  
SAVE THE DATE!  
National Conference on Prostate Cancer  
June 16-19, 2005  
Omni Shoreham Hotel – Washington, DC  
Moderator – Dr. Charles “Snuffy” Myers  
Over 20 PC Experts will be Speakers**

---

#### **Joke Du Jour**

A friend of mine retiled his bathroom floor beautifully. Then he put waterproof acoustical tile on the ceiling of his bathroom. But, he never could bring himself to get around to putting tiles up in the shower stall and on the walls of the bathroom. I asked him how come? He said, “I don’t know. I guess I just have erect tile dysfunction.”

**Herm London-M2M Poughkeepsie**

---

#### **Turkey Day Hint!**

**Stuff the Turkey not, yourself. Remember!**

One side effect of too much TURKEY is TRYP-TOPHAN. It will cause you to be sleepy!

#### **MICHAEL B. SCHACHTER , M.D Guest Speaker December 2.**

Dr. Schachter received his medical degree from Columbia College of Physicians and Surgeons in New York City. He has an office in Suffern NY. He is board certified in psychiatry and is recognized as a Certified Nutrition Specialist. He is also a specialist in chelation therapy.

He is the author of several books on natural health. He is also involved in several professional organizations. He was president of the American College for Advancement in Medicine (ACAM) from 1989-1991 and was past president of the Foundation for the Advancement of Innovative Medicine (FAIM). Dr. Schachter has been involved with complimentary and alternative medicine since 1974.

---

#### **Doug Menelly son of the late Mario Menelly Guest Speaker January 6, 2005 "Take Control of Your Destiny"**

His presentation will focus on the late Mario Menelly’s diagnosis, treatment options, his decisions for treatment, and how he literally took control of his destiny by researching, learning, and getting involved all of which many men don't take the time to do. Frequently, men blindly listen to what their doctors advise and don't ask questions or investigate anything on their own. The end of the presentation includes some photos from the Prostate Cancer Mountain Climbs he did in Argentina and Africa to promote prostate cancer awareness.

Douglas Menelly is a 29-year old man, living in NYC, working in professional insurance. He has an entrepreneurial background focused on technology and software. He enjoys outdoor activities like hiking, golf, international travel, and mountain climbing around the world. He dedicates a significant amount of his free time to charity events, and educating and increasing Prostate Cancer awareness in his father's name.

He values the relationship with his family, and plans to write a book about his father's prostate cancer experiences, including his father's daily journal entries from the first day of his diagnosis.

---

### **Attention: M2M Meeting cancellations**

In the future we will base our decisions whether to cancel a M2M & Side by Side meetings dependent on what the school systems in our area do. When the schools either delay or close the schools in our area, we will probably cancel. Call the local ACS at 845-452-2932, press 3, then 10 to reach the operator or answering machine. Listen to the local radio stations; they will also announce cancellations of M2M meetings. You can also call our own hot line 297-7737 and listen to message.

---

### **TO ALL RECIPIENTS OF OUR NEWSLETTER.**

If you are experiencing any problems with receiving the newsletter, possibly your name, address or zip code are wrong. If you are receiving duplicate or triplicate issues or if you know of any other members who are experiencing mailing problems, contact Peter & Teresa Hardin, phone: 845-897-9667, e-mail: <hardin.pt@verizon.net>, or regular ground mail: Peter Hardin, 12 Penn Street, Fishkill, NY 12524

---

### **To All New York State Vehicle Owners Help Conquer Cancer**

The yellow and orange nasturtium flower is proudly displayed on NY State's "Drive for the Cure-Conquer Cancer" custom license plate. This nasturtium symbolizes victory and courage. Of the \$25.00 annual fee, \$12.50 is dedicated to breast cancer research and education, and \$12.50 to prostate and testicular cancer research and education. The cost of your plate is not included. Order one, I have had two for several years now, one plate M2M and the other M2M SXS. You can order your plates on line at [www.nysdmv.com](http://www.nysdmv.com) or visit your local NYS DMV office. ed.

### **Passed Away**

**Jack Kolain.** Long time member of M2M Poughkeepsie. Our thoughts and prayers go out to his wife Katherine and the family.

---

### ***Meetings and speakers for 2004***

**Dec--- 2, Dr. Schacter from Schacter Institute.**

---

### ***Meetings and speakers for 2005***

**Jan, 6- Doug Menelly, son of Mario Menelly will speak on "Take Control of Your Destiny"**  
**Feb, 3- Dr. Bob Sullivan:-Good & bad diet oils**  
**March, 3 Dr. Naeem Rahman laprascopic RP surgery.**  
**April, 7-Change of meeting place to Vassar Bros Hospital**  
**May, 5-TBA**  
**June, 2-TBA**  
**July, 7-TBA**  
**August, 4-TBA**  
**September, 1, TBA**  
**October, 6-TBA**  
**November, 3-TBA**  
**December, 1-TBA**

---

### **Attention ! Attention !**

### **Change of Meeting Place April 7, 05**

**April---7 Meeting to be held at Vassar Brothers Medical Center, in the Joseph Tower Building Auditorium at 6: 30 p.m. Program to be announced.**

**HAPPY TURKEY DAY TO ALL**



**CHECK OUT THE NYS PCa. SITES**

[newyorkprostate.com](http://newyorkprostate.com)-OR [newyorkprostate.org](http://newyorkprostate.org)