

The Power of the Prostate
Edrianna Stilwell

Abstract

This paper examines the physical as well as the energetic aspects of the prostate as it explores the cause of prostate disease. Using historical research, type II methodology, information regarding prostate function, diseased states, treatment options, and prevention are explored. The scientific (allopathic) and nonscientific (energetic) medical approaches are addressed. This paper suggests that it may be beneficial to adopt a whole body treatment perspective that includes the physical as well as energetic body when dealing with prostate disease, thereby treating the whole person. A whole body perspective includes the physical, auric, haric and core star dimensions. This is the primary focus of this paper. It is also suggested that the psychological community functions as a link between the allopathic and energetic communities; therefore, communication between these communities needs to increase and testing methods need to be developed in order to provide the best possible care when addressing prostate disease.

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My passion is men; I just love them, their strength, physical features, passion, conviction, and vulnerability. I love everything about them, and they also perplex me. Upon discovering that a large portion of the male population, including my friends and relatives, has to deal with the painful, frustrating, debilitating, and sometimes emasculating effects of prostate disease; my heart broke. I began to realize that it was important, a piece of my life task, to find out why prostates become diseased, if it was possible to prevent or reverse the situation, and then to bring the information to men and the women, who like me, love them and enjoy experiencing them, fully present and in their power.

The challenge of this project was not finding the information but delivering it in a way that makes sense. I believe that the prostate holds an energetic significance to a man's life, but for those I surveyed 82 percent did not share this awareness. I conducted the survey to get a better sense of what men know and how they feel about their prostate. I composed a prostate questionnaire which was given out randomly to men between the ages of 26 to 78, with 56 percent age 50 and above. A total of 54 men participated. The results of my questionnaire regarding prostate function were encouraging, 72 percent indicated knowledge regarding the prostate's function (in case the reader is wondering, this will be covered), and 42 percent indicated they have concerns. In regard to the open ended question on attitude and relationship with their prostate the answers ranged from "I never think about it" to "I enjoy having erections and orgasms" (see Appendix A for prostate questionnaire).

As my research continued I discovered that the medical community often ignores a whole body perspective when treating prostate disease; their primary focus is on the physical level; because a medical practitioners' work is being done from an allopathic perspective--conventional medicine. I believe that we are more than just a physical body and this point should be considered in order to address one's health.

My next challenge was presented, finding documentation supporting the proposal of a whole body treatment perspective, the physical as well as the mental, emotional, and spiritual--simply put the energetic body, when dealing with prostate disease. I knew, deep in my soul, that the healing techniques that I was learning from Barbara Brennan School of Healing could be used to bring a prostate back into a healthy state, but who in the general public would believe me unless I could prove it or at least explain it? From this perspective grew the need to find the cause of prostate disease. My research in this area showed that the scientific medical community was not providing a cause; maybe the cause begins in the energetic body.

If you have a headache you probably take an aspirin or a similar type of pain reliever to get rid of the pain. Some may rub their temples or massage the area of their head that is aching. Others may sit or lie down in a quiet place in an attempt to remove themselves from the hustle and bustle of the world. The first remedy, taking a pill, could be considered a quick fix--a solution that only treats the symptom. The last remedy is quite different. People who choose this route are not only eliminating the symptom (the pain), but are also addressing the cause--the stressor that may have created the headache. They move beyond the physical body and deal with their current feelings and emotions (being stressed) in order to gain relief. They create change in the physical body by treating their energetic body, the place where feelings and emotions dwell (Brennan, 1987). Similar to a headache, prostate disease--disorders that affect a gland within the male reproductive system--is commonly treated only on the physical level. What might happen differently if not only the signs and symptoms were treated but also the cause? My hypothesis is that it may be beneficial to adopt a whole body treatment perspective that includes the physical as well as the energetic body when dealing with prostate disease thereby treating the whole person.

Strax (2006) describes the prostate as being the size of a small plum, located in front of the rectum, at the base of the penis, below the bladder and encircling the urethra--a tube that carries urine from the bladder to the tip of the penis. The area of the prostate through which the urethra passes is called the prostatic urethra. In addition to the prostate--which is actually comprised of 30-50 glands--other reproductive glands deposit fluids into the prostatic urethra (AstraZeneca International, n.d.). The outer portion of the prostate is surrounded by “periprostatic and dorsal vein complexes that are responsible for erectile function” (Scher, 2005).

In males the urethra serves a dual purpose, as a tube for ejaculation and urination. During sexual stimulation, sperm, produced in the testis and stored in the epididymis, move through a set of tubes called the vas deferens by way of muscular contraction. The sperm arrives in the prostatic urethra and when the muscles within the prostate contract during an orgasm fluid produced in the prostate mix with sperm and additional fluid to create semen, which is expelled during an ejaculation. Semen provides nourishment for the sperm as well as protection from a female’s acidic vagina. A prostatic contraction during ejaculation prevents urine from being released and mixing with the semen; otherwise urine flows from the bladder through the prostatic urethra and out the penis (James Buchanan Brady Urological Institute, 2007; Strax, 2006) (see Appendix B for prostate location).

When a prostate is functioning properly a man will be able to urinate, obtain an erection, and ejaculate without complications. If a prostate becomes diseased a man may experience an inability, disruption or even pain during the above listed activities. There are three primary conditions associated with prostate disease that may occur either separately or in conjunction with one another: Prostatitis (an inflammatory condition sometimes created by a bacterial infection), Benign Prostatic Hyperplasia or Hypertrophy (BPH) (an enlargement of the prostate), and Prostate Cancer (which is indicated by the growth of tumors typically on the periphery of the gland) (Eastern Virginia Medical School, 2003).

According to the American Cancer Society (2006); “prostate cancer is the most frequently diagnosed cancer in men” with an estimated 27,350 deaths in 2006, that equals 74.9 deaths each day, 3.1 every hour or one every twenty minutes. The Mayo Clinic Staff (April, 2007) state; “half the men in their 60s” and “up to 90 percent of men in their 70s and 80s” have BPH. The National Kidney and Urologic Diseases Information Clearinghouse (2003) offers that prostatitis is the reason for approximately “25 percent of all office visits by young and middle-aged men.” Prostate cancer, BPH and prostatitis are three distinctly different diseased conditions that have one interesting fact in common; the exact causes of these conditions have eluded medical professionals (American Cancer Society, 2006; Prostatitis Foundation, n.d.; U.S. National Library of Medicine [NLM] & U. S. National Institutes of Health [NIH], February 2006).

Prostatitis can be an acute or chronic form of a bacterial or nonbacterial condition. The prostate will swell and feel tender to touch, is diagnosed by a digital rectal exam, and is often treated with antibiotics (Personal Health Lifestyles, Inc., 2001). The bacterial form of prostatitis has many causes; however the cause is not known for the nonbacterial form, and “65% of patients with chronic prostatitis have the nonbacterial form” (NLM & NIH, June 2006).

BPH is a “noncancerous (benign) enlargement” of the prostate gland (Mayo Clinic Staff, April 2007). The prostate experiences a growth spurt, for unknown reasons, when a man reaches his late 40s. This growth can result in a prostate the size of an apple or grapefruit, putting pressure on the urethra, restricting urine flow, causing pain, and other urinary problems (Mayo Clinic Staff, April 2007).

Prostate cancer is defined by the American Academy of Family Physicians [AAFP] (2006) as an abnormal growth of prostate cells which can be aggressive or grow slowly. The Center for Disease Control and Prevention (2007) states that “prostate cancer is the most common form of cancer, other than some kinds of skin cancer . . . [and] . . . is the second leading cause of cancer deaths among men in the United States, after lung cancer.” Men with slow growing cancer cells may never experience symptoms, but for those who do they may experience: various problems associated with urination, pain during ejaculation, and prolonged hip or back pain (AAFP, 2006) (see Appendix C for prostate disease).

Although this information may sound bleak, it is important to know that improvements have been made in the prevention, diagnosis, and treatment of these conditions; however, the questions still remain: Why does the prostate become diseased, or rather dis-eased? What is the cause? Even with all the progress that has been made it is still disheartening to know that the causes of prostate cancer, BPH, and nonbacterial prostatitis are still in question and regularly debated (American Cancer Society, 2006; NLM & NIH, 2006, February 2006, June 2006, September 2006).

The following information is a personal perspective based on reading and studying information regarding the human energy field as well as three years of training at the Barbara Brennan School of Healing. This information is also a summary of some of the information contained in Dr. Brennan’s books: *Hands of Light* (1987) and *Light Emerging* (1993), and additional books and materials otherwise referenced.

According to Brennan (1993), there are “four dimensions” to the whole body or unified body perspective. All are equally important as well as inseparable. They are all connected to each other and affect each other. The names of these dimensions are: physical, auric, haric and core star (Brennan, 1993). When we integrate this perspective into our lives we experience life from a broader understanding, and that in turn moves us to a higher consciousness level; the result being, we resonate at a higher frequency (Brennan, 1987). This way of thinking and experiencing life becomes a unified, whole body experience. If the reader is wondering: What is it that is being experienced? The answer is energy.

For a number of decades respected scientists in a variety of disciplines all over the world have been carrying out well-designed experiments. . . . These studies offer us copious information about the central organizing force governing our bodies and the rest of the cosmos. At our most elemental, we are not a chemical reaction, but an energetic charge. Human beings and all living things are a coalescence of energy in a field of energy connected to every other thing in the world. (McTaggart, 2001)

Myss (1996) offers, “Even some quantum physicists acknowledge the existence of an electro magnetic field generated by the body’s biological processes. . . . Scientists accept that the human body generates electricity because living tissue generates energy.” According to Wauters (1999), “our biosphere [whole body] is synergistically connected to all life, visible and invisible. . . .No one is separate from this system.

The reader may be thinking: How does one experience the energy of these four dimensions? Earlier the physical aspects of the prostate were presented and because this is one of the four dimensions it is the best place to start. Medical professionals most likely gathered this information in several ways: through the five senses (mostly visual), by medical exploration, and through scientific research. At some point the prostate was probably removed from the body so it could be touched and most likely smelled, even if only by accident. Taste is another sense that could have been explored, but not likely. The last

sense, hearing, could be possible with highly developed skills, something called “high sense perception” (Brennan, 1987). A person with high sense perception (HSP), depending of their level of skill, could possibly see the prostate without removing it from the body--possibly down to the microscopic level--maybe even feel its texture, smell it, taste it, and even hear it through their auditory sense. Skill level in people with HSP does vary from person to person as well as the sense they most frequently use. Everyone has HSP to some degree through which they can hear, feel, see, smell and taste the energy--the “bioplasmic forms” (Brennan, 1987).

Think of it this way; science has proven that light is a wave and a particle that can be seen and felt; the sun is an excellent example. Sound is a wave that can be heard and felt, especially if standing in front of the speaker. At some point in ones life the reader may have had the experience of turning around in a room because of the feeling that another was staring at them, and after turning, discovered that it was true. This happened because a gaze can be felt. The HSP sense related to feeling is called “kinesthetic” (Brennan, 1987).

The auric dimension, one of the four dimensions included in the whole body perspective, can be experienced beyond the physical dimension and is often referred to as a field of energy called the “Human Energy Field” (Brennan, 1987). Over the years various names have been used when referring to human energy. “Ancient Indian spiritual tradition, over 5,000 years old, speaks of a universal energy called Prana. . . . The Chinese, in the 3rd millennium B.C., posited the existence of a vital energy which they called Ch’i” (Brennan, 1987). As the reader can see the idea of a human energy system or energy field is not new. The physical body is surrounded and penetrated by an energy field that extends as far as outstretched arms and beyond the full length of your body (Brennan, 1987; Myss, 1996). This field of energy contains information. Myss (1996) states the following:

Positive images and the energy of positive experiences are also held in the energy field. . . . Experiences that carry emotional energy in our energy systems include: past and present relationships, both personal and professional; profound and traumatic experiences and memories; and belief patterns and attitudes, including all spiritual and superstitious beliefs. The emotions from these experiences become encoded in our biological systems and contribute to the formation of our cell tissue, which then generates a quality of energy that reflects these emotions. . . . We are constantly in communication with everything around us through this system, which is a kind of conscious electricity that transmits and receives messages to and from other people’s bodies.

Negative images and negative experiences are also held in the energy field. The information contained in the energy field is what a person with HSP is reading, receiving, and/or perceiving; literally or symbolically.

What would it be like to experience the prostate from the auric dimension? In a healthy state the prostate would emanate a sound that is specific to that prostate. The energy would look clean and colorful, like puffs of clouds; there would be strong, pulsating, unbroken lines of light; colorful, fluid, waves of energy; and it would even be possible to experience emotions, feelings and past experiences (Brennan, 1987). Stark offers, “In its less defended state its energetic expression is more loving, more sensual and more creative. It provides the container for deep sacred intimacy” (Fletcher Stark, personal communication, January 19, 2008). “The emotional center of a man’s sexuality is also located in the prostate. Feelings of sexual pleasure, disappointment, stress, inadequacy, immorality, hate and dislike are all stored in this gland” (Clapp, 2002).

A group of male Barbara Brennan School of Healing students were asked to use their HSP skills to connect with the energy of their prostates; the following are the words they offered as a result of the experiential: power, sexual ability, sexual humiliation, pain, sadness, vitality, gratitude for hormonal balance, emptiness, impatience, sacredness, vulnerability, fear of collapse due to disease, projection outward--expansion, and gateway; also offered were the words sensitive, quiet, protected, and secluded (personal communication, December 15, 2007). The prostate is the “male vehicle to being in relationship, intimacy and creativity” (Fletcher Stark, personal communication, January 19, 2008). The reader may want to take a moment and feel the significance of each word shared by the students.

The auric dimension or body is also where the chakras are located. “The word chakra is Hindi in origin--it means wheel of light, essentially a vortex where energy from the cosmos and from the earth plane converges to form a swirling source of energy” (Wauters, 1999). According to Wauters (1999) there are seven main chakras in the human energy system and twenty-one minor centers that filter energy in and out of the physical body. In the book *Energy Secrets* (2005), Svirinskaya states that the navel chakra (also known as the second chakra), “governs inner vitality [and] is connected to sexual function and creative potential.” Svirinskaya (2005) also states that “in India they say that the awakening of this chakra gives us health and long life.” A distorted chakra, one that is not spinning clockwise in a circle, will indicate a disruption in energy flow relating to a person’s psychological state. Brennan (1987) attributes the “quantity of sexual energy” and the quality of giving and receiving physical, mental and spiritual pleasure to a partner as the “psychological function” of the second chakra. The possible distortions of the second chakra can be felt and seen. The chakra may wobble; tend to spin more to the right, left, horizontally or vertically; be partially detached; spin counter clockwise; or not spin at all. A distortion in the chakra indicates a “person’s overall long-term and current life issues” (Brennan, 1987). According to Artley (2008), the second chakra, also known as the sacral center, “represents how a man projects himself out into the world and the kind of image he projects;” additionally, this center has a corollary connection to the brow chakra, also known as the sixth chakra; the heart chakra is the mediator between the two. Together these centers create a spiritual union involving “one’s growth as a man . . . one’s spiritual unfolding as a man, and how one sees one’s self within the larger scheme of things” (Malvin Artley, personal communication, January 17, 2008).

The haric (or hara) dimension is next in the whole body perspective. Hara, according to Durckheim (n.d.), literally translated means belly in Japanese and is recognized by many languages: Chinese, Arabic, Latin, Greek, Sanskrit, Polynesian, and Hebrew. Durckheim (n.d.) refers to hara as the “vital center of man” and describes it as “the body’s central axis (center of gravity / balancing point).” Durckheim (n.d.) states that energy is stored in the hara and according to Brennan (1993), this area--known as the tan-tien in Chinese--is the “center of spiritual power.” Durckheim (n.d.) states, “When physical performance results from the right use of hara that is, ‘using your middle,’ all the organs work as if in play functioning as a whole, accurately and without strain. Because of a certain inner attitude such a person can deal readily with everyday tasks . . .” Brennan (1993) refers to this attitude as intentionality and describes the hara dimension as a line through the body. “When your hara line is aligned, you are synchronized with the whole. . . . You feel a lot of personal integrity, power and personal purpose, because you are synchronized with universal purpose” (Brennan, 1993).

Intentionality and universal purpose represent the prostate from the haric dimension. “A healthy hara line is located in the center line of the body and is straight, well formed, energized and well rooted into the earth’s core” (Brennan, 1993). In a healthy state; the prostate can control the flow of urine, produce an erection, receive sperm, receive additional fluids from other glands, add acid neutralizing fluid to the sperm, and propel semen through the penis. These functions can be said to be the intention of

the prostate from the energetic dimension. This deeper level of understanding relates to the prostate's "spiritual purpose" as its intention is "set and held" (Brennan, 1993).

The last of the four dimensions to be explored is the core star. This is the purpose of the prostate at its most basic level and at its most essential nature (Brennan, 1993). This is the dimension of God, or what ever one would call it, within. "The core is the eternal 'I am what is, was, and ever will be'--[the] origin of your creative force. . . . It is the deeper goodness within each of us. It is who we really are. It is from this place within that all our creative energies arise" (Brennan, 1993). This dimension can also be seen as divine essence. It is my opinion that from the level of core star the prostate is strength (part muscle), power (contractions move semen), protection (without its fluid the sperm would perish), creation (instrumental in the reproductive process), sexuality (a natural erection is impossible without it), and pleasure (linked to the orgasm process).

A diseased prostate can be experienced from all four dimensions: physical, auric, haric, and core star; representing a whole body perspective. A view of a diseased prostate from the physical dimension was looked at earlier; therefore the auric, haric, and core star dimensions will now be discussed. From this point on the word dis-ease will be used rather than disease, because in my opinion it more accurately represents what is happening, it means not well--out of balance--not in a healthy state; therefore, the possibility of a cure feels more probable.

On the auric level it is easiest to think of prostate dis-ease in terms of the health of the chakra. Svirinskaya (2005) offers, any imbalance in the chakra can have an effect on the entire male reproductive system and that includes the prostate. If the second chakra is imbalanced (not feeding the reproductive organs) the result may be "impotence, frigidity, hyper sexuality, illnesses of the kidneys and bladder, and infertility" (Svirinskaya, 2005). "Issues of power and control" which could be connected to relationships, money and sex "can unconsciously persist throughout our lives and raise havoc with the natural expression of our sexual energy"--the second chakra center (Carrellas, 2007). Regarding prostate cancer, Clapp (1997) offers, "all of our emotions and judgments around sexual inadequacy, immorality, feelings of guilt, anger, and stress are stored in the tiny muscles and other tissues of the prostate. . . ." Using HSP the chakra may appear to have "splotchy orange and grayish or dark hues" relating to feelings regarding shame; or a "sickly yellow" color, indicating cancer according to Dale (1996). It is important for the reader to understand that these are individuals' interpretations; medical professionals should always be consulted in regard to dis-ease.

On the haric level, the level of intention, "illness can be caused by unclear, mixed, or opposing intentions and disconnection from one's life task" (Brennan, 1993). When related to issues regarding the second chakra dis-ease may appear. This can be seen in the hara line as a break, disconnection, tear, splintering, twist, turn, shifts to the left or right, shifts forward or back, and even lack of brightness.

When dis-ease manifests on the level of core star, the core star itself "may be shrouded with dark clouds of energy or even encased in a very dense, resilient substance. The pulsations and light from the core star are not allowed to emerge" (Brennan, 1993). Fortunately, the core star can never be damaged; however, when the flow of creative energy that comes from the core is blocked "we create pain in our lives" (Brennan, 1993).

The haric, core star and auric dimensions provide a view of the prostate at an energetic level. These dimensions become the reference points for health. When the prostate is dis-eased, evidence will appear on these levels before moving into the physical body.

Although the medical community, in my opinion, has fallen short in providing a cause for nonbacterial prostatitis, BPH, and prostate cancer; possibilities of cause do appear when experiencing the body from an energetic perspective. It was stated earlier that the energetic perspective includes our psychological state: thoughts, feelings and emotions. Medical science calls the study of the interrelationships between emotions and the body psychosomatics (Woolf, 1980). It is easy to link the allopathic and energetic communities through the field of psychology and therefore begin to see how prostate dis-ease can occur.

Davies (2000) states, “Life events, pain and emotional disturbance set up blocks that prevent the free and natural flow of energy, leading to dis-ease--not only through our physical body, but also through our emotional and spiritual bodies, which jointly govern our total well-being.” The life events, pain and emotional disturbance that Davies talks about can also be called stress. Despues’ 1999 report entitled *Stress and Illness* summarizes research regarding stress and dis-ease as follows: “Traumatic stressful events may trigger either behavioral or biological processes that contribute to the onset of disease. Chronic stress has been associated with increased reports of illness. The longer the stress is endured, the more likely a person was to become ill.” Despues (1999) also reports that “long-term exposure to chronic stress may facilitate the development of illness during exposure to stress. “Stress helps account for two-thirds of family doctor visits, and half the deaths to Americans under [age] 65 according to the U.S. Centers for Disease Control and Prevention (Lamb, 2007). Janice Kiecolt-Glaser, a researcher from the Ohio State University who spent two decades on the study of stress and disease, stated, “evidence surfaced 20 years ago that stress was ‘an important risk factor for infectious disease,’ and maybe cancer, too”(Lamb, 2007).

Our emotions are another largely ignored cause of prostate cancer. . . . Stress causes all areas of the body to tighten up, restricting the flow of blood and energy. As the stress continues, the tension and restriction grow cumulatively worse. The prostate, an emotional center that relies on tiny blood vessels for nutrition and cleansing, is severely damaged by tension caused by years of stressful living. This damage sets the stage for prostate enlargement and eventually cancer. If these emotions are released, the restrictions are ‘washed away.’ But if they are allowed to remain, unreleased, they become semi-permanent and can set the stage for cancer. (Clapp, 1997)

Emotional stress, which can lead to prostate dis-ease, as just discussed, can also be brought on by the symptoms associated with a poorly functioning prostate or a medical diagnosis of prostate dis-ease. The additional emotional stress can range greatly from mild irritation to the fear of “no longer being a man” (personal communication, December 15, 2007). Since symptoms can include erectile dysfunction and pain during ejaculation, grief and sexual humiliation can be held regarding the loss of sexual ability (personal communication, December 15, 2007). The emotions associated with pain over the loss of the ability to perform effects the core of a man energetically--the essence of who he is--his core star. If performance is no longer possible and not a personal choice, the emotions that are attached to this loss can be devastating, and further compound the original issues that brought on the dis-eased state. According to Felix, the prostate functions as a “flood gate,” and when “self oriented” feelings and emotions are not adequately processed the “prostate takes the brunt” (Rodolfo Felix, personal communication, January 12, 2008) (see Appendix D for questions regarding prostate).

The treatment for nonbacterial prostatitis, BPH, and prostate cancer has changed over the years. Because each is a different form of prostate dis-ease each has its own treatment options. A brief summary of those options are listed in the next paragraphs. An extensive explanation of the most current

treatment methods for all three prostate dis-eases are accessible through direct communication with health care facilities, especially those who specialize in prostate issues; urologists; and many sources on the World Wide Web.

Prostatitis is traditionally treated with antibiotics; however, “there is no strong evidence that antibiotic therapy is useful for nonbacterial or category 3 prostatitis” (Mayo Clinic Staff, March 2007). Other options for treating prostatitis offered by Mayo Clinic include: Alpha blockers, pain relievers, muscle relaxants, physical therapy, prostate massage, sitz baths, and surgical procedures. According to the U. S. National Library of Medicine & U. S. National Institutes of Health [NLM & NIH] (June 2006), transurethral resection surgery is usually “not performed on young men because it carries potential risks for sterility, impotence, and incontinence.” Many patients suffering from prostatitis respond to treatment while others are not relieved; therefore, unresolved symptoms may cause significant changes in lifestyle and emotional well-being related to sexual and urinary problems (NLM & NIH, June 2006). Other options offered by Mayo Clinic Staff (March 2007) are complementary and alternative treatments of which they state, “Although how they work is poorly understood, some natural remedies--including saw palmetto preparations, zinc supplements and quercetin--have helped some men manage the symptoms of prostatitis.”

BPH “studies report that early treatment may not be needed because the symptoms of BPH clear up without treatment in as many as one-third of all mild cases” (Medical College of Wisconsin, 1999). When treatment is necessary options are based on the severity of the symptoms. They include: medications, non-surgical procedures, and surgery (NLM & NIH, February 2006). Complications due to treatment are: decreased sex drive, impotence, urinary incontinence, retrograde ejaculation, infertility, and urethral stricture (NLM & NIH, February 2006). The “popular herb” saw palmetto which has been “used by millions of men to ease BPH symptoms” has been reported by the *New England Journal of Medicine* to be “no better than a dummy pill in relieving the signs and symptoms of BPH” (NLM & NIH, February 2006). According to Sierpina (2001), the use of serenoa repens “obtained from the berries of the saw palmetto plant [results in] clinically beneficial effect [and] has been shown to be more effective than placebo in treating BPH.” Mayo Clinic Staff (2006) state, “In 1998, researchers with the Department of Veterans Affairs reviewed more than a dozen studies involving saw palmetto and concluded that the herb appears to be as effective as the medication finasteride (Proscar) in reducing the size of an enlarged prostate.” Consumer Reports Online (2000) offers, “Clinical testing has now begun to catch up with saw palmetto’s popularity. Saw palmetto pills may help--if they contain enough of the right stuff.”

Prostate cancer treatment options vary greatly and depend on several factors: how fast the cancer is growing, how much it has spread, and the person’s age and life expectancy. Mayo Clinic Staff (2006) offer the following as the most common options in the treatment of prostate cancer stating that options are based on the benefits and the potential side effects: watchful waiting, radiation, hormone therapy, radical prostatectomy, chemotherapy, and cryotherapy. Mayo Clinic Staff (2006) also report that the risks involved with several treatment options are erectile dysfunction; impotence; incontinence--urinary and/or bowel; and specifically with hormone therapy, the side effects may include breast enlargement, reduced sex drive, hot flashes, weight gain, and reduction in muscle and bone mass. New York-Presbyterian Hospital (n.d.) offers that they are the “only program in the country that treats prostate cancer patients using complementary therapies” [and have] “revolutionized the treatment of prostate cancer over the past two decades.” Under the heading of Complementary and Alternative Medicine (CAM), Mayo Clinic Staff (2006) offer the suggestions of herbal products, including saw palmetto, and shark cartilage.

Complementary and alternative therapies fall under a different medical system than the standard allopathic medical system--which is considered “scientific” (Micozzi, 2001). Complementary and alternative treatments are considered by Micozzi (2001) and others to be “nonscientific.” Micozzi (2001) states:

Complementary medical systems are characterized by a developed body of intellectual work that underlies the conceptualization of health and its precepts; that has been sustained over many generations by many practitioners in many communities; that represents an orderly, rational, conscious system of knowledge and thought about health and medicine; that relates more broadly to a way of life (or lifestyle); and that has been widely observed to have definable results as practiced.

According to Micozzi (2001), “contemporary biomedicine conceptually uses Newtonian physics and pre-Darwinian biology.” However, the complementary and alternative medical system is based on “contemporary quantum physics (quantum mechanics) [and therefore] recognizes aspects of reality beyond Newtonian mechanics, such as matter-energy duality, ‘unified fields’ of energy and matter, and wave functions” (Micozzi, 2001).

It may seem outrageously complex to construct a medical system based on the concepts of modern physics and biology-ecology while maintaining a unique diagnostic and therapeutic approach to each individual. . . . Clinical pragmatism dictates that successful therapeutic methods should not be withheld while mechanisms are being explained--or debated. (Micozzi, 2001)

According to a nationwide government survey, 36 percent of U.S. adults (age 18 and over) use some form of complementary and alternative medicine” (National Center for Complementary and Alternative Medicine [NCCAM], 2007). Additionally, a study published in the journal *Cancer*, found 42 percent of men with prostate cancer used some form of complementary or alternative methods in addition to conventional treatments (American Cancer Society, 2000). Dr. Harvey B. Simon recommends “that the patient have a frank conversation with his physician about any complementary therapies that [he] is taking [because] herbs can interact with other herbs, and with drugs that [doctors] prescribe” (Harvard Health Publications, 2006).

The categories of complementary, alternative, and traditional medical systems contained in *Fundamentals of Complementary and Alternative Medicine* (Micozzi, 2001) are both large and diverse. The following are listed as alternative medical therapies: homeopathy, manual therapies, aromatherapy, and naturopathic medicine. Under complementary medical approaches Micozzi (2001) lists: therapeutic uses of Neurohumoral Mechanisms, Psychoneuroimmunology, Mind-Body Interventions, Energy Medicine, expressive and creative Art Therapies, and humor as context and therapy. Under traditional medical systems Chinese medicine, traditional Ayurveda with an appendix for Yoga, Maharishi Ayurveda, Islamic Sufi tradition and healing, Native American Healing from a Pan-Indian perspective with an appendix for Native American medicinal plants, Curanderismo, and Southern African Healing Traditions are listed.

Some of the medical approaches, systems, and therapies listed in the previous paragraph, when used as a compliment to the allopathic (conventional twentieth century medicine) methods of treatment would provide a whole body treatment perspective when prostate dis-ease is a concern. Unfortunately the full details of these therapies, medical approaches and systems are beyond the scope of this paper. It is recommended that the reader conduct additional research if drawn to do so. However, a few methods will be discussed in order to show how the combining of one or multiple complementary systems with allopathic methods may achieve the goal of a full body treatment approach. The word complementary

will be used throughout the remainder of this paper when referring to any of the above mentioned systems rather than designating them specifically as complementary, alternative, or traditional.

Energy Medicine, according to Hurwitz (2001) is “based on the belief that in addition to a system of physical and biochemical processes, the human being is made up of a complex system of energy.” Hurwitz (2001) explains, “Energy-based therapeutic modalities involve the use of the practitioner’s hands to repattern the patient’s energy field in areas of energetic disruption.” Hurwitz states that it has been found that the modalities of Therapeutic Touch, Healing Touch, and Reiki can: accelerate healing; reduce pain; alleviate physical symptoms; reduce stress and anxiety; facilitate the expression of stored emotions; shift negative into positive emotion, replace negative thought with realistic beliefs; and induce: relaxation, peace, and well-being. These benefits, as explained by Brennan (1993), are the result of an energetic change that can be experienced throughout the whole body, especially when change begins in the haric dimension.

The hara line [dimension] has a specific, immediate correspondence with our intentionality. Just as the auric field has a specific immediate correspondence to our thoughts and feelings, any change in our intentionality corresponds to a shifting in the position and alignment of our hara line. . . . When [the] hara level is aligned, [the] human energy field automatically moves into a greater state of health. (Brennan, 1993)

Mind-Body Interventions is another complementary method. Rodgers (2001) states, “The predominant fundamental tenet of mind-body intervention is the concept of treating the whole person.” The underlying principle with mind-body intervention is that “expectation or belief affects biology; [therefore,] the emotional responses of individuals to the world around them, stimulating hopes and joys, fears and anguish, has a potential affect on the physical body” (Rodgers, 2001).

Positive and negative experiences register a memory in cell tissue as well as in the energy field. As neurobiologist Dr. Candice Pert has proven, neuropeptides--the chemicals triggered by emotions--are thoughts converted into matter. Our emotions reside physically in our bodies and interact with our cells and tissues. In fact, Dr. Pert can no longer separate the mind from the body, she says, because the same kinds of cells that manufacture and receive emotional chemistry in the brain are present throughout the body. (Myss, 1996)

Rodgers (2001) offers the following methods related to Mind-Body Interventions: psychotherapy (“healing of the soul”), meditation, relaxation, hypnosis, biofeedback, and imagery. Also included is mental healing which is based on the “idea that consciousness can affect the physical body.” This concept is not new.

The observation that ‘there is a measure of consciousness throughout the body’ is scattered about the 2000-year-old Hippocratic writings. [In fact,] the ancient Persians expounded on this concept . . . [and] insisted that a person’s mind can intervene not just in his or her own body but also in that of another individual located far away. It was later postulated by the great Muslim physician Abu Ali ibn Sina (Avicenna in Latinized form, AD 980-1037) that it was the faculty of imagination that man uses to make himself ill or restores health. (Rodgers, 2001)

The final method related to Mind-Body Interventions offered by Rodgers is spirituality and healing of which he states:

When people consider the possibility that they create their own realities, the question that invariably arises is ‘Through what source? What is the source of this power of creation that runs through my being?’ The answer to this question is not found externally, but internally. This internal seeking to understand our own nature is the study of divinity in action, incarnated into each person. . . . The relationship that is cultivated ultimately transcends the human value system

of punishment versus reward and grows into a relationship based on principles of co-creation and co-responsibility. (Rodgers, 2001)

Energy medicine and mind-body interventions are only a few of the complementary modalities that treat the whole body--physical as well as energetic dimensions--when combined with allopathic methods of treatment. Many options are available as treatment methods. The reader may now be wondering: What about prevention? Is there a way to prevent prostate dis-ease?

Prevention methods for non-bacterial prostatitis, BPH, and prostate cancer are limited, when considering only the physical body. However, risk or contributing factors can be used as a guide in order to make attempts in preventing prostate dis-ease. Mayo Clinic Staff (March 2007) offer the following in regard to non-bacterial prostatitis and prostatitis in general: recent bladder or urinary infection, recently had a catheter, does not empty bladder frequently enough, empties the bladder while sphincter muscle is not relaxed, jogging, bike riding, riding horses, and heavy lifting. Cornell University (2007) Department of Urology refers to BPH as a “natural consequence of aging [and states that it] is more likely to occur in men whose fathers or brothers experienced prostate enlargement.” According to Johns Hopkins Health Alerts (2007), “there is as yet no way to prevent BPH.” The Prostate Cancer Foundation (n.d.) states that race and family history are risk factors for prostate cancer. “African American men are 61percent more likely to develop prostate cancer compared with Caucasian men and are nearly 2.5 times as likely to die from the disease;” [also], men with a relative (father, brother, or son) with a “history of prostate cancer are twice as likely to develop the disease, while those with two or more relatives are four times as likely to be diagnosed” (Prostate Cancer Foundation, n.d.). Mayo Clinic Staff (2006) state that “prostate cancer can’t be prevented, but you can take measures to reduce your risk or possibly slow the disease’s progression.” Included in Mayo Clinic’s suggestions for prevention are: eating well (because “high-fat diets have been linked to prostate cancer”), regular exercise (in order to prevent high blood pressure, high cholesterol and obesity, and to strengthen the immune system), taking the drug finasteride (to “prevent or delay prostate cancer in men 55 years of age or older”), and taking nonsteroidal anti-inflammatory drugs (to “inhibit an enzyme called COX-2 found in prostate cancer cells”) (Mayo Clinic Staff, 2006).

When prevention methods are considered from a whole body perspective, more options can be found. Kushi (2003), author of *The Macrobiotic Path to Total Health*, considers prostate cancer to be an “extremely yang disorder” and therefore recommends, as suggested above, a low fat diet, as well as reducing the intake of protein, flour products, and salty foods. Kushi (2003) also suggests that the following should be avoided because “they can accelerate tumor growth:” sugar, dairy, spices, stimulants, and alcohol. Whiting (1999) offers a prevention protocol that includes saw palmetto, essential fatty acids, zinc, amino acids, various vitamins and pumpkin seeds. Clapp (1997) states that “releasing any pent up stress is integral to maintaining a healthy prostate.” Clapp also offers, “Many men are amazed at how much better they function sexually when they finally learn to relax.” Research published in the *Journal of the American Medical Association (JAMA)* (2004) conducted by Leitzmann and colleagues found an association between high ejaculation frequency (“including sexual intercourse, nocturnal emission, and masturbation) and decreased risk of total prostate cancer.” Felix also recommends sex and/or masturbation along with chakra opening exercises, energy healings and process work as suggestions for men to keep their prostates energetically healthy (Rodolfo Felix, personal communication, January 12, 2008). Grouette, a Naturopathic Doctor and Psychotherapist, states that experiencing “true adult sexual and sensual pleasure,” “true acceptance of self,” and participating in positive male bonding experiences are important factors to maintaining prostate health. He adds that since unexpressed, held emotions contribute to illness, freely expressing emotions in a healthy way will

contribute to health. Grouette also suggests limiting milk and alcohol consumption, especially beer; doing “Kegel exercises;” and learning and performing tan-tien grounding techniques while bringing in the color orange (the color of the second chakra). He suggests that due to the raised prostate cancer rate in African American males, that a correlation exists due to ancestral uprooting; grounding into the earth in order to reestablish a sense of ancestral heritage will reestablish root cords and have a positive energetic effect on the prostate (Alain Grouette, personal communication, December 20, 2007).

Medications, herbs, and surgical procedures treat the physical body but not the energetic system. The auric dimension is affected when feelings and emotions are addressed. The haric dimension, the foundation of the auric dimension, is affected when intention is addressed (Brennan, 1993). The core star dimension is affected as a connection is made with divine essence. Healing therapies that address the energetic dimension of the human body ultimately have an effect on the physical dimension due to the energetic interconnectedness between the systems. According to Grouette, when it comes to healing, “it doesn’t matter who, what, when, or where if one’s intention is to be there for the benefit of the person” (Alain Grouette, personal communication, December 20, 2007).

Because the medical community appears to be unable to connect a cause to prostate dis-ease and those familiar with the human energetic body do appear to be able to pin point a cause; it is the recommendation of this paper to increase communication between the allopathic and energetic communities. Prostate dis-ease is not only a physical issue; it involves biology, psychology, physiology and physics. The sharing of information between these areas of study may lead to the design and implementation of research methods that look beyond the construct of the physical body. Those suffering from prostate dis-ease may also benefit from being informed of complementary modalities available to them. Education regarding the energetic dimensions could be shared with opportunities provided for men to learn how to freely express their held emotions in a healthy way. Early diagnosis and treatment methods continue to be concerns regarding prostate dis-ease and although improvements have been made the medical community is not remaining stagnant--research continues. A system that can bridge the allopathic and energetic modalities may need to be designed in order to educate and inform all involved so that the best possible care can be provided and the goal of a healthy prostate can be achieved. My next step in this process will be to seek out positive working relationships with urologists who are open-minded regarding the whole body treatment perspective, in order to create a referral base; develop a predominately male client base in order to increase my experience and knowledge regarding prostate issues; and design, implement, and publish clinical research that follows medical protocols.

Through the information provided, it should now be clear that the prevention and treatment of prostate dis-ease may have the potential to create positive change in a man’s body when incorporating healing techniques that focus on the whole human--the physical and the energetic systems. Allopathic treatments when combined with complementary modalities may give a man the opportunity to alleviate discomfort and pain as well as clear away unhealthy energy related to feelings and emotions that do not support a healthy prostate. This perspective approaches the devastating effects of prostate dis-ease from a place of compassion, where the highest and best good is held for the client. The ultimate goal--a healthy prostate--will allow a man to fully step into his power, embrace his sexuality, bring forward his creativity, love him self more fully and therefore receive the benefits of giving and receiving love.

References

- American Academy of Family Physicians. (2006, July). *Prostate cancer: what you need to know*. Retrieved July 25, 2007, from <http://familydoctor.org/online/famdocen/home/common/cancer/types/361.html>
- American Cancer Society. (2000, January 24). *Many prostate cancer patients use complementary and alternative methods*. Retrieved August 6, 2007, from <http://www.cancer.org>
- American Cancer Society. (2006). Selected cancers [Electronic version]. *Cancer facts & figures 2006* (p. 17).
- American Cancer Society. (2007, June 14). *Detailed guide: prostate cancer: Do we know what causes prostate cancer?* Retrieved November 28, 2007, from http://www.cancer.org/docroot/CRI_2_4_2X_Do_we_know_what_causes_prostate_cancer_36.asp?sitearea=
- AstraZeneca International. (n.d.) *Prostate gland anatomy and physiology*. Retrieved September 27, 2007, from http://prostateline.com/prostatelinehcp/9898_12053_3_3_0_aspx?mid=7&
- Brennan, B., & faculty and staff members. (2007). *Student workbook: year 4*. Boca Raton, FL: Barbara Brennan, Incorporated.
- Brennan, B. A. (1987). *Hands of light: a guide to healing through the human energy field*. New York: Bantam Books.
- Brennan, B. A. (1993). *Light emerging: The journey of personal healing*. New York: Bantam Books.
- Carrellas, B., & Sprinkle, A. (2007). *Urban Tantra: Sacred Sex for the Twenty-first Century*. Berkeley, CA: Celestial Arts.
- Centers for Disease Control and Prevention. (2007, June 25). *Basic information: The burden of prostate cancer*. Retrieved December 2, 2007, from http://www.cdc.gov/cancer/prostate/basic_info/
- Clapp, L. (1997). *Prostate health in 90 days*. Carlsbad, CA: Hay House, Inc.
- Clapp, L. (2002). *Prostatitis: the 60 day cure* [Electronic version]. Redondo Beach, CA: EDI Publishing Company
- Consumer Reports Online. (2000). Herbal Rx for prostate problems. Retrieved December 8, 2007, from <http://www.usrf.org/cr-09-00.html>
- Cornell University. (2007). BPH/cause & risk factors. Retrieved November 11, 2007, from <http://www.cornellurology.com/BPH/causes/>
- Dale, C. (1996). *New Chakra Healing*. St. Paul, MN: Llewellyn Publications.
- Davies, B. (2000). *The 7 healing chakras: unlocking your body's energy centers*. Berkeley, CA: Ulysses Press.
- Despues, D. (1999). Stress and illness. Retrieved December 5, 2007 from <http://www.csun.edu/~vcpsy00h/students/illness.htm>
- Durckheim, K. G. (n.d.) *The Hara*. Retrieved December 28, 2007, from <http://www.soton.ac.uk/~maal/chi/philos/hara.htm>
- Eastern Virginia Medical School. (2003, December 4). *What ailments can affect the prostate?* Retrieved September 28, 2007, from <http://www.evms.edu/vpc/challenges.html>
- Harvard Health Publications. (2006). *Complementary therapies for prostate disease: What works and what doesn't*. Retrieved August 6, 2007, from <http://health.msn.com/searchresults.aspx?q=Complementary%20therapies%20for%20prostate%20disease&type=0&sort=relevance>
- Hurwitz, W. L. (2001) Energy Medicine. In Marc S. Micozzi (Ed.), *Fundamentals of complementary and alternative medicine* (2nd ed.). (p. 238-256). Philadelphia, PA: Churchill Livingstone.

- James Buchanan Brady Urological Institute. (2007). *Prostate cancer*. Retrieved September 27, 2007, from <http://urology.jhu.edu/prostate/anatomy1.php>
- Johns Hopkins Health Alerts. (2007). *How to treat bph*. Retrieved December 28, 2007, from http://www.johnshopkinshealthalerts.com/symptoms_remedies/benign_prostatic_hyperplasia/78-1.html
- Kushi, M., & Jack, A. (2003). *The macrobiotic path to total health: A complete guide to naturally preventing and relieving more than 200 chronic conditions and disorders* (p. 170). New York: Ballantine Books.
- Lamb, K. (2007, November 14). *Sickness can be price of unbridled stress*. Retrieved December 5, 2007, from <http://www.mindbodyhealth.com/stressillness.htm>
- Leitzmann, M. F., Platz, E. A., Stampfer, M. J., Willett, W. C., & Giovannucci E. (2004, April 7). Ejaculation frequency and subsequent risk of prostate cancer [Electronic version]. *JAMA*, *291*, 1578-1586.
- Mayo Clinic Staff (2006, February 2). *Prostate Cancer*. Retrieved December 2, 2007, from <http://www.mayoclinic.com/health/prostate-cancer/DS00043>
- Mayo Clinic Staff (2007, March 23). *Prostatitis*. Retrieved December 2, 2007, from <http://www.mayoclinic.com/health/prostatitis/DS00341/>
- Mayo Clinic Staff (2007, April 24). *Enlarged prostate (BPH)*. Retrieved December 3, 2007, from <http://www.mayoclinic.com/health/enlarged-prostate-bph-BP99999>
- McTaggart, L. (2001). *The field*. New York: HarperCollins.
- Medical College of Wisconsin. (1999, July 3). *Treatment of benign prostatic hyperplasia*. Retrieved November 28, 2007, from <http://www.healthlink.mcw.edu/article/931014808.html>
- Micozzi, M. S. (Ed.). (2001) *Fundamentals of complementary and alternative medicine*. (2nd ed.). Philadelphia, PA: Churchill Livingstone
- Myss, C. (1996). *Anatomy of the spirit*. New York: Crown Publishers, Inc.
- National Center for Complementary and Alternative Medicine. (2007, July 30). *More than one-third of U.S. adults use complementary and alternative medicine, according to new government survey*. Retrieved August 6, 2007, from <http://nccam.nih.gov/news/2004/052704.htm>
- National Kidney and Urologic Diseases Information Clearinghouse. (2003). *Prostatitis: Disorders of the prostate*. Retrieved December 2, 2007, from <http://kidney.niddk.nih.gov/kudiseases/pubs/prostatitis/>
- New York-Presbyterian Hospital. (n.d.). *Center for Holistic Urology*. Retrieved December 6, 2007, from <http://wo-pub2.med.cornell.edu/cgi-bin/WebObjects/PublicA.woa/4/wa/viewService?servicesID=535&website=nyp+cancer&wosid=Rvs6lf7ivjUgss8A1ffXIM>
- New York-Presbyterian Hospital. (n.d.). *Prostate cancer*. Retrieved December 6, 2007, from <http://wo-pub2.med.cornell.edu/cgi-bin/WebObjects/PublicA.woa/1/wa/viewServiceSubHeading?servicesID=535&website=nyp+cancer&contentID=7571&wosid=z6jdu58QouwC5G4goaMsQw>
- Prostate Cancer Foundation. (n.d.). *Risk Factors*. Retrieved July 11, 2007, from <http://www.prostatecancerfoundation.org>
- Prostate Disease. (n.d.). The StayWell Company. Auburn Regional Medical Center. Retrieved July 25, 2007, from <http://auburn.uhspublications.com/spring2006/story3.html>
- Prostate Location. (n.d.). National Cancer Institute. Retrieved July 26, 2007, from <http://www.cancer.gov/common/popUps/popDefinition.aspx?term=prostate>
- Prostatitis Foundation. (n.d.). *Causes of prostatitis*. Retrieved December 2, 2007, from <http://www.prostatitis.org/causes.html>

- Rodgers, D. (2001) Mind-body interventions. In Marc S. Micozzi (Ed.), *Fundamentals of complementary and alternative medicine* (2nd ed.). (p. 215-237). Philadelphia, PA: Churchill Livingstone.
- Scher, H. I. (2005). Hyperplastic and malignant diseases of the prostate. In D. Kasper, E. Braunwald, A. Fauci, S. Hauser, D. Longo, J. Jameson (Eds.), *Harrison's principles of internal medicine* (p. 543). New York: McGraw-Hill.
- Strax, J. (2006, December 26). *The prostate*. Retrieved September 27, 2007, from <http://www/psa-rising.com/prostatecancer/prostate.htm>
- Sierpina, V. S. (2001). Top Twenty Herbs for Primary Care. In Marc S. Micozzi (Ed.), *Fundamentals of complementary and alternative medicine* (2nd ed.). (p. 144). Philadelphia, PA: Churchill Livingstone.
- Svirinskaya, A. (2005). *Energy Secrets: The Ultimate Well-being Plan*. Carlsbad, CA: Hay House, Inc.
- U.S. National Library of Medicine & National Institutes of Health. (2003, December). *Prostatitis: disorders of the prostate*. Retrieved December 2, 2007, from <http://kidney.niddk.nih.gov/kudiseases/pubs/prostatitis/>
- U.S. National Library of Medicine & National Institutes of Health. (2006, February 9). *Enlarged prostate*. Retrieved December 2, 2007, from <http://www.nlm.nih.gov/medlineplus/ency/article/000381.htm>
- U.S. National Library of Medicine & National Institutes of Health. (2006, June 13). *Prostatitis - nonbacterial*. Retrieved December 2, 2007, from <http://www.nlm.nih.gov/medlineplus/ency/article/000524.htm>
- U.S. National Library of Medicine & National Institutes of Health. (2007, September 11). *Prostate Cancer*. Retrieved December 2, 2007, from <http://www.nlm.nih.gov/medlineplus/ency/article/000380.htm>
- Wauters, A. (1999). *Life changes with the energy of the chakras*. Freedom, CA: The Crossing Press, Inc.
- Whiting, K. S. (1999). *Prostate Enlargement*. Retrieved November 29, 2007, from <http://www.healingwithnutrition.com/pdisease/prostate/enlargedprostate.html>
- Woolf, H. B. (Ed.). (1980). *Webster's new collegiate dictionary*. Springfield, MA: G. & C. Merriam Company.

Appendix A

Prostate questionnaire

DATE:

AGE:

OCCUPATION:

1. Are you familiar with the function of the prostate? (please circle answer)

a. YES

b. NO (please go to web site and read the information about the prostate)

<http://en.wikipedia.org/wiki/Prostate>

2. Do you still have your prostate? (please circle answer)

a. YES

b. NO (please still answer the next two questions)

3. Do you have any concerns regarding your prostate?

4. What is your attitude toward or your relationship with your prostate?

5. Do you have a sense of your prostate's energetic significance? If YES, please explain.

6. Did you know that the prostate is a gland and a muscle?

YES / NO

7. Did you know that the prostate is the pump that moves semen through the penis?

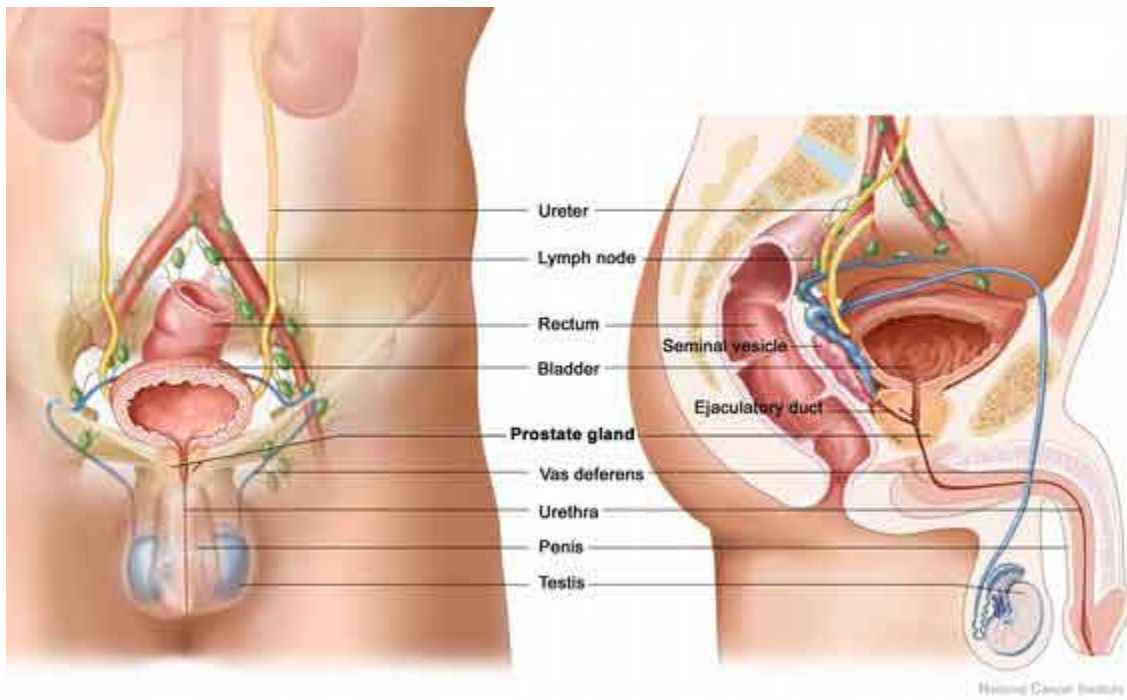
YES / NO

8. Did you know that the prostate surrounds the urethra, the tube that carries urine from the bladder?

YES / NO

Appendix B

Prostate Location

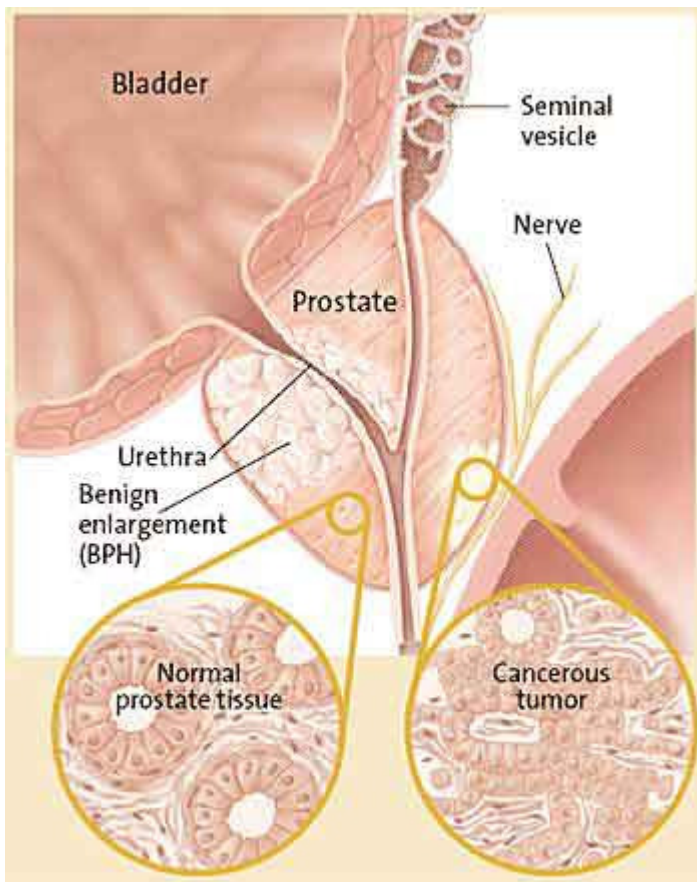


National Cancer Institute

<http://www.cancer.gov/common/popUps/popDefinition.aspx?term=prostate>

Appendix C

Prostate Disease



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<http://auburn.uhspublications.com/spring2006/story3.html>

Appendix D

Questions regarding Prostate: energy & energy healing.

Could there be a connection between a man's prostate and his feelings & emotions?

What sort of a connection & how would the feelings/emotions affect the prostate?

Which feelings/emotions would most generally be associated with prostate dis-ease?

Which feelings/emotions would most generally be associated with maintaining prostate health?

Can the prostatic conditions of prostatitis (including non-bacterial), benign prostatic hyperplasia (BPH), and prostate cancer be affected by energy work (lines of light, organ restructuring, clear clouds, fifth level surgery, hara healing, etc.)? How?

Are there other energy healing techniques that are out side the context of BBSH that would effect change in the prostate?

Is there a danger of making the prostatic condition worse by using energy healing techniques? If so, how could that be avoided?

Is there something a man could do energetically to keep their prostate healthy?

Given that the prostate rests below the bladder and behind the pubic bone; what hand placements (for stabilizing and running energy) might work best when doing energy work with the prostate? I have my theory but I would like to hear your suggestion.