

Prostatic Disease: A Common Problem / New Hope for Relief

By Thomas A. Kruzel N.D.

By the age of 50, about 30% of all men will experience difficulties with urination that is related to enlargement of the prostate gland. This rises to about 50% at age 60. Increases in the number of times one has to visit the bathroom along with a frequent sensation of having to urinate, especially at night, has led to an increased sense of frustration, embarrassment and disruption of normal activities. In addition to these symptoms, a reduction in the force and caliber of urination is also characteristic of prostatic enlargement. These problems only continue to get worse, increasing in incidence to include about 80% of all males past age 70 and is considered to be a normal consequence of aging.

Between the ages of 20 to 50, problems with the prostate usually are associated with infection known as prostatitis. This may include symptoms of high fever, chills, a sense of fatigue, frequent and painful urination. Prostatitis may become a chronic condition, resulting in burning on urination, frequency of urination and a mild but irritating perineal pain. Prostatitis is associated with infection by a variety of organisms and often accompanies increased amounts of sexual activity, especially if there are multiple partners. Infection which is untreated or unrecognized can result in re-infection of the partner.

What is the prostate gland and why is it doing this to me?

The prostate gland lies between the bladder and external urethra and secretes a thin, milky white fluid which is high in citric acid, calcium, acid phosphatase and zinc. In addition to its function in the packaging and delivery of sperm, the prostate acts as the genital urinary systems first line of defense against infection. Enlargement of the prostate is caused by an abnormal over growth or swelling of tissue which blocks the urethra or opening from the bladder. This in turn is the cause of symptoms associated with benign prostatic hypertrophy, prostatitis or cancer.

Contrary to belief, benign prostatic hypertrophy does not necessarily develop into prostatic cancer, the second leading form of cancer in males. Rather, they are felt to be two independent processes which can cause similar symptoms. One of the problems with cancer of the prostate lies in the fact that it may be present without any detectable symptoms until its later stages. This of course can lead to its continued growth and subsequent spread throughout the body.

While there are many treatments for these conditions, they are often uncomfortable and have many undesirable side effects. Use of a few simple herbal medicines in conjunction with dietary changes offers the best alternative to standard drug and surgical therapy.

Prevention recommended by American Cancer Society.

It is recommended by the American Cancer Society that males over the age of 40 receive yearly examinations for the presence of prostatic enlargement and cancer. These guidelines have recently been modified so that it is not recommended as often because the benefits of frequent testing and early detection have not translated to a decrease in

prostate cancer mortality. Prostatic cancer is the second leading form of cancer in men in the United States. Reluctance to undergo examination on the part of many men often causes early treatment to be postponed allowing the condition to become worse. It is only after symptoms become unbearable that many men will seek treatment. Early detection has become much simpler and more refined with the introduction of a few relatively non-invasive diagnostic procedures such as blood testing, ultrasound diagnosis and urinalysis.

Under normal conditions, the cellular tissue of the prostate produces a protein termed prostatic specific antigen (PSA), so named because it is found primarily in the prostate gland. With increasing growth or hypertrophy, the levels of PSA will also increase in relative proportion. The nice thing about PSA is that its level can be measured by a simple blood test which makes it a good screening procedure for excess growth of the prostate. Prostatic specific antigen is also elevated with cancer of the prostate but is not diagnostic of that condition. Used in conjunction with the serum prostatic acid phosphatase level (PAP), color-doppler ultrasound, and findings on physical examination, the probability of cancer of the prostate may be eliminated as an etiology without further testing.

So what about treatment?

Recently there have been reports about research on a new drug which will help to shrink the prostate gland thus negating surgery. Unfortunately this drug is experimental at this time and causes impotency. For the most part medicines which decrease the size of the prostate without causing impotence are already available, having been used and researched in Europe since the early 1970's.

By themselves the medicinal plants, Serenoa repens and Pygeum africanus, have been shown to be very effective in the treatment of benign prostatic hypertrophy. Coupled with preventive measures such as dietary changes and exercise, early detection and intervention will lead to a decrease in suffering from this common affliction. These plants which are found both in the United States and Africa, have been used for centuries for treatment of prostatic and urological disorders in men. It has been only within the last few years that modern technology has made it easier to concentrate their active principles in order to achieve standardization and a higher level of effectiveness.

The berries of the plant Serenoa repens (Saw Palmetto) contain about 15% saturated and unsaturated fatty acids and sterols which have been found in studies to possess anti-androgen or testosterone properties, immune stimulating effects and reduces edema or swelling of the prostate.

Specifically, when used in clinical trials, an extract of Serenoa repens has been shown to prevent the conversion of testosterone to its more potent form resulting in a significant decrease in prostate size and relief of symptoms.

Similar to Serenoa, ingestion of the powdered bark of the tree Pygeum africanus has for centuries been reported to be a treatment for urinary disorders. Recently researchers in France have begun to scientifically examine some of the clinical observations and claims made about Pygeum africanus. Isolating its active compounds, scientists were able to conclude that the herbal preparation did in fact produce anti-inflammatory, anti-edema and cholesterol lowering properties. Both double blind clinical trials in humans and studies on animals clearly showed regression of symptoms associated with benign prostatic hypertrophy as well as conveying tumor blocking properties. Furthermore, a reversal of abnormally appearing tissue on histologic examination was also found. In other words, Pygeum africanus consistently reversed the

effects of benign prostatic hypertrophy and were shown to aid in the prevention of prostatic cancer. In each of the studies conducted there were no toxic side effects observed, even at large doses and with prolonged usage.

Standard medical treatment for BPH involves the usage of the Transurethral Resection of the Prostate or TURP, a surgical procedure which clears excess tissue from the urethra and requires hospitalization. While the procedure is effective, it is often uncomfortable and may have the side effect of impairment of ejaculation or impotence. Indwelling catheterization or balloon implantation may also be used to relieve pressure caused by the obstruction. Each procedure along with drug therapy has side effects which make them less than desirable. In addition, these procedures treat the symptoms rather than the cause of the disorder often necessitating further treatment as the gland continues to enlarge.

Considering the far reaching effects these conditions have on the lives of sufferers in terms of discomfort, side effects of standard treatments, and the enormous costs that are brought to bear, prevention of prostatic disorders should be undertaken by all men. Both the research literature and my own experience in clinical practice make it clear that prevention and early intervention using non toxic medications can relieve the suffering caused by this inevitable process of aging.