Multidisciplinary Approach—I

Prostatitis is a condition in which the prostate gland becomes inflamed, either as a result of a bacterial infection, decreased immune function, or a reduction in muscle-related function that affects 9% of males. Prostatitis represents a mix of conditions, including acute prostatitis, chronic bacterial prostatitis, and chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), which accounts for the majority of the cases. CP/CPPS is a diagnosis of exclusion after eliminating active urethritis, urogenital cancer, urinary-tract disease, urethral stricture, or neurologic disease affecting the bladder as a possible diagnosis.

Common symptoms include urologic pain, or discomfort in the pelvic region, associated with urinary symptoms and/or sexual dysfunction, lasting for at least 3 of the previous 6 months. Symptoms of CP/CPPS can diminish quality of life (QoL) and impair physical and psychologic function.1 The sections below describe how I treat patients with prostatitis.

Elimination of food intolerances and exclusion of irritants—

Problem foods are identified by either an elimination/challenge diet or a food intolerance laboratory test such as the ALCAT test (Cell Science Systems, Deerfield Beach, Florida). Once the food culprits are identified, the patient is asked to eliminate them. In addition, coffee and spicy food can irritate the prostate of this patient population, so I ask these patients to limit consumption of these foods.

Prostate massage—

Prostate massage is a technique that is used to treat prostatitis, benign prostatic hyperplasia, male infertility, and other prostate disorders, as well as sexual problems. When the prostate is inflamed, infected, or congested, the small sacs inside the gland become blocked and accumulate prostatic fluids. These fluids are a breeding ground for microbes that can cause more inflammation and prostatitis. The fluids cause the prostate to become enlarged, and the nerves are irritated, causing pain and tightness.

Therapeutic prostate massage may extrude the accumulated fluids, open up the passages in the prostate, and allow the gland to shrink back to normal size. Prostate massage also improves blood flow to the prostate, which delivers more essential nutrients, oxygen, and white blood cells to fight infections.

Acupuncture—

A recent meta-analysis concluded that acupuncture could be a safe and effective treatment for CP/CPPS pain symptoms more so than urinary symptoms that occur with this condition.2

Based on Traditional Chinese Medicine (TCM) disease patterns, scientific data on CP/CPPS, and numerous courses taken with Peter Deadman, LAc, and Bob Damone, LAc, prominent TCM practitioners in the United Kingdom and the United States, respectively, I use these main points for treatment: BL 32, BL 33, BL 35, CV 3, CV 4, Sp 6 and Sp 9. The secondary points I use for treatment will depend on symptomology as follows:

- Pain in the urethra—LV 4, PC 5, and RN 3
- Urinary frequency—LV 2, LV 4, LV 8, RN 2, BL 54, LU 5, BL 23, BL 26, KI 6, LV 1, RN 3, and RN 4
- Severe pain and burning on urination—KI 5
- Perineal pain—KI 5
- Pain in external genitalia—LV 8, LU 7, St 29, Sp 6, KI 12, LV 2, and LV 12
- Necessity to calm the mind—DU 20, PC 6, and Sp 4
- Head of penis pain—LV 1 and Ren 1

Biofeedback—

Use of biofeedback to treat chronic nonbacterial prostatitis or CPPS is based on the idea that these forms of prostatitis may result from, or be associated with, pelvic-floor muscle dysfunction. Biofeedback enables a person to become more aware of his body’s signals. It is very useful for pelvic-floor muscles because they are not visible. With increased awareness, patients can learn to correctly contract, relax, and coordinate these muscles so they work more effectively. There are scientific data supporting the use of biofeedback for this condition.3

I use a biofeedback unit with two “channels,” so that the patient can see what is happening in two different muscle groups: the pelvic-floor muscles and the abdominal muscles. Ultimately, we want to coordinate the activity of these two muscle groups.

I start by taking a 30-second baseline reading to see what the muscles look like during rest. Then I look at the patient’s ability to contract and relax those muscles. I will ask him to contract 10 times, with each contraction lasting for 2 seconds, followed by 4 seconds of relaxation. Then I will ask him to
contract for 5 seconds and relax for 10 seconds. Based on the feedback, it will become evident what the treatment plan needs to concentrate on. The patient will need to link what is happening on the screen to what he feels in his muscles in order to receive the most benefit from biofeedback.

**Supplements**—Phytotherapy can be essential for treating CP/CPPS. Along with commonly used natural agents for the prostate—saw palmetto (*Serenoa repens*), β-sitosterol, pygeum (*Pygeum africanum*)—the two best-used phytochemicals are quercetin and rye (*Secale cereale*) pollen.

**Quercetin**—This is a phytonutrient that reportedly “provides significant symptomatic improvement” in men who have chronic nonbacterial prostatitis/CPP syndrome. 4 Other studies have also revealed quercetin’s anti-inflammatory and antioxidant properties.

**Pollen extracts**—Also known as cernilton, pollen extracts have anti-inflammatory properties, and this feature has proven beneficial for relieving prostatitis symptoms. 5 In a more-recent study, 70 men who had CP/CPPS were given cernilton while 69 men with the same condition received placebo. After 12 weeks, the men who took cernilton reported significant reductions of their symptoms and improved QoL, with no severe side-effects. 6

A combination of at least 3 treatments may be necessary at any one time. These may include physical medicine; either acupuncture or pelvic-floor muscle training with biofeedback; diet with eliminating problem foods; and proper supplementation with natural anti-inflammatory agents such as quercetin and rye pollen extract.

**References**


**Multidisciplinary Approach—II**

Chronic prostatitis has been thought to be infectious in origin and has been treated as such by both allopathic and alternative medicine. In many cases, chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) can be the result of ongoing inflammation in the urothelium of the prostate, bladder, and urethra but rarely results from infection. It has been reported that 95% of patients who are diagnosed with CP/CPPS have musculoskeletal injuries to the sacrum, lumbar spine, hips, and lower extremities, resulting in pelvic-floor dysfunction (PFD). 1 It is believed that PFD is responsible for symptoms of perineal and pelvic pain, urinary frequency, urgency, nocturia, dysuria, and restricted urinary flow.

The most successful treatments address both musculoskeletal and urothelial dysfunctions and combine musculoskeletal modalities, such as physical therapy, osteopathic manipulation, acupuncture, trigger-point injections, and home exercise programs specific to each patient, 2–6 together with dietary restrictions of urothelial irritants (caffeine, carbonation, alcohol, and spicy and acidic foods), urinary alkalization with baking soda pills, and avoidance of allergens and chemicals. Mucinous herbs such as aloe (*Aloe vera*), marshmallow root (*Althaea officinalis*), slippery elm (*Ulmus fulva*), and corn silk (*Zea mays*), will help soothe and heal the urothelium. Chinese herbs that disperse Liver Heat can be an excellent complement to the Western herbs mentioned above.

Adding natural anti-inflammatories and other well-known prostate aids can increase success in reducing symptoms. Supplements that I have found to be extremely helpful are quercetin, N-acetylcysteine, zinc citrate, α-lipoic acid, taurine, turmeric, resveratrol, melatonin, vitamin D₃, and bromelain. Among the German biologic products, Prosercat, Upelva, Notatum, and Quentans have been the most successful.

If this protocol seems broad, it is because CP/CPPS is multifactorial and, despite patients sharing similar symptoms, the causes of this condition vary dramatically from one patient to another. Our role as health care providers is to find the right combination of treatments for our patients.

**References**


Integrative Medicine

In integrative medicine, we work to build the health of the patient while simultaneously fighting the patient’s illness. To treat prostatitis, I use targeted botanicals, nutrients, mind–body practices, acupuncture, heat therapies, detoxification, nutritional intravenous (I.V.s) injections, and other modalities. These treatments work together to fight infections, reduce inflammation, improve immunity, reduce oxidative stress, remove heavy metals/toxins safely, and strengthen prostate and overall health.

Prostatitis can be caused by local infection, imbalances in the immune and neuroendocrine systems, heavy metal toxicity, and other factors. Therefore, a thorough baseline that focuses on both the health and disease aspects of the patient must be established before treatment, using tests such as complete blood count, prostate-specific antigen, immune and hormonal profiles, heavy metal body burden, oxidative stress assessment, and inflammatory and hyperviscosity markers.

Once a baseline is established, we can create a comprehensive prostatitis treatment plan specific to the patient. Key therapeutic strategies include:

- **Support/modulate immune responses**—Prostatitis can be caused by a bacterial infection, abnormal cell function, or inappropriate immune/inflammatory responses. Therefore, modulating and strengthening immune function is important.
- **Reduce inflammation**—Prostatitis involves inflammation of the prostate gland, which, if left untreated, can damage the prostate further and increase risk factors for prostate cancer. The inflammation can also fuel the aggressiveness of existing prostate cancer.
- **Fight infections**—The use of antimicrobial therapies is important for combating any possible infectious causes of prostatitis.
- **Improve circulation**—Increased circulation helps reduce inflammation, improve immunity, and increase healing.
- **Detoxify**—Safe and gentle detoxification is important for reducing oxidative stress, fighting inflammation, supporting immunity, and improving overall health.
- **Modulate hormones**—Prostatitis can be related to, or aggravated by, hormone imbalances, so natural hormone modulation can be beneficial.
- **Provide prostate-specific support**—Herbs and nutrients that have been shown in studies to improve prostate function are important adjuncts to any prostatitis treatment program.
- **Modify diet**—Emphasize fresh cruciferous vegetables, high fiber, a nonprocessed food diet, and adequate hydration. Instruct the patient to avoid alcohol, caffeine, red meat, and refined sugars.

The following research-based natural therapies work to treat prostatitis by exerting multiple mechanisms that are useful for the key therapeutic strategies outlined above: Nutritional I.V.s (such as high-dose vitamin C and glutathione); medicinal mushrooms; modified citrus pectin; curcumin; quercetin; saw palmetto (Serenoa repens); stinging nettle (Urtica dioica) root; pygeum (Pygeum africanum) bark extract; pomegranate (Punica granatum) extract; green tea (Camellia sinensis) extract; lycopene; broccoli extract; zinc; selenium; vitamin D3, diindolylmethane (DIM); and others.1–7

Mindful meditation, yoga, and qigong, acupuncture, bodywork, and other modalities are also important. An individualized, integrative approach to treating prostatitis enhances a patient’s well-being and fights this condition from multiple angles, offering a significant opportunity for a positive clinical outcome.

References


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Evidence-Based Systematic Review Results

The Natural Standard Research Collaboration (www.naturalstandard.com) systematically reviews data on complementary and alternative medicine (CAM). Natural Standard does not practice or recommend specific therapies, but uses comprehensive and reproducible methodologies to create objective and reliable information for patients and health care professionals. Based on an evaluation of the literature, CAM modali-
ties that may be beneficial for chronic prostatitis include (but are not limited to) acupuncture, physical therapy, quercetin, saw palmetto, and zinc.1,2

**Acupuncture**—Acupuncture, which is used for a variety of pain conditions, has been shown to decrease pain and reduce voiding symptoms in men with prostatitis who underwent 6 weeks of treatment.3

**Physical therapy**—Pelvic-floor physical therapy has been suggested as a possible treatment for symptoms of chronic prostatitis.4-7 In men with category 3 chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS) who participated in a pelvic-floor biofeedback reeducation program, the National Institutes of Health (NIH)–Chronic Prostatitis Symptom Index score was significantly improved.7

**Quercetin**—Quercetin, a flavonoid found in onions and green tea, has been studied in men with CP/CPPS.8,9 Treatment with 500 mg of quercetin, twice daily, for 1 month reduced symptoms and was well-tolerated.8

**Saw palmetto**—Saw palmetto (Serena repens) is an herb used for urologic conditions. Most studies have focused on symptoms related to benign prostatic hyperplasia; however, there are a few studies evaluating its use for prostatitis, specifically.10,11 When comparing its efficacy to the pharmaceutical drug finasteride in men with category 3 CP/CPPS, statistical significance was only noted in the finasteride treatment group.11 However, it is notable that, at the end of the study, more patients opted to continue treatment with saw palmetto rather than with finasteride.

**Zinc**—In patients with chronic bacterial prostatitis, organic zinc supplementation after antibiotic treatment was found to reduce their scores on the NIH-Chronic Prostatitis Symptom Index and maximum urethra closure pressure.12

These therapies may be beneficial for chronic prostatitis.

**References**


**Yoga Therapy**

Chronic prostatitis (CP), characterized by pelvic or perineal pain lasting longer than 3 months, affects 6.3% of the world’s population with symptoms such as dysuria and postejaculatory pain mediated by nerves and muscle. The symptoms of CP appear to be the result of interplay between psychologic factors and dysfunction in the immune, neurologic, and endocrine systems. Studies show stress as an etiology leading to hypothalamic–pituitary–adrenal (HPA) axis dysfunction and adrenocortical hormone abnormalities. Stress-induced genitourinary inflammation experiments on mammals have shown that the inflammation in the prostate can result from the action of the chronically activated pelvic nerves on the mast cells at the end of nerve pathways.3

Research on complementary and alternative medicine (CAM) for CP reveals that certain herbal supplements, as well as manipulative therapies, such as acupuncture,6 are quite effective. Biofeedback therapy for relaxing the pelvic-floor muscles,7 physical therapies, and relaxation therapies have been found to be helpful for relieving the pain.5,8

Studies in our research department have shown that yoga reduces stress levels9 and has a positive effect on the HPA axis.10 Yoga can help reduce negative emotions and offers a better quality of life with better relaxation of the mind–body complex and improved immunity. Relaxation techniques of yoga can also help reduce inflammation9 and pain.

The Integrated Approach of Yoga Therapy (IAYT), which is useful for both women and men, consists of certain asanas, mudras and relaxation techniques. Practices12 such as Ashtini mudra (Horse gesture), Vayu nishkasana (Wind Releasing pose), Vayrashana (Thunderbolt pose), and AA–kara and UU–kara chanting have to be performed with mindfulness to achieve deep local internal rest for the sick part of the body (i.e., the prostate gland.)

As a holistic therapy for CP, IAYT corrects the problem at physical, prana, mind, emotional, and spiritual levels; this therapy has produced beneficial results in our 200-bed inpatient health home. Although this approach needs to be validated in the research literature, we recommend that all physicians...
include these yoga practices in the routine treatment of CP as an adjunctive therapy to achieve positive and faster results through the reduced use of pharmacotherapies.

References


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Traditional Chinese Medicine

Chronic prostatitis (CP) is a complex condition and some men do not respond well to modern medical treatment. This is when Traditional Chinese Medicine (TCM) can emerge as a potential treatment. TCM treats the root of the condition by resolving imbalances that are causing the symptoms and improving overall health. While research has demonstrated the effectiveness of acupuncture for treating CP,\textsuperscript{1,2} in my practice, I also use nutrition and Chinese herbal prescriptions. According to TCM, stagnated qi causes symptoms, including inflammation and pain. My treatment plan for CP has several aspects.

First, there are foods that should be avoided (spicy foods, alcohol, refined sugars), while there are other foods that I recommend, such as pumpkin (\textit{Curcurbita} spp.) seeds. Pumpkin seeds have been used for centuries to reduce symptoms caused by what we call Damp Heat Stagnation in the lower belly that may cause conditions such as CP.

The second aspect of treatment is acupuncture. In TCM, proper diagnosis is imperative for determining the proper selection of acupuncture points and herbal prescriptions. I use pulse diagnosis to find energetic imbalances and design the acupuncture point prescription for each patient based on his pulse. Even if 5 patients have the same condition, TCM treatment should address each patient’s unique patterns rather than treating the condition per se. Therefore, the acupuncture point selection is likely to differ from patient to patient and treatment to treatment as the patient gets well.

References


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For this interactive feature column, Clinical Roundup, a new question is posed and then answered by experts in the field. For an upcoming issue, we are seeking your contributions on how you treat female infertility in your practice for possible publication in a future issue of the Journal.

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