“Prostatitis is the most common reason why men younger than age 50 come to see a urologist—and it is the third most common reason that men older than 50 seek us out. Why is this so?”

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Prostatitis is so common, and so often painful and difficult to treat, that I am in the process of revising my book Smart Medicine for a Healthy Prostate to include new information about the topic.

In fact, prostatitis is the most common reason why men younger than age 50 come to see a urologist—and it is the third most common reason that men older than 50 seek us out. Why is this so?

I wish there was a simple, straightforward, clear answer to that question, but medicine is often complex and—let’s face it—sometimes vague. What we do know is that about five percent of the cases of prostatitis are caused by bacteria, and many millions of other cases are non-bacterial, often of unknown cause. Estimates are that about half of the ailments actually diagnosed as prostatitis, often by primary care physicians, are in fact not prostatitis at all.

SYMPTOMS

Although bacterial prostatitis is rare, if it is not diagnosed and treated appropriately, it can cause serious problems. Typically, men who are attacked by acute prostatitis experience fever and chills, low back pain, with a frequent and painful need to urinate. Often there is decreasing or less forceful urinary capability and the bladder does not empty of urine completely. When the condition is chronic and long-lasting, symptoms may include repeated bladder infections, frequent urination, and pain in the lower abdomen or low back.

And so as we address treatment of prostatitis, do we approach it as an inflammatory infection? Yes and no. Actually, current research suggests that chronic prostatitis is an aspect of chronic pelvic pain, which results from a complex, inter-related cascade of events that is unique to each individual. The condition is initiated by a trigger such as trauma, infection, irritation, or dysfunctional voiding. The condition may abort spontaneously or as the result of therapeutic interventions.

On the other hand, if the condition persists, especially in an individual that is anatomically or genetically susceptible, it can lead to local tissue damage and inflammation as well as peripheral and central nervous system sensitization. Further, with continued stimulation, the nervous system becomes up-regulated and the response to pain becomes exaggerated locally and in adjacent areas even if the involved tissue response remains stable or lesser. As I discuss in my medical editor’s column in this issue, I have firsthand experience in this regard.

Typically, physicians in clinical practice use a process of elimination, based on the results of trial and error therapies, to diagnose and treat patients with prostatitis. In our practice, we have notable success in treating the condition through lifestyle changes, nutrition, supplements, and medications as needed. Let me say a bit more about these approaches.

LIFESTYLE

Daily choices that are under our control can either improve or worsen prostatitis symptoms. Healthful choices such as regular exercise, getting enough rest, eating nutritious food, and reducing stress improve the symptoms. Unhealthy choices have the opposite effect.

NUTRITION

Although taken for granted, foods are a potent medicine that can either increase or decrease prostatitis symptoms. Your body—and your symptoms—will be mightily pleased if you will eat five to nine daily servings of brightly colored fruits and vegetables. Rich in antioxidant vitamins and minerals, fruits and veggies may improve prostatitis symptoms by reducing inflammation.

Flaxseeds are a rich source of anti-inflammatory omega-3 essential fatty acids and a nutritious phytoestrogen-containing fiber called lignan. I encourage two servings of soy protein daily—which not only reduces prostatic inflammation but also the risk of prostate cancer.

Drink 64—yes, 64—ounces of water each day, to dilute noxious urinary irritants, and avoid hot spicy foods, nicotine, alcohol or caffeinated beverages, refined sugar, and junk foods or foods high in saturated fat.

SUPPLEMENTS

Zyflamend is an over-the-counter product, which contains a variety of herbs that work together to enhance its anti-inflammatory properties. Take two capsules with food once daily.

Quercetin, a naturally occurring plant flavonoid, reduces prostatic inflammation and inhibits bacterial infection. Onions, parsley, sage, tomatoes, and citrus fruits are rich natural sources of quercetin. Quercetin is also available as a supplement in health stores. Take 500mg twice daily between meals. Taking an equivalent amount of a pineapple extract called bromelain enhances the absorption of Quercetin.

Rye pollen has been used in Europe for over 60 years to effectively treat prostatitis. A Swedish company called Graminex pioneered a proprietary rye pollen extract called PollenAd™ that has been scientifically shown to improve prostatitis symptoms. Take one to two capsules three times daily before meals.

Herbs, although effective for a variety of prostate disorders, in contrast to prescription drugs, take four to six weeks to achieve maximum effect. But herbs are less expensive, cause fewer adverse side effects, and often work when prescription drugs have failed.

Herbs that decrease the pain and swelling of prostatitis inflammation include saw palmetto, rye grass pollen, clivers, agrimony, and stinging nettle. The herbs marshmallow root and ezyngro decrease painful urination. Herbs that prevent recurrent urinary tract infections include cranberry (eight ounces of unsweetened cranberry juice daily) and uva ursi—approved by the German Commission E for inflammatory disorders of the urinary tract.

MEDICATION

And then, of course, we have anti-inflammatory pharmaceutical medications which can reduce prostatic inflammation and pain. Although helpful for short-term relief, if taken long-term, most nonsteroidal anti-inflammatory drugs—NSAIDS—can cause gastrointestinal bleeding and renal impairment.

Alpha-adrenergic blockers smooth muscle tissue in the prostatic urethra and bladder neck, and are used routinely to treat the very common condition known by the famous initials: BPH (Benign Prostatic Hyperplasia). Ideally, antibiotics should be reserved for culture-proven bacterial infection, but investigators report that clinicians routinely prescribe antibiotics for more than 95 percent of patients with BPH even though only 5 percent of men have documented urinary tract infections. While taking antibiotics, supplementing with a probiotic that contains beneficial bacteria, such as acidophilus, twice daily with meals can prevent antibiotic-related gastrointestinal side effects. Probiotics should not be taken at the same time as antibiotics.

Finally, an important reminder that chronic prostatitis exacts a heavy emotional toll on men. According to one survey, the quality of life for these men is on par with men’s suffering from chronic low-back pain, heart disease, or inflammatory bowel disease. Further, the mental consequences of chronic prostatitis were deemed to be worse than those associated with congestive heart failure and diabetes. It helps enormously to relax—through meditation, yoga, and a healthy lifestyle. It helps to talk to a mental health professional if needed—whatever works for you.

Prolonged stress increases the incidence of urinary tract infections, depresses the immune system, and increases spasms of the bladder, urethra, and pelvic musculature.

As you seek to subdue such health issues as prostatitis, seek out a compassionate, informed provider to guide you along the path to good health.