

# *Tequesta Family Practice*

395-B Tequesta Drive

Tequesta, FL 33469

(561) 746-4333 VOX

(561) 746-4449 FAX

[www.tequestafamilypractice.com](http://www.tequestafamilypractice.com)

[DrOenbrink@tequestafamilypractice.com](mailto:DrOenbrink@tequestafamilypractice.com)

## **BPH Complementary/Alternative Medicine**

Symptoms of bladder outlet obstruction (progressive urinary frequency, urgency and nocturia hesitancy and intermittency with reduced force and caliber of urine)

Enlarged, nontender prostate gland

Uremia if prolonged obstruction

### QUICK REVIEW

- Over fifty percent of men will develop an enlarged prostate in their lifetime.
- BPH is largely the result of hormonal changes associated with aging.
- The PSA test can help distinguish BPH from prostate cancer.
- Paramount to an effective BPH treatment plan is adequate zinc intake and absorption.
- Cholesterol damaged by free radicals is particularly toxic and carcinogenic to the prostate.
- Increased consumption of soy and soy foods is associated with a decrease in the risk of getting prostate cancer and may help in treating BPH.
- In Europe, plant-based medicines are the most popular prescriptions for BPH.

Saw palmetto extract and other herbal approaches to BPH are most effective in mild to moderate cases.

Roughly ninety percent of men with mild-to-moderate BPH experience some improvement in symptoms during the first four to six weeks after beginning to take saw palmetto extract. Severe BPH, resulting in significant acute urinary retention, may require catheterization for relief, a sufficiently

Advanced case may not respond to therapy rapidly enough and may require the short-term use of an alpha-1 antagonist drug (e.g., Hytrin or Cardura) or surgical intervention.

### TREATMENT SUMMARY

Therapeutic goals for BPH are to normalize prostate nutrient levels, inhibit excessive conversion of testosterone to DHT, inhibit DHT receptor binding, and limit prolactin, which promotes prostate cell growth.

Severe BPH, resulting in significant acute urinary retention, may require catheterization for relief, a sufficiently advanced case may not respond rapidly enough to therapy and may require the short-term use of an alpha-1 antagonist drug (e.g., Hytrin or Cardura) or surgical intervention.

#### Diet

Since there have been no clinical trials on the use of diet in the treatment of BPH, the following recommendations are somewhat speculative. The diet should be high in protein, low in carbohydrates, low in animal fats, and high in essential fatty acids. Focus on whole, unprocessed foods (whole grains, legumes, vegetables; fruits, nuts, and seeds).

Eat a quarter-cup of raw sunflower seeds or pumpkin seeds each day.

Eliminate intake of alcohol (especially beer), caffeine, and sugar. Consume soy foods regularly.

#### Nutritional Supplements

- Zinc: 45-60 mg per day
- Flaxseed oil: 1 tbsp per day
- Amino acid mixture:  
Glycine: 200 mg per day  
Glutamic acid: 200 mg per day  
Alanine: 200 mg per day

#### Botanical Medicines

- Saw palmetto (*Serenoa repens*) extract (standardized to contain 85-95% fatty acids and sterols): 160 mg twice per day (NOTE: A similar dose using crude berries, fluid extracts, and tinctures would require extremely large quantities and is not reliable. Use the standardized extract for maximum benefit).
- Flower pollen extract (e.g., Cernilton): 63-126 mg two to three times per day
- *Pygeum Africanum* extract (standardized to contain 14% triterpenes including beta-sitosterol and 0.5% n-docosanol): 50-100 mg twice per day
- Stinging nettle (*Urtica dioica*) extract 300-600 mg per day