

THE PROSTATE & BENIGN PROSTATIC HYPERPLASIA

The prostate gland is a walnut-sized gland (normally 3.5-4.0 cm) that is found in males only. It surrounds the neck of the bladder and the urethra-- the tube through which the urine passes. The prostate gland secretes a thin, opalescent fluid during ejaculation that makes up part of the semen. This fluid can be thought of as the liquid in which the sperm cells "swim." Prostate problems are often without pain, but when pain does occur due to the prostate gland it is usually felt at the anus and may occur after ejaculation. Sometimes the prostate gland refers pain to the low back but this is not usual with the most common prostate problem, benign prostatic hyperplasia or benign prostatic hypertrophy.

Benign prostatic hyperplasia (BPH) is one of the most common conditions affecting men past the age of 50. At about the age of 40 to 45, the prostate gland starts becoming progressively enlarged. This can result in restriction of urinary flow and symptoms such as dysuria (difficulty or pain during urination), increased urinary frequency (having to urinate often), urgency (the need to "go" now!), hesitancy (trouble starting urination), decreased pressure behind the stream, and nocturia (the need to go often during the night.) If BPH persists or becomes severe, it can result in stasis of the urine leading to urinary tract infections and possibly to damage to the kidneys. More often, BPH is just a nuisance, interfering with quality of life and disturbing normal sleep. BPH rarely improves spontaneously, it usually either remains the same for years or gradually gets worse.

CONVENTIONAL MEDICAL THERAPY

Medical studies have shown that one of the major triggering factors for BPH is dihydrotestosterone, which is produced from testosterone by the action of the enzyme 5-alpha-reductase. Compounds that inhibit this enzyme can be expected to have a beneficial effect on BPH. One such compound is the drug finasteride (Proscar). Unfortunately, clinical studies have shown this drug to be only marginally effective (1,2). In addition, the drug has some undesirable side-effects.

For example, it causes impotence in about 4 percent of the men who take it.

Terazosin, a blood pressure-lowering drug, has been found to relieve the symptoms of BPH in some cases. However this drug does not slow the progression of the condition and is also not without side-effects.

Prostate surgery (transurethral resection of the prostate or TURP) is still considered the "treatment of choice" by many urologists. However prostate surgery carries its own risks including possible perforation of the bladder, infection, hemorrhage, persistent urinary incontinence, and even permanent impotency. Additionally, surgery is not always effective.

NATURAL ALTERNATIVES

Fortunately there are natural remedies that provide safe, effective, and inexpensive alternatives for men with BPH.

[Saw palmetto berries](#) come from the saw palmetto bush (*Serenoa repens*), which is indigenous to Florida and North Carolina. It is the therapy most frequently prescribed by medical doctors in France for the treatment of BPH. *Serenoa repens* was listed in the U.S. Pharmacopeia as early as 1905 and has been used safely for many decades.

Recent studies including a double-blind study (3) have shown that an extract of saw palmetto berries inhibits 5-alpha-reductase more effectively than finasteride. In addition, saw palmetto berries did not result in side-effects and did not cause any changes in standard blood chemistry measurements (3,4,5,6).

PYGEUM

[Pygeum](#) is an evergreen tree that grows in Africa. The bark of the tree has been used for years by natives of tropical Africa to treat urinary disorders. Although it is not certain what the active ingredients are, some of the compounds found in Pygeum bark exert anti-inflammatory effects, while others are thought to influence testosterone metabolism.

In one double-blind study an extract of Pygeum (200mg/day for 2 months) was significantly more effective than placebo with respect to urinary frequency, urgency, dysuria, and urinary flow rate (7). Numerous other open and controlled studies have confirmed its effectiveness as a treatment of BPH (8).

ZINC

[Zinc](#) supplements have also been shown to improve urinary symptoms and reduce the size of the prostate both in men with BPH (9) and in animal studies (10).

STINGING NETTLE

[Stinging nettle](#) is an herb with a long history of use among men in Africa and Europe. It is recognized by most herbalists for its diuretic action. In Germany, where herbal medicine is more mainstream than it is in the United States, physicians prescribe nettle in the treatment of high blood pressure. One German study suggests stinging nettle might also relieve symptoms of BPH (11).

CONCLUSION

Research has shown that Saw palmetto berries, Pygeum, and zinc can be used safely and effectively by men with BPH. According to Alan R. Gaby, M.D., "In my experience, at least two-thirds of men with symptoms of BPH find gratifying and long-lasting relief when they follow a natural treatment program for BPH that includes some or all of these substances. Because of its low risk of side effects and high success rate, this nutritional/herbal approach should be considered the 'treatment of choice' for BPH." (12)

IMPORTANT FOOTNOTE: Immediate results should not be expected when using the above approach. Most research indicates that at least a two month trial is necessary before deciding if the natural approach is right for you. A healthy diet consisting of plenty of fruits and vegetables and a reduction of dietary intake of saturated fats is also helpful with prostate problems (See below.) A moderate regular exercise routine such as daily walking is also beneficial. Before engaging in self treatment for BPH, we recommend that you see a doctor to insure that your

problem is indeed BPH. There are other diseases that can affect the prostate which might require other treatments. Any treatment that you engage in should be under the supervision of your doctor and/or alternative health care provider.

ONE FINAL WORD ABOUT PROSTATE CANCER PREVENTION

Prostate cancer is the third most common cancer in men. Only lung and colorectal cancers rank higher in terms of incidence and morbidity. A study published in the *Journal of the National Cancer Institute* concluded that men who consumed more than 30 grams of saturated fat a day -- mostly from meat and dairy products -- had twice the risk of prostate cancer than did men who ate less than 11 grams of saturated fat a day. No other dietary factor has been shown to have such a significant correlation with prostate cancer. The authors of the study recommended that men aim for 10 grams or less of saturated fat a day as a preventative measure. (13)

Another study of deaths from prostate cancer in 59 countries showed a strong correlation between diet and prostatic cancer. Researchers from the University of Massachusetts Medical School reported that diets relatively high in meats, milk and poultry seem to lead to a greater incidence of prostatic cancer than those consisting of grains, nuts, fish and soy. (14)

There may be a correlation between a low fiber diet and prostatic cancer. Sufficient dietary intake of fiber may prove to be beneficial for preventing prostate cancer, as has proven to be the case in certain other forms of cancer.