

Prostatitis

An inflamed prostate or prostatitis (which is different from BHP as discussed in a separate article), can have either bacterial or non-bacterial causes and can be an acute or chronic problem. It is possible for the condition (depending on its origin) to be highly symptomatic, or for there to be no symptoms at all. Of all men evaluated for prostatitis, only five to ten percent will have a positive urine culture which confirms an infection. However evidence suggests that despite having a normal urine test result, some men with “nonbacterial” prostatitis may in fact still have a bacterial infection. Prostatitis can be caused by organisms that do not grow in the standard urine culture medium, such as *Chlamydia trachomatis*, *Trichomonas vaginalis*, *Ureaplasma urealyticum*, *Neisseria gonorrhoeae*, viruses, fungi, and anaerobic bacteria. Recent studies have found evidence of these pathogenic bacteria in the prostatic fluid of some men with prostatitis symptoms even though their urine cultures were normal. In the case of bacterial infection, antibiotics are usually the most common and efficient treatment.

A probiotic should always be used alongside antibiotic therapy to reduce the risk of thrush or bowel-related side effects, and if the infection returns the next thing to do is to look at why. Low immunity, stress, zinc, selenium or iodine deficiency or low levels of vitamins A, C or D can all be contributing factors. Doses of vitamin C to bowel tolerance levels can in fact be as effective as antibiotics in treating prostatitis for a lot of men, and a lower daily maintenance dose will help to prevent a recurrence.

If there were a mineral that could be as important for the prostate as iodine is, it would be zinc. Infection and other stressors can result in lower blood serum zinc levels in general and lower prostate levels in particular. Research has shown that in prostatitis regardless of its cause, zinc levels are only one-tenth of those in a normal prostate. Trials have confirmed that short term therapeutic levels of zinc can resolve prostatitis in many cases and a supplement containing 30 milligrams daily is recommended as a preventative. Research by Dr. Irving M. Bush at the Center for the Study of Prostatic Diseases in Chicago used 50 to 100 mg of zinc per day with men with prostatitis for period ranging from two weeks to four months. There was prompt improvement in 70 per cent of the cases. (Please note, the use of zinc at these levels should be carried out under supervision of a natural health practitioner like my self).

Since men lose zinc with every ejaculation, their need for the mineral is higher than a woman's. Many men with prostate issues (not just prostate infection), will exhibit the classic tell-tale white spots on the finger nails which grow out and stop occurring when the body's demand for zinc is met. If you want to confirm whether zinc is a problem for you we can also do a simple taste test for you in the dispensary - just call in on a Tuesday, Thursday, Friday or Saturday.

The cause of true chronic non-bacterial prostatitis has not yet been fully understood. However, there appear to be strong links with ongoing internal or external stress factors and the way the nervous system and hypothalamic-pituitary-adrenal (HPA) axis are affected by these. This makes sense, because the body's ability to control inflammation is reliant upon efficient function of these systems. It is also thought that urine refluxing into the prostatic ducts may be a major contributing factor. The risk of this occurring appears to increase as the prostate enlarges with age, causing obstruction to the normal drainage channels in the prostate. Refluxing urine even when it is sterile, may lead to chemical

irritation and inflammation of the prostate tissue. Because of the decreased drainage it is possible for prostatic stones to develop. The reduced drainage also increases the stagnation of prostatic secretions and this, as well as the development of stones can result in a higher chance of infection and/or inflammation.

Interestingly, men with either chronic non-bacterial or chronic bacterial prostatitis are also more prone to having allergies. The symptoms for these can range from hay-fever type symptoms, sinusitis, asthma, eczema and post-nasal drip to irritable bowel syndrome and gastric irritation. As I have mentioned in previous articles, allergy and low immunity often go hand in hand and are reflective of a general immune dysfunction. The HPA axis is often implicated here too. In terms of preventing recurrent bacterial prostatitis, strengthening the immune system, resolving allergies and treating the adrenal function is a very important part of the solution. For chronic non-bacterial prostatitis, using relaxation techniques and resolving HPA axis dysfunction is vital.

Some foods are thought to be irritants to the urinary tract, including alcohol, lemon or lime juice, carbonated drinks (especially colas), spicy foods (eg: hot chilies), tea, coffee and chocolate. If the prostate is inflamed, it is advisable to remove these foods from the diet. See whether there is improvement and after 2 months trial re-introducing them at a rate of one food per week. Men with either non-celiac gluten intolerance or Celiac disease usually find their symptoms flare up noticeably when wheat, oats, rye or barley are a regular part of their diet. The inflammation settles once the foods are withdrawn.

If you have any queries regarding the information in this article or would like to address some health issues of your own, we encourage you to call us on 06 304 8177. The dispensary is open 9.30am – 4pm Tuesday, Thursday, Friday and 10.30am – 4pm Saturday.