

# INTERNATIONAL HEALTH NEWS

*Your Gateway to Better Health!*

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14th YEAR



*In this issue we commence a new series of articles on the prostate and its problems. The articles will be written by William Ware and myself and will cover causes, symptoms, diagnosis, prevention and treatment of the four most common prostate problems – prostate congestion, prostate inflammation (prostatitis), prostate enlargement (benign prostatic hyperplasia), and prostate cancer.*

*We will cover both alternative and conventional approaches to prevention and treatment including protocols based on herbs and supplements as well as newer methods for heat and ultra sound based treatment of prostate cancer. This is essential reading for our male subscribers and their significant others.*

*The attack on vitamin E by the medical establishment continues with yet another article describing negative results obtained in a group of elderly, very sick patients. These results are not really surprising, but prompt me to once again emphasize that vitamin E should always be taken in the mixed form (gamma and alpha tocopherol) and always together with vitamin C. Also in this issue we report that breast cancer is linked to stress, infants need greater exposure to dirt to build up immunity, parents should not rely solely on sunscreens to protect their children, and a comprehensive study concludes that both vitamin E and vitamin C are entirely safe.*

*Don't forget, if you need to restock your supplements, by ordering from my web "store" you will receive a 20% discount on already bargain prices. You can find the "store" at [www.yourhealthbase.com/vitamins.htm](http://www.yourhealthbase.com/vitamins.htm)*

*Enjoy!*

*Wishing you good health,  
Hans*

## June Highlights

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whether I am doing the right thing. My last CRP was 8.3. Statins (crestor) lowered it but I am afraid of these medications. I am taking Carlson's fish oils, enteric coated ASA 81mg, corrected my diet and exercising (5'6"-142 lb). Heart disease is genetic for me. I am taking Tricor for triglycerides that were over 800 and now in control. Recent A1C was 6.5 though FBS was 95. Sounds like inflammation is playing havoc in my body. Going to a rheumatologist this week. Already saw a cardiologist who cracked on anything natural and is only into pill pushing. Any suggestions?

SLG, USA

**Editor:** *Yes, it does seem that you could have a systemic inflammation. I would try Zyflamend or*

## LETTERS TO THE EDITOR

After reading the article in *International Health News* regarding inflammation I am trying to discern

*Zyflamend PM. This is a turmeric based herbal compound that is a very effective anti-inflammatory. Also, you may find that fish oils (about 3 grams/day) should be enough to keep your triglycerides under control - so you may be able to dispense with the Tricor - with your doctor's agreement, of course. As far as exercise is concerned it should not be too vigorous since this would aggravate the inflammation. A gentle walk once or twice a day would be better for the next month or so.*

\*\*\*\*

I am a 48-year-old woman with gluten intolerance, arthritis, and an undifferentiated immune system disorder. My doctor wants me to take a good multi-vitamin, pycnogenol and fish oil. I am looking for a multi-vitamin that is gluten free. Every time I write a manufacturer, they respond but don't know whether their product is gluten free. Can you recommend a gluten free multi-vitamin for me?

TMY, USA

**Editor:** *Women's Multistart and Women's Plus Multistart are good all-round multivitamins. I checked with the manufacturer (Natural Factors) and they assured me that they are both gluten-free.*

Both products are available through my web "store" at a 20% discount at [www.yourhealthbase.com/vitamins.htm](http://www.yourhealthbase.com/vitamins.htm)

\*\*\*\*

I am a student in college and I would like to prepare a speech on the massive consumption of vitamin B12 in energy drinks and sublingual supplements, and how it "might", if it even does, cause a tolerance to build just as caffeine does. I understand that tolerances build because receptors burn out and do not function adequately so more is needed to insure proper function. Will this massive consumption of B12 that teenagers and young adults alike indulge in lead to a mild addiction to the vitamin in order to simply stay awake after long-term consumption?

NF, USA

**Editor:** *The subject of over-consumption of vitamin B12 is indeed an interesting one, but unfortunately, one about which I know very little. Certainly, overdosing with vitamin B12 could put a load on the production of intrinsic factor which, in turn, could have negative long-term effects. However, I have no medical evidence to back up this suggestion.*

## ABSTRACTS

### Breast cancer linked to stress

SZCZECIN, POLAND. Polish researchers report that psychological stress is a powerful risk factor for the development of breast cancer. Their study involved 257 women who had undergone breast cancer surgery during the period 1993-1998 and 565 controls who were free of breast cancer. The participants were questioned in detail about their diet, lifestyle, and reproductive history and also reported exposure to major stressful life events, stress of daily activity, and work-related stress. After adjusting for age and other known risk factors, the researchers concluded that women whose daily

life was stressful, who had experienced major stressful life events (divorce, loss of spouse, etc) and suffered from depression had a 3.7 times higher risk for breast cancer than did women who did not experience such stress. Work-related stress, on its own, was associated with a statistically non-significant increase in breast cancer risk of 16%.

*Kruk, J and Aboul-Enein, HY. Psychological stress and the risk of breast cancer: a case-control study. Cancer Detection and Prevention, Vol. 28, No. 6, 2004, pp. 399-408*

### Let them eat dirt!

LONDON, UNITED KINGDOM. Allergic diseases are on the rise. Some 300 million people worldwide now suffer from asthma and it is estimated that another 100 million will be added to their ranks over the next 20 years. Allergic rhinitis (including hay

fever and reactions to dust mites and cat dander) affects 40% of all American children and peanut allergies doubled between 1997 and 2002.

Clearly something has gone awry – the question is what? A few years ago it was thought that the widespread use of vaccination was to blame (hygiene hypothesis) because it prevented childhood infections that normally would have helped teach the immune system how to react appropriately to foreign invaders. This hypothesis has now been pretty well discredited with the discovery, by Japanese scientists, that the allergic response is not due to an imbalance between T1 and T2 helper cells as postulated by the hygiene hypothesis, but rather to reduced effectiveness of a newly discovered class of T-cells called regulatory T-cells. These cells hold back an excessive response by T helper cells and thus prevent the

allergic response. There is now increasing evidence that exposure to microbes contained in dirt, untreated water, and farm animals is essential for the proper development of regulatory T-cells.

Studies in Australia, Europe and the US have consistently shown that children growing up in a rural environment have a far smaller risk of developing allergies than do children reared in an urban environment. Work is now underway to find out exactly what it is in the rural environment that primes children to avoid allergies.

*Hamilton, Garry. Filthy friends. New Scientist, April 16, 2005, pp. 34-39*

## Vitamin E in heart disease and cancer prevention

HAMILTON, CANADA. A group of international researchers has completed a study to determine the effect of vitamin E supplementation on cancer and heart disease incidence and mortality. The original trial (HOPE) was begun in 1993 and included 9541 older patients at high risk for cardiovascular events. The patients all had a history of coronary or peripheral arterial disease, prior stroke, or diabetes plus at least one other cardiovascular risk factor, and most of them were taking one or more pharmaceutical drugs – in other words, not a healthy group of people.

The patients were randomized to receive either placebo or 400 IU/day of natural source vitamin E (alpha-tocopherol acetate) for an average of 4.5 years. At the end of this period the researchers concluded that vitamin E supplementation does not decrease the incidence or mortality from cancer and does not decrease the number of cardiovascular events (heart attack, stroke, and death from cardiovascular causes) in this group of high-risk patients. The trial was continued for another 2.5 years (HOPE-TOO) with much the same results except that a 13% increase in the rate of heart failure was observed among the patients taking vitamin E.

The researchers speculate that the disappointing results may be due to the potential for alpha-tocopherol (vitamin E) to become a pro-oxidant under certain conditions. (Editor's Note: This is why vitamin E should always be taken in conjunction with vitamin C). Another possibility is that supplementing with alpha-tocopherol, on its own, could have disturbed the balance with gamma-

tocopherol. (Editor's Note: This is why vitamin E should always be taken as part of a mixture of other tocopherols and tocotrienols). The researchers conclude that vitamin E supplements should not be used in patients with vascular disease or diabetes.

*Effects of long-term vitamin E supplementation on cardiovascular events and cancer: a randomized controlled trial. Journal of the American Medical Association, Vol. 293, March 16, 2005, pp. 1338-47*

*Brown, BG and Crowley, J. Is there any hope for vitamin E? Journal of the American Medical Association, Vol. 293, March 16, 2005, pp. 1387-90*

**Editor's comment:** This study should not discourage healthy people from supplementing in order to protect their health and well-being. As I have, on numerous occasions, pointed out the primary benefit of antioxidant supplementation is to PREVENT disease. It seems that whenever the medico-pharmaceutical establishment wishes to discredit an antioxidant they totally ignore this basic fact and gleefully report that it does not stop seriously ill patients from dying.

All chronic diseases have a certain lag time before they become clinically manifest. Cardiovascular disease, breast cancer, prostate cancer, Alzheimer's disease, diabetes, etc. do not happen all of a sudden from one day to the next – they develop slowly over a long period of time (the latency period). What antioxidants do is that they prolong this latency period very significantly, in many cases, providing complete protection from disease during a person's lifetime. I am much less convinced that the antioxidant property of vitamin C, vitamin E, etc. plays a major role in slowing down or reversing already serious manifest disease,

although there is some indication that very large intravenous doses of vitamin C may be helpful in slowing the progression of certain cancers, and that large doses of vitamin E may help slow down Alzheimer's and Parkinson's disease.

So, should you continue to supplement with vitamin-E to protect your health? – ABSOLUTELY!! Two very large studies involving over 100,000 female nurses and male health professionals found that supplementation with 100 IU/day or more of vitamin E is associated with a 40% reduction in the risk of developing heart disease. Vitamin E has also been found to protect against heart attacks (400 or 800 IU/day) and has been found helpful in preventing diabetes, cataracts, Alzheimer's disease, and several other conditions (see [www.yourhealthbase.com/vitamin\\_E.htm](http://www.yourhealthbase.com/vitamin_E.htm))

Recent research has shown that it is important to take vitamin-E as a combination of gamma- and alpha- tocopherol (about a 3:1 ratio) and with adjuvant amounts of other tocopherols and tocotrienols. In such a complete formulation 100 to

200 IU/day of alpha-tocopherol would likely be quite sufficient. Vitamin E should always be taken in combination with vitamin-C, and preferably with alpha-lipoic acid and selenium as well in order to maximize its beneficial effect and prevent any pro-oxidant effect. The optimum daily intake for an individual depends on many factors, including the intake of polyunsaturated fatty acids and the degree of exposure to air pollution and toxic chemicals. Higher dosages may be indicated for women suffering from premenstrual or menopausal problems, for smokers, for people engaging in heavy, outdoor exercise, and for people having a family history of cancer. A large intake of fish or fish oils has been shown to increase the requirement for vitamin E quite significantly. Inorganic iron (ferrous sulphate) destroys vitamin-E and oral contraceptives deactivate it to some degree. So vitamin E should be taken with the main meal to optimize absorption and at least 6 hours before or after taking an iron supplement or a birth control pill. Vitamin E remains in the body for a long time, so it can be taken once a day or once every second day as convenient.

## Review finds high intakes of vitamins E and C are safe

WASHINGTON, DC. Many studies suggest that the antioxidants vitamins E and C can help promote overall good health. Dietary supplementation with these vitamins is widespread in the Western world, with many individuals taking more than the recommended dietary allowances. Much of the scientific literature on these vitamins has recently been reviewed by the Council for Responsible Nutrition, a group of researchers from England, Germany, Switzerland and the United States. The scientists analysed 95 references, including clinical trials and epidemiological studies in humans.

They found that the supplements are safe for adults at intakes up to 1600 IU daily for vitamin E (equivalent to 1073 mg of natural vitamin E) and up to 2000 mg daily for vitamin C. No consistent evidence of adverse effects was found at these intakes among healthy participants or those with a range of diseases. The review found that trials have consistently shown no adverse effects of high vitamin E intakes including no evidence of bleeding effects. The recent, controversial meta-analysis on vitamin E from Johns Hopkins University was reviewed, and mortality was found to be increased

only in diabetics and heart disease patients consuming over 2000 IU a day. Similarly, a number of vitamin C supplementation studies have not found any grounds for concern over safety apart from occasional gastrointestinal upset. The safe upper intake levels set by the Food and Nutrition Board of the US Institute of Medicine stand at 1000 mg for vitamin E (any form) and 2000 mg for vitamin C. These figures are supported by the consensus of published studies, concludes the review. The authors believe that the review constitutes reassuring evidence for consumers and doctors that vitamins E and C, taken at the most commonly available doses, do not cause adverse side effects or create other safety issues.

*Hathcock, J N et al. Vitamins E and C are safe across a broad range of intakes. American Journal of Clinical Nutrition, Vol. 81, April 2005, pp. 736-745*

## Aspirin and cardiovascular protection in women

BOSTON, MASSACHUSETTS. Evidence shows that long-term low-dose aspirin is effective at reducing the risk of heart attack in men. It appears to have little effect on stroke risk. The effects in women are less well established. With over 50 million Americans taking a daily dose to prevent illness, and the risk of serious intestinal bleeding that aspirin brings, it is important to quantify the benefits as accurately as possible.

Researchers from Harvard Medical School investigated the effects of aspirin in 39,876 women taking part in the ongoing Women's Health Study. The participants, all 45 years of age or above, were randomly assigned to take either 100 mg of aspirin or a placebo every other day. They were followed for 10 years, with the researchers recording first major cardiovascular disease (CVD), incorporating nonfatal heart attacks, nonfatal strokes, or deaths from cardiovascular causes. A total of 477 major cardiovascular events occurred in the aspirin group as compared to 522 events in the placebo group. This corresponds to a non-significant 9 per cent reduction in the overall risk of a major cardiovascular event. The reduction in risk of stroke was however significant, at 17 per cent, mainly due

to a 24 per cent reduction in ischemic stroke (in which part of the brain does not get sufficient blood for a period of time). Detailed analysis showed that major CVD was reduced with aspirin use among women over 65, but not among those aged 65 or younger. The aspirin group experienced a 40 per cent higher risk of gastrointestinal bleeding requiring transfusion.

The researchers strengthened their observations with further analysis using an additional 55,580 participants from five other randomized trials. They conclude that aspirin lowers the risk of stroke but does not affect the risk of CVD. The findings to date, therefore, show opposite effects in men and women for long-term aspirin use to prevent cardiovascular events. The reasons for this difference are unclear, and require further exploration. Nevertheless, aspirin has well-established benefits for both men and women with known cardiovascular disease.

*Ridker, P M et al. A randomized trial of low-dose aspirin in the primary prevention of cardiovascular disease in women. **The New England Journal of Medicine**, Vol. 352, March 2005, pp. 1293-1304*

## Parents should not rely solely on sunscreen

TUBINGEN, GERMANY. Moles on the skin (melanocytic nevi) can, in a small number of cases, eventually develop into melanoma, the most dangerous form of skin cancer. The importance of moles lies in the identification of those with potential for malignant change, for example, enlargement, altered pigmentation, asymmetry, irregularity of the surface or edge, inflammation, bleeding, ulceration, itching or nodules. Evidence suggests that individuals with a large number of moles have an above average risk of melanoma.

Researchers from the University of Tübingen gathered data from 1,812 German children aged 2 to 7 years. They measured the number of moles each child had, and interviewed the parents about the child's sun exposure and use of sunscreen. Three-quarters of the parents said they almost always put sunscreen on their children when playing in the sun. A similar percentage said their children usually wore t-shirts over their bathing suits when at the beach or outdoor pool, and about 17 per cent

said their children wore shorts in the sun. Those who often wore t-shirts and shorts at the beach or outdoor pool had significantly fewer moles than children who typically wore only bathing suits. However, no clear relationship was found between sunscreen use and the number of moles on the children.

The researchers conclude that randomized trials are needed to clarify the relationship between moles, sunscreen and protective clothing. They add that parents should be advised to protect their children primarily through sun avoidance and protective clothing. Although sunscreens should continue to be applied to exposed areas like the hands and face, parents should also be advised not to rely solely on sunscreens for protection.

*Bauer, J et al. Effect of sunscreen and clothing on the number of melanocytic nevi in 1,812 German children attending day care. **American Journal of Epidemiology**, Vol. 161, April 2005, pp. 620-627*

## Runners need to monitor fluid intake

BOSTON, MASSACHUSETTS. Hyponatremia is an abnormally low concentration of sodium in body fluids. It is a major cause of death, life-threatening seizures or coma among long-distance runners. Previous studies have implicated excessive fluid intake, but have been small or restricted to runners presenting for medical attention.

Harvard Medical School researchers have undertaken the largest study to date of hyponatremia in marathon runners to identify its incidence and principal risk factors. They approached runners in the 2002 Boston marathon before the race and recruited 766 elite and non-elite runners. Demographic information and level of training for the race were determined, and they were weighed at the start and finish. Blood samples were taken after the race, along with data on fluid intake. Analysis showed that thirteen per cent of the runners had hyponatremia (a serum sodium concentration of 135 mmol or less per liter) at the finish line. Of these, 0.6 per cent had critical hyponatremia (120 mmol or less per liter). Excessive fluid intake was found to be the most important factor contributing to hyponatremia. Runners who lost weight during the race were at much lower risk. A race time of over 4 hours was also significant - it led to over seven times the risk of hyponatremia compared with a time under 3.5

hours. A low body mass index (less than 20) also increased the risk. Contrary to earlier studies, women did not develop hyponatremia significantly more than men. Also, the type of drink consumed (water or sports drink) was not a factor.

The researchers conclude that hyponatremia occurs in a substantial portion of non-elite marathon runners (racing time over 4 hours), and estimate that it affected approximately 1,900 runners in the Boston marathon. They suggest that the public be better informed about the risk factors that are linked to this potentially life-threatening condition.

Experts from the University of Texas Southwestern Medical Center add that marathon running is relatively safe, with less than one death in 50,000, usually due to congenital heart disease. But they believe that the global recommendation for fluid replacement during racing may not be optimal for all runners, and individual fluid-replacement schedules are to be encouraged.

*Almond, S D et al. Hyponatremia among runners in the Boston marathon. The New England Journal of Medicine, Vol. 352, April 2005, pp. 1550-1556*  
*Levine, B D and Thompson, P D. Marathon maladies. The New England Journal of Medicine, Vol. 352, April 2005, pp. 1516-1518*

## Acupuncture may relieve pelvic pain in pregnancy

GOTHENBURG, SWEDEN. Pelvic girdle pain is common among pregnant women, with one in three affected suffering severe pain. It is thought to be caused by hormones affecting the flexibility of ligaments and muscles in preparation for labour.

A research team from Gothenburg's Institute for the Health of Women and Children investigated the effectiveness of acupuncture to relieve this condition. They compared standard treatment (a home exercise routine), standard treatment plus acupuncture, and standard treatment plus stabilising exercises aimed at improving mobility and strength, each treatment given for six weeks. Participants were 386 women seen at 27 Swedish maternity care centers. They were between 12 and 31 weeks of gestation and experiencing pelvic girdle pain. The women given acupuncture had significantly less pain than the other two groups. This applied to both self-reported pain using a recognized scale and pain assessed by an

independent examiner in the morning and in the evening. The stabilising exercise group had more pain than the acupuncture group but less pain than the standard treatment group.

The researchers conclude that treatment with acupuncture and stabilising exercises offers clear advantages and can be seen as a useful addition to standard treatment for pelvic girdle pain during pregnancy. This finding is supported by previous evidence of a beneficial effect of stabilising exercises adapted for pregnancy as well as evidence that acupuncture can have a pain-relieving effect for patients with low back pain. Although acupuncture may well prove helpful in this condition, there was no 'sham acupuncture' group, so the placebo effect may be a factor. Further trials are necessary to rule out the placebo effect, and to establish the ideal method of acupuncture if it is shown to be beneficial.

Elden, H et al. *Effects of acupuncture and stabilising exercises as adjunct to standard treatment in pregnant women with pelvic girdle pain: randomised single blind*

*controlled trial. British Medical Journal, Vol. 330, April 2005, pp. 761-764*

## NEWSBRIEFS

**Are prostate cancers overtreated?** The explosive increase in the use of the PSA (prostate specific antigen) testing and subsequent biopsies has markedly changed the nature of the cancers detected. In the period 1989 to 1992 it is estimated that about 30% of all diagnosed prostate cancer were low risk and localized. In the period 1999 to 2001 the rate of detection of low risk cancers had risen to 45%. This trend is still accelerating today as biopsy is becoming more common and some urologists are pushing to lower the threshold for biopsy from a PSA value of 4.0 ng/mL to 2.5 ng/mL. Peter Carroll, Associate Editor of *The Journal of Urology*, warns in a recent editorial, that over-detection of prostate cancer is becoming a serious problem. Over-detection is defined as detecting a cancer that would not become clinically apparent during the lifetime of the patient if left untreated. A recent European study found that the current over-detection rate is about 48%. In North America, at least, detection and treatment are, unfortunately, intimately linked, so over-detection leads to over-treatment as well – perhaps in close to 50% of all cases. Dr. Carroll suggests that aggressive treatment is embarked on much too frequently and that watchful waiting (active surveillance) ought to be given substantially greater emphasis, especially among older men with localized low-grade tumours. *Journal of Urology, Vol. 173, April 2005, pp. 1061-62*

**Use of herbs growing in the US.** Pharmacologists at the Cleveland Clinic report the use of herbal products among senior citizens (age 65 years or older) is growing. In 2002 12.9% in this age group had used one or more herbal supplements during the past 12 months. The most popular products were glucosamine (not a herb),

Echinacea, garlic, ginkgo biloba, fish oils, and ginseng. A higher use of herbs was associated with female gender, higher income, a higher level of education, and living on the west coast. About half of the 5860 respondents (49%) had not informed their physician that they were using herbal supplements.

*Annals of Pharmacotherapy, Vol. 39, April 2005, pp. 643-48*

**Roundup kills more than weeds.** The population of frogs has declined catastrophically over the last few years. Ecologists at the University of Pittsburgh now believe they know why. They sprayed outdoor tanks containing 25 different species of amphibians with Monsanto's weed killer *Roundup* (glyphosate) and found that it killed 86% of the tadpoles and reduced overall amphibian biodiversity by 70%. The researchers speculate that the surfactants used in *Roundup* rather than the glyphosate itself may be the culprit. Not surprisingly, Monsanto characterizes the test as unrealistic.

*New Scientist, April 9, 2005, p. 5*

**Marijuana drug approved in Canada.** In what is probably a world's first, Health Canada has approved a cannabis-based drug for pain relief in adults with multiple sclerosis. The new drug, Sativex, is manufactured by GW Pharmaceuticals in the UK.

*New Scientist, April 23, 2005, p. 7*

# RESEARCH REPORT

## The Prostate: Small Gland – Big Problems

*by Hans R. Larsen, MSc ChE*

The prostate is a gland located right beneath the bladder. It surrounds the urethra (the tube that conducts urine from the bladder to the penis). The prostate is both a gland and a muscle. As a gland it produces a milky, alkaline fluid that is mixed with sperm (produced in the testicles) to produce the fluid (semen) ejaculated during sexual intercourse and masturbation. The prostate gland also contains an enzyme, 5-alpha-reductase, which converts testosterone to dihydrotestosterone. As a muscle the prostate works to propel seminal fluid through the urethra and out of the penis during ejaculation. The muscle part of the prostate also acts as a "gate" for the flow of urine. There are two shut-off valves that control urination, one at the junction of the bladder and the upper part of the prostate, the other in the prostate itself. Both are needed to prevent incontinence and dribbling. The upper shut-off valve also prevents seminal fluid from "shooting backwards" into the bladder during ejaculation (retrograde ejaculation).

The prostate, prior to puberty, is quite small, about the size of a marble; it undergoes a rapid growth spurt during puberty and reaches the size of a walnut in adolescence. In middle age the prostate usually starts enlarging again and can reach the size of a golf ball. The average weight of a normal prostate is about 50 grams; however, prostates weighing as much as 100 grams are not uncommon.

The prostate is surrounded by a dense fibrous capsule and can be divided into 3 zones – the peripheral zone, the central zone, and the transition zone.

Benign prostate hyperplasia (enlarged prostate or BPH) is the result of an increased number of normal cells in the transition zone. This increased volume of cells puts pressure inward on the urethra and results in various problems with urination. Prostate cancer, on the other hand, involves the growth of abnormal (malignant) cells in the peripheral zone, most often close to the outer surface of the prostate. Prostate tumours thus do not, at least in the initial stages, put pressure on the urethra and thus produce no urinary symptoms. Because the

tumours are on the outer part of the gland they can, however, be felt during a digital rectal examination.

The prostate contains three different types of cells:

- Stromal cells, which forms the overall structure of the gland.
- Glandular cells, which produce a milky, alkaline fluid, which when mixed with sperm becomes semen.
- Smooth muscle cells, which contract during sexual intercourse and squeeze the fluid, produced by the glandular cells, into the urethra. Here it mixes with semen and is then ejaculated through the penis.

As any man above the age of 50 years well knows, the prostate can cause discomfort and problems. The four most common problems are:

- Prostate congestion
- Prostate inflammation (prostatitis)
- Prostate enlargement (benign prostatic hyperplasia)
- Prostate cancer

### Prostate Congestion

Prostate congestion involves a feeling of fullness or pressure in the area of the prostate. It results from the build-up of semen that has not been released through ejaculation. The prostate has a built-in feedback system, which adjusts semen production to the level of sexual activity. If this level is decreased due to abstinence for extended periods of time, then the prostate can become congested with accumulated semen. Other common causes of prostate congestion are:

- **Coitus interruptus.** This is a mostly obsolete form of birth control in which the male partner pulls away before ejaculation.
- **Extended foreplay.** This sends a signal to the prostate to produce more semen that may or may not be ejected.



- **Impotence (erectile dysfunction).** Sexual stimulation will increase semen production. If it is not followed by ejaculation then semen can accumulate and result in painful congestion.
- **Prolonged intercourse.** This can lead to prostate congestion and having several incidents of intercourse within a relatively short time period can irritate the prostate.

The solution to prostate congestion, which can be very uncomfortable and painful, is simple:

- Avoid sexual practices that lead to accumulation of semen or prevent ejaculation.
- Have sexual intercourse (or masturbate) regularly to prevent congestion.
- If normal ejaculation is not possible, arrange for your doctor to give you a prostate massage.

## Prostatitis

Prostatitis involves an inflammation of the prostate. It can be acute (a one time occurrence) or chronic (recurring). An acute prostatitis attack leads to another attack in 30% of cases. Two attacks are associated with a 60% chance of another, and 3 attacks almost certainly will lead to a chronic condition. The underlying cause of prostatitis is unknown in 90% of cases with the remaining 10% being related to a bacterial or viral infection. The symptoms of prostatitis overlap those of benign prostate hyperplasia and include:

- Painful urination
- Urgent need to urinate
- Fever
- Pain (hot) in the groin
- Lower back pain
- Pain between the scrotum and rectum
- Pus or blood in the urine
- Nausea

Bacterial prostatitis is believed to involve strains of the gram-negative, aerobic bacteria *E coli* and *Pseudomonas*. The bacteria can be transmitted through sexual intercourse, from contaminated drinking water, from swimming in a dirty pool or a contaminated lake, or from an infection elsewhere in the body. It is often associated with a bladder infection (cystitis). A study involving almost 32,000 US health professionals found that 16% had experienced prostatitis. Fifty-seven per cent of the

men with prostatitis had also experienced benign prostatic hyperplasia (BPH). It was also clear from the study that the incidence of prostatitis increases rapidly with age. The health professionals' study found the following factors to be significantly associated with an increased risk of prostatitis[1]:

- Age
- Not working full or part time
- A history of BHP
- A history of sexually transmitted disease
- A history of lower urinary tract symptoms
- A vasectomy
- A family history of prostate cancer
- Obesity
- Moderate alcohol consumption (1-2 drinks a day)
- Severe stress at work or at home.

Although other researchers have noted a correlation between bicycle riding and prostatitis risk, no such correlation was found in this study.

Prostatitis is usually treated with antibiotics (fluoroquinolones) even though less than 10% of all cases would respond to this treatment considering that 90% of all cases of prostatitis are non-bacterial in origin[1]. Fluoroquinolones are powerful and definitely not benign. Professor Jay S. Cohen of the University of California has identified 45 cases where patients developed serious adverse effects after taking Cipro (ciprofloxacin) or other fluoroquinolones. The primary reactions involved the peripheral nervous system and were manifested as numbness, twitching, spasms, tingling or burning pain. About 78% of the cases also had central nervous system involvement with symptoms such as dizziness, agitation, hallucination, and impaired cognitive function. Over 90% of the adverse reactions showed up within 2 weeks with 33% occurring within 24 hours of beginning treatment. Symptoms were often long-term in nature with 58% of patients having them for a year or more. In 40% of the cases the prescribing physician did not recognize the symptoms as a reaction to fluoroquinolones or dismissed their significance. Dr. Cohen concludes that fluoroquinolones such as Cipro are far from benign and should be used with great care. He also points out that less dangerous antibiotics such as penicillin and doxycycline are often all that is required to cure an infection[2]. Antibiotics and especially fluoroquinolones can also cause nasty candida infections, both in the colon and on the head of the penis. They should not be taken without

- (a) first having a urine test or, even better, a test of prostate secretion to ensure that the infection is bacterial in origin;
- (b) a commensurate intake of probiotics, especially *L. acidophilus*.

Fortunately, there are several highly effective alternative approaches to dealing with bacterial prostatitis: –

- Medicinal herbs such as echinacea, golden seal, garlic, turmeric, boswellia, and pancreatic enzymes are effective in combating infection and inflammation.
- Cranberry juice or capsules containing concentrated active ingredients from cranberry juice (CranActin or Cran-UTI) are highly effective in washing away bacteria clinging to the walls of the bladder and urethra.
- Drinking lots of water during the acute phase is very important. One 8-oz glass per hour will help flush out the bacteria.
- Ensuring an adequate intake of antioxidants (vitamin A, vitamin C, vitamin E, beta-carotene, alpha-lipoic acid, selenium, pycnogenol, resveratrol or grape seed extract) is essential to prevent the oxidative stress accompanying inflammation.
- Hydrotherapy can also be very helpful to increase circulation in the prostate region. Sitting in a tub filled with hot or cold water for as long as it is tolerable (a minute or less for cold water) can work wonders. Hot soaks, however, should not be used during the acute infection phase.

Although these measures, with the exception of hydrotherapy, would not be expected to do much for non-bacterial prostatitis they can't do any harm and

may help if you are not certain whether the inflammation is bacterial in nature or not.

Prostate massage (done by a physician) can sometimes be helpful in the case of chronic prostatitis of non-bacterial origin. Hydrotherapy may also be helpful, as may electrical stimulation. Researchers at the Zurich University Hospital in Switzerland recently developed and tested a novel electrical device that stimulates the prostate via electrodes placed in the prostatic urethra and the anal channel. Chronic pelvic pain decreased significantly in 10 out of 12 patients (83%) who used the device twice a week for 30 minutes over a 5-week period. The device can be used by patients in their homes[3].

Personally, I have found one or two daily cups of tea made from the small-flowered willow herb to be the supreme remedy for both prostatitis and BPH.

Although both prostate congestion and prostatitis can be annoying and painful, they are relatively minor problems compared to benign prostatic hyperplasia (BPH) and prostate cancer. These two conditions will be covered in great detail in upcoming issues.

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