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Prostate Gland: The Scapegoat of Urology

by EMILIA RIPOLL on JUNE 30, 2011

It is amazing to me how an organ the size of a walnut has been accused and implicated in most men's urinary symptoms? Is it true that the prostate gland is responsible for urination problems like increased urgency, increased frequency, decreased flow of stream, and the dreaded post-void dribbling—or is it being used as a scapegoat?

My experience tells me that there are other culprits in this increasingly common tragedy of men having trouble with something as basic as peeing. The trick is to know how to differentiate between prostate problems and other issues?

Very often when men complain of "voiding symptoms," the problem is Benign Prostatic Hyperplasia (BPH). BPH is a benign (non-cancerous) enlargement of the prostate. This enlargement is a natural part of a man's aging process; as the prostate grows, it begins to close off the urethra (the tube that carries urine from the bladder and out the penis) and causes the symptoms I mentioned above: increased urgency and frequency, decreased flow, and dribbling. However, Pelvic Floor Dysfunction (PFD) can cause a tight urinary sphincter or urethral strictures, which will produce the same symptoms.

Pelvic Floor Dysfunction

I think Pelvic Floor Dysfunction is that "other culprit"; especially when it comes to urinary symptoms in men 55 and younger. PFD is characterized by multiple muscular imbalances in the complex of muscles that form the pelvic floor. PFD can be the result of sacroiliac joint dysfunction, lumbosacral problems, piriformis syndrome, other core and hip muscles dysfunctions, as well as the body's attempt to adapt to them.

I'm not the only one with crazy ideas

In the sixth edition of *A Headache in the Pelvis: A New Understanding and Treatment for Chronic Pelvic Pain Syndromes*, Drs. Rodney Anderson and David Wise state, "In 95% of prostatitis cases, the prostate is not the problem. In the case of men with prostatitis and chronic pelvic pain syndromes, 95% of patients who are diagnosed with prostatitis do not have an infection or inflammation that can account for their symptoms. In a word, in the overwhelming number of cases of men diagnosed with prostatitis, the prostate is not the issue."

What to do?

A thorough physical exam looking at biomechanics and other musculoskeletal issues coupled with a digital rectal exam can be diagnostic and save men years of unnecessary medication and surgery. Equally important is finding a health care practitioner who is skilled in "the lost art of" listening to the patient's medical history. Frequently, my patients describe a specific incident, such as hitting the snow hard while skiing or snowboarding, a rollerblading crash, years of bicycle riding on a painful saddle, a childhood history of holding their urine and being proficient at the "pee-pee dance." All of these scenarios are known contributors to PFD. In other words, they cause urinary sphincter spasticity and symptoms that mimic prostate enlargement.

Early treatment is key

Now you may ask, why is she talking about chronic pain, inflammation, and prostatitis? The only symptoms I have are a little increased urgency and frequency, decreased flow, and an occasional dribble. If you take nothing else away from this article, remember that these early symptoms can point to structural issues such as pelvic floor dysfunction and its causes. If you want to avoid the more severe symptoms like chronic pain and prostatitis, I strongly encourage you to do something about it now.

Prevention, prevention, prevention.

Where do you go from here?

- visit sites like www.pelvicpainhelp.com
- Make an appointment with a urologist who is familiar with the recent work done at Stanford University.
- Read these excellent books: *A Headache in the Pelvis: A New Understanding and Treatment for Chronic Pelvic Pain Syndromes* by Drs. Rodney Anderson and David Wise.....