

THE PROSTATE

SMALL GLAND **BIG** PROBLEM

By John Crow

Chapter 3

I ended Chapter 2 discussing the symptoms of Prostatitis, the least potentially dangerous of the three most common problems of the Prostate gland. Namely: -

Infection (Prostatitis)

Benign Prostate Enlargement (Benign Prostatic Hyperplasia) or (BPH) Cancer

In this chapter, I intend taking a look at the troublesome condition known as **BPH** (Benign Prostatic Hyperplasia) whilst chapter four will cover the subject of Prostate Cancer in some depth, followed by a further three chapters taking a look at what can be done to look after the Prostate both in terms of preventative and ongoing care,

I will be discussing the more controversial issues, including alternative therapy and my own opinions and treatments based upon experience. I will of course offer a list of Web sites in order for you to further your studies if you wish to, assuming I haven't scared you all to death by then!

BPH

Whilst this condition is not in most cases life threatening, it can be most troublesome and debilitating for a man. There is in fact evidence to show that left untreated, BPH can lead on to become cancerous. Another good reason not to ignore the symptoms as indicated in the last chapter. Just to recap: -

SYMPTOMS

Weak and/or intermittent flow of urine (**Intermittency**)

Difficulty in starting urinating (**hesitancy**)

Frequent urination (**frequency**)

Difficulty in postponing urination (**urgency**)

Having to get up at night more than twice (**nocturia**)

Blood in urine (**haematuria**)

Pain or burning when passing urine

A feeling that the bladder is not completely empty

Blood in Semen

Development of pain in, lower back, pelvis and hips.

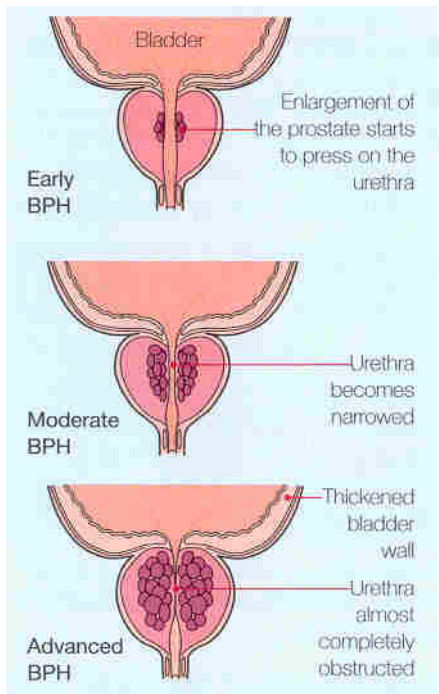
Drastic weight loss

So, what is this horrible thing called **BPH**?

BPH is a non-cancerous enlargement of the prostate gland, which will more than likely affect most men sometime during their lives with early stage onset as young as 45 years.

BPH can only develop if the man has functioning testicles, as the Prostate cells require testosterone (male Hormone) which the Prostate converts into **DHT** (dihydrotestosterone) It is this **DHT** which controls the growth of the Prostate.

It is not clear why the Prostate cells become “out of control” or indeed why some men develop it and others don’t. One thing is for sure (*my opinion*) it is Hormone related and of course is all part of the reproductive system.



The diagram clearly shows the three main stages of BPH and the effect it has upon the Urethra through which urine normally passes from the Bladder to the outside world.

Eventually if left untreated the Urethra may become totally blocked and stop the flow of urine completely. Not only does this become excruciatingly painful but also without immediate catheterisation (tube passed through penis into the bladder) serious complications can develop possibly leading to kidney malfunction or even total renal failure.

If men take heed to the early warning signs and report to their GP, this advanced stage should never be experienced. So, if you have trouble “peeing”, do something about it **NOW!!!**

To conclude this chapter let us take a look at both what can be done to alleviate the symptoms or remove the problem completely.

Certainly the most radical procedure would be a Prostatectomy (Total removal of the Prostate Gland) but with other less invasive alternatives available, it is unlikely that a Urologist would contemplate such major surgery. *More about Prostatectomy in the next chapter when I move on to the subject of Prostate Cancer.*

In the early stages two groups of drugs may be considered: alpha-blockers and 5 alpha-reductase inhibitors.

Alpha-blockers relax the muscles in the Prostate and relieve the pressure on the urethra, however they do not actually stop the growth of the Prostate cells, which cause the **BPH**. (*More about the function of these drugs will be discussed in chapter four when I move on to the subject of Prostate Cancer*)

5 alpha-reductase inhibitors block the formation of **DHT** mentioned previously, and so work directly on the cause of the symptoms of prostatic enlargement. At this point the enlargement slows down or stops and may indeed actually shrink.

Both of these treatments are not without possible side effects and should be fully discussed with your doctor. Blood pressure and libido may be affected.

Surgery

It is possible to perform a TURP (transurethral resection of the Prostate) where an instrument is passed up through the penis and into the urethra where the offending abnormal cell growth is literally scraped away thus relieving the pressure on the Urethra. Before your eyes start to water at the thought of this procedure, I should point out that it is performed under a general anaesthetic. Less widely used methods of performing this procedure involve the use of lasers and Cryogenics (freezing).

Well folks, that just about wraps up this chapter so it only remains for me to wish you Happy "Peeing" and don't whatever you do miss chapter four (the subject of Cancer)

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