

Re: 5 approaches -- the Carlos view

Source: <http://sci.tech-archive.net/Archive/sci.med.prostate.prostatitis/2004-10/0030.html>

From: jrh (no_at_spam.com)

Date: 10/12/04

Date: Tue, 12 Oct 2004 21:40:32 GMT

In article <20040915162254.04552.00002380@mb-m27.aol.com>, northernspy1@aol.com says...

>

>For those who "can't sit" there seem to be a bunch of approaches. This is my attempt to summarize them.

>

>I'm sure there are mistakes, incomplete statements, misleading parts, and subliminal cupcake recipes in here -- I'm just a dude what hurts, and claim no

>medical knowledge. But perhaps this will help someone organize their investigation, as it guides mine.

>

>In brief... there are several approaches, and each has a mainstream side, and an extremist side, and a lot of debate about which is which. Another thing...

>is some of this relates to prostatitis, and some of it undoubtedly does not (the assumption being that pain upon sitting may have several causes).

>

>I have little ego wrapped up in this -- anyone who wants to point out the especially stupid parts is encouraged to do so.

>

> - Carlos

>

>==== 09.15.04 summary == sitting and prostate pain == Carlos speaks! ==

>[1] INFECTION APPROACH

>

>The infection approach says bacteria or other infectious agents explain everything, even if you can't prove the existence of any particular bug.

Many

>people seem to better or cured by antibiotics. The downside is you can't take

>antibiotics forever, and some have nasty side effects.

>

>Not all antibiotics are the same. There are things Zithromax and Doxycycline kill that Cipro and Levaquin will not. Just because you failed with a month of

>Cipro or Bactrim doesn't mean something else might not work.

>

>There is also a debate about WHY antibiotics work. One view is they only work
>because they are anti-inflammatory, not because they're killing bugs. Another
>is they are anti-inflammatory BECAUSE they are killing bugs.
>
>On the quack side, some people take antibiotics for years (in small amounts),
>or get them intravenously, or get them injected directly into the prostate.
>
>Prostate drainage is an old technique of squishing the prostate (by a gloved
>hand inside the rectum) which may be useful especially if you are on
>antibiotics (the theory is you remove fluid that may contain bacteria).
(some
>people think drainage helps because it's a kind of massage, relaxing trigger
>points). But it's difficult to find someone who knows how to do it, and some
>speculate it has dangers (pressure causing injury, or spreading infection,
>among them).
>
>One big debate is whether and how to culture to evaluate the possibility of
>infection. A minority have testable bacterial prostatitis, take antibiotics,
>and are cured. More intensive testing (5 day tests, tests of semen as well
as
>urine) reveal more bacteria, but not necessarily the bacteria that is causing
>the pain.
>
>[2] TRIGGER POINT
>
>This approach says that pain makes muscles tighten, and after
>weeks/months/years of being tight in the wrong way (as a pain defense) they
>stay that way even after the pain is gone.
>
>Treatment can include:
>
>- trigger point massage (<http://www.ic-network.com/md/ptlistings.html>)
>
>- drugs that relax the pelvic floor (that baclofen and klonopin and dilatan)
>(Dr. Guercini of Rome)
>
>- Various injections (numbing agents, or on the more radical fringe, botox)
>into muscles.
>
>In my ignorant view, this mixes cause and effect. Sure, if you have a point
of
>pain, muscles tighten to protect, and in time the infection might be gone but
>the muscles remain in appropriately strong or inappropriately conditions.
But
>my guess is as long as pain remains, the source of the pain remains. And if
>there is any science here, why do different massage therapists come to such
>different conclusions with respect to particular patients.
>
>Trigger point may mostly be pain management, not a cure -- but hey, pain
>management that works is good.

- >
- >[3] *NEUROLOGICAL*
- >
- >*Mainstream medicine recognizes that sitting on a narrow bicycle seat, or an*
- >*injury (fall from a ladder) can cause neurological damage. Treatment is:*
- >
- >*- waiting for nerves and blood vessels to regrow while avoiding the activity*
- >*(bicycling, sitting) that cause the injury*
- >
- >*- oral steroids, anti inflammatory (palliative more than treatment)*
- >
- >*Put another way, if excessive bicycling on a narrow seat caused problems*
- >*(numbness, or urinary or erectile) then don't bicycle. Maybe even sit less.*
- >*Walk. You'll get better, though it may take months.*
- >
- >*The freak side of the neurological approach claims the pain is the result of*
- >*an*
- >*"entrapped" nerve -- not just injured, but stuck between ligaments that are*
- >*grinding it making it worse. It's not proven that the pudendal nerve is EVER*
- >*entrapped and what a lot of the PNE crowd considers their "gross abnormality"*
- >*is something they somehow lived with without pain for years. Can you say*
- >*QUACK?!*
- >
- >*The tests that "prove" entrapment are crackers. Pudendal nerve blocks cure*
- >*no*
- >*one, and a serious percentage (over 25% on my extremely informal and*
- >*unscientific test) get permanently worse. And IMO they have no diagnostic*
- >*value re: "entrapment". And the "cure" for entrapment -- surgery -- has NO*
- >*statistics despite years of operations.*
- >
- >[4] *ANATOMICAL*
- >
- >*There are many structural reasons that can explain your symptoms (whatever*
- >*they*
- >*are). They can include:*
- >
- >*- a spinal injury or cyst*
- >
- >*- testicular or prostate cyst or tumor*
- >
- >*- a urinary stricture which causes "urinary reflux" (chemical inflammation)*
- >
- >*Now try and find a doctor who will methodically test you for all the*
- >*possibilities!*

The unmentioned possibility:

An undiagnosable / mis diagnosed, anorectal disorder leads to the infection of the prostate, and causes an autoimmune response, circulation problems, prostate problems, joint problems, etc.

>[5] *EVERYTHING ELSE*

>

>*I've seen chiropractors who claim to have made progress treating this stuff.*

>

>*Oh, and herbal -- that's a big one. Many men (at least with enlarged prostates*

>*that appear not to have cancer or bacterial infection) are helped by Quercetin,*

>*or Saw Palmetto, etc., etc.*

>

>*For pain that is sitting-specific (in other words, no accompanying urinary,*

>*prostate or epididymal symptoms) there may be other nonbacterial infections*

>*(Google "Bursitis")*

>

>*MANY medical theories*

> *- an autoimmune disease*

> *(the inflammation is a body reaction, not an external agent)*

an allergic reaction to self

> *- an allergy (same as autoimmune reaction?)*

an allergic reaction to a foreign substance

questions:

is sperm a foreign substance?

can allergic reactions escalate into an autoimmune reaction?

once an autoimmune reaction is established, can it be cured?

> *When substantive treatment fails, try pain management.*

> *Oh, and something about hormones. This guy is a great resource for all of*

> *this:*

> *GENERALLY* <http://www.geocities.com/bill3320/>

> *HORMONE THEORY* <http://www.geocities.com/bill3320/hormones.html>

Interesting,