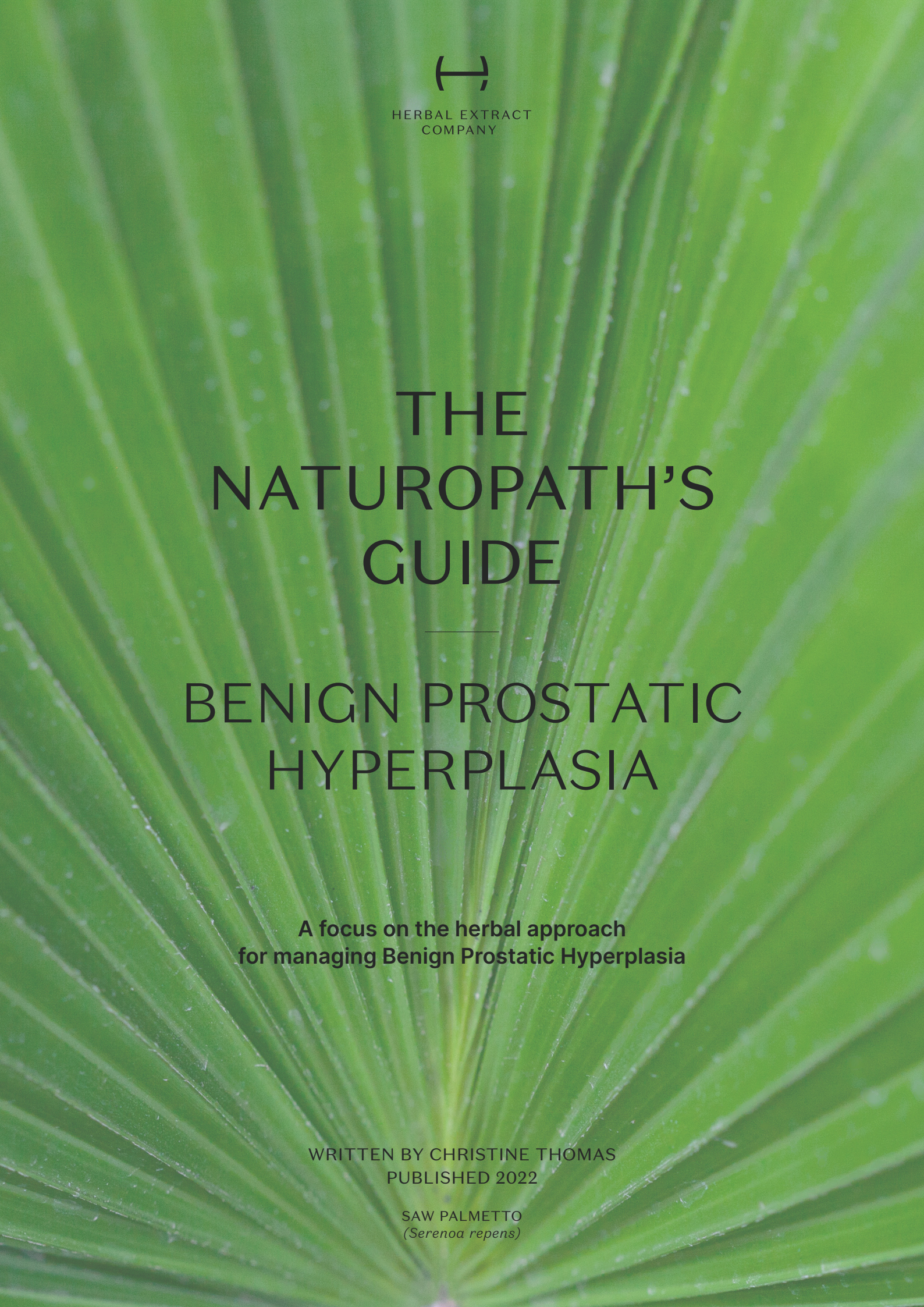

HERBAL EXTRACT COMPANY

THE NATUROPATH'S GUIDE

BENIGN PROSTATIC HYPERPLASIA

A focus on the herbal approach for managing Benign Prostatic Hyperplasia

WRITTEN BY CHRISTINE THOMAS
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SAW PALMETTO
(Serenoa repens)

BENIGN PROSTATIC HYPERPLASIA (BPH)

BPH, also known as benign prostatic hypertrophy, is a benign (non-cancerous) enlargement of the prostate that occurs naturally in men as they age. “Hyperplasia” means an increased number of cells.[1]

BPH is so common that it has been said all men will have an enlarged prostate if they live long enough. It is observed in approximately 50% of men by the age of 50, and 90% of men over 70, however the cause is unknown. The enlarged prostate presses on, and can block, the urethra causing uncomfortable lower urinary tract symptoms (LUTS: earlier known as prostatism) including urinary frequency, urgency and interrupted sleep which can significantly affect quality of life.[2 3 4]

Condition Overview

As men age it is common for their prostate to get bigger and, as a result, most men will experience some kind of prostate trouble during their lifetime. In a post-pubescent male the prostate is about the size of a walnut and stays that way until the age 40. For still unknown reasons the prostate experiences a second growth spurt and can grow to the size of an apricot or even a lemon. Natural prostate enlargement is not life-threatening but it should not be dismissed because, for many men, it will have a major effect on their quality of life (and the life of their partners) because the symptoms are so unpleasant: a frequent need to urinate coupled with difficulty doing so. Left untreated BPH has a significant risk of clinical progression. It can span from a little bit of discomfort and embarrassment to devastating effects. Despite it being an uncomfortable subject for some men to talk about the good news is there are many things that can be done.[5 6]

The prostate is a small gland that lives just below the bladder in men. It sits around the urethra, which is the tube that carries urine from the bladder through the penis. The prostate also produces some of the fluids contained in semen, the liquid that transports sperm. This liquid contains special enzymes and hormones that help the sperm cells function properly, which means the prostate plays a key part in fertility. The muscles in the prostate also help push semen through the urethra during ejaculation. The prostate’s location means that any problems with it can affect urination and sexual function.[7]

If the enlargement is chronic, or severe, then blockage of the urethra can occur and the bladder fails to empty properly. This increases the risk for urinary tract infections, bladder stones and possibly kidney damage. The poor bladder capacity can cause frequent urination, especially at night. Importantly, having an enlarged prostate does not increase the risk of prostate cancer. However symptoms of bladder cancer, overactive bladder and urinary retention may be similar to those associated with an enlarged prostate so it is important to have a doctor make a referral to a urologist for young

patients, abnormal rectal exams, prostate-specific antigen (PSA) or urinalysis, a history of extensive urethral narrowing or instrumentation (such as catheters), or if there is a poor response to medical therapy.[8]

BPH arises as a result of the loss of homeostasis between cellular proliferation and cell death, resulting in an imbalance favouring cellular proliferation. The cause of BPH is not fully understood and it is still largely unknown why some men develop a 40g prostate and others a 200g prostate. There are, however, various theories but there is no consensus as to which is the primary one. Hormonal factors, including environmental exposure to hormone disruptors, chronic inflammation caused by infection (e.g. chronic prostatitis) or autoimmunity, vascular function disorders and insulin resistance have been posited. Regarding hormonal factors, with ageing the plasma level of testosterone decreases, as well as the testosterone/oestrogen ratio, resulting in increased oestrogen activity which may facilitate the hyperplasia of the prostate cells. Another theory focuses on the androgen, dihydrotestosterone (DHT), and the activity of the enzyme 5-alpha reductase, which converts testosterone to DHT. In older men the activity of this enzyme increases leading to a decreased testosterone/DHT ratio. DHT may promote prostate cell growth, resulting in hyperplasia.[9 10 11 12]

The rapid ageing of Western populations, coupled with the obesity and diabetes epidemics, is poised to substantially increase the prevalence of BPH and LUTS within the general population and place even greater burdens on limited health care resources. Although age and genetics factor substantially in the development of BPH and LUTS, many modifiable variables contribute as well, factors that may be manipulated to delay onset, prevent progression or decrease symptoms. Naturopaths are well prepared to assist with potential strategies through comprehensive lifestyle interventions (which could include modulation of metabolic risk factors) incorporating diet change and physical activity, and suppression of inflammatory pathways with relevant herbal medicines.[13]

Common Symptoms

The size of the prostate does not determine the severity of the symptoms. Some men with only slightly enlarged prostates can have significant symptoms, while other men with very enlarged prostates can have only minor urinary symptoms. For some men an enlarged prostate does not cause any symptoms however for others symptoms can include:

- difficulty urinating including getting started or getting a strong or steady 'flow'
- nocturia: increased frequency of urination at night
- inability to completely empty the bladder
- frequent or urgent need to urinate
- urinary dribbling
- pain or burning when urinating
- pain when ejaculating

Less common symptoms include:

- urinary tract infection
- inability to urinate
- blood in the urine

Risk Factors

Non Modifiable Risk Factors

Increasing Age: Age is a significant predictor of both development of BPH and subsequent LUTS, with half the men over the age of 50 shown to have evidence of BPH and the association with the development of LUTS shown to increase with age in a linear fashion.[14]

Family History: Genetic predisposition to BPH has been demonstrated in cohort studies. First-degree relatives in one study demonstrated a four-fold increase in the risk of BPH compared to control.[15]

Geography: It has been found that prostate volume varies across different regions of the world, being larger in Western regions as compared to South-East Asian regions. It has been suggested that this is due in some part to the predominately vegetarian diet in South-East Asian regions, which is typically low in saturated fat and high in fibre and foods

found to exhibit weak oestrogenic activity. Soy containing foods make up a large percentage of the diet in Asian cultures (when recommending soya-containing foods it is imperative that the correct foods are chosen. Less processed organic soy is the most healthful option and fermentation helps reduce some of the antinutrients).[16 17]

Modifiable Risk Factors

Being Overweight or Obese, Type 2 Diabetes, Metabolic Syndrome, Heart Disease: Obesity has been shown to be associated with increased risk of BPH in observational studies. Proposed mechanisms include increased levels of systemic inflammation and increased levels of oestrogens. The sympathetic overactivity linked to obesity, metabolic syndrome and hypertension may specifically increase the risk of manifesting LUTS. Disruptions in glucose homeostasis at multiple different levels, from alterations in serum insulin growth factor concentrations to diagnosis of clinical diabetes, are associated with higher likelihoods of prostate enlargement, BPH and LUTS.[18 19 20]

Inactivity: Increased physical activity and exercise have been robustly and consistently linked with decreased risks of BPH and LUTS.[21]

Inflammation: BPH has frequently been associated with chronic prostatitis and the role of chronic inflammation has become evident as a major factor of BPH progression. The mechanisms underpinning this relationship are unclear. One potential explanation is that metabolic syndrome, which promotes systemic inflammation and oxidative stress, mediates the connection between them.[22 23]

Erectile Dysfunction: These two conditions often occur together although they are not the cause of each other.

Urethral Structure: LUTS and hyperproliferation of prostatic tissue can be induced by recurrent urinary tract and bladder infection.

Environmental Exposure to Hormone Disruptors: Humans and animals are continuously exposed to endocrine-disrupting chemicals (EDC) such as drugs, pesticides, plastic additives, organic pollutants and natural compounds. They are present in daily products such as food cans, metals, industrial chemicals and other chemicals, perfumes (which may contain phthalates), sunscreen containing parabens and alkylphenols, drugs (containing nonylphenol), recycled paper, plastic bottles (which may contain polycarbonate and bisphenol A), plastics and food packaging. The prostate gland is under the control of hormones like androgens and oestrogens so it is particularly sensitive to these environmental pollutants. An imbalance in hormonal regulation can possibly cause the onset of BPH so multiple and simultaneous exposure to oestrogenic and anti-androgenic compounds belonging to EDCs is thought to be responsible for an increase in prostate disease incidence in the human population.[24]

How To Get The Correct Diagnosis

Before 1980 patients with BPH were evaluated only with their medical history and a physical examination, including digital rectal examination and urinalysis. Some blood investigations and radiography were used to rule out any damage to urinary tract or concurrent diagnosis. After 1980 huge innovations in the field of diagnosis and therapy occurred. Ultrasonography, computed tomography and urodynamic measures were among such innovations. Nowadays, a complete medical history would be taken including all aspects of symptomatology such as onset, timing, exacerbating and relieving factors. LUTS can be divided into storage (frequency, nocturia, urgency) and voiding symptoms (stream, straining, hesitancy, prolonged urination). A physical examination could include abdominal examination (looking for a palpable bladder/loin pain) and examination of external genitalia to observe, for example, if the opening of the tip of the penis is narrower or if there is an inability to retract the foreskin. Standard investigation of BPH may also include bedside urine dipstick, post-void residual tests, International Prostate Symptom Score (IPSS) and urine flow studies to establish if there is evidence of obstructive voiding. Further tests may be indicated, depending on the patient history, including blood tests (such as renal function tests) and urinalysis (to help detect infection or metabolic disorders). The examination should then conclude with a digital rectal examination making a note in particular of the size, shape (how many lobes), and consistency

(smooth/hard/nodular) of the prostate (BPH is characterised by a smooth enlarged prostate).[25]

Doctors use the dreaded digital rectal exam as a relatively simple test to check the prostate although it is largely becoming a thing of the past for men who do not have symptoms of prostate cancer. Because the prostate is an internal organ the doctor cannot look at it directly. However because the prostate lies in front of the rectum they can feel it by inserting a gloved, lubricated finger into the rectum. While this is an uncomfortable procedure for the patient the test takes only a few minutes to complete.[26]

PSA levels can be measured using a blood test and can give an indication of the prostate's health. PSA testing has been shown to predict prostate volume however it should be used with caution and should not be done routinely in the investigation of BPH. It remains deeply controversial as it can lead to excessive unnecessary biopsies and potential overtreatment. Levels may be raised in a large range of conditions (large prostate, infection, catheterisation, prostate cancer) and can cause undue anxiety or further unnecessary investigations for the patient. Higher levels may be a sign of cancer however by themselves they are not proof of prostate cancer. Higher levels could also point to an enlarged prostate or prostatitis. PSA levels may be low even with men who have prostate cancer. PSA testing should be conducted in specific circumstances such as where cancer is suspected (malignant feeling prostate, metastatic disease suspected) or a previous baseline established. The current recommendation is to consider the risks and benefits of screening and discuss it with the doctor.[27] [28]

Conventional Treatment & Prevention

Treatment options for BPH range from watchful waiting (especially if symptoms are mild) to medical and surgical intervention. Treatment usually depends on symptoms, effect on quality of life or whether any complicating features are identified. If a man has an enlarged prostate, but is not bothered by symptoms, he may be advised merely to get

Crateva
(Crateva magna)

an annual check-up. A conservative approach, with reassurance and behavioural modification, is considered in men with mild, non-bothersome LUTS and normal baseline investigations, as their risk of progression is low. Watchful waiting is a process of active surveillance to manage patients by giving lifestyle advice. Examples include weight loss, reducing caffeine and alcohol intake, reducing bladder irritants (acidic, spicy foods), reducing evening fluid intake and avoiding constipation to try and reduce risk factors and improve LUTS. Bladder training and pelvic floor exercises may improve bladder capacity and reduce storage symptoms. A yearly review of symptoms is suggested to monitor for progression.[29]

To help manage considerable symptoms medical therapy can be introduced. Medications can relax or shrink the prostate, whereas surgical treatments remove the obstructing prostate tissue. There are two main classes of pharmaceuticals: alpha blockers (also known as alpha-adrenoceptor antagonists such as tamsulosin) and alpha reductase inhibitors. Alpha blockers relax the smooth muscle around the bladder neck and within the urethra while inhibitors stop the conversion of the male hormone testosterone to DHT to reduce the prostate's size, eliminating blockage. Doctors may prescribe combined therapy of the two medications as they have been shown to work more effectively together than alone. The downside is that combination therapy may increase the likelihood of experiencing side effects from the medications.[30]

If the symptoms are significantly affecting daily life surgery can be performed. The most commonly performed operation for BPH is a TURP (trans-urethral resection of prostate), in which a resectoscope is passed through the urethra to the prostate, which is then shaved away from the inside. TURP should be avoided unless absolutely necessary because it is associated with a high rate of sexual dysfunction, incontinence and bleeding. Alternatives to TURP include laser prostatectomy, and open (not radical) prostatectomy, where the inner portion of a very large prostate is removed via an incision in the lower abdomen.[31 32]

"Then there's the cultural problem: men just don't like talking about the prostate. Getting men to take it seriously is half the challenge." [33]

Parsley Root
(Petroselinum crispum)

INTERVENTION	Anti-inflammatory, antioxidant	Antiprostatic	Antispasmodic	Diuretic, urinary demulcents	Tonics (bladder, general, male, and nervine), adaptogens	Urinary antiseptics, astringents
Cornsilk	✓			✓		✓
Crateva	✓			✓	✓	✓
Epilobium	✓				✓	✓
Juniper	✓			✓		✓
Maritime Pine	✓			✓		
Marshmallow	✓			✓		
Nettle Root	✓	✓		✓		
Oats Seed	✓				✓	
Parsley Root	✓		✓	✓		
Red Clover			✓	✓	✓	
Saw Palmetto	✓	✓	✓	✓	✓	✓
Tribulus				✓	✓	

Natural Therapies For Treatment & Prevention

Herbal medicine has a long history of use in males experiencing mild-to-moderate LUTS. Due to multiple side effects associated with the conventional treatment of BPH herbal medicines and alternative therapies are becoming more and more popular. A general practitioner will have confirmed the diagnosis of BPH. The initial naturopathic approach is to assess lifestyle and factors contributing to BPH, coupled with a comprehensive strategy to address cardiovascular risk and reduction of inflammation to address underlying vascular causes. Providing a strategy for symptomatic relief from LUTS is also necessary for short term management. The key treatment goals include:

- Address risk factors such as increasing physical activity and weight management
- Regulate hormones including addressing environmental sources of hormones
- Address urinary symptoms and improve compromised bladder function and tone
- Decrease inflammation and spasm
- Address infection
- Address oxidative stress[34] [35]

Diet

Diet plays a critical role in the health of the prostate. Encourage general wholefood diet principles by eating an organic, nutrient dense, anti-inflammatory diet. If overweight, losing weight is one of the most important natural changes that can be made in improving prostate health. The Mediterranean diet is a healthy way of eating that can be followed as a way of life.[36]

Include

- Fruit, such as berries, and vegetables, especially cruciferous such as broccoli, cabbage and kale.
- Cooked tomatoes (for antioxidant lycopene content which has been shown to exert beneficial effects on BPH) and carrots are beneficial.
- Garlic, onion and shallots as well as spices such as turmeric and cumin.
- Increase oily cold-water fish (high in omega-3 fatty acids) as a protein and foods high in healthy fats such as avocados, nuts and olives.
- Optimal hydration with filtered water and herbal teas.
- Encourage consumption of nutrients which play a key role in the health of the prostate gland such as dietary zinc found in pumpkin, sesame and sunflower seeds (1/4 cup per day), barley, nuts, wholegrains, leafy green vegetables and legumes.

Avoid

- The best diet for prostate health is one that is low in sugar, processed foods and saturated fats.
- Reduce animal products, including fatty meats and dairy, to reduce triglyceride levels, cancer risk, improve cardiovascular function and stabilise hormone cascades.
- Reduce (ideally avoid) alcohol and caffeine consumption.[37]

Reduce Environmental Toxins

The diet should be as free as possible from environmental toxins such as pesticides, heavy metals and other contaminants because many of these compounds (such as dioxin) increase 5-alpha reduction of steroids. Check exposure to environmental toxins such as xeno-oestrogens, BPA, plastics, and eliminate these. Cease smoking.[38]

Lifestyle

Stay Active

Several large studies have shown that increased levels of physical activity are associated with a decreased risk of BPH and LUTS. Exercise at least four times a week incorporating relaxing exercise as well, such as yoga or Pilates. Exercise also benefits cardiovascular health and can help prevent other health and sexual problems such as erectile dysfunction.[39]

Improve Sleep Hygiene

This includes cutting back on how much drink is consumed at night and before bedtime, especially drinks with alcohol or caffeine.[40]

Reduce Stress

Sympathetic nervous system activation (which is the 'fight or flight' arm of the autonomic nervous system) may cause the prostate smooth muscle to contract, resulting in a worsening of LUTS. To reduce the negative effects of stress on the body it is important to manage stress levels, release tension and take care of emotional health. Incorporate stress management techniques such as meditation, deep breathing exercises and psychotherapy. Counselling may be necessary to address any psychological issues related to sexual dysfunction.[41]

Potential Treatment Plans

BPH	Saw Palmetto	Nettle Root	Epilobium	Red Clover	Maritime Pine
BPH with urinary tract infection	Cornsilk	Crateva	Juniper	Marshmallow	Parsley Root
BPH with metabolic syndrome	Maritime Pine	Saw Palmetto	Oats Seed	Nettle Root	Epilobium
BPH with erectile dysfunction	Oats Seed	Tribulus	Saw Palmetto	Epilobium	Parsley Root

Nettle Root
(Urtica dioica)

Desired Herbal Actions and Potential Herbs Include:

Anti-inflammatory and Antioxidant

The role of chronic inflammation is understood to be a major factor in the progression of BPH. Oxidative stress is also among the possible mechanisms that may account for chronic prostatic disorders. Herbs such as astragalus, buchu, celery, cornsilk, couchgrass, crateva, damiana, dandelion leaf, echinacea, epilobium, glossy privet, golden rod, green tea, horsetail, juniper, Korean ginseng, maritime pine, marshmallow, meadowsweet, nettle leaf, nettle root, oats green, oats seed, parsley root, passion flower, reishi, rosemary, sarsaparilla, saw palmetto, scullcap, turmeric, uva ursi, wild yam, withania, yarrow.

Antiprostatic

Improve prostate function. Herbs such as nettle root and saw palmetto (there is clinical evidence for this combination).

Antispasmodic

To help alleviate excess sympathetic tone which may aid in LUTS symptom relief. Herbs such as celery, hops, parsley root, passion flower, red clover, scullcap, valerian, wild yam, yarrow.

Diuretics and Urinary Demulcent

Beneficial for improving urinary symptoms and nocturia by flushing the urinary pathways, preventing infection and alleviating discomfort and pressure. Urinary demulcents assist with the symptoms of pain and irritation and improve tissue integrity. Herbs such as astragalus, buchu, celery, cornsilk, couchgrass, damiana, dandelion leaf, gravel root, horsetail, hydrangea, juniper, Korean ginseng, maritime pine, marshmallow, meadowsweet, nettle leaf, nettle root, parsley root, red clover, sarsaparilla, saw palmetto, stone root, tribulus, uva ursi, yarrow.

Tonic (bladder, general, male and nervine) and Adaptogen

To normalise male hormone cascades, to address urinary symptoms such as incontinence and poor bladder tone, address immune deficiencies and stress, and support, restore and strengthen body systems. Herbs include astragalus, crateva, damiana, epilobium, Korean ginseng, horsetail, nettle leaf, oats green, oats seed, red clover, reishi, sarsaparilla, saw palmetto, scullcap, tribulus, withania.

Urinary Antiseptics and Astringents

To inhibit the growth of, or destroy, microorganisms in the urinary tract. These actions are required periodically for long term BPH to prevent ongoing complications such as prostate infection and repeated urinary tract infections. Herbs such as buchu, celery, cornsilk, damiana, echinacea, epilobium, horsetail, juniper, meadowsweet, nettle leaf, nettle root, saw palmetto, stone root, uva ursi, yarrow.

Red Clover
(Trifolium pratense)

Herbal Support Could Include:

HERB NAME	DESCRIPTION	ACTIONS
Cornsilk *(Zea mays)* 	Cornsilk is known for its effectiveness in the treatment of urinary infection and related diseases. It may be used for urinary infections, or when there is difficulty passing urine, such as in prostatitis. In vivo studies suggest that cornsilk may inhibit the hormone 5-alpha reductase, therefore decreasing the concentrations of DHT and PSA, so it shows potential for BPH treatment.[42]	Diuretic Anti-inflammatory Demulcent Urinary Antiseptic
Crateva *(Crateva magna)* 	Used in Ayurvedic medicine for disorders of the urinary system crateva has been shown to be effective in the treatment of underactive bladder due to BPH. It improves bladder tone, decreases bladder emptying and is useful for urinary obstruction including that linked to prostate enlargement. It has also been shown to relieve pain and incontinence associated with BPH.[43]	Anti-inflammatory Bladder Tonic Diuretic Urinary Antiseptic
Epilobium *(Epilobium parviflorum)* 	Epilobium is a traditional Western herbal medicine for BPH. While not duplicated in clinical trials the ethanolic extract of epilobium showed in vitro inhibitory effects on both the COX-1 and -2 catalysed prostaglandin biosynthesis. The reduction in inflammation that ensues is likely to be useful in BPH.[44]	Prostate Tonic Astringent Anti-inflammatory Diuretic Antioxidant
Juniper *(Juniperus communis)* 	While it is the chief botanical in gin (perhaps leading to better compliance) juniper is also an excellent antiseptic for urinary tract conditions where it works to eliminate infective antimicrobial agents. This is essential in prostatitis of infective origin.[45]	Anti-inflammatory Diuretic Urinary Antiseptic

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Maritime Pine *(Pinus pinaster)* 	A patented preparation of maritime pine has been shown to have beneficial effects in a variety of chronic diseases which are risk factors for BPH including obesity, metabolic syndrome and type 2 diabetes, alongside associated dyslipidemia and hypertension. The results of a 2018 human clinical trial, using this preparation of maritime pine, showed BPH symptoms like emptying, frequency, intermittency, urgency, weak flow, straining and nocturia were all significantly improved. The authors concluded it may be an important option for self-management of BPH in otherwise healthy men.[46]	Antioxidant Anti-inflammatory Diuretic
Marshmallow *(Althaea officinalis)* 	Marshmallow is a urinary demulcent which can have a soothing effect on irritated urinary structures, useful in conditions such as BPH.[47]	Diuretic Anti-inflammatory Demulcent
Nettle Root *(Urtica dioica)* 	Nettle root has long been used by herbalists to support prostate health and has been studied for its role in managing the symptoms of BPH. Studies in men with BPH demonstrate that nettle root helps treat short- and long-term urination problems without side effects. Clinical trials suggest a benefit of nettle root for men with milder forms of BPH. Clinical studies have established that an increase in mean and maximum urinary flow rates, and a reduction in prostate volume and residual urine levels, were observed after treatment with nettle root. It recommended to be administered for six to 12 months.[48 49 50 51]	Anti-inflammatory Antiprostatic Diuretic

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Oats Seed *(Avena sativa)* 	Oats seed is a nervine that has been used traditionally by the Eclectics in combination with saw palmetto. There is some truth to the universally understood reference to promiscuity "sowing your wild oats" because they support reproductive health by nourishing the endocrine system and restoring nerve health. As a result they have a traditional use as a tonic appropriate for ageing men.[52]	Nervine Tonic Nutritive Tonic Antioxidant Anti-inflammatory
Parsley Root *(Petroselinum crispum)* 	Used medicinally for centuries parsley root has a particular affinity for the urinary tract being useful for urinary infections.[53]	Antioxidant Anti-inflammatory Diuretic Antispasmodic
Red Clover *(Trifolium pratense)* 	Evidence suggests that administration of red clover may decrease the risk of BPH possibly by impairing androgen activity in men. Phyto-estrogens are implicated due to their effect on oestrogen receptors and inhibition of 5-alpha reductase, an enzyme involved in hormone regulation.[54]	Phytoestrogen Antispasmodic Diuretic Nutritive Tonic

Herbal Support Could Include: (Cont.)

HERB NAME	DESCRIPTION	ACTIONS
Saw Palmetto *(Serenoa repens)* 	Saw palmetto is the premier herbal treatment for BPH and has been lauded as 'the old man's friend'. A large number of clinical studies have evaluated saw palmetto's efficacy in controlling BPH related lower urinary tract symptoms. A 2020 study indicated that saw palmetto had the same effect in treating BPH compared with tamsulosin, a drug known as Flomax used for BPH. Some men with mild to moderate BPH experience some improvement in symptoms during the first four to six weeks of therapy using saw palmetto. All major symptoms of BPH are improved, especially nocturia.[55 56 57]	Antiprostatic Anti-inflammatory Male Tonic Antispasmodic Urinary Antiseptic Diuretic
Tribulus *(Tribulus terrestris)* 	In Ayurveda, tribulus has been prescribed traditionally as a diuretic, male tonic and as an aphrodisiac in BPH and LUTS.[58]	Diuretic Demulcent Aphrodisiac Tonic Hormone Modulation

Conclusion

BPH is a normal part of ageing in men however the degree of enlargement, as well as the severity of symptoms, varies greatly. The most important issue of BPH, and the symptoms it causes, is how much it bothers the man. Many men have minor symptoms which are of no concern to them, and therefore treatment is not required. For those whose quality of life is being affected there are several highly effective treatment options available. Despite this, too often men will stay silent about the symptoms they are experiencing from BPH that hamper their day-to-day lives, such as the urgent need to urinate or sleepless nights. BPH is not a one size fits all treatment approach. The right treatment for each patient may depend on many variables, including the symptoms, the urine flow rate, the size of the prostate and the patient's lifestyle. It is important to review all of those pieces together to make a recommendation for what the best strategy is for each patient.[59]

Resources

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