

## Men's Health- Benign Prostatic Hyperplasia

By William Maclean, M.Sc. Chin. Med.

Benign prostatic hyperplasia (*qián liè xiàn zēng shēng zhèng* 前列腺增生症) is non-malignant proliferation of the stromal and epithelial



cells of the prostate gland, a common problem in men over 50 leading to problems with voiding and storage of urine. The mechanism of symptom production is associated with the mechanical constriction of

the urethra as it exits the bladder.

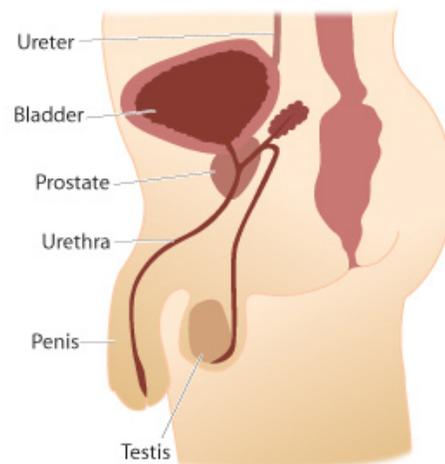
There are two main groups of symptoms, those associated with the obstructive effects of an enlarged prostate on the urinary tract, and those associated with problems of storage from reduced bladder capacity (See box below). Benign prostatic hyperplasia (BPH) is thought to be largely associated with androgens, in particular testosterone, as men age. However, the actual role of testosterone in BPH and prostate cancer is still unclear.

### PATTERNS OF BENIGN PROSTATIC HYPERPLASIA

- Liver qi constraint
- Blood stasis
- Damp heat
- Phlegm
- Spleen qi deficiency with sinking qi
- Kidney yang deficiency
- Kidney yin deficiency

Whilst not explicitly discussed in the classical Chinese medical literature, the prostate is considered part of the Kidney organ system in contemporary texts. Although the influence of the Kidneys is paramount, the prostate is

### The prostate and associated structures



also directly influenced by the Liver organ system, and indirectly by the Spleen and Lungs. While different organ systems may be implicated, the basic mechanism common to all pathology is impediment to qi and blood movement in the lower burner. Contributing factors include weak Kidney yang (most common), chronic Liver qi constraint, weak Spleen qi that collapses into the lower burner, failure of the Lungs to govern the water passages, or the inhibiting effect of a pathogen such as damp heat or Blood stasis.

### ETIOLOGY

#### External pathogens

Direct invasion by external pathogens occurs more easily in someone who has pre-existing Kidney deficiency. Damp heat gains access to the lower burner through the *tài yáng* (Bladder) channel, the leg yin channels or the local collaterals. In particular, the local collaterals, being small branches of the major channels that spread through the genitourinary system, may act as conduits for transmission during sexual intercourse. A damp heat invasion of the Liver Gallbladder systems may occasionally influence the lower burner and prostate, as damp heat sinks down through the Liver channel to accumulate at the lowest point of the lower burner.

## MAIN FEATURES OF BENIGN PROSTATIC HYPERPLASIA

### Obstructive

- hesitancy, difficulty or needing to strain to get started
- weak, slow or interrupted urinary stream
- terminal dribbling
- feeling of incomplete emptying

### Storage

- urinary urgency and frequency
- urge incontinence
- nocturia

### Emotional factors

The Liver channel passes through the lower burner. Frustration, anger, resentment, sexual tension, repressed emotion and stress all disrupt the circulation of Liver qi, thereby obstructing the movement of lower burner qi and fluids which in turn accumulate in the prostate gland, causing swelling. Congested qi fails to lead the Blood, resulting in Blood stasis, while constrained qi can invade and weaken the Spleen, causing qi deficiency and collapse of qi into the lower burner.

### Diet

This is considered quite influential in development of prostate swelling. Over consumption of rich, greasy, sweet or spicy foods and alcohol introduces damp heat into the Spleen and Liver, which then sinks and settles in the lower burner. Prolonged damp heat in the lower burner gradually accumulates in the prostate or congeals into phlegm or stones which block the urinary passages and contribute to blood stasis. Overeating or an excess of dairy and carbohydrates all generate phlegm. Too much cold natured or raw food weakens Spleen qi and yang, and leads to damp that can accumulate in the prostate. Prolonged Spleen deficiency drains the Kidneys, depleting yang and opening up a vulnerability to direct invasion. Alcohol and caffeine introduce heat into the system and contribute to damp heat or Liver heat.

### Exhaustion, overwork

Overwork, excessive worry or mental activity or prolonged illness weakens the Spleen and Kidneys. The ascent of Spleen qi creates the appropriate equilibrium for the descent of turbid waste materials, as the Spleen governs 'the raising of the clear and descent of the turbid'. When this fails, the 'clear and turbid' intermingle and can sink

to accumulate in the prostate. If Spleen qi deficiency persists, or there is overconsumption of cold raw foods, Spleen (and Kidney) yang deficiency may develop, further aggravating weakness of fluid metabolism and movement. Instead of fluids being processed and distributed appropriately, again they can accumulate in the prostate, causing a greater degree of swelling. Weak yang is also responsible for general weakness of qi movement and forceless expulsion of urine.

Weak Kidney yang or qi can be congenital or develop with age, chronic illness, undue exposure to cold conditions or excessive lifting or standing. Kidney yang or qi may also be damaged by excessive reproductive activity. In some cases, particularly in younger people, Kidney qi may be weakened while Kidney yang remains intact, in which case the cold symptoms are not seen.

Kidney yin is damaged by chronic damp heat in the lower burner and prostate, febrile diseases, overwork and long hours of activity, insufficient sleep, and the use of recreational drugs. It too may also be weakened by ageing and excessive reproductive activity.

### Prostatic and urinary calculi

Calculi in the urinary tract or prostate can obstruct the outflow of the prostate causing accretion of prostatic fluid. The most common pathology underlying formation of these calculi in Chinese medical terms are chronic damp heat and Kidney yin deficiency. Usually related to diet, the damp heat type results in damp heat sinking into the lower burner, the heat gradually congealing the damp into a hard lump – the calculus. In Kidney yin deficiency, fluids are thickened by the dual action of heat from deficiency, and the depletion of their yin portion, gradually congealing into stones.

## COMPARISON OF PROSTATIC HYPERPLASIA AND PROSTATITIS

	Prostatic hyperplasia	Chronic prostatitis
Common age range	>50 years	younger age group 25–50 years
Urination	difficulty getting started, frequent, copious, urgent	discomfort or irritation during urination
Bacterial culture	negative	sometimes positive
Pain	generally no pain	perineal, scrotal, suprapubic, lumbar; post ejaculation pain
Prostate palpation	enlarged, smooth and regular	normal or slightly shrunken; nodular and firm

### TREATMENT

Treatment of benign prostatic hyperplasia is often successful, with the deficiency patterns, in particular Kidney yang deficiency, quite responsive. Regardless of the pattern or patterns involved a minimum of several months' treatment and often more, is usually necessary for a sustained result. In some patients, treatment needs to be ongoing to maintain effective urinary function. At least one or two months of treatment should be given before even deciding whether the treatment is working or not, however many patients get some degree of

symptomatic relief within a few weeks. Acupuncture and herbs, while definitely effective, are enhanced by massage of the prostate, or if massage is impractical, reasonably frequent ejaculation.

### Prostatic massage

Prostatic massage is a helpful adjunct to treatment, providing some immediate relief by squeezing out

the contents of the prostate and reducing its size, while herbs and acupuncture gradually resolve the underlying cause and improve overall lower burner qi movement, Kidney and prostate function. A general practitioner who specializes in this area usually provides prostate massage.

### Ejaculatory frequency

Regular ejaculation can help move qi and blood in the prostate by mechanically emptying prostatic contents. The frequency suitable for any individual varies with age, health and constitution. In general the aim is to encourage at least one ejaculation every week in younger patients, or every second week in those over 60. In some patterns, particularly the Kidney deficiency types, this can be difficult initially, however as yang and yin are restored, both the ability and inclination often return.

## DIFFERENTIATING EXCESS AND DEFICIENCY TYPES.

	Excess	Deficiency
Urination*	<b>blockage:</b> difficulty getting started, broken stream	<b>leakage:</b> inability to control urine; frequent urination, nocturia, incontinence, weak urine flow, terminal dribbling
Prostate palpation	swollen, firm, spongy, rubbery, or firm and irregular	swollen and soft
Tongue	thick coat; flabby without scalloping; dark distended sublingual veins	pale, scalloped, or small, dry and red with little coat

\*Urinary symptoms are general guidelines only and should be applied flexibly. Some patients with deficiency will experience blockage as the swelling impinges on the urethra; similarly, some patients with excess patterns will experience leakage.

Please see the rest of the chapter on Benign Prostatic Hypertrophy in William Maclean's upcoming new and expanded edition of the *Clinical Handbook of Internal Medicine*, to be available in 2017. The treatment section of each chapter includes the clinical features, treatment principles, herbal and acupuncture prescriptions, and diet & lifestyle recommendations for each pattern.

*Bio: William Maclean, M.Sc Chin. Med. is an internationally renowned practitioner, teacher and author from Australia, with 25 years of clinical experience in the field of Chinese medicine. Will teaches in the Masters programs at the University of Sydney and University of Technology Sydney, and lectures to students and practitioners around the world. In addition to his long years in practice, Will is the author (with Jane Lyttleton) of the Clinical Handbook of Internal Medicine series Volumes 1, 2 and 3, the Clinical Manual of Chinese Herbal Patent Medicines, and the Clinical Handbook of Chinese Herbs: Desk Reference.*

### Also by William Maclean:

A new and expanded edition of the *Clinical Handbooks of Internal Medicine* to be available at the end of the year:

#### *Clinical Handbook of Internal Medicine, Vol. 1, Lung, Kidney, Liver, Heart*

William Maclean, Jane Lyttleton

The first of a 3-volume TCM clinical guide, covering Lung, Kidney, Liver and Heart disorders. Within each organ's section, pathologies are organized by established TCM patterns within biomedical categories. All disorders are discussed with reference to etiology pathophysiology, clinical features, treatment principle, prescription, modifications, patent medicines, applicable acupuncture points and clinical notes. Where applicable, variations and additional prescriptions are referenced. In addition, appendices contain information on; original unmodified formulas, processing methods, delivery methods, herbs contraindicated during

pregnancy, incompatible and antagonistic herbs, toxic substances, and medicinals derived from endangered species and animals.

A comprehensive and intuitive index makes it easy to search for topics by biomedical application, formula name or TCM pattern.

#### *Clinical Handbook of Internal Medicine, Vol. 2, Spleen and Stomach*

William Maclean, Jane Lyttleton

The second of a 3-volume TCM clinical guide, with in-depth analysis of more than 20 common disorders affecting the Spleen and Stomach. Each pattern is discussed from the perspective of its presentation and treatment in a Western context, with insights, practical advice and clinical tips relevant to Western patients. Keys to diagnosis and pattern identification accompany major disorders. Disorders are discussed with reference to etiology pathophysiology, clinical features, treatment principle, prescription, variations, modifications, patent medicines, applicable acupuncture points and clinical notes. The clinical notes section offers general prognoses to help elucidate the kind of results that may be reasonably expected

when correct treatment is applied, as well as a general estimate of the length of treatment required. As an added benefit the text includes a section on diet which includes information on what foods help treat common TCM patterns as well as a section on the properties and TCM actions of common foods.

***Clinical Handbook of Internal Medicine, Vol. 3, Qi, Blood, Fluid, Channels***

William Maclean, Jane Lyttleton

This is the final volume of a 3-volume TCM clinical guide. It focuses on diseases of qi, blood, and fluids, and contains chapters on abdominal masses, blood stasis, colds and flu, depression, diabetes, edema, fainting, fits and funny turns, acute fever, persistent and recurrent fever, gallbladder disorders, headache, hysteria, neck lumps, numbness, obesity, painful obstruction (bi), phlegm disorders, purpura, sweating, thin mucus syndromes, and tiredness. All disorders are discussed with reference to etiology, pathophysiology, clinical features, treatment principle, prescription, modifications, patent medicines, applicable acupuncture points and clinical notes. A comprehensive and intuitive index makes it easy to search for topics by biomedical application, formula name or TCM pattern.

***The Clinical Manual of Chinese Herbal Patent Medicines-Channels***

William Maclean, Kathryn Taylor

The extensively revised second edition (August 2003) of the Clinical Manual of Chinese Herbal Patent Medicines is an essential addition to the desk and bookshelf of all practitioners and students interested in using patent medicines. One nice feature of the text is its use of small icons in the left margin to highlight useful information. Each formula is discussed in terms of its TCM Actions,

Biomedical actions, Indications, Composition, Combinations, Dose and Method of Administration, and Cautions and Contraindications. Another feature that facilitates quick reference is the authors' use of simple line drawings to illustrate the key symptoms and signs for each formula/pattern. These are often expressive of the emotional and psychological characteristics that match the pattern indicated. The text also includes: - An intuitive 75 page index, complete with listings for both biomedical and TCM disorders. - Tables of comparisons between similar formulas designed to aid differentiation. - Potential herb drug interactions laid out in table form. - A glossary describing the TCM medical terms used in the text in clear language.

***Clinical Handbook of Chinese Herbs***

William Maclean

Proficiency in the prescription of Chinese herbs depends not only on good diagnosis but on an intimate knowledge of the raw materials. This in turn depends on being able to discriminate the fine points of difference between the similar herbs within a group, and a deep understanding of the unique characteristics of each herb. This volume of comparative charts is designed to aid the student or the busy practitioner in selecting the optimal medicinals for their patients. Each table describes the characteristics of a group of herbs, including extensive indications with relative strengths of action and function, the domain, flavor, nature, and dosage guidelines. The tables and text in this book will facilitate efficient comparative study for the student, as well as make clear the fine points of discrimination for the experienced practitioner. Easy to use, with clear and accurate tables comparing all the main herbs used in a modern clinic, this tome is a practical assistant to the complex world of Chinese herbal prescription.