

Progressive therapy for chronic prostatitis  
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Chronic prostatitis has been known as an independent disease for more than 150 years, is one of the most common diseases of the genitourinary system and occurs in men of any age, including adolescents and young men. According to official statistics, 60–70% of the adult male population suffers from chronic prostatitis.

Chronic prostatitis is an inflammatory process that has turned into a neglected form. This form of prostatitis occurs with periodic exacerbations, alternating with remissions.

Various sexual dysfunctions, infertility and debilitating pain syndrome, as a consequence of chronic prostatitis, leave a negative psycho-emotional imprint on the patient, create difficulties in family relationships and in the labor sphere, and a modern analysis of the health status of men in the country confirms that more than a third of conditionally healthy individuals a distinct decrease in the parameters of sexual activity is revealed. Therefore, chronic prostatitis is a very serious problem, both personal and social.

The biggest problem with chronic prostatitis lies in its treatment. For a long time, this disease has retained the status of "incurable", which is determined by the anatomical and physiological characteristics of the prostate gland and the variety of etiopathogenetic mechanisms of its inflammation. All treatment recommended by classical medicine is to relieve exacerbations of the inflammatory process throughout the patient's subsequent life.

Most of the treatments for this extremely serious pathology lead to complications, and often to the emergence of a benign prostate tumor, which can then turn into a malignant one.

Among the main obvious symptoms of prostatitis are:

- disorders of urination (frequent, difficult, painful, nocturnal urge, etc.);
- Disorders of sexual function (weakening of erection, rapid ejaculation, dullness of orgasm or its soreness, decreased libido, etc.);
- pain or discomfort in the projection of the genitals (lower abdomen, perineum, testicles, penis, sacrum, groin areas, itching or burning in the urethra, etc.);
- various kinds of discharge from the urethra (purulent, mucous, bloody, etc.);
- male infertility.

The very first symptom of prostatitis - difficulty urinating, caused by the clamping of the urethra by the inflamed prostate, should be the reason for contacting a urologist.

In addition, complaints of a general nature can be distinguished - high

fatigue, decreased sex drive, drowsiness, disturbed sleep at night, depression, constipation, headaches, general weakness, bloating, unstable stools and others like them.

If you have any of these symptoms of prostatitis, then you need to consult a doctor, since a timely and correct diagnosis is the key to successful treatment.

Each of the listed complaints can occur both in isolation and in various combinations. Often, the disease can be at a far advanced stage in the complete absence of any symptoms. Therefore, the absence of health complaints does not mean that a man is really healthy.

Therefore, it is necessary to periodically contact the andrologist for a preventive examination, as, for example, it is established in gynecological practice. Every man after 25 years should visit a specialist doctor at least once a year to undergo preventive examinations and necessary examinations, and if necessary, start treatment for prostatitis, since prostatitis is treated successfully when treatment is started in a timely manner.

The neglect of the pathological process often contributes to the onset of malignancy, i.e. the acquisition by cells of normal or pathologically altered tissue (including a benign tumor) of the properties of a malignant tumor.

The onset of chronic prostatitis, as a rule, begins with the onset of neurohormonal disorders, on the basis of which degenerative changes in the nerves, blood vessels, glandular epithelium and muscular apparatus gradually develop in the prostate. As a result, the innervation of the organ, blood and lymph circulation, the production of seminal fluid and muscle tone are disrupted, which leads to severe congestion in the affected organ. The prostate, as it were, "swells", ejaculation is weakened jerks, "orgasm is dulled."

At this stage, a weakening of erection and accelerated ejaculation may appear, morning erections disappear, and against the background of these processes, infection and the onset of an inflammatory process are possible. In the prostate, degenerative-destructive changes gradually develop, which are "stagnant" prostatitis. Since the patient's immunity is weakened, an infection may join, which enters the prostate through the urethra during sexual intercourse. This happens in about half of the cases, while the rest of the infection penetrates the prostate with blood or lymph flow from various foci of infection (tonsillitis, sinusitis, bronchitis, caries, anal fissures, complicated hemorrhoids, abscesses and boils on the skin, etc.).

In practice, an isolated infectious lesion of the prostate is extremely rare, most often it is combined with similar processes in the ENT organs, the respiratory tract, and the digestive system. Chronic prostatitis is often only part of the general infectious process in the body, which requires appropriate diagnostic and therapeutic measures.

The most common bacterial chronic prostatitis. This is usually the result of recurrent or untreated acute urethritis,

which can be caused by more than 20 types of bacteria.

According to the literature, in 94% of patients with chronic prostatitis, when diagnosed by the method of autonomic resonance test (ART) in the urethra and in the prostate gland, causative agents of sexually transmitted diseases and sexually transmitted diseases are determined, both in the form of mono-infection, and in the form of mixed associations. Such prostatitis is characterized by a primary chronic and low-symptom course, although significant changes in the structure of the prostate gland are found during the diagnosis by the ART method and during ultrasound examination. With this prostatitis, primarily the copulative and reproductive functions are affected. These types of urogenital infections are characterized by the absence of a local cellular immune response, which can cause poor clinical symptoms.

In the anamnesis of almost all patients over the age of 35-50 years, there are indications of venereal diseases transferred in their youth (trichomoniasis, gonorrhea) and sexually transmitted diseases (chlamydia, ureaplasmosis, gardinrellus, candidiasis, herpes, etc.).

One of the options for the occurrence of microbial inflammation can be the activation of the patient's own urogenital opportunistic flora. This is how the infectious stage of the disease begins, ending with scarring of the prostate tissue, their calcification and the formation of closed foci of inflammation (obstructive phase).

It has been established that if the inflammatory process has existed for a long time (from several months to several years), then closed purulent cavities (microabscesses) are formed in the prostate, in which the "hidden" pathogenic microflora grows. Therefore, the traditional treatment of chronic prostatitis, which is based on prostate massage and the use of antibiotics, is not only ineffective, but can often even cause significant harm to the patient. With such a rough mechanical effect on the prostate gland, affected by the inflammatory process, the abscesses in it are "crushed" and the infection spreads both deep into the organ and beyond.

After such therapy, improvement occurs for a while (most often for 1-2 weeks), but then the patient's condition worsens. This is due to the fact that after crushing the abscesses, the internal pressure in the tissues decreases, the pain subsides, but after 1-2 weeks the inflammatory process is activated already in those areas where the infection has spread from the opened abscesses.

In addition, palpation (palpation) of the prostate is not very informative for establishing the stage and severity of its infection. Palpation data do not determine the treatment tactics.

In the treatment of chronic prostatitis, antibiotics are traditionally used, which is also ineffective. In addition, this often causes significant harm to the patient's body, due to the fact that antibiotics do not penetrate into closed purulent cavities, and at the same time it remains unknown what type of microbes is growing there. Antibiotics are usually given at random, which prevents

select adequate antibiotic therapy. Long-term use of antibiotics, which happens most often in practice, leads to serious complications (dysbiosis, decreased immunity).

The situation is aggravated by the fact that in official medicine there are no adequate and effective methods of controlling the treatment process, which makes it impossible to objectively assess the results of the therapy. And, meanwhile, it is these methods that lie at the heart of the traditional treatment of chronic prostatitis today.

The idea that prostatitis therapy consists in taking one or two drugs is deeply mistaken, therapy should always be comprehensive with an individual approach to each patient. This postulate is the basis for the tactics of diagnostics and treatment of patients in the MC "Ledum", and this approach is the most progressive and positively effective.

Treatment of patients in our clinic is carried out in several stages.

For the preparation of an individual formulation of the effect and the appointment of an adequate therapy to the patient by the ART method, the causes of prostatitis are identified.

The primary goal of the therapy is to eliminate obstruction in the prostate, restore immunity and correct neuroendocrine disorders, for which, during the course of the main BR-therapy and after its completion, measures are taken to improve the function of the brain and correct the hormonal status. In parallel, other foci of infection and other concomitant pathology are eliminated.

In this case, it is obligatory to clean the drainage systems of the body (blood, lymph, liver, kidneys) and connective tissue with individually compiled BR-preparations.

Throughout the entire course of individual therapy, directed restoration of normal functions and adaptation reserves, the potential of the mesenchyme and intracellular communication of organs is carried out; there is a restoration of indicators of the state of the body as a whole.

At each stage, therapeutic measures and supportive programs are implemented to restore the patient's immunity and psyche, as a result of which interest in life is restored.

However, curing is only half the battle. In order to avoid relapses, you need to change your lifestyle. In this regard, it is recommended to limit the consumption of alcohol and tobacco, and in order to remove the negative effects of physical inactivity, it is necessary to lead an active lifestyle, play sports, and be more often in the fresh air; if possible, avoid stressful situations and, most importantly, have a regular sex life.

In addition, we must not forget about preventive examinations. Patients who have had prostatitis need to be diagnosed every six months - in spring and autumn, in order to avoid possible relapses and exacerbations of the disease.

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