

IS MYOFASCIAL RELEASE AN EFFECTIVE TREATMENT FOR PROSTATITIS?

To answer this question we will define prostatitis and debunk some myths. We will also explain different diagnoses of prostatitis and discuss medical treatments for prostatitis, as well as explaining the effectiveness of myofascial release in the treatment of prostatitis:

THE AGE MYTH ABOUT PROSTATITIS

Although prostate problems tend to be associated with older men in their 70s and 80s, they are actually the single biggest cause of visits to a urologist among men under 60. And prostate problems are increasingly affecting far younger men. At Pain Care Clinic we have seen a marked increase in enquiries about prostatitis from men in their 20s and 30s.

WHAT IS PROSTATITIS?

Prostatitis is often mistakenly referred to as an infection of the prostate gland. This is misleading because in reality only about 5% to 10% of cases are caused by a bacterial infection. The remaining 90% to 95% of cases are 'chronic non-bacterial prostatitis' – prostatitis that has lasted more than three months and is not related to an infection. Often this is related to stressful lifestyles.

WHAT ARE THE SYMPTOMS OF PROSTATITIS?

Symptoms common to both bacterial prostatitis and non-bacterial prostatitis include:

- frequent urge to urinate
- difficulty urinating
- pain or burning during urination
- chills and fever
- intermittent pain in the abdomen, around the anus, in the groin or in the back
- pelvic pain and/or pain in the penis, especially during sexual intercourse and ejaculation.

The long-term pain can significantly affect a client's posture and certainly affects their day to day wellbeing.

DIAGNOSIS OF PROSTATITIS AND CHRONIC PELVIC PAIN SYNDROME

As with any other infection, bacterial prostatitis is usually accompanied by inflammation of the affected part – the prostate gland itself. However, clients often come to me with a diagnosis of non-bacterial prostatitis even when their urologist has conducted an MRI scan and has found no inflammation or enlargement of the prostate gland at all.

Another diagnosis that urologists make in these circumstances is 'chronic pelvic pain syndrome' – pain that has lasted more than three months and has some or all of the above symptoms. Somewhat confusingly, urologists may use both terms interchangeably, even when they mean entirely different causes and symptoms.

WHAT ARE THE MEDICAL TREATMENTS FOR PROSTATITIS OR CHRONIC PELVIC PAIN SYNDROME?

For bacterial prostatitis the first treatment is antibiotics to treat the infection. Before embarking on any medical treatment or complementary therapy it is therefore vital for a client to consult a medical practitioner to establish whether they have bacterial prostatitis that can be treated with antibiotics. Although the two conditions are very different, and not necessarily related, it is also important to consult a doctor to check that the cause of the symptoms is not prostate cancer.

After that, options for medical treatment include anti-inflammatories (which may work if there actually is inflammation), muscle relaxants, such as Tamsulosin, or alpha blockers to prevent increased blood pressure, laxatives, surgery, and internal medical 'prostate massage'.

However, the clients who come to me have tried many or all of these medical treatments with limited or no success. Often the side-effects of drug treatments in particular outweigh the benefits.

EFFECTIVE ALTERNATIVE OR COMPLEMENTARY THERAPIES FOR PROSTATITIS

In a 2011 study by Stanford University [The Journal of Urology April 2011 Volume 185, Issue 4 p. 1294] trigger point myofascial release, along with relaxation techniques, was found to help reduce pain and dysfunction in men with chronic prostatitis. 200 men who had suffered from chronic prostatitis for an average of 4.8 years volunteered for the study. 116 of them, those with the severest symptoms, were given daily treatments with trigger point myofascial release, coached in relaxation and self-care over a period of six days. Six months later 82% of these men reported significant improvements in terms of pain, urinary dysfunction and quality of life.

THE PAIN CARE CLINIC APPROACH TO PROSTATITIS AND CHRONIC PELVIC PAIN SYNDROME

At Pain Care Clinic we provide effective trigger point myofascial release for chronic non-bacterial prostatitis and chronic pelvic pain syndrome. Current clients range from men in their twenties to those in their 80s. Our approach is based on the Stanford University research, and on other scientific research into chronic pelvic pain.

Treatment includes trigger point therapy and myofascial release to release soft tissue restrictions in the lower back, gluteals, abdomen, and pelvis. Clients typically report decreased pain and increased wellbeing within 4 to 6 sessions. Generally they progress to a pain-free life but notice that the pain will return, albeit at a lower level, whenever they become stressed and/or stop self care. Many have found that regular yoga or pilates helps, as does relaxation and/or meditation. Some have also found that counselling has been useful to give them additional tools to deal with stress.

CONCLUSION

My conclusion, based on the available research, my own clinical observations, and talking to clients about their diagnosis and medical treatment, is that the symptoms of prostatitis and chronic pelvic pain syndrome are generally not caused by enlargement or inflammation of the prostate, but rather by tightness in the muscles and soft tissues surrounding the prostate gland, causing it to be squeezed and thus produce the pain patterns reported.

This is why trigger point therapy and myofascial release can provide an effective alternative to medical treatment for non-bacterial prostatitis and chronic pelvic pain syndrome.

FOLLOWING UP

A useful publication, if clients can get hold of it, is the most recent (6th) edition of *A Headache in the Pelvis: A New Understanding and Treatment for Chronic Pelvic Pain Syndromes* which gives details of the Stanford University research and explains the effectiveness of myofascial release and trigger point therapy as well as the role of stress and the relaxation techniques that can help.

Please feel free to contact Amanda Oswald in confidence by telephone or email to discuss how we can help.

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