



We are very pleased to bring you this research. The lead author is Dr Gianpaolo Perletti. You can find the entire article by following the instructions below and see the entire content. **The Prostatitis Foundation**

Mol Med Report. 2011 Nov-Dec;4(6):1035-44. doi: 10.3892/mmr.2011.575. Epub 2011 Aug 25
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Macrolides for the treatment of chronic bacterial prostatitis: an effective application of their unique pharmacokinetic and pharmacodynamic profile (Review).

Perletti G, Skerk V, Magri V, Markotic A, Mazzoli S, Parnham MJ, Wagenlehner FM, Naber KG.

Source

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Abstract

Chronic bacterial prostatitis (CBP) is a persistent infection of the prostate characterized by poor quality of life mainly due to frequent relapse episodes caused by incomplete eradication of causative pathogens. Aggressive antibacterial therapy is required to attenuate the severe symptoms of CBP and to achieve a permanent cure. Although fluoroquinolones are currently recommended as first-choice agents, macrolide antibiotics are emerging as a noteworthy option for the treatment of CBP. Macrolide antibiotics are characterized by an impressive array of distinct pharmacokinetic (PK) and pharmacodynamic (PD) properties. These properties include high intracellular accumulation in phagocytes and at sites of infection, including the prostate; broad antibiotic but also biofilm-inhibiting properties; immunomodulating and inflammation-resolving activities. These features offer particular advantages for the treatment of chronic infections of the prostate gland, which are not easily amenable to drug therapy. Macrolides may be exploited to counteract the unsatisfactory rates of clinical symptom improvement and pathogen eradication. The results of a number of clinical trials support this proposal.

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Enlarged prostate benign prostatic hyperplasia (BPH).

There is conflicting and contradictory research about the benefits of saw palmetto for prostate symptoms. Some research has shown that saw palmetto might modestly improve symptoms such as going to the bathroom at night in some men. But higher quality and more reliable research seems to indicate that saw palmetto has little or no benefit for reducing these symptoms. Any benefit is modest at best.

Insufficient evidence to rate effectiveness for... Treating prostate infections and chronic pelvic pain syndrome. Saw palmetto doesn't seem to help prostate infections or chronic pelvic pain syndrome.

Tribute to a friend of the prostatitis patients. He was very helpful in the early days of the Prostatitis Foundation, generous with his time and talent.

Jose M. Hernandez-Graulau MD
November 3, 1953 - August 31, 2011
Obituary from Peoria Journal Star

PEORIA-Dr. Jose M. Hernandez-Graulau, F.A.C.S., age 57, of Peoria passed away on Wednesday, Aug. 31, 2011, at 8:43 p.m. at Northwestern Memorial Hospital in Chicago. He was born Nov. 3, 1953, in San Juan, Puerto Rico, to Jose and Aurea (Graulau) Hernandez Sr. He married his true love, Paula J. Dempsey, on July 7, 1984, in Huntington Station, N.Y. She survives, along with their five children.

How to Find Good Doctor and get a Good Diagnosis (December 6, 2011)

The Prostatitis Foundation hears from many patients who want to know if they have a correct diagnosis and, how to find a good doctor. If you go to a website called In Need of a Diagnosis at www.inod.org you can find some interesting articles they collected all in one website about such decisions, search for:

OpEd: Dr. House Where are you?? – Marianne Genetti Executive Director of www.inod.org

Go to left column and click on [inod.org](http://www.inod.org) articles/videos, when there, click on articles of interest to go to these articles below.

How to find a Good Doctor - Theo Francis in Wall Street Journal

What to Do when your Doctor Doesn't Know? *Mary A Fischer*. In AARP Magazine July 2011

Many Causes of Illnesses Leave Doctors Baffled-*Dr Richard T. Bosshart*. For Orlando Sentinel May 30, 2007

A new congress has been formed after the New Year and Appropriations Subcommittees will be drawing up their funding requests for The National Institute of Health and the Center for Disease Control. We need to contact our senators and congressman and ask that they support funding to continue the research for a cause and cure for prostatitis. Saying thanks for what they have already done would be a good idea while you have their attention.

The unpaid officers and directors of the Prostatitis Foundation donate their time and we are asking you to help us by writing these emails, faxes and letters or making phone calls. If we do not say any more than that we are waiting for them to find a cause and cure for prostatitis it would be a great incentive for them. Ask them to do whatever may be in their power to do. That might be writing a letter of inquiry to the NIH or CDC or talking to their colleagues about it. Below is the letter sent this past week to our congressman in our district:

April 19 2012
Office of Congressman Bobby Shilling:

The Prostatitis Foundation was started and has been run by a group of unpaid volunteers since it was chartered as a non-profit in 1996. Our mission statement called for us to educate the public about the prevalence of prostatitis (10% of men) and encourage research to find a cause and cure for prostatitis. We have established a successful website prostatitis.org and helped get many articles in medical magazines and journals. IN response to our initiatives and testimony over the years before the Appropriations Subcommittee for Labor, Health and Human Services, we obtained report language directing the NIH to fund that research. Their response has been to fund three, five year clinical trial groups and their third one is in progress now. They have not found a cause and cure to date. We would like to see more funds for that specific research.

Many men go from doctor to doctor looking for relief which is elusive. This affects many families as prostatitis is suspected in fertility problems, sexual dysfunction, urinary dysfunction, pain and loss of work. The possible connection to prostate cancer is unclear and not understood. Prostatitis is more prevalent in the below forty age group of young men. These patients are reluctant to discuss such issues and have not gotten their fair share of attention and research in the past.

Congressman, will your office write a letter to the NIH and inquire what progress they are making to find the cause and cure for prostatitis? It would be a service to The Prostatitis Foundation and these patients. The NIH has to answer your inquiry.

Respectfully,

The Prostatitis Foundation

I am a 54 year old male who has been dealing with prostatitis for the past several years. I have been asked to share my thoughts and experiences in dealing with this disease.

The first sign of any prostate abnormality was during a routine physical exam, the doctor stated that the right lobe seemed slightly enlarged but nothing to worry about. At that time there were no noticeable symptoms. I had another routine medical two years later. The following day I felt slight pressure or swelling in the area of the prostate which continued to intensify over several days. I returned to the doctor and he diagnosed it as prostatitis and prescribed a sulpha drug for 10 days. The symptoms disappeared and things were fine for 8 or 9 months. The symptoms reappeared and another antibiotic was prescribed but the symptoms worsened over the next few months to a point where I was so uncomfortable that I was at home in bed most of the day. The symptoms I experienced were severe burning which intensified when standing and over time frequent urination.

I was referred to a specialist who did a cystoscopy and found no abnormalities. On a follow up visit I took several questions that I would like to have had the answers to. They were all relevant in trying to manage this disease and carry on a normal life. After the second question he got to his feet shook my hand and started to leave the room. I had in my research discovered that prostate massages might help the condition. I quickly asked him if it would be possible for him to do prostate massages. He turned and said "Rob it may help but that would mean that I would have to see you in my office weekly and I am far too busy to do that as are all the other urologists in the area." You can imagine how discouraged I became at that point.

As a self-employed business person I treated this condition as I would a business challenge and left no stone unturned. Over the next 24 months, in my desperate search for a remedy I visited at least 12 specialists in the US and Canada some purported to be the best in the world. The result of all of these visits was the prescribing of more antibiotics and little else. For me the biggest surprise was that there was only one doctor that did any analysis of the prostate fluids.

After the onset of prostatitis my life changed dramatically. I was physically and mentally drained, and was out of work for five months. Travel and any normal social activities were completely out of

the question. If I hadn't been involved in a family business I would have without a doubt lost my job.

I thank God every day for the Prostatitis Foundation and their web site. Through that my wife and I discovered that it might be possible to do prostate massages ourselves. I feel fortunate that my wife was more than willing to help in any way she could. Over several weeks we developed a procedure that worked. Initially she said the prostate felt the size of a small plum and felt extended and extremely firm. It was also not symmetrical. One day I noticed following a prostate massage that the urine was cloudy or milk like and ironically it seems to be associated with a sweet smell. That prompted me to want to have a closer look at what was coming out of the prostate. I then purchased a microscope.

Since then I have noticed that a pattern emerged. Often there would be what felt like a small electric shock in the prostate which is usually followed by an expulsion of milk like fluid and what looked to be duct castings. The prostate massages and the introduction of frozen water bottle constantly applied in the groin area (covered by a sock to prevent frost bite) were the only thing that gave any relief.

I would like to mention at this point in my desperate quest to get better I was prescribed Levaquin for approximately four months and ended up with severe tendon issues.

We did prostate massages twice a day in the beginning but for the past several years have been only doing it once a day. My Urologist now says it is normal in size and consistency. The symptoms are about 85 percent better and I am now optimistic that my symptoms may soon completely disappear.

The following are my observations:

I think that when my prostate exam was done during my annual medical, some debris was moved and that started the onset of my full blown prostatitis.

I believe there is a correlation between the shock like symptoms in the prostate and the opening of a blocked duct.

With thousands of men suffering from prostatitis in North America I believe that Prostate massage clinics need to be available to sufferers.

One interesting observation is that my wife and

urologist both notice at times while massaging the prostate that it feels like running their finger across bubble wrap causing tiny pops in the prostate.

I feel that if prostate massages were available in the early stages that the symptoms may not become as severe.

At this point I am finally feeling optimistic that I am getting very close to symptom free.

PubMed
US National Library of Medicine National Institutes of Health Clin J Pain. 2011 Nov; 27(9):764-8.

Safety and effectiveness of an internal pelvic myofascial trigger point wand for urologic chronic pelvic pain syndrome.

Anderson R, Wise D, Sawyer T, Nathanson BH.

Source

Department of Urology, Stanford University, School of Medicine, Stanford, CA.

Abstract

OBJECTIVES:

Pelvic muscle tenderness occurs often in patients with urologic chronic pelvic pain syndrome; symptoms frequently can be reduced with pelvic myofascial physical therapy. This open-label pilot study evaluated the safety of a personal wand that enables patient's self-treatment of internal myofascial trigger points in the pelvic floor and its effect in reducing pelvic muscle tenderness.

METHODS:

A specially designed curved wand served as an extended finger to locate and release painful internal myofascial trigger points; an integrated algometer monitors and guides appropriate applied point pressure. Patients used the wand several times weekly after education and careful supervision. Evaluations for adverse events and assessments of pain sensitivity were conducted at 1 and 6 months after commencing use.

RESULTS:

One hundred and thirteen of the enrolled 157

patients completed 6 months of wand use - 106 men and 7 women; 44 patients withdrew before study completion but none for adverse events. Median age was 41 years and 93% were male.

Wilcoxon matched-pairs signed-rank test). Most patients (95.5%) reported the wand as either very or moderately effective in alleviating pain.

No serious adverse events occurred.

Baseline median sensitivity visual analog scale score (1 to 10, 10=most sensitive) was 7.5 and decreased significantly at 6 months to 4 (P<0.001,

CONCLUSIONS:

A multimodal protocol using an internal pelvic therapeutic wand seems to be a safe, viable treatment option in select refractory patients with pelvic pain.

The prostatitis.org website is under reconstruction. Please be patient with us during the transformation.

The Prostatitis Foundation presents this information for your use in deciding on a course of treatment. We do not know which if any information may be relative to your stage of illness. The foundation does not and cannot endorse any doctor, medicine or treatment protocol. Try to educate yourself on the available possibilities and confer with your doctor.

The new forum is becoming quite active. It can be reached through the front page of the prostatitis.org website. You can share your symptoms or study the symptoms of other patients. It is being moderated and no personal attacks or criticism of physicians or other patients will be allowed. Please cooperate.

These are recent questions that have been submitted for consideration:

Too Much Sitting and Prostatitis?

One thing I didn't notice (or maybe I just missed); does having a job where you are sitting most of the day have any relationship with men who have prostatitis? Does this cause flare-ups with men who have a problem with prostatitis? Just a thought.

A: *Probably any form of prostate trauma is dangerous. If sitting does not cause prostatitis it can certainly aggravate it.*

NONE of my urologists have taken a culture of my semen yet (Expressed prostate secretions). Is that a big deal and is that something that should definitely be done? I have seen about 5 to 6 urologists and none have suggested that. Any thoughts?

A: *If your prostatitis persists cultures will eventually be suggested probably.*

I just wanted to share my experience and thought it may help SOME of you. I've been dealing with chronic prostatitis for over 2 years now. To cut a long story short, through various observations when eating, I've noticed a direct link to my symptoms and any food product containing sulfites. I would be interested to know if anyone else has had a similar experience. Some of the more obvious triggers don't affect me at all. For example spicy food, caffeine, and alcohol.

A: *A neighbor was sensitive to sulfites and got allergic reactions.*

I do A LOT of exercise. A program called Insanity (its a home workout) and it has a lot of plyometrics (jumping) and squatting. I do this daily. Could this possibly be the cause of my prostatitis?

A: *A lot of weight lifters ask the same question. I would quit until I was better to see if it helped.*

The Prostatitis Foundation thanks Farr Labs LLC. for their support of this newsletter and our webpage. They are the makers of ProstaQ for Chronic Prostatitis. For more information visit ProstaQ.com or call 877-284-3976.

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