
A Man's Health

by AMY ROTHENBERG, ND



A small man in his 60s, not taking up much space, sat quietly in my waiting room. He had arrived early for his appointment, with all his paperwork in order. He was dressed simply and had short, recently cut hair. His handshake was weak and brief, and he made little eye contact. When I first met Herb that day some 20 years ago, the impression he gave me was of frailty.

Herb's chief reason for seeking my help was chronic prostatitis. He had frequent pain in his testicles and pelvis, as well as

blood in his ejaculate, both of which were very concerning to him. Although he'd been under the care of his family doctor over many years and he'd occasionally seen some improvements, his prostatitis symptoms stubbornly remained. In addition, Herb had been suffering with frequent sore throats for most of his life.

What is it?

Prostatitis is the most common urinary tract problem for men under age 50 and the third most common urinary tract

problem for men over 50, according to the National Institutes of Health. It involves inflammation of the prostate and often of surrounding areas, and it's usually painful.

The prostate is a small gland that sits at the base of a man's bladder and partially surrounds the urethra (the canal that empties the bladder). The prostate is essential to male fertility because it secretes prostatic fluid, one of the components of semen.

Bacterial prostatitis, whether acute

Tune-Up

A lifetime of prostate problems and pain clear up in short order



(short-term) or chronic (long-term), can be attributed to a bacterial infection, often from germs that travel up the urethra into the prostate. However, many men develop chronic prostatitis that cannot be explained by a bacterial infection and that does not respond to antibiotic therapy. This type of chronic prostatitis may also be known as chronic pelvic pain syndrome.

Common prostatitis symptoms include pain in the prostate and pelvic areas, as well as in the lower abdomen

and lower back; problems with urination, such as pain, urgency, or frequency; and problems with sexual function, such as painful ejaculation. A man with prostatitis might also have fever, chills, and body aches (particularly with acute bacterial prostatitis) and may feel tired and unwell in general.

Herb's painful tale

As we sat together in my office, Herb related a story of chronic, nearly lifelong illness that began at age 17. That's when

he had a severe streptococcal sore throat and was treated with penicillin shots over several weeks.

A few months after that, Herb developed another severe sore throat—this time accompanied by puffy eyes, bumps on his tongue, and pain in his low back, abdomen, and testicles. He was treated with what he called “sulfur pills” for many months, as well as with more penicillin. Even with treatment, the sore throats kept returning, so he received many different antibiotics over time.

Prostatitis is the most common urinary tract problem for men under age 50.



By the age of 30, the sore throats had lessened in frequency, but he continued to get them numerous times a year. Herb described the pain as very sharp, even stabbing. With each sore throat, he took antibiotics, and a few days after the throat improved, he would get sharp, low back pain and strong, stabbing pain in his testicles. While this severe pain only occurred after a sore throat, he had low-grade soreness in his testicles “most of the time.”

By the time of our visit some 30 years later, Herb was stuck in much the same pattern of symptoms. He still got frequent sore throats followed by severe prostatitis pain. In fact, he’d been on antibiotics continually over the four months prior to our visit in an effort to address his most recent bout of sore throat and prostatitis. He also had chronic post-nasal drip and constantly red tonsils. He said that he often picked “little nasty chunks” out of his tonsils.

He experienced pain in both testicles (worse on the left), and they were especially painful to touch. Erections were painful, and if he had relations with his wife, he would be sore several days afterwards, especially in the lower pelvic area. He was greatly disturbed to see blood in his ejaculate, related to his inflamed prostate. Herb said that his prostate and testicular pain would sometimes improve for a short period of time after a bowel movement.

Herb also said he had a “bump” in his right testicle for as long as he could remember. This had been diagnosed as epididymitis—inflammation of the epididymis, a tube connected to the back of each testicle that transports sperm cells. Epididymitis can result from inflammation in the prostate, from sexually transmitted disease, or from trauma to the area.

Home and work woes

Herb experienced a lot of stress, both at home and at work. In a sad voice, he shared in detail with me the following: “I was in excellent shape financially; could’ve retired early and been comfortable, but my wife made me do some financial things I didn’t want to do, and now it’s a mess. I will never be able to retire. I blame myself for being too easily

swayed by her ... I can’t stand an argument. I will give in instead of standing up for what I think.

“My first wife was sleeping with my best friend for years. They are still together. That was a real blow to me. I don’t think I will ever get over that.

“My new wife makes me do lots of things I don’t want to do. She can’t save, and I can’t spend. A perfect match. She yells at me a lot, and I can’t stand up for myself. It is not a good marriage, but I can’t get out of it now ...

“I have a fear of death; in the past I’ve had a lot of anxiety. Less so now that I am exercising more. But then again, I do worry about my health, and I worry about developing prostate cancer. I sometimes feel there is cancer there or somewhere, and nobody is finding it.

“When I was a kid, my mother left with another man. I was the eldest of four. My father took out his anger on me and was very mean-spirited. He would buy everyone an ice cream except me. I had to do all the work. I tried to do as I was told.”

Herb shared his sad tale in a low voice, looking down. He seemed so defeated by life and so uncomfortable in his body. I held the space there for his story to unfold. I told him that I was sorry about his upbringing, that every child deserves a loving home.

Checking all systems

After we had thoroughly covered Herb’s main issues, I reviewed each system of the body with him, as I do with each of my patients. Herb quietly and dutifully reported the following.

Skin: “I get a rash on my buttocks, and I have jock itch. I have a fungal infection in my toenail and use a medication on that. It does not seem to help.”

Musculoskeletal: “I get two kinds of backaches. If I am having testicle pain, it can radiate up my back. The other kind of pain happens if I get hurt at work because I have a slightly degenerated disc between L3 and L4.”

Body temperature: “I am always chilly; this was even worse before I became a regular exerciser. If my fingertips are cold, they will turn numb and white.”

Gastrointestinal: “I have a hiatal hernia, which causes sharp pains from my belly to my jaw. It’s worse after I eat peanuts, pizza, or ice cream. It began in my 20s. It’s better if I drink cola with water, which helps me burp. It’s worse at night. It might be painful every night for four or five nights and then nothing for a month—it is unpredictable that way.” Herb liked to have two sodas a day, salad every day, and lots of fruit and pasta. He did not care for fatty food, shellfish, or lobster. He ate very little red meat, mostly for health reasons, and tried to drink a quart of water every day because “I know it’s good for me,” he said.

Sleep: “I fall asleep okay but am usually up for an hour between 4:00 a.m. and 5:00 a.m. I urinate at night at least two or three times. I have to sleep on my belly and be well covered, especially my shoulders. I used to have a frequent and recurring nondescript dream of being pursued but have not had that in some time.”

Cognitive: “I’m doing pretty well, I

think. I do lose my thoughts sometimes when in the middle of a conversation, though; this is worse if I have a lot on my mind.”

Contemplating the case

Herb’s worried expression, anxious demeanor, and desire to answer my questions honestly and correctly reinforced my first impressions of him as a person not strong in himself and not confident. During our visit, Herb’s timidity was marked—a feeling of almost *painful* shyness. Yet he made a point of sharing everything, understanding that all aspects of his life would be important to me. Even though such sharing would be painful, this patient went ahead.

Herb had a tremendous amount of what I would call suppressed anger—at his father, his mother, his wife, his best friend—and was never able to express any of it. He was seldom able to stand up for himself. Time and again in his life, this theme recurred—in his family, at

Many men develop chronic prostatitis that does not respond to antibiotic therapy.

When Antibiotics are the Wrong Prescription

I would be remiss to not share a few words about Herb’s history with antibiotics: his ongoing and repeated rounds over many decades were partly to blame for his long-term illness. Our microbiomes need enough diversity and “good” bacteria to fend off the “bad.” When antibiotics devastate *all* the micro-flora, the bad bacteria are free to overpopulate. Research suggests that 10 months after just one round of antibiotics, a person’s gut flora still has not fully rebounded in diversity.¹ So just imagine how depleted Herb’s microbiome was! This left him open to repeated infections. Also, Herb’s doctors had to keep changing his antibiotic prescriptions and lengthening his treatment, as his infections had become resistant to many antibiotics.

Antibiotic resistance, caused in large part by the overuse and misuse of antibiotics, is a galloping threat. According to the CDC, each year in the U.S. alone, at least 2 million individuals acquire an antibiotic-resistant infection resulting in at least 23,000 deaths.² When indicated, antibiotics are life-saving and absolutely effective, but doctors continue to overprescribe them.

New data shows that medical doctors in telemedicine settings, a rapidly growing field, prescribe antibiotics for the common cold, even though ineffective, so that patient satisfaction ratings stay high.³ Urgent care facilities also have terrible statistics for antibiotic overprescribing, with nearly half of patients who seek help for colds or viral illnesses receiving an antibiotic prescription. Clinic owners say they worry about the “Yelp Effect,” with patients posting bad reviews on social media that could affect the clinic’s bottom line.⁴

I am not sure what is more troubling: that popularity ratings would undermine clinical decision-making or that prescribing physicians would ignore the well-studied fact that overprescription of antibiotics is leading to a worldwide health crisis. Doctors need to stand up to patient demand and take time to educate consumers about the evidence that antibiotics do not work for viral colds, which represent the majority of respiratory tract infections. Health professionals also have a duty to help inform the public that overprescribing and overuse of antibiotics has widespread public health impact.



As a naturopathic doctor, I know that patients with uncomfortable symptoms can be demanding and insistent on help. But there are many natural, effective, and evidence-based treatment approaches for typical respiratory tract illnesses including zinc and vitamin D, the botanical medicines *Sambucus nigra* and *Echinacea purpurea*, and of course, rest and adequate hydration. Homeopathy also has a role to play.

We can do better than handing out antibiotics like Band-Aids. Let’s preserve antibiotics’ broad and essential capacity for the illnesses and patients who need them.

References

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I saw Herb every few months and watched how he found a better level of health both physically and emotionally.

his office job, and with the few friends he had. In my view, Herb's repeated tendency to hold things inside led to a kind of fullness and swelling, which manifested both emotionally and physically. Emotionally, he pored over past sad events (holding in), he got upset (swelling), he cried (discharge). Physically, both his throat and his prostate were in cycles of swelling and inflammation, and there were disturbing discharges from both.

Even though Herb was sad and angry a lot of the time, he still sought to connect intimately with his wife, though that was sure to bring him pain and bleeding as well as extreme discomfort, both physically and psychologically. He had a tendency to push himself to reach out, but in the end that made him uncomfortable and pained. To a lesser degree, this tendency was echoed by his sharing with me during the interview, making himself quite uncomfortable in the process, but, nonetheless, carrying on.

As cycles of illness go, all the swelling and pain and inflammation and

discharges had Herb shutting down and cutting himself off from others—leading right back to the shy beginnings. He tried to control situations and his feelings but, alas, was not always strong enough to do so.

Choices, choices

The main homeopathic remedies that came to mind for Herb were *Lycopodium*, *Nitric acid*, *Thuja*, *Silica*, and *Staphysagria*. The symptom profile of each includes low self-esteem of varying kinds and degrees, as well as different kinds of discharges.

Herb's poor self-confidence and chilliness aligned with *Lycopodium*. But if Herb needed this remedy, I would expect to see more puffing up with false bravado and taking on a posture of superiority with his family in order to compensate for his low self-esteem outside the home, as is common for people needing this remedy. I would also expect to see more digestive complaints, such as bloating, and perhaps problems with his veins, such as hemorrhoids.

Patients who benefit from *Nitric acid* are often chilly, with anxiety about their health, as was true for Herb. But they usually have lots of negativity, believing everything in life conspires against them. While Herb did feel somewhat victimized by many people, he took the blame on himself and did not blame others, the way someone who needs *Nitric acid* likely would. In addition, *Nitric acid* is known for discharges that tend to be destructive, destroying the surrounding tissue and

creating open sores and extreme irritation, which was not true of Herb's discharges.

Patients who need *Silica* can be some of our shyest ever, and they can be chilly, conscientious, and lacking in confidence, as Herb was. They may present to us with chronic infections, chronic tonsillitis, and difficulty standing up for themselves, as Herb did. But people needing *Silica* have more grit than Herb. They eventually do find a way to stand up for themselves and are not perpetually bossed around. Also, if Herb needed *Silica*, he might have described his pain as "stitching" as opposed to the more intense, stabbing, sharp pain that he had.

Patients who need *Thuja* can be a bit lost in the world, not clear about who they are, with a layer of self-loathing evident. They tend to be chilly and may have a history of abuse or neglect in their childhood. *Thuja* was my strong second choice remedy based on Herb's main presenting symptom of chronic prostatitis and his overall temperament. However, people needing *Thuja* have a tendency to hold information back or be deceptive, perhaps in order to portray themselves in a better light, which did not seem to be true of Herb.

A remedy for Herb

In the end, I gave Herb one dose of the remedy *Staphysagria* 200c. It well covered his symptoms of prostatitis, sore throat, and backache, along with his feeling especially worse, both physically and emotionally, after a confrontation. *Staphysagria* is also strongly associated with "ailments from abuse"—all kinds of abuse, including being insulted and humiliated over the course of a lifetime—and the general inability to stand up for one's self, as in Herb's case. And this remedy is associated with ailments from suppressed emotions, particularly suppressed anger, which fit Herb's long history of both swallowing his hurt and being unable to confront any of the people who were unkind or worse to him. With patients needing *Staphysagria*, we often see a sweet-natured person who makes every effort to please and be a "good patient," and we hear a life story like Herb's: neglect and abuse from early



on, and layers of disappointment, loss, and grief with no one there for support. A big blow like being left by a partner (as when Herb's first wife left him for his best friend) is another factor that can push someone into an illness state where there are ongoing feelings of low self-esteem and dwindling self-agency in all realms.

Natural medicine support

Along with homeopathic treatment, I suggested that Herb take a botanical preparation of saw palmetto and nettles and the antioxidant lycopene, which are supportive of the prostate gland. I also prescribed Vitamin C, zinc, and a probiotic, along with cranberry juice and the phytosterol Beta-sitosterol to support prostate health.

When focusing on prostatitis, it is important to determine whether it is an acute or a chronic case. If it's acute, we need to address the active infection. Some would recommend antibiotics for this purpose, but we can also use homeopathy and other helpful natural products. In Herb's case, however, the prostatitis was chronic. His history of ongoing and overlapping antibiotic use had changed his microbiome so that it was not working well with regard to immune function, and this is what led to the chronic nature of his problems. We had a long conversation about nutritional approaches to improve his microbiome, including preparing and eating bone broths and cultured and fermented foods, as well as insuring that he ingest adequate fiber, fresh fruits, and vegetables. Herb was eager to employ the ideas I laid out, and I knew he'd be a compliant patient. It was in his nature!

Great expectations

What would we like to see from such a treatment plan for Herb? I would like to see him stop getting sore throats and stop having inflammation in the prostate. I would like the bloody ejaculate to cease and the swelling in his epididymis to decrease. Lastly, I would like to see him stand up for himself more and take the steps in his life that reflect some self-agency and confidence.

I have had the good fortune of treating this fellow over the last 20 years, and he continues to respond well.

Better days

Herb returned to the clinic two months later with a good report. His upper respiratory tract had been fine, with no sore throats and less post-nasal drip. His energy was good overall. He had had no further bloody ejaculate. "My private parts do not feel sore—that's the first time in years that I can say that!" he added, and that included improvement in his long-standing epididymitis. Herb seemed more relaxed and communicative than at our first visit, which is common for those who have responded well to a prescription of *Staphysagria* (or it could have been that he was just more comfortable because it was our second meeting). I did not give a remedy at that visit because Herb was doing so well and because he had no new symptoms. I recommended that he continue his supplements and dietary changes.

For the next year or so, I saw Herb every few months and watched how he found a better level of health both physically and emotionally. He shared stories with me of how he stood his ground with his wife, learned how to say no more often, and was not being bullied so much at work. He stood a little taller and made eye contact. I repeated the *Staphysagria* a number of times whenever pain or discomfort in his genital areas or upper respiratory tract would come back around. But Herb never went back to the chronic intense pain he'd had before or the bloody ejaculate. He never went back to taking antibiotics for his problems either. He was dedicated to the plan we had created together, watching his diet and using the supplements as directed. The nutritional changes helped shift his internal terrain/microbiome towards a better functioning immune system, and the homeopathic remedy addressed some of his deeper psycho-emotional issues as well as his prostate and throat complaints.

Lasting improvement

I have had the good fortune of treating this fellow over the last 20 years, and he

continues to respond well to *Staphysagria* on occasion, such as when he has a big stress in his life and starts to feel some pelvic or throat soreness. Over time, however, Herb's relapses have become less and less frequent. When they do occur, he knows to come in, he knows to reinvigorate his commitment to a healthy diet, adequate hydration, a few targeted supplements, and, of course, a dose of a homeopathic remedy. On a number of occasions, Herb has also responded well to the remedy, *Pulsatilla*, when his physical general symptoms have shifted (becoming more warm-blooded, less thirsty, more lonely feeling) and when his complaints better match that remedy.

Hope and holism

The cycle of illness can be difficult to break. From physical exposures to complicating emotional factors, many of our patients get themselves into an unending pattern of illness. But there is hope when an individualized homeopathic remedy is prescribed, based on the presenting symptoms, understood in the context of the patient's overall health, temperament, and body systems. Working to identify and treat the underlying cause, looking at the whole person, and putting to use additional natural, gentle approaches aimed to stimulate the body's healing capacity can help a person, even someone with decades of sickness and suffering, like Herb.

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