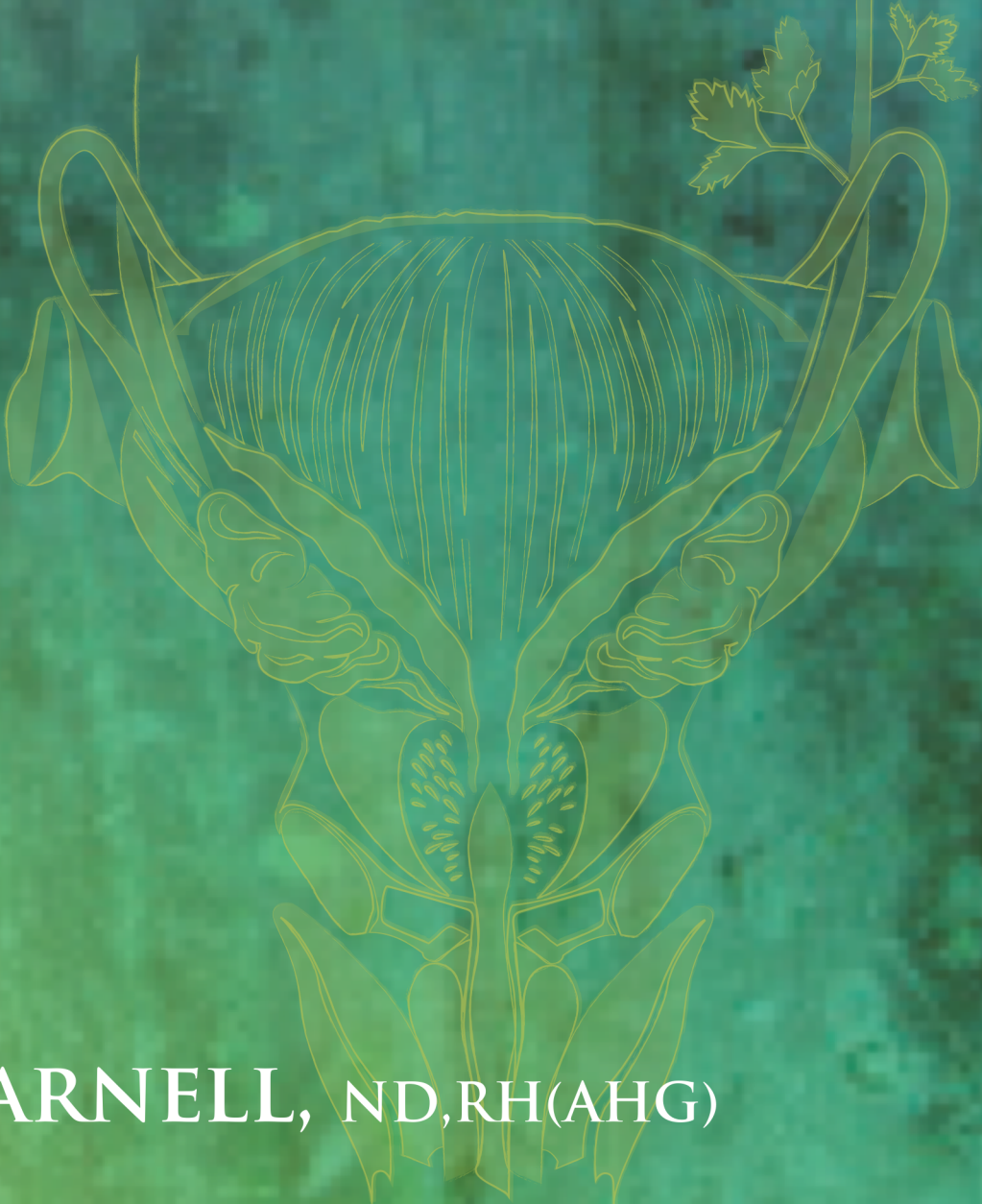


Natural Approach to
UROLOGY
Second Edition



ERIC YARNELL, ND, RH(AHG)

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2ND EDITION

ERIC YARNELL, ND, RH (AHG)

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COLLATORATORS

Archer Atkins, ND
Archerfriendly Wellness
57 Cedar Avenue
Snohomish, WA 98290

Samantha Desmond, ND
Gumshoe Health
Medical Dental Building
509 Olive Way #755
Seattle, WA 98101

Seth Enos, ND
Gumshoe Health
Medical Dental Building
509 Olive Way #755
Seattle, WA 98101

Alethea C. Fleming, ND
Vital Aging Clinic
902 28th Street
Anacortes, WA 98221

Jessica B. Gee Gardner, ND
Bastyr University
14500 Juanita Dr NE
Kenmore, WA 98028

Nicole Sundene, NMD
Fountain Hills Women's Health
16425 E Palisades Blvd Ste 105
Fountain Hills, AZ 85268

Natalie Walsh, MS, ND
Private practice
3500 Alameda de las Pulgas, #200
Menlo Park, CA 94025

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Introduction

PRACTITIONERS OF natural medicine from various schools and professions share a similar system of thought about all areas of medicine, including urology, nephrology, and men's health. Though much effort has been made to explain the philosophical basis of natural medicine in general, much too little has been done to apply this understanding to specific areas and to develop and implement a research agenda out of it. As a result, natural medicine plays too small a role in influencing urological thought, obtains far too small a percentage of the research and healthcare dollars spent in the field, and is not acknowledged as a force. The large number of patients who seek natural health care and are willing to spend their hard-earned cash to obtain it suggests there is underappreciated value in "alternative medicine".¹

This textbook is one part of a movement to explicate natural medicine theory in urology, nephrology, and men's health. Ideally, this book will primarily serve as a useful way for students of any natural medicine profession to gain a deeper and broader understanding of urology within the natural medicine paradigm. Secondly, it is intended to be a useful reference to practitioners of natural medicine. Finally, this work will help explain to practitioners, policy makers, and others steeped in mainstream medicine what natural medicine has to offer and how it understands urology and men's health.

This text cannot be seen as the final word in natural urology and men's health. Because the author is a naturopathic physician, it is strongly based in that portion of the larger natural medicine continuum. Contributions from other fields of natural medicine, such as traditional systems of practice from around the world, will be necessary for a complete understanding of urology and men's health. It is hoped that other scholars and practitioners of all areas of natural medicine will share their knowledge in textbooks in urology as well.

Credit for most of these ideas must go to the many people who went before me that originally thought them, including the most direct influences in my life, as listed in the acknowledgements section.

"People should be each others' medicine in the ideal world."

—BILL MITCHELL ND

This text is not meant to narrow the scope of practice of natural medicine practitioners to only those things contained herein. This text does not aim to promote fractured subspecialization in natural medicine. There will come a time when some naturopathic physicians and other natural health care providers specialize, both due to the pressure of the presence of a large number of practicing natural and mainstream practitioners, and because the entire scope of medicine in general is simply impossible for any one person to grasp. Therefore, it is sometimes better to focus in one area and develop great skill in it than to try to cover all the bases as a primary care physician. Primary care natural practitioners will always be important and represent the majority of the professions, but specialization is not far away. It can already be seen among naturopathic physicians, for example, where we already have specialists in gy-

TABLE 1: ANNOTATED BIBLIOGRAPHY OF NATURAL MEDICINE TEXTBOOKS IN UROLOGY AND MEN'S HEALTH

Spar MD, Muñoz GE (2014) *Integrative Men's Health* (Oxford University Press).

Containing chapters by multiple authors (including one by Dr. Yarnell), this is in the series of titles in the Andrew Weil Integrative Medicine Library.

Green J (2007) *The Male Herbal: Health Care for Men and Boys 2nd ed* (Crossing Press).

Overall quite basic and fairly limited, but it is a starting place. It uses a constitutional model Green invented.

Li W, Frierman D, Luna B, Flaws B (2006) *Diseases of the Kidney and Bladder: Diagnosis and Treatment with Chinese Medicine* (Boulder, CO: Blue Poppy Press).

A fairly good guide to Chinese medicine in urology and men's health.

Lin A (1992) *Handbook of TCM Urology and Male Sexual Dysfunction* (Boulder, CO: Blue Poppy Press).

This is a fairly weak reference. A more definitive English-language textbook on traditional Chinese approaches to men's health is desperately needed. Li, et al.'s book above is somewhat superior.

Moyad M (2002) *Complementary Medicine in Urology, Urologic Clinics of North America* vol 29(1) (WB Saunders).

This is a conventional review of natural and naturally-derived treatments for urological conditions.

Sionneau P, Lü G (1999) *The Treatment of Disease in TCM, Vol. 6: Diseases of the Urogenital System and Proctology* (Boulder, CO: Blue Poppy Press).

Concise guide to TCM approach to urological problems, but still far from complete.

necology, obstetrics and midwifery, physical medicine, acupuncture, nutritional medicine, mind-body medicine, and homeopathy.

Research and Evidence in Natural Urology

Numerous references are provided herein to support the contentions of this text. However, one must always keep in mind the general context to modern research, to avoid giving undue weight to the published literature. There are major interests (primarily pharmaceutical companies) who stand to make a lot of money based on the outcome of research, and they do not hesitate to apply pressure in a myriad of ways to ensure that such research produces advantageous results. The same concern exists for funding of studies on natural products by the companies that produce and market them.

The source of funding for clinical trials influences trial outcome and reporting in many instances. Studies funded by drug companies are far more likely to report positive results than those funded by public agencies or other non-profit organizations.²⁻⁶ Publication bias—the greater likelihood for positive trials to be published compared to negative trials—significantly influences what is present in the literature. It is entirely possible that trials funded by supplement companies are just as liable to such biases, though two analyses, one on probiotics/prebiotics/synbiotics and one on calcium, found no evidence

that the funding source biased the results of the trials involving these products.^{7,8} Concerns have been raised about bias in the funding and reporting of trials on *Oenothera biennis* (evening primrose) oil.⁹

One review found that 55% of published clinical trials were positive compared to 15% of unpublished trials.¹⁰ This so-called publication bias appears mainly to be due to unwillingness of researchers to submit negative results for publication, as opposed to choices by editors to reject such articles.^{11,12} Pharmaceutical companies have been documented to actively prohibit publication of negative trials they fund.¹³ Publication bias may also affect studies on natural products and approaches.

These biases and influences can have severe and highly clinically relevant effects. For example, one meta-analysis of the efficacy of chemotherapy for ovarian cancer found that when only published trials were considered, chemotherapy looked helpful. When unpublished trials were included, chemotherapy proved to be of no benefit (Simes 1986).¹⁴ Similar results have been found throughout the medical literature, leading to overestimations of the efficacy of all kinds of therapies.¹⁵ These and other biases must be kept in mind when considering the evidence supporting any kind of intervention.

A further complication with research on natural products is that it is often conducted by mainstream medical professionals who have no past experience, clinically or in any other sense, with the items under investigation. Also, the products are almost always applied within the pharmacological paradigm that predominates in mainstream medicine. This is not a true test of natural medicine, which involves a different philosophical paradigm. Natural medicine is not simply pharmacological medicine substituting vitamins for drugs. Practically all natural medicine professionals do not simply obtain a mainstream diagnosis then prescribe whatever doses of vitamins or herbal extracts are derived from clinical trials. They may recommend lifestyle changes, including dietary and exercise programs; undertake various forms of counseling; prescribe a wide range of natural products in multiple forms and based on multiple bases of information (traditional, empiric, and scientific); perform various types of “energy medicine” that have not yet been accepted or even recognized in mainstream medicine, such as homeopathy, therapeutic touch, craniosacral therapy, and many others; and so forth. There are almost no studies on the overall natural approaches described in this text. Instead, all we have are occasional pharmacological studies suggesting that particular isolated entities may have some benefit on some disease entities, or not.

Major reasons for this lack of research are lack of funding and lack of political power and cohesion within natural medicine. Many practitioners of natural medicine receive minimal schooling in research methodology, and there is generally not a research ethic in the field. Many believe, correctly, that the vast research complex in the United States is so dominated by mainstream medicine that it is mostly hostile toward natural medicine. At best, it could be seen as completely unknowledgeable about the natural medicine philosophical paradigm and the need to study the paradigm as a whole and not just substitute natural products for drugs.

It is critical that all branches of natural medicine put aside their political differences and work together as much as possible toward the common goal of researching and verifying natural medicine philosophy and practice. Mainstream research is unlikely to study our actual practices and beliefs; they seldom know what they are. We have to take charge and take responsibility to make it happen. Only then will political power and funding become available. In the meantime, a small but growing number of naturopathic physicians and others schooled in or practicing clinical natural medicine are going into research, and they will bring a different approach to research with them.

Some research on the efficacy, safety, and cost-effectiveness of the actual practice of natural medicine does exist. One can find numerous studies on the efficacy of treatment as prescribed within the frame-

work of traditional Asian medical systems. These medical systems are relatively strong in various Asian countries (particularly China, Korea, and Japan), and there is an active research ethic among many practitioners. There are also some studies on the paradigm of chiropractic medicine, though many studies are simply on various techniques in isolation from diagnostic or other important elements of chiropractic philosophy and practice.

In 2004, the National Center for Complementary and Alternative Medicine of the US National Institutes of Health funded the Naturopathic Medical Research Agenda (NMRA). This was an ambitious plan to study the actual practice of naturopathic medicine in randomized clinical trials of patients with a limited number of conditions (most likely menopausal symptoms and diabetes mellitus). The NMRA was supported by basic science studies on mechanisms of action of naturopathic medicine, health services research, and exploration of naturopathic principles in various research settings. A plan was developed that included guiding principles for future research on naturopathic medicine and prioritization criteria.¹⁶

The relative lack of research on actual natural medicine practice should not be confused with proof of inefficacy. Those in mainstream medicine who rightly call for research to validate natural medicine practice, however, must look at the funding and political power inequities discussed above to understand why this information is not available. Until these inequities are rectified, one can hardly blame natural medicine for failure to provide the proof of efficacy, safety, and cost-effectiveness we would all like to have. If mainstream medicine wants to see various aspects of natural medicine shown to be valid or invalid, then they must provide the research money to do so to those who are able to do so, or else accept the fact that such research cannot possibly be accomplished. This will also ultimately lead to a more collaborative and trusting working relationship between mainstream and natural medicine practitioners, which will surely be optimal for achieving the goal of researching natural medicine.

Historical evidence and long patterns of traditional use of natural medicines (primarily foods and botanical remedies, as nutritional supplements have only existed for approximately 100 years) are important and should be included in any discussion of efficacy, just as research evidence is. Historical evidence does not have the same weight as clinical trials, but it is not useless. Traditional use will be cited throughout this text to acknowledge its validity and importance.

There are many instances in which traditional practices have been validated as effective. For example, *Arctostaphylos uva-ursi* (uva-ursi) has been discussed since the mid-1800s as treatment for urinary tract infections, based in part on traditional Native American uses of these herbs.¹⁷ This use has been validated by preliminary clinical trials, as discussed in the section on lower urinary tract infection. *Urtica spp* (stinging nettle) leaf was cited by the ancient Greek herbalist Dioscorides as a diuretic, a property confirmed in at least one human clinical trial and multiple animal studies.^{18–20} There are too many other examples for this to be explained by chance. Mainstream medicine ignores or discredits traditional medicine at its own loss.

Anecdotal evidence and claims of benefit or cure based on limited numbers of case studies also have a certain utility, but these are by far the weakest type of evidence. In natural medicine, there are unfortunately many trends that cite anecdotal evidence (often without any real documentation of even the alleged anecdotes) in advertising hype to promote products. This type of marketing is simply unacceptable and tarnishes the reputation of all natural medical practitioners. Anecdote alone should not be relied upon to support the efficacy of a treatment, but can be useful in leading to important research questions that should be investigated in controlled clinical trials. When no other form of evidence exists, traditional information and clinical anecdote are the best evidence. However, natural medicine practitioners should

not use the general lack of funding for research on natural medicine as an excuse to neglect research. Instead, they should doggedly pursue the funds that are available, perform in-office research, publish case series, and attempt as stringently as possible to validate efficacy in controlled trials. This does not necessarily mean placebo-controlled trials; even more relevant are trials comparing natural programs to conventional therapies.

Diagnostic Codes

The International Classification of Disease (ICD) system codes are provided in clinical summaries and elsewhere in this text to aid clinicians. As of 1 October 2015 ICD-10 replaced the ICD-9 codes in the USA. ICD-10 codes were already used in many other parts of the world. Both sets of codes are provided herein, in part to be able to review historical records that used ICD-9 but because in some jurisdictions these older forms may still be in use. Note that nonspecific diagnostic codes (ending in a 9 generally) are becoming less and less accepted by insurers in the USA; use them with caution where this is relevant.



For references, see <http://www.wildbrilliancepress.com/urology2>