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Chapter 4

The Manual Approach

Benign Prostatic Hypertrophy, the Seminal Vesicles, and the Periprostatic Tissues

General

Preliminary Conditions

When a practitioner takes on a patient for benign prostatic hypertrophy (BPH), it is preferable that he first consults a physician or a urologist for an objective diagnosis. The situation should never arise where a case of presumed BPH is taken on when in fact the problem is cancer.

Concept of the Global Lesion

This concept clearly asserts that each part of the body is important and indispensable to the whole. The osteopath or manual therapist, being a globalist mechanic, does not have the right to declare that he or she does not do internal manipulation out of personal preference when it falls within the scope of practice. It is not for us to decide which parts of the body are important to treat; only the tissues know. This book discusses patients and not a therapist's personal discomfort. It is possible to change the quality of a patient's life by helping him avoid prostate surgery and its considerable attendant risks, and it is simply not feasible to manipulate the prostatic urethra except via the internal route.

Manual Therapy for the Prostate

Similarly, in the case of women, what viable reason would persuade a therapist not to manipulate the uterus and its attachments in an infertile woman? To help a woman conceive a child is one of the noblest missions in life. From the moment an osteopath or manual therapist accepts to help the body of a patient in its totality, he or she takes a big step toward respecting people and their suffering. This is the proof that the patient matters more than his own concerns. In my opinion, an osteopath or manual therapist who practices internal manipulation understands that he must do everything possible to help the patient.

Manual Therapy as a First Resort

As discussed above, surgical treatments or medications for BPH carry risks for the patient. Manual therapy, which has no iatrogenic effects, is a better first try.

In view of the importance of the symptoms, patients are asked to come for three or four consultations spaced three weeks to one month apart. After these sessions, they are advised to return in three to four months so that the results can be judged. If there is no change, it is preferable to abandon manual therapy. It is useful to set a limit on treatment.

Purpose of Manual Therapy

Important: the goal is not to reduce the volume of the adenoma but to intervene with the consequences of its enlargement. Manipulation has little impact on the size of the prostate, but it affects the functional problems caused by an enlarged prostate.

Objective Tests

At present, many osteopaths and manual therapists duplicate objective exams of patients to establish proof of the effectiveness of manual therapy. I include myself in this category. Today there are a multitude of theses developed with the eventual goal that by force of statistics, manual therapy will be seen objectively rather than subjectively.

In the case of the prostate, the only objective test would be to show that after three or four manipulations, the size of the prostate clearly diminishes by an accurate and clear measure. However, urologists are in agreement that it is not the size of the prostate that matters. An enlarged prostate can become enlarged in the dorsal direction, that is to say projecting toward the rectum, without creating any particular disturbance.

Excellent results have been achieved on prostates that have not altered in dimension but that have recovered good mobility and condition. The urethra became less compressed, and urinary symptoms were reduced and sometimes even disappeared.

Purpose of Prostate Manipulation

Here are the various parameters that osteopaths and manual therapists seek to affect.

Mechanical Goal

Manipulation of the prostate influences:

- mobility
- motility
- hardness

Manual Therapy for the Prostate

- consistency
- extensibility
- elasticity
- intraprostatic pressure
- extraprostatic pressure
- the vas deferens
- the ejaculatory ducts

Neurological Goal

The prostatic and periprostatic tissues, notably Denonvilliers's fascia, are rich in smooth muscle fibers. They react to manual manipulation because their musculoligamentous system is highly proprioceptive. The prostate also reacts more easily and intensely than do simple supportive tissues. Manipulation works either:

- directly on the nervous system of the prostate, by way of the hypogastric plexus and nerve fibers issuing from the lumbar and sacral plexus.
- indirectly through the propagation of proprioceptive nerve impulses that relay to the cerebellum and thalamus.

Vascular Goal

It is thought that particularly at the level of the rich venous framework surrounding the prostate, manual manipulation plays a role:

- directly by mobilizing the venous contents.
- indirectly through the nervous system of the venous walls.

Lymphatic Goal

The prostate is surrounded by a rich lymphatic network, especially well developed at the posterior part, accessible by the finger. By