

Male Pelvic Congestion and Erectile Dysfunction Obscure Reasons for an Obvious Phenomenon among the Young

Abstract

This study aimed to demonstrate recent environmental reasons behind the rising phenomenon of erectile dysfunction among young ages during late decades. Erectile dysfunction (ED) has got its impact on the quality of life of both partners. Erectile function (EF) is due to local arousal induced by release of nitric oxide. ED can be adequately prevented and improved by reduction of cardiovascular disease risk factors, regular exercise, weight loss and abstinence from smoking. An apparent role for cytokines in the pathophysiology of ED has been emerging; this substance can induce vascular spasm and affect vascular endothelial function including endothelial-derived nitric oxide production (NO). The association of male pelvic congestion with the frequency of male sexual dysfunction has been documented in literature. As concerns therapeutic modalities, medicines work essentially by mediating or enhancing the effect of NO.

Colonic *H. pylori* strains were found frequently associated with pelvic congestion; *H. pylori* were considered as a possible underlying etiologic pathology in cases of pelvic pathology in general. The increased mucosal production of inflammatory cytokines of *H. pylori* could play an integral role in the pathogenesis of ED. The association of the colonic *H. pylori* strains with pelvic pathology, the role played by the inflammatory cytokines and the therapeutic effect of NO in ED were the scientific reasons to employ colon clear and blood-let out (BLO) cupping therapy in cases of ED. 40 patients with ED positive for colonic *H. pylori* strains were selected in two age groups; young and older age groups. They were scheduled for three sessions of colon clear, one each month, and a procedure BLO cupping therapy one week after the last colon clear. Marked improvement and most patients recovered their usual EF and sexual satisfaction. Employment of combined colon clear and cupping therapy in cases of ED is promising and is not just hypothetical.

Keywords: Cupping therapy; Pelvic congestion; Erectiledysfunction

Introduction

Erectile dysfunction (ED) has got its impact on the quality of life of both partners. Erectile function (EF), as a neurovascular phenomenon characterized by penile engorgement that results from local arousal induced-release of neuronal and endothelial-derived nitric oxide (NO). ED can arise from arterial etiology, venous leakage or psychogenic reasons [1,2].

Consistent with the fact that the cavernous tissue is a complex extension of the vasculature; risk factors that affect the vasculature have been shown to affect cavernous function as well [3]. Therefore, ED can be adequately prevented and improved by reduction of cardiovascular disease (CVD) risk factors, regular exercise, weight loss and abstinence from smoking [2].

An apparent role for the cytokines in the pathophysiology of ED has been emerging; this substance can induce vascular spasm and affect vascular endothelial function including endothelial-derived NO production. Demonstration of high levels of tumor necrosis factor- α , which is a member of the cytokine family, in patients with ED

supports the suggestion of a potential influence of cytokines in the pathogenesis of this sexual conflict [3,4]. The association of male pelvic congestion and prostatitis or prostatism with the frequency of male sexual dysfunction has been also documented in literature [5-7].

Cyclic guanosine monophosphate (cGMP), by inducing activation of protein kinase G, mediates the effects of NO by enhancing calcium sequestration and activating large-conductance calcium-sensitive potassium channels. Phosphodiesterase-5 (PDE5) inhibitors (sildenafil, tadalafil and vardenafil) were found to increase cGMP levels in erectile tissue. These agents are effective in 80% of arterial ED, even with CVD and can be used safely. Penile prosthesis implantation is a safe and effective measure for management of ED due to venous leak [7].

The pelvic congestion syndrome has been widely studied in the female sex, while there are not many publications on the male equivalent. Prostatitis represents the most frequent affections of the genitourinary male tract but in the majority of cases, the etiology of such affections remains unknown [8]. The pathophysiology of prostatodynia (chronic prostatitis-like syndrome) is still remaining unknown. Recently, it was reported that intraprocapsular pelvic venous congestion especially around the prostate was found predominantly in patients with prostatodynia [9]. The insufficient circulation of the internal

pudendal vessels is a characteristic sign observed in patients with intra-pelvic venous congestion syndrome [10].

Helicobacter pylori has been found associated with many medical challenges and having different influence in these conditions. Colonic *H. pylori* strains were found frequently associated with pelvic congestion due to accumulation of profuse toxic amounts of ammonia in the colon; *H. pylori* was considered as a possible underlying etiologic pathology in cases of pelvic pathology in general [11-13].

Aim

Demonstration of recent environmental reasons behind the rising phenomena of erectile dysfunction among young ages during late decades.

Design and Settings

A prospective study done in Balghsoon Clinics in Jeddah/Saudi Arabia between May 2012 and October 2014. [This study seems a decade old, is this justifiable at this situation? Still potential to contribute new knowledge?](#)

[What about inclusion and exclusion criteria?](#)

[How author calculated sample size?](#)

Patients and Methods

Forty patients scheduled in two different age groups with recent onset of different grades of ED. The age of patients of the first group ranged between 50 and 55 years while age of patients of the second group ranged between 30 and 35 years. The purpose of the young age group was to illustrate an environmental reason that may affect EF in those who should not generally suffer such problem, while the purpose of the older age group was demonstration of the efficacy of the natural methods employed in this study on erectile dysfunction in an age group that may normally start to feel uneasy about this matter. The patient's complaint was mostly incomplete or softer erection which does not last enough making penetration of the vagina uneasy; attempt to store or improve erection ends ultimately by premature ejaculation. Validated self-report measures, (the International Prostate Symptom Score and International Index of Erectile Function), have been considered [6]. Existence of colonic *H. pylori* strains was confirmed by the specific test, *H. pylori* faecal antigen [11]. The potent natural senna leaves extract purge was employed for all patients monthly for three months in order to achieve adequate eradication of colonic *H. pylori* strains. One week after the last purge, all patients had undergone a traditional therapeutic procedure of suction blood-let out cupping therapy with skin scratching and suction of blood on the upper back for the purpose of sero-clearance followed by a further cupping session few time later on the lower back for decongestion of the pelvis. This traditional therapy can be described as "functional modified multiple minifasciotomy" [14,15].

[What are the variable author selecting for analysis? What tool they were using to collect data? Which statistical tool they are using for data analysis?](#)

Results

90% of patients were found positive for colonic *H. pylori* strains; eradication of *H. pylori* from the colon was confirmed by the same specific test (*H. pylori* faecal antigen test). 17 patients of the first older group with ED restored 75% at least of their usual EF after completing colon clear and 85% of EF few days after cupping therapy. 19 patients of the second younger group restored 80% of EF after colon clear and 90% of EF after cupping therapy. All patients of both groups who responded to therapy expressed their satisfaction of restoring nearly their usual sexual health and having no problem with intercourse. They were followed up for few months and then left to lead their normal life.

without interference; they were instructed to care for their colon and food habits in order to avoid recurrence of colonic *H. pylori* strains.

The three patients from first group and one patient from second group who did not respond to therapy were not happy because of inability to achieve or maintain an erection adequate for sexual intercourse; they were referred to psychiatric andrologist to exclude psychogenic reasons before revision of natural therapy.

What about baseline data/sociodemographic data of both group?

Its always better to present data in table and /or graph

Ethical Considerations

An informed signed consent was taken from all patients, they were made aware about safety of the natural colon clear remedy and the procedure of cupping therapy employed for them; they were free to quit the study whenever they like. The research proposal was approved and the study followed the rules of the Research Ethics Committee of Balghsoon Clinics in Jeddah, Saudi Arabia.

Discussion

ED is lately a common occurrence and its incidence is expected to increase significantly along with the increase in various lifestyle diseases. It constitutes an increasing obvious phenomenon during latest decades; the reasons of spreading of this phenomenon lately even among younger men are obscure to explain [16]. As man grows older, sexual and non-sexual symptoms of testosterone deficiency can negatively affect the quality of life and cause considerable general health concerns but not in young age generations and not in such fast scenario [17].

Concerning pathogenesis of ED, inflammatory cytokines has been frankly and majorly considered in this topic [3, 4]. As regards risk factors in ED, cardiovascular risk factors may constitute the same risk in ED also [2, 3]. As concerns therapeutic modalities, the immediate objective of PDE5 inhibitor treatments is to restore the ability of man to achieve a maintained erection adequate for sexual satisfaction [2]. Penile prosthesis implantation has been employed as well in ED cause by venous leak [7].

H. pylori could migrate or get forced to migrate to the colon under the influence of antibiotic violence leading to accumulation of profuse amounts of ammonia unopposed or buffered by any acidity [11, 12]. Accumulation of profuse amounts of ammonia in the colon is toxic and could lead to pelvic congestion. In addition, the increased mucosal production of inflammatory cytokines of *H. pylori* could play an integral role in the pathogenesis of ED [18, 19].

Depending upon these facts, and upon the fact that cytokines accumulate in the body with or without apparent vascular insufficiency, [20] together with the findings that male pelvic congestion is associated with male sexual dysfunction; [21, 22] colon clear and cupping therapy have been employed in cases of male ED for eradication of colonic *H. pylori* strains, decongestion of the pelvis and elimination of the undesired elements from the pelvis such as trapped blood and inflammatory cytokines which are functionally obliged

to this blood [12, 15].

The expected role colon clear in ED for eradication of colonic *H. pylori* strains is getting rid of the reasons of pelvic congestion due to accumulation of profuse ammonia in the area of the pelvis and withdrawal of the inflammatory cytokines produced due to the existence of *H. pylori* in the colon [11, 12, 18, 19]. The expected role of cupping blood-letting out therapy in cases of ED is withdrawal of the congested blood in the pelvis, elimination of the interstitial cytokines

trapped with this blood in the pelvis and encouragement of pelvic circulation due release of histamine at the scratch sites and liberation of NO owing to scratching and the act of repeated suction [15, 22, 23].

Conclusion

Employment of combined colon clear and cupping therapy in cases of ED is promising and is not just hypothetical as upon the basis of this combined traditional natural cure most of the patients of the study have achieved satisfactory improvement.

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