

Thermobalancing Therapy Can Improve the Quality of Life of Patients with Urological Diseases: Chronic Prostatitis, BPH and Kidney Stones

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Citation: Simon Allen and Ivan Gerasimovich Aghajanyan (2016) Thermobalancing Therapy Can Improve the Quality of Life of Patients with Urological Diseases: Chronic Prostatitis, BPH and Kidney Stones. *Kidney Urol Res* 1: 004.

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Keywords: Chronic prostatitis; CP/CPPS; Benign prostatic hyperplasia; BPH; Kidney stones; Prostate natural treatment; Therapeutic device; Thermobalancing therapy.

Since 2009, when Dr. Simon Allen introduced Thermobalancing therapy for chronic internal disease [1], numerous empirical data were gathered that the devices he invented provide effective treatment for the most common disorders in urology, specifically chronic prostatitis, benign prostatic hyperplasia/lower urinary tract symptoms (BPH/LUTS) and kidney stones disease. For over three years clinical studies are investigating the use of this new therapy enabled by therapeutic device, termed Dr Allen's Device, in the Department of Urology at the Yerevan State Medical University.

The results of the studies are promising as almost all people have improvement of their quality of life (QoL). Moreover, men are able to recover from chronic prostatitis, the volume of enlarged prostate reduces together with LUTS and we have observed disappearing of even large kidney stones after using of Thermobalancing therapy. That is why

it would be useful for people in all countries to their urologists know about this effective and side effects free Thermobalancing therapy, particularly proven for chronic prostatitis, benign prostatic hyperplasia and kidney stones disease.

Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS): We concluded clinical trial on 45 men with chronic prostatitis that has shown positive results in reducing pelvic pain and improving quality of life. Before and after 6-month Thermobalancing therapy patients with CP/CPPS were tested on National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) QoL score. The mean of QoL score, in patients with CP/CPPS, measured at the beginning and after 6 months of using Dr. Allen's Device, decreased from 8.11 to 2.98, ($P < 0.001$), showing significant improvement of QoL, while in the control group, in men who didn't receive therapy, there was no difference in QoL scores, in average: 8.47 to 8.33.

At the same time drugs for the treatment of chronic prostatitis do not show sufficient efficacy and most commonly used drugs have side effects, especially in a long-term [2]. The work of Harvard Medical School provides a meta-analysis of different types of treatment of chronic prostatitis from 1947 to December 31, 2011 concluding that there are no appropriate interventions for patients with CP/CPPS [3].

Therefore, effectiveness of Thermobalancing therapy should be considered seriously and this therapy can be included in recommendations for the treatment of CP/CPPS.

Benign Prostatic Hyperplasia (BPH/LUTS): Many men diagnosed with LUTS secondary to BPH find difficult to cope with side effects of long-term medications such as alpha-blockers or 5-alpha-reductase inhibitors and combination therapy. Bothersome sexual side effects, including ejaculatory dysfunction (ED) are common [4]. Also this therapy costly as men must use BPH drugs for years. Many urologists therefore offer various minimally invasive procedures starting with the “gold standard” transurethral resection of the prostate (TURP) to laser therapies [5]. However, the risk of sexual side effects is an important one to consider in discussing the implications for any LUTS surgical intervention [6].

As conventional treatment options have serious side effects, approximately 30% of men diagnosed with prostate disease take supplements, and doctors in Europe typically use such remedies as first-line treatment for the urologic conditions [7]. The most common for LUTS due to BPH are extracts of the saw palmetto. While the most recent data from double-blind clinical trials do not support efficacy superior to that of placebo, the saw palmetto extract showed no evidence of toxicity [8].

We performed a clinical non-randomized controlled trial before and after 6-month thermobalancing

therapy. Therapeutic device was administered to 124 patients with BPH as mono-therapy. The results of this study demonstrate improvement in men with BPH after treatment with therapeutic device. We observed positive effects in the IPSS symptom score, PV, and uroflowmetry parameters [9]. The mean QoL according to IPSS in the treatment group decreased from 3.91 ± 0.755 to 1.39 ± 1.110 ($P < 0.001$), whereas in the control group, the mean QoL increased from 3.43 ± 0.956 to 3.76 ± 0.983 . Thus the benefits of Thermobalancing therapy for men with BPH are confirmed by evidence.

Kidney Stones Disease: During studies on the prostate problems we used Thermobalancing therapy for some patients with kidney stones and got positive results. For instance, Makaryan V, 58, with 20-year history of kidney stones disease, after using therapeutic device for 7 months observed that symptoms relief was achieved in 3 months and ultrasound showed that 3.0 cm kidney stone was dissolved after 7-months of wearing Dr. Allen’s Device.

Shock wave lithotripsy (SWL) and surgical procedures can develop serious complications, such as diabetes, high blood pressure and others [10, 11]. Therefore, we have considered a new clinical trial for patients with kidney stone [12].

To Conclude: The results of the clinical trials in men with BPH/LUTS and CP/CPPS suggest that Thermobalancing therapy should be viewed as a new physiotherapeutic approach for patient with CP/CPPS and BPH. Thus urologists should be aware of Thermobalancing therapy and therapeutic device in order to improve QoL of their patients. We believe that clinical trial for kidney stones would bring interesting results, so we are inviting researches worldwide to take part in these investigations.

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