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Individualized homoeopathic treatment for benign prostatic hyperplasia: A holistic approach to prostate health: A case report

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Abstract

Benign Prostatic Hyperplasia (BPH) is a common condition affecting men, characterized by the non-cancerous enlargement of the prostate gland, leading to urinary symptoms and decreased quality of life. It's prevalence and lifetime risk of developing histologically confirmed BPH increases with age, up to 90% in 8th decade of life. Though various surgical and non-surgical treatment are available in conventional system of medicine, yet patients seek towards homoeopathic system of medicine for relief of symptoms and cure of disease. This case report presents the successful homoeopathic management of BPH in a 50-year-old male patient. Individualized homoeopathic treatment resulted in significant improvement in urinary symptoms and overall well-being, highlighting the potential of homoeopathy as an alternative therapy for BPH.

Keywords: Benign prostatic hyperplasia, individualized homoeopathic treatment, homoeopathy

Introduction

Benign prostatic hyperplasia (BPH), also known as prostate gland enlargement, is a prevalent condition among older men, characterized by urinary symptoms and potential complications involving the bladder, urinary tract, or kidneys. Benign Prostatic Hyperplasia (BPH) refers to the enlargement of the prostate gland due to both hyperplasia (increase in the number of cells) and hypertrophy (increase in the size of cells). This enlargement can lead to compression of the outer portion of the gland, known as the surgical capsule. BPH is also referred to by several other names including senile enlargement of the prostate, adenoma, adenomyoma, and nodular hyperplasia. BPH is the most common condition in ageing men, associated with lower urinary tract symptoms (LUTS). It is marked by the proliferation of cellular components within the prostate gland, particularly in the transitional zone around the urethra. This proliferation leads to benign prostatic enlargement (BPE) and bladder outlet obstruction (BOO), contributing to lower urinary tract symptoms LUTS.

Historically, BPH has been recognized for centuries, with accounts dating back to ancient Egyptian writings. Roman physicians described early methods of treatment such as catheterization. Interest in treating BPH surged in the late 19th century due to the significant impact of the condition on men's health. Surgical techniques evolved during this time, leading to improvements in treating obstructive uropathy and lower urinary tract symptoms. Late 19th-century concepts of BPH, as articulated by figures like J. William White, focused on understanding the causes and consequences of prostate enlargement. White emphasized the role of artery sclerosis, bladder changes, and hormonal regulation in the development of BPH. He advocated for surgical interventions like prostatectomy and explored the effects of castration on prostatic atrophy, drawing insights from animal models like canines.

Its prevalence increases with age, and the lifetime risk of developing histologically confirmed BPH has been approximately 8% between the ages of 31 and 40 years, 50% between 51 and 60 years, 70% between 61 and 70 years and 90% between 81 and 90 years. Symptomatic (clinical) BPH is present in approximately 26% of the men in the fifth decade, 33% in the sixth decade, 41% in the seventh decade and 46% in the eighth decade of life and beyond. Voiding symptoms have often been attributed to BOO (bladder outlet obstruction). Etiopathogenesis of BPH is still not fully clear. While BPH is not inherently linked to cancer, it can coexist with prostate cancer. The exact cause of BPH remains unclear, but

hormonal factors, particularly testosterone and its conversion to dihydrotestosterone (DHT), are implicated,

along with various other metabolic and inflammatory factors.

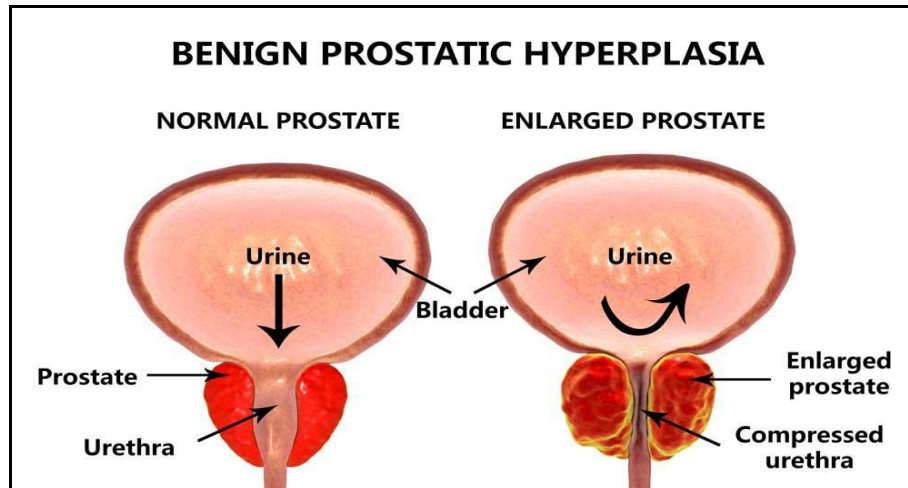


Fig 1: Benign Prostate Hyperplasia

BPH prevalence increases with age, affecting millions of men worldwide, with a significant impact on quality of life. Voiding symptoms (e.g., slow stream, hesitancy, intermittency and terminal dribble) occur with a greater frequency, storage symptoms (e.g. increased daytime frequency, nocturia, urgency and urinary incontinence) are considered to be most bothersome and interfere to a great extent with daily life activities of the patient and his partner's quality of life (QOL). Although surgical options are common, many patients seek non-surgical treatments for symptomatic relief. This case study aims to explore the efficacy of homeopathic treatments for BPH, providing insights into alternative approaches to managing this condition.

Case Report

Patient Information

Mr. PQR, a 50-year-old male, was presented on 25 October 2021 with several urinary complaints, notably experiencing frequent urination, particularly exacerbated at night, with an urgent sensation to urinate every hour. He also reported difficulty initiating urination without applying pressure, along with a feeble and intermittent urinary flow. Additionally, he described a persistent sensation of incomplete emptying of the bladder and noted his inability to hold urine for extended periods. These symptoms had been progressively worsening over the past month, prompting his seeking of medical attention.

History

Mr. PQR gradually developed symptoms of frequent urination, particularly worsening over the past month, accompanied by a sensation of incomplete bladder emptying. He had a history of COVID-19 in 2020 and Dengue fever in 2021, for which he received allopathic treatment. His family history revealed paternal hypothyroidism and high blood pressure and maternal asthma. He had a history of alcohol consumption and worked as an engineer in a private company. He had a friendly relationship with family members and colleagues. His dietary preferences included spicy food and hot beverages.

Physical Examination

General Survey: Well-nourished ectomorphic build with no apparent abnormalities.

Uro-genital System: Increased urinary frequency with urgency, incomplete emptying, and feeble flow.

Physical general

Patient was having offensive odour of perspiration. Patients have to eat something and cannot remain hungry. There was a desire for sweet.

Mental general

Patient was very religious but he also consumes alcohol on regular basis.

Investigations: Ultrasonography reports of 17 October 2021 revealed an increased prostate weight of 51.4 gm with size 45 x 42 x 51 mm. Moderate prostatomegaly was also revealed. (Figure 2)

Case analysis

Proper case was taken as per the indication mentioned in organon of medicine. Diagnosis of Benign Prostatic Hyperplasia (BPH) was made based on clinical presentation and investigation findings.

Miasmatic Diagnosis

The case was predominantly Syco-syphilitic miasm based on symptom analysis.

Repertorial Analysis

On repertorization, Sulphur, Lycopodium, Puls and Staph was coming as indicated remedies. On further case analysis, Sulphur emerged as the most similar medicine based on the repertorization. (Figure 3)

Sulphur – 35/11

Lycopodium – 33/10

Pulsatilla -30/10

Staphysagria – 17/10

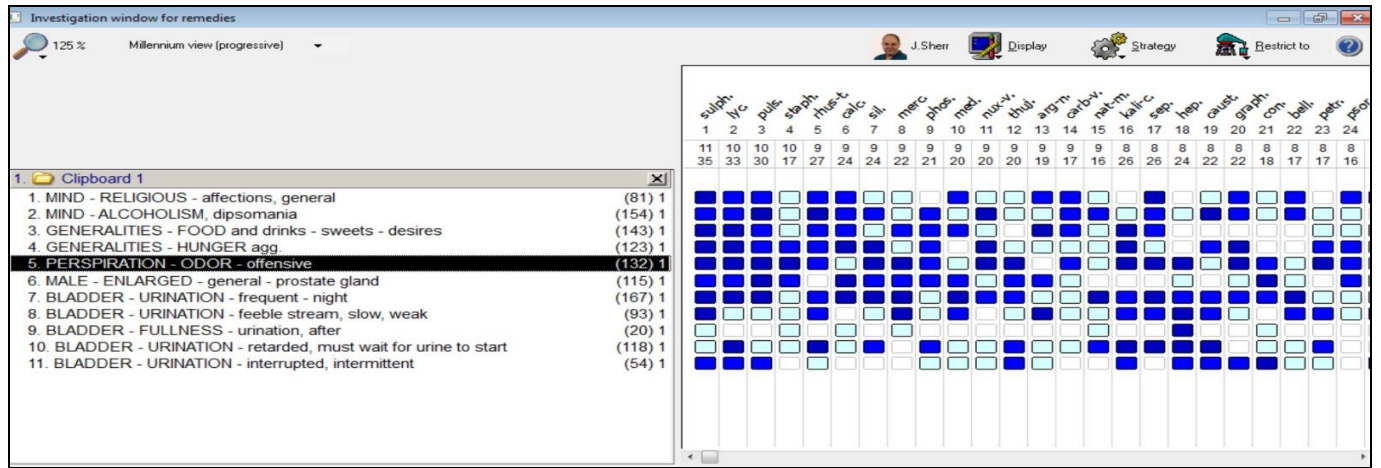



Fig 2: Repertorial analysis

Homeopathic Management

Based on repertorial analysis Sulphur 200, 6 globules, one dose was prescribed which was followed by Rubrum 30, 6

globules, thrice daily for 30 days. Patient was advised to come to follow up after one month.



**UNITED
DIAGNOSTICS**

- CT Scan
- Digital X-Ray
- Dentascan
- 2D / 4D Ultrasound
- Colour Doppler
- Fully Automated Pathology

Name : TRILOKI NATH
Age/Gender : 70 YRS/MALE
Refer By: Dr. Mohd. Shameem
 (B.U.M.S.) Gangaganj
Barcode : 10052323

Lab No 042108170039
Privilege Card No:
Date : 17-10-2021
Client/Panel : KARELI

REPORT: ABDOMINAL ULTRASOUND

LIVER : Normal in size, shape and echotexture. Intrahepatic biliary radicals are not dilated. No focal lesion present.

GALL BLADDER : Is distended, walls are normal. No calculus is seen. No focal mass lesion is seen.

CBD & PORTAL VEIN: CBD & Portal vein are normal in calibre. CBD is normal in course & with clear lumen.

PANCREAS : Normal in size & echopattern.

SPLEEN : Normal in size & echopattern.

KIDNEYS: **Right kidney** is normal in size, shape and echopattern. No calculus or hydronephrosis changes are present. CMD maintained.
Left kidney is normal in size, shape and echopattern. No calculus or hydronephrosis changes are present. CMD maintained.
 No ascites / effusion are seen.

URINARY BLADDER : Distended with urine. **Walls are thickened.** No calculus or debris present.

PROSTATE: **Moderately enlarged in size (45 x 42 x 51 mm, Wt.-51.4 gms.).** Capsule intact.

IMPRESSION:

- **Moderate prostatomegaly.**
- **Cystitis.**

Advice: Kindly correlate clinically, PSA titer.

Dr. Amit Mishra
 MD

* Discrepancies due to technical or typing errors should be reported for correction within seven days. No compensation liability stands.

**UNITED DIAGNOSTICS
& RESEARCH**

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Fig 3: USG report on 17 Oct 2021

~ 343 ~

Follow-up

Regular follow-ups were conducted to monitor symptom

improvement and adjust treatment accordingly.

S. No.	Date	Brief Notes	Prescription
1.	23.11.21	Frequency and urgency reduced No change in urinary flow symptoms No change in fullness sensation	Rubrum 30 – 6 glb no. 40, Sum. T.I.D. A.C.- For 30 days
2.	22.12.21	Frequency and urgency reduced No change in fullness sensation Urinary flow symptom (intermittent flow, feeble stream, straining before urination) slightly reduced	Sulphur 200, gtt 1 M. ft. 6 glb no. 40, C.M. Vac. Ven. Rubrum 30 – 6 glb no. 40, Sum. T.I.D. A.C.- For 30 days
3.	24.1.22	Frequency and urgency reduced Fullness sensation slightly reduced Urinary flow symptom (intermittent flow, feeble stream, straining before urination) mildly reduced.	Rubrum 30 – 6 glb no. 40, Sum. T.I.D. A.C.- For 30 days
4.	23.2.22	Frequency and urgency reduced Fullness sensation slightly reduced Urinary flow symptom (intermittent flow, feeble stream, straining before urination) mildly reduced	Rubrum 30 – 6 glb no. 40, Sum. T.I.D. A.C.- For 30 days
5.	24.3.22	Frequency and urgency reduced Fullness sensation reduced Urinary flow symptom (intermittent flow, feeble stream, straining before urination) mildly reduced	Rubrum 30 – 6 globules no. 40, Sum. T.I.D. A.C.- For 30 days
6.	22.4.22	Frequency and urgency come to almost normal Urinary flow symptom (intermittent flow, feeble stream, straining before urination) mildly improvement Urination satisfactory, no sensation of fullness urination after	Rubrum 30 – 6 globules no. 40, Sum. T.I.D. A.C.- For 30 days

Outcome

After 30 days of homeopathic treatment, Mr. PQR reported significant improvement in urinary symptoms. He experienced reduced urinary frequency, improved flow, and diminished sensation of incomplete bladder emptying. After

5 month of treatment patient was advised to USG. Subsequent USG finding revealed reduction in size. The size of prostate was reduced to 46x40x35mm and moderate prostatomegaly was reduced to mild prostatomegaly. (Figure 4)

TOO HI NIRANKAR AVTAR DIAGNOSTIC CENTRE 12 RANI MANDI, PRAYAGRAJ - 211003 Ph: 0532-2240837; 9333049862, 9984364564	
Name :	Mr. Triloki Nath Chaurasiya
Rfd by :	Dr. Awadhesh Yadav
Age/Sex :	70 yrs/ Male
Date :	17-03-2022
ULTRASOUND OF WHOLE ABDOMEN	
LIVER	: Liver is normal in size [11.5 cm], with normal in shape & echogenicity. Biliary radicals are not dilated. No obvious focal lesion. Portal & hepatic veins are normal in caliber.
GALL BLADDER	: Is normal in size and lumen is anechoic. Wall is normal in thickness. No pericholecystic fluid seen.
CBD	: CBD is normal in size at porta. No obstructive lesion is seen.
PANCREAS	: Is normal in size and contour. Parenchyma shows normal echo texture. No pancreatic duct dilatation is seen. No peri-pancreatic fluid collection seen.
SPLEEN	: Is normal in size [9.2 cm], shape & position. Splenic veins are not dilated. Parenchyma shows normal echo texture.
RIGHT KIDNEY	: Normal in size [9.4 cm], Shape & echo-pattern. No calculus and No Hydronephrosis changes are seen. CMD maintained.
LEFT KIDNEY	: Normal in size [10 cm], Shape & echo-pattern. No calculus and No Hydronephrosis changes are seen. CMD maintained.
URINARY BLADDER	: Is well distended with normal contour. Wall appears regular. No evidence of any calculus /mass lesion is seen. Pre Void Urine Volume — 180.2 cc. Post Void Urine Volume — 61.4 cc. [PVR INCREASED] [SHOWN IN IMAGE - 2 & 3]
HIGH RESOLUTION	: No evidence of bowel wall thickening or intraperitoneal fluid collection seen. Appendix is not visualized. No lymphadenopathy seen. No bowel mass seen.
PROSTATE	: Mildly Enlarged in size measuring — 46 x 40 x 35 mm, Volume — 35.2 cc with normal in shape & echo-pattern. Midian Lobe Enlarged measuring - 10 mm. [SHOWN IN IMAGE - 1]
IMPRESSON	: 1. MILD PROSTATOMEGALY GR. - 1. 2. PVR INCREASED.
ADV :	CLINICAL PATHOLOGICAL CORRELATION & FURTHER EVALUATION . Ultrasonography can detect most, but not all, major structural fetal malformations. Detailed fetal anatomy may not be always visible due to technical factors related in fetal position, fetal movements, and maternal abdominal wall thickness. Hence all fetal anomalies may not be detected at an examination. Sonography may also not detect minor malformations and cannot determine the functional status of any organ. All sonographic findings and reports should be interpreted in correlation with the clinical data.
	Dr. K. P. Singh M.B.B.S, D.M.R.E. (RADIOLOGIST & SONOLOGIST)
	<small>This Report is not meant for medico Legal Purpose, Please correlate clinically.</small>

Fig 4: USG report on 17 Mar 2022

Discussion

Sulphur 200 was prescribed and improvement was reported in 5 months based in clinical symptoms and USG reports. There was reduction size of prostate and severity of prostatomegaly. There was improvement in physical and general symptoms. This case demonstrates the successful homeopathic management of BPH in a 50-year-old male using individualized treatment based on symptom totality and miasmatic analysis. Sulphur, followed by Rubrum, yielded substantial improvement in urinary symptoms, underscoring the efficacy of homeopathy in addressing BPH.

Conclusion

While clinical research on homeopathy for BPH is limited compared to conventional treatments, several studies and clinical observations suggest its efficacy in relieving symptoms and improving quality of life. Homeopathy is considered safe and free from the side effects often associated with conventional medications, making it an attractive option for many individuals seeking natural alternatives. Further research and clinical studies are warranted to validate these findings and explore the broader application of homeopathy in urological conditions.

Conflict of Interest

Not available

Financial Support

Not available

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