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A clinical study on the usefulness of anti-miasmatic medicines in the homoeopathic management of benign prostatic hyperplasia

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Abstract

Background: Benign prostatic hyperplasia is not a life threatening condition of men, but it often affects the quality of life in varying degrees. The success rate in treating with conventional therapy is limited, and the physicians determine the patient as a candidate for surgery when the medicinal approach fails. Though a few case records are available in the past about the success of homoeopathic medicines in treating patients suffering from benign prostatic hyperplasia, yet they lack proper quantitative assessment. As a result, an observational study was conducted to determine whether anti-miasmatic medicines can be beneficial in treating Benign Prostatic Hyperplasia in homoeopathic medicine.

Methods: An observational study was conducted at OP and IP department of Govt. Homoeopathic Medical College, Trivandrum. Based on International Prostate Symptom Score assessments and ultrasound measurements, thirty cases with benign prostatic hyperplasia were assessed over a one year period.

Results: The study showed a marked reduction in prostate volume and International Prostate Symptom Score. In comparison, the paired t-test showed a significant decrease in both mean volume (25.49%) and International Prostate Symptom Score (55.08%).

Conclusion: The results obtained from the study are encouraging and will immensely benefit the ageing population with the findings that almost 93.33% of patients improved significantly. However, such a study with the inclusion of more parameters is needed for further validation of the role of the anti-miasmatic mode of treatment in Homoeopathy.

Keywords: Benign prostatic hyperplasia, homoeopathy, antimiasmatic medicines, prostate volume, international prostate symptom score, prostatomegaly

Introduction

Benign prostatic hyperplasia is one of the most common lower urinary tract disorders seen among men of the geriatric population and usually begins by the age of 40-45. It is a noncancerous enlargement caused by excessive hyperplasia of prostatic tissue. It is nearly a universal problem that hampers the quality of life to a greater extent and is responsible for significant morbidity.

Based on the autopsy studies, the histological prevalence of benign prostatic hyperplasia is 8%, 50% and 80% in the 4th, 6th and 9th decades of life, respectively [1]. Currently, more than 22 million men over age 50 are affected by benign prostatic hyperplasia, which is estimated to double every 4.5 years between the ages of 31-50 and 10 years between the ages of 51-70 [2].

Despite many decades of intense research, the etiological factor of benign prostatic hyperplasia is still unknown. Male sex hormone imbalances with ageing are considered a causal factor. Any family history of prostate gland problems [3], abnormalities with testicles, obesity or diabetes [4] may raise risks for developing benign prostatic hyperplasia. The significant symptoms produced in benign prostatic hyperplasia are due to the narrowing or partial blockage of the bladder neck [5]. The typical clinical presentation includes urgency to urinate, difficulty in postponing urination, difficulty in beginning the flow despite the urgency to urinate, great straining while urinating, weak or intermittent urinary stream, a sense that the urinary bladder has not emptied, dribbling of urine at the end of urination or leakage afterwards and urinary retention [6].

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Different therapeutic interventions under various medical streams are available for benign prostatic hyperplasia, and all treatment modalities aim to provide a permanent solution. In our literature search, we can conclude that clinical studies on the homoeopathic management of benign prostatic hyperplasia are few, and it remains unclear whether homoeopathic medicines are effective in treating benign prostatic hyperplasia. Hence, the main objective of the present study is to evaluate whether anti-miasmatic medicines are effective in managing benign prostatic hypertrophy.

Materials and Methods

Study design

The study was prospective and observational, conducted from Feb 2016 to Feb 2017 at Govt. Homoeopathic Medical College Hospital, Trivandrum. The progress of the disease and the outcome of the study were assessed using International Prostate Symptom Score (IPSS) and abdominal ultrasonography. The International Prostate Symptom Score is detailed in Table 1.

Table 1: International Prostate Symptom Score (IPSS)

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
	None	1 time	2 times	3 time	4 time	5 times or more	Your score
Nocturia Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	
Add Your scores and write total in the box to the right							
Total score: 0-7 Mild; 8-19 moderate; 20-35 severe.							
Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed: Equally Satisfied / Dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	1	2	3	4	5	6	7

Study Population

Purposive sampling of thirty (30) patients between the age of 40 to 90, signs and symptoms of benign prostatic hyperplasia, PSA level equal to or below 4ng/ml and positive ultrasound findings were selected for the study.

Prescription and follow up

The prescriptions were made out based on the miasmatic diagnosis and the totality of symptoms, and formulated the indicated medicine by using synthesis repertory. A dose of selected medicine of 200C was administered in each case. Biweekly follow up was taken for the entire duration of the treatment. The patient was kept on a placebo till improvement stopped, without changing or repeating the medicine. When improvement lasted for a short period or no

further improvement occurred even after repeating the given medicine in the same potency, the next higher potency of the same medicine was given.

Plan of treatment

The treatment plan was based on the intensity of the suffering determined by the International Prostate Symptom Scoring (IPSS) method. In the case of mild to moderate intensity (IPSS 1-19), the first phase of treatment (watchful waiting) and giving a placebo with proper diet management was opted for. If there is no improvement, the second phase treatment (anti-miasmatic medicine) was opted.

Outcome Assessment

The outcome of the study was calculated using the

International Prostate Symptom Scoring formula as follows:

$$\text{Outcome} = \frac{\text{Baseline IPSS} - \text{IPSS at end}}{\text{Baseline IPSS}} \times 100$$

The changes were graded as marked improvement (> 75%), moderate (50-75%), mild improvement (25-50%), improvement not significant (< 25%), not improved (no change), and worse (increase in IPSS).

Statistical analysis

The statistical analysis of the data obtained after the completion of the study was done by paired t-test. The probability (p) value less than 0.05 ($p < 0.05$) was considered to be statistically significant.

Ethical Clearance

Ref No: 2598/B2/2012/GHMCT-(34), dated 16th April 2015 by the Ethical Committee, Govt. Homoeopathic Medical College, Trivandrum.

Results

A total of thirty patients were enrolled, and all patients completed the study as per protocol during the period of one

year. The age of patients ranged from 40-90 years were selected. The highest incidence of benign prostatic hyperplasia was found in the 50-60 age group (60%), followed by the 60-70 age group (20%), followed by 40-50 age group (16.67%), followed by 70-80 age group (6.67%), followed by 80-90 age group (3.33%).

The paired t-test for the difference in mean of pre and post-treatment of both prostate volume and International Prostate Symptom Scoring were found statistically significant ($p < 0.001$). The pre and post-treatment status are summarized in Table 2.

Table 2: The pre and post-treatment status

Outcome measures	Pre treatment	Post treatment	Change	Paired T	P-value
Prostate Volume	66.07	49.23	-16.84	10.35	< 0.001
IPSS	21.37	9.60	-11.77	9.08	< 0.001

The study reflects the predominance of sycotic miasm in the cases of benign prostatic hypertrophy. Out of 30 cases, 22 (73.33%) cases were sycotic miasm, 3 (10%) cases were psoric miasm, and 5 (16.67%) cases were psoro-sycosis miasm.

Table 3: The prescribed medicines and their effects

Medicines	Number of patients	Effects of medicine		
		Improvement	Worsened	No change
Thuja occ	6 (20.0%)	5	1	0
Pulsatilla	4 (13.3%)	3	0	1
Causticum	4 (13.3%)	4	0	0
Conium mac	3 (10.0%)	2	0	1
Calc carb	2 (06.6%)	2	0	0
Sulphur	2 (06.6%)	2	0	0
Lycopodium	2 (06.6%)	2	0	0
Medorrhinum	2 (06.6%)	2	0	0
Arsenicum alb	1 (03.3%)	0	0	1
Carcinosin	1 (03.3%)	1	0	0
Digitalis	1 (03.3%)	1	0	0
Nat mur	1 (03.3%)	1	0	0
Staphysagria	1 (03.3%)	0	1	0

Out of 30 cases, 28 (93.33%) improved, and 2 (6.67%) worsened. The prescribed medicines and their effects are summarized in Table 3.

Discussion

It is an observational study with positive results in diagnostic parameters. In the present study, the mean of the first parameter (prostate volume) at entry and end of follow-up was 66.07 and 49.23, respectively. The result showed a change of -16.84 in prostate volume which is statistically highly significant ($p < 0.001$). Similarly, the means of the International Prostate Symptom Score at entry and the end of follow-up were 21.37 and 9.60, respectively. It also showed a change of -11.77 in the International Prostate Symptom Score, which is also statistically significant ($P = < 0.001$). The results support that homoeopathic medicines are very useful in reducing prostate volume and International Prostate Symptom Score in cases of benign prostatic hyperplasia.

Most useful trial medicines in this study were Lycopodium, Pulsatilla, Sulphur, Calcarea, etc. The same medicines were

found in another study conducted at the Central Council for Research in Homoeopathy, New Delhi, with a constitutional approach. However, Thuja was used frequently in the current study, which was not the case in previous study. The findings suggest that different approaches with homoeopathic medicines produced better results by not only preventing but also reversing the progression of prostatic enlargement.

Most studies have found that it is challenging to reduce prostate volume if the patient is over 80 years old. However, homoeopathic treatments have proven effective in reducing symptoms even at advanced ages.

Conclusion

By providing a safe, simple, gentle, and cost-effective treatment for benign prostatic hyperplasia in ageing men, the study provides an alternative to unwanted surgical procedures. However, the study was done only with 30 cases for one year. So limited reliability can only be guaranteed. To get a better reliable result, a long-term study and comparative studies involving other modes of

treatments in Homoeopathy and other systems of medicine can also be accomplished.

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Conflicts of interest

There are no conflicts of interest.

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