

A CASE OF BENIGN HYPERTROPHY OF PROSTATE CURED BY HOMOEOPATHIC TREATMENT

Girish Gupta¹, Chaturbhuja Nayak^{2*} and Sakshi Mehrotra³

¹Senior Consultant, Gaurang Clinic and Centre for Homoeopathic Research, Lucknow, Uttar Pradesh, India.

^{2*}President, Homoeopathy University, Jaipur, Rajasthan, India.

³M.D.(Hom.) Scholar, Dr. MPK Homoeopathic Medical College, Hospital and Research Centre, Jaipur, Rajasthan, India.

Article Received on
28 May 2018,

Revised on 18 June 2018,
Accepted on 08 July 2018

DOI: 10.20959/wjpr201814-12928

***Corresponding Author**

Dr. Chaturbhuja Nayak

President, Homoeopathy
University, Jaipur, Rajasthan,
India.

ABSTRACT

Benign prostatic hypertrophy(BPH) is enlargement of the prostate due to the formation of one or more nodules. The report presented here is a diagnosed case of BPH. The patient presented with symptoms of increased frequency of urination, dribbling of urine after micturition, intermittent flow of urine and inability to postpone urination. The constitutional homoeopathic medicines like *Phosphorus* and *Pulsatilla* improved the patient. The status of the case was assessed with the help of USG, Uroflowmetry and International Prostate Symptom Score (IPSS). Thus, homoeopathic constitutional medicines can alleviate the symptoms of BPH and reduce the size of enlarged prostate.

KEYWORDS: Homoeopathy, BPH, uroflowmetry, USG, IPSS, constitutional medicines, *Phosphorus*, *Pulsatilla*.

INTRODUCTION

Benign prostatic hypertrophy(BPH) is a pathologic process that contributes to the development of lower urinary tract symptoms in men. Such symptoms, arising from lower urinary tract dysfunction, are further subdivided into obstructive symptoms (urinary hesitancy, straining, weak stream, terminal dribbling, prolonged voiding, incomplete emptying) and irritative symptoms (urinary frequency, urgency, nocturia, urge incontinence, small voided volumes). Lower urinary tract symptoms and other sequelae of BPH are not just due to a mass effect, but are also likely due to a combination of the prostatic enlargement and

age-related detrusor dysfunction. The symptoms are generally measured using a validated, reproducible index that is designed to determine disease severity and response to therapy- the AUA's Symptom Index (AUASI), also adopted as the International Prostate Symptom Score (IPSS). In patients with symptoms, uroflowmetry can identify those with normal flow rates and bladder ultrasound can identify those with high post-void residuals. Symptomatic relief is the most common reason men seek treatment for BPH, and therefore the goal of therapy for BPH is usually relief of these symptoms.^[1]

The patients of BPH at late age always do not prefer surgical approach to treat it. More often, they wish to avoid this route of surgery and are deeply inclined to take the advantage of alternative treatment mode such as homoeopathic therapy. Homeopathic remedies have good role in treating cases of BPH and the case presented here shows that homoeopathic constitutional medicines have power to improve lower urinary tract symptoms in patients suffering from BPH.

MATERIALS AND METHODS

Case profile

A 64 year male reported on 28.02.2008 with signs and symptoms of BPH for last 3-4 years. He had increased frequency of urination, both during day and at night, for last 3 years. He had dribbling of urine after urination and intermittent flow of urine, at times, for last 2 years. He couldnot postpone to urinate for last 1½ years.

Patient was married at the age of 29 years. His wife expired after 2½ years and he got married scnd time after 7 years. He had no issues.

Patient was of average built and height. He was a chilly patient and desired open air. He had desire for salt and had increased thirst.

He was impulsive, irritable, easily angered and pessimistic. He was anxious about health; had fear of misfortune and death. He had desire for company. He was sentimental, careless, absent-minded, and consolation ameliorated him.

He used to see dreams of dead relatives.

On P/R examination- 1 finger on wiper movement.

Remedy selection

Initially (on 28.02.2008), the patient was given *Placebo* and was asked to report after 3 days. Meanwhile, the case was repertorized and considering the mental and physical general symptoms as well as presenting complaints of the patient, *Phosphorus* 30C, 1 dose was given followed by *Placebo* twice daily for 15 days.

Outcome Assessment

The outcome of homoeopathic treatment was assessed by International Prostate Symptom Score(IPSS), Ultrasonography and Uroflowmetry and pre-/post- treatment data were compared.

RESULTS

Follow-up

Patient reported during subsequent visits without much improvement in urinary symptoms. So, the potency of *Phosphorus* was increased to 200C and then 1M during next four months. But, remarkable improvement was not observed. So, the case was re-analyzed and *Pulsatilla* 30C, 1 dose was prescribed on 01.07.2008. *Pulsatilla* 30C showed slow improvement and in subsequent follow-ups, the potency was increased to 200C and 1M. *Pulsatilla* yielded very good improvement in all the urinary symptoms including intermittency, urgency, and incomplete emptying of bladder. It was observed that IPSS was decreased from 12 to 4 (Table 1). Similarly, the residual urine volume was decreased from 442 ml to 405 ml. On the other hand, the maximum flow rate was increased from 16 ml/sec to 22 ml/sec (Figure 2). Average flow rate was increased from 6.23 ml/sec to 11.41 ml/sec. (Figure 2). The post-void residual volume was also decreased from 106cc to 12cc (Table 2).

Table 1: International Prostate Symptom Score (IPSS) before treatment.

S.No.	Questions to be answered	Not at all	Less than once every 5 times (rarely)	Less than once every 2 times	About once every 2 times	More than once every 2 times	Almost always
1	Have you felt like your bladder is not completely empty after urination in the past month?	0	1	2	3	4	5
2	Have you had to go to the toilet within 2 hours of doing so in the past month ?	0	1	2	3	4	5

3	Have you had disrupted urination in the past month ?	0	1	2	3	4	5
4	Have you found it hard to control your urine in the past month ?	0	1	2	3	4	5
5	Have you had a case of weak urinations in the past month?	0	1	2	3	4	5
6	Have you had to strain to initiate urination in the past month?	0	1	2	3	4	5
7	How many times did you, on average, get up to urinate at night after going to bed in the past month ?	0	1	2	3	4	5

Score: 0-7 mild, 8-19: moderate, 20-35: severe.

Total score: 12

Table 2: International Prostate Symptom Score (IPSS) after treatment.

S.No.	Questions to be answered	Not at all	Less than once every 5 times (rarely)	Less than once every 2 times	About once every 2 times	More than once every 2 times	Almost always
1	Have you felt like your bladder is not completely empty after urination in the past month?	0	1	2	3	4	5
2	Have you had to go to the toilet within 2 hours of doing so in the past month?	0	1	2	3	4	5
3	Have you had disrupted urination in the past month?	0	1	2	3	4	5
4	Have you found it hard to control your urine in the past month?	0	1	2	3	4	5
5	Have you had a case of weak urinations in the past month?	0	1	2	3	4	5
6	Have you had to strain to initiate urination in the past month?	0	1	2	3	4	5
7	How many times did you, on average, get up to urinate at night after going to bed in the past month?	0	1	2	3	4	5

Score: 0-7 mild, 8-19: moderate, 20-35: severe.

Total score: 4

Table 3: Ultrasound Report of KUB region of the patient.

Organ	Before treatment	After treatment
Both kidneys, Urinary Bladder and Ureters	NAD	NAD
Prostate	Prostate is enlarged in size, measuring 44mm x 30mm x 38mm, with weight of approx. 26.3gms. No obvious focal mass is seen within prostatic parenchyma. The capsule is well-defined and intact. Post-voidal urine is approx. 106cc (fractional value 13% i.e. insignificant)	Prostate is borderline, measuring 37mm x 30mm x 34mm in dimensions with weight of approx. 20gms. No obvious focal mass is seen within prostatic parenchyma. The capsule is well-defined and intact. Post-voidal urine is approx. 12cc (insignificant)
Impression	Benign prostatic hypertrophy (Grade I).	Borderline prostate.

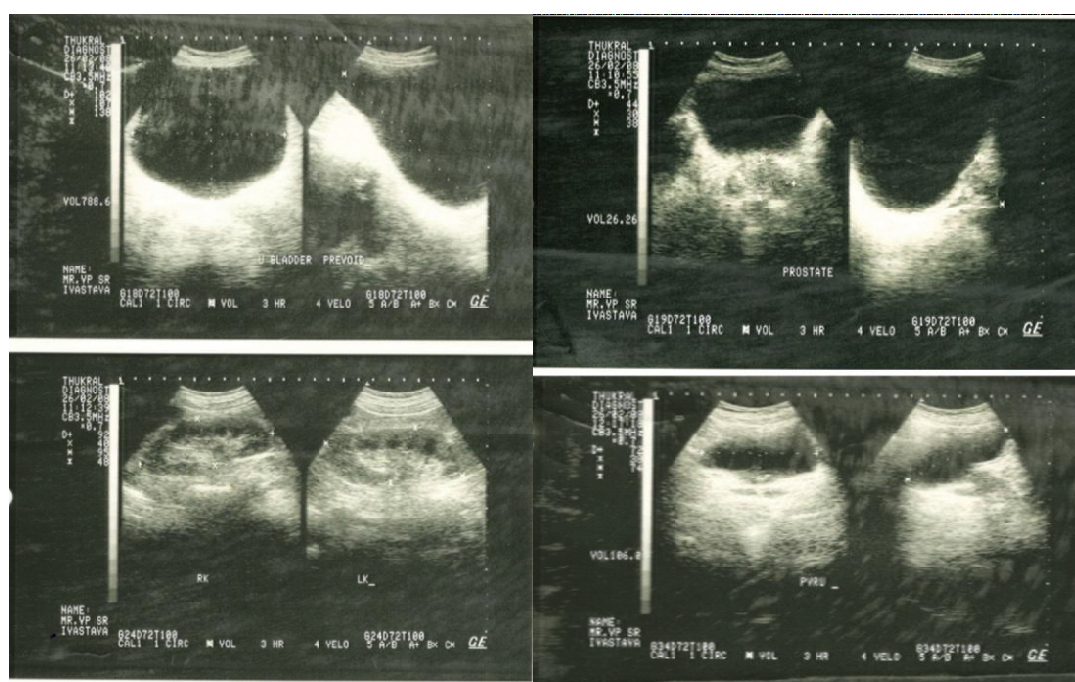


Figure 1(A). USG Image before treatment.

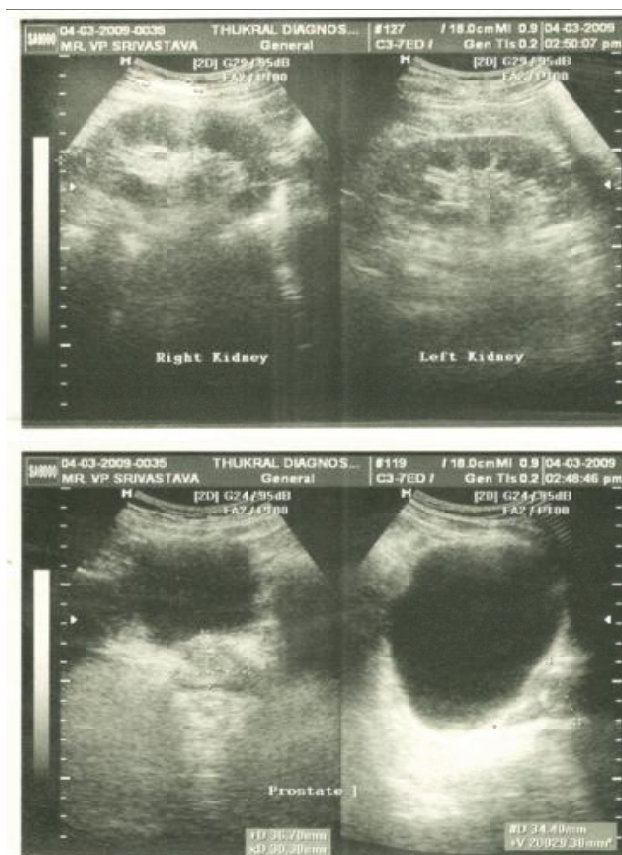


Figure 1(B). USG Image after treatment.

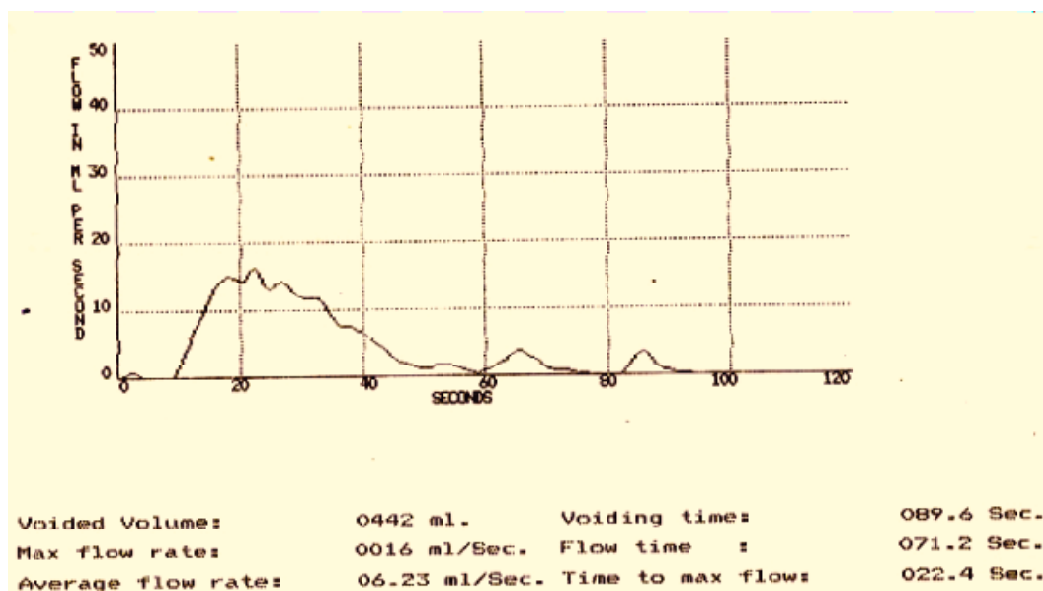


Figure 2(A). Uroflowmetry before treatment.

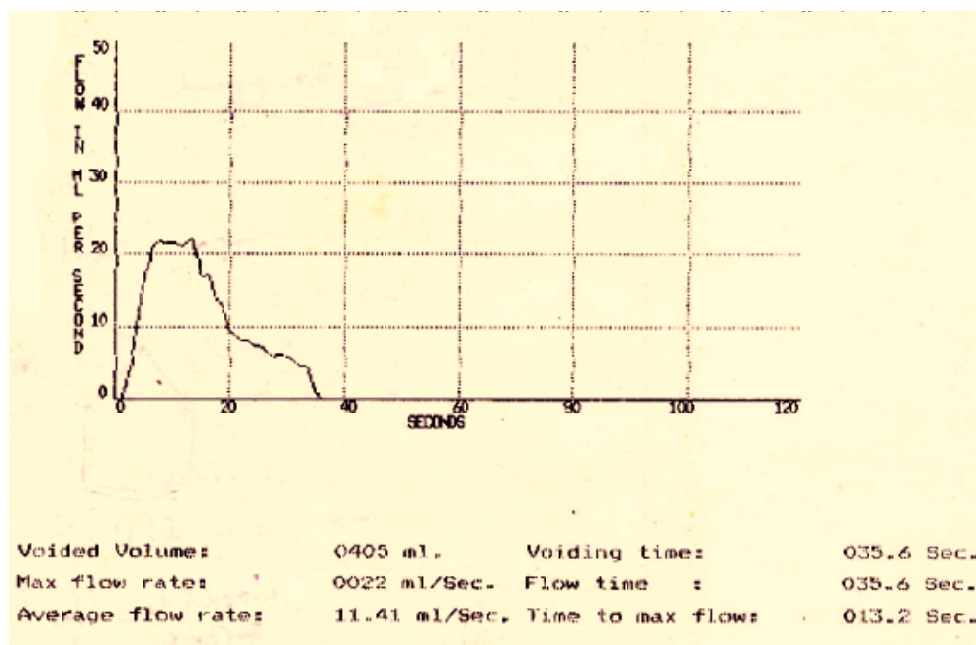


Figure 2(B). Uroflometry after treatment.

DISCUSSION

The application of *constitutional medicine(s)* is the gold standard for *classical homoeopathy* treatment of chronic cases including BPH. The selection of constitutional medicine is sometimes guided by a few characteristic features only. In this case, mental symptoms like ailment from grief, fear of death, desire for company, etc. led to the selection of medicine *Phosphorus* as first prescription whereas amelioration from consolation, fear of misfortune and anxiety about health guided prescription of *Pulsatilla* as second medicine which showed good results in this case.

The positive role of *Pulsatilla* in BPH has been observed through a retrospective observational study^[2] as well as a multicentric prospective observational study.^[3]

The effectiveness of *Pulsatilla* in BPH has been well documented in Homoeopathic Materia Medica books. *William Boericke*^[4] has recommended *Pulsatilla* for symptoms caused due to enlargement of prostate, such as involuntary micturition at night. *JH Clarke*^[5] recommends *Pulsatilla* for symptoms like small stream of urine, scanty urine, retention of urine, involuntary urination and increased frequency at night, which are present in patients suffering from BPH. Moreover, in Homoeopathic Repertory books also, the authors such as *JT Kent*^[6], *CM Boger*^[7], and *F Shroyens*^[8] have recommended *Pulsatilla* for prostatic enlargement. *JT Kent* and *F Shroyens* have also mentioned *Phosphorus* for prostatic enlargement. Thus, both

the medicines prescribed in the present case, on the basis of homoeopathic literature, yielded favourable results in alleviating the symptoms related to BPH, besides reducing the size of the prostate.

CONCLUSION

This case is one of the evidence-based documented research studies, that shows effectiveness of homoeopathic treatment not only in relieving the symptoms of BPH, but also in bringing favorable changes in pathology. However, from practice point of view, a fixed treatment protocol cannot be recommended for the treatment of all patients suffering from BPH. Nevertheless, if we can document the pre-and post-evidences in support of treatment of a very common disorder like BPH, showing the benefit of homoeopathic treatment^[9,10,11], it will not only further strengthen the scientific back-ground of Homoeopathy, enrich our literature and add to the existing professional knowledge, but also enhance the confidence of the neophytes of Homoeopathy.^[10,11]

The elderly patients do not prefer surgical interventions for treatment of BPH, rather alternative treatment approaches such as Homoeopathy is largely a desired option for them.

Prospective interventional studies with larger sample size and RCT study design is recommended for further scientific validation of Homeopathy in the management of BPH.

ACKNOWLEDGEMENT

The authors acknowledge Dr. Naveen Gupta, Consultant (Research & Publication), Gaurang Clinic and Centre for Homoeopathic Research, Lucknow, Uttar Pradesh, India for providing relevant documents.

REFERENCES

1. Kasper DL, Fauci AS, Hauser SL, Longo DL, Jameson JL, Loscalzo J, editors. Harrison's Principles of Internal Medicine. 19th ed. New York : Mc Graw-Hill Professional's Media Centre; 2015.
2. Gupta G, Singh S. Role of homoeopathic medicines in prostate enlargement: A retrospective observational study. Indian J Res Homoeopathy, 2016; 10: 266-71.
3. Oberai P, Roja V, Ramesh D, Arya DD, Reddy GR, Sharma SK et al. Homoeopathic medicines in the management of benign prostatic hyperplasia: A multicentric prospective observational study. Indian J Res Homoeopathy, 2012; 6: 16-25.

4. Boericke W. Pocket Manual of Homoeopathic Materia Medica comprising the Characteristic & Guiding Symptoms of all Remedies. New York: Boericke & Rayon; 1906.
5. Clarke JH. A Dictionary of Practical Materia Medica. Vol III. Delhi: B. Jain Publishers Pvt.Ltd.;1995.
6. Kent JT. Repertory of the Homoeopathic Materia Medica. 2nd Indian ed. Calcutta: Hahnemann Publishing Co. Private Ltd.; 1973.
7. Boger CM. Boenninghausen's Characteristics and Repertory. Bombay: Roy & Company; 1937.
8. Shroyens F. Synthesis- Repertorium Homoeopathicum Syntheticum. London: Homoeopathic Book Publishers;1993.
9. Paital B, Hati AK, Nayak C, Mishra AK, Nanda LK. Combined Effects of Constitutional and Organopathic Homeopathic Medicines for Better Improvement of Benign Prostatic Hyperplasia Cases. International Journal of Clinical and Medical Images, 2017; 4(7): 1-2. doi: 10.4172/2376-0249.1000574
10. Nayak C, Hati AK, Dash SK, Paital B. A case report on benign prostatic hyperplasia with homeopathic remedies. Indo Am J Pharm Sci., 2017; 4(11). [Available from: 4398-4403. doi.org/10.5281/zenodo.1064397].
11. Nayak C, Hati AK, Dash SK, Paital B. Benign Prostatic Hyperplasia and Homoeopathic Treatment: Case Study of A 64 years old patient. Indo Am. J.P. Sci., 2017; 4(12):4695-4703.