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The Role of Homeopathy in Managing Benign Prostatic Hyperplasia (BPH): A Case Report

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is a non-cancerous enlargement of the prostate gland, typically occurring in men over the age of 50. While BPH is generally not life-threatening, it can significantly impact an individual's quality of life to varying degrees. Treatment options for BPH include medications, balloon dilation, and surgery, all of which can be costly and may reduce quality of life due to peri-operative and post-operative complications. Homeopathy, by focusing on constitutional treatment, offers a potential alternative that may help avoid the need for prostate surgery. Homeopathy, a holistic treatment approach, focuses on individualized care by addressing the underlying causes of symptoms rather than just managing them. This case report investigates the potential benefits of homeopathic remedies in treating BPH, aiming to relieve symptoms, improve urinary function, and enhance overall well-being without resorting to surgical interventions. A specific case is presented to demonstrate the practical application of homeopathy and its potential efficacy in managing this condition.

Keywords BPH, HOMOEOPATHY,

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is characterized by the growth of smooth muscle and epithelial cells within the prostatic transition zone. Around 50% of men over the age of 50 show pathological signs of BPH, and this percentage rises to over 80% in men who are in their 80s or older.

RISK FACTORS FOR BPH

Age: The prevalence of BPH increases with age. Autopsy studies have shown histological prevalence rates of 8%, 50%, and 80% in individuals during their 4th, 6th, and 9th decades of life, respectively.

Race: Research on Black men in the U.S. has shown an increased prostate transition zone and total volume compared to White men. Additionally, studies have indicated a lower risk of clinical BPH in Asian men compared to their White counterparts.

Physical Activity: Regular physical activity and exercise have consistently been associated with a reduced risk of requiring BPH surgery and the development of clinical BPH.

Metabolic Syndrome: Metabolic syndrome is characterized by hypertension, dyslipidemia, glucose intolerance, central obesity, and insulin resistance with compensatory hyperinsulinemia. Men with these conditions experience faster annual prostatic growth compared to those without the components of metabolic syndrome.

CLINICAL FEATURES

Obstructive symptoms of BPH include difficulty starting urination (hesitancy), weak urine flow, intermittent stream, dribbling, a feeling of incomplete bladder emptying, and episodes of near urinary retention. Irritative symptoms consist of increased frequency of urination, nocturia (nighttime urination), urgency, urge incontinence, and nocturnal incontinence.

Secondary Effects Due to Prostate Enlargement:

I) Changes in the Urethra:

II) Changes in the Bladder:

III) Changes in the Ureters and Kidneys:

MANAGEMENT

General Management:

The following non-medical management strategies are advised:

a) Urinate as soon as the first urge to do so is felt.b) Discontinue the use of tobacco, alcohol, and caffeine, particularly in the evening or after dinner. c) Avoid consuming large amounts of fluid in one sitting.

d) Refrain from drinking fluids within two hours before bedtime.

Surgical Management:

Surgical options for treating BPH are generally classified into three main categories:

1. **Compression:** This procedure involves the insertion of a device that compresses the prostate laterally, thereby widening the urethral channel and improving urine flow.
2. **Adenoma Debulking:** In this approach, some of the adenomatous tissue obstructing the urinary outlet is removed endoscopically, reducing the obstruction.
3. **Adenectomy:** A traditional and one of the oldest surgical methods, adenectomy is typically used for men with a very large prostate (usually >100 ml). This technique involves the enucleation (complete removal) of the adenoma from its capsule.

TURP is the most common surgical procedure done. It is performed by visualising the prostate through the urethra and removing tissue by electrcautery or sharp dissection

Role of homeopathy in BPH

According to H.A. Robert:

Where fibrous changes are observed, it can be confidently stated that there is a sycotic influence. Suppressing sycotic manifestations often leads to a quick and pronounced resurgence of the stigmatic power and energy. Following such suppression, the disease's destructive progression tends to accelerate, often advancing rapidly toward malignancies.

Constitutional Approach:

The term "constitution" is derived from the Latin word *constituere*, which means to set up, establish, form, or make up. In a medical context, constitution refers to the inherent characteristics of an individual's natural frame or nature.

REPRESENTATION OF BPH IN VARIOUS REPERTORIES:

Boericke's Repertory:[10]

Chapter: Prostste gland, Rubric: Hypertrophy

Aloe., Arg.n, Bar.c, Canth, Chimaph, Cim, Ferr.pic, Hydrang, Pop.t, Senec, Solid; Sul; Thiosin, Thuja

Alfal.; Am.m.; Benz.ac.; Cal.fl.; Calc iod.; Chrom.s.; Con.; Eup. purp.; Gels.; Graph.; Hep.; Iod.; Kali bich.; Kali br.; Lyc.; Med.; Ol.sant.; Oxyden.; Parieara; Picr .ac.; Pip.m; Puls.; Rhus ar.; Sabal.; Sars.; Senec.; Solid.; Staph.; Tritic.

Murphy's Repertory:[11]

Chapter: Disease, Rubric: Prostate, Sub-rubric: benign enlargement. BAR-C., CALC., CON., DIG., FERR. PIC., PULS., SABAL., THUJ., Aloe., am-m., benz ac., berb., chim., cimic dulc., ferr-m., gels., hydrang, hyos., iod.,

kali-i., lyc., med., merc., nat-c., nat-s., nit-ac., pareir., phos., pop., psor., sec., sel., senec., sil., spong., staph., sulph., thiosin.

CASE REPORT

PRELIMINARY DATA

Patient Name : Xyz

Age : 73 years

Sex: Male

Marital Status: married

Occupation: Retired Employee

Religion: Hindu

PRESENTING COMPLAINTS:

1. Constant urge to pass urine since 1 Year
2. Dribbling of urine since 11 months

HISTORY OF CHIEF COMPLAINT

Patient was apparently healthy 1 year back. Since 1 year he complains of urgency to pass urine and unable to control the urge, increased frequency of urination 14-15 times, worse at night, , dribbling of urine passing drop by drop started since 11 months . He is having gall bladder stones since 10 years with no complaint.

TREATMENT HISTORY

Allopathic treatment with temporary relief

PAST HISTORY –

No H/O major illness

FAMILY HISTORY –

Father: died due to old age

Mother: died at his childhood, reason unknown

PERSONAL HISTORY:

Diet: mixed

Appetite: Diminishes, nausea

Thirst: normal

Sweat: nothing specific

Stool: normal

Urine: increased frequency, constant urge, dribbling

Desires: NS

Aversion: nothing

AGG: milk

Sleep: sleepiness < morning

Dreams – NS

Habits: nothing

Thermal reaction: chilly pt

MENTAL GENERALS

LIFE SPACE ANALYSIS:

Patient of 73 years born and brought up in middle class family whose adulthood is uneventful. His studies were average and starting working in young age. He is very shy and fearful. Becomes anxious in crowded places.

PHYSICAL EXAMINATION-

Built: moderate

Icterus: absent

Cyanosis: absent

Oedema: absent

B.P: 120/80MM OF HG

Pulse: 72/min

Respiratory rate: 16/ min

Temperature: 98.6 F

SYSTEMIC EXAMINATION-

RS - NAD

CVS- NAD

CNS- NAD

GIT-NAD

PROVISIONAL DIAGNOSIS- BENINGN PROSTATIC HYPERTROPHY

LABORATORY INVESTIGATIONS: Ultrasound abdomen

FINAL DIAGNOSIS - BENIGN PROSTATIC HYPERTROPHY

ANALYSIS AND EVALUATION SYMPTOMS

Mental generals:

Anxious in crowded places

timid

Physical generals:

Appetite: diminishes, nausea <morning

Agg: milk

Sleep: sleepiness<morning

Particulars:

Increased frequency of urination at night

Urgency to pass urine

Dribbling of urine

TOTALITY OF SYMPTOMS-

Anxious in crowded places

Timid

Appetite: diminishes, nausea <morning

Agg: milk

Sleep: sleepiness<morning

Increased frequency of urination at night

Urgency to pass urine

Dribbling of urine

MIASMATIC ANALYSIS - Using r.p.patel repertory and s.k.banerjea miasmatic prescribing

MIND – Timid	psora
MIND – Fear- people of	sycosis
STOMACH – appetite - diminished	psora
STOMACH – nausea – morning	psora
SLEEP – sleepiness - morning	sycosis
BLADDER – urination, frequent, night	sycosis
BLADDER – URGING TO URINATE –constant	sycosis
BLADDER – urination - dribbling	sycosis

The predominant miasm is “SYCOSIS”

REPERTORIAL APPROACH

MIND – Timid

MIND – Fear- people of

STOMACH – appetite - diminished

STOMACH – nausea – morning

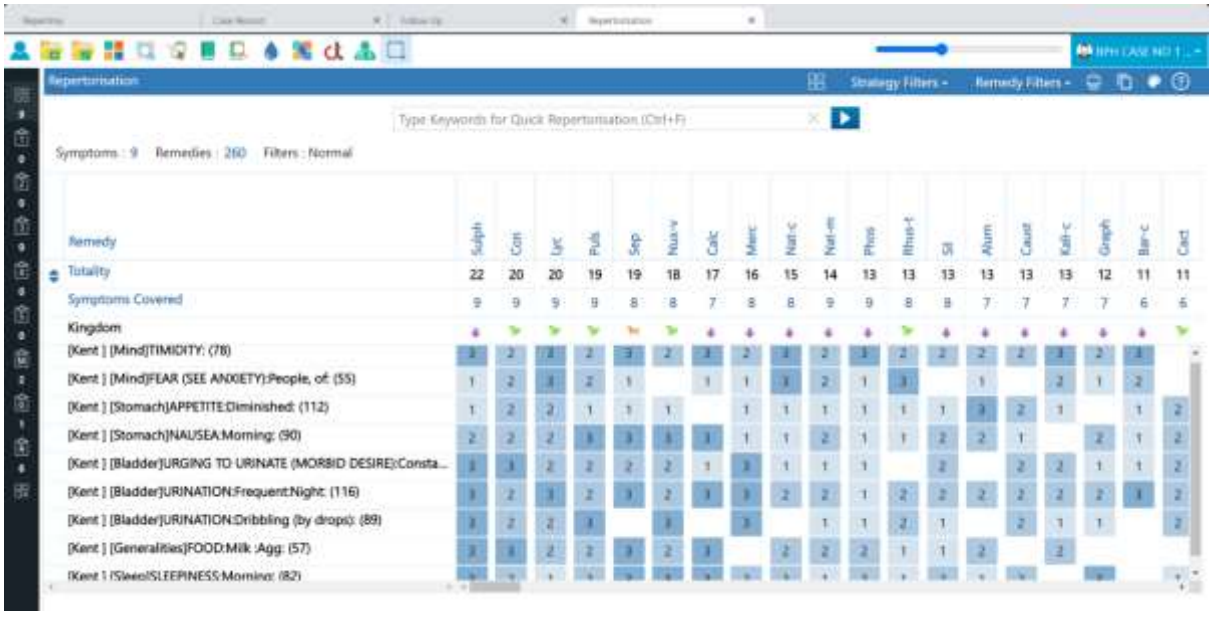
SLEEP – sleepiness - morning

BLADDER – urination, frequent, night

BLADDER – URGING TO URINATE –constant

BLADDER – urination - dribbling

GENERALITIES – Food-milk-agg



PRESCRIPTION

CONIUM 1M SD

SL BD 20days

General management including Auxiliary measures-

Advised bladder training and to reduce fluid intake in the evening

FOLLOW UP:

1st follow up – Urge to pass urine same

Dribbling of urine slightly better by 20%

2nd follow up – Urge to pass urine same

Dribbling of urine better by 40%

3rd follow up - Urge to pass urine better by 50%

Dribbling of urine better by 70 %

4th follow up - Urge to pass urine better by 60 %

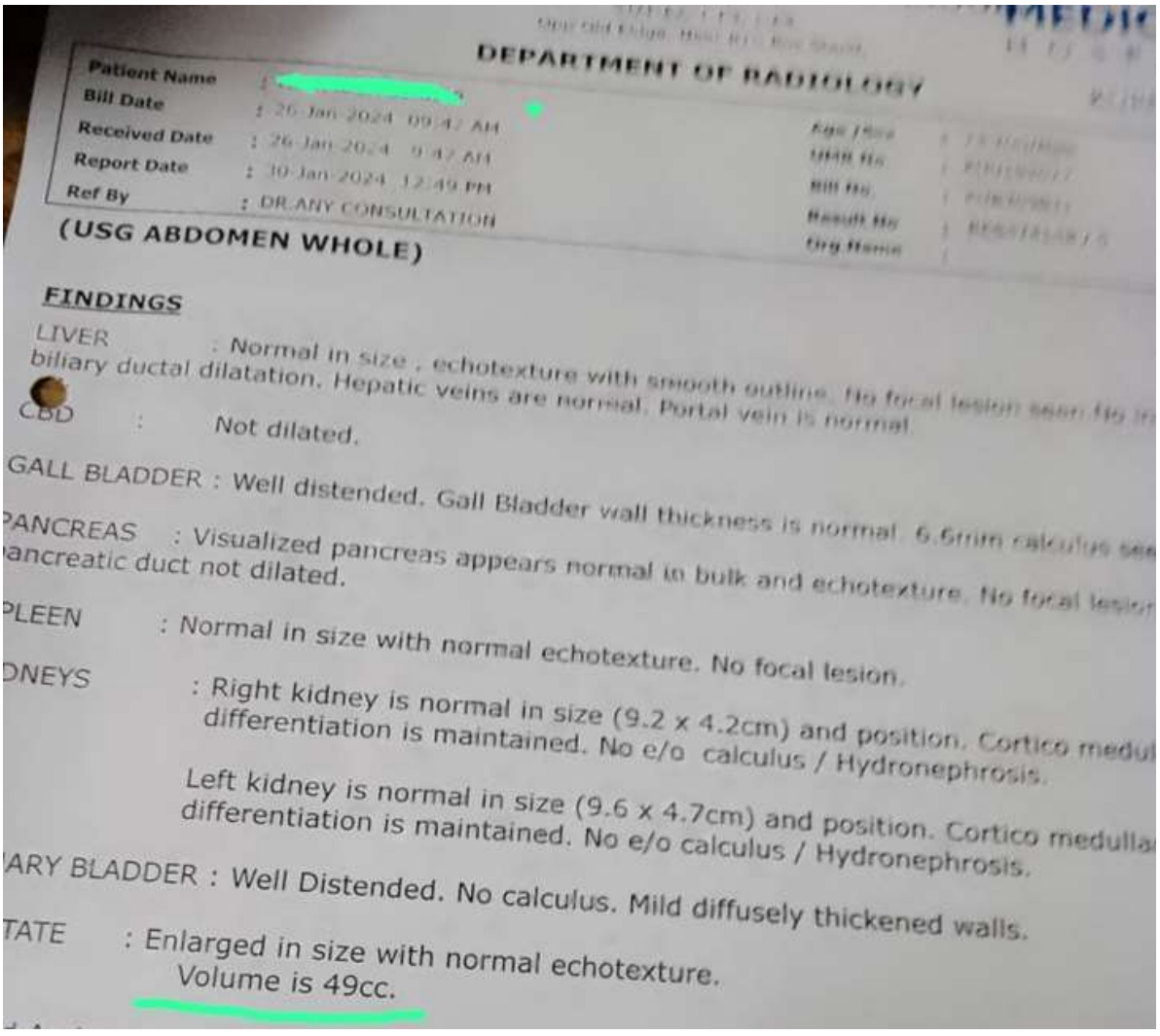
Dribbling of urine better by 90%

Patient treatment is continuing, he feel 90% better with his complaints now.

COMMENTS:

The patient has been suffering from increased frequency of urination, urgency and dribbling urine for the last 8months. The condition was diagnosed as benign prostatic hypertrophy. Based on repertorial totality conium was prescribed in both 1M potency. Before treatment the IPSS is 29 and after treatment the IPSS is 0. After 6months of treatment the patient has been recovered**.**

Reports –



DEPARTMENT OF RADIOLOGY

Patient Name : [redacted]
Bill Date : 26 Jan 2024 09:47 AM
Received Date : 26 Jan 2024 9:47 AM
Report Date : 30 Jan 2024 12:49 PM
Ref By : DR.ANY CONSULTATION

(USG ABDOMEN WHOLE)

FINDINGS

LIVER : Normal in size , echotexture with smooth outline. No focal lesion seen. No intra biliary ductal dilatation. Hepatic veins are normal. Portal vein is normal.

CBD : Not dilated.

GALL BLADDER : Well distended. Gall Bladder wall thickness is normal. 6.6mm calculus seen

PANCREAS : Visualized pancreas appears normal in bulk and echotexture. No focal lesion. Pancreatic duct not dilated.

SPLEEN : Normal in size with normal echotexture. No focal lesion.

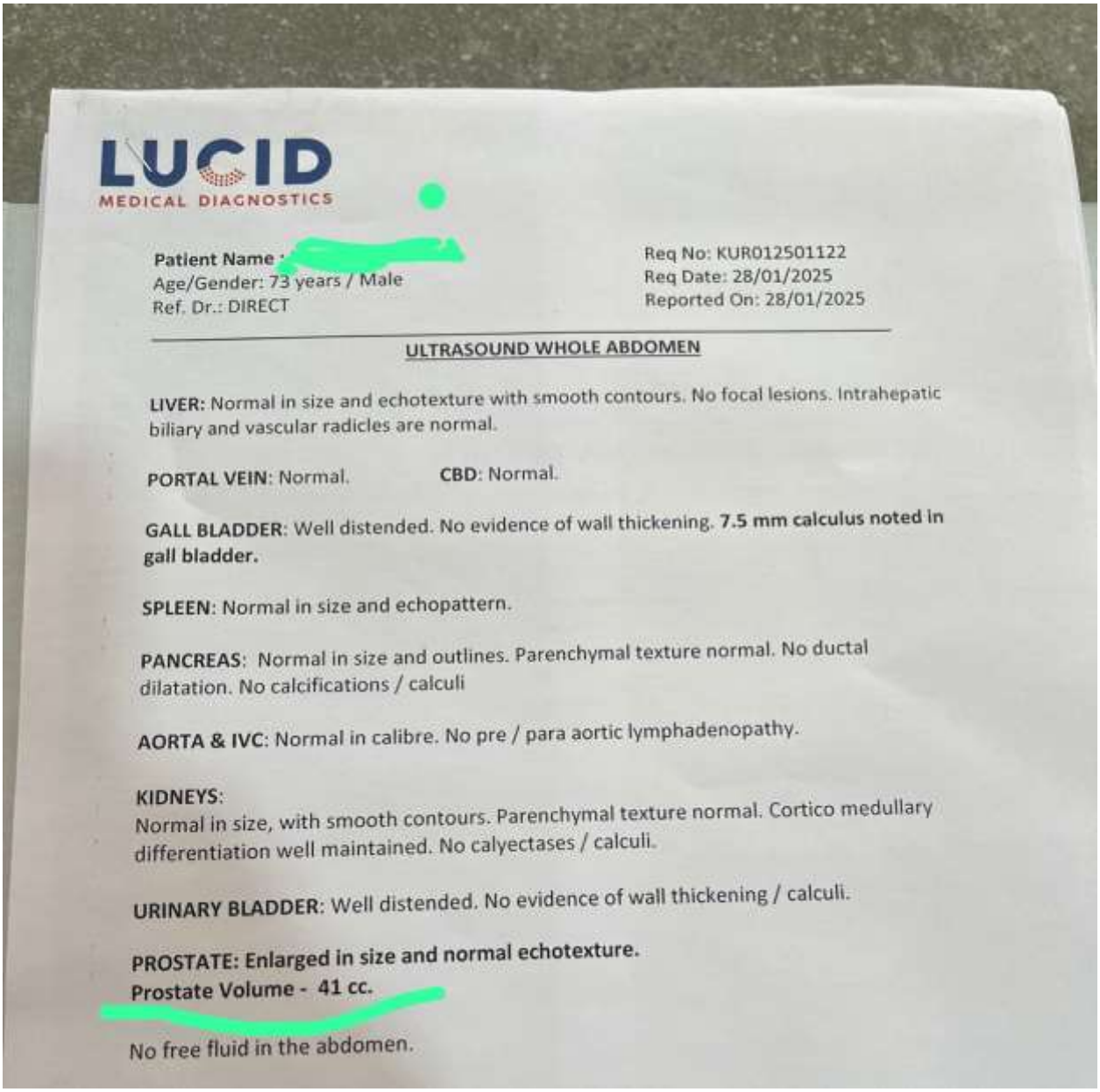
KIDNEYS : Right kidney is normal in size (9.2 x 4.2cm) and position. Cortico medullary differentiation is maintained. No e/o calculus / Hydronephrosis.

Left kidney is normal in size (9.6 x 4.7cm) and position. Cortico medullary differentiation is maintained. No e/o calculus / Hydronephrosis.

URINARY BLADDER : Well Distended. No calculus. Mild diffusely thickened walls.

PROSTATE : Enlarged in size with normal echotexture.
Volume is 49cc.

Before –



LUCID
MEDICAL DIAGNOSTICS

Patient Name : [redacted]
Age/Gender: 73 years / Male
Ref. Dr.: DIRECT

Req No: KUR012501122
Req Date: 28/01/2025
Reported On: 28/01/2025

ULTRASOUND WHOLE ABDOMEN

LIVER: Normal in size and echotexture with smooth contours. No focal lesions. Intrahepatic biliary and vascular radicles are normal.

PORTAL VEIN: Normal. **CBD**: Normal.

GALL BLADDER: Well distended. No evidence of wall thickening. **7.5 mm calculus noted in gall bladder.**

SPLEEN: Normal in size and echopattern.

PANCREAS: Normal in size and outlines. Parenchymal texture normal. No ductal dilatation. No calcifications / calculi

AORTA & IVC: Normal in calibre. No pre / para aortic lymphadenopathy.

KIDNEYS:
Normal in size, with smooth contours. Parenchymal texture normal. Cortico medullary differentiation well maintained. No calyectases / calculi.

URINARY BLADDER: Well distended. No evidence of wall thickening / calculi.

PROSTATE: Enlarged in size and normal echotexture.
Prostate Volume - 41 cc.

No free fluid in the abdomen.

After