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Research Article

**BENIGN PROSTATIC HYPERPLASIA AND HOMOEOPATHIC
TREATMENT: CASE STUDY OF A 64 YEARS OLD PATIENT**Nayak C¹, Hati AK², Dash SK², Paital B³¹Homoeopathy University, Saipura, Sanganer, Jaipur, Rajasthan, India.²Dr. Abhin Chandra Homoeopathic Medical College and Hospital, Bhubaneswar, India.³Department of Zoology, CBSH, Orissa University of Agriculture and Technology,
Bhubaneswar, India.**Abstract:**

Benign Prostatic hyperplasia (BPH) is a nodular hyperplasia, in which there is enlargement of the gland due to the formation of one or more nodules. Case report presented here is a diagnosed case of BPH having grade IV prostatomegaly on USG. Patient presented with the complaint of thin and feeble stream of urine along with frequent urination and sudden urging for urination Patient was treated with homoeopathic medication (constitutional medicine followed by organ remedy) and assessed with the help of ultrasonography, International Prostate Symptom Score (IPSS) & Uroflowmetry which showed significant improvement. Thus, homeopathic treatment can reduce urinary frequency, improve urine flow and reduce the size of enlarged prostate.

Keywords: Homoeopathy, BPH, uroflowmetry, USG, IPSS questionnaire, constitutional medicine, *Hydrangea arborescens*

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INTRODUCTION:

Benign prostatic hyperplasia (BPH), also known as benign prostatic hypertrophy, is a histological diagnosis characterized by proliferation of the cellular elements of the prostate [1]. It is more frequent above the age of 50 years [2]. There is glandular as well as fibromuscular hyperplasia [3]. The most common presenting symptoms are: frequency of urination with urgency, hesitancy, dysuria, nocturia and may be haematuria and acute retention of urine [2]. On digital rectal examination, a non-tender, smooth, elastic, and firm enlarged prostate is found [3].

A clinical research was undertaken in the past whose primary objective was to compare the results of constitutional homeopathic medicines, organopathic medicines and combination of both in the management of BPH. The outcome assessment was done through International Prostate Symptom Score (IPSS), ultrasonography and uroflowmetry. The results of the study revealed that the combined treatment of both constitutional medicine and organopathic remedy gave better results than constitutional or organopathic medicine alone. The case profile of a BPH patient presented here belongs to the said clinical trial [4, 5].

MATERIALS AND METHODS:**Case profile**

A 64 year old male patient presented with the complaint of thin and feeble stream of urine along with frequent urination at 1-1^{1/2} hour interval which aggravated in wet weather. He used to get up for urination 4-5 times at night. He had to hasten suddenly to urinate. There was a history of interruption in urination with feeling of pressure. There was slight burning pain in lower abdomen (urinary bladder) which aggravated during urination. Besides, he had asthma along with cough and sticky expectoration which aggravated in wet weather and after midnight. He had a few small, soft warts on face.

The patient was of average built and height, having partially grey hair. He had tendency to catch cold easily; craving for fried food and milk; intolerance to oily food, curd and banana; profuse sweat all over the

body. He was obstinate, religious and had aversion to company.

He had scabies in the past and applied allopathic ointment. There was family history of eczema and asthma (father), chronic cold (mother). The patient was a labourer; married (wife and 3 children alive); habit of chewing tobacco; financial constrains affected family life. The patient took allopathic medicines for the complaints related to BPH and asthma which gave temporary relief.

On examination- Enlargement of both lobes of prostate; median sulcus was firm, elastic and well felt

Remedy selection and Follow-up

Considering the increased frequency of urination, urgency, asthmatic tendency, mental and physical generals of the patient, as well as family history of asthma and chronic cold, *Thuja* was selected as the *constitutional medicine* and *Hydrangea arborescens* as supportive *organ remedy*. *Thuja occidentalis* was given in LM potencies starting from 0/1, in ascending order, followed by *Hydrangea arborescens* ϕ , 10 drops tds. But subsequently, when the patient's condition became standstill, a dose of *Sulphur 200* was prescribed as an *inter-current remedy* since the patient complained of burning pain during urination with increased frequency and urgency. Thereafter, *Thuja* and *Hydrangea arborescens* ϕ were continued as before.

RESULTS:

The patient was regularly followed up for the period of about 1.5 years. After taking *Thuja* in LM potencies and *Hydrangea arborescens* ϕ , the patient reported improvement in frequency of urination, burning pain and urgency during subsequent visits, every month. The potency of the constitutional remedy was increased in ascending order, following principle of application 50-millesimal scale potencies, since there was improvement in the symptoms of the patient. After application of a dose of *Sulphur 200* as *intercurrent remedy*, there was improvement of burning pain, frequency of urination and urgency. Symptomatic assessment by IPSS, ultrasonography and uroflowmetry was done, pre-and post-treatment, the results of which are reflected in self explanatory Table 1- Table 4 and Fig. 1 –Fig. 3.

Table 1: USG REPORT OF WHOLE ABDOMEN BEFORE TREATMENT

USG OF WHOLE ABDOMEN	
Liver	Measures 14.6 cm, normal in size& echo texture . No dilatation of IHBR/ SOL seen.
Gall Bladder	Normal in shape & wall thickness. No evidence of any calculi/ SOL noted.
Common bile duct	Measures 4-5 mm, proximal & mid CBD are normal. Distal CBD could not be evaluated properly due to over lying bowel gas shadow. No e/o any ductal calculus/SOL noted within visualized segment. PV measure 12 mm, normal in course & calibre.
Spleen	Measure 9.20 cm. normal in size, outline & echo pattern
Pancreas	Normal in size & echo texture. No evidence of any SOL/ Calcification/pancreatic duct dilatation noted
Right kidney	Measure 10.7x5.7 cm. Normal in size, outline & echo texture. Cortical echo are normal with preservation of cortico medullary differentiation . No calculus / hydronephrosis or mass lesion seen.
Left kidney	Measure 11.2x 6.0 cm.Normal in size, outline & echo texture. Cortical echo are normal with preservation of cortico medullary differentiation . No calculus / hydronephrosis or mass lesion seen.
Urinary Bladder	Well distended with diffuse thickening of its wall noted. Wall thickness measure 4-5 mm. No e/o any calculus/ SOL noted. Post void residual urine measure 90ml, significant .
Prostate	Measure 6.1x5.4x4.8 cm (84-90 gms approx) Enlarged with homogenous echotexture . Capsule appears intact.
No retroperitoneal lymphadenopathy/ collection intact	
Impression	Enlarged prostate with diffuse thickening of urinary bladder wall and significant post void residual urine 90 ml.

Table 2: USG REPORT OF WHOLE ABDOMEN AFTER TREATMENT

USG OF WHOLE ABDOMEN	
Liver	Measures 13- 14cm,normal in size& echo texture . No dilatation of IHBR/ SOL seen.
Gall Bladder	Normal in shape & wall thickness. No evidence of any calculi/ SOL noted.
Common bile duct	Measures 5 mm, proximal & mid CBD are normal. Distal CBD could not be evaluated properly due to over lying bowel gas shadow. No e/o any ductal calculus/SOL noted within visualized segment. PV measure 11 mm, normal in course & calibre.
Spleen	Measure 9.5 cm. normal in size, outline & echo pattern
Pancreas	Normal in size & echo texture. No evidence of any SOL/ Calcification/pancreatic duct dilatation noted
Right kidney	Measure 10.7x5.7 cm. Normal in size, outline & echo texture. Cortical echo are normal with preservation of cortico medullary differentiation . No calculus / hydronephrosis or mass lesion seen.
Left kidney	Measure 11.2x 6.0 cm.Normal in size, outline & echo texture. Cortical echo are normal with preservation of cortico medullary differentiation . No calculus / hydronephrosis or mass lesion seen.
Urinary Bladder	Well distended with diffuse thickening of its wall noted. Wall thickness measure 4-5 mm. No e/o any calculus/ SOL noted. Post void residual urine measure 21 ml.
Prostate	Measure 6.2 x5.0x5.0 cm (80-82 gms approx) prostatomegaly with homogenous echotexture . Capsule appears intact.
No retroperitoneal lymphadenopathy/ collection intact	
Impression	Enlarged prostate with diffuse thickening of urinary bladder wall and significant post void residual urine 21 ml. Rest of the abdominal organs are normal.

Table 3: IPSS BEFORE TREATMENT

Sl No	Questions to be answered	International Prostate Symptom Score (IPSS)					
		None	Less than once every 5 times	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
		None	Once	Twice	3 times	4 times	5 times or more
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.					IPSS Total score		24

The scores obtained for the patient for the respective IPPS option are highlighted with bold numerical values.

Table 4: IPSS AFTER TREATMENT

International Prostate Symptom Score (IPSS)							
Sl No	Questions to be answered	None	Less than once every 5 times	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
		None	Once	Twice	3 times	4 times	5 times or more
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.					IPSS Total score		6

The scores obtained for the patient for the respective IPSS option are highlighted with bold numerical values.

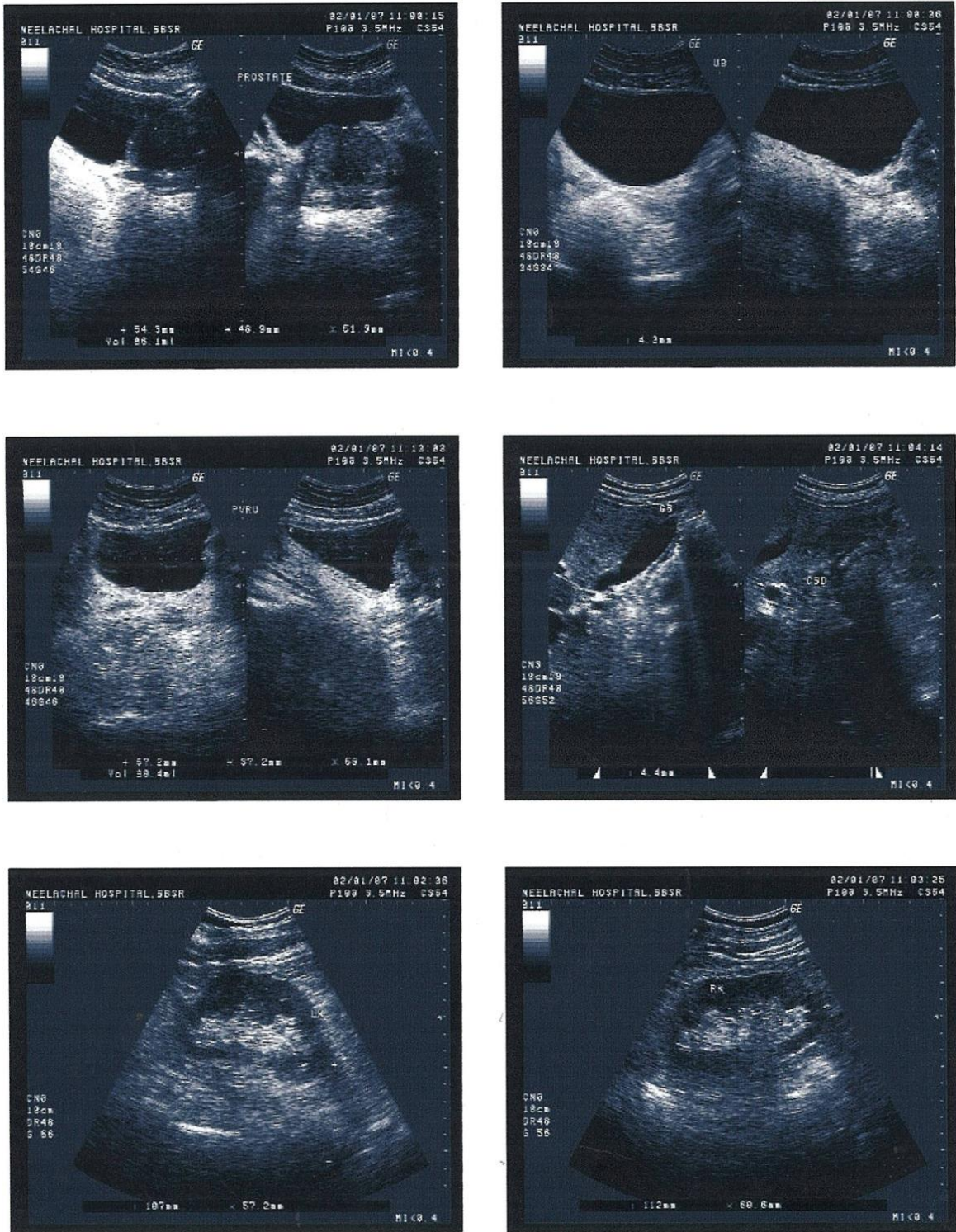


Fig. 1: USG of whole abdomen before treatment.



Fig. 2: USG of whole abdomen after treatment.

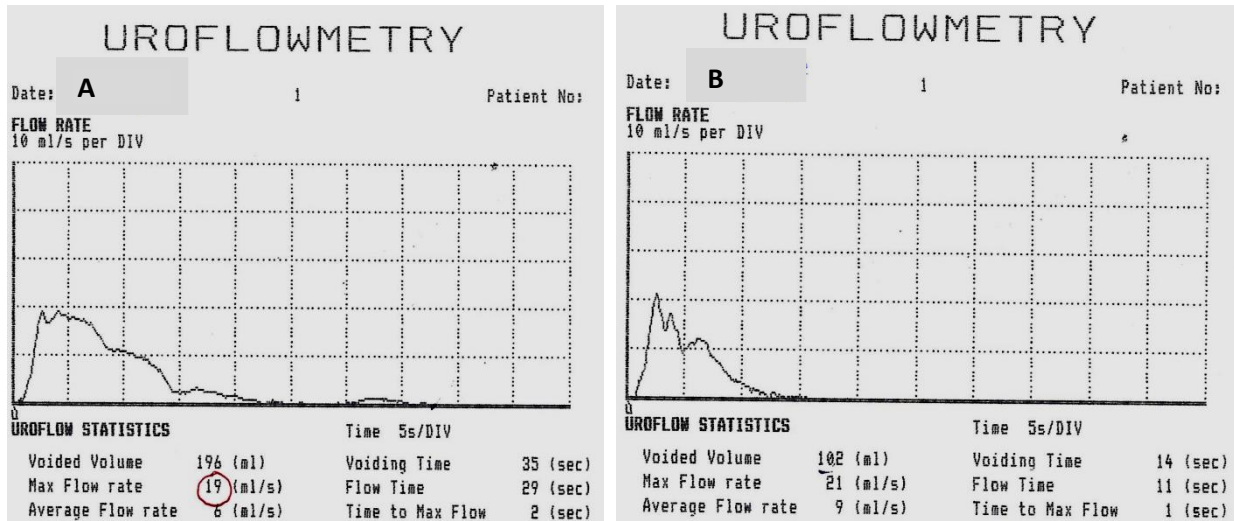


Fig. 3: Uroflowmetry before (A) and after (B) treatment

DISCUSSION:

Application of constitutional medicine supported by organ remedy was the focus of this case. Administration of *constitutional medicine(s)* is the thumb rule of *Classical homoeopathic* treatment of chronic cases including BPH [6, 7]. In the present case, considering the mental and physical generals as well as presenting complaints of the patient (urinary symptoms pertaining to BPH, asthmatic tendency presence of small, soft wart etc.), *Thuja* was selected as the *constitutional medicine* [8-11] and *Hydrangea arborescens φ* [9, 10, 12- 15] as the supportive *organ remedy* for the patient. *Sulphur* was prescribed as *inter-current remedy*, on the basis of past & family history of skin disease and application of allopathic ointment for skin disease (suppression) [7]. *Sulphur* facilitated the pace of improvement of the patient.

On the other hand, many clinicians believe that besides the administration of constitutional medicine, the application of organ specific medicine [13], as a supportive therapy, will expedite or facilitate the action of the former, particularly when there are pathological changes in the patient. In an article (protocol) published by Central Council for Research in Homoeopathy, *Hydrangea arborescens* also recommended as one of the organ remedies to be used as an adjuvant to constitutional medicine [14]. Moreover, many authors of *Materia Medica* and *Repertory* have documented that *Hydrangea* is a medicine for the patients having symptoms of BPH [10, 11, 15-18].

CONCLUSION:

The case reported here is one of the well-documented research studies which exhibit the usefulness of

homoeopathic medicines in alleviating the signs and symptoms of BPH. But, success obtained from a single case cannot be generalized unless large numbers of cases of BPH are treated with similar concept, supported by required pre-and post-treatment evidences. If we can document such cases following standard guidelines, it will add to the scientific credibility of Homoeopathy and be immensely beneficial for the homoeopathic fraternity as well [4, 5, 9, 19]. The elderly patients do not prefer surgical interventions for treatment of BPH, rather alternative treatment approaches such as homeopathy is largely a desired option for them [20]. Therefore, popularization of homeopathy among public by Government and non-Government organizations is highly desired [21].

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