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Prostatic Hyperplasia And Homoeopathy:An Evidence Based Case Report

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ABSTRACT

Benign Prostatic Hyperplasia is an age associated prostate gland enlargement that can cause difficulty in urination. It is one of the most common disease in ageing men and the most common cause of lower urinary tract symptoms. A case of 67 years old male reported with a condition of Benign Prostatic Hyperplasia along with the pain during micturition with increase frequency of urine at night and occasionally retention of urine was present. The ultrasound report of patient shows the volume of prostate was 37 cc. During the line of treatment, he was given *Tabaccum* 30 thrice a day and *Sabalserrualata*Q twice a day repeatedly for 6 months of time period. During this time period, his urinary complaints were getting better and after five months of treatment, ultrasound report shows the volume of prostate reduced to20cc. Patient is having relief in urinary complaints and frequency of urine decreases, his pain in abdomen is also better. So this case shows the effectiveness of homeopathic medicines in cases where other line of treatment are not more feasible.

Keywords: *Benign Prostatic Hyperplasia, Sabalserrualata, TabaccumHomoeopathy*

1. INTRODUCTION

Benign Prostatic Hyperplasia is a health issue that becomes more common with age. It is also called an enlarged prostate.[1]The prostate lies below the urinary bladder and is located in front of the rectum. The prostate surrounds the prostatic urethra that is the conduit for urine flow from the bladder. The normal prostate weighs about 15–20 g.[2]BPH usually occurs in males of 45-50 years old, ultimately involving 75% of the male population over 75 years of age.[1] BPH is characterized by a progressive swelling of the prostate causing symptoms of the lower urinary tract. BPH refers to the non- malignant growth or hyperplasia of prostate tissue.[3]

Recent reports suggest that the strong relationship of clinical BPH with metabolic syndrome and erectile dysfunction, as well as the possible role of inflammation as a cause of the prostatic hyperplasia[4].

The enlargement of prostate gland leads to increased frequency or urgency, nocturia, problems in starting urination, weak stream, interrupted flow and dribbling after urination or straining while urinating.[5]

According to pathophysiological research, the primary etiological causes for the development of BPH include hormones, metabolic components, histological changes, and hereditary connections.

Additional etiological variables include smoking, hypertension, sexual activity, religion, and socioeconomic circumstances. The incidence of BPH in the elderly population has been linked to body obesity and liver cirrhosis. [6,7]

2. CASE REPORT

A 67 years old male, visited the OPD at University College of Homoeopathy, Kekri on 27 January, 2024, who was a known case of BPH along with left ureteric calculi. Patient had complaint of pain during micturition since7 days. Patient had to strain during micturition, frequency of urine increases at night, occasionally retention of urine also reported, pain along left ureter also present whichwasaggravated at night.

Patient was apparently well, but since 7 days he gradually develops pain during micturition with flow of urine increases at night. Then on 26 January, 2024, he visited urologist for same and then through Ultrasonography of whole abdomen, the USG report reveals about BPH.

Hewasa known case of Left ureteric calculi with hydronephrosis in left kidney since 2 years. He took ayurvedic treatment for same and then discontinues it.

No history of major illness among family .Patient father died due to heart attack and mother died in Road Accident in year 2002 but she had a history of allergic asthma .Patient has 1 elder brother with hypertension and 1 younger sister was suffering with type 2 diabetes mellitus.

Patient appetitewasgood and satisfactory had a desire for sweets and milk. Patient thirst wasnormal with 1 glass at a time at long duration, Stool D_1,unsatisfactory stool. Patient had to strain while passing stool. Urine D_{3-4} N_{3-4}, painful micturition present, during sleep salivation wasincreased. Patient had chilly thermal.

Patient had suppressed anger. He had desire for company and he constantly thinking about past event.

On physical examination patient height was 181 cm weight 72 kg, BP 130/88 mm hg, pulse 79 bpm. Patient had a mesomorphic built. Tongue yellow coated and dry. Skin, hair and nails were normal in texture.

On local examination tenderness present in left inguinal region.

Provisional Diagnosis

Benign Prostatic Hyperplasia

Table 01: Analysis of the case- After a detailed case taking of patient

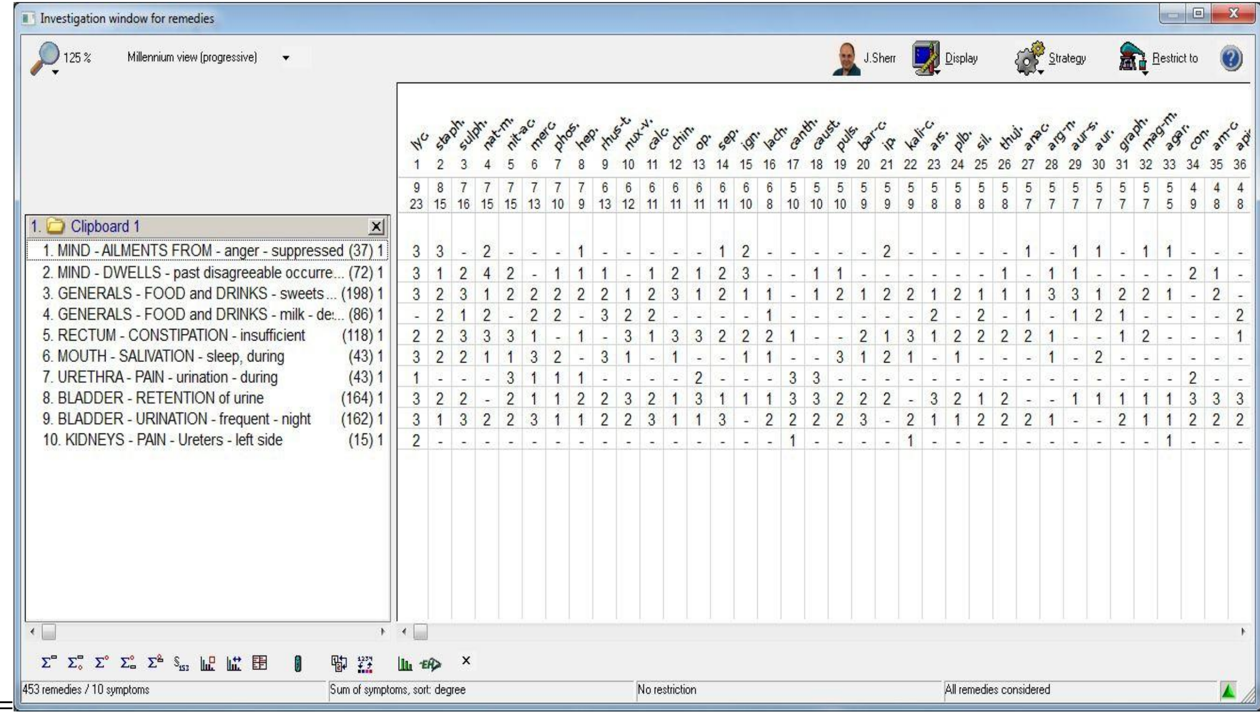
Mental Generals	Physical Generals	Particulars
Suppressed anger	Appetite- good and satisfactory	Pain during micturition
Desire company	Thirst- one glass at a time at long duration	Has to strain during micturition
Constantly thinking about past events	Desire- sweets and milk	Frequency of urine increases at night
	Stool- D_1, unsatisfactory, has to strain during stool	Retention of urine
	Urine- D_{3-4}, N_{3-4}, painful micturition present	Pain along left ureter aggravated at night
	Sleep- increased salivation during sleep	
	Thermal Reaction- Chilly	

Totality of the Symptoms

- Suppressed anger
- Constantly thinking about past events
- Desire- sweets++, milk++
- Stool- unsatisfactory, has to strain during stool
- Increased salivation during sleep
- Pain during micturition

- Has to strain during micturition
- Frequency of urine increases at night
- Retention of urine
- Pain along left ureter <night

Repertorization Sheet -



Rubric	lyc. 1	staph. 2	sulph. 3	nat-m. 4	nit-ac. 5	merc. 6	phos. 7	hep. 8	rhus-t. 9	nux-v. 10	calc. 11	chin. 12	op. 13	sep. 14	ign. 15	lach. 16	canth. 17	caust. 18
	9 23	8 15	7 16	7 15	7 15	7 13	7 10	7 9	6 13	6 12	6 11	6 11	6 11	6 11	6 10	6 8	5 10	5 10
1. MIND - AILMENTS FROM - anger - suppressed (37) 1	3	3	-	2	-	-	-	1	-	-	-	-	-	1	2	-	-	-
2. MIND - DWELLS - past disagreeable occurre... (72) 1	3	1	2	4	2	-	1	1	1	-	1	2	1	2	3	-	-	1
3. GENERALS - FOOD and DRINKS - sweets... (198) 1	3	2	3	1	2	2	2	2	2	1	2	3	1	2	1	1	-	1
4. GENERALS - FOOD and DRINKS - milk - de:... (86) 1	-	2	1	2	-	2	2	-	3	2	2	-	-	-	-	1	-	-
5. RECTUM - CONSTIPATION - insufficient (118) 1	2	2	3	3	3	1	-	1	-	3	1	3	3	2	2	2	1	-
6. MOUTH - SALIVATION - sleep, during (43) 1	3	2	2	1	1	3	2	-	3	1	-	1	-	-	1	1	-	-
7. URETHRA - PAIN - urination - during (43) 1	1	-	-	-	3	1	1	1	-	-	-	-	2	-	-	-	3	3
8. BLADDER - RETENTION of urine (164) 1	3	2	2	-	2	1	1	2	2	3	2	1	3	1	1	1	3	3
9. BLADDER - URINATION - frequent - night (162) 1	3	1	3	2	2	3	1	1	2	2	3	1	1	3	-	2	2	2
10. KIDNEYS - PAIN - Ureters - left side (15) 1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-

Rubric	puls. 19	bar-c. 20	ip. 21	kali-c. 22	ars. 23	plb. 24	sil. 25	thuj. 26	anac. 27	arg-n. 28	aur-s. 29	aur. 30	graph. 31	mag-m. 32	agar. 33	con. 34	am-c. 35	api. 36
	5 10	5 9	5 9	5 9	5 8	5 8	5 8	5 8	5 7	5 7	5 7	5 7	5 7	5 7	5 5	4 9	4 8	4 8
1. MIND - AILMENTS FROM - anger - suppressed (37) 1	-	-	2	-	-	-	-	-	1	-	1	1	-	1	1	-	-	-
2. MIND - DWELLS - past disagreeable occurre... (72) 1	1	-	-	-	-	-	-	1	-	1	1	-	-	-	-	2	1	-
3. GENERALS - FOOD and DRINKS - sweets... (198) 1	2	1	2	2	1	2	1	1	1	3	3	1	2	2	1	-	2	-
4. GENERALS - FOOD and DRINKS - milk - de:... (86) 1	-	-	-	-	2	-	2	-	1	-	1	2	1	-	-	-	-	2
5. RECTUM - CONSTIPATION - insufficient (118) 1	-	2	1	3	1	2	2	2	2	1	-	-	1	2	-	-	-	1
6. MOUTH - SALIVATION - sleep, during (43) 1	3	1	2	1	-	1	-	-	-	1	-	2	-	-	-	-	-	-
7. URETHRA - PAIN - urination - during (43) 1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-
8. BLADDER - RETENTION of urine (164) 1	2	2	2	-	3	2	1	2	-	-	1	1	1	1	1	3	3	3
9. BLADDER - URINATION - frequent - night (162) 1	2	3	-	2	1	1	2	2	2	1	-	-	2	1	1	2	2	2
10. KIDNEYS - PAIN - Ureters - left side (15) 1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-

Figure 01: RADAR[8][Computer program]. Version 10.0

First Prescription

27 January, 2024

Rx

1. *Tabaccum* 30/TDS(not present in repertory sheet)
2. *SabalSerrulata* Q/BD

x 3 days

Justification for remedy selection-

Difficulties in passing urine as well as for prostatic enlargement, *Sabal serrualata*[9] Q was selected, i.e., selected therapeutically. And for left ureteric calculi, with pain around left inguinal region with unsatisfactory stool, Tabaccum[9] was selected

DATE	SYMPTOMS	PRESCRIPTION	JUSTIFICATION
30 Jan,24	Regular follow-up	Rx *Tabaccum* 30/TDS *Sabalserrualata*Q/BD x 7 days	Repetition of dose, because of regular follow- up
09 Mar, 24	Reported after a gap of 5 weeks. Relief in pain during micturition Relief in pain around left ureter	Rx Tabaccum 30/TDS *Sabalserrualata*Q/BD x 14 days	Kent's fourth Observation No aggravation with recovery of the patient[5]

	Flow of urine increases at night Unsatisfactory stool still present		
23 Mar,24	Relief in difficulties in urination Two episodes of Painless loose stool present <night, after eating	Rx Sac Lac 30/BD *Sabalserrualata*Q/BD x 14 days	Dietary management was advised
05 Apr,24	All complaints are better No new symptoms occurs	Rx Sac Lac 30/BD *Sabalserrualata*Q/BD x 14 days	Kent's fourth observation No aggravation with recovery of the patient[5]
05 May,24	Irregular follow-up Pain in left inguinal region present Advice- USG-WA	Rx Tabaccum 30/TDS *Sabalserrualata* Q/BD x 14 days	Repetition of dose, due to irregular follow-up
20 May,24	Patient feels better Relief in all complaints	Rx Sac Lac 30/BD x 14 days	Kent's fourth Observation No aggravation with recovery of the patient[5]

Table 01: Follow up of the patient

Investigations -Ultrasonography -Whole abdomen

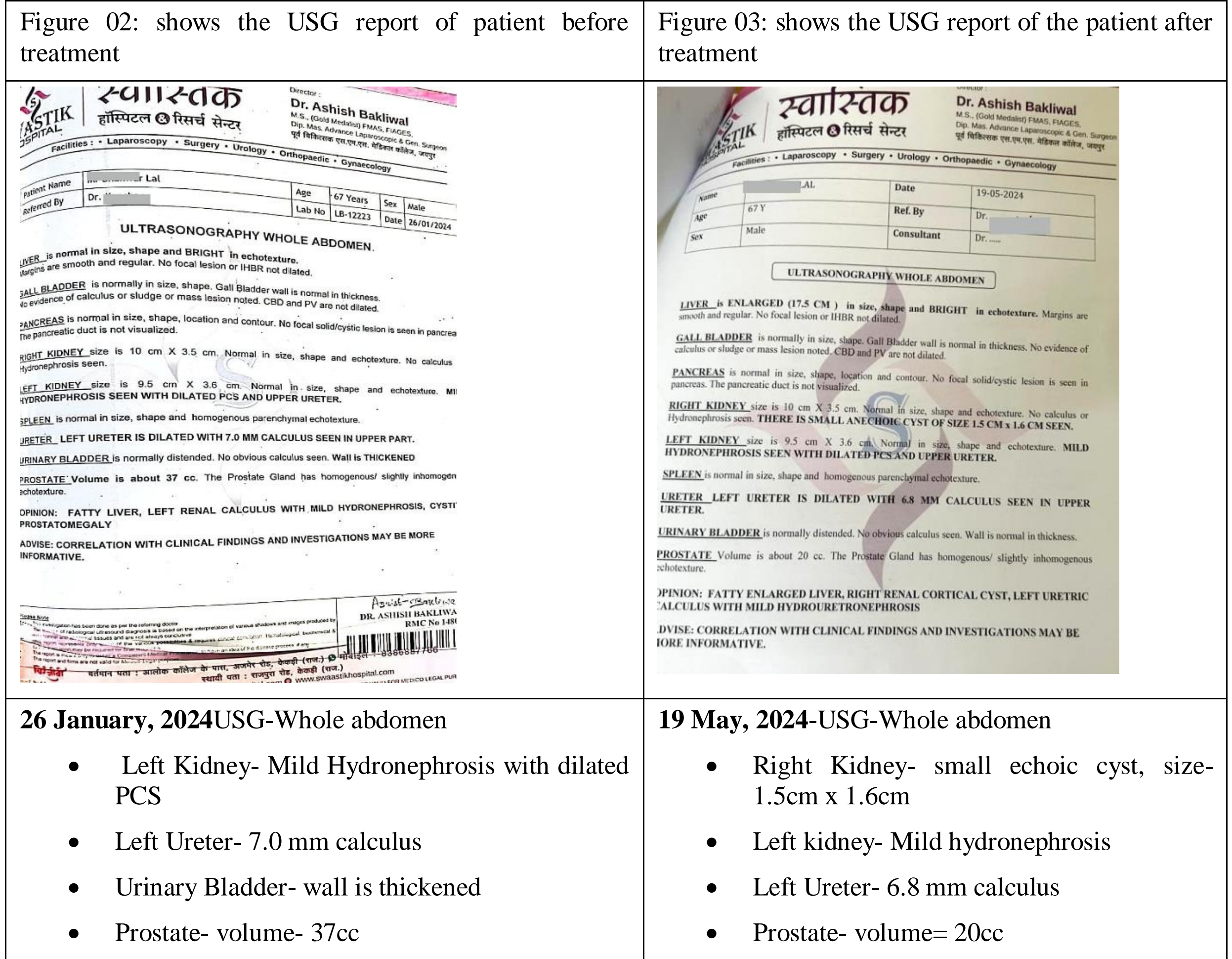


Figure 02: shows the USG report of patient before treatment	Figure 03: shows the USG report of the patient after treatment
ULTRASONOGRAPHY WHOLE ABDOMEN. LIVER is normal in size, shape and BRIGHT in echotexture. Margins are smooth and regular. No focal lesion or IHBR not dilated. GALL BLADDER is normally in size, shape. Gall Bladder wall is normal in thickness. No evidence of calculus or sludge or mass lesion noted. CBD and PV are not dilated. PANCREAS is normal in size, shape, location and contour. No focal solid/cystic lesion is seen in pancrea The pancreatic duct is not visualized. RIGHT KIDNEY size is 10 cm X 3.5 cm. Normal in size, shape and echotexture. No calculus Hydronephrosis seen. LEFT KIDNEY size is 9.5 cm X 3.6 cm. Normal in size, shape and echotexture. MI HYDRONEPHROSIS SEEN WITH DILATED PCS AND UPPER URETER. SPLEEN is normal in size, shape and homogenous parenchymal echotexture. URETER LEFT URETER IS DILATED WITH 7.0 MM CALCULUS SEEN IN UPPER PART. URINARY BLADDER is normally distended. No obvious calculus seen. Wall is THICKENED PROSTATE Volume is about 37 cc. The Prostate Gland has homogenous/ slightly inhomogen echotexture. OPINION: FATTY LIVER, LEFT RENAL CALCULUS WITH MILD HYDRONEPHROSIS, CYSTI PROSTATOMEGALY ADVISE: CORRELATION WITH CLINICAL FINDINGS AND INVESTIGATIONS MAY BE MORE INFORMATIVE.	ULTRASONOGRAPHY WHOLE ABDOMEN LIVER is ENLARGED (17.5 CM) in size, shape and BRIGHT in echotexture. Margins are smooth and regular. No focal lesion or IHBR not dilated. GALL BLADDER is normally in size, shape. Gall Bladder wall is normal in thickness. No evidence of calculus or sludge or mass lesion noted. CBD and PV are not dilated. PANCREAS is normal in size, shape, location and contour. No focal solid/cystic lesion is seen in pancreas. The pancreatic duct is not visualized. RIGHT KIDNEY size is 10 cm X 3.5 cm. Normal in size, shape and echotexture. No calculus or Hydronephrosis seen. THERE IS SMALL ANECHOIC CYST OF SIZE 1.5 CM x 1.6 CM SEEN. LEFT KIDNEY size is 9.5 cm X 3.6 cm. Normal in size, shape and echotexture. MILD HYDRONEPHROSIS SEEN WITH DILATED PCS AND UPPER URETER. SPLEEN is normal in size, shape and homogenous parenchymal echotexture. URETER LEFT URETER IS DILATED WITH 6.8 MM CALCULUS SEEN IN UPPER URETER. URINARY BLADDER is normally distended. No obvious calculus seen. Wall is normal in thickness. PROSTATE Volume is about 20 cc. The Prostate Gland has homogenous/ slightly inhomogenous echotexture. OPINION: FATTY ENLARGED LIVER, RIGHT RENAL CORTICAL CYST, LEFT URETRIC CALCULUS WITH MILD HYDROURETRONEPHROSIS ADVISE: CORRELATION WITH CLINICAL FINDINGS AND INVESTIGATIONS MAY BE MORE INFORMATIVE.
26 January, 2024USG-Whole abdomen • Left Kidney- Mild Hydronephrosis with dilated PCS • Left Ureter- 7.0 mm calculus • Urinary Bladder- wall is thickened • Prostate- volume- 37cc	**19 May, 2024**-USG-Whole abdomen • Right Kidney- small echoic cyst, size- 1.5cm x 1.6cm • Left kidney- Mild hydronephrosis • Left Ureter- 6.8 mm calculus • Prostate- volume= 20cc

3. DISCUSSION AND CONCLUSION

Medical management should be used judiciously in all patients with BPH, with proper individualization. Clinical presentation, proper history, and laboratory investigations help to identify whether one needs urgent surgical or medical

treatment or not. A homoeopathically recorded case including detailed history of present illness, family history, history of previous similar illness, and previous interventions is warranted. In this case, all subjective symptoms were improved after taking the medicine.There is also reduction in size of prostate gland from 37cc to 20 cc within a time period of 6 months. The medicine prescribed *Sabalserrualata*Q BD and *Tabaccum* 30 BD for 5 months helped the patient to overcome the remnant of urinary troubles and since the patient was doing well for 5 months and last reported on 20 may 2024, without any significant trouble.

Previously, a similar study was done in which reflects the fact that combined homoeopathic constitutional and organopathic treatment has a greater beneficial effect on patients with BPH than either constitutional or organopathic treatment alone.[10]Also a multicentric observational study conducted by the CCRH on 231 patients. The study suggests a positive role of homoeopathic medicines like Thuja, Sulphur, Pulsatilla & Lycopodium, out of a group of 20 pre-defined medicines using the American Urological Association BPH Symptoms Score Index.[11]

As described earlier, different scientific works published in reputed Indian, International journals have found that homoeopathic medicines are effective in BPH; this case too improved with *Sabal Serrulata* Q. Once again shows the efficacy of homoeopathic medicines in BPH.

This case also shows the significance of individualization in homoeopathy. Homoeopathy considers "man as a whole" and thus this patient too improved subjectively and as well as there was marked decrease in prostate size. Homoeopathic therapeutics may be useful in cases where absolute surgical intervention is not warranted. Thus, the aim of homoeopathic treatment is not only to treat BPH or other troubles but also to address its underlying cause, miasmatic background, individual susceptibility, etc. Although study of a single case does not constitute a strong opinion, but the outcome is encouraging.

DECLARATION OF PATIENT CONSENT:

The authors certify that they have obtained appropriate patient consent forms; the patient has given consent for his images and other clinical information to be reported in the journal.

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NIL

CONFLICT OF INTEREST:

None declared

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