

TREATMENT OF BENIGN PROSTATIC HYPERTROPHY IN HOMOEOPATHY WITH REPERTORIAL ANALYSIS –A CASE STUDY WITH REVIEW OF ANCIENT INDIAN MEDICINE

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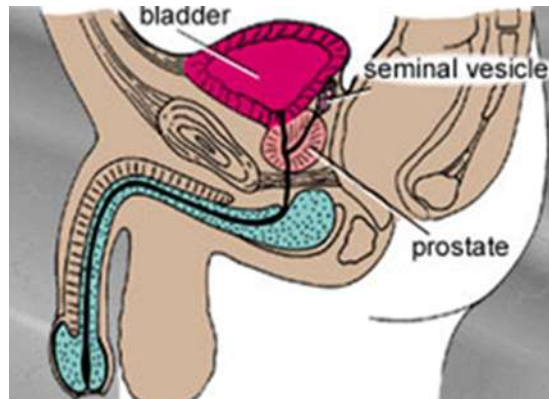
Abstract: *Benign prostatic hypertrophy (BPH) is fibro-myoadenoma of prostatic gland and homoeopathy offers a non-surgical treatment in such cases. Approach of homoeopathy is individualizing through totality of symptoms by repertorial analysis of the repertorial results of repertory indicated and used for the purpose. A case was studied which was treated with this approach and was brilliantly cured is discussed in the study. Homeopathy is always known to be safe and good option for such conditions; is authenticated deeply regarding its principles- in Ancient Indian Literature and we need to test its efficacy in clinical trial, in order to help community, Government and Corporates to make a policy for prevention of work loss and to improve quality of life of its citizens/employees and their dependants, which we will be able to do by assessing results of this study and conduct more future studies in this regard in near future.*

Keywords: *BPH, Homeopathy, Repertorial Analysis, DHT, Miasm, Repertorization, BTPB (Boenninghausen Therapeutic Pocket Book).*

INTRODUCTION:

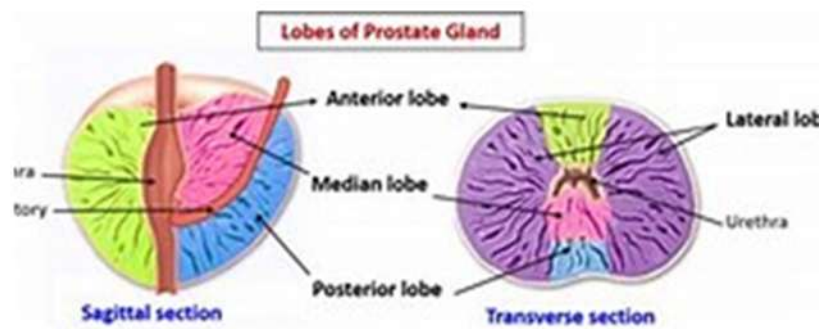
Benign prostatic hypertrophy (BPH) is fibro-myoadenoma of prostatic gland in men which happens most commonly in age 50 and above mainly due to hormonal changes.

Magnitude of the problem - approximately 50% of men of more than 50 years of age suffer from moderate urinary difficulties due to this disease process.



Situation of Prostate gland with surrounding structures

Courtesy: bhandarihomoecare.weebly.com



Lobes of Prostate gland

Courtesy - www.anatomyqa.com

Men of all races and cultures are afflicted with this disease suggesting it to be unrelated to the environment or genetic background.

The choice of treatment in modern medicine is chiefly surgical rather than medical. Most sufferers are usually encountered with a search for non-surgical management of this distressing later complications.

Thus, I intended to study the efficacy of homoeopathic medicines in the treatment of a case of benign prostatic hypertrophy.

AIMS AND OBJECTIVES:

Aim: To study the clinical effects of Homoeopathic medicines and its basis in ancient Indian literature in the cases of Benign prostatic hypertrophy.

Objectives:

(a) To assess the scope of repertorial analysis from indicated repertory in the cases of benign prostatic hypertrophy.

(b) To assess the miasmatic influence in the cases of benign prostatic hypertrophy.

SIGN AND SYMPTOMS:

Clinical features of benign prostatic hypertrophy depends upon the lobes affected. These are variable and are as follows:-

Frequency

It is an earliest symptom. At first it is nocturnal. Frequency at this stage is probably due to vesical introversion of sensitive prostatic mucous membrane from intravesical enlargement of prostate. Later it is experienced both in day and night.

Urgency

When the bladder sphincter becomes stretched, a little urine escapes into the normally empty prostatic urethra, causing an intense reflex desire to void.

Dribbling

In the later stage residual urine increases, frequency becomes more and more evident and there is terminal dribbling.

Difficulty in micturition

Patient strains and wait for micturation patiently.

Weak Stream

Stream is variable, weak, tending to stop and start, and dribbles towards the end of micturation .

Pain

Pain occurs in case of cystitis and on acute retention of urine. When hydronephrosis occurs there may be a dull pain in loins. Occasionally there may be fullness in rectum or felling of weight in perineum.

Acute retention

This may be the first symptom, compels the patient to get relief because it produces intense pain.

Retention with overflow

Urine dribbles and patient complains swelling in hypogastrium.

Haematuria

A drop of blood comes out at beginning or end of micturation. Occasionally profuse haematuria occurs due to rupture of prostatic vein.

Renal insufficiency

In later stage, patient gives the signs of renal failure.

CLINICAL EXAMINATION

On inspection, palpation and percussion a varying degree of retention may be present in old sufferers. There may be tenderness and enlargement of kidney on palpation of renal areas.

Dirty brown tongue and urine of low specific gravity indicates considerable degree of renal insufficiency.

Per-rectal examination: It is carried out in absence of full bladder, bimanually in the dorsal position. In benign enlargement of lateral lobes, increase in their size is evident.

HOMEOPATHIC VIEW POINT

Benign prostatic hypertrophy comes under 'One Sided Diseases' according to Dr. Hahnemann's classification as described by him in his book 'Organon of Medicine' in aphorisms 172-184.

In comparison to the above mode of treatment, the homeopathic approach is much safer and effective alternative; as the treatment is based upon the holistic approach e.g. treat the patient as a whole

Homeopathy has a basis in Ancient Indian literature as follows:

BhagvadPuran (3500 BC) which recognizes law of Similia as described in a dialogue between Narad and Maharishi Vyas which says, "The curative drug would be the one having the capacity to produce a similar disease....";

Ayur-veda recognizes "VishasyaVishamAushadham" which means - Poison is neutralized by poison; about 5000 years back; and

ShushrutSamhita in 600 BC recognizes as "SamahSamamShamayti - means similar will be extinguished by use of similars.

Ancient Indian poet Kavi – Kalidasa in 1st Century BC said “Shrutyate hi puraloke, Vishasya Visham Aushadham” means Whole world knows since old times – Poison is the Medicine for Poison”.

Ancient Indian Medicines - Various other herbal remedies such as Cernilton (Rye extract), SabalSerrulata(Saw palmetto), Pumpkin extract and Boerhaaviadiffusa have shown improvements in cases of BPH and homeopathy is utilizing them on similar base.

India has vast ethnobotanical knowledge since ancient times; In a study “*Effect of Boerhaaviadiffusa in experimental prostatic hyperplasia in rats*” - Root extracts of *B. diffusa* (100 mg/kg) significantly inhibited the prostate growth in experimentally induced BPH in Rats. Study in laboratory indicated that herbal extracts of Boerhaaviadiffusa has the ability to produce beneficial effect on prostatic smooth muscles, which would relieve the urinary difficulties in the disease¹⁵.

Bach et al.^[57] randomized 476 men 1:1 to placebo or a pumpkin extract. Two extracts have been tested against standard therapy: saw palmetto against tamsulosin and a combination product (saw palmetto/stinging nettle root) against tamsulosin. Both trials revealed similar outcomes regarding symptoms, Qmax, and PVR between the plant extract and standard therapy.

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So homeopathy is deep rooted science by its principles and it's dynamic, single, simple, soothing homeopathic remedies are known for long having the curative power without side effects therefore was tested in this study.

Miasmatic Indication in B. P. H.:-

Sycosis in the etiology of BPH, is clearly indicated when we analyze the hormonal factor in development of B. P. H.

With the advancement of age; the physiological decrease in the testosterone level, leads to, significant increase in the level of Estradiol, which sensitizes-the-prostate to the growth-promoting-effect of D.H.T.or Di Hydro-Testosterone.

The chronic venereal miasm is primarily manifested as a typical discharge from external urethral orifice, which when suppressed leads to the triggering or proliferation of cells, characterized by exaggerated cell growth or tissue growth. Hence the Genius of sycosis is to proliferate the tissues.

MATERIAL AND METHODOLOGY

(1) Materials

- (a) Project Site : OPD of Jayoti Vidyapeeth Women's University
- (b) Duration of Study : 6 months, w.e.f. 5.9.2019 to 4.3.2020
- (c) Procuring of Medicines:
Medicines were procured from reputed Homoeopathic Pharmaceutical Companies.

(2) Methodology:

(a) Case Selection:

Selection of cases of benign prostatic hypertrophy was done unbiased.

(b) Inclusion Criteria:

Diagnosed / undiagnosed cases of BPH wastaken into account irrespective of socioeconomic status, age, caste, religion & duration of illness.

(c) Exclusion criteria:

Patient with the history of idiosyncrasy were excluded from the study.

The patient who was not consenting taking the prescribed treatment regularly was excluded from the study.

(d) Diagnostic Criteria:

Clinical history: The case selected for clinical trial was diagnosed on the basis of

- Ultrasonographic study of lower abdomen

- Per rectal examination

(e) Case taking Proforma:

Case taking proforma was especially designed for the purpose of study.

(f) Case taking:

A proper case taking was done on the proforma prepared for the study along with clinical examination.

(g) Analysis & evaluation:

After detailed case taking analysis & evaluation of symptoms was done.

(h) Repertorization:

Repertorization was done by using Boger - Boenninghausen's repertory by taking help of Homopath software version Firefly.

(i) Selection of Medicine:

Selection of Medicine was done on the basis of repertorial analysis and concept of totality.

(j) Selection of Potency

Selection of potency was done according to Homoeopathic concept.

(k) Follow up

Follow up of case was done at the interval of 3-7 days in Ist month then fortnightly in next two months.

(l) Result Criteria :

- **Cure :** annihilation of all the sign and symptoms with the feeling of
-

mental and physical well being and no relapse of complaint, USG report showing marked reduction in size of prostate gland to almost normal.

- **Improvement** : relief in the suffering of the complaint and sense of feeling better in all the sign and symptoms for which the patient originally approached, USG report showing upto 50 percentile reduction in size of prostate gland to almost normal..
- **Status quo**: when there is no change in the sign and symptom of the patient in spite giving the medicines, USG report showing no reduction in size of prostate gland to almost normal.
- **Worse**: when there is no change in the condition of the patient instead he feels worse or aggravated, USG report showing further increase in size of prostate gland.

CASE STUDY

Date	: 01.10.2019	S. NO.	: 02
Name	: Mr. GhanShyam	Age	: 56 Yrs
Religion	: Hindu	Marital status	: Married
Occupation	: Businessman		
Per capita income	: Rs.20000/m		
Address	: Bagru Jaipur		

PRESENTING COMPLAINTS

Patient tells his story that 5 years back when he was travelling in a bus in night had urging for urine in the journey 4-5 times at least. He requested driver 3 times to stop the bus but out of embarrassed feeling in front of all travelers could not request again. He had to forceful retain the urine for 3 hours one time until bus reached midway stop and 5 hours for the next time until reached the destination. Had a very painful experience of restlessness and anxious feeling with intense thirst at that time. He couldn't sleep at all and developed a fear of similar situation of travel. *Has averse to company since then.*

Increased frequency of urination especially at night was developed after that. He has to hurry in order to urinate otherwise urine escapes. Sometimes he strains for urination but no urine passes, but certain drops with pain only. Unsatisfactory feeling after urination. Stream is feeble. He has to wait for sometime before he starts urination for last 9 months. Feels very slight burning in urethra while passing urine.

ASSOCIATED COMPLAINTS

Pain stitching type in knee joints for 3yrs < while beginning to move, winter and rainy weather.

PAST HISTORY

Not particular.

FAMILY HISTORY

Father – Bleeding piles.

PERSONAL HISTORY

Diet : Vegetarian.

Appetite : Normal.

Craving : Not particular.

Aversion : Not particular.

Thirst : Nothing significant.

Stool : Not particular.

Urine :

Frequency - Increased especially at night.

Flow - Retarded.

Quantity - Diminished.

Character(Color, Odor)-Light yellow, urinous odor.

Sediments, if any - Not particular.

Blood, if any - Blood absent.

Symptoms before urination – Strains before urinations, urgency wait for sometimes before starts urinating.

Symptoms during urination- Burning pain in urethra.

Symptoms after urination – Not particular.

Perspiration - Not particular.
Addiction - Not particular.
Habit - Not particular.
Sleep - Not particular.
Dreams - Not particular.
Thermals - Not particular.
Constitution - Not particular.

SEXUAL HISTORY

Not particular.

MENTAL SYMPTOMS

Will- He always makes merriment – joking; *company averse to since complaints started.*

Understanding-*Confusion on and off since urinary complaints started*

Intellect - Concentration a little poor.

Memory -Not so strong as per age

GENERAL EXAMINATION

Pulse rate - 73 /m.

Heart rate 73/m.

B.P. - 110/70 mm Hg.

Respiratory rate -18 / m.

Temperature - 98.4°F.

Nails - Not particular.

Conjunctiva - Not particular.

Hair - Not particular.

Tongue - Not particular.

Saliva - Not particular.

SYSTEMIC EXAMINATION

Respiratory System - Not particular.

Cardiovascular System - Not particular.

Gastrointestinal System - Not particular.

Genitourinary System - Not particular.

LOCAL EXAMINATION

Per- rectal examination -

P/R examination was done after giving enema to patient. Prostate gland was enlarged, smooth, firm, tender, II grade hypertrophy.

PROVISIONAL DIAGNOSIS: BPH

INVESTIGATIONS

USG findings- Prostate was enclosed. Size-4.7cmx4.3cmx4.4cm
Weight - Approx 47gms

PVR - 73 ml



Enlargement of prostatic gland as shown in USG examination on 15/9/2020

FINAL DIAGNOSIS

B.P.H. Grade III

MIASMATIC EVALUATION

Presenting Complaints	Psora	Sycosis	Syphilis	Tuber- cular
Increased frequency <night	+	++	+++	+
Urgency	++	+	+++	
Burning pain in urethra while urination		+++		
Stream feeble		+++		++
Strain before urinating	+	+		+
Prostate enlarged		+++		
Company aversion to	+	++		
Confusion	++	+	+	++

RUBRICS SELECTED FROM B.T.P.B.

1. Urine, mictuation, urging ineffectual, fruitless with, page 645
2. Urine, micturation- urging, irresistible hurried, page 626
3. Urine, micturation- drop by drop (strangury), page 626
4. Urine, micturation- urination, frequent too, night, page 628
5. Urine during urination, urethra burning in, page 632
6. Prostate gland, enlarged swelled, page 619
7. Lower extremities, Sticking pain knee, page 860
8. Lower extremities, < motion beginning of, page 877
9. General < weather, cold wet during, page 879
10. Mind, confused, Page 196
11. Mind, company aversion too, page 195

REPERTORISATION: From Boenninghausen Repertory (BTPB) as Particulars are marked with concomitants and scanty mental symptoms as differentiating factor

<u>Remedy Name</u>
<u>Totality</u>
<u>Symptoms Covered</u>
Kingdom
[Boenning] [Urine]Micturition:Urging:Ineffectual, fruitless, with: (...
[Boenning] [Urine]Micturition:Urging:Irresistible, hurried: (28)
[Boenning] [Urine]Micturition:Urination:Drop:By drop (strangury): ...
[Boenning] [Urine]Micturition:Urination:Frequent, too:Night: (73)
[Boenning] [Urine]During Urination:Urethra:Burning in: (55)
[Boenning] [Prostate gland]Enlarged, swelled: (6)
[Boenning] [Lower extremities]Stitches:Joint:Knee: (69)
[Boenning] [Aggravation and Amelioration]Motion:At beginning o...
[Boenning] [Aggravation and Amelioration]Weather:Cold, wet, ag...
[Boenning] [Vertigo]Concomitants:Confusion, bewildered, etc.: (31)
[Boenning] [Mind]Company:Averse to: (17)

Puls	Rhus-t	Bell	Merc	Staph	Sulph	Calc	Nux-v	Sil	Ruta	Thuj	Lyc
29	23	20	20	20	20	18	17	17	16	15	14
10	7	8	8	8	8	9	7	7	6	8	7
4	3	2	3	4	4	1	4	2	4	1	2
4	4	3	3		1	2			3	1	
3	2	3	2	3	4	1	4	2	2	2	1
4	3	3	2		4	3	3	4	2	1	2
2		4	3	2	3	4	1	1		4	
1				1	1	1					
3	3	2	2	4	1	1	1	3		2	
4	4					1		3	2	2	4
1	4		3	1	2	4	1	2	3	2	2
3		2	2	1			3				1
		1		4							2

PRESCRIPTION: Puls1000Singledose ; Placebo TDS

FOLLOW-UP:

08.10.2003- No change in patient’s complaints. Placebo was given.

15.10.2003- Feels physically and mentally well. Feeling comfort in urination. Placebo was given.

22.10.2003-Feeling more improvement in urinary symptoms . Constipation was relieved. Again placebo was given.

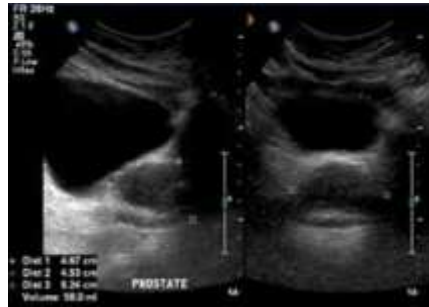
29.10.2003- Same condition as on previous visit. Pulsatilla 200 one dose was given. Placebo was also given.

13.11.2003- Night urinary frequency was reduced. Again placebo was given.

30.11.2003- Dribbling and straining was relieved completely patient is feeling better. Ultrasonographic study of prostate was advised.

30.12.2003- Now he can pass urine without any difficulty. Per rectal examination was done. Prostate was softer than earlier and it is non tender. Ultrasound study shows that size and wt of prostate was reduced. Now it was approx 4.4 cm x 4.3cm x 4cm in size & weight was 35 gms PVR 30 ml.

Finally Pulsatilla 10000 one dose was given.



Ultra sound examination on 2/3/2020 showed normal prostate gland

CONCLUSION:

- The overall result of this study are encouraging and reveals that homoeopathic medicines have a promising effect and prove to be efficacious in especially upto II grade of prostatic hypertrophy.
- This study shows that surgery can be avoided in cases of BPH upto II grade, by homoeopathic treatment.
- In the case taken under the study the patient presented local symptoms related to prostate and wasalso having individualizing features related with physical generals and mental generals. Hence,it can be concluded that disease is not there in person rather person is there in disease therefore has accompanying general symptoms also with particular disease symptoms.
- Repertorial analysis is very useful tool in homoeopathy for treating the cases of B. P. H.
- Homeopathy is always known to be safe and good option for such conditions like cases of BPH; is *authenticated deeply regarding its principles- in Ancient Indian Literature* and we have tested its efficacy in this case study, in order to help community, Government and Corporates to make a policy for prevention of work loss and to improve quality of life of it's citizens/employees and their dependants suffering fro BPH, which we will able to do by assessing results of this study and conduct more future studies in this regard in near future.

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