



BENIGN PROSTATIC HYPERPLASIA & ITS HOMOEOPATHIC APPROACH

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ABSTRACT

Benign prostatic hyperplasia (BPH) is commonly seen in men above the age of 60 years. It is one of the frequent reasons for elderly men undergoing surgery. BPH symptoms range from least voiding, difficulties to urinary retention and renal failure. In this case, treated with Homoeopathic medicine both subjective symptoms and prostate size were assessed post treatment. This case shows the usefulness of homoeopathic medicine on subjective and pathological parameters.

KEYWORDS : Benign prostatic hyperplasia, Homoeopathy, Pulsatilla.

INTRODUCTION:-

The prostate is an accessory gland of the male reproductive system¹. Benign prostatic hyperplasia (BPH) is a non-neoplastic tumor-like enlargement of the prostate. It is commonly seen in men above the age of 60 years and its incidence approaches 75–80% in men above 80 years. It is rarely a life-threatening condition but has a significant effect on individual's quality of life in varying degrees². However, symptomatic BPH producing urinary tract obstruction and requiring surgical treatment occurs in 5–10% of cases only². Some experts believe that a family history of the condition increases a man's risk of developing BPH. Obesity and diabetes are the factors that potentially increase the risk of developing BPH and Lower Urinary Tract Symptoms (LUTS), whereas increased physical activity decreases the risk of BPH³. A recent study claims that increased air pollutants have a potential effect on BPH⁵. Obstructive symptoms include hesitancy, poor flow, intermittent stream, dribbling, sensation of poor bladder emptying, episodes of near retention of urine etc. Irritative symptoms such as frequency, nocturia, urgency, urge incontinence, and nocturnal incontinence may occur. Low flow rate and high voiding pressure are the consequence of bladder outflow obstruction⁶. Among treatment option for BPH-watchful watching approach is adopted when symptoms are mild and not affect the daily activities. Pharmacological intervention undertaken when there is increased resistance to the flow of urine through bladder neck and compressed prostatic urethra. Surgical intervention is considered in case of severe symptoms and in complications such as urinary retention, renal failure and infection⁷.

CASE REPORT:-

A male, aged 43 years of average height and moderate built Admitted in Emergency with complaint of unsatisfactory micturition, feeble urine flow with sensation of heaviness and fullness of lower abdomen on Ranchi urology Centre. Doctor advised some allopathic medicine but patient condition was stand still then after he advised for surgery. Significant morbidity and fear of surgical intervention, patient did not undergo surgery and came to OPD of clinical Research unit for

Homoeopathy, Ranchi on Dated 22/04/2020 for Homoeopathic treatment with complaint of unsatisfactory micturition, feeble urine flow for last 6 Month with sensation of heaviness and fullness of lower abdomen (hypo gastric region) and perineum. No other major complaints were reported by the patient.

Personal History:- service man

Past history:- He had suffered from type 2 diabetes mellitus from long time treated by Old school medicine.

Mental:- Patient is Mild & Sad.

Physical General:- Pt. has Thirst less & Desire for fatty food

General Physical Examination:- PR-76/min., R.R. - 14/min, Temp. - 97.8 F, Ht.-162cm, Wt.- 58kg, B.P.-130/80 mm Hg, BMI:- 22.1.

Systemic Examination:-C.V.S.- S₁, S₂ -Normal, no abnormal Sound during auscultation,

RESP:- Chest clear, **C.N.S.-** Sensory & Motor function is Normal, **G.I.T.-** Tenderness of Hypo gastric Region.

Thermal:- Hot

Lab Investigation:- TLC/DLC -Neutrophils - 81% , s. creatinine - WNL, Urine R/E - Pus Cell - 6-8/hpf

Provisional Diagnosis:- BPH

Justification of Diagnosis:- Ultrasonography

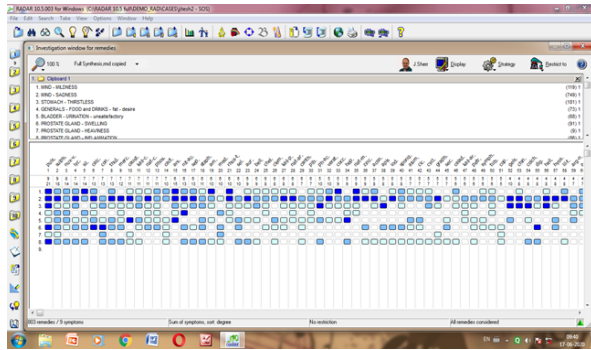
Repertorisation:- synthesis rep. 9.1 (RADAR)

Prescription:- Pulsatilla 30/6 Doses /BDS Followed by placebo.

General Management:-

- 1) Fluid restriction particularly prior to bed time.
- 2) Avoidance of caffeinated beverages, spicy foods.

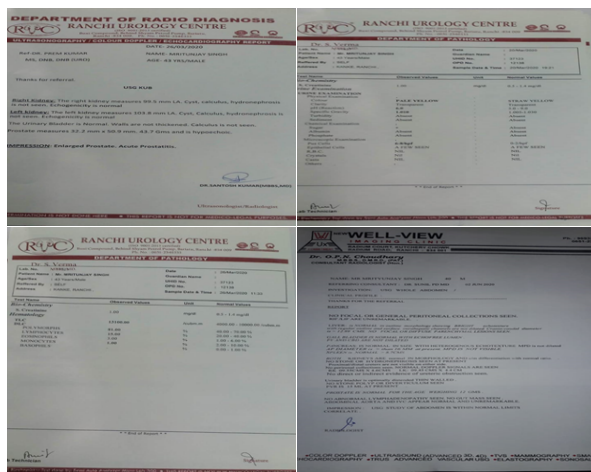
- 3) Avoidance of constipation.
- 4) Pelvic floor exercise.



Follow up sheet:

Date of visit	Change in Symptoms	Prescribed Medicine/Potency/Dose
29/04/2020	Improvement	Placebo/BDS/ 7 Days
06/05/2020	Improvement continue	Placebo/BDS/ 7 Days
15/05 /2020	Improvement continue	Placebo/BDS/ 7 Days
23/05/ 2020	Improvement stand still	Pulsatilla 200/4 doses/OD
01/06/2020	Improvement continue	Placebo/BDS/ 7 Days
03/06/2020	PROSTATE IS IN NORMAL CONDITION	Placebo/BDS/ 7 Days

BEFORE TREATMENT: - 1-3



AFTER TREATMENT-4

DISCUSSION AND FOLLOW UP :-

In modern medicine, surgery is the only possible way of treatment for BPH. But in Homoeopathy, there is possible cure of this condition if the case is well taken. In this case Pulsatilla was selected because it covered all the mental, physical as well as pathological symptoms. Further Pulsatilla is thermally hot. Pulsatilla was followed by placebo for few months. The medicine was selected by the above mentioned Doctors' panel. 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.

REFERENCES:-

1. Chaurasia BD. Lower Limb and Abdomen, Human Anatomy, 5th ed., Vol. II. New Delhi: CBS Publishers & Distributors; 2010. p. 403-406.

2. Mohan H. The male reproductive system and prostate. Textbook of Pathology. 5th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2008. p. 743.

3. Kumar P, Clark M. Diseases of the prostate gland. Kumar & Clark's Clinical Medicine. 17th ed. New York: Saunders Elsevier Ltd.; 2009. p. 645.

4. Reddy GR, Oberai P, Singh V, Nayak C. Treating benign prostatic hyperplasia in elderly men with Homoeopathy – A series of eleven cases. Indian J Res Homoeopathy 2009;3:37-43.

5. Shim SR, Kim JH, Song YS, Lee WJ. Association between air pollution and benign prostatic hyperplasia: An ecological study. Arch Environ Occup Health 2016;71:289-92.

6. Mann CV, Russell RC, Williams NS. The prostate and seminal vesicles. Bailey & Love's Short Practice of Surgery. 22nd ed. London: ELBS Publication; 1995. p. 971-3, 975.

7. Dhingra N, Bhagwat D. Benign prostatic hyperplasia: An overview of existing treatment. Indian J Pharmacol 2011;43:6-12.

8. Hahnemann S. Organon of Medicine. Translated by William Boericke. Reprint. New Delhi: B. Jain Publishers (P) Ltd.; 2002. p. 105, 144

9. Synthesis Repertory, Version 9.1 by Frederik Schroyens.

10. Allen HC. Keynotes and characteristics with comparisons of some of the leading remedies of the materia medica added with other leading remedies and nosodes. Reprint edition: 2002; Indian Books & Periodicals Publishers; p35

11. Boericke W. Pocket Manual of Homoeopathic MateriaMedica. 6th edition, New Delhi: B. Jain Publishers; 2007.

12. www.ncbi.nlm.nih.gov