



STUDYING THE ROLE OF SYNTHESIS REPERTORY IN THE MANAGEMENT OF MALE LOWER URINARY TRACT SYMPTOMS IN OLDER ADULTS.

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ABSTRACT

Lower urinary tract symptoms (LUTS) are common and severe in men, causing them to avoid social situations and struggle with home and work activities. A prospective study investigated the use of the Synthesis repertory in managing cases of male LUTS in older adults. 30 cases of LUTS were selected, and medicines were prescribed based on symptoms. Out of 30 cases, 19 showed good improvement, 6 showed moderate improvement, and 5 failed to improve. The study concluded that Synthesis Repertory has a role in managing cases of male LUTS in older adults, as evidenced by clinical trials and observations from homoeopathic similimum outcomes.

KEYWORDS : Lower urinary tract symptoms, homoeopathy, benign prostatic hyperplasia, international prostate symptom score, Synthesis Repertory

INTRODUCTION

Until the late 20th century, prostatism was used to describe lower urinary tract symptoms (LUTS) in older men, historically associated with the prostate. Clinical BPH encompassed prostate size, histology, and pathophysiological symptoms related to the prostate. However, the organocentric representation was flawed, as symptoms can affect women and younger men. In the 1990s, LUTS replaced prostatism, emphasizing the underlying issue^[14]. LUTS affects 8% of men and 90% by age 90, affecting physical and mental well-being, increasing steadily after age 50, especially in males with prostate volumes^[17].

LUTS symptoms include obstructive and irritative issues related to bladder, prostate, and urethra disorders, with a multifaceted etiology.

1. Benign Prostatic Obstruction (BPO)
2. Overactive Bladder (OAB) - Detrusor over activity
3. Nocturnal polyuria
4. Detrusor underactivity
5. Neurogenic Bladder Dysfunction
6. UTI
7. Foreign body
8. Prostatitis
9. Urethral Stricture
10. Bladder Tumor
11. Distal Urethral Stone
12. Diabetes mellitus.^[15]

Predisposing factors:

1. Factors affecting diet, lifestyle, obesity, inactivity, alcohol, smoking, caffeine^[3,24]
2. Constipation^[10]
3. Polypharmacy^[9]

Men and women both experience discomfort from lower urinary tract problems, which significantly lower quality of life (QOL). These symptoms are not limited to prostatic obstruction in males and are virtually as frequent in women.^[14]

LUTS are categorized as obstructive (voiding) symptoms and irritative (storage) symptoms.^[1] A man may have mainly voiding symptoms or mainly storage symptoms, or a combination of both.^{[11],[12]}

A) Voiding or obstructive symptoms:

- Hesitancy – a longer than usual wait for the stream of urine to begin
- Weak stream
- Straining to urinate
- Dribbling after urination has finished
- A stop/start stream

B) Storage or irritative symptoms:

- Frequency - a short time between needing to urinate
- Nocturia - waking from sleep to pass urine two or more times a night
- Urge incontinence - a sudden, intense urge to urinate followed by an uncontrolled loss of urine
- Urgency - feeling an urgent need to urinate.^{[11],[20],[12],[13],[14]}

LUTS diagnosis involves a comprehensive assessment of medical history, symptoms, disorders, and medications. Physical examination covers height, weight, waist measurement, and blood pressure. Various tests, such as urinalysis, blood tests, PSA, DRE, ultrasound, MRI, cystoscopy, and sleep studies, aid in identifying potential causes. Treatment options encompass addressing underlying conditions, lifestyle changes, medications, and surgical procedures like TURP, HOLEP, PVP, and aqua-ablation.^{[12],[13]}

LUTS is prevalent among the elderly; requiring effective treatment based on etiology and lifestyle factors. Early detection is crucial for preventing complications and improving quality of life. Homoeopathic medicines aim to minimize symptoms intensity.

The objectives were to study application of Synthesis Repertory in managing male lower urinary tract symptoms in older adults and identifying frequently appearing rubrics.

MATERIALS AND METHODS

Study design and setting:

A prospective observational study screened male patients aged 40 and above with LUTS for over a month in a linked homeopathic hospital, including cases from IPD, OPD, and affiliated peripheral OPDs. Participants, providing informed consent, received treatment for 9 months during the 18-month research period (July 2020-December 2021). Follow-ups occurred monthly and as needed. The IPSS questionnaire assessed symptom severity at the study's outset and every six months thereafter.

Inclusion criteria:

1. Males of age group 40 years and above
2. Complaints present for more than 1 month
3. Post-surgical intervention for prostate.

Exclusion criteria:

1. Patients requiring surgical intervention (intractable urinary retention, renal insufficiency caused by BPO)
2. Neurological disorders like Parkinson's disease, Alzheimer's disease
3. Pelvic fractures
4. Spinal cord injuries/compression

5. Terminally ill patients.

Data management & analysis:

Patients screened and enrolled were recorded, with case histories entered into the Case Recording Format and relevant annexure for the baseline IPSS evaluation kept updated.

Data visualizations like pie charts and bar diagrams help organize and analyze data. The IPSS Instrument, utilizing a non-test parametric test, is employed to analyze data at the beginning of treatment and every six months thereafter. This 8-question tool quickly diagnoses, monitors, and proposes BPH treatment, with seven questions focusing on urine symptoms and one on quality of life. Each question offers six severity options, scored from 0 to 5, resulting in a total score ranging from 0 to 35, categorized as mild (0–7), moderate (8–19), or severe (20–35).

RESULTS

A sample of 30 cases was drawn from patients at the College Hospital's outpatient, inpatient departments, nearby OPDs, and periodic camps. Thorough case-taking using a proforma revealed that 19 cases (63.33%) demonstrated significant improvement, 6 (20%) showed moderate improvement, and 5 had no change. The majority of cases fell within the 61–70 age range. Lycopodium Clavatum was the most prescribed constitutional remedy at 23.33%, with remedy distribution as follows: Lycopodium 7(23.33%), Sulphur 6(20%), Arsenic album, Causticum, and Nux vomica each had 3 cases (10%), Staphysagria and Thuja 2(6.66%), while Conium, Natrum Mur, Nitric Acid, and Pulsatilla each had one case. Analysis was done on the IPSS score variations between pre-and post-intervention at six months [Figure 1]. Table 1 shows a list of frequently used rubrics.

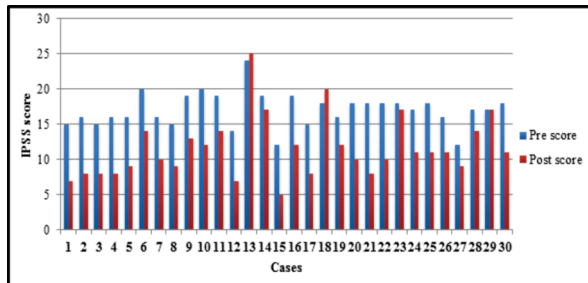


Figure 1 – Statistical analysis of pre and post-IPSS score

Sr. No.	Rubrics (Urinary system)
1.	Bladder – Urination – frequent
2.	Bladder – Urination – retarded, must wait for urine to start
3.	Bladder – Urination – feeble stream
4.	Bladder – Urination – frequent – night
5.	Bladder – Urging to urinate – sudden – hasten to urinate or urine will escape; must
6.	Bladder – Urination – interrupted
7.	Bladder – Urination – dribbling – urination – after
8.	Bladder – Urging to urinate – constant
9.	Bladder – Urination – involuntary
10.	Bladder – Urination – unsatisfactory – remained in urethra, as if urine
11.	Urethra – Pain – burning – urination – during
12.	Urine - Scanty

DISCUSSION

This study highlights the efficacy of homoeopathic medicines in alleviating the severity of LUTS symptoms and improving quality of life, guided by individualization principles. The literature reveals various constitutional and organopathic remedies for BPH, with studies validating the effectiveness of

homoeopathic medicines in reducing LUTS.

Oberai et al.^[19] conducted a study validating the role of homoeopathic medicines on BPH, using twenty pre-selected medicines. They found that Lycopodium, Pulsatilla, Sulphur, and CC in 30C and 200C potencies were effective in reducing LUTS associated with BPH. Another open-label trial by Gupta et al.^[20] revealed similar outcomes. Mehra et al.^[18] examined the efficacy of Homoeopathic Constitutional remedy and Homoeopathic Constitutional + Organ remedy compared to Placebo.

While emphasizing a non-prostatic centred view, the study considers the complex etiology of LUTS and its impact on well-being.

Examining 30 randomly selected LUTS cases, primarily aged 40 to 80, the study follows homoeopathic principles, prescribing constitutional treatments based on totality and the 'principle of similia.' Lycopodium Clavatum is the predominant constitutional remedy (23.33%). Results show 63.66% significant improvement, 20% moderate improvement, and 16.66% no change after homoeopathic treatment, emphasizing positive outcomes. Statistical analysis indicates a significant change in IPSS scores, suggesting the efficacy of Synthesis Repertory in managing Male Lower Urinary Tract Symptoms in older individuals.

The study underscores the importance of early detection and treatment, recognizing that men in their 40s may experience these symptoms. Quality of Life (QOL) assessments reveal impacts on mental well-being, emphasizing the broader evaluation of patients beyond physical complaints.

CONCLUSION

Results of this study show that constitutional medications selected using the Synthesis Repertory have helped patients with LUTS achieve symptomatic relief and improved QOL.

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Need Of Study

Urology disorders (LUTS) are prevalent in the elderly population, with the severity increasing with age. The study aims to understand urologic problems in this age group to achieve healthy aging. Homoeopathy, based on symptom similarity and individualization, aims to recognize LUTS in early life to prevent progression and complications. The study focuses on reducing LUTS symptoms and their impact on quality of life using Homoeopathic medicines. The latest version of Synthesis Repertory, which includes new clinical rubrics and remedies for modern lifestyles, is used to supplement the Homoeopathic literature. The Synthesis Repertory is a valuable resource for this study.

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