



A RARE CASE STUDY ON EARLY ONSET BENIGN PROSTATIC HYPERPLASIA RESPONDED TO HOMOEOPATHIC TREATMENT.

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ABSTRACT Benign prostatic hyperplasia (BPH) is one of the most common conditions affecting middle-aged men. They have lower urinary tract symptoms (LUTS) consisting of nocturia, urgency, frequency, a sensation of not completely emptying the bladder, stop-start urination, straining to urinate, a need to urinate soon after voiding, and weak urinary stream. These symptoms usually are associated with benign enlargement of the prostate gland that is of sufficient severity to interfere with a man's quality of life. Our case is a rare case where patients age is 34. Where as The prevalence of BPH increases after the age of 40 years, with a prevalence of 8%–60% at age 90 years. Apart from conventional medication, surgical intervention an alternative therapy is warranted for a better and gentle treatment regimen. This is the case presented with the complaint of recurrent uti, nocturia, urgency for last 8 months along with some other complaints. After a thorough evaluation, we treated the case with homeopathic medicine, Thuja occidentalis for a considerable period. The clinical assessment in different visits was done to note any improvement along with the pre-post Usg Kub report. After complete resolution of symptoms, no further recurrence was noted in the next 6 months of follow-up.

KEYWORDS : Benign prostatic hyperplasia, Thuja occidentalis, Homeopathy

INTRODUCTION

More than 32 million men worldwide have symptoms related to BPH and BPH affects more than 50% of men over the age of 60 years and as many as 90% of men over the age of 70 years^[1]. BPH is a benign disease of the prostate gland and consists of nodular hyperplasia of the fibrous, muscular, and glandular tissue within the periurethral and transition zones. The exact pathophysiology of BPH is still unknown but it is probably associated with hormonal changes that occur as men age. Typical presenting symptoms include urinary hesitancy, weak stream, nocturia, incontinence, and recurrent urinary tract infections. Acute urinary retention, which requires urgent bladder catheterization, is relatively uncommon. Irreversible renal damage is rare. The initial evaluation should assess the frequency and severity of symptoms and the impact of symptoms on the patient's quality of life^[2]. BPH can only be diagnosed by urodynamic evaluation, Usg, although treatment can be started before requiring this invasive investigation. Once considered the only treatment option for BOO, open prostatectomy has been surpassed by TURP and over the past few decades by medical therapy for BPH. α -blockers and 5- α reductase inhibitors improve LUTS and in combination, can reduce the progression of BPH. There are now many competing surgical options for TURP including a variety of laser ablating and enucleating techniques. Till date, not even one endourological option shows superiority on outcome and complication rates.^[3] Clinical Benign prostatic hyperplasia (BPH) is one of the most common diseases in ageing men which can lead to lower urinary tract symptoms (LUTS). The relation between clinical BPH and LUTS is complex, because not all men with clinical BPH develop LUTS and not all men with LUTS have clinical BPH. Worldwide investigations for incidence of BPH are scanty and at times difficult to compare due to uneven definition of BPH based on different clinical parameters. There is also great geographical disparity in prevalence and degree of severity of symptoms of BPH. Benign enlargement of the prostate gland is reported to be most common in blacks, Caucasians, and Jews, but less frequent in males from the Far East^[4].

WHO IS MORE LIKELY TO DEVELOP BENIGN PROSTATIC HYPERPLASIA?

Men with the following factors are more likely to develop benign prostatic hyperplasia:

1. Age 40 years and older
2. Family history of benign prostatic hyperplasia
3. Medical conditions such as obesity, heart and circulatory disease, and type 2 diabetes
4. Lack of physical exercise
5. Erectile dysfunction.

WHAT ARE THE SYMPTOMS OF BENIGN PROSTATIC HYPERPLASIA?

Urinary frequency—urination eight or more times a day
 Urinary urgency—the inability to delay urination
 Trouble starting a urine stream
 A weak or an interrupted urine stream
 Dribbling at the end of urination
 Nocturia—frequent urination during periods of sleep
 Urinary retention
 Urinary incontinence—the accidental loss of urine
 Pain after ejaculation or during urination

Urine that has an unusual color or smell. Symptoms of benign prostatic hyperplasia most often come from a blocked urethra, bladder that is overworked from trying to pass urine through the blockage.

The size of the prostate does not always determine the severity of the blockage or symptoms. Some men with greatly enlarged prostates have little blockage and few symptoms, while other men who have minimally enlarged prostates have greater blockage and more symptoms. Less than half of all men with benign prostatic hyperplasia have lower urinary tract symptoms.

DIFFERENTIAL DIAGNOSIS

1. Stricture urethra.
2. Bladder tumor.
3. Carcinoma prostate.
4. Neurological causes of retention of urine e.g. Diabetes, disseminated sclerosis, parkinsons disease etc .

INVESTIGATIONS

1. Ultrasound is a widely used imaging modality for evaluation of the prostate The normal prostate gland has measures 3×3×5cm approximately or a volume of 25ml.
 2. Digital rectal examination (DRE)
- The DRE is the standard test to determine prostate disorders.
3. PSA
- This is a blood test used to detect prostate problems. Note there is no absolute correlation between an elevated PSA and BPH, Because prostate infections and prostate cancer can raise your PSA level as well.
4. Urinalysis: A urinalysis is a routine part of a physical examination, but it cannot produce a definitive diagnosis of BPH.
 5. Uroflowmetry.
 6. Transrectal contrast-enhanced colour Doppler imaging.

India suggest BPH as the most common pathological condition with an incidence of 92.97% (n = 185) and (93.3% (n = 200). Though not well performed epidemiological investigations, these data along with clinician's practical evidence indicate substantial need for a survey of the incidence of BPH in India^[5].

DIAGNOSIS

Based on the history and clinical examination, we diagnosed the case as BHP(ICD-10-CM Code N40.1)] which was further supported by the Usg report.

PATIENT PROFILE

Mr. XXY, male, age 34 presented with nocturnal urgency , repeated urinary tract infections, burning pain at the end of micturition came to our outdoor for treatment.
Duration-For last 6 months.
Past history- Chicken pox at the age of 24
Family history-
Paternal side –Father-Diabetes mellitus
Mother-Fibroid uterus.
Brother –Bronchial asthma

PHYSICAL GENERALS-

Face oily greasy
Sweat offensive which stains
Desire for Salt and spicy food
Intolerance-Tea causes indigestion
Aggravation from cold wet weather (respiratory troubles, Cough, expectoration greenish.)
Chilly patient.

MENTAL GENERAL

Confusion talking while.
Dream of falling.
Particulars
Corrugated nails.
White scaly dandruff.
Severe cutting pain at the close of urination.

MIASMATIC ANALYSIS

In acquired sycotic conditions represented by prostatic gland troubles there is a combination of all three stigma. .Severe cutting pain at the close of urination is a sycotic symptom [6].Nail ridged or ribbed or corrugated is a sycotic manifestation. Desire for salt (They are great cravers of peculiar things –Salt-and will eat it alone from the dish. They eat more salt than all the family put together) is a pseudo-psoric manifestation [7]. Prostatic troubles where sycosis is the exciting medium [8].

TOTALITY OF SYMPTOMS

Confusion talking while.
Dream of falling.
Face oily greasy.
Desire for Salt.
Intolerance-Tea causes indigestion.
Severe cutting pain at the close of urination.
Corrugated nail.
Enlargement of prostate gland

Rubrics taken for repertorisation

[Mind]Confusion of mind – talking, while.
[Sleep]Dreams falling of.
[Face]Face Greasy.
[Stomach]Desire Salt things
[Generalities]Food tea aggravates
[Extremities]Corrugated nails.
[Urethra]Pain: cutting urination; close of urination at.
[Prostate gland]Prostate gland enlarged.

PRESCRIPTION

DATE	SYMPTOMS	PRESCRIPTION
01/06/18	Repeted urge for urination, cutting pain at the close of urination etc. Then estimated weight of prostate 30.7 gm.Enlarged in size and echogenicity with dimension. (According to usg report done 23/05/18). Then estimated weight of prostate 30.7 gm.Enlarged in size and echogenicity with dimension. (According to usg report done 23/05/18).	ThujaOccidentalis 200 /2 doses
22/06/18	Slight improvement of the cutting pain in the urethra during close of urine.	Rubrum 200 given for 15 days.

10/08/18	In the next follow up much improvement of the urethra pain. With general feeling of wellbeing	Rubrum 200 given for 3 weeks
5/10/18	Patient have no complain at all ,we advise repeat usg KUB	Rubrum 200 given for 3 weeks
14/12/18	we follow up the case with usg report , patient have general physical mental wellbeing.Size and dimension decreased with general improvement of the patient.volume is 21.6 gms.	Rubrum 200 given for 3 weeks

FIGURES

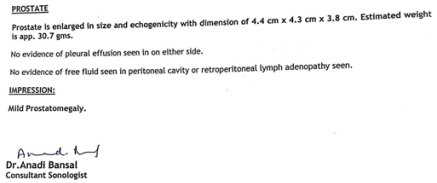


Fig. 1 Usg KUB (Before treatment)

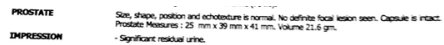


Fig. 2 Usg KUB (After treatment)

RESEARCH

After consulting with various search engines e.g Pub med ,Ovid, Web search, Google scholar, Medline etc. many multidisciplinary studies, systematic assesment, research articles related to BHP, I found in homeopathy one clinical trial has been done already - Constitutional, organopathic and combined homeopathic treatment of benign prostatic hypertrophy: a clinical trial. Paital B, Naik KN, Mishra AK, Chaingy GB, Nanda LK. Hati A.K [9]. International Prostate Symptom Score (I-PSS) is a international scoring which can be used for RCT or other studies.

DISCUSSION AND CONCLUSION

Case study is also a component of “Evidence based medicine”.BPH although a surgical disease hereby gave a positive response through homeopathic treatment but more we make clinical trials, RCTs, Case series, scientific studies and data collection regarding BHP and homeopathic treatment. Then the efficacy and evidence regarding such particular subject will come to the vision scientific and medical world.

CONSENT The study was verbally explained to the patient, and written consent was obtained.

CONFLICT OF INTEREST The authors have no conflicts of interest.

REFERENCES

- Kumar, V., Abbas, A. K., Fausto, N., Robbins, S. L. 1., & Cotran, R. S. (2005). *Robbins and Cotran pathologic basis of disease* (7th ed.). Philadelphia: Elsevier Saunders.
- Lim, Kok Bin. "Epidemiology of clinical benign prostatic hyperplasia." *Asian journal of urology* vol. 4,3 (2017): 148-151. doi:10.1016/j.ajur.2017.06.004
- Hamdy Freddie C. Eardley L. Oxford textbook of urological surgery.: Oxford Textbooks in Surgery. Oxford, OUP, 2017 Series.
- Benign prostatic hyperplasia: Is it a growing public health concern for India? Bid, Hemant Kumar; Konwar, Rituraj & Singh, Vishwajeet *Indian Journal of Medical Sciences*, Vol. 62, No. 9, 2008, pp. 375-376
- AUA Practice Guidelines Committee. AUA guideline on management of benign prostatic hyperplasia, Chapter 1: Diagnosis and treatment. *J Urol* 2003;170:530-47.
- Roberts, H.A: The Principles And Art of Cure by Homoeopathy; B.Jain Publishers, Pvt. Ltd; New Delhi
- Speight, Phyllis:A Comparison of Chronic Miasms; B.Jain Publishers ,Pvt.Ltd;New Delhi
- Roy T, Key to success in homoeopathy.
- Hati AK, Paital B, Naik KN, Mishra AK, Chaingy GB, Nanda LK. Constitutional, organopathic and combined homeopathic treatment of benign prostatic hypertrophy: a clinical trial. *Homeopathy*. 2012 Oct;101(4):217-23. doi: 10.1016/j.homp.2012.08.005. PMID: 23089217.