



EFFICIENCY OF HOMEOPATHY REMEDIES IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERTROPHY

Homeopathy

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ABSTRACT

Benign Prostatic Hyperplasia (BPH) is characterized by proliferation of prostatic stromal cells which result in enlargement of prostate gland. That in turn compresses prostatic urethra and leads to restriction of urine flow due to bladder outlet obstruction. BPH is a common condition in men above age of 40. Specific diagnostic and therapeutic protocols depends upon several factors such as: age, weight, BMI, prostatic specific antigen (PSA) Level, prostate size, nature of symptoms as well as past medical history (PMH). Several homeopathic remedies are essential in curing BPH and improving the quality of lives of patients with advanced BPH. This article gives a brief summary of rationale and efficacy of homeopathic remedies in the management of BPH.

KEYWORDS

Benin Prostatic Hyperplasia, Bladder Outlet Obstruction, Miasmatic Analysis, Collins' Dynamic Hemotherapy (cdht), Collins' Dna Isopathy

INTRODUCTION:

The prostate is a small muscular gland in the male reproductive tract that surrounds urethra and produce semen. Benign prostatic hyperplasia is a non-cancerous tumor of the prostate gland associated with lower urinary tract symptoms. The incidence and prevalence which is age related, has increased remarkably.

Homeopathic physicians must therefore, be aware of individual patient presentations, diagnostic tests, appropriate lifestyle modifications, potential complications as well as treatment protocols. Homeopathic management offers a great hope and higher percentage of cure in acute cases of BPH. In more advanced cases, it is promising but has limited chance of total cure because some of these patients have been on prolonged use alpha blockers or 5-alpha reductase inhibitors which affect the nature, functions and responses of receptors or may have undergone certain surgical procedures such as transurethral resection of prostate (TURP), robotic/simple prostatectomy, transurethral incision of prostate (TUIP) or thermal therapy.

Pathology And Pathophysiology:

BPH is a hyperplastic process. As man age, aromatase and 5-alpha reductase (enzymes responsible for converting androgen into Oestrogen and dihydrotestosterone(DHT) increase in activity which results in a higher metabolism of androgens.

Testosterone is converted to DHT in the prostate gland. High concentration of DHT cause enlargement of prostatic cells. The product of these reactions (Oestrogen and DHT) play a major role in the enlargement of prostate gland as glandular and stromal cells undergo hyperplasia as BPH. The majority of growth occurs in the transition zone of the gland in BPH while prostatic cancer is associated with growth in peripheral zone in majority of carcinoma prostate. Clinical presentation of BPH can be related to the obstructive component of the prostate or secondary response of the bladder to outlet resistance as bladder outlet obstruction (BOO) results in detrusor muscle hypertrophy and hyperplasia.

Epidemiology:

As a man age, the prostate gland increases in size. The risk of developing BPH grows higher as one gets older. Incidence rate increase from 3 case per 1000, man-year at 45-49 yrs to 38 cases per 1000 by the age of 75-79 years while prevalence rate is 20% (Age 45-49) and 50% (<80yrs).

Etiology:

The absolute etiology of BPH is yet to be clearly understood. BPH seems to be a multi factorial and under high endocrine control because castration leads to regression of established disease and improvement of urinary symptoms. Rise in DHT and age are closely associated with BPH development. In canines, Oestrogen induce androgen receptor; alter steroid metabolism resulting in higher level of intra prostatic DHT; inhibit cell death when given in the presence of androgen and stimulate stroma collagen production. LHRH (Leutinising hormones

releasing hormones) analog administration reversibly shrinks established BPH.

Deeper studies and observations suggest autosomal dominant pattern of inheritance. Evidence suggests a strong genetic predisposition to BPH. About 50% of men below age 64 have relatives with 4 to 5 fold increase in risk of development of disease. Inflammation plays a role in the development and progression of BPH. Inflammatory cytokines are over-expressed in BPH tissues. These inflammations are associated with autoimmune disorders or response to tissue damage due to infection. Inflammation is as well thought to be the primary stimulus for BPH as well as prostate cancer.

Miasm is believed to be the remote cause of majority of the disease affecting human beings. In few cases indisposition may be implicated. Miasm determines patient's susceptibility, to various diseases as it changes the normal flow of vital force. Any of four major miasmatic constitution's (Psora, Syphilis, Sycosis and tubercular miasm) may be associated with disease of prostate gland. In some cases complex miasmatic interactions may be found in an individual case, Sycotic miasm is most commonly found in benign tumors of prostate gland while syphilitic miasm may be found in the malignant forms. Tubercular miasm is found in both forms but more inflammatory and hemorrhagic symptoms tend to occur.

To identify the primary miasmatic involvements/interactions, a thorough miasmatic analysis must be done which involves a head to toe examination and matching the patient's symptom totality to the standard individual miasmatic presentations.

Miasmatic Key Notes: Look Out For These Features In Clinical Bph Symptoms.

Miasm	Keynotes	Features in BPH
Syphilis	Degeneration, irregular manifestations, destructions	Severe inflammatory symptoms
Sycosis	Hyper(Excess) Incordination	Suspicious and deceitful. progressive enlargement and congestive symptoms
Tubercular	Dissatisfaction, Instability of personally and symptoms	Haemorrhagic diathesis and Allergic manifestations(hyper sensitivity reactions)
Psora	physical and mental Irritation. Deficiency [lack]	Neurasthenia Fear and anxiety

NB; Examine the whole body and correlate observation, signs and symptoms to the standard miasmatic keynotes.

Signs And Symptoms:

Total of 150 patients were kept under observation. From homeopathic stand point, every patient is different and unique and reacts to different

diseases in unique ways. Therefore, a carefully organized individual based cases history is advised. Look out for a peculiar symptoms. The clinical presentation depends on stage of disease and other illnesses affecting the patient. BPH may be asymptomatic at the onset. Symptoms appear as disease progresses. A thorough case-taking is vital.

Common Symptoms:

Hesitancy (difficulty initiating urination), Weak stream or in interrupted drops, Frequent ineffectual urge to urinate, Hematuria, Outflow obstruction and Painful urination, Loss of bladder control (ischuria or incontinence), Terminal dribbling (difficulty stopping urination)

Investigation:

This is done to diagnose BPH, and to R/o other diseases eg. Prostate cancer. To determine appropriate mode of management according to law of discrimination, thorough laboratory investigations must be done.

Investigation Includes:

Urinalysis, Physical examination, Digital rectal examination, PSA measurement, Trans rectal ultrasound, Prostate biopsy (in advanced cases to rule out cancer)

Risk Factors:

Accumulating evidence suggests that modifiable factors may influence the risk of BPH.

The following factors may increase the risk of developing BPH:

Diet (saturated fats, red meat, refined sugar), Advanced age (>40yrs), Chronic infections, Diabetes and high blood pressure, Positive family history for BPH, Erectile dysfunction, Smoking, Inactivity and obesity, Colder temperatures can induce urinary retention and urgency.

Factors That Decrease The Risk Of BPH:

-increased physical activity
-Healthy diet which includes increased intake of fruits and vegetables,
-Increased intake of water

List Food that aggravate BPH:

Food	Mechanism
Red meat	Increase arachidonic acid which increases inflammation.
Spicy food	Muscarinic receptor interactions. Retention
Coffea, tea, carbonated drinks	Diuretic effects
Spicy and Acidic food	Bladder and prostate irritation
Alcohol	Iritation Duretic effect.

Drugs That Worsens BPH:

Drug	Mechanism Of Aggrevation
Diuretics	By increasing urination frequency
Antigen depressant (e.g TCA)	Reduces bladder contraction and increases risk of urinary retention
Anti histamines	Prevent bladder from contraction; shows urine flow
Decongestant (e.g pseudo epidemic Sudafed)	Tighten muscles in prostate and bladder neck. Retention and reproduced outflow
NSAIDS	May reduce/worsen BPH symptoms retentions
Caffiene	Diuretic effect.

Other drugs may include ; anti cholinergics, calcium channel blockers, allergen etc.

Complications of BPH:

- Chronic recurrent bladder infection.
- Bladder calculi.
- Overactive bladder syndrome with urgency.
- Bladder wall damage due to chronic increase in intravesical pressure.
- Bladder fibrosis due to deposition of collagenous protein and other matrix constituents in response to injury caused by outlet obstruction.
- Renal damage : Acute and Chronic renal failures. Nephritis and other urogenital diseases.

MEDICAL MANAGEMENT:

Symptomatology based on the principle of individuality remains the most reliable approach to prescription in homeopathic medicine. However, experience has revealed that some remedies play excellent roles in BPH management. Based on available evidence, these remedies may be prescribed based on regional totality (i.e.) if the BPH symptoms correspond with a regional drug picture based on the principle of accessory symptoms.

To establish a cure, traditional prescription based on law of similimum is very helpful (i.e.) right remedy in right potency in right repetition interval. It is always advisable to start from lower potencies and gradually increase. These prescriptions may change in the course of treatment. Therefore, repeated case review and consultations are necessary.

Administrating specific chief antimiasmatic nosodes are important at the onset as well as during the treatment eg. Day 0, 7, 21. Special nosodes made from DHT, oestrogen, testosterone and affected prostatic tissues may also be helpful in a controlled potency and repetition interval. Nosodes should not be repeated more often than required and should be stopped once true amelioration of symptoms occurs based on hering's law of cure. CDHT and CDNA isopathic protocols may be helpful.

Remedies	Indication in BPH
Chimaphila	Urine: foul, scanty, purulent with blood clots. Must strain to start flow. H/o chronic UTI.
Conium	Hypertrophy of prostate Urine: Dribbling, interrupted with cutting pain.
Sabal Sernlata	Inflammation, hypertrophy Urine: Constant desire, sediments, Dysuria. smarting
Thuja	Hypertrophy with severe inflammation. Frequent desire to urinate prostatic discharge worse in the morning. Urine: dribbles foul, stream split.
Cantharis	Frequent desire, Bloody in drops Urine: Ischuria, Tenesmns with burning pain

Consider these remedies according to presenting symptoms: Cantharis, Baryta carb, copaira off, Medorrhinium, Sulphur. Biochemic remedies have also shown wonderful results especially when they are used with appropriate homeopathic remedies based on rational analysis and diagnosis. It is advisable to start with low potencies which is repeated very often then to higher potencies which require lesser repetition. These biochemic remedies are helpful: Kali-m, Calc-f, Sil, Calc-s and ferr-p.

Lifestyle And Diet Modification:

1. Do not drink large quality of water at once. It is also advisable to reduce the intake of cold food and drinks
2. Eat fruits and vegetable e.g. Tomatoes, Berries, Broccoli, Cabbage, Lemon.
3. Reduce salt intake
4. Avoid the following
 - I. Refined food
 - ii. Dairy Products
 - iii. Caffeine
 - iv. Alcohol
 - v. Red meat
 - vi. smoking
5. Improved exercise protocols should be adopted.
6. Avoid all the aggravating diets, drugs and substances.

Other Non-Pharmacological Management:

1. Improve urine flow by reducing obstruction eg. Use of appropriate catheter whenever necessary
2. Reduce infection (UTI) by taking adequate hygienic measures.

Conclusion And Recommendation:

BPH is gradually on the increase but early diagnosis and detection makes treatment easier. However, with homeopathic medicine, high quality of life is assured even in most chronic cases.

Preventing urinary tract infection as well as good compliance to medical intervention and advice offers a great hope.

Recommendation:

- Routine medical check-up as necessary for early diagnosis
- Patients should adhere to instructions as well as lifestyle modifications and should especially avoid all the aggravating factors and abstain from all obstacles to cure.
- Regular properly structured consultation and Examinations should be done by the homeopathic physician to ascertain the prognosis and possible modification of prescriptions.

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