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## Catheter removed with homoeopathy in patient of benign prostatic hypertrophy and renal calculus: A case report

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### Abstract

The uniqueness about the case discussed here is that Homoeopathy can give wonderful and quick results where conventional medicine fails. Benign prostatic hypertrophy (BPH) is common in men aged over 50 years leading to urinary retention, renal insufficiency, recurrent urinary tract infections, gross hematuria, and bladder calculi. The conventional treatments available are either symptomatic treatment with medicines or surgical intervention. The case reported here is of Benign prostatic hyperplasia with left renal calculus in a 74 year old male catheterized on and off since three years. With Homoeopathic treatment, his catheter got removed within 15 days. Ultrasonography done before and after starting the Homoeopathic treatment showed marked reduction in the size and volume of the Prostate gland. The patient was under observation for more than one year and had required no subsequent catheterization or any other treatment. This case stands as an example of superiority of Homoeopathic system of medicine over the conventional or modern system of medicine. The main take away lesson is that Homoeopathy has the power to bring changes at functional as well as pathological levels in a person where other systems of medicine have little or no scope.

**Keywords:** Prostatic hypertrophy, catheterization, homoeopathy, renal calculus

### Introduction

Benign prostatic hyperplasia (BPH), also known as benign prostatic hypertrophy, is a histologic diagnosis characterized by proliferation of the cellular elements of the prostate. Chronic bladder outlet obstruction (BOO) secondary to BPH may lead to urinary retention, renal insufficiency, recurrent urinary tract infections, gross hematuria, and bladder calculi <sup>[1]</sup>. BPH and BOO have a significant impact on the health of older men and health-care costs. As the world population ages, the incidence and prevalence of BPH and Lower Urinary Tract Symptoms (LUTS) have increased rapidly <sup>[2]</sup>. The cause of prostate enlargement is unknown, but it is believed to be linked to hormonal changes as a man gets older.

Men with BPH can experience great discomfort with urination and may develop complications including recurrent urinary tract infections (UTIs) and renal failure. BPH occurs in the prostate's transitional zone, where stromal and epithelial cells interact. The growth of these cells is affected by sex hormones and cytokine responses <sup>[3]</sup>. Ultrasonography (USG) is used for the diagnosis of BPH. Surgical treatment for BPH is indicated when medical treatment fails to elicit a sufficient response, when symptoms are severe, if there is concern for complications, or if the patient has renal failure, refractory gross hematuria, recurrent UTIs, or bladder stones <sup>[4]</sup>. Conventional medicine is known to improve urinary symptoms in men with benign prostatic hyperplasia, but the extent to which the benefit is sustained and whether it reduces the incidence of related events, including the need for surgery and the development of acute urinary retention, are not known.

This particular case is unique as it shows the scope and power of Homoeopathy in diseases where conventional medicine has no treatment. Only palliation of such diseases is done in the modern system of medicine by means of surgery, lifelong medications and other procedures like indwelling catheterization compelling the patients to live their remaining life in misery.

### Case History

A 74 year old male, belonging to Shamli, Uttar Pradesh, previously working as a mason, presented in the Out Patient Department (OPD) of our Institute with complaint of difficulty in micturition. The patient was unable to pass urine without the help of catheter and has been

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catheterized off & on many times since three years. He also complained of pressure felt in the bladder along with occasional cutting type of pain. Patient was also taking Urimax 400mg since one year for this complaint. Ultrasound done previously showed Benign Prostatic Hypertrophy with Left Renal Calculus (5mm). Prostate measured 77.6 x 51 x 50.8 mm with volume 105.29 ml (Figure 1). He had been advised surgery for this complaint but subsequently denied due to past history of pulmonary tuberculosis (three years back) for which he took anti-tubercular treatment for nine months. So, he opted for Homoeopathic treatment.

Apart from the main complaint, patient was also having pain in lower limbs with stiffness in legs below knees which was better by letting them hang down and stitching type of pain in between the scapular regions, aggravated by lying down or turning over in bed.

**Mental Generals:** Weakness of memory, desire for company.

**Physical Generals:** Appetite, Thirst, Bowel movements were normal. No specific desires/aversions or intolerance to food were found. Patient was ambithermal. Sleep disturbed due to urinary complaints and pain in upper back. Perspiration was moderate.

**Family history:** Parents died due to age related ailments (could not specify). He had one brother and two sisters. Brother died in an accident 12 years ago. One sister is hypertensive. One sister has joint pains. Patient has two sons and one daughter. All are alive and healthy.

**Past history:** Suffered from pulmonary tuberculosis three years back. Took anti-tubercular treatment for nine months.

There is also history of smoking bidi and hukkah since 15-16 years of age. Takes medicine for hypertension on and off.

#### Miasmatic analysis<sup>[5]</sup>.

- Enlarged prostate gland - Sycotic miasm
- Cutting pain in bladder - Sycotic miasm
- Pressure in bladder - Psoro-sycotic miasm
- Renal calculi - Sycotic miasm
- Pain lower limbs - Psoric miasm
- Stiffness in legs - Sycotic miasm
- Pain lower limbs > by hanging down - Sycotic miasm
- Stitching pain in dorsal region of back - Sycotic miasm
- Pain in back < lying down - Sycotic miasm
- Pain in back < turning in bed Psoric miasm

The miasmatic analysis of the symptoms showed the predominance of Psoro-sycotic miasm in the patient.

#### Repertorial analysis

- Enlarged prostate gland
- Cutting pain in bladder
- Pressure in bladder
- Renal calculi
- Pain in lower limbs with stiffness in legs
- Pain lower limbs > by hanging down
- Stitching pain in dorsal region of back
- Pain in back < lying down and turning in bed
- Repertorisation was done by using RADAR 10 Software (Table 1)<sup>[6]</sup>. As only pathological and particular symptoms were found in the case without any marked general symptoms, so Boger Boenninghausen Characteristics & Repertory (BBCR) was used.

**Table 1:** Repertorisation Chart

me (201) BHP case - A Ves case of "ign." This analysis contains 122 remedies and 10 symptoms. Intensity is considered																	
																	Sum of symptoms (sort:deg)
01	PROSTATE GLAND - Enlarged, swelled																1 6
02	URINARY ORGANS - Bladder - cutting																1 19
03	URINARY ORGANS - Bladder - pressure																1 37
04	URINARY ORGANS - Kidneys - calculi																1 23
05	LOWER EXTREMITIES - Pain, simple - lower limbs																1 34
06	LOWER EXTREMITIES - Stiff - leg																1 16
07	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Hang down, letting limbs - amel.																1 59
08	BACK - Back proper, dorsal region - sticking, stitches, etc.																1 72
09	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Lying - on back - agg.																1 54
10	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Turning - over in bed, agg.																1 51
	con.	sulph.	nux-v.	lyc.	puls.	phos.	lach.	sil.	nit-ac.	rhust.	calc.	chin.	sars.	arn.	thui.	nat-m.	petr.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	8	8	7	7	7	7	7	6	6	6	6	6	6	6	6	6	6
	18	14	20	17	16	13	12	15	12	12	11	10	10	9	9	8	8
01.	1	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-
02.	2	-	3	3	3	1	1	-	-	-	1	-	-	-	-	-	-
03.	3	1	4	1	2	-	3	-	4	-	1	-	2	1	-	1	-
04.	-	2	3	4	-	3	1	3	2	-	3	2	1	1	-	1	-
05.	1	3	-	3	-	1	-	1	3	1	3	-	1	2	-	-	1
06.	1	-	2	-	-	-	-	1	3	1	3	-	1	2	-	-	1
07.	4	1	1	1	2	1	1	3	1	3	1	1	1	-	-	1	1
08.	3	1	-	2	2	1	2	3	1	1	2	2	2	3	1	1	2
09.	-	2	4	-	2	4	1	3	-	3	-	3	-	1	2	-	-
10.	3	3	3	3	4	2	3	3	1	3	1	1	1	-	2	3	1

## Intervention

First Prescription (11/09/2017) – *Conium maculatum* 30C/ tds/ 1 week. Basis of Prescription – Medicine *Conium maculatum* was selected after repertorisation and consulting the Materia medica. Treatment was started with 30C potency which was prescribed thrice a day for 1 week followed by Placebo 30/ tds/ 1 week.

Follow-ups – Follow ups of patient were done on regular basis (Table 2). The patient was able to micturate on his own (without catheter) after 15 days of starting the

Homoeopathic treatment.

Ultrasonography (USG) Whole abdomen done on 07/11/2017 showed Prostate gland measuring 51.1x43.1x43.2mm with volume 49.81ml (Figure 2) (in contrast to the earlier report which showed Prostate measuring 77.6 x 51 x 50.8 mm with volume 105.29 ml).

Ultrasonography (USG) Whole abdomen done on 22/04/2018 showed Prostate measuring 40.5x47.6x46.1mm with volume 46.54 ml with left renal concretions (Figure 3).

**Table 2:** Follow-ups

Date of Visit	Symptoms	Prescription	Justification
04/10/2017	Patient's catheter has been removed since 8-10 days and he is now able to micturate on his own. Pain in legs & back -better	Placebo 30 / tds/ 2 weeks	There was marked improvement, so Placebo given
08/11/2017	No difficulty in passing urine. Pain in legs & back -better	Placebo 30/ tds/ 2 weeks	Improvement was there so Placebo given
27/12/2017	Slight difficulty in passing urine, interrupted flow of urine. Pain in legs & back -better	<i>Conium mac.</i> 30 / tds / 1 week followed by Placebo 30/ tds/1 week	Reappearance of same symptoms, so medicine repeated
19/01/2018	No difficulty in micturition. Pain in legs & back -better	Placebo 30/ tds/ 2 weeks	Improvement was there so Placebo given
19/02/2018	No difficulty in micturition. Pain in legs & back -better	Placebo 30/ tds/ 1 month	Improvement was there so Placebo given
07/03/2018	Slight difficulty in passing urine, interrupted flow of urine. Pain in legs and back -absent	<i>Conium mac.</i> 30 / tds / 1 week followed by Placebo 30/ tds/1 week	Reappearance of same symptoms, so medicine repeated
23/04/18	No complaints now	Placebo 30/ tds/ 1 month	Improvement was there so Placebo given
22/05/2018	No complaints now	Placebo 30/ tds/ 1 month	No recurrence of symptoms, so Placebo given
14/06/2018	No complaints now	Placebo 30/ tds/ 1 month	No recurrence of symptoms, so Placebo given
12/07/2018	No complaints now	Placebo 30/ tds/ 2 months	No recurrence of symptoms, so Placebo given
10/09/2018	No complaints now	Placebo 30/ tds/ 2 months	No recurrence of symptoms, so Placebo given

Placebo: non-medicinal pills

## Results

There was drastic improvement in the patient's symptoms after the first prescription itself. There was significant reduction in the size and volume of the Prostate gland and the left renal calculus was also dissolved to concretions as evident by subsequent ultrasonography reports.

## Discussion

As BPH is considered an age related disorder, most of the patients continue to live their life with its associated symptoms, often with lifelong medications to keep their problems in check.

Homoeopathy is a good treatment option for such patients. Research study by Reddy et al. showed the efficacy of homoeopathic medicines such as *Pulsatilla nigricans*, *Thuja occidentalis* in the treatment of BPH in elderly men. Clinical study by Gupta et al. on BPH shows the efficacy of homoeopathic drugs such as *Lycopodium*, *Pulsatilla*, *Sulphur*, and *Calcarea carb.* There are other scientific works on BPH also, of which a significant contribution is made by Oberai et al., Dole et al., Hati et al., and Weinstein. All these scientific works proved the efficacy of homoeopathic medicines in the treatment of BPH. The health system segment of University of Michigan, also says that *Chimaphila*, *Pulsatilla*, *Apis*, *Causticum*, *Clematis*, *Sabal*, *Staphysagria* and *Thuja* are good for treatment of

BPH [7]. With suitable Homoeopathic treatment, a patient can get rid of all the sufferings within a short period of time and can enjoy his life without any hassles.

The strength of the case was the marked improvement in the patient, symptomatically as well as pathologically within a short span, busting the myth about Homoeopathy that it is slow acting. The limitation encountered in this particular case was paucity of rare, characteristic, peculiar symptoms. Due to this reason, the prescription was based on pathological symptoms. The outcome of the case shows that Homoeopathy works not just on a functional level, but it also has the power to bring significant changes at a deeper pathological level.


*Conium maculatum* is especially suited for diseases of old men [8]. It acts on the glandular system, engorging and indurating it [9]. It is well suited for prostatic affections. In this particular case, the patient was catheterized several times on and off since three years due to his urinary complaints but with suitable Homoeopathic treatment, he got rid of frequent catheterization which improved his quality of life markedly. Apart from the urinary symptoms, other symptoms like pain in legs with stiffness and pain in between the scapular regions also got relieved. The patient was predominantly psoro-sycotic. Hence, *Conium maculatum* was selected for this case as *Conium* is also predominantly a psoro-sycotic medicine.



Patient got improved markedly after starting the treatment within 15 days only and got his catheter removed. If a well selected Homoeopathic medicine is prescribed, the cure will occur surely in a rapid, gentle & permanent manner as mentioned by Dr. Hahnemann in 2<sup>nd</sup> aphorism of Organon of Medicine [10]. The evidence in the form of no requirement of subsequent catheterization or any other treatment since starting the Homoeopathic treatment and changes seen in

the size and volume of Prostate gland in subsequent Ultrasonography reports also verifies the same.

The main takeaway lesson from this case is to bring hope in the form of Homoeopathy for those economically weaker sections of our society who cannot afford the expenses of surgery and post surgical care or for those who do not want to undergo the trauma of surgery and other conventional treatments.



# M.R. Diagnostic Centre

AN ISO 9001 : 2008 CERTIFIED LABORATORY

Multi Speciality Pathology Lab with Cell Counter, Analyzer, Digital X Ray, E.C.G., Ultrasound & Doppler

### ULTRASOUND WHOLE ABDOMEN

**Liver:** Is normal in size with normal parenchymal echogenicity.  
The IHBR are not dilated. No focal SOL is seen. Portal vein is normal in caliber.

**Diaphragm:** Shows normal respiratory movements. No pleural / subdiaphragmatic fluid.

**Gall bladder:** Shows physiological distension. No calculus / mass seen. Wall thickness is normal. C.B.D.: Is normal in course and caliber.

**Pancreas:** Size is normal. Echotexture is normal, homogenous.  
Pancreatic duct is not dilated. No peripancreatic fluid collection seen.

**Kidneys :** RT. kidney is normal in size shape outlines with normal pelvi-calyceal pattern.  
No calculus/hydronephrosis is seen.  
**LT. kidney is normal in size shape outlines with normal pelvi-calyceal pattern.**  
**Shows (5mm) hyperechoic foci in the renal pelvis. No hydronephrosis is seen.**

**Spleen :** Size is normal. Echotexture is homogenous. Splenic vein is normal in caliber.

**Lymph Nodes:** No retroperitoneal / mesenteric lymphadenopathy seen.

**Urinary bladder :** Is well distended & smoothly outlined. No calculus / mass seen.  
**Prostate gland is shows enlarge measure (77.6x51.0x50.8mm) vol 105.29 ml.**

**IMP: LT. RENAL CALCULUS (5mm) WITH BPH.**

Please correlate clinically.

----- End of Report -----


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Not Valid For Any Legal Purpose

**Fig 1:** Ultrasound report before starting Homoeopathic treatment



# MR Diagnostic Centre

Multi Speciality Pathology Lab With Cell Counter, Analyzer  
Digital X-Ray, E.C.G., Ultrasound & Doppler

AN ISO 9001 : 2005 CERTIFIED LABORATORY

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**Pancreas:** Size is normal. Echotexture is normal, homogenous.  
Pancreatic duct is not dilated. No peripancreatic fluid collection seen.

**Kidneys :** Both kidneys are normal in size shape outlines with normal pelvi-calyceal pattern.  
No calculus/hydronephrosis is seen.

**Spleen :** Size is normal. Echotexture is homogenous. Splenic vein is normal in caliber.

**Lymph Nodes:** No retroperitoneal / mesenteric lymphadenopathy seen.

**Urinary bladder :** Is well distended & UB. wall shows thickened.


**Prostate gland** is shows enlarge measure 51.1x43.1x43.2mm vol. 49.81ml.

**IMP: CH. CYSTITIS WITH BPH.**

Please correlate clinically.

\_\_\_\_\_ End of Report \_\_\_\_\_

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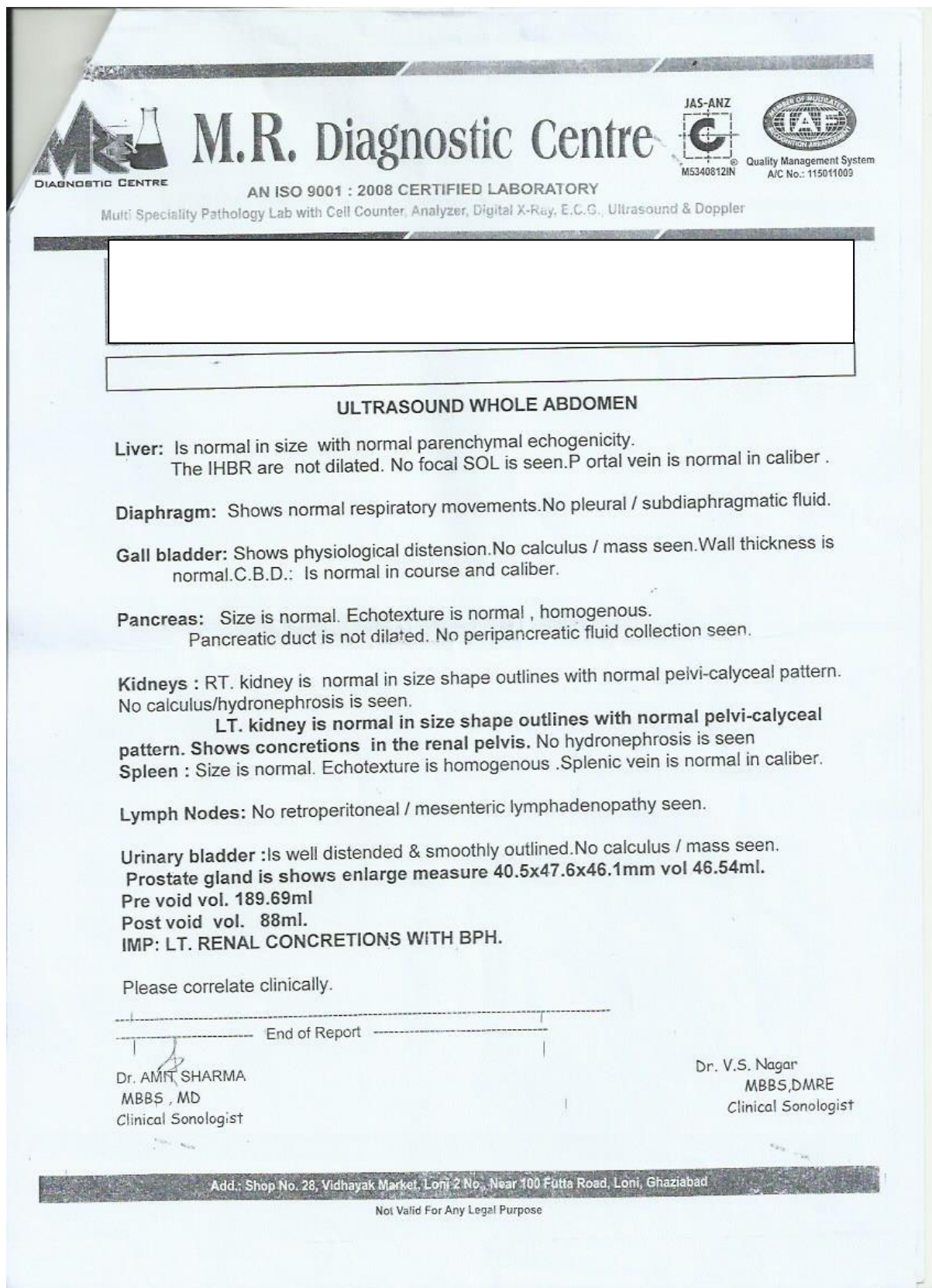


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**Fig 2:** Ultrasound report after 2 months of Homoeopathic treatment





**Fig 3:** Ultrasound report after 7 months of Homoeopathic treatment

### Conclusion

Non recurrence of the complaints and no need for catheterization for more than 1 year with significant changes ultrasonographically shows that Homoeopathy can definitely help patients to a large extent who have little or no scope in conventional medicine and can improve their quality of life significantly.

### References

1. Levi AD, Raymond AC, Raymond JL. Benign Prostatic Hyperplasia (BPH). Available from: <https://emedicine.medscape.com/article/437359-overview> (Last accessed on 2018 Mar 24)
2. Patel ND, Parsons JK. Epidemiology and etiology of benign prostatic hyperplasia and bladder outlet

- obstruction. Indian journal of urology: IJU: journal of the Urological Society of India 2014; 30(2):170-6. (Last accessed on 2018 Mar 24)
3. Homma Y, Gotoh M, Yokoyama O *et al.* Outline of JUA clinical guidelines for benign prostatic hyperplasia. Int J Urol. 2011; 18(11):741-56. (Last accessed on 2018 Apr 24)
  4. McVary KT, Roehrborn CG, Avins AL *et al.* AUA Practice Guidelines Committee. AUA guideline on management of benign prostatic hyperplasia. Chapter 1: guideline on the management of benign prostatic hyperplasia (BPH)  
<https://www.auanet.org/education/guidelines/benign-prostatic-hyperplasia.cfm>. (Last accessed on 2018 Apr 24)
  5. Banerjee SK. Miasmatic Prescribing, 2<sup>nd</sup> extended ed. New Delhi: B. Jain Publishers (P) Ltd., 2010
  6. Boger CM. RADAR 10, Boger C., Boenninghausen's Repertory (BG2), Archibel Homoeopathic Software
  7. Chakma A, Shil RC, Ghosh MS. Benign prostatic hyperplasia: An evidence-based case report treated with homoeopathy. Indian J Res Homoeopathy. 2018; 12:101-6
  8. Allen HC. Keynotes & Characteristics with comparisons of some of the leading remedies of the Materia Medica with some of the Nosodes. New Delhi: Pratap Medical Publishers, 78.
  9. Boericke W. Pocket Manual of Homoeopathic Materia Medica with Repertory: Ninth Revised & Enlarged ed. New Delhi: Pratap Medical Publishers; 2002, 230.
  10. Hahnemann S. Organon of Medicine. Translated from the fifth edition with an appendix by R E Dudgeon, with additions and alterations as per sixth edition translated by William Boericke and Introduction by James Krauss. New Delhi: B. Jain Publishers (P) Ltd.; 2004, 31.