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A clinical study of benign prostatic hyperplasia in geriatric age group by using synthesis repertory 9.1 version

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Abstract
Benign prostatic hyperplasia is portrayed by hyperplasia of prostatic stromal and epithelial cells bringing about arrangement of enormous, genuinely discrete nodules in the peri urethral area of prostate. At the point when adequately huge the knobs pack and restricted the urethral channel to cause incomplete or now and again essentially complete impediment of urethra [3]. Benign prostatic hyperplasia occurs in men over 50 years of age; by the age of 60 years 50% of men have histological evidence of benign prostatic hyperplasia and 15% have significant lower urinary tract infection [1]. Nodular hyperplasia can be seen in approximately 20% of men 40years of age, a figure that increases to 70% by age 60 and to 90% by age 70 [2]. This study is to know the Effectiveness of Homoeopathic Medicine in benign prostatic hypertrophy.

Keywords: Homoeopathy, benign prostatic hyperplasia, synthesis 9.1

Introduction
Benign enlargement of the prostate (benign prostatic hyperplasia (BPH), nodular hyperplasia, or adenofibromyomatous hyperplasia (AFH)) consists of hyperplastic growth of the epithelium and fibro muscular tissue of the transition zone and periurethral area. Lower urinary tract symptoms (LUTS) are caused by obstruction of urinary flow through the prostatic urethra and interference with muscular sphincteric function [4].

Epidemiology
World-wide
The prostate gets bigger in most men as they get more seasoned, and, in general, 45% of men beyond 46 years old can hope to experience the ill effects of the indications of BPH in the event that they endure 30 years. Frequency rates increment from 3 cases for each 1000 man-years at age 45–49 years, to 38 cases for each 1000 man-years by the age of 75–79 years. Whereas the prevalence rate is 2.7% for men aged 45–49, it increases to 24% by the age of 80 years [5].

In India
From five autopsy studies from India, England (two studies), Norway, and Austria, presenting the prevalence of BPH by decade. Point estimates of the prevalence of BPH ranged from 8% for men in their 30s to 88% for men over 80; BPH is clearly a dramatically age-related condition [5].
Examination prostatic weight by age, again synthesizing data from five autopsy studies. In these series, the mean weight of a prostate without histologic evidence of bph was about 20 g, while the mean prostatic weight of men with histologic bph ranged from about 29 g for men in their 40s to about 40 g for men over 70 [5].

Symptoms of benign prostatic hyperplasia
- Frequent urination
- Waking at night to urinate
- Unable to postpone urination
- Feeling of being unable to empty bladder
- Delay in starting to urinate
- Weak urinary stream – straining
- Intermittent stream – stopping and starting

- Incontinence (loss of urinary control)
- Painful urination
- Blood in urine

Objectives of study

To clinically assess benign prostatic hyperplasia in geriatric groups of people and to evaluate the efficacy of Homoeopathic medicines in the management of benign prostatic hyperplasia

- The patient will be reviewed once in 15 days for next 6 months basing on the particular case. Sample size will be 30 in number.

Materials and Methods Source of Data

Patients will be collected from the In-patient and Out-patient Departments, Peripheral Centers, Rural Health Camps and Medical Camps conducted by Vinayaka Missions Homoeopathic Medical College Hospital. The literature will be collected from authentic text books and journals.

Inclusion criteria

- Diagnosed patients by above criteria of age above 50years.
- Detailed case history by interview as per the Performa prepared for the topic will be taken. Medication will be started on the basis of the Homoeopathic totality
- Inability to empty bladder (acute urinary retention).1

Exclusion criteria

- Patient's age group below 50 years.
- Patients under any major systemic disease should be excluded.

Treatment plan

- The patients were assessed, analyzed and evaluated according to Dr. J.T. Kent's method.
- Repertorization was done using Synthesis repertory. Miasmatic interpretation was done by using the presenting complaints, past history, family history, mental and physical generals. Mental generals, physical generals and characteristic particulars were considered for the selection of the remedy.

Criteria for follow up were mental generals, physical generals and characteristic particulars.

Observation & Results

Table 1: Distribution of Cases in Relation with Age Incidence

S.no.	Age group In years	No. of cases	Percentage
1	50-59	11	36.67%
2	60-69	14	46.67%
3	70-79	05	16.67%
	Total	30	100%

Age wise distribution of patients show that most affected patient were 60-69 years, (46.67% -14 patient) followed by 50-59 years (36.67% - 11 patients) and 70-79 years (16.67% - 5 patient)

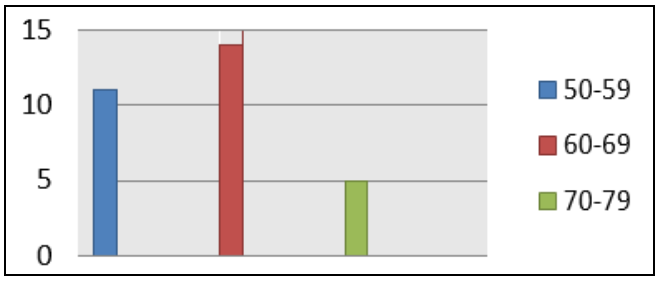

Chart 1: Distribution of the cases in relation with age

Table 2: Distribution of Cases in Relation with occupation

S. No.	Nature of Occupation	No. of cases	Percentage
1	Sedentary	12	40%
2	Moderate	11	36.7%
3	Heavy	07	23.3%

Occupation wise distribution of patients show that most affected patient were sedentary work (40% - 12 patient) followed by moderate work (36.7% - 11 patients) and heavy work (23.3% - 7 patient)

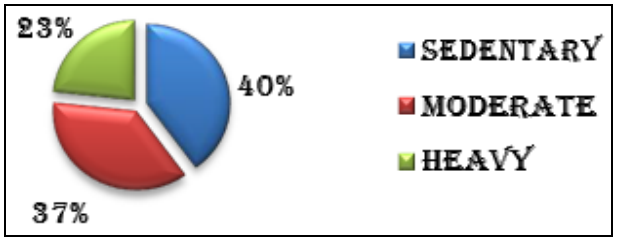

Chart 2: Diagramatic representation of cases in relation with occupation

Table 3: Distribution of the Cases In Relation To Family History of Benign Prostatic Hyperplasia

S.no	Family History	No. Of Cases	Percentage
1	Present	6	20%
2	Not present	24	80%

Family history wise distribution of patients show that most affected patient were relation with family history (20% -6 patient) and no relation with family history (80% - 24 patients)

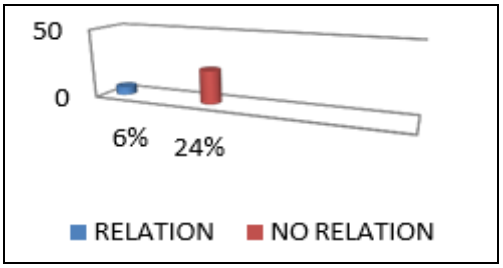

Chart 3: Distribution of cases in relation to family history of bph

Table 4: Distribution of Cases in Relation with Miasms

S.no.	Miasm	No. of patients	Percentage
1	Psoro sycotic	12	40%
2	Psoro syco syphilitic	18	60%

Cases relation with miasm of patients show that most affected patient were psoro sycotic syphilitic 60% (18 patient), and psoro sycotic 40% (12 patient)

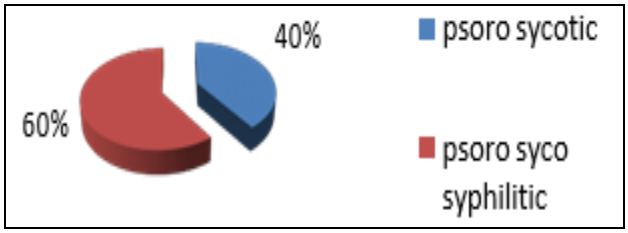

Chart 4: Diagramatic representation of cases in relation with miasm

Table 5: Distribution of Cases According to Medicine Prescribed

s.no	Medicine	No of patient	percentage
1.	Arsenicum album	6	20
2.	*Pulsatilla*	6	20
3.	Nux vomica	4	16
4.	*Hydrangea*	2	7
5.	Staphy	2	7
6.	*Sabal* serul	2	7
7.	*Conium*	1	3
8.	Phosphorus	1	3
9.	*Lycopodium*	1	3
10.	Causticum	1	3
11.	Arg nit	1	3
12.	Sepia	1	3
13.	*Cantharis*	1	3
14.	Nitric acid	1	3

Cases relation according to medicine prescribed Arsenicum album 20 % (6 Patient), *Pulsatilla* 20% (6 patient), Nux vomica 16% (4 Patient), *Hydrangea* 7% (2 patient), Staphy 7% (2 Patient), Sabel serrl
7% (2 Patient).

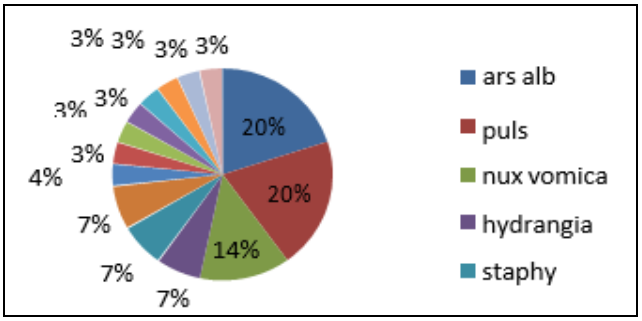

Chart 5: Diagramatic distribution of cases according to medicine prescribed

Table 6: Distribution of Cases in Relation with Results of Treatment and International Prostatic Symptom Score.

S. No.	Results of Treatment	No. of Patient S	Percentage
1	Marked improvement	15	50%
2	Moderate improvement	10	33.33%
3	No improvement	5	16.67%

Cases in relation with result of treatment International prostate symptoms score wise distribution of patients marked improvement 50% (15 patients) and moderate improvement 33.33% (10 patient) and no improvement 16.67% (5 patient)

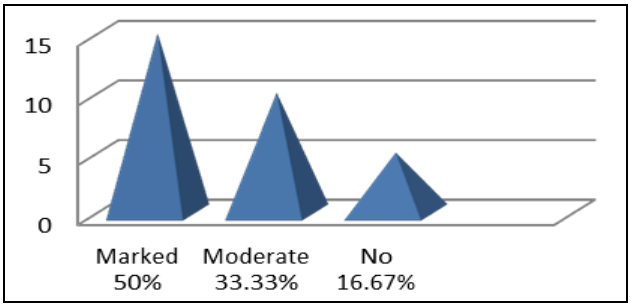

Chart 6: Diagramatic representation of the distribution of cases in relation with results of treatment ips score

Summary and Conclusion

Thirty clinically diagnosed cases of benign prostatic hyperplasia were taken into consideration for the study. The patients were above the age group of 50 years. A detailed case history with the proper clinical examination was done in all the patients.

The commonly affected age groups according to my study were 50-59 (36.67%), 60 – 69 (46.67%) and 70-79 (16.67%) years. Most of the affected persons were sedentary workers were evidenced by this study which shows presence on 40% of cases. Psoric miasm background and Psoro-syco-syphilitic predominance played a dominant role in the occurrence of benign prostatic hyperplasia in this study. Ars Alb, *Pulsatilla* and Nux vomica were found to be most frequently indicated remedies in this Study. Most of the patients got marked improvements (50%), some patient got moderate improvements (33.33%) and remaining no improvements (16.67%) indicating a need of longer time of treatment. My study evidently shows that benign prostatic hyperplasia can be effectively treated with Homoeopathic medicines.

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