



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2020; 4(4): 148-151

Received: 10-08-2020

Accepted: 19-09-2020

Dr. Rishikesh Acharya
PGT, Sri Ganganagar
Homoeopathic Medical
College, Rajasthan, India

Dr. E Siva Rami Reddy
Post Graduate Guide, Sri
Ganganagar Homoeopathic
Medical College, Rajasthan,
India

Dr. Parveen Sharma
Director Academic and
Research, Sri Ganganagar
Homoeopathic Medical
College, Rajasthan, India

Dr. Charanjeet Singh
Dean, Sri Ganganagar
Homoeopathic Medical
College, Rajasthan, India

Dr. PK Chakraborty
Vice Principal, Sri Ganganagar
Homoeopathic Medical
College, Rajasthan, India

Corresponding Author:
Dr. Rishikesh Acharya
PGT, Sri Ganganagar
Homoeopathic Medical
College, Rajasthan, India

A clinical study of benign prostate hyperplasia with effect of homoeopathy medicine

Dr. Rishikesh Acharya, Dr. E Siva Rami Reddy, Dr. Parveen Sharma, Dr. Charanjeet Singh and Dr. PK Chakraborty

Abstract

Benign prostate hypertrophy means enlargement of prostate gland. This manifests as dysuria, urgency and frequent urination all the time with retention of urine, which leads to hindrance in normal activities of life. Objective: To see the efficacy of Homoeopathic medicine in treatment of Benign Prostatic Hypertrophy. The present study consisted 30 patients of Benign Prostatic Hypertrophy who attended the OPD, IPD of, Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute and OPD of village camp, during my study period. All the cases were reviewed once in 7, 15, 30 days as the need arise & were followed for a period of minimum 6 months. Conclusion: The Homoeopathic medicine seems to be efficacious in the treatment of BPH as it prevents further hyperplasia and reverts the process of hyperplasia. It also prevents persons from the complications associated with the surgery of prostate.

Keywords: Homoeopathy medicines, benign prostate hypertrophy

Introduction

Benign prostatic hyperplasia has been known for several centuries to be a cause of urinary dysfunction. Words from Old Testament are one of the earliest references to urinary incontinence and retention. Benign prostatic hyperplasia (BPH) was mentioned in the Egyptian papyri as early as 1500 BC and was discussed by Hippocrates 100 years later. A recent study of aging among normal volunteers found a 51% clinical incidence of BPH^[1-6]. The ominous development of uraemia, first with functional impairment and later with irreversible loss of functioning tissue of kidney is largely a silent process. The changes result from mechanical obstruction of lower ends of ureter. As there is hypertrophy of trigone and detrusor, the delicate intramural portion of ureter is lengthen, narrowed and compressed so that urine can no longer be freely ejected into the bladder. Since the lesion progresses slowly, the patient usually experiences no pain referable to upper urinary tract^[7-10].

Clinical features: Symptoms due to mechanical obstruction. Those superimposed by infection. Those caused by uraemia, symptoms related to sexual activity. But, it can be also divided into Irrigative symptoms. Obstructive symptoms: It is nocturnal frequency and is the earliest symptom. Normally, adults arise no more than twice at night to void. As with frequency, nocturia may be secondary to increase urine output or decrease bladder capacity. A patient who rises to void only once or twice at night usually has an early obstruction. Nocturia 5-6 times has an obstruction well advanced unless complicating urinary infection produces complaints out of proportion to the degree of obstruction. Urgency is a strong desire to void, it may be secondary to an inflammatory condition such as acute bacterial cystitis which increases bladder sensitivity or advanced urinary outlet obstruction which may decrease both functional capacity and compliance and also urine escapes through stretched vesical sphincter into sensitive prostatic mucosa which causes reflex desire to void. Increase frequency. Over flow incontinence also called paradoxical incontinence is secondary to advanced urinary retention and produces Intravesical pressure that overcome outlet resistance. In these patients, the bladder is chronically distended and urine dribbles out in small amount as bladder overflows particularly at night called nocturnal enuresis. The condition has been called paradoxical incontinence because it can be cured by relief of urinary outlet obstruction. Hesitancy: it is characterized as a delay in the initiation of the micturition^[11-13]. The patient may have to strain in order to initiate urination which still worsens. Decreased force and calibre of urinary stream: are frequently unrecognized by patients because the change in urinary flow rate secondary to urethral obstruction usually

occurs gradually. Urine returns. Clearly symptom scores alone cannot capture the morbidity of a prostate problem as perceived by the individual patient. The impact of the symptoms on the patient's lifestyle must be considered as well. An intervention may make more sense for a moderately symptomatic patient who finds his symptoms very bother-some than for a severely symptomatic patient who finds his symptoms tolerable. Investigation is urine, Blood urea and serum creatinine levels, serum level of prostate specific antigen, cystourethroscopy, Intravenous urography, Urethra endosonography, Transrectal endosonography. Complications are internationally, between 20% and 50% of men undergoing prostate surgery have urinary retention. However, the likelihood that a patient with a given symptom complex will progress to complete urinary retention over a given time span is not certain but is probably in the range of 1% per year [15-19]. Bladder decompensation as a result of chronic outlet obstruction may be a long-term complication of untreated BPH in some patients. Bladder diverticuli may complicate obstruction but are an uncommon cause of additional morbidity. Bladder stones and renal stones, Cardiovascular, pulmonary atelectasis, pneumonia, myocardial infarction, congestive cardiac failure. According to Hahnemann there cannot be any local disease of the living organism. Any disturbance in the nature dynamic change gets localized to a particular part or organ producing a visible change in the body, termed as local maladies. So the affections of these parts might be so trivial that they might require mechanical skill, properly belonging to surgery alone, as for instance, when obstacles are removed that prevent the vital force from accomplishing cure [20-25].

Material and Methods

Patients attending the following OPD's and admitted in the IPD of Jan sewa Hospital RIICO, SGNR Homoeopathic Medical College, Hospital and research institute SGNR Rajasthan were taken up for the study. Thirty Benign Prostatic Hypertrophy patients from age groups of 40 - 70, chosen by simple random sampling technique, were studied. After detailed case taking, the symptoms of the patient were grouped into various categories like mental generals, physical generals and particulars. After analysis, the symptoms were evaluated according to the order of their importance like mental general I grade, II grade, III grade, and particular I grade, II grade and III grade.

Repertorization: The symptoms were then taken for repertorization and were repertorized according to Kent, Boericke, BTPB and Phatak's repertories.

Selection of the remedy: The selection of the remedy was done based upon Constitution, Causation, Suppressions, and PQRS/Keynote symptoms of the patient.

Mother Tincture: The Mother Tincture was given whenever the patient presented with symptoms of BPH.

Constitutional remedy: When there is no response after the administration of Mother Tincture, then constitutional remedy was selected from the totality of the characteristic symptoms of the patient i.e., mental generals, physical

generals and characteristic particulars keeping in mind the miasmatic background. The mother tincture was given as 10 drops in a half cup of water two times a day. All cases were reviewed once in 7/15 days and on as needed basis over a period of six months.

Recovered: Patients showed general wellbeing and complete relief of symptoms.

Improved: Feeling of general wellbeing with slight improvement in the intensity of the symptoms.

Not improved: No response even after a sufficient period of treatment.

Results

The data obtained from the observation in the treatment of Benign Prostatic Hypertrophy is as follows. The study showed maximum incidence in age group i.e 17 cases (56.66%) in 50 – 59 year age group, where as 09 cases (30%) in 60 – 69 year age group and 04 cases (13.33%) in 40 – 49 year age group. Psoro sycotic miasmatic background shows the highest incidence in 27 cases (90%) and psoro-syco-syphilitic background in 3 cases (10%). Out of 30 cases, 18 cases presented with the past history following diseases, 04 cases (22.22%) gave past history of Gonorrhoea, 06 cases (33.33%) gave past history of cataract, 04 cases (22.22%) gave past history of Diabetes Mellitus and 04 cases (22.22%) gave a past history of Hypertension. Out of 30 cases, 17 cases presented with the family history following diseases, 03 cases (17.64%) gave a family history of Carcinomatous changes, 03 cases (17.64%) gave a family history of Tuberculosis, 03 cases (17.64%) gave a family history of Ishchaemic heart disease, 04 cases (23.52%) gave a family history of Diabetes Mellitus and 04 cases (23.52%) gave a family history of Hypertension. At first, the Sabal Serrulata mother tincture was prescribed in all the 30 cases, then if needed the constitutional remedies are also used. The constitutional remedies were indicated in 19 cases. Thuja in 3 cases (15.78%), Baryta Carb in 3 cases (15.78%), Selenium in 2 cases (10.52%), Conium in 2 cases (10.52%), Picric Acid in 2 cases (10.52%), Pulsatilla in 2 cases (10.52%), Lycopodium in 2 cases (10.52%), Staphysagria in 1 case (5.26%), Nux Vomica in 1 case (5.26%) and Cantharis in 1 case (5.26%). Lastly the observation of results is as follows, the outcome of this study was that out of 30 cases, 15 cases (50%) recovered, 10 cases (33.33%) showed improvement and 05 cases (16.66%) did not show improvement, left the treatment.

Table 1: Showing incidence in age groups

| Sl. No. | Age Group (In years) | Total No. of Cases | Percentage |
|---------|----------------------|--------------------|------------|
| 1. | 40 – 49 | 04 | 13.33% |
| 2. | 50 – 59 | 17 | 56.66% |
| 3. | 60 – 69 | 09 | 30% |

The above table shows the incidence in age groups. The study showed maximum incidence in age group i.e 17 cases (56.66%) in 50 – 59 year age group, where as 09 cases (30%) in 60 – 69 year age group and 04 cases (13.33%) in 40 – 49 year age group.

Table 2: Incidence of miasms

| Sl. No. | Miasms | Total No. of Cases | Percentage |
|---------|-----------------|--------------------|------------|
| 1. | Psoro - Sycotic | 27 | 90% |
| 2. | Mixed | 03 | 10% |

The above table shows the incidence of miasms. In this study, miasmatic background Psora-Sycosis showed the highest incidence 27 cases (90%); followed by Psora Syco sphyllitic miasmatic background in 03 cases (10%). Shows the past history of the patients. In this study, Out of 30 cases, 04 cases (22.22%) gave past history of Gonorrhoea, 06 cases (33.33%) gave past history of cataract, 04 cases (22.22%) gave past history of Diabetes Mellitus and 04 cases (22.22%) gave a past history of Hypertension.

Table 3: Showing the constitutional drugs used

| Sl. No. | Constitutional drugs | No. of Cases | Percentage |
|---------|----------------------|--------------|------------|
| 1. | Thuja | 03 | 15.78% |
| 2. | Baryta Carb | 03 | 15.78% |
| 3. | Selenium | 02 | 10.52% |
| 4. | Conium | 02 | 10.52% |
| 5. | Picric acid | 02 | 10.52% |
| 6. | Pulsatilla | 02 | 10.52% |
| 7. | Lycopodium | 02 | 10.52% |
| 8. | Staphysagria | 01 | 05.26% |
| 9. | Nux Vomica | 01 | 05.26% |
| 10. | Cantharis | 01 | 05.26% |

The constitutional remedies were indicated in 19 cases. Thuja in 3 cases (15.78%), Baryta Carb in 3 cases (15.78%), Selenium in 2 cases (10.52%), Conium in 2 cases (10.52%), Picric Acid in 2 cases (10.52%), Pulsatilla in 2 cases (10.52%), Lycopodium in 2 cases (10.52%), Staphysagria in 1 case (5.26%), Nux Vomica in 1 case (5.26%) and Cantharis in 1 case (5.26%).

Table 4: Results

| Sl. No. | Result | Total No. of Cases | Percentage |
|---------|--------------|--------------------|------------|
| 1. | Recovered | 15 | 50% |
| 2. | Improved | 10 | 33.33% |
| 3. | Not Improved | 05 | 16.66% |
| | Total | 30 | 100% |

The above table shows the results of treatment. The outcome of this study was that out of 30 cases, 15 cases (50%) recovered, 10 cases (33.33%) showed improvement and 05 cases (16.66%) did not show improvement.

Discussion

Benign Prostatic Hyperplasia (BPH) is a disease suffered almost universally by aging men. With age the prostate gland either atrophies or hypertrophies production various types of bladder outlet symptoms in a significant number of cases. Based on the clinical definition of BPH as given by Garraway *et al.* 1991. This includes an enlargement of prostate (more than 20gm) and either an elevated symptom score 11 or higher on a scale of 0-48 or a reduced peak urinary flow rate (less than 15ml / sec). The prevalence of clinically defined BPH ranged from approximately 14% for men in their forties to 40% for men in their seventies. Recent study shows, increased number of prostate blood vessels allow gland to enlarge thus explaining why severe urological symptoms develop more often in smoker who increasing undergo prostate surgery. Thirty cases of BPH

were randomly chose and studied. During this study it is observed that patients presents with different types of symptoms according to their individual constitution, environmental factors, physiological background, underlying pathology and other factors. The outcome of the study is briefly discussed below: This study establishes that the incidence of BPH was more from the fifth decade onwards. The study showed maximum incidence in age group i.e 17 cases (56.66%) in 50 – 59 year age group, where as 09 cases (30%) in 60 – 69 year age group and 04 cases (13.33%) in 40 – 49 year age group. And it is also observed that 13.33% of BPH patients have past history of Gonorrhoea. Out of 30 cases, 11 cases (36.66%) have received only Sabal Serrulata mother tincture without any constitutional drugs and 19 cases (63.33%) have received Sabal Serrulata mother tincture initially, but later on constitutional drugs were prescribed. The constitutional remedies were indicated in 19 cases. Thuja in 3 cases (15.78%), Baryta Carb in 3 cases (15.78%), Selenium in 2 cases (10.52%), Conium in 2 cases (10.52%), Picric Acid in 2 cases (10.52%), Pulsatilla in 2 cases (10.52%), Lycopodium in 2 cases (10.52%), Staphysagria in 1 case (5.26%), Nux Vomica in 1 case (5.26%) and Cantharis in 1 case (5.26%). Lastly the observation of results is as follows, the outcome of this study was that out of 30 cases, 15 cases (50%) recovered, 10 cases (33.33%) showed improvement and 05 cases (16.66%) did not show improvement, left the treatment. Out of 5 not improved cases 3 patients went for surgical operation inspite of explaining them, the complications related to surgery.

Conclusion

The results of this study showed incidence of BPH to be more in 50-99yrs age group. The miasmatic background was Psora-Sycosis in majority of the cases. The selection of the remedy in most of the cases was done on basis of constitution. The results in this constitutional approach are better as compared to other approaches. The results of this study have shown that the Sabal Serrulata used in cases of BPH gave good responses. It acts well and it helps in reverting the progressing pathology. This is of great advantage when used in early stage of BPH, in cases of BPH where the pathology have advanced to a peak level and patient requiring emergency treatment it is of less value, because it may not bring the desired result it does in cases of early stage of BPH. This all depends upon the strength & vitality of patient. If the patients vitality is strong enough to produce favourable response, then the BPH of advanced stege also get resolved. At first the Sabal Serrulata mother tincture was prescribed in all 30 cases of BPH a watched for minimum duration of one month. If Sabal Serrulata fails to produce a favourable improvement, then the constitutional drugs are used. The constitutional remedies prescribed were by considering the totality of the characteristic symptoms of the patient, keeping in the mind the past medical and family medical history of the patient. The constitutional remedies were Thuja, Baryta Carb, Selenium, Conium, Picric Acid, Pulsatilla, Lycopodium, Staphysagria, Nux Vomica and Cantharis. Homoeopathic Sabal Serrulata mother tincture and constitutional drugs have rendered benefit to the people suffering from the BPH. In other system of medicine, there is presently no medicinal treatment that can prevent or reverse BPH, if present also not sure. In conventional system of medicine, there is no permanent cure for Benign

Prostatic Hypertrophy; they have to go for the surgical procedure, which is to be with a risk to the life of patient. This line of treatment by other system of medicine is costly, unaffordable and with so many complications. In other system of medicine, there is presently no medicinal treatment that can prevent or reverse BPH, if present also not sure. In conventional system of medicine, there is no permanent cure for Benign Prostatic Hypertrophy, they have to go for the surgical procedure, which is to be with a risk to the life of patient. This line of treatment by other system of medicine is costly, unaffordable and with so many complications. Saw palmetto's primary therapeutic action is to inhibit the conversion of testosterone to DHT in the prostate, as well as inhibiting the binding and transport of DHT. In contrast, recent studies have shown that saw palmetto may in fact have antiestrogenic activity. Estrogen facilitates BPH because it interferes with the hydroxylation and elimination of DHT from the prostate.

References

1. Boericke William (M.D) New Manual of Homoeopathic Materia Medica with Repertory. Third Revised edition, Based on Ninth edition. New Delhi. B. Jain Publishers Pvt. Ltd 2008.
2. O' Rahilly Ronan, Mullere Fabiola. Human embryology and Teratology. 3rd edition. New York: A John Willey & Sons. Inc. Publication 2001.
3. Singh Inderbir, Human embryology, 6th edition, Dariyaganj (New Delhi Macmillan India Ltd 1996.
4. Garthner Lasliss P, Hiatt James L. Colour book of histology, 1st edition, Pennsylvania (Philadelphia): W.B. Saunders Company 1997.
5. Karo Wilhelm, Urinary & Prostatic troubles, 2nd edition, New Delhi, Indian Books & Periodical publishers 1946.
6. Cotran Collins Kumar, Robbins Pathologic Basis of Disease. 6th edition. India; Prism Book Pvt. Ltd 1994.
7. Ganganagar S. A Brief Study of Efficacy of Homoeopathic Medicines in Controlling Tonsillitis in Paediatric Age Group.
8. Reddy R, Sharma PK, Praveen Raj P. Homoeopathic treatment of intestinal. Research Journal of Recent Sciences ISSN 2277, 2502.
9. Rami Bsads, Reddy E. Utility of *Passiflora incarnata* homoeopathic mother tincture in general anxiety disorder: A pilot study.
10. Adi Bsabs, Rami Srres, Reddy E. An open clinical study on the efficacy of *Withania somnifera* mother tincture in the management of hyperlipidemia. International Journal of Indigenous Herbs and Drugs 2019, 1-6.
11. Rami Srres, Reddy E, Adi Bsabs, Jamadade Akjak. Efficacy of lactuca sativa in hyperlipidemia: a pilot study. International Journal of Indigenous Herbs and Drugs 2019, 1-7.
12. Sharma Pkspk, Rami Srres, Reddy E. A randomized double blind placebo controlled trial of guatteria gaumeri mother tincture in the management of hyperlipidemia. World Journal of Current Medical and Pharmaceutical Research 2020, 291-295.
13. Adi BS. Effective of Hydrastis in Treatment of Cholelithiasis-An Observation Study. International Journal for Advance Research and Development 2017;2(10):65-69.
14. Adi BS, Adi GB, Jamadade AK. A Comparison of the Efficacy of *Gymnema Sylvestre* 6 Ch and *Gymnema Sylvestre* Mother Tincture in Cases of Type 2 Diabetes Mellitus. World Journal of Current Medical and Pharmaceutical Research 2020, 133-138.
15. Adi BS, Adi GB, Tanuja B. A comparison of efficacy of *Plantago major* and *Calendula officinalis* in the management of gingivitis: a randomized controlled clinical trial. International Journal of Alternative and Complementary Medicine 2020, 1-7.
16. Raj P, Sharma PK, Ambily B. Assessing the reliable symptoms of rhus tox and kali carb in the treatment of lumbar spondylosis with sciatica syndrome—an observational study. International Journal of Alternative and Complementary Medicine 2020, 11-16.
17. Adi BS. Efficacy of homoeopathic medicines in chronic low back pain: A clinical study. International Journal of Alternative and Complementary Medicine 2020, 17-20.
18. Tanuja B. Efficacy of homoeopathic medicines in periodontal abscess: A 3 months clinical study.
19. Allen TF. Boeninghausen's Therapeutic pocket book. Reprinted edition. New Delhi. B. Jain publishers. Pvt ltd 2008.
20. Tanuja BM. Text Book of Medicine.
21. Reddy ESR, Sharma PK, Raj PP. A clinical study on effect of *Plantago* in gingivitis by assessing bleeding and plaque index. Indian Journal of Research in Homoeopathy 2018;12(3):132.
22. Reddy SR. Effect of homoeopathic medicine *Lycopodium clavatum* in urinary calculi. International Journal of Applied Research 2017;3(1):790-791.
23. Adi GBAGB, Ad BSABS, Rami SRRES, Reddy E. Double blind randomized controlled study on the efficacy of asparagus racemosus mother tincture in hyperlipidemia. International Journal of Indigenous Herbs and Drugs 2018, 1-7.
24. Chakraborty PK, Chatterjee N, Sharma PK. Effect of epigea mother tincture in nephrolithiasis 2019.
25. Phatak SR. A Concise Repertory of Homoeopathic Medicines (alphabetically arranged). Fourth Reprint edition, New Delhi. B. Jain publishers. Pvt. Ltd 2009.