



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493

P-ISSN: 2616-4485

www.homoeopathicjournal.com

IJHS 2021; 5(4): 118-122

Received: 13-08-2021

Accepted: 17-09-2021

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Management of lower urinary tract symptoms in benign prostatic hyperplasia with individualised homoeopathic medicines: Case reports

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DOI: <https://doi.org/10.33545/26164485.2021.v5.i4b.460>

Abstract

Benign prostatic hyperplasia (BPH) is a common condition in elderly men and has a significant impact on their quality of life. Surgical procedures in the management of BPH have been associated with more adverse effects on patients. This retrospective study aims at management of BPH symptomatically by using the International Prostatic Symptom Score (IPSS). The article comprises three cases of BPH where there was considerable alleviation of symptoms following homoeopathic intervention.

Keywords: Homoeopathic medicines, Benign prostatic hyperplasia, International Prostatic Symptom Score (IPSS)

Introduction

Benign prostatic hyperplasia/hypertrophy (BPH) is a condition characterized by nonmalignant growth of the prostate observed commonly among aging men significantly impacting their lives. BPH, the actual hyperplasia of the prostate gland, develops as a strictly age-related event in most men, starting at approximately 40 years of age. Several studies have been investigated into the histologist prevalence of BPH and it was found that approximately 10% for men in their 30s, 20% for men in their 40s, reaches 50% to 60% for men in their 60s, and is 80% to 90% for men in their 70s and 80s^[1]. The condition becomes clinically entitled when it happens to be associated with subjective symptoms, like lower urinary tract symptoms (LUTS). Microscopic evidence of BPH shows prostatic stromal and epithelial hyperplasia and the macroscopic BPH represents the enlarged prostate. This prostatic proliferation occurs exclusively in the transition zone and periurethral glands^[2].

In spite of many decades of vigorous and intense research, the entire causation evolving around BPH is still poorly understood. Among all the dominant hypotheses, the hormonal or dihydrotestosterone (DHT) hypothesis is most often invoked. Often a positive family history also becomes a risk factor. Researches in several aspects, could not conclusively link the development of BPH especially to smoking, obesity, and sexual activity or their lack^[3]. Asian Indians who are found to be vegetarian and consume low fat and high-fibre diets, contains low amount of phytoestrogens and are suggested to be chemopreventive agent for the genesis of BPH^[4]. BPH in itself might not cause any problem and the bothersome LUTS can meddle with daily living, causing significant impairment of the disease-specific quality of life, and interfere with sexual functioning^[3].

There is no concordance established showcasing the degree of prostate enlargement required to support the diagnosis of BPH. Clinically, BPH presents the clinical manifestations that are attributed to the enlarged prostate. This includes the lower urinary tract symptoms (LUTS), bladder outlet obstruction, incomplete bladder emptying, acute and chronic urinary retention, urinary tract infection (UTI), urosepsis, bladder stones, and hematuria^[5]. LUTS symptom complex can be appreciably divided into obstructive and irritative symptoms. Obstructive symptoms include hesitancy, straining, weak flow, prolonged period of voiding, partial or complete urinary retention, and, ultimately, overflow incontinence. The more bothersome irritative symptoms are frequency, urgency with incontinence, nocturia, dysuria, as well as small voided volumes which happen to affect the Quality of life (QoL) of the individual^[6].

Several studies have shown that complementary medication therapies do play an effective role in controlling early prostatic hypertrophy^[7-10]. It also happens that men are reluctant to opt for surgical interventions for fear of losing their potency and the cognizance of other adverse side effects.

Among complimentary system, homoeopathy plays a magnificent role for the alleviation of ailments. Several homoeopathic interventional studies on enlarged prostate found marked improvement in urinary symptoms of BPH patients [11-14].

Diagnosis and assessment of BPH relies mostly on subjective patient reporting apart from USG. This subjective dependency for the elaboration of symptoms in men with LUTS demands a need for developing a symptom scoring system that can be used and reproduced to evaluate symptoms and hence can help to guide management strategies. One such scoring system is the International Prostate Symptom Score (IPSS). The IPSS was designed to be an easy, self-administered questionnaire which can be used even in primary health care clinics. The first version of IPSS was created by the American Urological Association (AUA) and consisted of seven questions and was named as AUA symptom index (AUA) or AUA-7. It was later endorsed by the World Health Organization as the IPSS. Evaluation of questionnaire consist of a combination of urinary storage and voiding symptoms, allowing the patient to choose 1 of 6 answers indicating increasing severity of the particular symptom. The scoring was assigned points from 0 to 5. The total score ranges from 0 to 35 (asymptomatic to very symptomatic). Additional 8th Question on QoL was added later on. It helps convert

subjective symptoms into objective numbers that can be further quantified [15].

Materials and Methods

This retrospective study was done at the Practice of Medicine OPD unit of National Homoeopathic Research Institute in Mental Health, Kottayam. Three diagnosed cases of BPH were taken to consider the significant improvement in their condition post interventionally. Also the change in their QoL was considered for assessment. Assessment of symptomatology was done using before and after IPSS score. Follow-ups were considered for a period of 1 year.

Case Information

Case 1

Patient aged 67 years complained of obstruction to flow of urine since 2 years. He was often catheterized when the complaint was acute. The complaints occurred every year in same time. Now he has obstruction with burning pain on micturition, frequency with weak stream aggravated at night. Prostate specific antigen (PSA) was 4.6. In ultrasound (USG) there was moderate prostatomegaly. He had past history of dyspnoea on exposure to cold climate. No relevant past history. He had desire for sweets, urgency with frequent desire for evacuation, passes 3-4 times daily. He had a habit of smoking since 15 years.

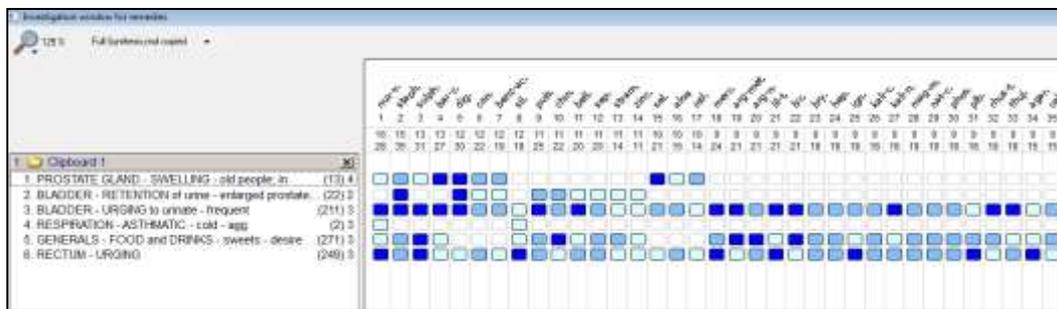


Fig 1: Repertory chart (Case No:1)

He was prescribed Nux Vom 200/once in a week, according to the reportorial totality (Figure1).



Fig 2: International Prostatic Symptom Score (IPSS).Before Treatment(Case No:1)

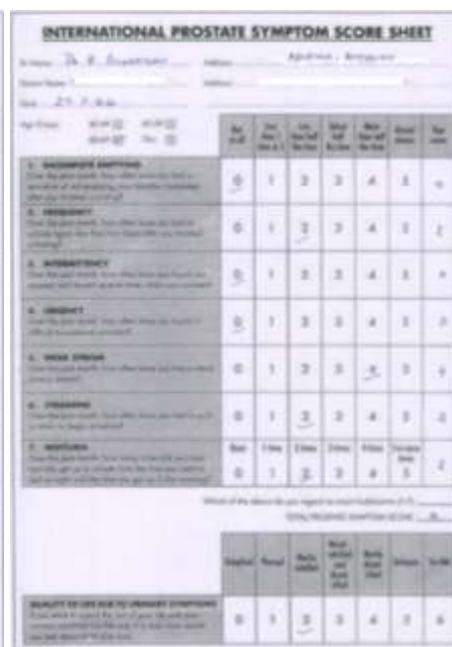


Fig 3: International Prostatic Symptom Score (IPSS). After Treatment(Case No:1)

Date	Follow up	Medicines
18-04-019	Pain while urinating sneezing on rainy weather	Rhus tox-200/6 doses-2 dose in a week.
18-05 -019	Pain while urinating got reduced than before	Sac lac-6 doses
29-06-019	Pain got relieved. Sneezing got reduced itching of face and legs	Sac lac-6 doses
11-08-019	Urinary complaints: pain on passing urine –reduced itching of face and legs persists <evening, night.	Sulphur-200/4 doses-1 dose/week
11-12-019	Urinary complaints-burning on micturition got reduced itching of skin -persists	Sulphur-200/4 doses-1 dose/week.
15-02-020	Itching with blackish discolouration of face and lower limbs urinary complaints-relieved	Sulphur 200/4 doses-1 dose/week
15-02-020	Itching with blackish discolouration of face and lower limbs urinary complaints-relieved	Sulphur 200/4 doses-1 dose/week
21-03-020	Had cough with expectoration<early morning, wakes him up from sleep	Rumex-30/6 doses (acute prescription)
21-05-020	Urinary complaints-frequent desire to pass urine, frequent desire to pass stool-3-4 times /day	Nux vom-200/4 doses 1 dose /week.
27-07-020	Had cough with profuse expectoration<4am frequent urge to pass urine<night	Nux vom 200/4 doses 1 dose/week.

Case-2

Patient aged 56 years complained of hesitancy with burning during micturition, urine slow stream with interrupted flow, increased frequency especially at night since 7 months. Slowly he developed difficulty to hold urine. He has history of hypothyroidism since 15 years and on Thyronorm tablets on alternate days since 15 years. He is diabetic since 2 years with a maternal and paternal diabetic history. He has good appetite with increased thirst associated with dryness of

mouth. Desires fish and intolerance to shell fishes. Stools are hard and unsatisfied, incomplete sensation with occasional bleeding after defecation. Sweat profuse all over body. Thermally hot. Heartburn occurs when food is not taken in time. Initially the patient was given *Bryonia* on considering the acute totality; later considering the constitutional totality *Lycopodium* was prescribed (Figure 4).

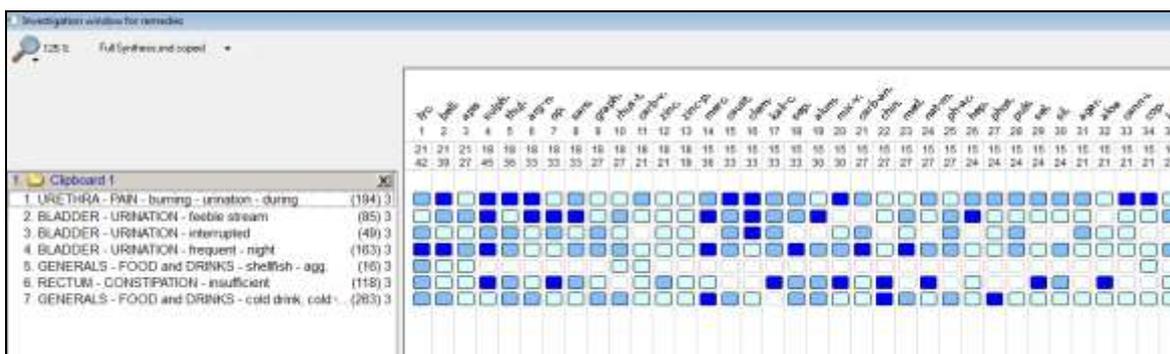


Fig 4: Repertory chart (Case No:2)



Fig 5: International Prostatic Symptom Score (IPSS).Before Treatment(Case No:2)

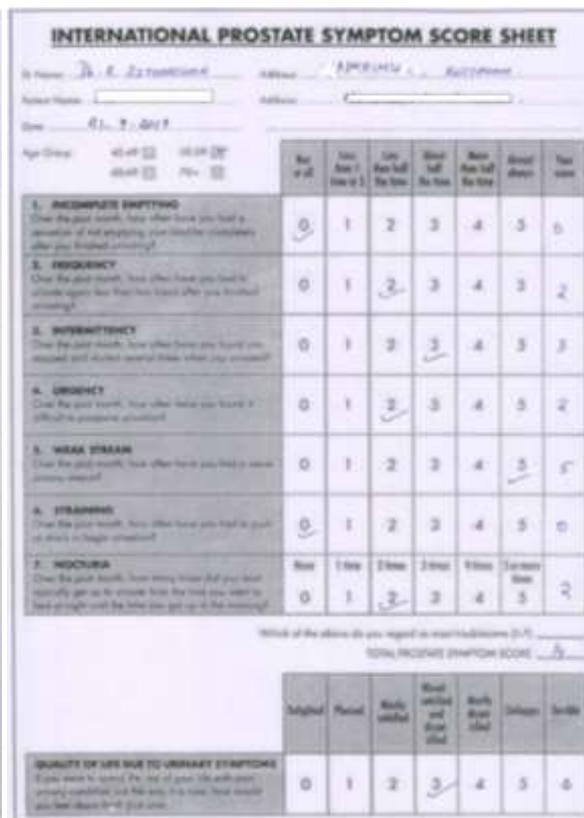


Fig 6: International Prostatic Symptom Score (IPSS). After Treatment(Case No:2)

Date	Follow-up	Medicines
14-12-2018	Burning on micturition, stream and hesitancy. stools difficult with incomplete sensation thirst-increased	Bryonia-200/4 doses 1dose/week.
14-01-2019	Hesitancy persists, burning during urination –reduced. frequency of urination –reduced. Cough, with scanty expectoration <night. Stools-difficult, hard, unsatisfactory.	Bryonia 200/4 doses 1 dose/week
25-02-2019	Hesitancy persists. Burning during micturition reduced. Headache <morning on waking.Generals-stool-difficult to pass. Sleep-good	Sac Lac -4 doses. 1 dose /week.
18-04-2019	Constipation persists. Hesitancy, with slow stream. Burning on micturition. Had distension of abdomen with flatulence.	Lycopodium 200-4 doses. 1 dose/week
20-06-2019	Hesitancy got reduced. slow stream of urine. Burning got reduced Distension of abdomen – reduced. Constipation reduced.	Sac lac -4 doses. 1 dose /week
20-07-2019	Burning micturition –reduced. hesitancy got reduced. slow stream of urine. Distension of abdomen –got reduced. Constipation –reduced	Sac lac-4 doses 1 dose /week
21-09-2019	Burning micturation on and off hesitancy >; distension present; Flatulence; bowels- moderate;	Lycopodium 1M/ 2 dose. 15 days once / 1 dose.

Case-3

Patient aged 63 yrs complained of incontinence of urine, especially after drinking water, cold weather. Passes few drops of urine involuntarily before reaching the toilet. Patient was on conventional treatment since one year.

Family history of Diabetes. Fullness of stomach after eating food. Thirst reduced. Desires alcoholic drinks. He used to have difficult evacuation when moving away from home. Hot patient. PSA was 2.35ng/ml. *Lycopodium* was given after repertorization (Figure 7).

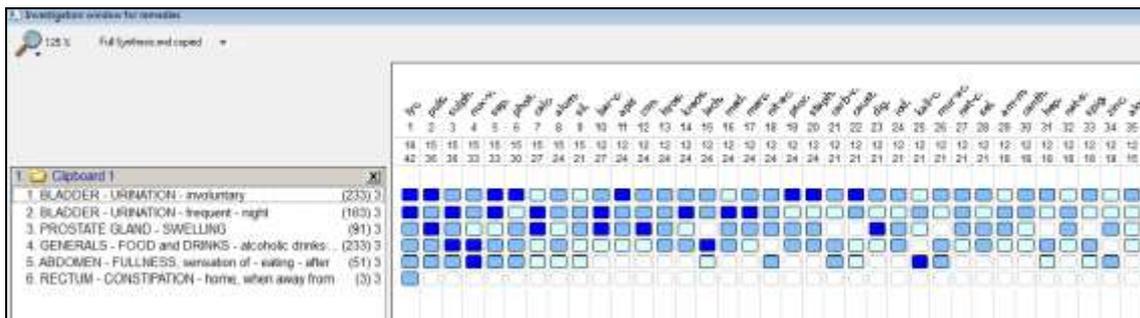


Fig 7: Repertory chart (Case No:3)

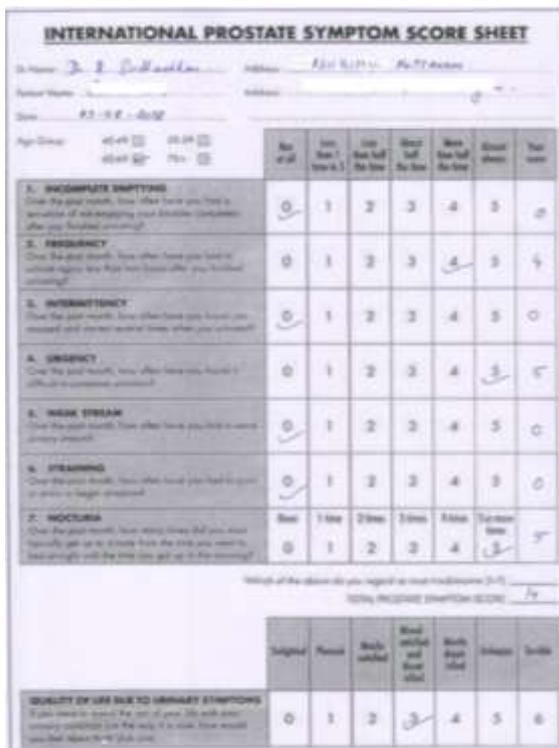


Fig 8: International Prostatic Symptom Score (IPSS).Before Treatment(Case No:3)

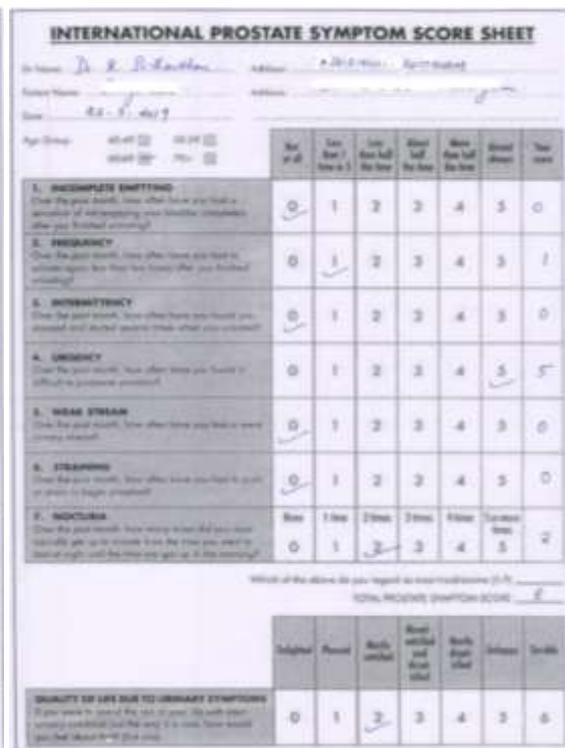


Fig 9: International Prostatic Symptom Score (IPSS). After Treatment(Case No:3)

Date	Follow-up	Medicine
03-08-2018	Involuntary urination. Frequency reduced, passage of urine in drops, Incomplete emptying-persists. fullness of abdomen reduced.	Lycopodium -30/4 doses. 1 dose/week.
17-09-2018	Incontinence of urine. Increased urging to urination <night. Gastric disturbance <after eating.	Lycopodium 200/4 doses. 1 dose/week.
08-10-2018	increased urging to urinate <night –reduced. Incomplete emptying. Incontinence persists, passes in drops	Lycopodium 200/4 doses 1 dose/week.
07-11-2018	difficulty in urination >. incontinence persists, passes in drops. fullness of abdomen reduced.	Lycopodium 1M/2 doses 1 dose in 15 days.
10-12-2018	Involuntary urination –got reduced. Frequency got reduced fullness of abdomen-reduced.	Lycopodium 1M/2 doses 1 dose in 15 days.
16-02-2019	Difficulty in urination relieved. No distension of abdomen	Sac Lac/ 4 doses. 1 dose /week
22-03-2019	Urinary complaints got reduced than before. Generals better.	Sac lac -4 doses. 1 dose /week

Discussion

Homoeopathic system of medicine has lots to offer especially where surgical intervention is the primary choice of treatment. Homoeopathic therapeutics may be useful in cases where absolute surgical intervention is not warranted. Cases presented in this study were enrolled from Practice of Medicine OPD unit. All the three were diagnosed cases of BPH. In the first case Nux vomica is indicated. As acute prescriptions, Rhustox, Sulphur and Rumex had been prescribed as per need of patient, then finally Nux vomica had been prescribed on constitutional basis. Initially IPSS score at baseline was 18 (moderate) which got reduced to 10 (Figure 2&3). The frequency of urination, nocturia was markedly improved. Straining while urination was reduced from the baseline score. Also the patient experienced significant improvement in QoL. In the second case according to the acute totality *Bryonia* was prescribed. Later as a constitutional remedy *Lycopodium* was given. Nocturia, frequency, postponing of urination was improved which helped to improve the QoL of the patient (Figure 5&6). The third case presented with increased frequency with nocturia and showed an IPSS score of 14(moderate) at baseline which got reduced to 8(moderate) post interventional (Figure 8&9). In this case *Lycopodium* is given as it is indicated. The patient had involuntary dribbling which was not changed after medication. So a significant change in QoL was not observed.

Conclusion

BPH though being a surgical condition, homoeopathy has been successful in showing significant potentiality in the treatment and management of its obstructive and irritative symptomatology. This has widened the scope of Homoeopathy in the management of such conditions.

Author's Contribution

All authors contributed to writing the manuscript and each approved the final version.

Funding

None

Conflict of Interest

None declared.

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