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Dr. Sweta Panchani
Department of Materia
Medica, PP Savani University,
Surat City, Gujarat, India

Dr. Vikrant Tungar
Department of FMT, PP
Savani University, Surat City,
Gujarat, India

Dr. Riya Vaghela
Department of Organon, PP
Savani University, Surat City,
Gujarat, India

Corresponding Author:
Dr. Sweta Panchani
Department of Materia
Medica, PP Savani University,
Surat City, Gujarat, India

Compendium of adenocarcinoma of prostate

Dr. Sweta Panchani, Dr. Vikrant Tungar and Dr. Riya Vaghela

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Abstract

Detail integration and miasmatic approach in adenocarcinoma of prostate, compiled with etiopathogenesis and diagnosis with surgical intervention and selection of homoeopathic similimum on the basis of repertorial approach.

Keywords: Adenocarcinoma, miasmatic approach, homoeopathic similimum

Introduction

The prostate is Fibro muscular gland between neck of bladder and external urethral sphincter. The primary function of the prostate is to produce seminal fluid, the fluid in semen that protects, supports, and transports sperm. The prostate continues to enlarge with age. This can lead to a condition called benign prostatic hyperplasia (BPH), which blocks the urethra. BPH is a common condition in old age people and is not associated with an increased risk of prostate cancer.

Cancer developed in body when body cell begins to form irregular or out of control. Any Cells in any part of the body can become cancer cells, and they can spread to other areas of the body.

Prostate cancer developed when prostate gland cells start to grow out of control.

Type of prostate cancer: The most common type of prostate cancer is adenocarcinoma another type of carcinoma is following:

1. Sarcoma
2. Small cell carcinoma
3. Neuro endocrine Tumor
4. Transitional cell carcinoma

Cause: The cause is unknown it developed when specific change occurs in glandular cell.

Risk Factor

Age: Risk of prostate cancer is more after 60 year of age.

Genetics: Hereditary or family history of cancer more chance for prostate cancer.

Race: Black people more chance for prostate cancer rather than white people.

Diet: High fat diet more risk for cancer.

Other factor: Smoking, alcohol, obesity, STD.

Sign and Symptom

Dull pain in lower pelvic region

Increase urinating

Difficulty in urination, pain, burning, or weak urine flow

Hematuria

Painful ejaculation

Lumbo-sacral pain and pain specifically in hip region

Loss of appetite

Stages and Grades of Prostate Cancer:

Two type of Stage

Clinical Stage: Detected by x-rays, bone scans, CT scans, MRI, PSA testing, and Gleason score

Pathological Stage

This staging information found during surgery and test results of prostate tissue removed during surgery. Surgery

often involves removing the entire prostate and some lymph nodes. Examination of the removed lymph nodes provides additional information for pathological staging.

TNM Classification

T	N	M
T0 – no evidence of PCa	N0 – no spread to lymph nodes	M0 – no spread beyond regional lymph nodes
T1 – clinically inapparent PCa	N1 – regional lymph nodes over 5mm in short axis are involved (below the iliac artery bifurcations)	M1 – distant metastases: a – distant lymph nodes involvement b – bone metastases c – other organ involvement
T2 – tumor confined within prostate: a – less than a half of one lobe is involved b – more than a half of one lobe is involved c – both lobes of the prostate are involved		
T3 – extracapsular extension: a – extracapsular extension b – seminal vesicle invasion		
T4 – adjacent organs invasion		

Gleason score for grading prostate cancer ^[1]

Risk Group	Grade Group	Gleason Score (GS)
Low/Very Low	Group 1	GS ≤ 6
Intermediate	Group 2	GS < 7(3+4)
	Group 3	GS < 7(4+3)
High/Very High	Group 4	GS 8
	Group 5	GS 9-10

Treatment ^[1]

Surgery

- Radical open prostatectomy.
- Robotic or laparoscopic prostatectomy.
- Bilateral Orchiectomy.
- Trans urethral resection of the prostate (TURP).
- External-beam radiation therapy.
- Brachytherapy.
- Intensity-modulated radiation therapy (IMRT).
- Proton therapy.

Adenocarcinoma Prostate and miasmatic co-relation ^[2]

All advanced condition of the kidney and genito urinary tract with pyogenic inflammation can be associated with structural and pathological changes are syphilitic in origin. Enlargement of Prostate gland and complaints arising from it are sycotic and Carcinoma of prostate with degenerative changes is syphilitic origin. Prostate problem with bleeding per urethra are characteristic of tubercular miasm. All symptoms of syphilitic are aggravated at night, in summer, from warmth. In syphilis, all kidney and prostatic symptoms are associated with depression and melancholia. Syphilitic patients lack a sense of duty and responsibility and often fail to a perform family duties due to impaired memory. There is also lack of self-confidence. Syphilis shows forgetfulness and totally destruction of memory. Arithmetic calculation is difficult. They are introvert and great desire to escape from both themselves and from other people. Their desire for solitude and aversion to company can lead to suicidal tendencies. Lack self-confidence and do not trust other. Due to dullness of intellect, loses the thread

of conversation and lacks perception. Fix ideas which are not eradicated by any amount of talk or explanations. Mentally dull, heavy, stupid, and especially stubborn. Idiocy, ignorance and obstinacy lead to melancholia and gloominess. Syphilitics are the cold-blooded murderers, the committed criminals and iconoclasts. They have fear of people and conversation due to their own dullness and idiocy. Anxiety, apprehension and anguish. They are introvert and have a great desire to escape from both themselves and from others people. Desire for solitude and aversion to company can lead to suicidal tendencies. Fix idea, which are not eradicated by any amount of talk or explanations. Depression always present but pt keep their trouble to themselves and sulk over them. They remain immersed in melancholia and depression, which leads to an anxious state in which they prefer to be in solitude. Pease of Action: usually midway in pace, moderate. Through sometimes rapid and/or sometimes can be insidious. Constitution: Oxygenoid

Reportorial approach and rubric for Adenocarcinoma of Prostate ^[3]

Complete Repertory

- Bladder- cancer
- Bladder-cancer-epithelioma
- Male Genitalia-tumors-adenomata, prostate gland
- Clinical-cancerous affection,-Adenocarcinoma
- Clinical-cancerous affection- advanced stage
- Clinical-cancerous affection-grief, after
- Clinical-cancerous affection- Chemotherapy
- Clinical-cancerous affection- Cachexia, emaciation with
- Clinical-cancerous affection- contusion after
- Clinical-cancerous affection-Injury, after
- Clinical-cancerous affection-Radium intoxication, from
- Clinical-cancerous affection- Surgery of, after
- Clinical-cancerous affection- Cicatrices, in old
- Clinical-cancerous affection-gland
- Clinical-cancerous affection-Epithelioma

Clinical-cancerous affection-Painful
Clinical-cancerous affection-Painless
Clinical-cancerous affection-Hard
Clinical-cancerous affection- Deposit, after operation
removal
Clinical-cancerous affection-smoking after
Clinical-cancerous affection-Hereditary

Kent Repertory

Prostate gland-Pain-Cancer, in
Generalities-Cancerous affections
Generalities-Cancerous affections-Gland
Generalities-Cancerous affections-Epithelioma
Generalities-Cancerous affections-Lupus
Generalities-Cancerous affections-Scirrhus
Generalities-Cancerous affections-Noma

Boericke Repertory

Male Genital-Cancer-Prostate

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Conflict of Interest

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