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## Role of homoeopathic remedies in benign prostatic hyperplasia

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### Abstract

A condition known as benign prostatic hyperplasia (BPH), which causes the prostate gland to grow, raises the risk of kidney, bladder, and urinary tract disorders. This can progress to acute urinary retention, which is commonly seen in men over the age of 60. More than 30% of men suffer from BPH. As men age, the prostate will increase slightly in almost all of them. Approximately 90% of males will experience symptoms by the time they are 85. The majority of these men will experience symptoms that require medical attention. In this study, the problem of benign prostatic hyperplasia is briefly reviewed, and the effectiveness of homoeopathic medication is assessed. As Homoeopathy is an effective alternative mode of treatment that not only helps improve the condition but also treats it. Men with BPH are asymptomatic, but if symptoms affect a person as a whole, then selection of the remedy is done in most cases on the basis of individualization. Even constitutional remedies are administered based on the totality of defining symptoms.

**Keywords:** Benign prostatic hyperplasia, homoeopathy, prostate gland, frequent micturition

### Introduction

Benign prostatic hyperplasia is a condition in which the prostate, which is a walnut-sized body part made of glandular and muscular tissue, grows in size. The urethra, the tube that extrudes sperm and urine from the body, is partially encircled by the prostate. The main property of the prostate is to produce fluid for the semen, the milky fluid in which sperm are present<sup>[1]</sup>. A very common disorder, benign prostatic hyperplasia, is the non-cancerous expansion of the prostate, or tissue hyperplasia. This involves lower urinary tract symptoms, obstruction of the bladder outlet, and benign prostatic enlargement. But the most common causes are lower urinary tract infections, with a prevalence of about 30%. It is because infravesical obstruction secondary to BPH is constantly evolving<sup>[2]</sup>. Nearly 300 years ago, an enlarged prostate was recognized, which causes urinary retention. Although this illness rarely poses a life-threatening risk, it can have different degrees of impact on a person's quality of life. The individual's quality of life is impacted by this condition since it interferes with routine everyday activities<sup>[1, 3]</sup>. Benign prostatic hyperplasia comes under 'one-sided diseases' in the classification of disease according to Master Hahnemann in the book 'Organon of Medicine' in aphorisms (172-184). As homoeopathy is based on nature's law of cure, a weaker dynamic affection is permanently extinguished in the living organism by a stronger one if the latter one is very similar to the former in its manifestation. Due to the fact that a weaker disease is automatically eradicated if the same patient develops a similar but stronger one, it has been noted that a similar medicine can treat the patient's disease at its source<sup>[4]</sup>.

### Pathophysiology

In males with benign prostatic hyperplasia, the pathogenesis of bladder outlet obstruction has been linked to both static and dynamic variables. Prostate gland enlargement directly contributes to static blockage by compressing the urethra and obstructing the bladder outlet. Here, periurethral compression necessitates raising voiding pressures to overcome flow obstruction; in addition, prostate gland growth bends the bladder outflow, increasing flow resistance. The prostate gland increases 2.4 cm<sup>3</sup> in volume per year on average at 40 years of age. The process begins in the periurethral zone and involves both glandular and stromal tissues. The etiology of BPH is unknown, but it does not occur in patients with hypogonadism<sup>[3]</sup>.

According to John G. J. Kapoor *et al.*, BPH impacts the connective tissue stroma as well as the glandular epithelium. In the transitional zone, where nodular enlargement is forming, it affects the submucous glands. The PZ glands get encased in a false capsule as a result of this expansion, giving rise to the distinctive "lateral" lobes [5].

### Etiology

Risk elements include Testosterone's direct hormonal effects on prostate tissues are important in the development of BPH. Since dihydrotestosterone interacts directly with the prostatic epithelium and stroma, it indirectly contributes to the development of BPH along with other testicular androgens. Dihydrotestosterone (DHT), which is produced by the prostate stromal cells, is created from testosterone, which is produced by the testes. Following both cellular proliferation and apoptosis, DHT has effects on stromal cells in the prostate gland that are direct, paracrine, and endocrine in nature [3]. Loss of equilibrium between cells that proliferate and those that die causes an imbalance that leads to BPH. The prostate gland's periurethral regions experience an increase in stromal and epithelial cells as a result.

### Risk factors

- Age is one of the risk factors for prostate gland enlargement because males younger than 40 tend to have symptoms and signs of this extremely unusual condition. By the age of 60, roughly one-third of men have moderate-to-severe symptoms, and by the age of 80, about half do.
- Family history: A person is more likely to experience issues if they have a blood relative who does, such as a brother or father.
- Beta blocker use may raise the risk of BPH in people with diabetes and heart disease.
- Lifestyle: Yoga and exercise can help reduce the risk of BPH, which is increased by obesity [6].

### Clinical features

**There are some common signs and symptoms of BPH, which include**

- Difficulty voiding urine due to obstruction of the urethra by an enlarged prostate
- Poor urinary flow and a sensation of incomplete urination
- Frequent urination,
- Urgency of micturation and incontinence
- Acute urinary retention causes a painful, distended bladder.
- Increased frequency of urination at night (nocturnal urination)
- Dribbling of urine

### Other signs and symptoms are:

- Urinary tract infection
- Unable to urinate
- Bloody urine [7, 8]

### Complications

- Chronic urinary retention
- Urinary tract infection because of incomplete micturation
- Hematuria.

- Urinary bladder calculi
- Kidney or urinary bladder damage [3].

### Investigation

- Prostate-specific antigen (PSA) and cystoscopy
- Ultrasonography of the whole abdomen, post-void residual volume of urine is checked with the help of ultrasound, and prostate volume is checked by trans-rectal ultrasound scan (TRUS).
- Digital rectum examination: To assess the prostate size and nodules
- Urine flow rates can be measured with a flow meter.
- Others: Blood electrolyte analysis, blood urea nitrogen (BUN), blood creatinine, kidney function test, urine analysis, urine culture [8, 9].

### Homoeopathic Management

In comparison to the other mode of treatment, the homoeopathic approach is a much safer and more effective alternative, as the treatment is based upon a holistic approach, e.g., treating the patient as a whole. Master Christian Friedrich Samuel Hahnemann (1755-1843), a German physician, made homoeopathy popular in the late 18th century. It is a system of therapeutics based on the law of similia: 'similia similibus curentur, or 'like cures like', a universal law in which a patient is prescribed a simimum based on his or her 'totality of symptoms'. Its fundamental ideas were first presented by Paracelsus and Hippocrates, and a German physician named Dr. Samuel Hahnemann formalized them into a medical science in 1789 [10]. Homoeopathy sees the disease as the patient's reaction to unfavorable environmental factors, with this reaction manifesting through signs and symptoms. The patterns of this reaction and the essence of these signs and symptoms provide the totality of the symptoms [8]. Physicians consider the totality of symptoms and the specific symptoms shown by an individual, along with their medical history, genetic history, and psychological features, before prescribing them a remedy.

A few important rare and constitutional homoeopathic medicines, along with their important symptoms.

1. ***Chimaphila umbellata***: Acts on the uro-genital tract and kidney. Prostatic enlargement with scanty urine and filled with ropy, mucopurulent discharge. Persistent urging, especially at night. Turbid and offensive urine. Burning with scalding during urination and straining afterwards. Must strain before the flow comes. Acute prostatitis, retention, and the sensation of swelling in the perineum on sitting as the ball presses against it without standing with feet apart and leaning forward, one cannot urinate. Decrease in prostatic fluid. Worse in damp weather, sitting on cold stone [11, 12].
2. ***Copaiva officinalis***: Sensitive to sharp noise. Burning pressure; painful micturation by drops with much strain. Retention accompanied by rectum, anus, and bladder pain. Bladder catarrh with dysuria Expansion inside the orifice Persistent urge to urinate. It has a violet odor with a green, turbid color and a pungent smell [11, 12].
3. ***Populus tremuloides***: Catarrh bladder in old people Prostatic affection. Ague. Severe tenesmus; painful scalding with weight and pressure; aching in the pelvis. Severe cramp-like pain just behind the pubis. Pus and mucus are found in urine. Prostrate is an exaggerated pain felt after urinating. With night sweats [11, 12].

4. ***Triticum repens***: Excessive irritability of the bladder Urination that is difficult, frequent, and painful was deposited. Purulent discharge. Increased prostate size. Incontinence. Persistent desire. The mucosal surface is irritated by the thick urine <sup>[11, 12]</sup>.
5. ***Juniperus communis***: Catarrhal inflammation of the kidney Bloody, scanty urine with a violet odor; dropsy with suppression of urine Irritable and sensitive to external impressions <sup>[11, 12]</sup>.
6. ***Uva Ursi***: Burning and tearing pain along with frequent urges and severe bladder spasms Blood, pus, and persistent mucus are all present in urine. Involuntary green urine. Dysuria <sup>[11, 12]</sup>.
7. ***Ferrum picricum***: Act best to dark-haired patients, plethoric. Pain can be felt all the way down the urethra due to senile prostate enlargement. Frequent night time urination and pressure with fullness in the rectum. Urine retention with smarting at the penis and bladder neck <sup>[11, 12]</sup>.
8. ***Sabal Serrulata***: Act on the membrano-prostatic portion of the urethra. Epididymitis. Fear of falling asleep. Persistent urge to urinate at night. Dysfunction of the sphincter. During micturation, difficult. Cystitis and an enlarged prostate prostate. Organs feel cold when prostatic fluid is discharged along with hypertrophy and a decline in sexual function <sup>[11, 12]</sup>.
9. ***Thuja Occidentalis***: Hydrogenoid constitution. The urethra is swollen. Small, divided urinary streams can be found. After urinating, experience of trickling. Following urination, a sharp, severe ache, inability to control the need to urinate quickly and suddenly in the evening. Sphincter vesicular paralysis the prostate gland has grown larger. urination problems and pee retention a little discharge from the bladder after great effort and repeated urging to urinate swelling of the prostate Discharge of the prostate gland upon rising from bed. Amelioration by lying down <sup>[11-13]</sup>.
10. ***Staphysagria***: An enlargement of the prostate gland along with dysuria and pain during urination and a feeling of pressure on the urinary bladder on waking from sleep makes urination seems incomplete. Burning in the urethra while urinating, even after urination. Excessively painful emission of urine. Constant micturation at night. Bloody urine <sup>[11-13]</sup>.
11. ***Conium Maculatum***: Scrofulous constitution and glandular enlargement Hypertrophy of glands Effect of blows, falls, or grief. Depressed, timid, and with an aversion to society. Urination is quite difficult; it starts to flow, then stops. Urinary dribble Prostatic fluid leaks with every change in emotion, which causes intermittent urination in elderly person. Power is reduced while sexual desire increases <sup>[11-14]</sup>.
12. ***Agnus Castus***: Sexual depression, dread of dying, imaginary aroma of herring or musk before the nose Prostatic fluid loss under strain Yellow discharge from the urethra. Pollution from irritable weakness with prostatorrhoea. Frequent micturation. It can treat prostate enlargement-related poor erections or a total loss of erection <sup>[11-14]</sup>.
13. ***Lycopodium Clavatum***: Grauvogle's carbo-nitrogenoid and lymphatic constitution Back pain starts before urinating and disappears after the flow. Waiting is necessary when urinating frequently at night because of an enlarged prostate. A person experiences frequent

night urination and minimal urine output during the day. Heavy red sediment. Enlarged prostate. Urine is burning hot, like molten lead. Flow of prostatic fluid without an erection Impotence with sexual excess <sup>[11-14]</sup>.

14. ***Apis Mellifica***: A stinging discomfort that gets greater when the last few drops of urine pass during urination. The bladder may also experience discomfort. The area around the prostate gland is inflamed and extremely touchable. Scanty high-colored. Incontinence of urine while coughing and other circumstances Pain and swelling of the testes and prostates Flow of urine, unconscious <sup>[10-13]</sup>.
15. ***Causticum***: Thinking of complaints aggravates after passing a few drops of urine, the prostate experiences pressure and pulsations, as well as pain that radiates to the bladder and urethra. The first night's sleep, when involuntary urination often occurs, is also brought on by mild excitement. After Surgery for retention of urine Acrid and corrosive urine or pale, aqueous urine of a deep brown or reddish color with stringy mucus in the urine Increased sexuality and the absence of erections escape of prostatic fluid after a stool <sup>[11-14]</sup>.

### Discussion and Conclusion

Males between the ages of 50 and 80 are most commonly affected by BPH. A few BPH cases in men show no symptoms. Furthermore, when a patient's symptoms are widespread, individualization is typically used to choose the best treatment option. After thorough case taking, case analysis, and administration of a homeopathic similimum, it is possible to treat the symptoms of benign prostate hyperplasia, including night urination, urge after urination, and dribbling of urine, and to also improve the condition, such as a reduction in size. The constitutional strategy yields superior results. Taking into account the patient's complete set of identifying symptoms as well as their prior medical history, constitutional remedies were recommended <sup>[1, 3, 6]</sup>.

### Conflict of Interest

Not available

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