

A Case Study of Benign Prostatic Hyperplasia treated with Homoeopathy

Dr. Perumalla Pavithran

Assistant professor
Department of Homoeopathic Pharmacy
MNR Homoeopathic Medical college, MNR University, Sangareddy
Telangana - 502294, India.

Abstract- One of the most prevalent illnesses affecting males is benign prostatic hyperplasia (BPH). Lower urinary tract symptoms (LUTS) are a term used to describe a multitude of symptoms caused by BPH. BPH incidence has increased over the past ten years as a result of more prevalent modifiable risk factors such as metabolic illness and obesity. In the past two decades, a wide range of therapy techniques have been developed in response to this rising occurrence. Alpha-blockers, alpha-reductase inhibitors, or a combination of the two are used as medical therapies for BPH, which has adverse symptoms such as dizziness, lethargy, problems ejaculating, impotence, hypotension, vertigo, and nasal inflammation. One surgical procedure that can be used to treat BPH is traditional transurethral resection of the prostate (TURP), which has post-operative complications like temporary urination problems that can happen because of urinary tract infections, dry orgasms, erectile dysfunction, heavy bleeding, difficulty holding urine, and low sodium. The homoeopathic medical approach offers patients a gentle cure without side effects. The International Prostatic Symptom Score (IPSS) was used to evaluate the effectiveness of Natrum muriaticum, a medication chosen for the case presented in this study based on the patient's whole range of symptoms. The outcomes of this case demonstrate the effectiveness of medicine in terms of both subjective and objective measures without the need for surgery.

Key words- Benign prostatic hyperplasia, Homoeopathy, Natrum Muriaticum, IPSS.

INTRODUCTION

Benign prostatic hyperplasia (BPH), which is a major cause of lower urinary tract symptoms in males, is the non-malignant expansion or hyperplasia of prostate tissue. It has been demonstrated that disease prevalence rises with age. In fact, for men in their 60s, the histological prevalence of BPH at autopsy can reach 50%–60%, and for those over 70, it can reach 80%–90%.^[1] Lower urinary tract symptoms (LUTS), which are characterized by a number of symptoms including urgency, nocturia, frequency, dysuria, difficulty emptying the bladder, difficulty initiating micturition, and a weak or interrupted stream during micturition, are strongly correlated with the presence of BPH in older men.^[2] BPH with LUTS has also been linked to erectile dysfunction (ED).^[3] With 50% of men over 50 having signs of BPH and the link with the development of LUTS being found to increase with age in a linear pattern, age is a key predictor of both the development of BPH and future LUTS.^[4,5] Prostate enlargement directly causes static obstruction, which causes periurethral compression and bladder outlet obstruction. In this case, periurethral compression necessitates raising voiding pressures in order to overcome flow resistance; also, prostate growth bends the bladder exit, obstructing flow.^[6,7]

After lifestyle modifications, medication is generally the first line of treatment for symptomatic BPH. Alpha-blockers, alpha-reductase inhibitors, or a combination of the two are used as medical therapies for BPH.^[8] These medications have side effects, including most commonly fatigue, dizziness, and hypotension.^[9] For individuals who are healthy enough for surgery, another alternative is surgical management of BPH, which is typically recommended for those who have persistent or severe BPH that has not responded to medicinal treatment.^[10] The complications observed after the procedure were dominated by acute retention of urine by bladder clotting. This was persistent haematuria with intra-vesical clots that occurred in the follow-up of high-prostatic adenectomy (20.20%) and after transurethral resection of the prostate (15.91%). Haematuria after the procedure was therefore considered to be the most important immediate complication of BPH surgery.^[11]

IPSS is a self-administered questionnaire for BPH assessment that is quick and simple to complete by the patient. An eight-question written screening test called the IPSS is used to check for BPH, quickly diagnose it, monitor its symptoms, and offer treatment options. It asks seven questions on BPH symptoms and one about the patient's perception of their quality of life. When deciding on a course of treatment for patients, it is helpful to examine the progression of symptoms and their severity across months and years using the IPSS.^[12]

Symptomatic treatments often provide temporary relief but can lead to complications. The WHO defines health as complete physical, mental, and social wellbeing. The homoeopathic system of healing art achieves this goal through individualistic, dynamic, miasmatic, and holistic concepts, focusing on gentle, safe healing and permanent health restoration. A homoeopathic physician studies the person rather than the body part. With the aid of the International Prostatic Symptom Score (IPSS), This case study aims to demonstrate the value of homoeopathic medicines as a dynamic form of treatment for BPH cases that doesn't involve any negative side effects or invasive procedures, making it highly effective, non-invasive, secure, and affordable.

MATERIALS & METHODS

Source of data: MNR Homoeopathic Medical College & Hospital

Proposed Intervention:

Natrum Muriaticum was selected by repertorisation based on the totality of symptoms.

Data collection:

- A pre-designed case pro-forma and International Prostatic Score (IPSS) are used to collect data.
- The International Prostate Symptom Score (IPSS), the parameter to assess the intensity of suffering, was calculated every one month.

International Prostate Symptom Score (I-PSS)							
Patient Name: _____		Date of birth: _____		Date completed _____			
In the past month:	Not at All	Less than 1 in 5 Times	Less than Half the Time	About Half the Time	More than Half the Time	Almost Always	Your score
1. Incomplete Emptying How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5	
2. Frequency How often have you had to urinate less than every two hours?	0	1	2	3	4	5	
3. Intermittency How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
4. Urgency How often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. Weak Stream How often have you had a weak urinary stream?	0	1	2	3	4	5	
6. Straining How often have you had to strain to start urination?	0	1	2	3	4	5	
	None	1 Time	2 Times	3 Times	4 Times	5 Times	
7. Nocturia How many times did you typically get up at night to urinate?	0	1	2	3	4	5	
Total I-PSS Score							

Score: 1-7: *Mild* 8-19: *Moderate* 20-35: *Severe*

Quality of Life Due to Urinary Symptoms	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Figure 1: International Prostatic Symptom Score Questionnaire

The patient may select one of six options for each of the first seven questions, each of which relates to urinary symptoms and indicates the severity of that particular symptom. The responses are given a point value between 0 and 5. As a result, the total score can range from 0 to 35 (from asymptomatic to extremely severe). The patient's perceived quality of life is discussed in question 8. The use of just one question to gauge quality of life is advised by the International Scientific Committee (ISC), which is supported by the World Health Organization and the International Union Against Cancer (IUAC). This question has responses ranging from "delighted" to "terrible," or, correspondingly, 0 to 6.

CASE PRESENTATION

A sixty-five-year-old male patient consulted on August 23, 2022, for the treatment of urinary issues including nocturia, and urgency before urination, poor and intermittent flow during urination, and a feeling of incomplete emptying after urination. To rule out recurrent UTIs, diabetes mellitus, systemic disease, urethral stricture, neurogenic bladder, prostatic carcinoma, and benign tumours, the patient underwent testing. The patient underwent a routine physical checkup after being screened and given consent, and it was discovered that he was healthy. The International Prostatic Symptom Score (IPSS) baseline examination revealed a score of 22/35 (severely symptomatic).

Investigations:

Ultrasonography of prostate:

Prostatic enlargement with homogenous echotexture measuring 48mm×33mm× 36mm in size and 33.4gms. in weight. Post-void residual urine volume was approx. 110.8cc. (Significant)

Personal and Family History: Nothing significant

Physical generals:

Appetite: Normal

Thirst: Large quantities frequent intervals

Desire: Not specific

Aversion: Not specific

Stool: Satisfactory, once in day

Urination: Frequent at night, unsatisfactory, Feeble stream

Thermals: Hot

Perspiration: Normal

Sleep: Disturbed due to frequent urination

Dreams: Not specific

Mental generals:

Patient comes from a family that is upper middle class. The patient frequently becomes irritated. He regrets his past life and does not easily socialize with everyone. Always want for solitude hates company. He frequently laughs excessive things off. He is now troubled by his health problems and becomes concerned about his health.

Physical examination:

Height -5'7", Weight-68 kgs, Anaemia – Absent, Jaundice-Absent, Cyanosis – Absent, Lymphadenopathy-Absent, Pulse- 73/min, Temperature- 98.4°F, Respiratory rate – 16/min, B.P – 120/80, Clubbing – Absent.

Systemic examination:

Central Nervous System, Respiratory system, Gastro-intestinal system and Locomotor system: NAD

P/R examination:

Smooth firm elastic enlargement of prostate is observed

Analysis of the case:

Mentals:

- Grief
- Avoids company
- Anger
- Laughs immoderately
- Wants to be alone

Physical generals:

- Thirst for large quantities of water
 - Involuntary urine while coughing and walking
 - Frequent unsatisfactory urination
- Disturbed sleep

Repertorisation:

With the aid of the Hompath software, the repertorisation was carried out utilizing a complete repertory. The following rubrics were chosen to represent each category:

MIND – Company: Aversion to, agg:

MIND – Grief

MIND- Laughing: Tendency: Immoderately

MIND- Anger, irascibility: Tendency:

BLADDER – Urination: Retarded, must wait for urine to start:

BLADDER- Urination: Involuntary: cough, during:

BLADDER- Urination: Involuntary: Walking, while: agg:

BLADDER- Urination: Frequent: Night

BLADDER-Urination: Feeble stream, slow, weak

STOMACH- Thirst: Large quantities, for:

Remedy Name	Nat-m	Sep	Sulph	Causl	Bell	Puls	Lyc	Ph-ac	Am	Nux-v	Hep
Totality	27	18	18	17	16	16	16	15	15	15	14
Symptom Covered	10	8	8	7	9	8	7	9	8	7	5
[C] [Mind]Company:Aversion to, agg.:	4	2	2		2	2	2	1	1	3	2
[C] [Mind]Grief:	3	2	2	3		3	2	2	2	2	
[C] [Mind]Laughing:Tendency:Immoderately:	2				2					2	
[C] [Mind]Anger, irascibility:Tendency:	3	3	3	2	2	1	3	2	1	3	4
[C] [Bladder]Urination:Retarded, must wait for urine to start:	2	3	1	3	1	1	3	1	3	1	3
[C] [Bladder]Urination:Involuntary:Cough, during:	3	2	1	3	2	2	2	2		2	
[C] [Bladder]Urination:Involuntary:Walking, while:Agg.:	3	1		2	1	3		2	1		
[C] [Bladder]Urination:Frequent:Night:	3	3	3	2	3	3	3	2	3	2	2
[C] [Bladder]Urination:Feeble stream, slow, weak:	1	2	3	2	2	1	1	2	3		3
[C] [Stomach]Thirst:Large quantities, for:	3		3		1			1	1		

Figure 2: Repertorisation chart

Selection of Remedy

Following reportorial analysis, the similimum was chosen based on the full spectrum of symptoms. The use of Natrum Muriaticum was clearly suggested by the patient's solitude, grief, aversion to company, as well as by his Immoderately laughing tendency, and urinary complaints.

Date	Symptoms	IPSS	Prescription
23-8-2022	Nocturia, incomplete emptying, frequent urination, urgency, intermittent weak flow, straining	22	Natrum Mur 200 ,3doses TID, Placebo -1month
21-9-2022	Nocturia reduced, incomplete emptying reduced, frequent urination and urgency decreased	19	Natrum Mur 200 ,3doses TID, Placebo -1month
26-10-2022	intermittent weak flow improved along with other symptoms	17	Natrum Mur 200 ,3doses TID, Placebo -1month
23-11-2022	Improvement in Straining, frequent urination decreased	15	Natrum Mur 200 ,3doses TID, Placebo -1month
20-12-2022	No further improvement in complaints	15	Natrum Mur 1M ,1 dose Placebo -1month
21-1-2023	Incomplete emptying was ok, intermittent urination reduced. No change in other symptoms	13	Placebo -1month
25-2-2023	Slight aggravation in Nocturia, other symptoms remained same	13	Natrum Mur 1M ,1 dose Placebo -1month
22-3-2023	nocturia-reduced, flow-improved, intermittency — improved, straining decreased	12	Placebo -1month
24-4-2023	Improvement in Nocturia, incomplete emptying, frequent urination, urgency, intermittent weak flow, straining is observed	11	Placebo -1month
23-5-2023	Patient condition was better than before	9	Placebo -1month

Ultrasonography of Prostate: After treatment

Prostate is normal in size, shape and echo pattern with weight of 30.7 gms. Post-void residual urine volume was significant (approx. 98 cc). (Better than before)

RESULT

The case has shown positive results in symptom complex and diagnostic laboratory parameters of benign prostatic hyperplasia. The patient was severely symptomatic (IPSS- 22/35) before treatment and became moderate symptomatic (IPSS- 9/35) after 9 months treatment. The quality of life due to urinary symptoms question score was reduced to 2 (mostly satisfied) from 6 (terrible).

DISCUSSION

The condition known as benign prostatic hyperplasia (BPH) affects older men virtually universally. In a substantial proportion of cases, the prostate gland either atrophies or hypertrophies with age, resulting in different kinds of bladder outlet symptoms. Approximately 14% of men in their forties and 40% of men in their seventies had clinically diagnosed BPH, respectively. Conventional system of medicine provide treatment in BPH, but there are some unavoidable complications. A Physician can choose the best solution and treatment strategy for BPH patients by identifying the clinical symptoms and thoroughly researching the patient's personal, medical, and family histories. BPH can be effectively treated by homoeopathic management when individualization and case taking are done correctly. The presented case responded well to the Natrum Muriaticum with improvement in all subjective and objective parameters. Clinical and pathological improvements in the patients were observed in this case study, which produced positive outcomes. IPSS was used to assess the patient's improvement. The score was reduced from 22/35 (severe) to 9/35 (moderate). There is a reduction in the weight of the prostate from 33.4 g to 30.7 g. post-void residual urine volume was reduced from 110 cc to 98 cc. This shows the potential of homoeopathy in the treatment of a BPH case. Such an evidence-based study will prove the information given in homoeopathic literatures and will establish the homoeopathic system on modern scientific parameters.

CONCLUSION

Many other scientific studies indicated that homoeopathic medicines are beneficial in BPH; this case study example, which was improved with Natrum Muriaticum, once again demonstrates the usefulness of homoeopathic medicines in BPH. The importance of individualization in homoeopathy is further demonstrated by this case. Because homoeopathy views "man as a whole," this patient also felt better overall and had a noticeably smaller prostate. When a complete surgical intervention is not necessary, homoeopathic therapies may be helpful. This study's findings are positive and supported by evidence. It demonstrates that homoeopathy can offer a secure, non-invasive, and efficient treatment for severe BPH. To further confirm the effectiveness of homoeopathic treatments in situations of severe BPH, randomized control trials are required.

REFERENCES:

1. Roehrborn CG. Benign prostatic hyperplasia: an overview. *Rev Urol*. 2005;7 Suppl 9(Suppl 9):S3-S14
2. Parsons JK. Benign Prostatic Hyperplasia and Male Lower Urinary Tract Symptoms: Epidemiology and Risk Factors. *Curr Bladder Dysfunct Rep* 2010; 5:212-8. 10.1007/s11884-010-0067-2
3. De Nunzio C, Roehrborn CG, Andersson KE, et al. Erectile Dysfunction and Lower Urinary Tract Symptoms. *Eur Urol Focus* 2017; 3:352-63. 10.1016/j.euf.2017.11.004
4. Berry SJ, Coffey DS, Walsh PC, Ewing LL. The development of human benign prostatic hyperplasia with age. *J Urol*. 1984 Sep;132(3):474-9
5. Platz EA, Joshu CE, Mondul AM, Peskoe SB, Willett WC, Giovannucci E. Incidence and progression of lower urinary tract symptoms in a large prospective cohort of United States men. *J Urol*. 2012 Aug;188(2):496-501
6. Caine M. The present role of alpha-adrenergic blockers in the treatment of benign prostatic hypertrophy. *J Urol*. 1986 Jul;136(1):1-4
7. Foo KT. Pathophysiology of clinical benign prostatic hyperplasia. *Asian J Urol*. 2017 Jul;4(3):152-157
8. Lepor H. Medical treatment of benign prostatic hyperplasia. *Rev Urol* 2011; 13:20-33.
9. Lepor H. Alpha blockers for the treatment of benign prostatic hyperplasia. *Rev Urol* 2007; 9:181-90
10. Ahn HS, Kim SJ, Choi JB, et al. Long-term cost comparison between surgical and medical therapy for benign prostatic hyperplasia: a study using hospital billing data. *BJU Int* 2019;123: E79-85. 10.1111/bju.14584
11. Reich O, Gratzke C, Bachmann A, Seitz M, Schlenker B, et al. (2008) Morbidity, mortality and early outcome of transurethral resection of the Prostate: A Prospective Multicenter Evaluation of 10,654 Patients. *J Urol* 180: 246-249.
12. Lee KC, Weiss JP. Nocturia: Etiology, Pathology, Risk Factors, Treatment and Emerging Therapies. Academic Press; 2019 Sep 9.