

**ENHANCING QUALITY OF LIFE WITH HOMOEOPATHIC CONSTITUTIONAL  
MEDICINE IN THE CASES OF BENIGN PROSTATE HYPERTROPHY: A  
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**ABSTRACT**

Benign prostate hypertrophy means enlargement of prostate gland. This manifests as dysuria, urgency and frequent urination all the time with retention of urine, which leads to hindrance in normal activities of life. **Objectives:** 1) To find out that homoeopathic medicine selected on symptom similarity. 2) To improve quality of life from selected homoeopathic constitutional medicine. 3) To assess the usefulness of homoeopathic medicines patients with huge Prostatomegaly. 4) To see the efficacy of Homoeopathic medicine in treatment of Benign Prostatic Hypertrophy. 5) To arrest the worsening of disease.

**KEYWORDS:** Benign prostatic hyperplasia, Causticum, Homoeopathy, Individualization, Repertorization.**INTRODUCTION**

In old aged people, as the age progresses the immune power of the person reduce slowly. Hence during this period of old age, they are exposed to various dynamic derangements and are prone to suffer from them, because of the life style of advancing generation. In addition to this, if the men suffer from **Benign Prostatic Hypertrophy**, it will disturb the whole patient mentally as well as physically. Most men till they reach middle age or suffer from any problem related to prostate gland. More than 50% Men in their sixties and as many as 90% in their seventies and eighties have symptoms of enlarged prostate.

Benign prostatic hypertrophy (BPH) is one of the most common diseases of the aging men. It is associated with both some lower urinary tract symptoms.

This includes an enlargement of prostate (More than 20gm) and either an elevated symptom score 11 or higher on a scale of 0-48 or a reduced peak urinary flow rate (Lessthan15ml/sec). The prevalence of clinically defined BPH ranged from approximately 14% for men in their forties to 40% for men in their seventies. Recent study shows, increased number of prostate blood vessels allow gland to enlarge thus explaining why severe urological symptoms develop more often in smoker who

increasing undergo prostate surgery.

Last 25 years has seen a phenomenal improvement is the treatment options of BPH, which includes both medical and surgical therapy. Better understanding of pathophysiology of BPH, which produces symptoms from both. The static (Anatomic) and a dynamic (Functional) component, has led to the emergence of medical management with promising results.

Caine in 1986 gave concept of dynamic component which is related to the level of sympathetic stimulation of alpha receptors in the (a) prostatic capsular muscle (b) prostatic adenoma (c) bladder base. This suggested the possibility of treatment with alpha adrenergic antagonists.

In Conventional medicine, surgery is often recommended and can be effective. However surgical treatment at times can result in incontinence and sexual dysfunction and other age related complications.

In conventional system of medicine, there is no permanent cure for **Benign Prostatic Hypertrophy** without surgery, which is to be with a risk to the life of patient.

As already patient is suffering a lot from acute troubles of the **Benign Prostatic Hypertrophy**, in addition to this if surgeon advises for surgery, it is like adding fuel to the fire. But it is not the case in Homoeopathic treatment. So conventional treatment mainly depends on surgery. "Betterment of the patient is important and not the system or doctor."

As we know that, in **Benign Prostatic Hypertrophy** the patient is already suffering from the acute troubles of the disease, then why to give more troubles to the patient by advising surgery.

Homoeopathy is concerned only with disease per se, that is, in its primary, functional symptoms, which represents the morbid process itself & the secondary symptoms, which represents the pathological end products of disease.

The gross pathology such as we find in BPH we do not prescribe for, but we do prescribe for the patient, being guided by symptoms which began in the perversion of vital process, which preceded & accompanied the ultimate enlargement of prostate.

Hence with the help of our Homoeopathic **Law of Nature** that is "**Similia Similibus Curantur**", we shall be able to reduce the trouble and try for the betterment of the whole patient without surgery. "The most wonderful diagnosis is that which can be affected without the instruments by the reaction of patient to Homoeopathic remedies".

#### AIM

- To establish that a clinical study of benign prostate hyperplasia with Homoeopathy management.
- To establish that homoeopathic medicine can be maintained and reduced risk in benign prostate hyperplasia and its complications.

#### OBJECTIVES

- To find out that homoeopathic medicine selected on symptom similarity.
- To improve quality of life from selected homoeopathic constitutional medicine.
- To assess the usefulness of homoeopathic medicines patients with huge Prostatomegaly.
- To see the efficacy of Homoeopathic medicine in treatment of Benign Prostatic Hypertrophy.
- To arrest the worsening of disease.

#### METHODOLOGY

##### a. Inclusion criteria

The present study consisted 30 patients of Benign Prostate Hyperplasia who attended the OPD, IPD of SGNR Homoeopathic Medical College, Hospital and Research Institute and OPD of village camp, during my study period.

The cases of BPH were selected on the basis of

following inclusion & Patients coming in OPD will be considered and studied as per methods described in practice of Medicine.

##### b. Exclusion criteria

- Prostatic Carcinoma.
- Complete retention of urine for more than 24hours.
- On digital rectal examination presence of hard, lumpy or abnormal areas in enlarged prostate.
- Other possible causes of symptoms, such as Urinary tract infection, neurogenic bladder, or Urethral stricture.
- Benign Neoplasm's except adenoma, myoma and fibroma of prostate.
- Patient with frequent urination or retention of urine due to systemic or neurological disorder.

##### c. Withdrawal criteria

- Patients with irregular follow-ups.
- Patients who refused to continue with the study.
- Patients having other systemic disease.

**d. Population/Sample:** The present study consisted 30 patients of Benign Prostatic Hypertrophy who attended the OPD, IPD of SGNR Homoeopathic Medical College, Hospital and Research Institute and OPD of village camp, during my study period.

**e. Age and Sex:** Patients of 50 years (Men) and above with signs and symptoms of Benign Prostatic Hypertrophy.

**f. Informed Consent/Assent document:** Attached in both English and Hindi.

**g. Duration of study:** One year.

**h. Permission to use copyrighted Performa/Studies/Questionnaire:** Duly complied.

**i. Plan to withdraw standard therapy during conduct of research**

- Yes<sup>√</sup>
- No
- If yes, reason there of:** Because it may interfere with research.

**j. Study design:** Clinical Observational study.

**k. Selection of tools:** (i) Case study Performa (ii) Library (iii) Practice of Medicine 23<sup>rd</sup> edition (iv) Materia Medica – The Encyclopedia of pure Materia Medica- T. F. Allen, Boerricke's new manual of homoeopathic Materia Medica with Repertory, Allen's keynotes with leading remedies of the material medica – H. C. Allen (v) Repertories – Repertory of the homoeopathic material medica- J. T. Kent, Repertorium Homeopathicum Syntheticum – Dr. Frederik Schroyens (vi) Equipped laboratory (vii) Electronic search tools – Google Scholar, Wikipedia, software Radar 7 (viii) Assessment scale

to evaluate the improvement.

**l. Expected outcome:** Favorable.

**m. Ethical outcome:** This study was approved by Institutional Ethics Committee of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Tanta University, Sri Ganganagar.

**n. Place of work:** Hospital wing of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan.

**o. Record of work:** Case taking performa as per Practice of Medicine and the topic of dissertation and other records was duly maintained with confidentiality.

**p. Repertory:** software Radar version 7 was used for repertorization.

**q. Remedy selection:** Remedy was selected after repertorization and confirmation by Materia Medica.

**r. Placebo:** Placebo was prescribed as indicated in Organon of Medicine.

**s. Source of remedy:** Pharmacy of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

**t. Remedy application:** Potency selection, application and repetition of medicine(s) were done according to the case and project work.

**u. Investigation:** All necessary investigations were done at this institute. If special investigations were needed, patients were referred to higher laboratories at the cost of the patient without any reimbursement.

**v. Research hypothesis:**

- Null hypothesis – Homoeopathic medicines are not effective in treatment of Benign Prostate Hyperplasia.  $H_0: \mu_d = 0$

- Alternative hypothesis - Homoeopathic medicines are effective in treatment of Benign Prostate Hyperplasia.  $H_a: \mu_d \neq 0$

**w. Whether any work on this project has started or not:** Not any known.

## OBSERVATION AND OUTCOME

**Table 1: Showing incidence in age groups.**

S. No.	Age Group (In years)	Total No. of Cases	Percentage
1.	40 – 49	04	13.33%
2.	50 – 59	17	56.66%
3.	60 – 69	09	30%

The above table shows the incidence in age groups. The study showed maximum incidence in age group i.e. 17 cases (56.66%) in 50 – 59 year age group, where as 09

cases (30%) in 60 – 69 year age group and 04 cases (13.33%) in 40 – 49 year age group.

**Table 2: Showing incidence of miasms.**

S. No.	Miasms	Total No. of Cases	Percentage
1.	Psoro - Sycotic	27	90%
2.	Mixed	03	10%

The above table shows the incidence of miasms. In this study, miasmatic background Psora-Sycosis showed the highest incidence 27 cases (90%); followed by Psora-

Syco-syphylitic miasmatic background in 03 cases (10%).

**Table 3: Showing the past history of the patients.**

S. No.	Past history	Total No. of cases	Percentage
1.	Cataract	06	33.33%
2.	Gonorrhoea	04	22.22%
3.	Diabetes Mellitus	04	22.22%
4.	Hypertension	04	22.22%

The above table shows the past history of the patients. In this study, Out of 30 cases, 04 cases (22.22%) gave past history of Gonorrhoea, 06 cases (33.33%) gave past

history of cataract, 04 cases (22.22%) gave past history of Diabetes Mellitus and 04 cases (22.22%) gave a past history of Hypertension.

**Table 4: Showing the family history of the patients.**

S. No.	Family history	Total No. of cases	Percentage
1.	Diabetes mellitus	04	23.52%
2.	Hypertension	04	23.52%
3.	Carcinoma	03	17.64%
4.	Tuberculosis	03	17.64%
5.	Ishchaemic heart disease	03	17.64%

The above table shows the family history of the patients. In this study, Out of 30 cases, 03 cases (17.64%) gave a family history of Carcinomatous changes, 03 cases (17.64%) gave a family history of Tuberculosis, 03 cases

(17.64%) gave a family history of Ishchaemic heart disease, 04 cases (23.52%) gave a family history of Diabetes Mellitus and 04 cases (23.52%) gave a family history of Hypertension.

**Table 5: Showing the constitutional drugs used.**

S. No.	Constitutional drugs	No. of Cases	Percentage
1.	Thuja Occidentalis	03	15.78%
2.	Baryta Carb	03	15.78%
3.	Selenium	02	10.52%
4.	Conium	02	10.52%
5.	Picric acid	02	10.52%
6.	Pulsatilla	02	10.52%
7.	Lycopodium	02	10.52%
8.	Staphysagria	01	05.26%
9.	Nux Vomica	01	05.26%
10.	Cantharis	01	05.26%

The constitutional remedies were indicated in 19 cases. Thuja Occidentalis in 3 cases (15.78%), Baryta Carb in 3 cases (15.78%), Selenium in 2 cases (10.52%), Conium in 2 cases (10.52%), Picric Acid in 2 cases (10.52%),

Pulsatilla in 2 cases (10.52%), Lycopodium in 2 cases (10.52%), Staphysagria in 1 case (5.26%), Nux Vomica in 1 case (5.26%) and Cantharis in 1 case (5.26%).

**Table 6: Showing results of treatment.**

S. No.	Result	Total No. of Cases	Percentage
1.	Recovered	15	50%
2.	Improved	10	33.33%
3.	Not Improved	05	16.66%
	Total	30	100%

The above table shows the results of treatment. The outcome of this study was that out of 30 cases, 15 cases (50%) recovered, 10 cases (33.33%) showed improvement and 05 cases (16.66%) did not show improvement.

### Statistical analysis

Paired t- TEST is used as a statistical technique.

### Data analysis

The data analysis was done on the basis of symptom score before treatment

In this study sample size 30 was taken, degree of freedom (n-1) is 29 and Significant level is  $\hat{\alpha}=0.05$ .

### CALCULATION

1. Standard error of mean differences:

$$d = \sum d1 / n = 473/30 = 15.77$$

2. Standard deviation:

$$Sd = \sqrt{\sum (d1-d)^2 / n-1}$$

$$Sd = \sqrt{1261.36 / 29} = 6.59$$

3. Standard error:

$$SE = Sd / \sqrt{n}$$

$$SE = 6.59 / \sqrt{30} = 1.20$$

4. t calculated

$$t = d / (Sd / \sqrt{n})$$

$$t = 15.77 / (6.59 / \sqrt{30}) = 12.42$$

Now we were compare the calculated value of test statistics with the tabulated Value of test statistics at  $\alpha=0.05$  and  $df=n-1$  i.e. 2.73, we see that the calculated value of test statistics 12.42 is greater than the tabulated value own were reject null hypothesis i.e. Constitutional Homeopathic medicine is effective in case of Benign Prostatic Hypertrophy.

### CONCLUSION AND SUMMARY

This clinical study on BPH was undertaken to know the incidence, miasmatic background, various approaches in the treatment, efficacy of constitutional homeopathic remedies and to show how these remedies are used in treating Benign Prostatic hypertrophy.

The results of this study showed incidence of BPH to be more in 50-99 yrs age group. The miasmatic background was Psora-Sycosis in majority of the cases. The selection of the remedy in most of the cases was done on basis of constitution. The results in this constitutional approach are better as compared to other approaches.

The constitutional remedies prescribed were by considering the totality of the characteristic symptoms of the patient, keeping in the mind the past medical and family medical history of the patient. The constitutional remedies were Thuja Occidentalis, Baryta Carb, Selenium, Conium, Picric Acid, Pulsatilla, Lycopodium, Staphysagria, Nux Vomica and Cantharis.

In other system of medicine, there is presently no medicinal treatment that can prevent or reverse BPH, if present also not sure. In conventional system of medicine, there is no permanent cure for Benign Prostatic Hypertrophy, they have to go for the surgical procedure, which is to be with a risk to the life of patient. This line of treatment by other system of medicine is costly, unaffordable and with so many complications.

Saw palmetto's primary therapeutic action is to inhibit the conversion of testosterone to DHT in the prostate, as well as inhibiting the binding and transport of DHT. In contrast, recent studies have shown that saw palmetto may in fact have antiestrogenic activity. Estrogen facilitates BPH because it interferes with the hydroxylation and elimination of DHT from the prostate.

Constitutional drugs are effective in the treatment of BPH. The Homoeopathic medicines are efficient enough not only in controlling the development of BPH but also in reverting the advanced stage of BPH. Thus it helps in preventing the persons from going to surgeons for BPH operation.

In this clinical study, 30 cases were selected on basis of simple random sampling technique and studied. The incidence, miasmatic background, various approaches and a group of efficacious remedies in the treatment of BPH were studied.

The present study was undertaken to know how the constitutional remedies are used in treating the BPH, how for they are capable to treat BPH and how far they have the efficiency in treating & solving this common problem.

- Maximum incidence of age was fifth decade.
- Out of 30 cases, 04 cases gave past history of Gonorrhoea, 06 cases gave past history of cataract, 04 cases gave past history of Diabetes Mellitus and 04 cases gave a past history of Hypertension.
- Out of 30 cases, 03 cases gave a family history of Carcinomatous changes, 03 cases gave a family history of Tuberculosis, 03 cases gave a family history of Ischemic heart disease, 04 cases gave a family history of Diabetes Mellitus and 04 cases

gave a family history of Hypertension.

- Out of 30 cases, 15 cases recovered, 10 cases showed improvement and 05 cases did not show improvement.  
Still study of great magnitude and longer duration is needed to reinforce the outcomes derived during the study.

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