

MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA WITH CONSTITUTIONAL  
HOMOEOPATHIC MEDICINE: A CASE REPORTDr. S. N. Sharma<sup>1</sup>, Dr. Hari Shankar Tiwari\*<sup>2</sup> and Dr. Namrata Kushwaha<sup>2</sup><sup>1</sup>HOD, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital and Research Centre (Under Homoeopathy University), Jaipur, Rajasthan, India.<sup>2</sup>PG Scholar, Department of Organon of Medicine and Homoeopathic Philosophy, Dr. M. P. K. Homoeopathic Medical College Hospital & Research Centre (Under Homoeopathy University) Jaipur, Rajasthan, India.

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## ABSTRACT

**Introduction:** Benign Prostatic Hyperplasia (BPH) is a prevalent condition in aging males characterized by lower urinary tract symptoms that significantly impair quality of life. **Case summary:** This case report highlights the successful management of a 69-year-old male with Grade II prostatomegaly using individualized homeopathic treatment. The patient presented with a decade-long history of urinary intermittency, weak stream, and incomplete bladder emptying, along with associated symptoms of constipation and rectal bleeding. Conventional treatment provided minimal relief. A comprehensive homeopathic approach, including Sulphur in varying potencies, led to a remarkable improvement in symptoms and a significant reduction in the International Prostate Symptom Score (IPSS) from 12 to 1 over three months. This case emphasizes the role of homeopathy as a safe and effective alternative for managing BPH, offering symptom relief without surgical intervention or side effects.

**KEYWORDS:** Homoeopathy, BPH, Sulphur, IPSS.

## INTRODUCTION

A component of the male reproductive system, the prostate gland is situated between the penis and the bladder. Through the middle of the prostate, the male urethra travels. The main job of the prostate is to secrete the fluid that keeps the sperm safe and healthy in the semen.<sup>[1]</sup>

Benign prostatic hypertrophy (BPH) is a non-malignant tumor-like swelling of the prostate gland.<sup>[1]</sup> BPH is one of the most common problems among older men. Common symptoms of BPH include moderate-to-severe lower urinary tract symptoms such as urine urgency, frequency, incomplete bladder emptying, inconsistent stream flow, and nocturia.<sup>[2]</sup> While BPH is benign, it severely impacts the day-to-day activities and the quality of life, thus it should not be overlooked or undervalued.<sup>[3]</sup> A clinical diagnosis requires the presence of at least two of the following features: Symptoms of the urinary tract, include an IPSS score of more than 8, a total prostatic volume of more than 30 mL, and a Qmax of less than 15 mL/sec.<sup>[4]</sup> Modern medical prescriptions for treating BPH include alpha-blockers and 5-alpha reductase inhibitors.<sup>[5-7]</sup> Surgical methods such as transurethral laser ablation and transurethral resection of the prostate are available, however there are various

complications.<sup>[8,9]</sup> Homeopathic remedies are quite successful for treating such illnesses since they are tailored to the individual. Appropriate selection of similimum and adequate dosage frequently results in a cure without any consequences.<sup>[10]</sup> According to the World Health Organization, homoeopathy is the second-most extensively used system of alternative medicine in healthcare systems around the world.<sup>[11]</sup>

Patients with BPH are reported to have low serum testosterone levels, suggesting that testosterone plays a significant role.<sup>[12,13]</sup> Moreover, estrogen might be involved.<sup>[14]</sup> There may be a hereditary component to BPH as well.<sup>[15]</sup> According to research, diabetes can have an impact on BPH since elevated insulin levels can cause prostate development.<sup>[16]</sup>

## CASE REPORT

A 69 year old male presented in OPD of Dr. M.P.K. Homoeopathic medical Hospital & Research Centre, Homoeopathy University, Jaipur, Rajasthan with complaints of urinary intermittency with weak stream of urine since 8-10 years. He had sensation of not emptying bladder and had to strain to pass urine. The Ultrasonography report showed Grade II Prostatomegaly and features of chronic cystitis. The other investigations

such as prostate-specific antigen (PSA) and routine blood investigations were within normal limits. He also had bleeding during defecation (Painless) since 4 to 5 years and constipation since 5 to 6 years.

The patient was apparently well, until 8-10 years ago when he started complaints of intermittency of urination with weak stream of urine and sensation of not emptying bladder. Initially, he did not take any treatment. After 4-5 years of appearance of symptoms he took allopathic treatment which did not give significant relief. He was worried about his condition which led him to us for further treatment. He had Angioplasty before 8-9 years ago.

Patient was Frivolous, Tranquility, and Conscience. His thermal reaction was Hot. He was vegetarian and had

cravings for sweets. He was suffering from constipation, bleeding during passing stool. Perspiration is Profuse was yellow staining. Patient has addiction of Bidi/ 1 bundle/day since 40-45 years.

### CLINICAL EXAMINATION

The patient had rough skin. The blood pressure was 144/78 mmHg and the pulse rate was 82 beats/min. Axillary body temperature was 98.6°F. The rest of the general physical examination was also found to be normal. On systemic examination, the lower abdomen was slightly tender to deep palpation.

### DIAGNOSTIC ASSESSMENT

The ultrasonography KUB revealed “features of chronic cystitis and grade II prostatomegaly suggestive of BPH”.

### INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS) [PRE]

In the past month	Not at all	Less than 1 in 5 Time	Less than half the Time	About half the Time	More than half the Time	Almost Always
<b>1 Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5
<b>2 Frequency</b> How often have you had to urinate less than every two hours?	0	1	2	3	4	5
<b>3 Intermittency</b> How often have you found you stopped and started again several times when you urinated	0	1	2	3	4	5
<b>4 Urgency</b> How often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>5 Weak Stream</b> How often have you had a weak urinary stream?	0	1	2	3	4	5
<b>6 Straining</b> How often have you had to strain to start urination?	0	1	3	3	4	5
	None	1 Time	2 Time	3 Time	4 Time	5 Time
<b>7 Nocturia</b> How many times did you typically get up at night to urinate?	0	1	2	3	4	5

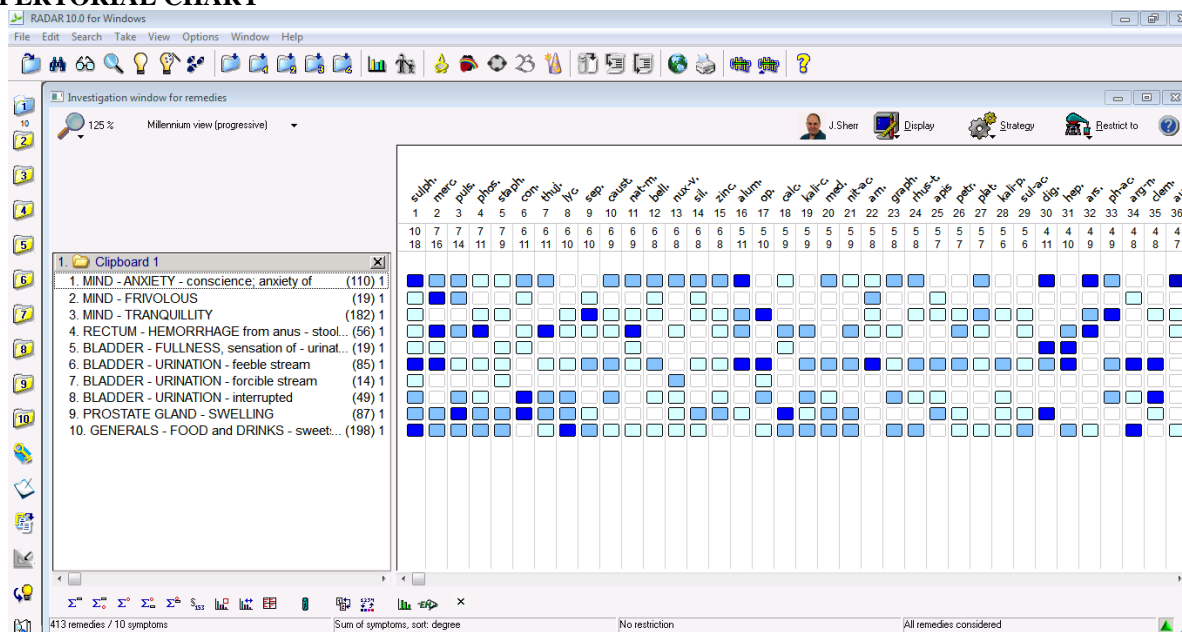
Total scoring – 35, 1-7 mild, 8-19 moderate, 20-35 severe.

### TOTAL SCORE – 1

### ANALYSIS AND EVALUATION OF SYMPTOMS

Mental Generals	Physical Generals	Particulars
<ul style="list-style-type: none"> <li>Frivolous<sup>2+</sup></li> <li>Tranquility<sup>2+</sup></li> <li>Conscience<sup>2+</sup></li> </ul>	<ul style="list-style-type: none"> <li>Thermal – Hot<sup>1+</sup></li> <li>Desire – Sweets<sup>1+</sup></li> <li>Perspiration- Profuse, yellow staining.<sup>1+</sup></li> <li>Stool – Constipation, bleeding during pass stool.<sup>2+</sup></li> </ul>	<ul style="list-style-type: none"> <li>urinary intermittency with weak stream of urine.<sup>3+</sup></li> <li>Patient has sensation of not emptying bladder and had to strain to pass urine.<sup>3+</sup></li> </ul>

# REPERTORIAL CHART



# THERAPEUTIC INTERVENTION

First prescription was Sulphur: 200/ 1 Dose (EMES) and Rubrum 30/TDS for 7 days on 03/10/202.

# FOLLOW-UP AND OUTCOMES FOLLOW-UP AND OUTCOMES

Date	Symptoms	Prescription
10/10/2023	Urinary intermittency and weak stream of urine better. Constipation and bleeding during defecation better.	Rubrum 30/TDS for 7 days
17/10/2023	Urinary intermittency and weak stream of urine better. Straining SQ Constipation better and bleeding during defecation absent.	Sulphur 200/1 Dose (EMES) Rubrum 30/TDS for 15 days
02/11/2023	Better in every complaints.	Rubrum 30/TDS for 15 days
17/11/2023	Stream of urine SQ, Straining not much improved. Constipation better and bleeding during defecation absent.	Sulphur 200/1 Dose (EMES) Rubrum 30/TDS for 15 days
03/12/2023	Better in every complaints.	Rubrum 30/TDS for 15 days
19/12/2023	Better in every complaints. (IPSS – 1)	Rubrum 30/TDS for 15 days

# INTERNATIONAL PROSTATE SYMPTOM SCORE (I-PSS) [POST]

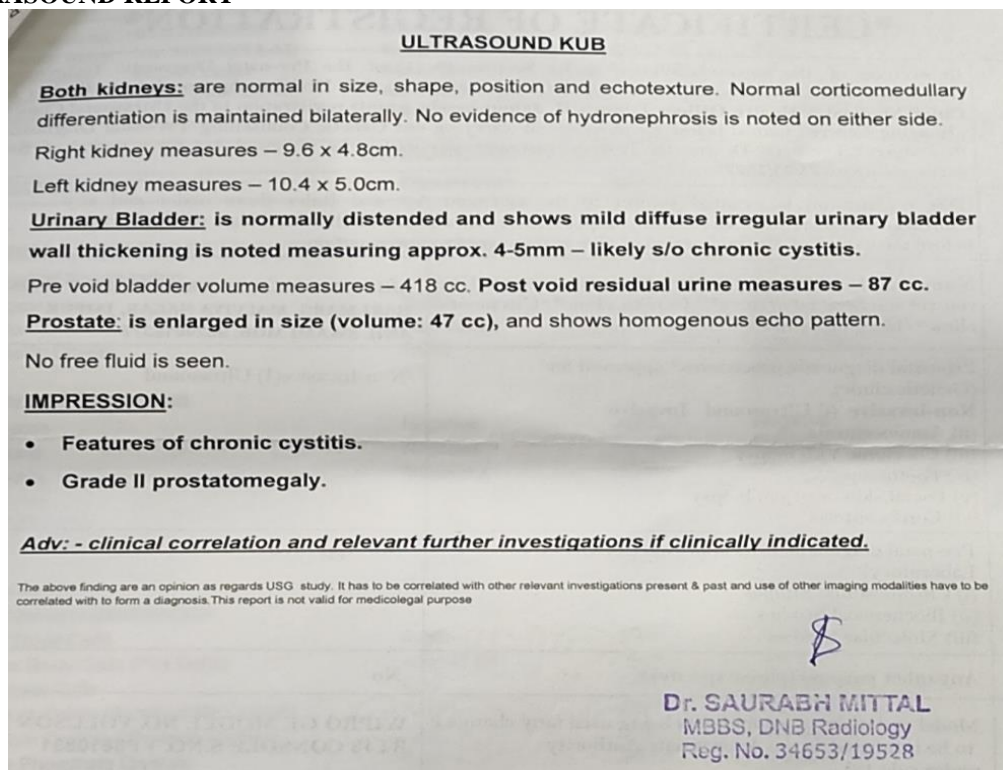
In the past month	Not at all	Less then 1 in 5 Time	Less then half the Time	About half the Time	More then half the Time	Almost Always
<b>1 Incomplete Emptying</b> How often have you had the sensation of not emptying your bladder?	0	1	2	3	4	5
<b>2 Frequency</b> How often have you had to urinate less than every two hours?	0	1	2	3	4	5
<b>3 Intermittency</b> How often have you found you stopped and started again several times when you urinated	0	1	2	3	4	5
<b>4 Urgency</b> How often have you found it difficult to postpone urination?	0	1	2	3	4	5
<b>5 Weak Stream</b> How often have you had a weak urinary stream?	0	1	2	3	4	5
<b>6 Straining</b> How often have you had to strain to start urination?	0	1	1	3	4	5
	None	1 Time	2 Time	3 Time	4 Time	5 Time

<b>7 Nocturia</b> How many times did you typically get up at night to urinate?	0	1	2	3	4	5
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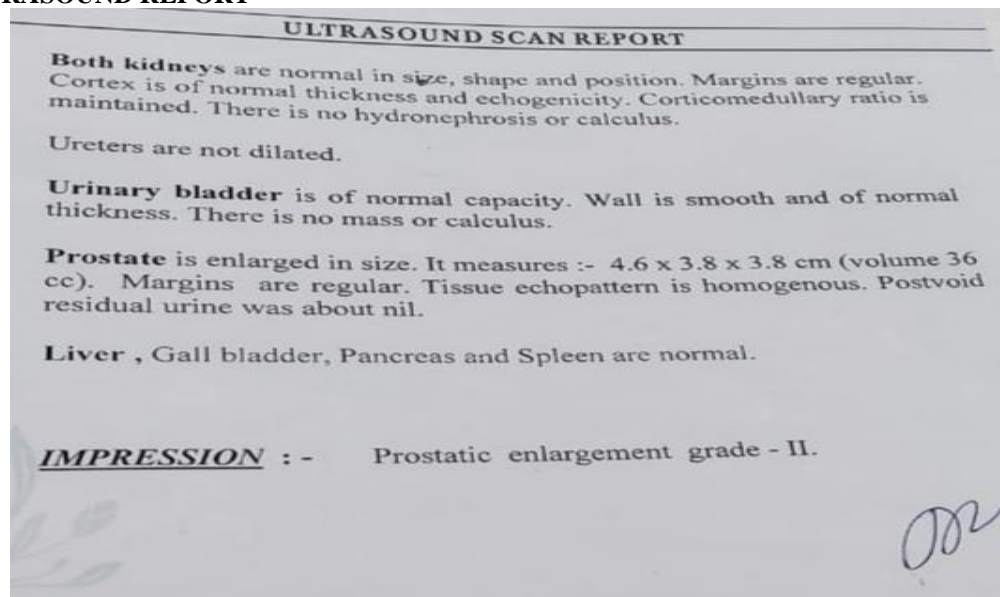
Total scoring – 35, 1-7 mild, 8-19 moderate, 20-35 severe.

**TOTAL SCORE – 1**

**PRE ULTRASOUND REPORT**



**POST ULTRASOUND REPORT**



## DISCUSSION

Benign Prostatic Hyperplasia (BPH) is a common urological condition affecting aging men, often associated with significant discomfort and impairment in daily activities due to lower urinary tract symptoms (LUTS). The conventional management of BPH

primarily includes pharmacological interventions, such as alpha-blockers and 5-alpha reductase inhibitors, or surgical procedures like transurethral resection of the prostate (TURP). However, these treatments often come with complications, side effects, or suboptimal relief, leading many patients to seek alternative therapies.

This case report demonstrates the efficacy of individualized homeopathic treatment in managing BPH symptoms. The patient presented with a decade-long history of LUTS, including urinary intermittency, weak stream, and incomplete bladder emptying, along with associated symptoms such as constipation and rectal bleeding. Initial investigations, including ultrasonography and PSA levels, confirmed the diagnosis of Grade II prostatomegaly with features of chronic cystitis. Despite prior allopathic treatment, the patient's symptoms persisted, highlighting the limitations of conventional approaches in this case.

Homeopathy adopts a holistic and individualized approach to patient care, emphasizing the totality of symptoms. In this case, Sulphur was prescribed based on a detailed analysis of the patient's physical, mental, and general symptoms. The prescription included Sulphur 200 in single doses, complemented with Rubrum as a supportive remedy. Regular follow-ups revealed progressive improvement in urinary symptoms, with the International Prostate Symptom Score (IPSS) significantly reducing from 12 to 1. Associated symptoms, such as constipation and rectal bleeding, also showed marked improvement, further reinforcing the effectiveness of the chosen remedy.

This case underscores the need for further research to evaluate the role of homeopathy in BPH management on a larger scale. While this single case demonstrates significant improvement, randomized controlled trials are essential to validate these findings and provide robust evidence for integrating homeopathy into standard BPH care protocols.

In conclusion, homeopathy presents a promising alternative for managing BPH, particularly in patients seeking non-invasive treatment options. The holistic and individualized approach not only alleviates symptoms but also improves overall quality of life, as evidenced by the outcomes in this case.

**CONFLICT OF INTEREST:** Not available.

**FINANCIAL SUPPORT:** Not available.

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