CASE RECORD

An evidence based case study of benign prostatic hyperplasia

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Benign prostatic hyperplasia (BPH) has been the most frequent reason for elderly men undergoing surgery. BPH symptoms range from least voiding difficulties to urinary retention and renal failure. In this case of BPH, subjective measures such as changes in International Prostatic Symptom Score / American Urological Association Assessment (IPSS/AUA), and objective measures such as changes in prostate size and urinary flow rate were assessed, as the successful management and treatment of BPH should seek both to improve symptoms and prevent disease progression. The case was treated with *Lycopodium,* a homoeopathic medicine reported here. This case shows the efficacy of medicine in both subjective and objective parameters without surgical intervention.

INTRODUCTION

Clinically, BPH is defined as a combination of benign prostatic enlargement with lower urinary tract symptoms and bladder outlet obstruction. An estimated 75% of men over 50 years of age have symptoms arising from BPH, while 20–30% of men reaching 80 years of age require surgical intervention for the management of BPH.[1, 2] The effects of BPH on quality of life have been found similar to that of other chronic diseases such as diabetes mellitus, hypertension and heart disease.[3, 4] Depression of mood too, is more likely to occur in men with BPH.[5]

With the aim of establishing the role of pre-decided homoeopathic medicines in cases of BPH, a collaborative research study between the Homoeopathic Research Foundation, Lucknow and the Central Council for Research in Homoeopathy, New Delhi was successfully completed in September 2009. The present case has been chosen from the same study.[6]

MATERIALS AND METHODS

Patients above 50 years of age with signs and symptoms of BPH, PSA level equal to or below 4 ng/ml, presence of smooth firm elastic enlargement of prostate on DRE and a swollen or enlarged prostate weighing more than 20 grams on ultrasonography were eligible to participate in the study. International Prostate Symptom Score (IPSS),[7] the parameter to assess the intensity of suffering was calculated every two weeks. To assess the status of progression of the disease, per abdominal ultrasonography (for prostate weight and post void residual urine volume), uroflowmetry (for maximum flow rate and average flow rate), digital rectal examination (DRE) and prostate specific antigen (PSA) were conducted at baseline, at completion of three months and one year.

CASE PRESENTATION

A sixty two-year old male patient consulted us on 23-01-2008 for the treatment of urinary difficulties such as poor and intermittent flow during micturition, hesitancy and urgency before micturition, nocturia and a sensation of incomplete emptying after micturition for the last 5-6 years. The patient was investigated to rule out recurrent urinary tract infection, diabetes mellitus, systemic disease, urethral stricture, neurogenic bladder, prostatic carcinoma and benign neoplasm. After screening and obtaining consent, a routine physical examination of the patient was done and he was found normal. He was denied treatment for any illness during the last two weeks. Baseline assessment with International Prostatic Symptom Score/American Urological Association Assessment (IPSS/AUA) was done and found to be 20/35 (severely symptomatic).

Investigations

Prostate Specific Antigen: (23/01/2008): 2.81 ng/ml.

Ultrasonography of Prostate: (23/01/2008): Prostatic enlargement with homogenous echotexture

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measuring 47mm×36mm× 39mm in size and 34.4gms. in weight. Post-void residual urine volume was approx. 135.8cc. (Significant)

Uroflowmetry : (23/01/2008): Maximum flow rate-10ml/sec and Average flow rate-4.54ml/sec.

Digital Rectal Examination: (23/01/2008): Done by Uro surgeon s/o smooth, firm and elastic enlargement of prostate (Benign feeling Prostate).

Detailed case taking was done on 25/01/2008.

Personal and Family History: Nothing significant

Physical and Mental Generals

The patient is ambithermal and desires open air. His appetite is normal with a craving for sweets; thirst is poor. The patient is very apprehensive, anxious, extroverted, systematic and violent in nature. He has mentioned that contradiction is intolerable for him. He has always been used to giving orders to family members as well as friends. He constantly remains anxious due to anticipations. He has always commented of his lack of courage. He says that he is sentimental by mood and consolation provides relief to him. Sleep is normal and refreshing.

General Physical Examination

Height – 5'5", Weight – 64 Kgs., Anaemia – Nil, Jaundice – Nil, Cyanosis –Nil, Generalised lymphadenopathy – Nil, Pulse –76 / min, Temperature-98.40˚ F, Respiratory rate -16 / min, BP -120 /82 mm Hg.

Systemic Examination

Respiratory, Gasto-intestinal, Locomotor and Nervous System: NAD

P/R examination: Smooth firm elastic enlargement of prostate

Repertorisation

The repertorisation was done by using complete repertory with the help of Hompath software[8]. The following rubrics were selected for repertorisation.

Mind: Desire for company

Mind: Anticipating anxiety

Mind: Dictatorial, domineering, dogmatic, and despotic

Mind: Cowardice

Mind: Sentimental

Mind: Fastidious

Mind: Consolation, amel

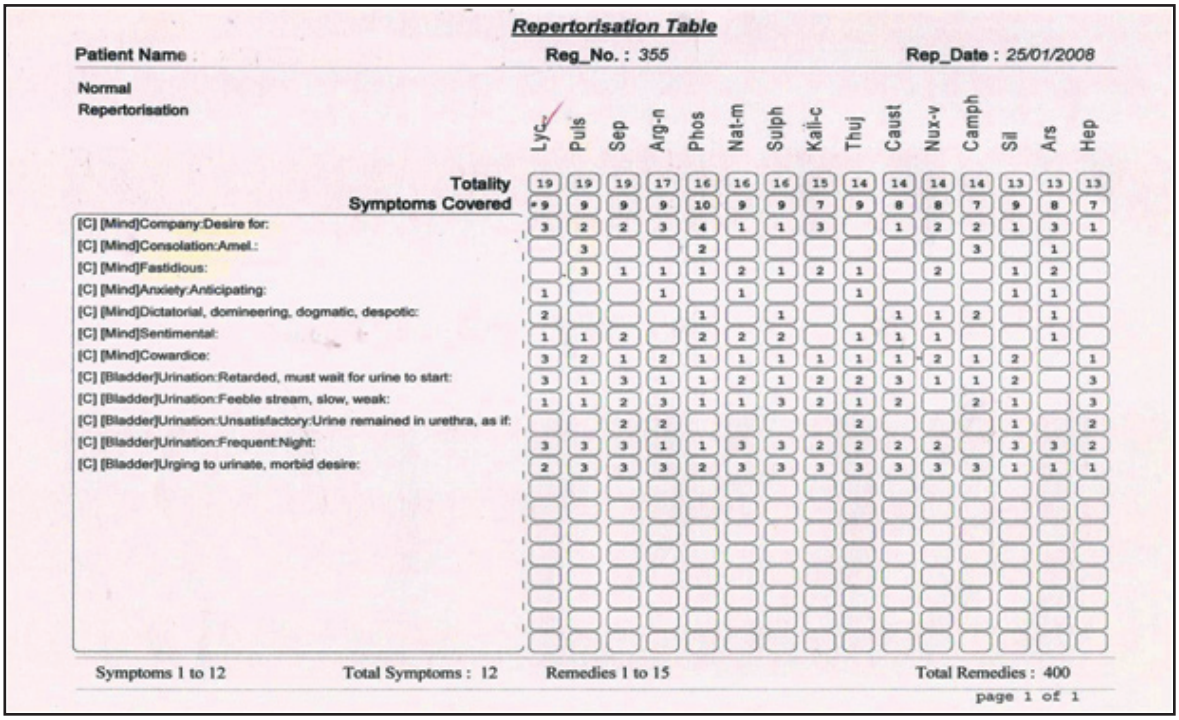
Bladder: Urging to urinate, morbid desire

Bladder: Urination — Feeble Stream, slow, weak

Bladder: Urination — retarded, must wait for urine to start

Bladder: Urination — Frequent, at night

Bladder: Urination — Unsatisfactory, as if urine remained in urethra



Repertorisation Table

Patient Name : Reg_No. : 355 Rep_Date : 25/01/2008

Normal Repertorisation

	Lyc	Puls	Sep	Arg-n	Phos	Nat-m	Sulph	Kali-c	Thuj	Caust	Nux-v	Camph	Sil	Ars	Hep
Totality	19	19	19	17	16	16	16	15	14	14	14	14	13	13	13
Symptoms Covered	9	9	9	9	10	9	9	7	9	8	8	7	9	8	7
[C] [Mind]Company:Desire for:	3	2	2	3	4	1	1	3		1	2	2	1	3	1
[C] [Mind]Consolation:Amel.:		3			2							3		1	
[C] [Mind]Fastidious:		3	1	1	1	2	1	2	1		2		1	2	
[C] [Mind]Anxiety:Anticipating:	1			1		1			1				1	1	
[C] [Mind]Dictatorial, domineering, dogmatic, despotic:	2				1		1			1	1	2		1	
[C] [Mind]Sentimental:	1	1	2		2	2	2		1	1	1			1	
[C] [Mind]Cowardice:	3	2	1	2	1	1	1	1	1	1	2	1	2		1
[C] [Bladder]Urination:Retarded, must wait for urine to start:	3	1	3	1	1	2	1	2	2	3	1	1	2		3
[C] [Bladder]Urination:Feeble stream, slow, weak:	1	1	2	3	1	1	3	2	1	2		2	1		3
[C] [Bladder]Urination:Unsatisfactory:Urine remained in urethra, as if:			2	2					2				1		2
[C] [Bladder]Urination:Frequent:Night:	3	3	3	1	1	3	3	2	2	2	2		3	3	2
[C] [Bladder]Urging to urinate, morbid desire:	2	3	3	3	2	3	3	3	3	3	3	3	1	1	1

Symptoms 1 to 12 Total Symptoms : 12 Remedies 1 to 15 Total Remedies : 400

page 1 of 1

Selection of Remedy

After repertorial analysis, the similimum was selected on the basis of totality of symptoms.[9] Dictatorial, violent with cowardily behaviour, sentimental mood, anticipatory anxiety and a craving for sweets strongly indicated the selection of *Lycopodium.*[10]

1ST PRESCRIPTION: (25/01/2008): *Lycopodium* 30, single dose (4 pills, 30no.) followed by placebo for 15 days.

FOLLOW-UP 1: (05/02/2008): Improvement. IPSS fallen to 17 from 20. Nocturia — reduced, incomplete emptying sensation – decreased and urgency – decreased. Placebo given for 15 days.

FOLLOW-UP 2: (20/02/2008): Improvement. IPSS fallen to 16. Hesitancy – decreased. Placebo was repeated for 15 days.

FOLLOW-UP 3: (17/03/2008): Improvement. IPSS Fallen to 13. Nocturia — reduced, Urgency – reduced, hesitancy-reduced. Placebo repeated for 15 days.

FOLLOW-UP 4: (08/04/2008): IPSS Fallen to 10. Incomplete emptying — Ok, hesitancy — Ok. Placebo repeated for 15 days.

FOLLOW-UP 5: (24/04/2008): IPSS remained 13. Lycopodium 30 Single dose followed by placebo for 15 days.

FOLLOW-UP 6: (09/05/2008):. IPSS Fallen to 09. Nocturia reduced, Flow improved, Urgency — decreased. Placebo repeated for 15 days.

Ultrasonography of Prostate:(13/05/2008): Borderline Prostate measuring 45mm× 36mm× 36mm in size and 31.5gms in weight. (Better than before) Post-void residual urine volume was significant (approx. 135 cc).

Uroflowmetry: (13/05/2008): Maximum flow rate-12ml/sec and Average flow rate-5.25ml/sec. (Better than before)

Prostate Specific Antigen: (09/05/2008): 2.61 ng/ml. (Better than before)

Digital Rectal Examination: (09/05/2008): Done by Uro surgeon s/o smooth, firm and elastic enlargement of prostate (Benign feeling Prostate).

FOLLOW-UP 7: (29/05/2008) IPSS increased to 11. Lycopodium 30 single dose followed by placebo for 15 days.

FOLLOW-UP 8: (07/07/2008) No improvement. IPSS increased to 15. Slight aggravation in nocturia and frequency. Lycopodium 200 single dose followed by placebo for 15 days.

FOLLOW-UP 9: (24/07/2008) Improvement. IPSS fallen to 14 Nocturia- reduced. Placebo repeated for 15 days.

FOLLOW-UP 10: (11/08/2008) Improvement IPSS Fallen to 12. Hesitancy, frequency — reduced and intermittency slightly — worsened. Placebo repeated for 15 days.

FOLLOW-UP 11: (27/08/2008) Improvement. IPSS Fallen to 10. Hesitancy — Ok, Intermittency — reduced. Placebo repeated for 30 days.

FOLLOW-UP 12: (22/09/2008) IPSS remained 10. Lycopodium 200 single dose repeated as there was no further improvement observed by the patient followed by placebo for 30 days.

FOLLOW-UP 13: (20/10/2008) No improvement. IPSS increased to 18. Nocturia, Hesitancy, Urgency, Intermittency and incomplete emptying — increased. Lycopodium 1000 single dose followed by Placebo for 15 days.

FOLLOW-UP 14: (13/11/2008) Improvement .IPSS Fallen to 17. Nocturia — reduced. Placebo repeated for 07 days.

FOLLOW-UP 15: (18/11/2008) Improvement. IPSS fallen to 16. Incomplete emptying — reduced. Placebo for 15 days.

FOLLOW-UP 16: (04/12/2008) IPSS slightly worsened and became 17. Therefore, Lycopodium 1000 single dose was repeated again followed by placebo for 30 days.

FOLLOW-UP 17: (07/01/2009) Improvement. IPSS Fallen to 15. Nocturia — reduced, Hesitancy-reduced, incomplete emptying — Ok. Placebo repeated for 30 days.

FOLLOW-UP 18: (12/02/2009) IPSS Fallen to 09. Hesitancy — Ok, nocturia-reduced, flow-improved, intermittency — improved. Placebo repeated for 30 days.

Ultrasonography of Prostate: (12/02/2009): Prostate is normal in size, shape and echo pattern with weight of 30.4 gms. Post-void residual urine volume was significant (approx. 102 cc). (Better than before)

Uroflowmetry**:** (12/02/2009): Maximum flow rate-16ml/sec and Average flow rate-06.58ml/sec. (Better than before)

Prostate Specific Antigen: (12/02/2009): 2.31 ng/ml (Better than before)

Digital Rectal Examination: (12/02/2009): done by uro surgeon s/o smooth, firm and elastic enlargement of prostate. (Benign Feeling Prostate)

Table : Assessment after 1 year of homoeopathic treatment

S. No.	Particulars	Status (Base line)	Status (At 3 months)	Status (At 1 Year)	Reference Range
1	Prostate weight	34.4 gms.	31.5gms	30.4 gms.	Less than 20 grams
2	PVRU	135.8 cc.	135 cc	102 cc.	Less than 50 ml
3	PSA	2.81 ng/ml	2.61 ng/ml	2.31 ng/ml	Less than 4.00 ng/ml
4	Uroflowmetry	Max. Flow rate. 10 ml/ sec	Max. Flow rate. 12ml/ sec	Max. Flow rate. 16 ml/ sec	20-25 ml/sec
		Avg. Flow rate. 4.54 ml/ sec	Avg. Flow rate. 5.25ml ml/ sec	Avg. Flow rate. 6.58 ml/ sec	9-12 ml/sec

RESULTS AND DISCUSSION

The case was taken from a prospective observational study, which has shown positive results in symptom complex and diagnostic laboratory parameters of benign prostatic hyperplasia. The patient was severely symptomatic (IPSS- 20/35) before treatment and became moderate symptomatic (IPSS- 9/35) after one year of treatment.

No data on the role of homoeopathic medicines in patients of BPH in terms of clinical and diagnostic assessment was available prior to this work, although Gupta, et al, [11, 12] for the first time published their clinical work on BPH in the year 1994 and had shown the usefulness of homoeopathic medicines in cases of BPH. However, ultrasonographic evaluation of prostate weight was the only parameter for assessment of treatment in their study. The presented case responded well to the *Lycopodium* with improvement in all subjective and objective parameters. 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.

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वृद्धजनों में सुसाध्य प्रोस्टेट अतिवृद्धि शल्य चिकित्सा का एक सामान्य कारण है। सुसाध्य प्रोस्टेट अतिवृद्धि के लक्षणों में सामान्य तकलीफों से लेकर मूत्र अवरोध एवं गुर्दे खराब होना तक सम्मिलित है। सुसाध्य प्रोस्टेट अतिवृद्धि के इस रोग मामले में व्यक्तिपरक मापदण्ड़ों जैसे अन्तर्राष्ट्रीय प्रोस्टेटिक लक्षण स्कोर/ अमेरिकन यूरोलोजिकल एसोसिएशन असेसमेन्ट स्कोर में परिवर्तन और वस्तुपरक मापदण्डों जैसे प्रोस्टेट के आकार और मूत्र त्याग दर में परिवर्तनों का मूल्यांकन किया गया जैसा कि इस रोग के सफल उपचार हेतु बीमारी के लक्षणों में सुधार और रोग वृद्धि को रोकना दोनों ही सम्मिलित होना चाहिए। इस रोग के उपचारी हेतु में होम्योपैथी औषधि लाइकोपोडियम का प्रयोग किया गया। शल्य चिकित्सा के बिना ही, औषधि की प्रभावकारिता, दोनों ही मापदंडो, वस्तुपरक एवं व्यक्तिपरक में प्रदर्शित होती है।