

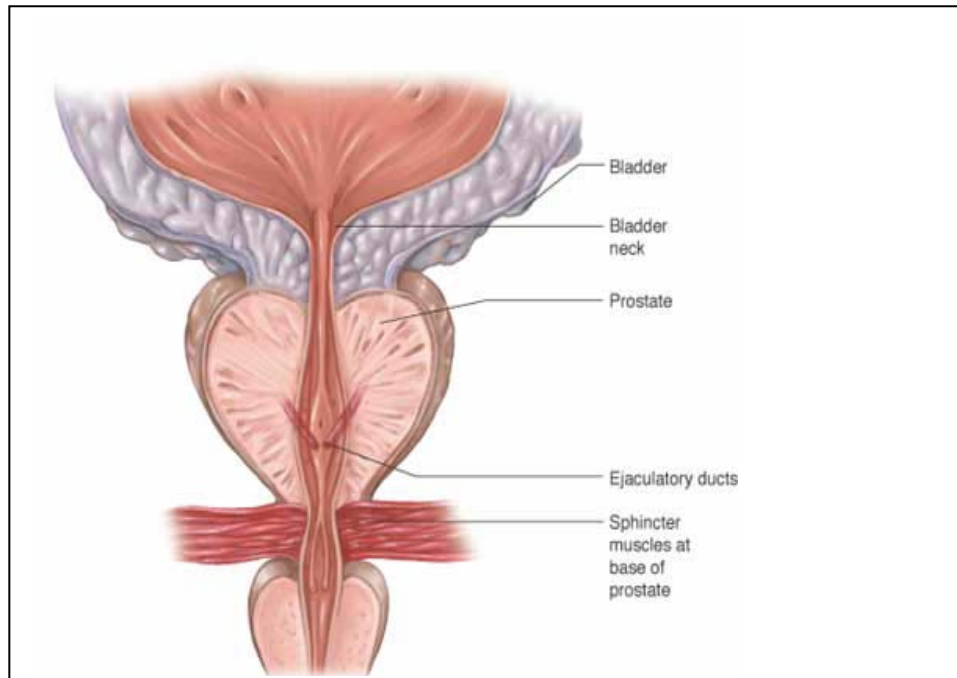
Benign Prostatic Hyperplasia

It is common for the prostate gland to become enlarged as a man ages. This condition is known as Benign Prostatic Hyperplasia (BPH) or benign prostatic hypertrophy .

“When the hair becomes gray and scanty, when specks of earthy matter begin to be deposited in the tunics of artery and when a white zone formed at the margin of the cornea at this same period the prostate gland usually-I might say perhaps invariably becomes increased in size” – Sir Benjamin Brodie .

Incidence: Though the prostate continues to during most of a man’s life the enlargement doesn’t usually cause problems until late in life .BPH rarely causes symptoms before age 40 but more than half of men in their sixties and as many as 90 percent in their seventies and eighties have some symptoms of BPH.

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Why BPH Occurs

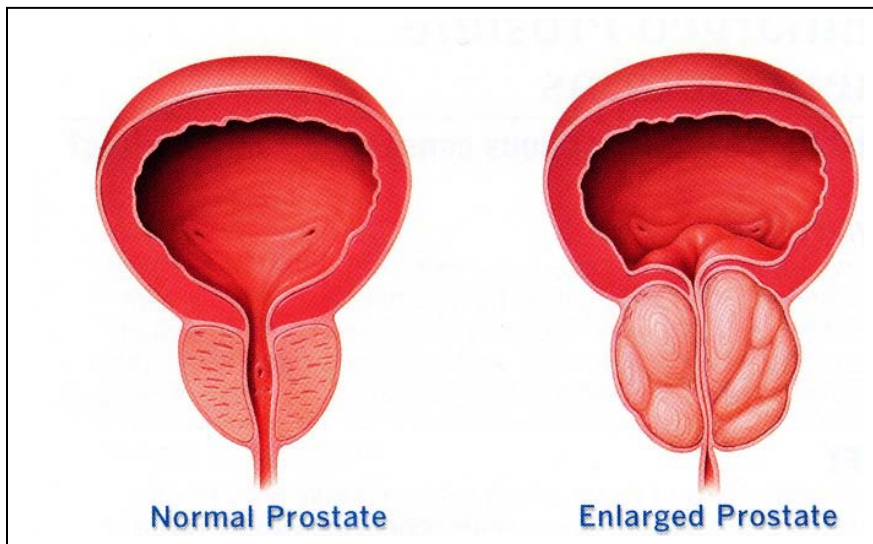
The cause of BPH is not well understood. BPH occurs mainly in older men and it doesn't develop in men whose testes were removed before puberty. For this reason some researchers believe that factors related to aging and the testes may spur the development of BPH.

3 Theories:

- Men produce testosterone an important male hormone and small amount of estrogen a female hormone throughout their lives. As man ages the amount of active testosterone in the blood decreases leaving a higher proportion of estrogen. Studies done on animals have suggested that BPH may occur because the higher amount of estrogen within the gland increases the activity of substances that promote cell growth.
- Dihydrotestosterone (DHT) a substance derived from testosterone in the prostate may help control its growth. DHT is formed by the reduction of testosterone by an enzyme 5-alpha – reductase which has two isoenzymes. The 5-alpha –reductase type 2 is the predominant isoenzyme in the prostate. Most animals lose their ability to produce DHT as they age. However some research has indicated that even with a drop in the blood's testosterone level older men continue to produce and accumulate high levels of DHT in the prostate. This accumulation of DHT do not develop BPH. Finasteride is a

5- alpha-reductase inhibitor that is used for the treatment of BPH and male baldness.

- Some researchers suggest that BPH may develop as a result of “instructions” given to cells early in life. According to this theory BPH occurs because cells in one section of the gland follow these instructions and “reawakened” later in life. These “reawakened” cells then deliver signals to other cells in the gland instructing them to grow or making them more sensitive to hormones that influence growth.



Symptoms:

Many symptoms of BPH stem from obstruction of the urethra and gradual loss of bladder function that results in incomplete emptying of the bladder. The symptoms of BPH vary but the most common ones involve changes or problems with urination such as.

- Frequent urination: Patient has to go for urination frequently as he is unable to evacuate the bladder in one attempt.
- Urinary urgency: Patient has to go for urination urgently or cannot wait to pass urine
- Urinary hesitancy and weak urination: A hesitant interrupted weak stream
- Difficulty starting urination: Some patients notice that they take some time to get going and the stream may stop and start.
- Unsteady urinary stream.
- Urinary leakage or urinary dribbling.
- Not done feeling: Urgency and leaking or dribbling often leave a feeling that the bladder is not completely empty.
- Night urination : Frequent urination increases especially at night because patient is unable to evacuate the bladder in one go and returns soon as the patient lies down again.
- Some sufferers become reluctant to go out of the home because of increases frequency of urination .They may also become tired because of lack of sleep due to frequent wake up calls for urination.
- Urinary blockage: Sometimes a man may not know he has any obstruction until he suddenly finds himself unable to urinate at all. The bladder becomes very swollen, full and uncomfortable. Taking over the –counter cold or allergy medicines may trigger this condition called acute urinary retention .When partial obstruction is present urinary retention also can be brought on by alcohol ,cold temperatures or a long period of immobility.

The size of the prostate does not always determine how severe the obstruction or the symptoms will be. Some men with greatly enlarged glands have little obstruction and few symptoms while others whose glands are less enlarged have more blockage and greater problems

Differential diagnosis:

- Carcinoma of prostate
- Urinary tract infection
- Interstitial cystitis
- Bladder tumours
- Chronic prostatitis

Investigations:

Digital Rectal Examination (DRE):

This examination gives a general idea of the size and condition of the gland. An enlarged prostate or Benign Prostatic Hypertrophy that is not cancerous will likely feel smooth.

Rectal Ultrasound and Prostate Biopsy:

To determine whether an abnormal –looking area is indeed a tumor the ultrasound images can be used to guide a biopsy needle to the suspected tumor. The needle collects a few pieces of prostate tissue for examination under microscope.

Urine Flow Study:

A reduced flow often suggests BPH.

Cystoscopy:

This test helps to determine the size of the gland and identify the location and degree of the obstruction.

Prostate-Specific Antigen(PSA)Blood Test:

Elevated PSA levels helps in discrimination of cancer from benign prostate conditions and thus deciding the best course of action.

The PSA test measures the blood level of prostate specific antigen enzyme produced by the prostate. Specifically, PSA is a serine protease. The prostate –specific antigen (PSA) test is one of the best ways to screen for prostate cancer. The amount of this protein in the blood will increase in men who have prostate cancer. The PSA test is reported in nanograms per milliliter (ng/ml)

- A PSA count of 10 to 20 ng/ml is considered moderately elevated
- Anything above 20 ng/ml is considered highly elevated
- An elevated PSA does not automatically mean a man has prostate cancer. Conditions other than cancer including an infection or a benign enlargement of the prostate can result in higher-than –normal PSA levels. In such cases PSA test should be repeated after a short time to see if the level returns to normal .

Complications:

Early detection of BPH lowers risk of developing complications whereas BPH can cause serious problems over time.

- ❖ Urine retention and strain on the bladder can lead to urinary tract infections.
- ❖ Bladder or kidney damage: If the bladder is permanently damaged treatment for BPH may be ineffective.
- ❖ Bladder stones.
- ❖ Urinary Incontinence-the inability to control urination.

Management:

Conventional Treatment :

Medical treatment: In early stages drugs are given to shrink the prostate or stop the growth of prostate for example 5-alpha-reductase inhibitor that is given in the treatment of BPH that stops further formation of DHT.

Nonsurgical Treatment: Because drug treatment is not effective in all cases, researchers in recent years have developed a number of procedures that relieve BPH symptoms but are less invasive than surgery .Transurethral Microwave Procedures and Transurethral Needle Ablation come under this category. These procedures are not curative but they relieve the symptoms of hypertrophy of benign prostate.

Surgical treatment: Transurethral resection , open surgery or laser surgery is performed depending on requirement and suitability of the case.

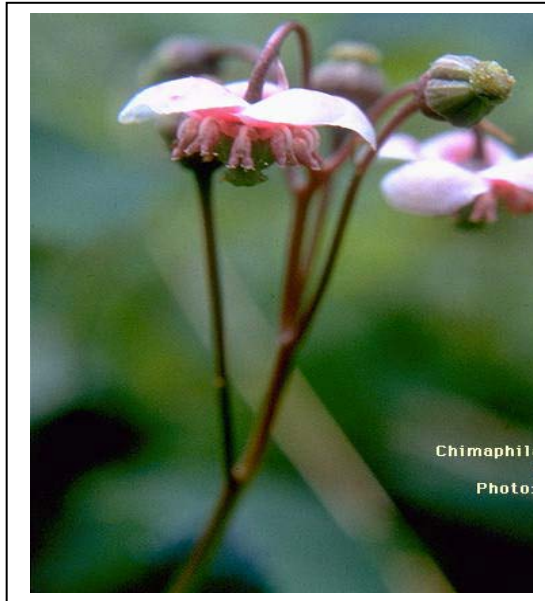
Homoeopathy: Many medicines in homoeopathy are known to help decrease the size of enlarged prostate, check further increase in size of prostate and relive the symptoms due enlarged prostate which are given on basis of symptomatic totality of the patient .

Dietary Advice: Diet low in saturated fat and contains a proper amount of zinc and selenium is known to be beneficial for patient.

Sources of Zinc: Shellfish, herring wheat germ ,lean beef/lamb, eggs, lentils brazil nuts, almonds ,chicken .Consuming less coffee, alcohol and chocolate also helps.

HOMOEOPATHIC THERAPEUTICS

CHIMAPHILA UMBELLATA:



- Sensation of a ball in perineum, as if on sitting down a ball were pressing on it.
- Inability to urinate without standing with feet wide apart and body inclined forward.
- Acute prostatitis from sitting on a cold damp stone.
- Excessive itching and painful irritation of urethra from the end of penis to neck of bladder, which dysuria may increase to complete retention from swelling of prostate.
- Great quantities of thick, ropy, bloody mucus in urine.
- Prostate disease with waste of prostatic fluid.
- Prostatic enlargement and irritation.
- Prostatorrhoea: loss of prostatic fluid.
- Constant desire to urinate, must rise several times in night.

FABIANA IMBRICATA:



- Inflammation of whole urinary tract.
- Excoriating urine.
- Burning after urination.
- Painful urination, much mucus and pain.
- Useful in prostatitis, dysuria, cystitis with suppurative prostatic conditions.

HYDRANGEA ARBORESCENS:



- Vesical sphincter-irritation,with dribbling of urine,severe spasms of prostate,renal catarrh,yellow sand in the urine,even small calculi.
- Urine hard to start,heavy deposits of mucous.
- Great thirst with abdominal symptoms and an enlarged prostate.
- Spasmodic stricture.
- Burning in the urethra and frequent desire.

OXYDENDRON ARBOREUM:



- Prostatic enlargement.
- Irritation of neck of bladder.
- Urine suppressed.

PAREIRA BRAVA:



- Pains down the thighs and feet when attempting to pass water¹
- Prostatic enlargement with dysuria ¹
- Prostatic affection with constant urging with entire inability¹
- Only on hands and knees with entire inability¹
- Dribbling of urine after micturition¹
- Enlarged prostate with retention;severe attacks two or three times a year.
- Micturation difficult with much straining only in drops with sensation as if urine should be emitted in large quantities.
- Enlargement of prostate gland with retention of urine;pain extending down the thigs.

POPULUS TREMULOIDES:



- Severe tenesmus, dysuria and scalding.
- Pain behind pubis at the end of micturation.
- Weight,pressure and aching in pelvisand vesical tenesmus with frequent desire to micturate.

- Little pain during micturation but as soon as the last drops were voided or a little before a severe cramp-like pain just behind pubes lasting ten to fifteen minutes.
- Very copious discharge of urine and irritation of bladder and urethra.

SABAL SERRULATA:



- Catarrh of Genito-urinary tract.
- Testicular atropy with loss of sexual power.
- Iritis with prostatic trouble.
- Difficulty in passing urine.
- Prostatic problems, enlargement, discharge of prostatic fluid.

- Constant desire to pass water at night.
- Enuresis;paresis of sphincter vesicae.

SENECIO AUREUS:



- Tenesmus of bladder with heat and burning.
- Prostate enlarged,feels hard and swollen to touch.
- Urging to urinate followed by chilliness;urine tinged with blood.

SOLIDAGO VIRGAUREA:



- Enlarged prostate; obstructing the flow of urine.
- Urine difficult and scanty.
- Sometimes makes the use of catheter unnecessary.
- Clear stinking urine.

Aconite Napellus:

- Prostatitis with great urging to urinate and great pain during maturation , in milder cases there cases there is great pain in walking , especially down stairs.
- Anxiety always on beginning to urinate.
- Constant urging, water passes in drops.

Arnica montana:

- Clinical:Haematuria,retention of urine.
- Spasmodic retention of urine with pressure in the bladder.
- Ineffectual efforts to make water.
- Involuntary emission of urine,at night in bed and in the day.
- Frequent micturation of pale urine last drop of urine does not pass out easily.
- Pressure in the rectum.

Baryta Carbonica:

- Clinical :Enlarged Prostate.
- Diseases of old men when degenerative begin , cardiac, vascular and cerebral who have a hypertrophied prostate or indurated testis, are every sensitive to cold , have offensive foot weat and are very weak and weary , must sit, lie down or lean on something.
- Frequent micturition , stools not evacuated in old men.
- Urging to micturate , burning in urethra on urinating ,cannot retain the urine.

Belladonna:

- Incontinence of urine ,continuous dropping.
- Prostatic hypertrophy.

- Frequent desire to pass urine ,but voided in remarkably small quantities.
- Flow of prostatic fluid.

Calcarea Flouricum:

- Powerful tissue remedy for hard stony glands.
- Urine diminished ,high coloured, offensive.
- Urine causes smarting along urethra.
- Exostosis, glands, indurated.

Cannabis Indica:

- Prostatitis.
- Urging to urinate but cannot pass a drop, has to wait some time before the urine flows.
- Sensation of swelling in perineum or near anus as if sitting on a ball.
- Violent painful erection.

Cimicifuga Racemosa:

- Violent stitches in urethra in the morning.
- Disposition to frequent urination.
- Incessant flow of urine

Conium Maculatum:

- Clinical: Prostatitis, enlarged prostate.
- Painful glandular affections .
- Retention of urine : stops suddenly and does not begin to flow again for some moments, it flows and stops again.
- Frequent nocturnal urination.
- Frequent inclination to emit urine ,which is clear ,aqueous 1 and scanty.
- Flow of prostatic fluid during evacuation and after any mental emotion.
- Burning sensation and shooting pain in the urethra especially after emission.

Digitalis Purpurea:

- Senile hypertrophy of Prostate, cardiac symptoms marked ;dribbling discharged of urine and continued fullness after micturition.
- Increases desire to urinate after a few drops have passed causing the old man to walk about in distress, frequent desire to defecate at the same time; very soft passed without relief.
- Involuntary emission of urine .
- Diminution of the secretion of urine sometimes alternating with abundant urination.
- Constant urging to urinate at night and on rising ,in consequence dizziness and vertigo.
- Awakened at 3 o'clock at night by the necessity to pass urine which however was passed only in very small quantity.

Ferrum Picricum:

- Prostate gland enlarged.

- Frequent micturition ,scanty emission ,urine passed in drops with much pain.

Phosphours:

- Haematuria.
- Frequent emission of scanty stream of urine.
- Dribbling of fluid from the urethra during stool and after urination.
- Discharge of prostatic fluid during hard stool.
- Frequent and painful erection.

Picricum Acidum:

Prostatic hypertrophy especially in cases that have not advanced too far.

Sharp pain in the region of the bladder worse right side .

Frequent urination than usual in morning .

Prostatic hypertrophy.

Bloody scanty urine ,night urging.

Selenium :

- Marked effects on genitourinary organs often indicated in old men especially for prostatitis.
- Involuntary dribbling .
- Dribbling of prostatic fluid .
- Increased debility and decreased ability with sexual atony.

Spongia Tosta:

- Incontinence of urine ,small stream of urine ,frothy urine.
- Frequent efforts to urinate.

Staphysagraia:

- Discharge of prostatic fluid during the evacuation of hard stool.

- Sensation as if a drop of urine were rolling continuously along the channel.
- Prostatic troubles, frequent urination ,burning in urethra when not urinating .
- Excessivepainful urination,emission drop by drop.
- Pain extending from anus along urethra,coming on after walking or riding.

Sulphur:

- Chronic prostatitis after gonorrhoea.
- Frequent micturition at night.
- Incontinence of urine.
- Urinates very often with feeling of obstruction in the sphincters.
- Dribbling of prostatic fluid,in long threads,from urethra after micturition and stool.
- Prostatorrhoea.

- urine discharged with drops, painful emission of some drops of sanguineous urine after much efforts.

Thuja:

- Chronic prostatitis.
- Involuntary secretion of urine at night.
- Urinary stream split and small.
- Prostatic enlargement.
- Discharge of prostatic fluid in tenacious threads.
- After urination a sensation as though a few drops were running down the urethra.

RUBRICS ON BPH

Chapter	Rubric	Sub-rubric	Page. No	Medicines
KENT'S REPERTORY				
Bladder	Retention of Urine	Enlarged Prostate from	651	Apis,Bell,Cact, Chim,Dig,Puls, staph& Stram
Bladder	Urination dribbling	Enlarged Prostate from	656	All.s. Aloe,Cic,iod Sec Thuja, pareir
Bladder	Urination, Involuntry	Dribbling Urine After stool &urine	660	All.s, Aloe,Cic,LOd, Sec Thuja,pareir
Prostate Gland	Enlargement	Dribbling Urine after stool &urine	667	Sel
Prostate Gland	Enlargement	Senile		Bar.c,Benzonic,acid,Dig, Lod, Sab,sel,Staph,Alum,Berb,N ux.Vom. Ther

BOERICKE'S REPERTORY

Male sexual systems	Prostate glands	Hypertrophy	770	Aloe,arg-n, chimaph, ferr.pic, gels,hydrang,pariera,sabal,sars, senec,solid,sul,thiosin,thuja
PHATAK				
Prostate gland	Enlarged		279	Apo,Bar.c,Calc, Cann, Chim,Con,Dig, Med ,Ol-an,Par.b,Puls Sabal,Senec,Sil. Thu
Prostate gland	Enlarged	As if		Thu
Prostate gland	Enlarged	With piles		Stap
Prostate gland	Enlarged	Pressure perineumin with		Berb
Prostate gland	Enlarged	Senile		Bar,Dig,Fer,Pic, Sab,Sel
Prostate gland	Enlarged			Apis,Aur,Chim, Fer.pic,Sabal,Solid ,Thuja