

Benign Prostatic Hyperplasia and It's Homoeopathic Therapeutics

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Abstract: *Benign prostatic hyperplasia (BPH) is a non-neoplastic tumor-like enlargement of the prostate. It is commonly seen in men above the age of 50 years and its incidence approaches 75-80% in men above 80 years. It is rarely a life threatening condition but has a significant effect on individual's quality of life in varying degrees. The primary symptoms of BPH are due to the prostate obstructing the urethra, they consist of hesitancy, poor prolonged flow and a sensation of incomplete emptying. Secondary (irritative) symptoms comprising urinary frequency, urgency of micturition and urge incontinence are not specific to BPH. Patients may present more dramatically with acute urinary retention when they are suddenly unable to micturate and develop a painful distended bladder. This is often precipitated by excessive alcohol intake, constipation or prostatic infection. . In conventional medicine, the treatment is not much remarkable but homoeopathy has very good results in treating LUTS as well as BPH. Homoeopathy is a natural system of medicine that utilizes minute doses of carefully selected medicines made from plants, minerals sources and many other natural substances, to enhance the body's natural healing processes. In such disease where all other systems of medicine fail, Homoeopathy has an important role in improving the quality of life.*

Keywords: Benign Prostatic Hyperplasia, LUTS, Homoeopathy

1. Introduction

The prostate is an accessory gland of the male reproductive system.^[1] Benign prostatic hyperplasia (BPH) is a non-neoplastic tumor-like enlargement of the prostate. Urinary obstruction from prostatic hypertrophy has been described for many centuries, starting from the ancient egyptians in the 15th century BC. The prostate was first described anatomically by Vesalius in 1538 but was not called prostate until it was so named by Casper Bartholin in 1611. The word prostate comes from the greek word prostat, which means "one who stands before or in front of", which in the case, means in front of the bladder.^[2] It is commonly seen in men above the age of 50 years and its incidence approaches 75-80% in men above 80 years. It is rarely a life threatening condition but has a significant effect on individual's quality of life in varying degrees.^[3] The prostate on average weighs 20 grams in normal 21 to 30 year-old men, and the weight changes little thereafter unless the man develops benign prostatic hyperplasia (BPH). However, because of the increased prevalence of BPH in older men, the mean prostate weight at autopsy increases after age 50 years,^[4] and the lifetime risk of developing histologically confirmed BPH has been approximately 8% between the ages of 31-40 years, 50% between 51-60 years, 70% between 61-70 years and 90% between 81 and 90 years.^[5] The primary symptoms of BPH are due to the prostate obstructing the urethra, they consist of hesitancy, poor prolonged flow and a sensation of incomplete emptying. Secondary (irritative) symptoms comprising urinary frequency, urgency of micturition and urge incontinence are not specific to BPH.

Epidemiology

Benign prostatic hyperplasia (BPH) is one of the most common condition in ageing men which can lead to lower urinary tract symptoms (LUTS). The relation between BPH

and LUTS is complex, because not all men with BPH develop LUTS and not all men with LUTS have BPH.

Analytical Epidemiological factors

- 1) Age: The prevalence of BPH rises markedly with increased age. Different Autopsy studies have observed a histological prevalence of 8%, 50%, and 80% in the 4th, 6th, and 9th decades of life, respectively.
- 2) Race: There is no clear evidence which denotes the relationship between the race and development of BPH.
- 3) Genetics: Evidence suggests a strong genetic component to BPH.
- 4) Lifestyle: It has frequently been observed that modifiable lifestyle factors very much influence the natural history of BPH.
 - Diet: Energy-adjusted total protein intake, red meat, fat, milk and dairy products, cereals, bread, poultry and starch all potentially increase the risks of clinical BPH, while vegetables, fruits, polyunsaturated fatty acids, linoleic acid and vitamin D potentially decrease the risk of BPH.
 - Physical activity: Increased physical activity and exercise have been consistently linked to decreased risks of BPH surgery, clinical BPH, histological BPH and LUTS.
 - Alcohol: Like exercise, moderate alcohol intake also appears to be protective against multiple outcomes related to BPH.
- 5) Socio economic factors: The prevalence is higher in higher income group.
- 6) Hypertension: both hypertension and BPH increases with advancing age, Pressler reported an increased in the incidence of hypertension from 15%, 18%, 31% for men with mild, moderate and severe symptoms respectively.
- 7) Smoking: smoking elevates the levels of testosterone and oestrogen, thus it produces some effect in developing BPH.

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- 8) Obesity: Obesity may increase the risk of BPH.
- 9) Erectile dysfunction: There is overwhelming evidence to support that erectile dysfunction (ED) and BPH are related. Common underlying pathophysiology between these two conditions have been hypothesized but there is no indication that one condition precedes the other.
- 10) Inflammation: It is likely that inflammation plays a role in the development and progression of BPH as evidenced by the strong links between BPH and histological inflammation in specimens obtained from prostate biopsies and BPH surgery.^[6]

Etiology of BPH

The exact cause of BPH is not known yet, but there are two theories which are supposed to be the reason for it. However, a few etiological factors are endocrinologic, racial, inflammation and arteriosclerosis have been implicated.

- **Hormone theory**
By gradual advancement of age, the male hormones like androgens decrease respectively, but female hormone like oestrogen doesn't decrease as well. According to this theory, oestrogen is the most common etiological factor responsible for the hyperplasia of prostate.
 - **Neoplastic theory**
According to this theory, the enlargement of prostate is benign neoplasm. As prostate is a composition of the fibrous tissue, muscular tissue and glandular tissue, the neoplasm is a fibromyo-adenoma.
- 1) **Endocrinologic Factor**
Some sex steroids hormones such as are Testosterone, Dihydrotestosterone and Oestrogen. considered to involve several studies have noted an increased risk of BPH with increased serum concentrations of DHT and its metabolites.
 - 2) **Obesity**
Prior studies have consistently observed that increased adiposity is positively associated with prostate volume: The greater the amount of adiposity, the greater the prostate volume
 - 3) **Inflammation**
Inflammation has been implicated as a primary stimulus for prostate carcinogenesis and it is possible that BPH represents a non-malignant proliferative pathway promoted by oxidative stress and inflammatory mediators.
 - 4) **Growth factors**
Several growth factors and their corresponding receptors have been identified in prostatic epithelium and stroma, which can stimulate or inhibit cell division and differentiation processes. These include epidermal growth factor, fibroblast growth factor, and transforming growth factor- β .^[7]

Pathophysiology of BPH

The normal prostate gland has five lobes: anterior, posterior, lateral [two], and medial. The medial and two lateral lobes are most prominent. It is partly muscular and partly glandular, with ducts opening into the prostatic portion of the urethra.^[8] BPH arises in the periurethral and transition zones of the prostate.^[9]

An enlarged prostate oppresses the urethra, or obstructs it, and increases urethral resistance and the work of the detrusor for micturition. This results in detrusor hypertrophy. As urethral obstruction progresses, the post void residual urine volume increases. That is, to whatever extent the detrusor hypertrophies, it cannot void urine sufficiently, and the condition becomes decompensatory.

As bladder outlet obstruction progresses due to BPE, the detrusor sensitivity to the stimulus increases and, in this condition, the bladder contracts suddenly even when a small amount of urine, with which no desire to void occurs in normal conditions, accumulates in the bladder. This condition is called detrusor overactivity, or unstable bladder. Unstable bladder causes urinary urgency or urge incontinence.

In BPH, the lower urinary tract changes both functionally and organically in association with the enlargement of prostate. Thereby, LUTS are manifested. LUTS are classified into symptoms in the storage phase and those in the voiding phase. The former includes urinary frequency, nocturia, urinary urgency, and incontinence.^[10]

Clinical Features

BPH is the most common cause of lower urinary tract symptoms (LUTS), which are divided into storage, voiding, and symptoms which occur after urination.^[11] Common Symptoms of BPH are:

- Increased frequency of urine
- Dribbling of urine
- Urgency to pass urine
- Bladder does not feel like it completely empties
- Retention of urine
- Haematuria may be associated
- Interruption in the stream of urine
- Hesitancy
- Nocturnal urination

BPH can be a progressive disease, especially if left untreated. Incomplete voiding results in residual urine or urinary stasis, which can lead to an increased risk of urinary tract infection.^[12]

Clinical examination

The normal adult prostate gland is heart shaped with a weight of approximately 20 g. Abnormal findings on rectal examination include areas of firmness, either localized [nodules] or generalized. Bogginess and asymmetry may also be noted. The prostate gland is located anteriorly, and the examiner should be able to palpate two relatively firm lobes with a distinct furrow [sulcus] between and lateral to each lobe.

- **Per-rectal examination**
During the rectal examination in men, check each lobe for palpable nodule[s] or localized areas of softness, induration, or tenderness. The seminal vesicles may be felt as V-shaped extensions in the superolateral area, but usually they are palpable only if inflamed or containing a neoplasm.
Prostatic nodules may be palpated in any portion of the prostate. True nodules must be distinguished from rectal

mucosal lesions and may be due to benign prostatic hypertrophy (BPH), palpable prostatic calculi, or adenocarcinoma of the prostate.^[13]

- **Local Examination**

Abdominal examination may only reveal a full bladder at times. The loins should be carefully examined to exclude renal enlargement due to hydronephrosis.

- **Examination of the nervous system**

It is important to eliminate neurological lesions e.g. TabesDorsalis, Disseminated Sclerosis, Diabetes Mellitus, Parkinson's disease etc. which may give rise to bladder outflow obstruction almost similar to that produced by BPH.

Investigations for BPH

- Urine Routine Examination
- Examination of blood
- P.S.A. Test- Normal limit is 4 nmol/ml. it is more important in diagnosis of carcinoma of prostate.
- Excretory pyelography- For renal function test and calculus as complications of BPH.
- Trans-abdominal ultrasound
- Urodynamic tests
- Cystoscopy
- Transrectal ultrasound and Prostate Biopsy- If there is suspicion for prostate cancer.

Complications of BPH

- Urinary retention
- Urinary tract infection
- Hematuria
- Bladder calculi
- Renal damage
- Incontinence

Homoeopathic Therapeutics of BPH

Aloe socotrina

Sensation as if a plug were wedged between symphysis and coccyx, pressing downward, incontinence of urine from enlarged prostate.^[14] *Burning on urinating*, Wakened many times by urgency to urinate, Bloody urine, deep coloured yellow urine, Urine passed with some difficulty.^[15]

Barytcarbonica

A profound tissue remedy affecting glandular structures especially,^[16] renewed desire after urinating, then when walking a few drops of urine pass, urging to urinate after dinner, urging, cannot retain the urine, it passes so quickly, frequent micturition every other day, twice every night, with much urine each time. Enlarged prostate.^[17] Irritation of bladder, greatest at night when in bed.^[18]

Sabalserrulata

This medicine has been recommended for various prostatic troubles, but its homoeopathic use seems confined to acute cases of enlarged and inflamed prostate. The gland is hot, swollen and painful.^[19] *Enlarged or congested prostate; senile*. Constant desire to pass water at night. Cystitis from prostate hypertrophy.^[20]

Conium maculatum

This remedy is useful in chronic hypertrophy of the prostate with difficulty in voiding urine, it stops and starts, and there is an accompanying catarrh of the bladder.^[19] Constant urging to urinate, with heat in making water. Frequent micturition at night, Biting strangury after urinating. Suppression of urine, ischuria with frequent haematuria.^[21]

Ferrumpicricum

Ferrumpicricum is one of the best medicines for prostatic enlargements in the aged.^[19] with frequent urination at night, with full feeling and pressure in rectum, smarting at neck of the bladder and penis, retention of urine.^[20]

Chimaphila umbellata

Chimaphila gives occasional good results in relieving the tenesmus, frequent urination and general discomfort due to prostatic hypertrophy.^[19] Urine Ropy or muco-purulent, foul, scanty, thick, turbid, must strain before urine flows. Acute prostatitis with retention and dysuria, and feeling of a ball in perineum, as if sitting on a ball. Gonorrhoeal prostatitis.^[20]

Thujaoccidentalis

Frequent pressing to urinate with small discharge, patient strains much. Stitches from rectum into the bladder. Discharge of prostatic juice in the morning on awaking.^[19] Prostatic enlargement and weakness. Feels as if a drop was running down urethra after urination. Sensation of trickling after urinating. Desire sudden and urgent, but cannot be controlled. Urinary stream split and small.^[22]

Lycopodiumclavatum

Lycopodium, pressure in the perinaeum near anus while urinating.^[19] Retention of urine, violent pain in back, urine flowing in fits and starts. Urine scanty, with red sediment and constant bearing down, supports abdomen with hands. Frequently compelled to rise at night to urinate; on urinating.^[18] *stitches in neck of bladder and anus at the same time*. Urging to urinate, must wait a long time before it passes, incontinence of urine.^[14]

Solidago

Urine dark and scanty or clear, stinking, voided with difficulty, albuminous, mucous, phosphatic. Enlarged prostate gland with obstructing flow of urine.^[20]

Triticumrepens

Retention of urine in very old people from enlarged prostate, when there is a great deal of trouble in urinating.^[14] Frequent, difficult, and painful urination. Gravelly deposits. Catarrhal and purulent discharges. Strangury, pyelitis and enlarged prostate. Chronic cystic irritability. Incontinence with constant desire. Urine is dense and causes irritation of the mucous surfaces.^[17]

Cannabis Sativa

Urgent inclination to urinate, with pressive pain.^[16] Difficulty of making water, as if from paralysis of the bladder, and nocturnal strangury. Obstinate retention of urine. Incontinence of urine. Stream of water scattered. Emission, drop by drop, of a scanty and sanguineous nature. Burning pain in the urethra and in the bladder, before and during the emission of urine.^[23]

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