International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 6 Issue 7, November-December 2022 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

BPH and Its Scope in Homeopathy

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ABSTRACT

BPH, which causes lower urinary tract symptoms (LUTS), is common diagnosis among the ageing male population with increasing prevalence. Many risks factors, both modifiable and non-modifiable can increase the risk of development and progression of BPH and LUTS. The symptoms can be obstructive or Irritative or can affect the patient after micturition.

BPH occurs when both stromal and epithelial cells of the prostate in the transitional zone proliferate by processes that are thought to be influenced by inflammation and sex hormones, causing prostate enlargement. Patients with LUTS undergo several key diagnostic investigation before being diagnosed with BPH. Treatment options for men with BPH start at watchful waiting and progress through medical to surgical intervention.

KEYWORDS: *Prostate, Definition, medicinal management, pathophysiology, Benign prostatic hyperplasia, Benign prostatic enlargement, lower urinary tract symptoms(LUTS),Lobes, Structures, Etiology, Diagnosis, Androgens, dihydrotestosterone, symptoms*

How to cite this paper: Dr. Anjali Gupta "BPH and Its Scope in Homeopathy" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-7, December 2022, pp.1219-1221, URL: www.ijtsrd.com/papers/ijtsrd52548.pdf

IJTSRD52548

INTRODUCTION

BPH is the most common benign tumor in male. Its incidence is age related. The prevalence of benign prostatic hypertrohy is approximately 20% in men aged 41-50 to50% in men in age 51-60 and to over 90% in older than 80year. Although clinical evidence of disease occurs less commonly. At the age of 55 approximately 25% of men report obstructive voiding symptoms. At age75, 50% of men complain of a decrease in the force and caliber of their urinary stream.

Research shows that the triad of symptoms -urinary frequency, urgency and urge incontinence, alone or in combination can have significant impact on quality of life. It causes significant social, psychological, occupational, domestic, physical and sexual problem. The prevalence of BPH in male population is high and more common in older patient

Prostate definition- THE PROSTATE is an accessory gland of the male reproductive system. The secretions of this gland add bulk to the seminal fluid along with those of the seminal vesicles and the bulbourethral glands. The prostate is firm in consistency. Its firmness is due to the presence of a dense fibro muscular stroma in which the glandular elements are embedded.

SITUATION-The prostate lies in the lesser pelvic, below the neck of the urinary bladder, behind the lower part of the pubic symphysis and the upper part of the pubic arch and in front of the ampulla of the rectum.

Shape, Size and Weight - It resembles an inverted cone, measuring about 4 cm transversely at the base, i.e. the width 3 cm vertically, I.e. the length and 2 cm anteroposteriorlyot thickness. It weight about 8 g. Four surfaces, anterior, posterior and two inferolateral.

Lobes of the Prostate: Prostate has the five lobes-anterior, posterior, median, and right and left lateral.

The Anterior lobe is a small isthmus connecting the two lateral lobes of the gland. There is no glandular tissue and therefore, seldom forma an adenoma. (an adenoma is a benign tumour arising from glandular tissue)

The posterior lobe connects the two lateral lobes behind the urethra.it lies behind the median lobe and the ejaculatory ducts. adenoma never occurs here, but primary carcinoma is said to begin in this part.

The median or pre spermatic lobe lies behind the upper part of the urethra in front of the ejaculatory

ducts just below the neck of the bladder. It produces an elevation in the lower part of the trig one of the bladder known as the uvula vesicae.it contains much glandular tissue and is a common site for an adenoma.

The lateral lobes lie one on each side of the urethra. Each lobe contains glandular tissue from which an adenoma may arise in old age

Two capsules- true and false.

Structures within the prostate:

1. The prostatic urethra traverses the gland vertically at the junction of its anterior one-third with the posterior two-third
2. The prostatic utricle is a blind sac directed upward and backward. It open at the middle of the urethral crest:
3. The ejaculatory ducts pass downwards and forwards and open into the prostatic urethra on each side of the opening of the prostatic utricle.

Etiology: The etiology of BPH is not completely understood, but it seems to be multi factorial and under endocrine control, two theories have been proposed - Hormonal theory, Neoplastic theory.

PATHOPHYSIOLOGY- The pathophysiology of BPH is still incompletely understood. The dominant role of the androgen system and the androgen receptor is well defined. Androgen receptors are expressed in BPH tissue in which they are activated by the potent androgen dihydrotestosterone. Synthesis of dihydrotestosterone is under control of the 5a-reductase enzyme, activity of which is antagonize by finasteride and dutasteride. More recently, the impact of prostatic inflammation and metabolic parameters particularly for the development of BPH and LUTS has increasingly been recognized.

DIAGNOSIS:

Medical history, physical examination, urinalysis, Serum Creatinine Measurement, Serum prostate Specific Antigen, symptom Assessment.

CLINICAL FEATURES OF BPH:

1. Irritative symptoms: With decreased vesical compliance and the development of bladder instability, frequency, nocturia, urgency and overflow incontinence develop.
2. Obstructive symptoms: Hesitancy in initiating urination, Decreased force and calibre of urinary stream, Post void dribbling, Sensation of incomplete emptying of bladder, Foul-smelling urine, Straining,

Suprapubic pressure and pain, urinary retention, Bladder Stone, Haematuria, Sexual disturbances.

INVESTIGATIONS:

- Urine flow meter reading.
- Prostate volume assessment (PR and trans rectal (USS)
- Urodynamic studies.
- Renal function and renal USS.
- Cystoscopy.
- USG pre-voiding urine.

DIAGNOSTIC IMAGING EVALUTION OF BPH:

1. Cystourethrography
2. Intravenous urography
3. Ultra sound
4. Computed Tomography of the Prostate
5. Magnetic Resonance Imaging of the Prostate
   A. Cystourethroscopy
   B. Prostate Biopsy

Differential Diagnosis of BPH:

1. Neurological Disease
2. Spinal Disease or traumatic injury (Cerebrovascular disease)
3. Parkinson's disease
4. Congestive heart failure, Diabetes mellitus and diabetes insipid us
5. Prostatitis: Patients with prostatitis had obstructive symptoms.
6. Urethral stricture
7. The low-pressure/low-flow voider or 'Anxious bladder'

SOME MEDICINES WHICH ARE HAVING EFFECT ON BPH

1. ALOE SOCOTRINA - Incontinence in aged in the rectum down sensation and enlarged prostated.in scanty and highly colour and urine. Pain in left side down along ureter. Every time on passing urine feeling as if some thin stool would escape with it. Burning when urinating. frequent urging to urinating> at night: in after noon. Urine copious: especially after stool. Incontinence of urine in an old man with enlarged prostate (diarrhoea and urinary symptoms are present)
2. BARYTACARBOCONICA- Hypertrophy of prostate: after urinating renewed straining with dribbling of urine: numbness in genitals for several minutes; frequent micturition, no stool in old man.

When appetite improved and thirst lessened, urinary secretion becomes very considerable.

Irritation of bladder, greatest at night when in bed. Great desire to urinated; cannot retain urine. Constant, and frequent emissions of urine; every after day. Frequent micturition, old age. Urine frequent and copious; no stool

1. BENZOICUM ACIDUM- Enlargement of prostate; sensibility of bladder with mucopurulent discharge; dysuria senilis; weak loins, when the gravel is trifling; urine of a repulsive odour; formication atanuse. Too frequent desire to evacuated bladder, urine normal. Profused urine, very debilitating. Urine

Diminished; thick; bloody. Urine contains mucus and pus. Urine dark brown, of a putrid, cadaverous smell.

1. CANTHARIS-One of the medicine for BPH with burning urination. Burning pain and an intolerable, constant urge to urinate while only losing a few drops of urine. All pains are sore, raw, burning, cutting, biting and smarting. Intense sexual desire arises from the inflamed pelvic region. The urge to urinate is intolerable and constant; before, during and after the painful urination. Only a few bloody drops will pass at a time and the pain in the urethra and bladder are intense burning, cutting and itching. Symptoms get worse by drinking of water or coffee, urination, glittering objects, the sound of water. The person feels better by warmth, rubbing and massage.
2. CONIUM MACULATUM- Enlargement and induration of prostate cause intermittent urination in old people, urine flows and stops; discharge of prostatic fluid on every change of emotion, without voluptuous thoughts or while expelling faeces, with itching prepuce; pressure in neck of bladder, with stitches,< when walking,> when sitting; weight like stone in perineum. Very hard prostate, itching of the skin, enlarged lymphatic glands.
3. FERRUM PICRICUM- Enlarged prostate. Frequent attacks of acute congestion in younger prostatic patients resulting in acute complete pretention of urine. Pain along entire urethra. Frequent micturition at night, with full feeling and pressure in rectum. Retention of urine.
4. IODUM- Swelling and induration of prostate gland and of testicles; incontinence of urine; stricture of urethra in the aged, with uraemia symptoms; urine dark, thick, ammoniacal. Very hard enlarged prostate, enlarged lymphatic gland, emaciated patient with dark hair.
5. NATRUM MURIATICUM- Irregular enlarged prostate in anaemic patients, burning, cutting pains when passing the urine; purulent urine. Frequent and urgent want to urinate, day and night, sometimes every hour, with copious emission. Involuntary emission of urine sometimes on coughing, walking, laughing, or sneezing. Nocturnal emission of urine. Clear urine, with red sediment, resembling brick-dust. Discharge of mucus from urethra, after the emission of urine. After micturition spasmodic contraction in abdomen, burning, drawing and cutting in urethra. Urine dark, like coffee, or black.

Conclusion – Homeopathy is a safe and effective tool that can easily be integrated into a practicing clinician's armamentarium as either first-line therapy or adjunctive treatment.

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