

BENIGN PROSTATE HYPERPLASIA AND HOMOEOPATHIC APPROACH TO A SYCOTIC CASE.

BY

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DEFINITION

Benign prostatic hyperplasia (BPH) also known as benign prostatic hypertrophy and adenofibromyomatous hyperplasia, refers to the increase in size of the prostate in middle-aged and elderly men. To be accurate, the process is one of hyperplasia rather than hypertrophy.

The Pathology of Benign Prostatic Hyperplasia is characterized by hyperplasia of prostatic stromal and epithelial cells, resulting in the formation of large, fairly discrete nodules in the periurethral region of the prostate. When sufficiently large, the nodules compress the urethral canal to cause partial, or sometimes virtually complete, obstruction of the urethra, which interferes the normal flow of urine.

SIGNS AND SYMPTOMS

Benign prostatic hyperplasia symptoms are classified as storage or voiding. Storage symptoms include urinary frequency, urgency, urgency incontinence and nocturia. Voiding symptoms include weak urinary stream, hesitancy, intermittency, straining to void, and dribbling. Dysuria is occasionally present.

BPH can be a progressive disease, specially if left untreated.

COMPLICATIONS :

- * Increased risk of reccurent UTI.
- * Urinary bladder stones.
- * Urinary retention.
- * Renal failure (obstructive uropathy).

CAUSES:

- * Free testosterone reaches the prostate in extremely high concentrations, promoting the accelerated *proliferation of prostate cells, leading to the gland's enlargement.
- *There is growing evidence that estrogens play a role in the etiology of BPH.
- *On a microscopic level, BPH can be seen in the vast majority of men over the age of 70 years.
- *Men who lead a western lifestyle have a much higher incidence of symptomatic BPH than men that lead a traditional or rural lifestyle.
- *Much work remains to be done to completely clarify the causes of BPH.

DIAGNOSIS

- *Rectal examination may reveal a markedly enlarged prostate.
- *Elevated prostate specific antigen(PSA) levels.
- *Ultrasound examination of the testicles, prostate, and kidneys is often performed.
- *Signs and symptoms

MANAGEMENT

Lifestyle

- * Patients should decrease fluid intake before bedtime
- * moderate the consumption of alcohol and caffeine-containing products
- * follow timed voiding schedules.

SURGICAL TREATMENT

- *Transurethral resection of prostate (TURP)
- *Newer techniques involving lasers.
 - 1) VLAP technique.
 - 2) Photoselective Vaporization of the Prostate.
 - 3) Holmium Laser Ablation of the Prostate.

ACUTE CASE OF BPH CURED WITH HOMOEOPATHY within a span of 3 months

Ultrasonogram before treatment

KALASH
DIAGNOSTIC & REHABILITATION
CENTRE

Patient Name : **INDER SINGH**
Ref By : **DR. M. V. KUMAR**
REG.NO: 19230

Age : 70 / M
Date: Sat, 26-Dec-2009

INVESTIGATION : **ULTRASOUND SCAN OF ABDOMEN**

LIVER : Size and contour normal. Liver shows homogenous fine echogenicity. No focal lesion. No intra hepatic biliary dilatation. Portal vein normal.

GALL BLADDER : Distended. No calculus. wall thickness normal.

CBD : Normal.

SPLEEN : Normal size & echotexture.

PANCREAS : Size and contours normal. No focal lesion. Peripancreatic planes normal.

RIGHT KIDNEY : Measures : 9.3 cms
LEFT KIDNEY : Measures : 9.3 cms
Both kidneys are normal in size & echotexture. Cortico medullary definition made out. No calculus or hydronephrosis.

URINARY BLADDER : Partially filled. Catheter in place. Wall thickened.

PROSTATE : Measures : 4.5 X 5.2 X 4.8 cms
Volume : 53 cc.
Shows focal calcifications.
Margins lobulated.

No evidence of free fluid
No evidence of lymphadenopathy
IVC, Aorta normal.

IMPRESSION : SUGGESTIVE OF MODERATE PROSTATOMEGALY.

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Sycotic trait patients are dull, lazy, sluggish and slow to act. The negative emotions in Sycotic miasm are anger, irritability, rage, hurt, jealousy, suspiciousness, revenge, Brooding etc. Anxiety is seen in form of restlessness, sudden weeping, getting up frightened at night [because of anxious and frightful dreams], enuresis etc. This anxious state often makes them fearful of everything around them; they develop marked fear of being alone, of dark, of failures, of performance, of meeting people, etc. Even their dreams manifest their anxious state; they dream as if something would happen, of death, of missing a train, of failing in exams, of missing achievement, failures, etc.

People in Sycotic miasm are extremely obstinate and headstrong. They will do whatever they desire to do, they are very demanding and once they want something they want it at any cost. They cannot bear the slightest contradiction. Everyone must listen to them and keep them happy but they will not listen to anybody. When their demands are not met with, they feel extremely sad, depressed and frustrated.

Selfishness is another most important nature in sycotic patients. Sycotic patients are extremely self centered and selfish in nature. Hence they turn out to be sly, crafty, and malicious in their manners. They are jealous and selfish right from young age. They are very possessive and will not allow their parents to love their younger siblings. Sycotic traits are very greedy. They are never satisfied with what they have; they always want more of everything.

They have fixed ideas. As the disease progresses further, there are a lot of delusions, illusions and hallucinations which is a very important feature of this miasm.

The last phase of sycosis is to resort to all sorts of addictions and harmful tendencies. Also, self destruction begins in this phase. Repeated frustrations and failures lead to severe depression and suicidal tendencies.

Hence in a SYCOTIC TRAIT, there is a feeling of being frail, fragile, fear of being hurt, Cowardice and fear of death. So, the Sycotic person wants to strengthen themselves and Cover-up. He is covering up his weakness and becoming thick, he is putting up a façade, hiding his weakness to deceive the World. He accumulates and multiplies. Cheating , Bribing , Stealing , Talking lies, Cunning-ness all comes here. They always have a fear that they will be caught. So, SYCOSIS is based on Fear, Fright, Insecurity, With Love for Life & Fear of death.

TREATMENT

Conditions of SYCOTIC MIASM shall be treated with low or low to moderate potencies because the sensitivity and susceptibility of sycotic patient is low to moderate. If inappropriate or no treatment is given, the condition may slide into the tubercular or the syphilitic miasm.