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Management of Prostate ailments through Homoeopathy

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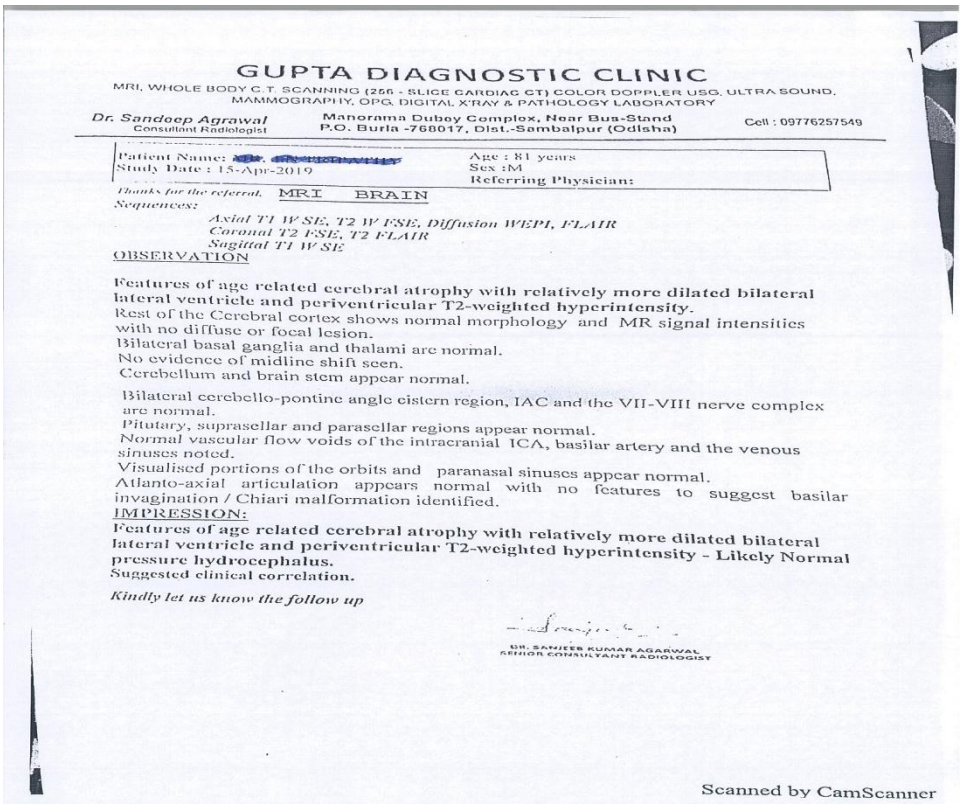
Abstract
As males become older, one obviously becomes aware of his prostate. The current case study deals with the ailments of the prostate. Here it specifically deals with one indicator related to the cancer of the prostate. The Prostate Specific Antigen (PSA) is the issue dealt here through the case. Usually, the threshold level of PSA in the serum is 4 ng/ml as patients with PSA lower than 4 ng/ml are considered negative for malignancy in absence of biopsy.
The said case was treated when the serum had high PSA with multiple Homoeopathic medicines. In two-months treatment period, the PSA level in the serum reduced drastically. Constitutionally, Lycopodium was prescribed based on generalities along with specific medicines like Scrophularia Nodosa-Q, Sabal Serrulata-Q, Ferrum Pic-3x and Ferrum Iod-3X were prescribed to reduce the swelling and hypertrophy of the prostate gland. Carcinosin-200 was also prescribed as a nosode as PSA is linked to prostate cancer. The details of the treatment regime are discussed in detail in the case. The case was asymptomatic after 6 months of treatment period.

Keywords:PSA, prostate, biopsy, threshold level, generalities, constitutional medicine, BHP

Introduction
Prostate cancer is the second most common cancer and the 5th leading cause of cancer associated mortality among men world wide[1]. Screening for prostate cancer with serum PSA aims to detect prostate cancer at an early, intervenable stage amenable to curative treatment and reduction in overall disease specific mortality[2,3]. PSA screening leads to increased prostate cancer diagnosis[4,5]. Although clinically recommended, screening of PSA remains controversial[4,5]. Further, no evidence has so far demonstrated that screening for prostate cancer saves lives[4,5]. Another study adds that screening for prostate cancer may result in a small absolute benefit in disease specific mortality over 10 years but does not improve overall mortality[6]. The study further adds that these benefits need to be weighed against the potential short- and long-term harms ofPSA screening including, complications from biopsies and subsequent treatment & the risk of overdiagnosis and treatment[6].
Incidence for prostate cancer in western population is greater than in Indians[1]. Screening with PSA has resulted in stage and age migration there by facilitating detection of prostate cancer at an earlier stage[2]. PSA is not a diagnostic test and it is only a first step towards taking a decision for biopsy. With a very low specificity, there is an inherent risk of doing unnecessary biopsy at the threshold of 4ng/ml[2]. A cut off for biopsy in symptomatic men with negative Digital Rectal Examination (DRE) could safely be raised to 5.4ng/ml which could avoid subjecting 10% of men to undergo unnecessary biopsy[7].
It is a known fact that with increase in serum PSA levels, its positive predictive value to detect cancer also increases. The term cancer detection rate is often used incorrectly as the denominator is taken as number of patients who are screened for PSA and not the ones who are biopsied. There could be an impact of verification bias because to derive test characteristics, patients with PSA less than 4 ng/ml are considered negative for malignancy in absence of biopsy[8].
High fat dairy, particularly whole milk, in healthy men may increase the risk of aggressive prostate cancer[9].Whole milk consumption after prostate cancer diagnosis is associated with increased risk of recurrence, particularly among very overweight or obese men. Men with prostate cancer who choose to drink milk should select non fat or low fat options[9].

Discussion of the case report
Male, aged 80 years developed weakness in both the legs and complained of dragging the legs while walking for the last 7 days in first week of April 2019. Based upon the acuteness of symptoms and the generalities Lycopodium-1M was prescribed and 7 doses of the medicine were given with once a day dosage. There was aggravation from motion, cold and better by warmth application. The generalities were thirst-less ness and craving for sweets. As specific medicines, Lathyrus Sativus-200/30ml was also given with four doses daily where the patient was asked to take 20 drops in half cup of room temperature water. By 7 days, Lycopodium medication was over but Lathyrus was continued for 12 days in all till the 30 ml finished. There was no improvement after 12 days.
The case was referred to an allopathic doctor having MD (medicine) degree. The doctor asked for a MRI of the brain and after the MRI reports, provisionally diagnosed the case as a cerebral atrophy (Fig 1) and also did basic pathological investigations (Fig 2) and prescribed medicines for a week. There was no improvement. During this time, no homoeopathic medicine was given.



GUPTA DIAGNOSTIC CLINIC

MRI, WHOLE BODY C.T. SCANNING (256 - SLICE CARDIAC CT) COLOR DOPPLER USG, ULTRA SOUND, MAMMOGRAPHY, OPG, DIGITAL X'RAY & PATHOLOGY LABORATORY

Dr. Sandeep Agrawal
Consultant Radiologist

Manorama Dubey Complex, Near Bus-Stand
P.O. Burla -768017, Dist.-Sambalpur (Odisha)

Cell : 09776257549

Patient Name: [redacted]
Study Date : 15-Apr-2019

Age : 81 years
Sex :M
Referring Physician:

Thanks for the referral. MRI BRAIN

Sequences:

Axial T1 W SE, T2 W FSE, Diffusion WEPI, FLAIR
Coronal T2 FSE, T2 FLAIR
Sagittal T1 W SE

OBSERVATION

Features of age related cerebral atrophy with relatively more dilated bilateral lateral ventricle and periventricular T2-weighted hyperintensity.
Rest of the Cerebral cortex shows normal morphology and MR signal intensities with no diffuse or focal lesion.
Bilateral basal ganglia and thalami are normal.
No evidence of midline shift seen.
Cerebellum and brain stem appear normal.

Bilateral cerebello-pontine angle cistern region, IAC and the VII-VIII nerve complex are normal.
Pituitary, suprasellar and parasellar regions appear normal.
Normal vascular flow voids of the intracranial ICA, basilar artery and the venous sinuses noted.
Visualised portions of the orbits and paranasal sinuses appear normal.
Atlanto-axial articulation appears normal with no features to suggest basilar invagination / Chiari malformation identified.

IMPRESSION:

Features of age related cerebral atrophy with relatively more dilated bilateral lateral ventricle and periventricular T2-weighted hyperintensity - Likely Normal pressure hydrocephalus.
Suggested clinical correlation.

Kindly let us know the follow up

DR. SANJEEB KUMAR AGARWAL
SENIOR CONSULTANT RADIOLOGIST

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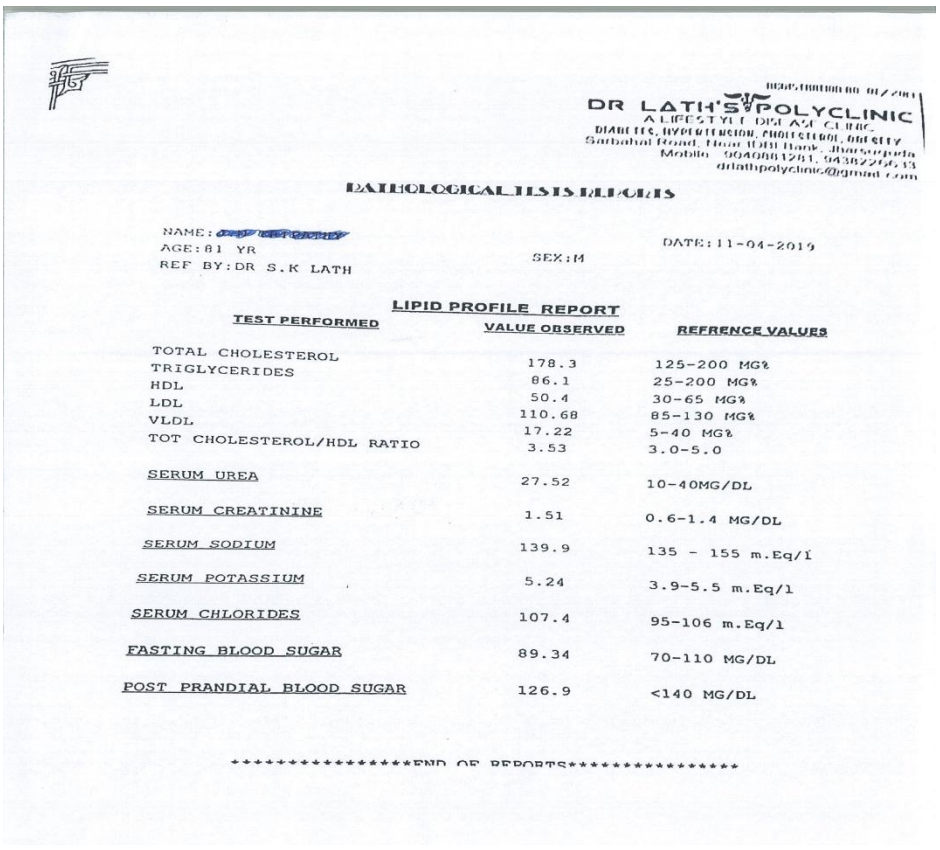
Fig 1



DR LATH'S POLYCLINIC
A LIFESTYLE DISEASE CLINIC
DIABETES, HYPERTENSION, CHOLESTEROL, OBESITY
Sambalpal Road, Near IDBI Bank, Jharsuguda
Mobile 9040061281, 9438226643
drlathpolyclinic@gmail.com

PATHOLOGICAL TESTS REPORTS

NAME: [redacted]
AGE: 81 YR
REF BY: DR S.K LATH

SEX: M

DATE: 11-04-2019

LIPID PROFILE REPORT

TEST PERFORMED	VALUE OBSERVED	REFRENCE VALUES
TOTAL CHOLESTEROL	178.3	125-200 MG%
TRIGLYCERIDES	86.1	25-200 MG%
HDL	50.4	30-65 MG%
LDL	110.68	85-130 MG%
VLDL	17.22	5-40 MG%
TOT CHOLESTEROL/HDL RATIO	3.53	3.0-5.0
SERUM UREA	27.52	10-40MG/DL
SERUM CREATININE	1.51	0.6-1.4 MG/DL
SERUM SODIUM	139.9	135 - 155 m.Eq/l
SERUM POTASSIUM	5.24	3.9-5.5 m.Eq/l
SERUM CHLORIDES	107.4	95-106 m.Eq/l
FASTING BLOOD SUGAR	89.34	70-110 MG/DL
POST PRANDIAL BLOOD SUGAR	126.9	<140 MG/DL

**********END OF REPORTS**********

Fig 2

The case was referred to a neurologist who provisionally diagnosed the case as Tuberculosis of spine but the PCR

report did not confirm tuberculosis (Fig 3).

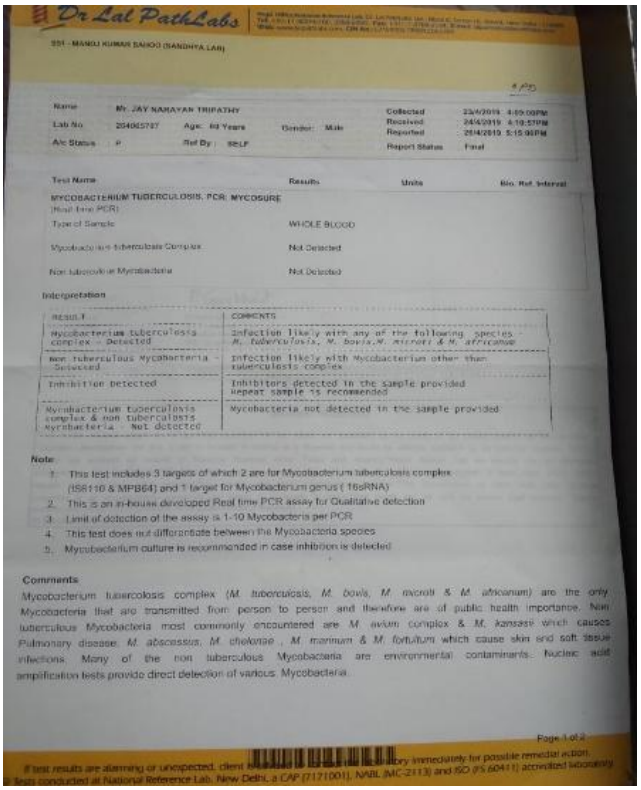


Fig 3

Meanwhile, 4 doses of Conium-1M was prescribed to the patient with one dose daily for 4 days. The prescription was based on old age and paralysis of lower extremities. There was no improvement.

Thereafter, the case was referred to an orthopaedic surgeon who did the PET-CT scan and found the case to be metastatic prostatic carcinoma in the first week of May 2019 and operated on the metastatic spine of the case while getting the PSA test also done in the first week of May 2019. The PSA level showed 595.800 ng/ml (Fig 4). Fig 5,6,7 shows the PET-CT scan of the case.

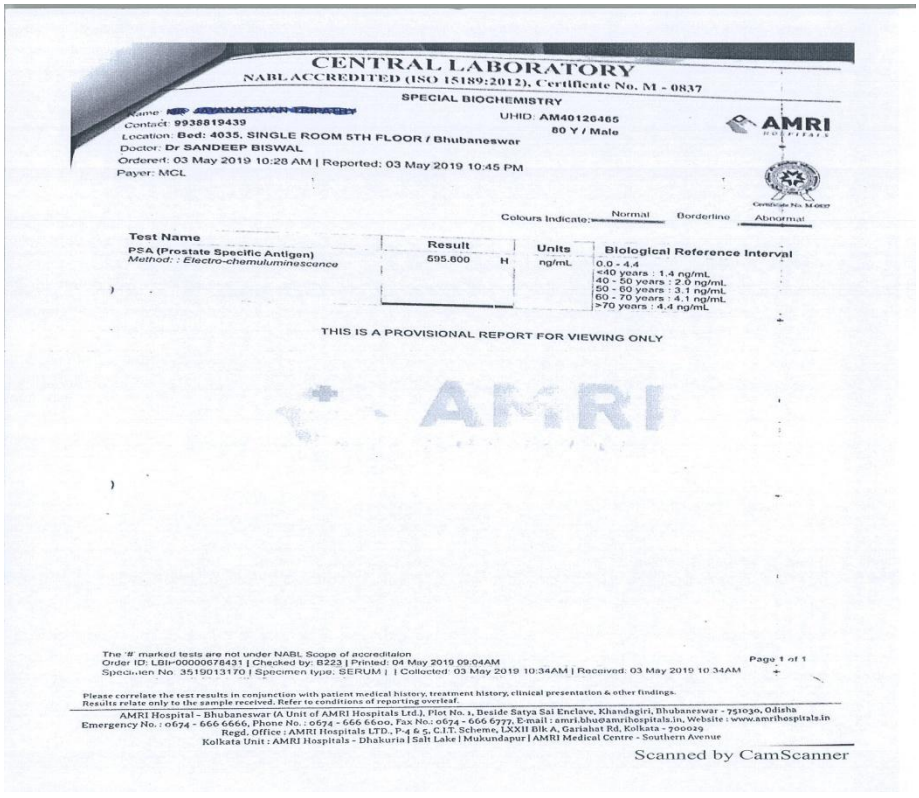
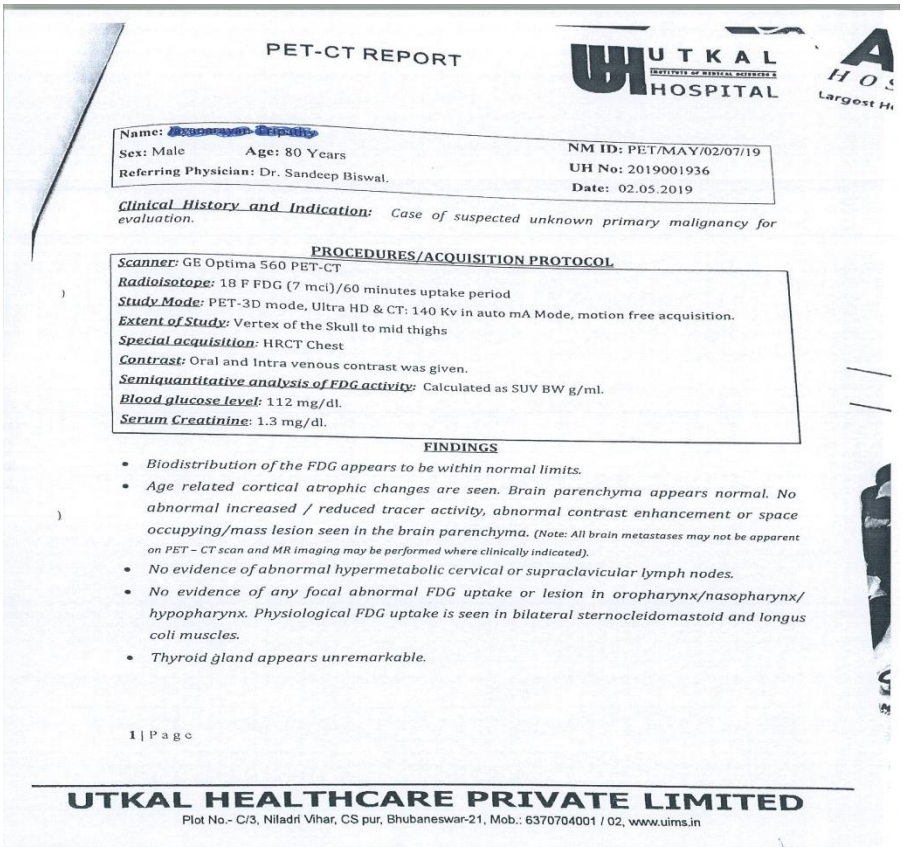


Fig 4



PET-CT REPORT

UTKAL HOSPITAL

Name: [redacted]
Sex: Male Age: 80 Years
Referring Physician: Dr. Sandeep Biswal.

NM ID: PET/MAY/02/07/19
UH No: 2019001936
Date: 02.05.2019

Clinical History and Indication: *Case of suspected unknown primary malignancy for evaluation.*

PROCEDURES/ACQUISITION PROTOCOL

Scanner: GE Optima 560 PET-CT
Radioisotope: 18 F FDG (7 mci)/60 minutes uptake period
Study Mode: PET-3D mode, Ultra HD & CT: 140 Kv in auto mA Mode, motion free acquisition.
Extent of Study: Vertex of the Skull to mid thighs
Special acquisition: HRCT Chest
Contrast: Oral and Intra venous contrast was given.
Semiquantitative analysis of FDG activity: Calculated as SUV BW g/ml.
Blood glucose level: 112 mg/dl.
Serum Creatinine: 1.3 mg/dl.

FINDINGS

- *Biodistribution of the FDG appears to be within normal limits.*
- *Age related cortical atrophic changes are seen. Brain parenchyma appears normal. No abnormal increased / reduced tracer activity, abnormal contrast enhancement or space occupying/mass lesion seen in the brain parenchyma. (Note: All brain metastases may not be apparent on PET – CT scan and MR imaging may be performed where clinically indicated).*
- *No evidence of abnormal hypermetabolic cervical or supraclavicular lymph nodes.*
- *No evidence of any focal abnormal FDG uptake or lesion in oropharynx/nasopharynx/ hypopharynx. Physiological FDG uptake is seen in bilateral sternocleidomastoid and longus coli muscles.*
- *Thyroid gland appears unremarkable.*

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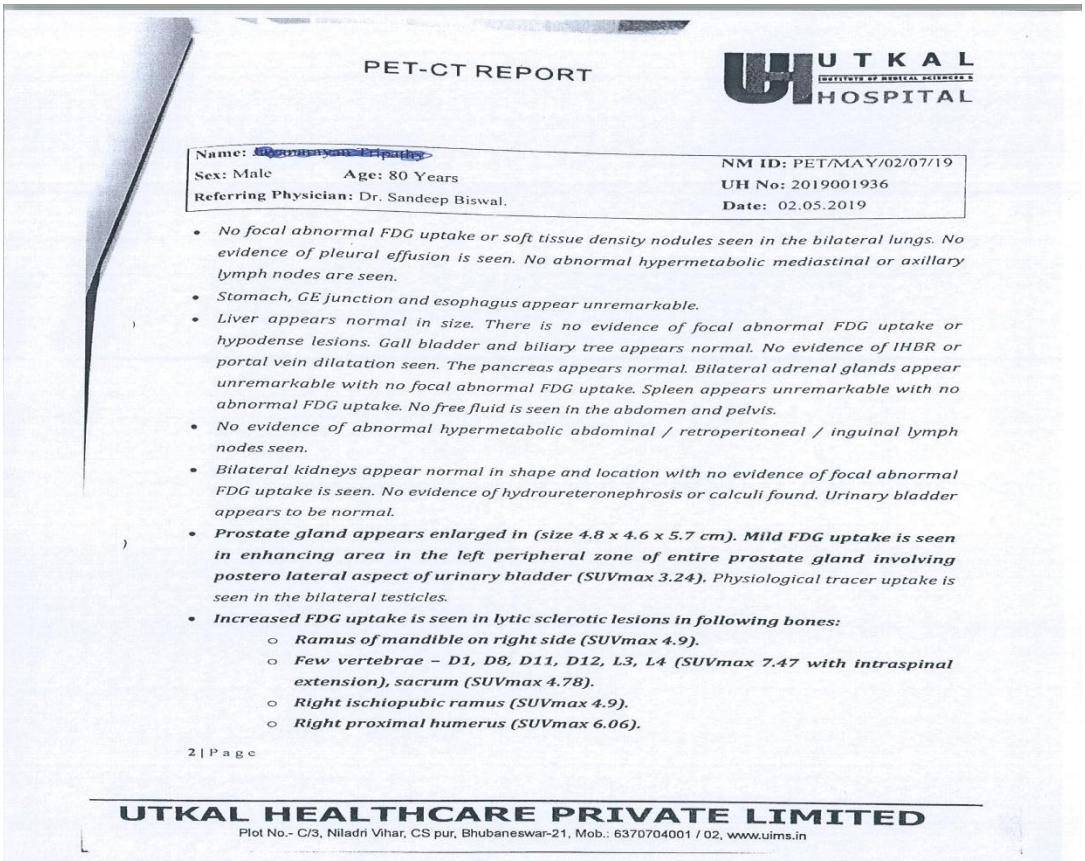
Fig 5



PET-CT REPORT

UTKAL HOSPITAL

Name: [redacted]
Sex: Male Age: 80 Years
Referring Physician: Dr. Sandeep Biswal.

NM ID: PET/MAY/02/07/19
UH No: 2019001936
Date: 02.05.2019

- *No focal abnormal FDG uptake or soft tissue density nodules seen in the bilateral lungs. No evidence of pleural effusion is seen. No abnormal hypermetabolic mediastinal or axillary lymph nodes are seen.*
- *Stomach, GE junction and esophagus appear unremarkable.*
- *Liver appears normal in size. There is no evidence of focal abnormal FDG uptake or hypodense lesions. Gall bladder and biliary tree appears normal. No evidence of IHBR or portal vein dilatation seen. The pancreas appears normal. Bilateral adrenal glands appear unremarkable with no focal abnormal FDG uptake. Spleen appears unremarkable with no abnormal FDG uptake. No free fluid is seen in the abdomen and pelvis.*
- *No evidence of abnormal hypermetabolic abdominal / retroperitoneal / inguinal lymph nodes seen.*
- *Bilateral kidneys appear normal in shape and location with no evidence of focal abnormal FDG uptake is seen. No evidence of hydroureteronephrosis or calculi found. Urinary bladder appears to be normal.*
- ***Prostate gland appears enlarged in (size 4.8 x 4.6 x 5.7 cm). Mild FDG uptake is seen in enhancing area in the left peripheral zone of entire prostate gland involving postero lateral aspect of urinary bladder (SUVmax 3.24).*** *Physiological tracer uptake is seen in the bilateral testicles.*
- ***Increased FDG uptake is seen in lytic sclerotic lesions in following bones:***
  - ***Ramus of mandible on right side (SUVmax 4.9).***
  - ***Few vertebrae – D1, D8, D11, D12, L3, L4 (SUVmax 7.47 with intraspinal extension), sacrum (SUVmax 4.78).***
  - ***Right ischiopubic ramus (SUVmax 4.9).***
  - ***Right proximal humerus (SUVmax 6.06).***

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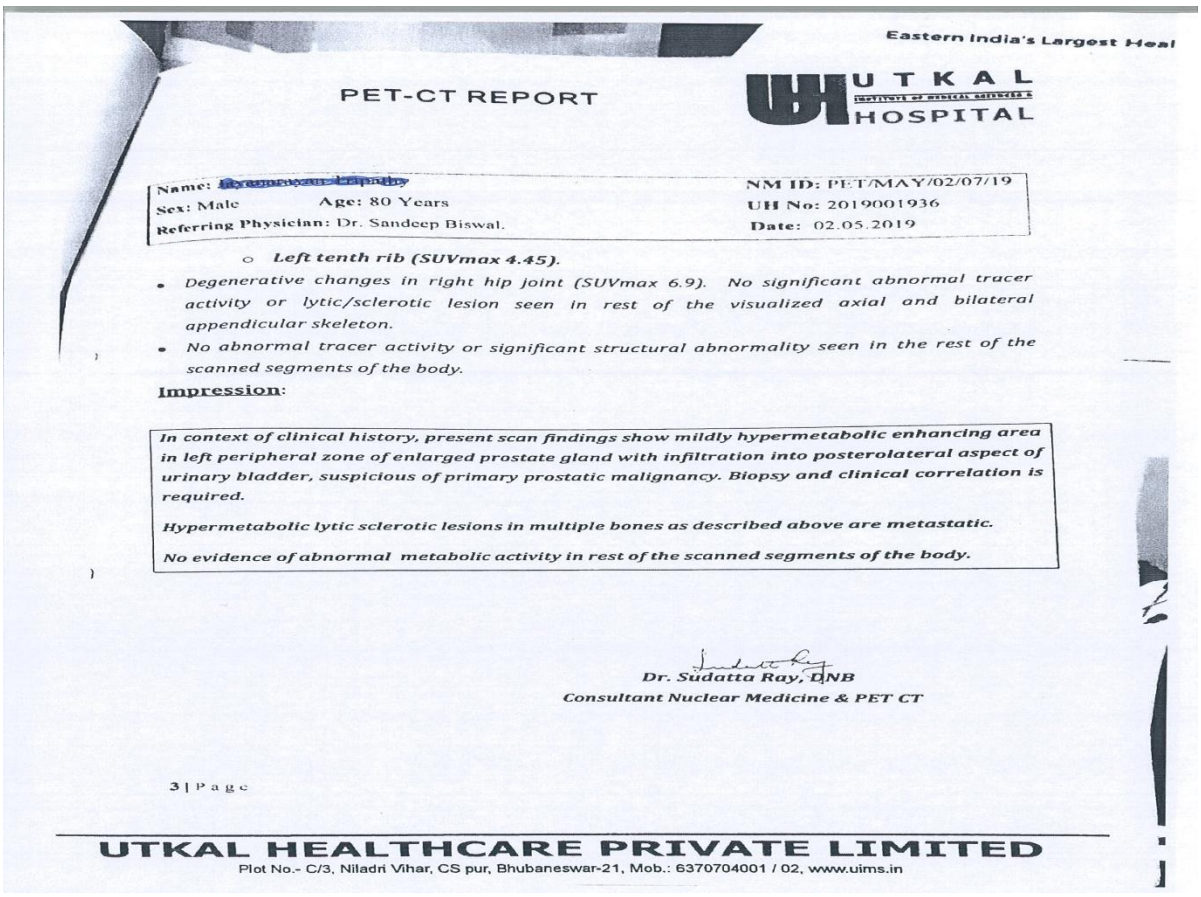
Fig 6



Eastern India's Largest Heal

UTKAL HOSPITAL

PET-CT REPORT

Name: [redacted]
Sex: Male Age: 80 Years
Referring Physician: Dr. Sandeep Biswal.

NM ID: PET/MAY/02/07/19
UH No: 2019001936
Date: 02.05.2019

- *Left tenth rib (SUVmax 4.45).*

- *Degenerative changes in right hip joint (SUVmax 6.9). No significant abnormal tracer activity or lytic/sclerotic lesion seen in rest of the visualized axial and bilateral appendicular skeleton.*
- *No abnormal tracer activity or significant structural abnormality seen in the rest of the scanned segments of the body.*

Impression:

In context of clinical history, present scan findings show mildly hypermetabolic enhancing area in left peripheral zone of enlarged prostate gland with infiltration into posterolateral aspect of urinary bladder, suspicious of primary prostatic malignancy. Biopsy and clinical correlation is required.

Hypermetabolic lytic sclerotic lesions in multiple bones as described above are metastatic.

No evidence of abnormal metabolic activity in rest of the scanned segments of the body.

Dr. Sudatta Ray, DNB
Consultant Nuclear Medicine & PET CT

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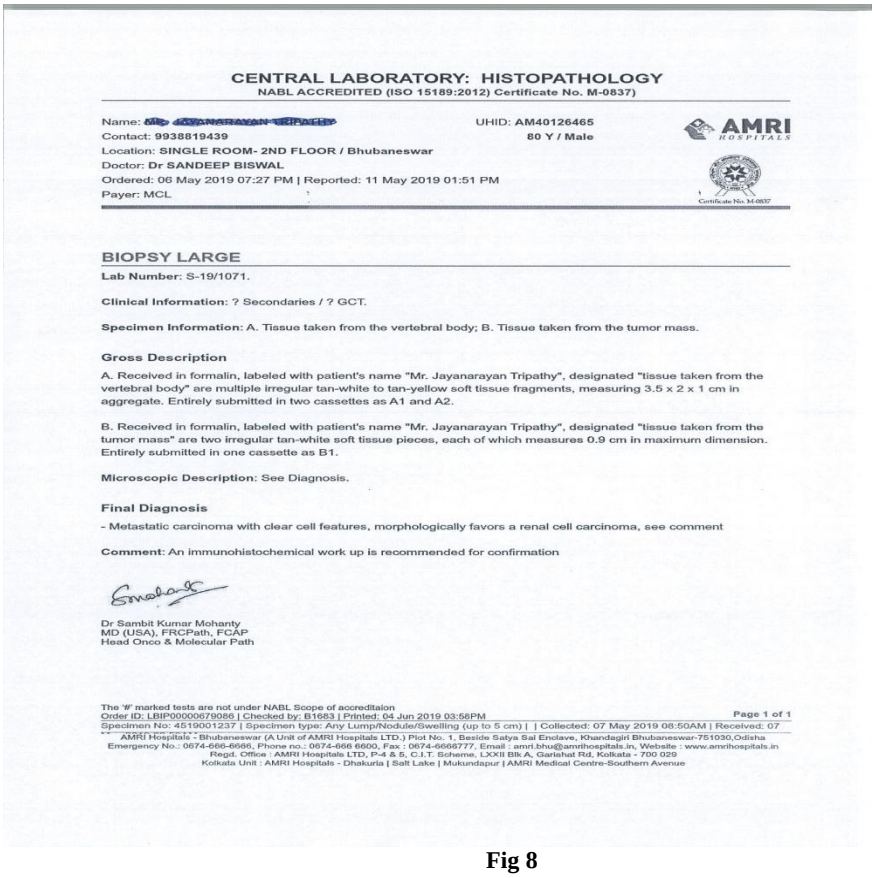
Fig 7

Thereafter, the doctor also did the biopsy of the tumours of the spine and the vertebral body mass and the report suggested Renal carcinoma (Fig 8).



CENTRAL LABORATORY: HISTOPATHOLOGY
NABL ACCREDITED (ISO 15189:2012) Certificate No. M-0837)

Name: [redacted]
Contact: 9938819439
Location: SINGLE ROOM- 2ND FLOOR / Bhubaneswar
Doctor: Dr SANDEEP BISWAL
Ordered: 06 May 2019 07:27 PM | Reported: 11 May 2019 01:51 PM
Payer: MCL

UHID: AM40126465
80 Y / Male

AMRI HOSPITALS

Certificate No. M-0837

BIOPSY LARGE

Lab Number: S-19/1071.

Clinical Information: ? Secondaries / ? GCT.

Specimen Information: A. Tissue taken from the vertebral body; B. Tissue taken from the tumor mass.

Gross Description

A. Received in formalin, labeled with patient's name "Mr. Jayanarayan Tripathy", designated "tissue taken from the vertebral body" are multiple irregular tan-white to tan-yellow soft tissue fragments, measuring 3.5 x 2 x 1 cm in aggregate. Entirely submitted in two cassettes as A1 and A2.

B. Received in formalin, labeled with patient's name "Mr. Jayanarayan Tripathy", designated "tissue taken from the tumor mass" are two irregular tan-white soft tissue pieces, each of which measures 0.9 cm in maximum dimension. Entirely submitted in one cassette as B1.

Microscopic Description: See Diagnosis.

Final Diagnosis

- Metastatic carcinoma with clear cell features, morphologically favors a renal cell carcinoma, see comment

Comment: An immunohistochemical work up is recommended for confirmation

Dr Sambit Kumar Mohanty
MD (USA), FRCPath, FCAP
Head Onco & Molecular Path

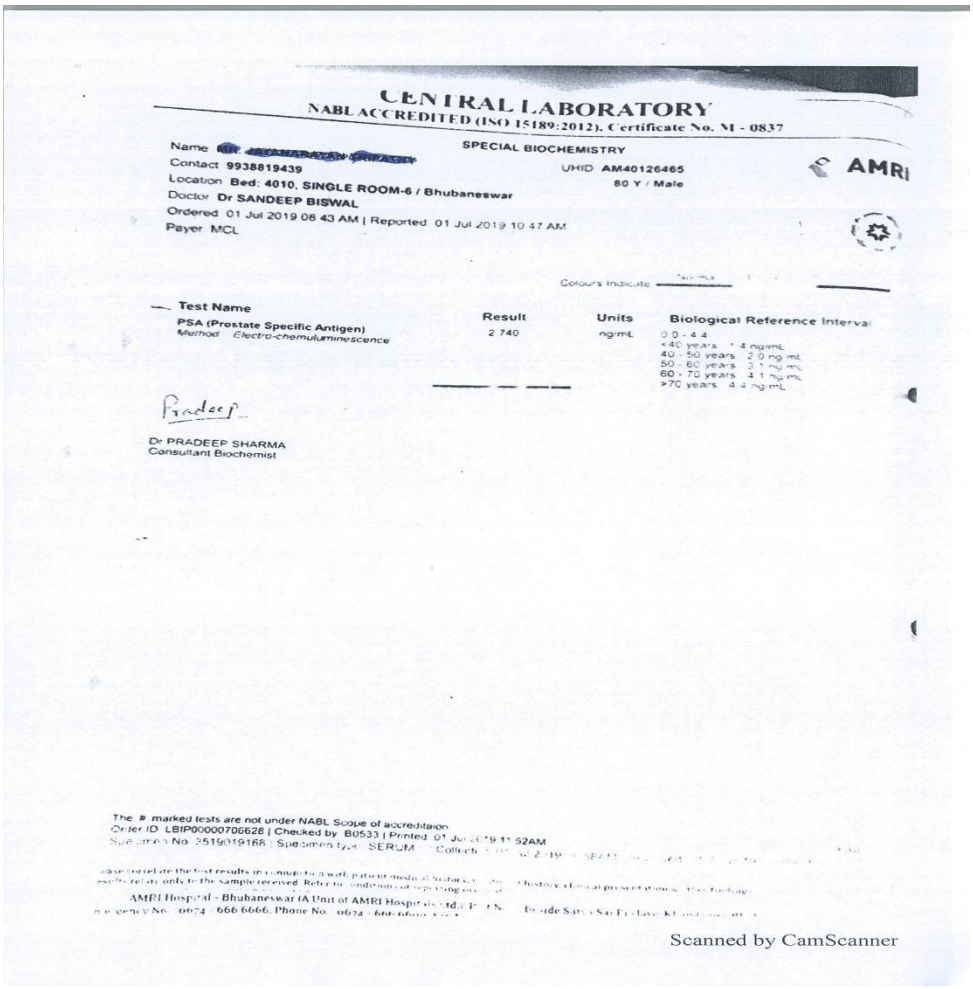
The '#' marked tests are not under NABL Scope of accreditaion
Order ID: LBIP00000679086 | Checked by: B1683 | Printed: 04 Jun 2019 03:58PM
Page 1 of 1
Specimen No: 4519001237 | Specimen type: Any Lump/Nodule/Swelling (up to 5 cm) | | Collected: 07 May 2019 08:50AM | Received: 07
AMRI Hospitals - Bhubaneswar (A Unit of AMRI Hospitals LTD.) Plot No. 1, Beside Satya Sai Enclave, Khandagiri Bhubaneswar-751030,Odisha
Emergency No.: 0674-666-6666, Phone no.: 0674-666 6600, Fax : 0674-6666777, Email : amri.bhu@amrihospitals.in, Website : www.amrihospitals.in
Regd. Office : AMRI Hospitals LTD, P-4 & 5, C.I.T. Scheme, LXXII Blk A, Garlahat Rd, Kolkata - 700 029
Kolkata Unit : AMRI Hospitals - Dhakuria | Salt Lake | Mukundapur | AMRI Medical Centre-Southern Avenue

Fig 8

The patient was discharged with medications for post-surgery period for recovery. The course of Allopathic medicines lasted for 7 days. Meanwhile, along with these medicines, Homoeopathic medicines were also prescribed for the prostate to reduce the serum PSA level. The treatment started from 4th May 2019.

The medicines prescribed were Lycopodium- 1M based on generalities as already mentioned above with daily one dose for 15 days. The other specific medicines were Scrophularia Nodosa-Q, Sabal Serrulata-Q, Ferrum Pic-3x and Ferrum Iod-3X were prescribed to reduce the swelling and hypertrophy of the prostate gland. Carcinosin-200 was also prescribed as a nosode as PSA is linked to prostate cancer[4,5]. The dosage of all these medicines were 20 drops 4 times daily in half cup of room temperature water. After 15 days, Lycopodium was discontinued. Carcinosin was given for 15 days also i.e. till the 30 ml bottle lasted. Rest medicines were continued with the same dosage till the first week of July 2019.

On 1st July 2019, the PSA report showed 2.740ng/ml which reflects that the level is now in the normal range (Fig 9).



CENTRAL LABORATORY
NABL ACCREDITED (ISO 15189:2012), Certificate No. M - 0837

Name [redacted]
Contact 9938819439
Location Bed: 4010, SINGLE ROOM-6 / Bhubaneswar
Doctor Dr SANDEEP BISWAL
Ordered 01 Jul 2019 08 43 AM | Reported 01 Jul 2019 10 47 AM
Payer MCL

SPECIAL BIOCHEMISTRY
UHID AM40126465
80 Y / Male
AMRI

Colours Indicate

Test Name	Result	Units	Biological Reference Interval
PSA (Prostate Specific Antigen) Method : Electro-chemiluminescence	2.740	ng/mL	0.0 - 4.4 <40 years : 1.4 ng/mL 40 - 50 years : 2.0 ng/mL 50 - 60 years : 3.1 ng/mL 60 - 70 years : 4.1 ng/mL >70 years : 4.4 ng/mL

Pradeep

Dr PRADEEP SHARMA
Consultant Biochemist

The # marked tests are not under NABL Scope of accreditation
Order ID LBIP00000706628 | Checked by B0533 | Printed 01 Jul 2019 11 52AM
Specimen No 2519019168 | Specimen type SERUM | Collected

AMRI Hospital - Bhubaneswar (A Unit of AMRI Hospitals Ltd.)

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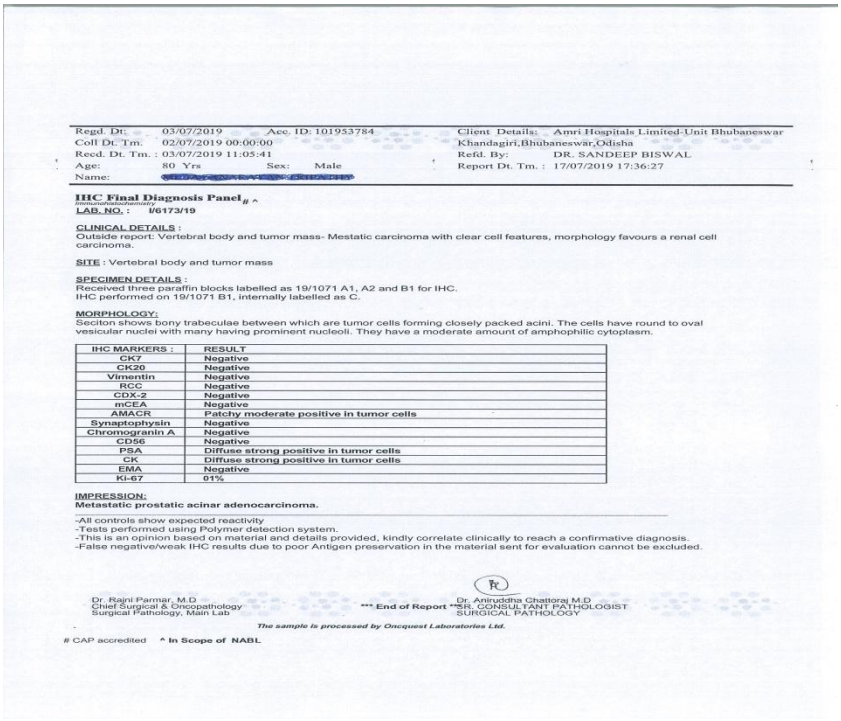
Fig 9

Further Immuno Histo Chemistry (IHC) tests were done on 2nd July 2019 to confirm prostate carcinoma and the report confirmed the case as metastatic acinar prostate adenocarcinoma (Fig 10).



Regd. Dt: 03/07/2019 Acc. ID: 101953784 Client Details: Amri Hospitals Limited-Unit Bhubaneswar
Coll Dt. Tm. 02/07/2019 00:00:00 Khandagiri,Bhubaneswar,Odisha
Recd. Dt. Tm. : 03/07/2019 11:05:41 Refd. By: DR. SANDEEP BISWAL
Age: 80 Yrs Sex: Male Report Dt. Tm. : 17/07/2019 17:36:27
Name:

IHC Final Diagnosis Panel # ^
LAB. NO. : I/6173/19

CLINICAL DETAILS :
Outside report: Vertebral body and tumor mass- Mestatic carcinoma with clear cell features, morphology favours a renal cell carcinoma.

SITE : Vertebral body and tumor mass

SPECIMEN DETAILS :
Received three paraffin blocks labelled as 19/1071 A1, A2 and B1 for IHC.
IHC performed on 19/1071 B1, internally labelled as C.

MORPHOLOGY:
Seciton shows bony trabeculae between which are tumor cells forming closely packed acini. The cells have round to oval vesicular nuclei with many having prominent nucleoli. They have a moderate amount of amphophilic cytoplasm.

IHC MARKERS :	RESULT
CK7	Negative
CK20	Negative
Vimentin	Negative
RCC	Negative
CDX-2	Negative
mCEA	Negative
AMACR	Patchy moderate positive in tumor cells
Synaptophysin	Negative
Chromogranin A	Negative
CD56	Negative
PSA	Diffuse strong positive in tumor cells
CK	Diffuse strong positive in tumor cells
EMA	Negative
Ki-67	01%

IMPRESSION:
Metastatic prostatic acinar adenocarcinoma.

-All controls show expected reactivity
-Tests performed using Polymer detection system.
-This is an opinion based on material and details provided, kindly correlate clinically to reach a confirmative diagnosis.
-False negative/weak IHC results due to poor Antigen preservation in the material sent for evaluation cannot be excluded.

Dr. Rajni Parmar, M.D
Chief Surgical & Oncopathology
Surgical Pathology, Main Lab

*** End of Report ***

Dr. Aniruddha Chattoraj M.D
SR. CONSULTANT PATHOLOGIST
SURGICAL PATHOLOGY

The sample is processed by Oncquest Laboratories Ltd.

CAP accredited ^ In Scope of NABL

Fig 10

From the first week of July 2019, the medicines mentioned above for swelling and hypertrophy of the prostate were given till the end of Sept 2019 with once daily dosage. Currently, only symptomatic treatment is given on SOS basis.

Past history
The patient had a history of cramps in the calves since last 2 years and was treated with calcium supplements and homoeopathic medicines prescribed on the basis of existing symptoms. Besides that, the patient had a severe attack of Shigelosis when he was only 29 years old and has a history of having loose motions whenever there is a stomach upset.

Family history
His father had Pulmonary Tuberculosis and based upon this history, PCR test was done to exclude Tuberculosis of the spine as mentioned above.

Physical generals
The physical and mental generalities clearly pointed towards Lycopodium as the patient was thirst less, desired sweets and the complaints started from the right leg. He does not want to spend money and would always like to do things with minimum expenditure[10].

First Prescription
The first prescription was made in the first week of April 2019 as mentioned above. The medicine prescribed was Lycopodium-1M, daily one dose in the morning for 15 days.

Conclusion
Homoeopathy is effective against glandular ailments where the condition can vary from benign to malignancy. One such gland is the prostate gland where Homoeopathy has already shown success in dealing with the Benign Hypertrophy of the Prostate (BHP). The current study adds another feather in the Homoeopathic cap as it dealt with the carcinoma of the prostate. However, it should be also seen that along with constitutional medicines, specific medicines are also required to deal with the cases. Simultaneously, nutrition and diet in each case are to be addressed as in this case, milk and chappatis were stopped for dinner and instead green leafy vegetables were added in the diet in order to enable the body to fight the conditions like carcinoma.

Declaration of patient consent
The authors certify that they have obtained appropriate patient consent form. In the form, the patient has given his consent for his images related to the diagnosis and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be done to conceal his identity but anonymity can not be guaranteed.

Financial support and sponsorship
Nil
Conflict of interest
Nil

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