

26-6-2025

Benign prostatic hyperplasia treated with Staphysagria in LM potency: An evidence-based case report

Karunakara Moorthi

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kurichy, Kottayam, Kerala, India, dr.karunakaramoorthi@gmail.com

K.R. Siva Tharshini

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kurichy, Kottayam, Kerala, India, sivatharshini97@gmail.com

Author(s) ORCID Identifier:

<https://orcid.org/0000-0003-2502-3877>

Follow this and additional works at: <https://www.ijrh.org/journal>



Part of the [Homeopathy Commons](#)

How to cite this article

Moorthi K, Tharshini KR. Benign prostatic hyperplasia treated with Staphysagria in LM potency: An evidence-based case report. Indian J Res Homoeopathy 2025;19:174-81.

This Case Report is brought to you for free and open access by Indian Journal of Research in Homoeopathy. It has been accepted for inclusion in Indian Journal of Research in Homoeopathy by an authorized editor of Indian Journal of Research in Homoeopathy. For more information, please contact ijrhoneonline@gmail.com.



Benign prostatic hyperplasia treated with *Staphysagria* in LM potency: An evidence-based case report

Abstract

Introduction: Benign prostatic hyperplasia (BPH) is a non-cancerous condition characterised by the enlargement of the prostate gland in men. When the prostate enlarges, it can press against the urethra and cause various urinary symptoms.

Case Summary: A 50-year-old man complained of unsatisfactory micturition, feeble urine flow, difficulty in initiating urine, dribbling at the end of urine and anxiety regarding his future and sensitivity to others' opinions. The patient was diagnosed with BPH based on clinical presentation and the International Prostate Symptom Score (IPSS). After case taking, *Staphysagria* in LM potency was prescribed based on symptom presentation. Individualised homeopathic medicine was selected, and the patient's recovery was seen with ultrasonographic findings and a reduction in the IPSS. The Modified Naranjo Criteria for Homeopathy score of +9 indicated that clinical improvement was likely attributable to the homeopathic treatment. This case study emphasises the necessity of urological management of BPH and recognising and incorporating psychological components for holistic patient care.

Acknowledgments and Source of Funding

The authors are thankful to Dr. K.C. Muraleedharan, Officer-in-Charge, National Homeopathic Research Institute in Mental Health, Kottayam, Kerala for all his support.

Benign prostatic hyperplasia treated with *Staphysagria* in LM potency: An evidence-based case report

Karunakara Moorthi*¹, K. R. Siva Tharshini

Central Council for Research in Homoeopathy-National Homoeopathy Research Institute in Mental Health, Kurichy, Kottayam, Kerala, India

Abstract

Introduction: Benign prostatic hyperplasia (BPH) is a non-cancerous condition characterised by the enlargement of the prostate gland in men. When the prostate enlarges, it can press against the urethra and cause various urinary symptoms. **Case Summary:** A 50-year-old man complained of unsatisfactory micturition, feeble urine flow, difficulty in initiating urine, dribbling at the end of urine and anxiety regarding his future and sensitivity to others' opinions. The patient was diagnosed with BPH based on clinical presentation and the International Prostate Symptom Score (IPSS). After case taking, *Staphysagria* in LM potency was prescribed based on symptom presentation. Individualised homoeopathic medicine was selected, and the patient's recovery was seen with ultrasonographic findings and a reduction in the IPSS. The Modified Naranjo Criteria for Homeopathy score of +9 indicated that clinical improvement was likely attributable to the homoeopathic treatment. This case study emphasises the necessity of urological management of BPH and recognising and incorporating psychological components for holistic patient care.

Keywords: Benign prostatic hyperplasia (BPH), Homoeopathy, International prostate symptom score (IPSS), LM potencies, *Staphysagria*

INTRODUCTION

Benign Prostatic Hyperplasia (BPH) comes under the International Classification of Diseases-10 N40.1. It is a non-cancerous tumour-like development of the prostate gland.^[1] It is a histological lesion characterised by uncontrolled proliferation of connective tissue, smooth muscle and glandular epithelium in the prostatic transition zone.^[2] The global prevalence of BPH varies, but generally ranges from 20% to 62% in men over 50 years old. In 2021, there were 112,502 thousand prevalent cases globally.^[3] One of the most prevalent issues in older men is BPH. Lower urinary tract symptoms such as urine urgency, frequency, incomplete, variable stream flow and nocturia characterise BPH.^[4] For clinical diagnosis, at least two of the following criteria must be present: urinary tract symptoms, an International Prostate Symptom Score (IPSS) >8, a total prostatic volume greater than 30 mL, and a maximum urine flow rate (Qmax) of 15 mL/s.^[5] IPSS is a modification of the American Urological Association symptom index, utilized to measure the severity of lower urinary tract symptoms and quality of life. A score of 7 or less is mildly symptomatic, 8–9 is moderately symptomatic, and 20–35 is severely symptomatic.^[6] BPH is often seen in men over the

age of 50, and its prevalence rises to 75–80% in men over the age of 80. It is rarely fatal, but it has a major impact on an individual's quality of life to varying extent.^[7] However, only 5–10% of individuals suffering from BPH result in symptomatic urinary tract blockage necessitating surgical therapy.^[8] Pharmacological intervention is used when there is higher resistance to urine flow through the bladder neck and a constricted prostatic urethra. Surgical intervention is considered in cases of severe signs and symptoms such as urine retention, renal failure and infection.^[9]

Dr. Samuel Hahnemann (1755–1843) spent the past decade of his life discovering 50 millesimal (LM) potencies, especially to prevent the aggravations induced by centesimal potencies, which he felt caused the patient too much misery. He discovered this method for deeper and faster treatments, while being gentle. The LM potencies are generated by diluting the

***Address for correspondence:** S. Karunakara Moorthi, National Homoeopathy Research Institute in Mental Health, Sachivothampuram, Kurichy, Kottayam - 686 532, Kerala, India. E-mail: dr.karunakaramoorthi@gmail.com

Received: 28 December 2023; **Accepted:** 20 May 2025

Access this article online

Quick Response Code:

Available in print version only

Website:
www.ijrh.org

DOI:
10.53945/2320-7094.2025

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Moorthi K, Tharshini KR. Benign prostatic hyperplasia treated with *Staphysagria* in LM potency: An evidence-based case report. Indian J Res Homoeopathy 2025;19:174-81.

medicine in steps of 1–50,000 instead of 1 in 100 and restricting the succussions to 100. The large number of dilutions greatly increases the remedy’s potency, while the small number of succussions minimises aggravations. As a result, LMs act deeply and quickly: deep enough to the cognitive and emotional levels and far past the patient’s chronology, resulting in healing in a fraction of the time required by Dr. Hahnemann’s previous centesimal method.^[10] A multicentric prospective observational study, an evidence-based case series and a case study on BPH show significant results with individualised homoeopathic medicines.^[11-13] individualised medicine is chosen for each patient, considering the patient’s physical, mental, emotional and social background. The patient is treated as a whole, acting on both the psychological and physical planes. This case has been reported according to the HOM-CASE guidelines.^[14]

PATIENT INFORMATION

A man in his fifties reported to the outpatient department of National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India on February 10, 2022, with the complaint of unsatisfactory micturition, feeble urine flow, difficulty initiating urine and dribbling at the end of urine since past one year. He also complained of occasional burning during micturition, but there was no visible blood in the urine. However, he had to wait for a long time to urinate and experienced difficulty in passing stool. He had a lot of anxiety regarding his future and was very sensitive to other’s opinions.

The patient had cryptorchidism since birth, and no surgery was done. He had a history of atrial septal defect since birth, and surgery was done at 14 years of age. At the age of 20, he took homoeopathic medicines for fatty liver and recovered.

The patient’s father was suffering from type-2 diabetes mellitus. The elder brother had a persistent history of left ventricular hypertrophy.

The patient was the youngest child of his family. His father was engaged in some political work. His mother died after three days of his birth due to delivery complications. He had three elder brothers and one elder sister. He had an atrial septal defect at the time of birth and got operated for it at the age of 14 years. He had very few friends. During his childhood, he used to read books and didn’t go out to play, as he had cardiac complaints. His father died when he was 20-years-old. He was

an undergraduate. Initially, he worked in a private place when he was 24-years-old, where his self-respect was wounded, and subsequently, his anxiety complaints started. He had been working in the panchayat (government sector) since the age of 30 years. He was sensitive to what people might say about him. When others used to blame him, he got offended and did not accept it, even if he was wrong. In his workplace, he constantly came across such situations. He had a fear of adjusting to new situations. He wanted to live in a disciplined manner. The patient reported that his past and ongoing physical health issues contributed to his decision to remain unmarried. He was very anxious about his future.

Clinical findings

On physical examination, there was a palpable, firm, non-tender swelling in the suprapubic region.

Generalities

He loved to be alone. He had a history of ailments from mortification. He used to get offended easily. He was sensitive to other’s opinion. He used to remain anxious regarding his future all the time. He had a very organized nature and always wanted to live in a disciplined manner.

Diagnostic assessment

Ultrasonography of the abdomen taken on March 1, 2022, indicated a bladder with significant post-void residual of 116 cc, showing the symptoms of Bladder outlet obstruction (BOO), borderline splenomegaly, grade I fatty liver and mild hydroureteronephrosis.

Totality of symptoms

Rubrics related to his mental symptoms were given importance and particular symptoms were considered, and the totality was constructed.

- Ailments from mortification
- Offended easily
- Sensitive to other’s opinion
- Desire to be alone
- Wants to be proper in all aspects
- Anxiety about his future.

Therapeutic intervention

The selection of medicine was based on the totality of symptoms. Reportorial analysis was done using RADAR Opus version 10 software^[15] [Figure 1]. *Staphysagria* 0/4 was

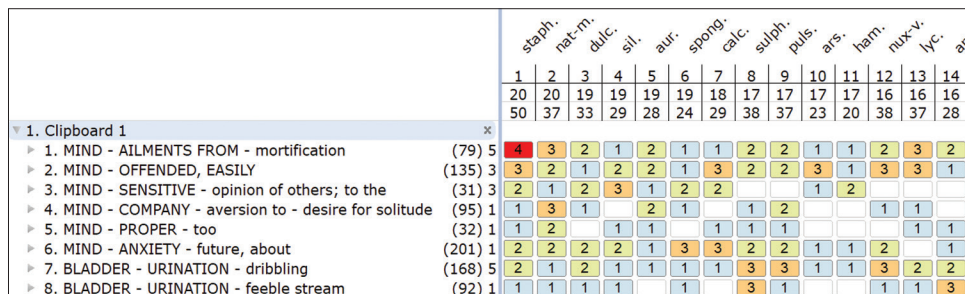


Figure 1: Repertorial chart using RADAR Opus version 10 software

prescribed and it was dispensed by an institutional pharmacy based on previous clinical experiences in the management of BPH case. The patient was advised to report to the outpatient department every month. The pharmacist dispensed the medicine in each visit, as follows: One globule (poppy seed size) of the specified potency will be dissolved in 120 ml of distilled water that has been pre-mixed with 2.4 ml (2% v/v) of dispensing alcohol, afterward performing 10 consistently vigorous downward strokes against the bottom of the phial. The patient was instructed to give ten uniformly forceful downward strokes with the bottle the hand on a hard surface, then take three teaspoonfuls (15 ml) of this solution and mix it in eight teaspoonfuls (40 ml) of water in a clean glass after stirring the solution for each dose of medicine. Typically, one dose equals one teaspoonful (5 ml) of this solution. One dose (5 ml) of medicine was, thus, repeated once every day throughout the

follow-ups. The follow-up prescription was further increased to 0/5 and 0/6. As the patient had improvement with 0/6, it was continued till the last follow-up (29 July 2023).

Follow-up and outcomes

A follow-up of the case was carried out for about one and a half years. The clinical assessment of the case was done using the IPSS score at every 5th month (except on the 2nd follow-up). The follow-up of the case is depicted in Table 1. The repeated ultrasonography showed that the hepatobiliary system and pancreas appeared normal, the kidneys appeared normal and no other focal lesions in the abdomen were seen. Significant symptom improvement was observed exclusively with homoeopathic medicines. The causal attribution was determined using Modified Naranjo Criteria for Homeopathy (MONARCH) with the score +9, as indicated in Table 2.

Table 1: Follow-up and outcome

| Follow-up date | Symptoms | Prescription | IPSS score |
|--|---|--|------------|
| 10 February 2022 (First Visit) | <ul style="list-style-type: none"> • Unsatisfactory micturition, feeble urine flow, dribbling at the end of urine. • Occasionally, burning during micturition • Constipation • Had to wait a long time to urinate • Anxiety about his future • Sensitive to others' opinions | <p><i>Staphysagria</i> 0/4/1D</p> <p>The patient was instructed to take one dose (5 ml) of medicine every day.</p> | 34 |
| 19 March 2022 (1 st Follow-up) | <ul style="list-style-type: none"> • Unsatisfactory micturition, feeble urine flow and dribbling at the end of urine • Occasionally, burning during micturition still persisted • Constipation • Had to wait a long time to urinate persists • Anxiety about his future persisted • Sensitive to others' opinions | <p><i>Staphysagria</i> 0/5/1D</p> <p>The patient was instructed to take one dose (5 ml) of medicine every day.</p> | |
| 29 April 2022 (2 nd Follow-up) | <ul style="list-style-type: none"> • Dribbling at the end of urine persisted • Unsatisfactory micturition and feeble urine flow persisted • Had to wait a long time to urinate still present • Constipation better than before • Sensitive to others' opinions mildly improved • Anxiety about his future persisted | <p><i>Staphysagria</i> 0/6/1D</p> <p>The patient was instructed to take one dose (5 ml) of medicine every day.</p> | 29 |
| 09 June 2022 (3 rd Follow-up) | <ul style="list-style-type: none"> • Dribbling at the end of urine persisted • Had to wait a long time to urinate • Constipation better than before • Sensitive to others' opinions mildly improved • Anxiety about his future persisted • Generally felt slightly better | <p><i>Staphysagria</i> 0/6/1D</p> <p>The patient was instructed to take one dose (5 ml) of medicine every day.</p> | |
| 22 July 2022 (4 th Follow-up) | <ul style="list-style-type: none"> • Dribbling at the end of urine persisted • Had to wait to pass urine better but not diminished • Constipation-improved well • Sensitive to others' opinions improved • Anxiety about his future slightly better • The patient generally felt slightly better | <p><i>Staphysagria</i> 0/6/1D</p> <p>The patient was instructed to take one dose (5 ml) of medicine every day.</p> | |
| 13 September 2022 (5 th Follow-up) | <ul style="list-style-type: none"> • Dribbling at the end of urine slightly better but persisted • Had to wait to pass urine: improved • Constipation- nil. • Anxiety about his future reduced • Sensitive to others' opinions improved • The patient felt better | <p><i>Staphysagria</i> 0/6/1D</p> <p>The patient was instructed to take one dose (5 ml) of medicine every day.</p> | 19 |

(Contd...)

Table 1: (Continued)

| Follow-up date | Symptoms | Prescription | IPSS score |
|---|--|---|------------|
| 08 November 2022 (6 th Follow-up) | <ul style="list-style-type: none"> • Had to wait to pass urine improved well • Dribbling at the end of urine improved • Anxiety about his future reduced • Sensitive to others' opinions improved | <i>Staphysagria</i> 0/6/1D The patient was instructed to take one dose (5 ml) of medicine every day. | |
| 31 December 2022 (7 th Follow-up) | <ul style="list-style-type: none"> • Had to wait to pass urine better than before • Dribbling at the end of urine reduced • Anxiety about his future reduced • Sensitive to others' opinions improved | <i>Staphysagria</i> 0/6/1D The patient was instructed to take one dose (5 ml) of medicine every day. | |
| 02 February 2023 (8 th Follow-up) | <ul style="list-style-type: none"> • Had to wait to pass urine better than before • Dribbling at the end of urine better • Anxiety about his future better • Sensitive to others' opinions improved | <i>Staphysagria</i> 0/6/1D The patient was instructed to take one dose (5 ml) of medicine every day. | 12 |
| 26 June 2023 (9 th Follow-up) | <ul style="list-style-type: none"> • Had to wait to pass urine: marked improvement • Dribbling at the end of urine: marked improvement • Constipation nil • Anxiety about his future reduced • Sensitive to others' opinions improved | <i>Staphysagria</i> 0/6/1D The patient was instructed to take one dose (5 ml) of medicine every day. | |
| 29 July 2023 (10 th Follow-up) | <ul style="list-style-type: none"> • Had to wait to pass urine-nil • Dribbling at the end of urine -nil • Constipation: nil • Sleep-sound • Anxiety about his future reduced • Less sensitive to others' opinions | <i>Staphysagria</i> 0/6/1D The patient was instructed to take one dose (5 ml) of medicine every day. | 05 |

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH) score*

| S. No. | Criteria | Yes | No | Not sure |
|------------------------|--|-----------|-----------|----------|
| 1. | Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed? | +2 | -1 | 0 |
| 2. | Did the clinical improvement occur within a plausible timeframe relative to the medicine intake? | +1 | -2 | 0 |
| 3. | Was there a homeopathic aggravation of symptoms? | +1 | 0 | 0 |
| 4. | Did the effect encompass more than the main symptom or condition, (i.e. were other symptoms, not related to the main presenting complaint, improved or changed)? | +1 | 0 | 0 |
| 5. | Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements) | +1 | 0 | 0 |
| 6A. | <i>Direction of cure:</i> Did some symptoms improve in the opposite order of the development of symptoms of the disease? | +1 | 0 | 0 |
| 6B. | <i>Direction of cure:</i> Did at least one of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards? | +1 | 0 | 0 |
| 7. | Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement? | +1 | 0 | 0 |
| 8. | Are there alternative causes (i.e., other than the medicine) that- with a high probability- could have produced the improvement? (Consider a known course of disease, other forms of treatment and other clinically relevant interventions) | -3 | +1 | 0 |
| 9. | Was the health improvement confirmed by objective evidence? (e.g., investigations, clinical examination, etc.) | +2 | 0 | 0 |
| 10. | Did repeat dosing, if conducted, create similar clinical improvement? | +1 | 0 | 0 |
| Total score: +9 | | | | |

*The numbers in bold font represent the option selected

DISCUSSION

In Homoeopathy, the treatment is guided by a holistic evaluation of the patient's the physical symptoms, mental state, personal history and constitution based

on individualisation. In this case report, the patient was apparently suffering from mental symptoms before the appearance of physical symptoms. From his life space analysis, we could understand that his past workplace

situation made him anxious, which could have led to physical symptoms. The size of the prostate was within normal values before treatment (16 cc). This might mimic the condition of BOO. However, the presenting complaints, such as unsatisfactory micturition, feeble urine flow, difficulty initiating urine and dribbling at the end of urine were suggestive of BPH. Along with that a high IPSS score suggested the severity before investigation, which confirmed the diagnosis. A few articles revealed a strong correlation between lower urinary tract symptoms, BPH and mental health problems, such as anxiety, depression, susceptibility to stress and difficulties in performing daily activities.^[16,17]

In the present context, an evidence-based case series and a prospective observational study on BPH showed significant results with homoeopathic treatment.^[11-13] However, the present case report stresses on the concept of diseases due to prolonged emotional causes. The diseases due to prolonged emotional factors stated in the aphorism §225 tell that psychological factors, such as persistent anxiety, worry, vexation, stress, depression and persistently high levels of fear and fright cause the body to change or become ill slightly. These mental illnesses have an impact on physical well-being and may cause significant physical distress.^[18] As per Hering's law of cure, this case depicts the improvement of symptoms in the reverse order of their appearance of symptoms,^[19] which is re-examined in MONARCH criteria [Table 2]. Dr Hahnemann suggested LM potency in all cases (6th edition) especially in deep pathology as its action is rapid, deep and gentle in frequent repetitions. The LM potency acts rapidly and thoroughly, deeply to the intellectual and emotional levels.^[10] The clinical outcome of the case was evaluated using IPSS, which revealed a significant reduction in the severity of symptoms. The initial IPSS score was 34 (severe category) but steadily decreased to 05 (mildly symptomatic) by the past follow-up. In this case, all subjective symptoms were improved after taking the individualised homoeopathic medicine. The post-treatment investigations showed no significant abnormalities in the spleen, kidney, liver and prostate. The MONARCH score of +9 indicates that the patient has improved significantly due to the homoeopathic treatment.^[10] The ultrasonographic evidence, along with the homoeopathic literature, shows the effectiveness of individualised homoeopathic medicines in managing and rendering relief to the patient. These are the major strengths that are of significance in this case report. From this case report, one can also learn about the management of diseases with LM potency and the application of Hering's law of cure.

The lack of availability of LM potency from 0/1 to 0/3 was a major limitation of this case report. The initial prescription started with 0/4 potency due to the non-availability of the initial potencies. Being a single case, the limitation of non-generalisability to a larger context remains, which may be targeted through clinical trials.

CONCLUSION

The present case report shows improvement in a BPH patient as per the homoeopathic principles, as assessed through both objective and subjective evidence. This shows the true potential of homoeopathic medicine in LM potency in the treatment of a BPH case, especially where the case seems to have a deeper pathology. Further advanced studies including randomized control trials can add more value to this inference.

Declaration of patient consent

The patient had given his written informed consent for reporting his clinical information. The patient understood that his name and initials will not be published, and due efforts will be made to conceal his identity but anonymity cannot be guaranteed.

ACKNOWLEDGMENT

The authors are thankful to Dr. K.C. Muraleedharan, Officer-in-Charge, National Homoeopathy Research Institute in Mental Health, Kottayam, Kerala, India for all his support.

Financial support and sponsorship

Nil.

Conflicts of interest

None declared.

REFERENCES

1. Johns Hopkins Medicine. Benign Prostatic Hyperplasia (BPH). John Hopkins Medicine; 2023. Available from: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/benign-prostatic-hyperplasia-bph> [Last accessed on 2025 May 18].
2. Auffenberg GB, Helfand BT, McVary KT. Established medical therapy for benign prostatic hyperplasia. *Urol Clin North Am* 2009;36:443-59.
3. Chen X, Yang S, He Z, Chen Z, Tang X, Lin Y, *et al*. Comprehensive analysis of the global, regional, and national burden of benign prostatic hyperplasia from 1990 to 2021. *Sci Rep* 2025;15:5644.
4. Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J. Harrison's Manual of Medicine. 18th ed. Ch. 81. United States: McGraw Hill Publication; 2019. p. 469-70.
5. Oelke M, Michael MC. What do we really know about benign prostatic hyperplasia and lower urinary tract symptoms in adult men? *World J Urol* 2011;29:141-2.
6. International Prostate Symptom Score: An Overview. ScienceDirect Topics. Available from: <https://www.sciencedirect.com/topics/medicine-and-dentistry/international-prostate-symptom-score#:~:text=it%20assesses%20urinary%20frequency%2c%20nocturia,35%20are%20considered%20severe%20luts> [Last accessed on 2023 Dec 10].
7. Kumar P, Clark M. Diseases of the prostate gland. In: Kumar and Clark's Clinical Medicine. 17th ed. New York: Saunders Elsevier Ltd.; 2009. p. 645.
8. Mohan H. The male reproductive system and prostate. In: Textbook of Pathology. 5th ed. New Delhi: Jaypee Brothers Medical Publishers Pvt Ltd.; 2008. p.743.
9. Dhingra N, Bhagwat D. Benign prostatic hyperplasia: An overview of existing treatment. *Indian J Pharmacol* 2011;43:6-12.
10. De Schepper L. LM potencies: One of the hidden treasures of the sixth edition of the Organon. *Br Hom J* 1999;88:128-34.
11. Gupta N, Singh R, Saxena RK. Clinical evaluation of homoeopathic medicines in benign prostatic hyperplasia. *Homoeopathic Links* 2019;32:82-7.

12. Sharma PM, Vangani KA, Sharma R, Vyas H, Jain A, Sharma B. Treatment of benign prostatic hyperplasia in Homoeopathy with repertorial analysis-a case study. *Eur J Mol Clin Med* 2020;7:126077.
13. Oberoi P, Roja V, Ramesh D, Arya D, Reddy CR, Sharma SK, *et al*. Homoeopathic medicines in the management of benign prostatic hyperplasia: A multi-centric prospective observational study. *Indian J Res Homoeopathy* 2019;12:113-24.
14. Van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med* 2016;25:78-85.
15. Radar Opus. Version 3.0.16. Archibel Homoeopathic Software. Belgium: Radar Opus; 2019.
16. Rom M, Schatzl G, Swietek N, Rucklinger E, Kratzik C. Lower urinary tract symptoms and depression. *BJU Int* 2012;110:E918-21.
17. Koh JS, Ko HJ, Wang SM, Cho KJ, Kim JC, Lee SJ, *et al*. The relationship between depression, anxiety, somatization, personality and symptoms of lower urinary tract symptoms suggestive of benign prostatic hyperplasia. *Psychiatry Investig* 2015;12:268-73.
18. Hahnemann S, Boericke W. *Organon of Medicine*. New Delhi: B. Jain; 2016.
19. Schmidt R. Hering's Law of Cure; 2021. Available from: <http://www.homeoint.org/cazalet/schmidt/lawofcure.htm> [Last accessed on 2023 Dec 10].

Hyperplasie bénigne de la prostate traitée par *Staphysagria* en puissance LM : rapport de cas fondé sur des données probantes.

Introduction: L'hyperplasie bénigne de la prostate (HBP) est une affection non cancéreuse caractérisée par l'augmentation du volume de la prostate chez l'homme. Lorsque la prostate augmente de volume, elle peut appuyer contre l'urètre et provoquer divers symptômes urinaires.

Résumé du cas: Un homme de 50 ans se plaignait d'une miction insatisfaisante, d'un faible débit urinaire, de difficultés à uriner, de gouttes à la fin de la miction et d'anxiété concernant son avenir et de sensibilité à l'opinion des autres. Le patient a été diagnostiqué avec une HBP sur la base de la présentation clinique et du score international des symptômes de la prostate (IPSS). Après la prise en charge du cas, *Staphysagria* en puissance LM a été prescrit en fonction de la présentation des symptômes. Un médicament homéopathique individualisé a été sélectionné et le rétablissement du patient a été observé grâce aux résultats échographiques et à une réduction de l'IPSS. Le score des critères modifiés de Naranjo pour l'homéopathie de +9 indiquait que l'amélioration clinique était probablement attribuable au traitement homéopathique. Cette étude de cas souligne la nécessité d'une prise en charge urologique de l'HBP et de la reconnaissance et de l'intégration des composantes psychologiques pour une prise en charge globale du patient.

Benigne Prostatahyperplasie, behandelt mit *Staphysagria* in LM-Potenz: Ein evidenzbasierter Fallbericht.

Einleitung: Die benigne Prostatahyperplasie (BPH) ist eine nicht krebsartige Erkrankung, die durch eine Vergrößerung der Prostata bei Männern gekennzeichnet ist. Wenn die Prostata vergrößert ist, kann sie auf die Harnröhre drücken und verschiedene Harnwegssymptome verursachen.

Fallzusammenfassung: Ein 50-jähriger Mann klagte über unbefriedigende Miktions, schwachen Harnstrahl, Schwierigkeiten beim Einleitung des Wasserlassens, Tröpfeln am Ende des Urins sowie Angst um seine Zukunft und Empfindlichkeit gegenüber den Meinungen anderer. Bei dem Patienten wurde BPH anhand des klinischen Bildes und des International Prostate Symptom Score (IPSS) diagnostiziert. Nach der Fallaufnahme wurde auf Grundlage der Symptomatik *Staphysagria* in der Potenz LM verschrieben. Es wurde ein individualisiertes homöopathisches Arzneimittel ausgewählt und die Genesung des Patienten anhand von Ultraschallbefunden und einer Verringerung des IPSS vermerkt. Der Wert von +9 gemäß den modifizierten Naranjo-Kriterien für Homöopathie deutete darauf hin, dass die klinische Besserung wahrscheinlich auf die homöopathische Behandlung zurückzuführen war. Diese Fallstudie unterstreicht die Notwendigkeit der urologischen Behandlung der BPH und die Berücksichtigung psychologischer Komponenten für eine ganzheitliche Patientenversorgung.

बिनाइन प्रोस्टेटिक हाइपरप्लेसिया का स्टैफिसैग्रिया की एलएम पोटेंसी द्वारा इलाज: एक साक्ष्य-आधारित केस रिपोर्ट।

परिचय: बिनाइन प्रोस्टेटिक हाइपरप्लेसिया (BPH) एक गैर-कैंसर युक्त स्थिति है जो पुरुषों में प्रोस्टेट ग्रंथि के बढ़ने से होती है। जब प्रोस्टेट बढ़ जाता है, तो यह मूत्रमार्ग पर दबाव डालता है और विभिन्न प्रकार के मूत्र संबंधी लक्षण पैदा कर सकता है।

केस सारांश: एक 50 वर्षीय पुरुष ने असंतोषजनक मूत्रत्याग, प्रवाह में कमजोरी, पेशाब शुरू करने में कठिनाई, पेशाब का अंत में बूंद-बूंद टपकना और अपने भविष्य को लेकर चिंता तथा दूसरों की राय के प्रति संवेदनशीलता की शिकायत की। रोगी को नैदानिक प्रस्तुति और अंतर्राष्ट्रीय प्रोस्टेट लक्षण स्कोर (IPSS) के आधार पर BPH का निदान किया गया। केस लेने के बाद, लक्षण प्रस्तुति के आधार पर LM शक्ति में स्टैफिसैग्रिया निर्धारित की गई। व्यक्तिगत होम्योपैथिक दवा का चयन किया गया और रोगी में सुधार की पुष्टि अल्ट्रासोनोग्राफी निष्कर्षों तथा अंतर्राष्ट्रीय प्रोस्टेट लक्षण स्कोर (IPSS) में कमी के माध्यम से हुई। होम्योपैथी के लिए संशोधित नारंजों मानदंडों में +9 का स्कोर यह संकेत देता है कि रोग में सुधार संभवतः होम्योपैथिक उपचार के प्रभाव के कारण हुआ है। यह केस स्टडी बीपीएच के यूरोलॉजिकल प्रबंधन की आवश्यकता और समग्र रोगी देखभाल हेतु मनोवैज्ञानिक घटकों की पहचान और उनके समावेश के महत्व को भी दर्शाती है।

Hiperplasia prostática benigna tratada con *Staphysagria* en potencia LM: Informe de un caso basado en la evidencia.

Introducción: La hiperplasia prostática benigna (HPB) es una afección no cancerosa caracterizada por el agrandamiento de la glándula prostática en los hombres. Cuando la próstata se agranda, puede presionar contra la uretra y causar diversos síntomas urinarios.

Resumen del caso: Un hombre de 50 años se quejó de micción insatisfactoria, flujo de orina débil, dificultad para iniciar la micción, goteo al final de la micción y ansiedad con respecto a su futuro y sensibilidad a las opiniones de los demás. El paciente fue diagnosticado con HPB con base en la presentación clínica y el International Prostate Symptom Score (IPSS). Después de la toma de caso, se prescribió *Staphysagria* en potencia LM con base en la presentación de los síntomas. Se seleccionó la medicina homeopática individualizada y se observó la recuperación del paciente con hallazgos ecográficos y una reducción en el IPSS. La puntuación de +9 en los Criterios de Naranjo Modificados para la Homeopatía indicó que la mejoría clínica probablemente era atribuible al tratamiento homeopático. Este estudio de caso enfatiza la necesidad del manejo urológico de la HBP y el reconocimiento e incorporación de componentes psicológicos para la atención integral del paciente.

用LM效力的*Staphysagria*治疗良性前列腺增生：基于证据的病例报告。

简介：良性前列腺增生（BPH）是一种非癌性疾病，其特征是男性前列腺增大。前列腺增大时会压迫尿道并引起各种泌尿症状。**病例摘要：**一名 50 岁的男性抱怨排尿不尽、尿流无力、尿困难、尿末滴沥以及对未来感到焦虑和对别人的看法很敏感。根据临床表现和国际前列腺症状评分（IPSS），患者被诊断为 BPH。在病例调查后，根据症状表现开了 LM 效力的 *Staphysagria*。选择了个体化顺势疗法药物，患者通过超声检查结果和 IPSS 下降来康复。改良的顺势疗法纳兰霍标准评分为 +9，表明临床改善可能归因于顺势疗法。本案例研究强调了泌尿科治疗良性前列腺增生（BPH）的必要性，以及在患者整体护理中识别和融入心理因素的重要性。