# Benign Prostatic Hypertrophy: Analysis and Homeopathic Treatment

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Abstract: Benign prostatic hypertrophy is a common ailment in older men, causing both obstructive and irritative urinary symptoms. Proper diagnosis and follow-up is important as the consequences of undiagnosed prostate cancer and possible resulting renal failure can be dire. The pathophysiology, diagnosis, and conventional treatment of benign prostatic hypertrophy (BPH) are discussed. Homeopathic treatment can offer significant relief to men suffering the symptoms of BPH; it can also result in a lowering of elevated and/or accelerating PSA (prostate specific antigen) levels. The cases of eight patients with BPH from Dr. Weinstein's practice are discussed, most of whom benefited from his homeopathic treatment. The more common remedies employed in the treatment of BPH include: *Baryta carbonica, Mercurius vivus, Sulphur (iodatum), Thuja, Aurum muriaticum, Chimaphila umbellata, Conium, Ferrum picricum, Iodum, Nitric acid, Pulsatilla nigricans, Sabal serrulata, Senecio aureus* and *Staphysagria.* Brief material medica descriptions of several of these remedies are discussed. Dr. Weinstein asserts that a consideration of the local prostatic/urinary symptoms, in addition to more constitutional symptoms, is important when homeopathically analyzing these cases.
Keywords: benign prostatic hypertrophy, the homeopathic treatment of; benign prostatic hypertrophy, diagnosis and treatment; *Aurum muriaticum, Clematis erecta, Conium, Kali bichromicum, Mercurius vivus, Sepia, Sulphur iodatum, Thuja.*

In reading the old homeopathic journals of the last century I particularly enjoyed the presentations of information based on the actual experiences of clinical practitioners. A common method was to report on consecutive cases from a doctor's practice that concerned a particular condition or remedy. I'm fond of that approach because it helps me grapple with the actual clinical problems of diagnosis and prescribing that I face daily. A study of consecutive cases can reveal patterns of both successful and faulty prescribing. Certainly there is a lot to learn from a selected illustrative case or two, but I am always left wanting to know about how the presenter is dealing with more than the instructive case. In this paper I present eight consecutive cases for exploration followed by some interesting remedies for prostate pathology.

## Benign Prostatic Hypertrophy

Prostate troubles are very common in men during their middle and old age. Benign enlargement and even cancer can be thought of as part of normal aging. Benign prostatic hypertrophy (BPH) is the most common benign tumor in men. In autopsy studies BPH is found in about twenty percent of men between 41-50 years of age, in fifteen percent of those age 51-60, and in over ninety percent of men over 80 years old. While clinical symptoms are evidenced less frequently, symptoms of urinary obstruction attributable to BPH are found in twenty-five percent of men at age 55, and fifteen percent of men aged 75 report a decrease in the force and caliber of the urinary stream. There is some suggestion that there is a genetic predisposition to BPH. Fifty percent of the men under the age of 60 who have surgery for BPH have a first-degree male relative with the condition.

The prostate has both stromal and epithelial elements which, separately and together, can cause the prostate to enlarge. BPH occurs as a consequence of complex hormonal and age-related changes in men, and can be considered as part of male menopause. While standard medications can alter the response of the bladder to enlargement of the prostate or block the hormone stimulation of the prostate, this utility of therapy may or may not speak to the actual causations of BPH. Even the actual size of the prostate does not correlate with the severity of symptoms.

BPH is a hyperplastic process involving the collagen and smooth muscle of the stroma and/or the epithelium, which produces the prostatic fluid as the nutrient part of the ejaculate. It is possible that those who have BPH from primarily smooth muscle growth would respond

to alpha-1 adrenergic blocking medications like prazosin, while those with primarily epithelial hyperplasia might respond best to 5-alpha reductase hormone inhibitors like finasteride. But if collagen is the associated hyperplastic element, standard therapy might have no effect.[a] [b]

Symptoms of BPH can be caused by the obstruction of the flow of urine through the urethra and/or the response of the bladder to the outflow resistance. Obstructive symptoms include: decreased force and caliber flow, hesitancy, incomplete voiding, double emptying (voiding again within two hours), straining to urinate and post-void dribbling.

Irritative symptoms are: urging to urinate, frequency, urge incontinence and nocturia. On physical examination a firm, enlarged prostate is often found on digital rectal examination. A detailed neurological evaluation excludes neuropathic causes, and an abdominal exam is needed to rule out bladder distention. Urinalysis to exclude infection and hematuria and serum creatinine to assess renal function completes the analysis. Ultrasound imaging assists in the estimate of prostate mass.

The International Prostate Symptom Score (IPSS) is an excellent way to evaluate the severity of BPH and to follow any kind of therapy over time.[c] The severity of urinary and sexual function symptoms are cataloged using a self rating form. Seven of the questions quantify obstructive and irritative complaints. Those with low scores (0-7) on the IPSS are rarely treated in standard medical settings.

The prostate specific antigen (PSA) blood test adds information to the diagnosis of BPH, prostate cancer and prostatitis. PSA is a glycoprotein made only in normal and cancerous prostate cells and is therefore dependant on the volume of the tissue, but it is a nonspecific test that produces both false negative and false positive results. The US Preventive Services Task Force does not recommend for or against routine PSA screening for men in middle and old age. By using an elevated PSA as the indicator for invasive procedures a small cancer that doesn't need treatment may be found or multiple needless biopsies performed. Also, contained but significant cancers might be missed. The PSA can vary by as much as 20% from day to day, and become elevated from mild subclinical inflammation or even recent ejaculation (within 24-72 hours). False negative tests are more common in obese men (BMI < 30) due to hemodilution.[d] PSA appears in the blood stream in two forms, free and complexed. While there is much discussion about which measurement is better, there may be some clinical value in distinguishing the two.[e]

Incidental prostate cancer is very common. Using organ donors to assess the frequency, asymptomatic localized prostate cancer was found in 23% of men in their 50s, 35% of men in their 60s, and in 46% of men 70 and older.[f] The PCA3 urine test is new and not yet in general use. It tests for four RNA molecules and can identify 80% of those with cancer and rule out cancer in 60% of those without cancer.

In the US the PSA is considered normal if it falls in the range of 0-2.5 ng/ml. 2.6-10 ng/ml is called the gray zone, and anything above 10 invites invasive diagnostic investigation by biopsy. Many treatment centers recommend biopsy for sustained elevations in the gray zone, especially if there are enough uncomfortable symptoms. Increases of PSA by 0.75 ng/ml per year or more are also of concern - called elevated PSA velocity. Those with a free PSA of more than 25% are unlikely to have cancer, and those with less than 10% more likely. Overall 18-30% of men in the US in the gray zone and 50-70% of those with a PSA above 10 will be found to have cancer.[g] There are age adjustments for PSA, as the normal PSA creeps up. PSA upper limit of normal is:

2.5 ng/ml for those 40-49 years old
3.5 ng/ml for those 50-59
4.5 ng/ml for those 60-69
6.5 ng/ml for those 70-79.

Given the confusing and nonspecific nature of diagnostic testing it is understandable that many seek care from homeopaths for prostate concerns. It is essential that we have a full understanding of the risks and benefits of invasive diagnostic and therapeutic interventions and of watchful waiting. Men come to us worried and perplexed, but we must not be superficial in our analysis or expectations. The prospects for homeopathic treatment are determined with the knowledge that of those who are untreated 10% of symptomatic men with BPH will progress to urinary retention, while 50% will improve without any intervention at all.[h]

Standard therapy for BPH includes the above mentioned medications. Alpha-1 blockers improve BPH urinary symptoms by 50% about 70% of the time, with a complication rate of anywhere from 3-43%, while 5-alpha reductase inhibitors help symptoms by 30% about 66% of the time, with a 10% complication rate. The reductase inhibitors also decrease prostate size by 20% after six months of treatment. Surgery to remove the urinary outlet obstruction by the prostate has progressed to include 'blade and ray.' The most effective procedure remains the surgical transurethral resection (TURP) by knife, while various lasers and heating coagulation techniques are increasingly popular though less successful.

## Homeopathic Care

Homeopathy is a reasonable and effective treatment for BPH. I have also found it helpful for the problems caused by the injury to the prostate of repeated biopsies and the ill effects of prostate cancer radiation treatments. The following eight cases will describe my

experience as a general practitioner over the past few years treating men with prostate problems.

In addition to homeopathic remedies, I often advise avoidance of urinary irritants like hot spices, coffee, excess alcohol and marijuana; and make recommendations to increase activity/exertion, empty the bladder fully without hurry, avoid OTC decongestants and avoid water taken after 7pm.

The old homeopathic maxim that constitutional treatment is the best for most conditions is certainly true when treating middle-aged men suffering prostate conditions. Some patients, though, produce a paucity of symptoms and are well-adjusted men in the prime of their life. That is true of the first two cases.

**Mr. 'One'** was a 67 year-old retired software engineer. He had a reduced urinary stream, occasional need to wait for more urine to come out, and had urinary urging with incontinence of a drop or two if he didn't urinate quickly enough. He also had a rash on his buttocks and tingling of the left hand on waking at night if he lay in certain positions. Due to mild spina bifida he experienced a tired low back if he over-exerted, and was helped by stretching and weekly yoga. There were no significant mental or general symptoms. Family history revealed that his father died at age 55 of an MI and his mother at 53 of alcoholic cirrhosis. She was overbearing and a "falling down drunk."

Physical examination revealed normal vital signs with a BP of 136/82. Abdominal and neurological exams were normal. The prostate was soft, smooth without masses or tenderness and 1+ enlarged. Pressure on the left posterior third rib head caused a sensation into the left hand. There was a 3.5 by 1.5 cm. red, slightly scaly right buttock rash.

Labs showed normal CBC, ESR, homocysteine, chemistry panel, a TSH of 1.66 and a cholesterol 175 with HDL 39 and LDL 111. The PSA was 7.6.

With such a paucity of symptoms, *Thuja* 30C was given three times a week for one month with no change in his skin or urine. *Tilia europaea* decreased the rash at first and was continued for two months, but resulted in only transient improvement. A few months later the rash became worse and enlarged to 4 by 6 cm. *Mercurius vivus* 30C three times a week improved the excoriated larger rash and associated perianal redness, and the urge to urinate was relieved. The PSA decreased to 6.9, although the complexed PSA was 97%, indicating a significant cancer risk. Mr. One elected to wait and see rather than seek invasive diagnostic care.

**Mr. 'Two'** was a 55 year-old manager who sought care for an elevated PSA. He suffered no urinary signs or symptoms and was in general excellent health without significant past or family history. His PSA was above the gray zone at 10.2. A tonic of tinctures of *Sabal serrulata, Thuja*, and *Uva ursi* was prescribed: 10 drops in water twice a day. Within 3 months the PSA had fallen to 8.8. Further history revealed that he occasionally had weak erections. *Lycopodium* 30 once a week helped his sexual power, but the PSA rose to 10.9. At that time he remarked that as a result of a workshop taken with his wife he learned that he had a closed heart and had been suppressing his emotions, but couldn't be more specific than that. *Aurum muriatium* 30C was given three times a week for three months and the PSA fell to 7.7 with 22% free PSA. One year later, with no further homeopathic treatment, his PSA dropped to 5.7 with 70% complexed PSA, indicating a low likelihood of cancer. Mr. Two experienced a 45% reduction in PSA over his course of homeopathic care.

**Mr. 'Three'** was a 70 year-old retired teacher who had a long and difficult history of prostate trouble complicated by invasive diagnostic testing. His first PSA levels were 6 or 7 but persistently elevated; so a biopsy was performed. Four months after the first negative biopsy the PSA had risen to 25, resulting in another negative biopsy, followed by yet a third negative biopsy as the PSA remained above 20. Antibiotics were given and his PSA dropped to 10. In December, 2006, with a PSA of 12, another biopsy was done which again showed no cancer. Since the biopsies, Mr. Three noted a thinner stream of urine, spiking pain in the left penis and dorsal bowing of the penis with erections (Peyronie's Disease). Other problems of note were low sex drive and premature ejaculation of long standing. He was warm at night and stuck his feet out of the covers. Heartburn occurred from overeating and eating foods he craved, such as fat on meat, chicken skin, and ice cream. He had chronic indolent psoriasis of the elbows and knees. Mentally, he did not follow through on projects. If angry, he would withdraw and become quiet. He might speak out if he felt unappreciated or falsely accused; for example, if he cleaned the living room and his wife didn't acknowledge it.

*Pulsatilla* 30C, twice a week, was given as his constitutional remedy and *Staphysagria* 200 was given once a week for the prostate surgical injuries. The sharp pains were quickly relieved and the bowing of the penis relented within 3 months. His orgasms became stronger and more pleasing. There was one partial relapse with a return of the pain occasionally while sitting on a hard chair, but a re-treatment with the *Pulsatilla/Staphysagria* regimen in the same potency was again successful. He no longer sticks his feet out of the bed covers at night.

**Mr. 'Four'** was a 65 year-old psychotherapist. He complained of having an enlarged prostate with a normal PSA of 1.3. He experienced frequent urinary urging, even for small amounts of urine. Urination was incomplete and there was dribbling of urine afterward making him wait to finish and/or press at the base of the penis to get the last bit out. The strong urinary urging would make him pull off the road to relieve him-

self, and occasionally he had urge incontinence. In the late 1960s he suffered gonorrhea once and a following nonspecific urethritis 6-10 times. More recently he developed epididymitis with right scrotal pain treated with antibiotics. Mentally, he noted that anger made the scrotal pain worse. He became angry only at himself, sweared at himself and could even strike his head with his hands. The anger might be stimulated by dropping something or making a wrong turn or forgetting something. He had always been shy, timid and felt inferior to others. He said that he inherited depression from his mother, who killed herself thirty years previously. He lost words while speaking, the word didn't come, especially if speaking before a group. He was in three spiritual groups and had many strong ideas about subtle influences on his life and behavior, and he used these beliefs in daily prayer and meditation for his own growth.

*Thuja* 12C daily and *Medorrhinum* 30C once a week were prescribed. He was also taking very low doses of thyroid and testosterone from another doctor. His urinary symptoms improved, but stabilized after a few months; so the potency of *Thuja* was raised to 30C, to be taken three times a week, and the *Medorrhinum* continued as before. The scrotal pain was much better after that, with less morning urinary frequency, and nocturia reduced to one to two times a night, and there was no urging requiring stopping the car. Local healing was still incomplete with the return of nocturia (four times a night), and the mental symptoms were improved but persistent despite rounds of *Natrum muriaticum* and *Aurum muriaticum natronatum*. A history of groin injuries in judo was revealed. He successfully stopped thyroid and began decreasing testosterone. Recently *Staphysagria* was prescribed with initial clear benefit and reduction of the urinary urging, nocturia and pain. *Clematis* and *Baryta carbonica* were considered.

**Mr. 'Five'** was a 74 year-old psychologist. His presenting complaint was severe nocturia. He only had trouble at night, when he had frequent urging to urinate, but he had to wait for the flow to start, which only came out in spurts and dribbles. During the day the stream was not as strong as in his middle age, but there was no interruption of flow. He had a history of frozen left shoulder and left ankle pain. His joints became irritated as the day progressed. There was a history of right low back pain and sciatica and a history of gout three years ago. In the past he had sinusitis and required sinus surgery. There was post nasal drip and hawking. The phlegm could be very thick and difficult and cause paroxysms of hawking that interrupted a work session for as long as 15 minutes. He was successful, optimistic and had very strong ideas about health and disease. He used magnets for healing, had quite an individual vegetarian diet and meditated daily. *Thuja* was given in ascending potencies and helped the sharp ankle pain on walking and the post nasal drip became less purulent and slightly easier to clear. But *Thuja* didn't help the disturbing and difficult nocturia. *Pareira brava* helped decrease the number of night time episodes, but not the interrupted flow. *Staphysagria, Conium, Nux vomica* and *Causticum* were not helpful. Finally, *Kali bichromicum* 12C daily was used and the hawking was greatly improved. After two months the night-time dysuria was better, and after two months of further daily 30C the remaining symptoms were almost all better. A few months later the left shoulder again became painful with pain on certain motions and mild atrophy of the deltoid muscle was found on exam. *Thuja* was again prescribed.

**Mr. 'Six'** was a 63 year-old technical writer who had a history of urinary tract infections and a distended bladder with urinary retention. Self catheterization was required for the preceding two years, with 8-10 years of weak stream prior. The prostate was enlarged, but the PSA was normal. There was no urging to urinate as the bladder became distended. He emptied the bladder via catheter at regular hours. He was an anxious person and the condition began at a time when he had a job at which he was very unsure of himself as he was working in an area beyond his knowledge. He would engage in masturbation before and after work to relax. He had low stamina, was discouraged and always felt like he had too much to do. There was leakage of rectal moisture after stool and he had a history of debilitating hemorrhoids. His erections were weak not allowing for penetration; so he was rarely sexual in his marriage. His step-father molested him as a teen. He had to sever ties with his mother fifteen years ago. She made him angry and leaned on him as the man of the house. She was dominant, seductive, and charming, but cruel and would even poke and hit him. He was in a spiritual cult from age 32-48.

After *Zincum phosphoricum* 6C twice a day, ascending to 30C every other day, and a 6X bladder tonic of *Equistitum/Nux vomica/Lycopodium* daily he experienced better sex drive and function and once had the urge to urinate with a stream of urine. His chronic hemorrhoids and leakage were helped by diluted Witch Hazel cleanse after stool. He was lost to follow-up at that point and did not respond to a feedback form and phone call. I presume he was not satisfied with the treatment.

**Mr. 'Seven'** was a 65 year-old investor with COPD and a history of prostate cancer. He had surgery for the cancer in 1995 and then radiation for recurrence in October 2006. *Lachesis* 12C daily was given on constitutional grounds with clear improvement in his symptoms of radiation proctitis and urethritis.

**Mr. 'Eight'** was a 56 year-old psychologist who sought help for BPH and a high PSA, with a strong family history of BPH. His symptoms were urging to

urinate causing him to have to hurry to the toilet. The urinary stream was weakened. He also suffered from degenerative cervical joint disease with neuropathy of the right fourth and fifth fingers. In 1980 he had prostatitis treated successfully with antibiotics, but since had urging to urinate after ejaculation with just a trickle of urine at that time. Other conditions included spring hay fever, snoring and mild sleep apnea. He was given *Lachesis* 30C three times a week for 3 weeks with no relief, and then *Sepia* 30C in the same manner which has been helping with his sleep and urine flow. Recent repeat PSA was 5.8 with 24% free, which is in the same range as his prior values of 6.0, 5.4 and 5.5 (20% free).

## Homeopathic Remedies[i]

The remedies I used for these cases included many of those that are common for the homeopathic treatment of BPH. Positive results were rendered by *Mercurius vivus, Aurum muriaticum, Pulsatilla, Staphysagria, Thuja, Medorrhinum, Kali bichromicum* and *Sepia*. One tonic of tinctures of *Thuja, Uva ursi* and *Sabal serrulata* had benefit. Of the eight patients, one patient's urinary retention most likely did not improve, one's post-radiation symptoms improved, and the remaining patients' symptoms improved and their PSA results either improved or remained stable. Most of the men I have treated over the years have tried various preparations of herbal Saw Palmetto without any help. Any tonic should be chosen based on the symptom picture and given in very low potency or tincture form in water.

In looking up prostate hypertrophy/induration in Boericke's *Materia Medica with Repertory, 9th Edition*, Lilienthal's *Homeopathic Therapeutics, 5th Edition* and *Synthesis Repertory Edition 8.1* the highlighted remedies for that pathology include: *Baryta carbonica, Mercurius vivus, Sulphur (iodatum), and Thuja*, with *Aurum muriaticum, Chimaphilia umbellata, Conium, Ferrum picricum, Iodum, Nitric acid, Pulsatilla nigricans, Sabal serrulata, Senecio aureus* and *Staphysagria* in lesser rank. Other less prominent remedies of interest to me were *Kali bichromicum, Lycopodium, Nux vomica, Sepia* and *Selenium*. However repetorization of the local symptoms might in any particular case lead to other important remedies, such as *Argentum nitricum, Camphor, Causticum, Clematis erecta, Hepar sulphuris*, or *Sarsaparilla*.

As primarily a Kentian homeopath, I look carefully at the total symptom picture using Kent's emphasis on the mind and general symptoms. With prostate hypertrophy the urinary symptoms often deserve serious consideration and should rank high in our analysis as they can be quite bothersome and embarrassing. Urging that interrupts business or social interactions, bladder pressure causing frantic searching for a bathroom, frequent night-time urging interrupting sleep, dribbling that wets the pants and slow stream causing embarrassment at the urinal all can make life miserable on an hour to hour basis. Urinary retention is a nidus of infection and can lead to renal insufficiency and failure.

### *Thuja*

*Thuja occidentalis* is a venerable remedy for prostate trouble with local symptoms of interrupted stream, involuntary dribbling after urination, retained incomplete urination and urge to urinate with haste required. Ailments after gonorrhea or non-specific urethritis. Must wait for urine to start. Nocturia. *Thuja* is well known for warts, ill nails, offensive perspiration and general aggravation from cold and damp. The mental state of having fixed religious ideas and rigid notions about health and diet, or its closed polite manner with low self-esteem and feeling of ugliness inside, self loathing and guilt can confirm the diagnosis. As outer appearance is of such importance to *Thuja*, he can hold information back while appearing to be quite open. This was part of the picture of Mr. 'Five,' who had dramatic guilt over leaving his first wife and children.

### *Staphysagria*

*Staphysagria* is an excellent remedy to consider for prostate troubles after biopsy due to its soothing effect on injuries from sharp cutting instruments, and was particularly helpful for Mr. 'Three' and the after-effects of his multiple biopsies. Urinary symptoms include frequent urge to urinate, sensation of a drop rolling in the urethra, thin stream, urge after urination. Its benefit for those who suffer from loss of position, rudeness, shame and suppressed anger finds resonance for some troubles of middle and old age. Its romantic, highly sexual nature with tendency to sexual fantasy and masturbation certainly bears on troubles of men in mid-life crisis.

### *Mercurius vivus*

*Mercurius vivus* is a common remedy for BPH with its weak urinary stream, frequent desire to urinate, irresistible urge to urinate and urge incontinence. The unstable changeable *Mercurius* patient is restless, impulsive, loquacious and hurried, or the reverse - slow and closed. He may develop a conservative ordered life to balance his inner instability or express his inner world through discontent and aversion to routine, actually becoming an introvert, withdrawn and feeling different than others.

### *Sepia*

Frequency and sudden urging to urinate with urge incontinence makes *Sepia* a standout for BPH. The stream can be slow and the bladder feels as though it is full. There is the typical bearing down with urging.

Nocturia. The male *Sepia* is a relatively non-aggressive guy with the typical complaining and fault finding. He can become indifferent to family and friends and find their demands a burden. He has poor motivation for job and responsibilities, and he has a low sex drive with no pleasure in sex. Averse to consolation.

### *Kali bichromicum*

*Kali bichromicum* was chosen in the case of Mr. 'Five' because of the severe and difficult hawking, yet it had a remarkable beneficial effect on his severely distressing nocturia with urging and spurting of urine. The remedy does have symptoms of frequent urging to urinate, slow urination and the feeling as if a drop of urine remained behind. The *Kali bichromicum* patient focuses on physical troubles, is proper and down to earth with an ordered life. He is conscientious and 'small worldly.'

### *Aurum muraticum*

*Aurum muriaticum* is a well-known remedy for BPH with urging to urinate, nocturia, dribbling urination by drops and incontinence. He suffers from a weak bladder. The mental symptoms suggest the *Aurum* metal as he is sad, morose, weary of life and suicidal. There are ill effects from mortification and anger. He is worried that he has a disease and dwells on his broken health. Great sympathy is shown for sad stories and music is soothing. Indifference.

### *Conium maculatum* and *Clematis erecta*

There are two remedies that I did not use in the past few years for men with BPH that deserve special mention. *Conium* is considered by many to be the premier remedy for BPH. Ghegkas advises that it must be excluded before other remedies are considered. There is urging to urinate with little result. Frequency and nocturia with interrupted stream. Dribbling after urination especially at night. Headache from the ineffectual bouts of urging. *Conium* is useful for ill effects of sexual suppression, especially if sudden, as after illness or death of a spouse. He is depressed and averse to society, yet afraid to be alone, and his indifference progresses to introversion with thoughts dwelling on the past. The man develops rigid behaviors, diets and routines, even superstitions.

*Clematis* is called by Vermeulen a Ranunculaceae species for men saying, "...just as *Pulsatilla* is a remedy for the female genital sphere, so *Clematis erecta* has come to be used...for the male genital sphere." *Clematis* has a sensation that the bladder is not empty, and the stream of urine is slow and feeble from constriction of the urethra. Dribbling of urine is a problem, continuing after urination. Also, urination is interrupted. *Clematis* has special affinity for epididymitis, and could be a consideration for Mr. 'Four' if *Staphysagria* does not prove satisfactory. *Clematis* assists in skin troubles and makes one think of *Sulphur* with its eruptions and aggravation from bathing.

### *Sulphur iodatum*

I mention *Sulphur iodatum* because of a recent success in using *Sulphur* on constitutional grounds after the failure of *Thuja* to assist a 76 year-old artist in reversing an elevated PSA velocity over the past two years. On *Sulphur* 30C, three times a week, the PSA returned to normal range and the free PSA elevated to 21percent, indicating a lowered risk of cancer. *Sulphur iodatum* has the symptomatology that indicates its usefulness with urinary retention, frequent urging, nocturia, urination by drops, frequency in the morning, and is known for its benefit for BPH. *Sulphur iodatum* is given on *Sulphur* indications and is recognized for being absent-minded, hurried in work and indifferent to domestic duties. Its anxiety is felt in the body. *Sulphur iodatum* craves acids, pickles and sour drinks, and is worse in the heat and craves air.

The treatment of Benign Prostatic Hypertrophy with homeopathy is a rewarding endeavor. In my experience men have benefited routinely from our remedies. It is important to understand the diagnostic pitfalls and subtleties in caring for these men. Invasive diagnostic interventions that are needless cause harm, while diagnosis neglected or delayed can lead to the serious consequences of the spread of cancer or renal insufficiency. Men with BPH need physicians that give solid advice grounded in the best science in diagnosis and in homeopathic treatment.

A beautifully rendered quote from Moses Maimonides (the Rambam, 1137-1204) hangs in my office waiting room. The Physician's Prayer states our purpose as homeopathic physicians quite well:

> "God grant me the strength to do my work with faith, and that the aspiration for wealth will not blind my eyes from seeing the one who is suffering as a human being whether rich or poor, friend or foe, good or evil. In my patient's sorrowful moment reveal to me only the human being before me. Grant me the desire to learn from doctors wiser than me. Only the truth shall be a light before me, for any weakness in my work might bring about death and illness to Your creation. Strengthen and focus my body and my soul and plant within me a spirit that is whole."

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