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BENIGN PROSTATIC HYPERPLASIA AND HOMOEOPATHY: A COMPREHENSIVE APPROACH

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ABSTRACT

Benign prostatic hyperplasia (BPH) refers to the non malignant growth or hyperplasia of prostate tissue. It is a common cause of lower urinary tract symptoms in men. Benign prostatic hyperplasia (BPH) is a histological diagnosis associated with unregulated proliferation of connective tissue, smooth muscle and glandular epithelium within the prostatic transition zone.(1)BPH may compress the urethra and result in anatomic bladder outflow obstruction; BOO may present as lower urinary tract symptoms (LUTS), infections, retention and other adverse events. Prostate gland mainly has two component: A glandular element made up of secretory ducts and acini; and a stromal element made up of collagen and smooth muscle. In BPH, cellular proliferation leads to increase in prostatic volume and increase in stromal smooth muscle tone. McNeal describes two phases of BPH progression. First phase mainly consists of an increase in BPH nodules in the periurethral zone while the second phase has a significant increase in size of glandular nodules.

KEYWORDS: Homoeopathy, Benign prostatic hyperplasia, Miasm, lower urinary tract symptoms, Bladder outlet obstruction.

ABBREVIATIONS: Benign prostatic hyperplasia (BPH), lower urinary tract symptoms (LUTS), Bladder outlet obstruction (BOO), Prostate-Specific Antigen (PSA), Post voiding residual volume (pvr), Dihydrotestosterone (DHT), Estrogen receptors (ERs), Acute Urinary Retention (AUR), Digital rectal examination (DRE)

INTRODUCTION

Benign Prostatic Hyperplasia (BPH), also known as benign prostatic hypertrophy, is a non-cancerous enlargement of the prostate gland in males.[1] The prostate gland is a small walnut-shaped organ located just below the bladder and surrounding the urethra, which is the tube through which urine and semen pass out of the body. As men age, the prostate gland naturally grows in size. BPH occurs when this growth becomes excessive, leading to the compression of the urethra and potentially causing urinary symptoms.[2,3] The disease involves significant number of men beyond the age of 40 years old and its frequency rises progressively with age so that 90% of men in their 80s get affected.[4,5] BPH is a common condition among older men, and its exact cause is not fully understood. However, it is believed to be related to hormonal changes, particularly the imbalance between levels of testosterone and estrogen in the body as men age. BPH is generally considered benign, meaning it is not cancerous and does not increase the risk of developing prostate cancer.

In enlargement of the prostate gland diagnosis, generally involve a combination of blood tests and sometimes urine tests. Diagnosis of BPH is usually based on a combination of clinical evaluation, medical history, and these laboratory investigations. Here are some common lab tests associated with investigating BPH: such as Prostate-Specific Antigen (PSA) Test: Urine Flow Study, urine analysis, post voiding residual volume (PVR),kidney function test, complete blood count, radiological investigation ultra sonography as diagnostic criteria.

Homoeopathy is a system of drug therapeutics based on law of similia. A complete and thorough case taking offers a full comprehension of the patient's personality, his constitution and his reaction to the environment in the form of production of symptoms (Subjective and objective).

FUNCTIONS OF PROSTATE GLAND

1. Secretions and Seminal Fluid

The primary function of the prostate gland is to produce and secrete prostatic fluid, a milky substance that constitutes a significant portion of seminal fluid. This fluid contains various enzymes, such as prostate-specific antigen (PSA) and prostatic acid phosphatase, which help liquefy semen and improve sperm motility. The prostatic fluid also provides an alkaline environment that helps neutralize the acidic vaginal environment, thereby enhancing the survival and motility of spermatozoa.

2. Hormonal Regulation

The growth, development, and function of the prostate gland are regulated by male sex hormones, primarily testosterone and dihydrotestosterone (DHT). Testosterone is produced by the testes and stimulates the prostate's growth during puberty. It also maintains the gland's function throughout adulthood. DHT, a derivative of testosterone, is more potent and plays a key role in the development and growth of the prostate. The binding of these hormones to their respective receptors in prostate cells triggers various physiological responses.

3. Prostate and Ejaculation

During sexual arousal, the prostate gland's smooth muscle fibers contract, leading to the closure of the bladder neck and the prevention of urine reflux into the bladder. This contraction also contributes to the closure of the prostatic urethra, ensuring that semen is expelled forward into the urethra for ejaculation. The prostatic fluid, mixed with sperm from the testes and seminal vesicles, constitutes the bulk of the ejaculate.

4. Aging and Prostate Health

As men age, the prostate gland continues to grow, which is a normal physiological process known as benign prostatic hyperplasia (BPH). However, in some cases, BPH can lead to urinary symptoms due to the gland's enlargement compressing the urethra. Additionally, the prostate is susceptible to various conditions such as prostatitis (inflammation of the prostate) a and prostate cancer. Regular prostate screenings and medical check-ups are important to ensure prostate health.

EPIDEMIOLOGY

It has been examined in several autopsy studies around the world that BPH shows a greater age variation and is approximately 10% for men in their 30s, 20% for men in their 40s, 50%–60% for men in their 60s, 80% for men in their 70s, and 90% for men in their 80s.[6] In India, the data revealed the prevalence of BPH as 25%, 37%, 37%, and 50% for the age group 40–49, 50–59, 60–69, and 70–79 years[7], respectively . Worldwide, prevalence of BPH generally varies from 20% to 62% in men beyond the age of 50 years. A study in Taiwan, China, investigated differences in healthcare service utilization between the patients with and those without BPH. The study concluded that patients with BPH had higher healthcare utilization (two fold greater) in comparison to patients without BPH.[8]

RISK FACTORS

1. Age Based on Krimpen and Baltimore longitudinal study of aging, an increase in prostate volume at the rate of 2.0%–2.5% per year was observed in men of older age (>40 years old).[9,10]

2. Geography It has been found that prostate volume varies across different regions of the world, being larger in Western regions as compared to South-East Asian regions.[11] Ganpule et al.[12] demonstrated in a large sample size of Indian population that the IPSS is higher at a comparatively lower prostate volume than in Western population.

3. Heredity Some findings suggested an autosomal dominant pattern of inheritance for BPH. Men having positive family history tend to have larger prostate volumes at early age, with the early onset of clinical symptoms in them.[13,14]

The risk factors such as age, geography, and heredity are called as non-modifiable risk factors which play significant roles in the cause of BPH. On the other hand, factors including metabolic syndrome, cardiovascular disease, inflammation, obesity, sex hormones, and decreased physical activity are called as modifiable risk factors for BPH. Modifiable risk factors provide newer opportunities for prevention and treatment of BPH.[15]

ETIOPATHOLOGY

The cause of BPH is still unclear, but it is of no doubt that androgens play a key role in its development.[16]

1. Testosterone: Among elderly people, testosterone is found to be the main cause for developing BPH, especially the altering ratio between testosterone and dihydrotestosterone (DHT).[17] In prostate, testosterone hormone, under the influence of an enzyme 5alpha-reductase, is converted into DHT, which is known to be 2–3 times more potent than testosterone.[18,19] DHT along with its metabolite 3alpha-androstanediol acts as a major stimulus for stromal and glandular proliferation. DHT actually acts by binding to the receptors on nucleus and stimulates the synthesis of DNA, RNA, some growth factors, and many more cytoplasmic proteins, which ultimately cause hyperplasia to the gland. Castration at any age leads to decrease in testosterone level so that loss of secretory luminal epithelial cells, and hence reduction in size of prostate.

3. Estrogen: Estradiol, is more potent component of

estrogen. It is in higher concentration in prostate than in plasma. It was seen that when a combination of 3alpha-androstanediol and 17beta-estradiol was injected in castrated dogs, there is a remarkable growth of prostate gland occurred as compared to their individual effects. This showed the synergistic effect of androgen and estrogen for prostatic hyperplasia.[20] Although exact mechanism of estrogen in prostate is not clear, yet there is a strong correlation between increasing estradiol: DHT ratio and hypertrophy of stroma. Moreover, dietary estrogens including phytoestrogen, flavanoids and lingams, are found to be effective in preventing and reducing prostate diseases. The dual effect of estrogen is seen due to two subtypes of estrogen receptors (ERs), ERα and ERβ. ERα is responsible for proliferation while ERβ is for apoptosis of prostate cells.

4. Other Gonadal steroids: Luteinizing hormone, progesterone and follicle stimulating hormone were also play some role in BPH and LUTS.

5. Inflammation and local growth factors: The level of inflammation corresponds to the level of prostate enlargement and BPH. Although anti-inflammatory agents were found to decrease the risk of BPH and LUTS. Inflammation leads to accumulation of immunocompetent cells, mainly T lymphocytes and macrophages inside the prostate gland. Accumulation of, eosinophils, neutrophils and mast cells may also present there. These cells produce cytokines (interferons, interleukins, chemokines and tumor necrosis factors) and hypoxia-inducible factor-1alpha, therefore play a role in pathological changes responsible for both BPH and prostate carcinoma.

PATHOLOGY

Let's break down the Pathophysiology step by step

Hormonal Changes: Aging leads to alterations in hormone levels, particularly an increase in dihydrotestosterone (DHT), a metabolite of testosterone. DHT has a higher affinity for the androgen receptors in the prostate gland and stimulates its growth. This hormonal shift is believed to play a crucial role in the development of BPH.

Stromal and Epithelial Proliferation: Increased levels of DHT cause stromal and epithelial cells within the prostate gland to proliferate. This cellular proliferation leads to the formation of nodules or hyperplastic growths within the glandular tissue.

Increased Smooth Muscle Tone: As the prostate enlarges, it can exert pressure on the urethra, leading to increased smooth muscle tone within the prostate and the bladder neck. This increased muscle tone contributes to urinary symptoms such as hesitancy, weak stream, and incomplete emptying.

Mechanical Obstruction and Dynamic Component: The enlarged prostate can cause mechanical obstruction of the urethra, limiting the flow of urine. Additionally, there's a dynamic component where the increased muscle tone in the prostate and bladder neck can lead to difficulties in voiding.

Inflammatory Factors and Growth Factors: Inflammation within the prostate tissue is thought to contribute to the development of BPH. Inflammatory cytokines and growth factors may stimulate cell proliferation and contribute to the enlargement of the prostate gland.

CLINICAL FEATURES

The most common manifestations of BPH are LUTS. These symptoms are divided into two categories, namely obstructive symptoms and irritative symptoms.

Obstructive symptom	Irritative symptom
• Hesitancy/straining	• Increased frequency of micturition
• Weak flow	• Urgency with urge incontinence
• Prolonged voiding	• Nocturia
• Overflow incontinence	Painful urination
• Partial or complete urine retention	

Abrams have divided LUTS into three categories

1. Storage symptoms: Increased frequency, nocturia, urgency, incontinence, and bladder pain.

2. Voiding symptoms: Hesitancy, intermittency, dysuria, straining, weak stream, and terminal dribbling.

3. Post-void symptoms: Feeling of incomplete emptying and dribbling after micturition.

It is seen that in many person with severe LUTS but they all have a normal sized prostate, whereas many have large prostate but a few or no symptoms of LUTS. The latter condition was called as "silent prostatism.[21] Bothersome LUTS interfere with the patient's daily activities, QOL, and sexual functions.[22]

COMPLICATIONS OF BPH[23]

1. Acute Urinary Retention (AUR): AUR is a sudden inability to urinate. It can occur due to the enlarged prostate obstructing the urethra. This condition may require immediate medical intervention, such as catheterization, to relieve the blockage.

2. Urinary Tract Infections (UTIs): BPH can increase the risk of UTIs because incomplete bladder emptying can lead to the accumulation of urine, providing a breeding ground for bacteria. UTIs can cause pain, discomfort, and fever.

3. Bladder Stones: When urine remains stagnant in

the bladder due to poor emptying, minerals in the urine can crystallize and form bladder stones. These stones can cause pain, urinary frequency, and blood in the urine.

4. Hematuria: The enlarged prostate can cause irritation to the bladder and the urinary tract, leading to hematuria (blood in the urine).

5. Bladder Damage: Chronic obstruction and strain on the bladder caused by BPH can weaken the bladder muscles over time, potentially leading to problems with bladder function and control.

6. Kidney Damage: Severe cases of BPH can cause urine to back up into the kidneys, leading to potential kidney damage or infection (pyelonephritis).

7. Lower urinary tract symptoms (LUTS): BPH commonly leads to LUTS, which include weak urine stream, frequent urination, urgency, nocturia (frequent urination at night), and a feeling of incomplete bladder emptying.

8. Quality of life impact: BPH-related complications and symptoms can significantly impact a person's quality of life, leading to disrupted sleep due to nocturia, decreased social activities due to urinary symptoms, and overall reduced well-being.

DIAGNOSIS AND EVALUATION

Patients having BPH or LUTS were evaluated only with the medical history and physical examination including digital rectal examination and urinalysis.[24]

1. Medical History: A detailed medical history helps to identify urinary symptoms and their impact on a patient's quality of life. Common BPH-related symptoms include frequent urination, urgency, weak stream, difficulty starting and stopping urination, nocturia (nighttime urination), and incomplete emptying of the bladder.

2. Physical Examination: A digital rectal examination (DRE) is performed to assess the size, shape, and consistency of the prostate gland. This can help to evaluate whether the enlargement is consistent with BPH and rule out other potential issues.

3. International Prostate Symptom Score (IPSS): The IPSS is a questionnaire used to assess the severity of lower urinary tract symptoms (LUTS) associated with BPH. It evaluates the frequency and bothersome of urinary symptoms. The score can help in monitoring symptoms over time and determining the need for intervention.

4. Urinalysis: Urinalysis helps rule out urinary tract infections or other urinary abnormalities that might be causing symptoms similar to BPH.

5. Prostate-Specific Antigen (PSA) Test: The PSA blood test measures a protein produced by the prostate gland. While elevated PSA levels can be associated with prostate cancer, they can also be elevated due to BPH. PSA levels, in combination with other factors, can help differentiate between BPH and prostate cancer.

6. Imaging Studies: Imaging studies such as ultra sound lower abdomen, transrectal ultrasound (TRUS) and cystoscopy may be performed. TRUS provides detailed images of the prostate gland, allowing for accurate measurement of its size. Cystoscopy involves inserting a thin, flexible tube with a camera into the urethra to directly visualize the bladder and prostate.

7. Uroflowmetry: Uroflowmetry is a non-invasive test that measures the rate of urine flow during voiding. It can help assess the severity of urinary flow obstruction caused by BPH.

8. Post-void Residual (PVR) Measurement: PVR measurement evaluates the amount of urine left in the bladder after urination. Elevated PVR can indicate incomplete bladder emptying, a common issue in BPH.

DIFFERENTIAL DIAGNOSIS

Here are some conditions that might be considered in the differential diagnosis of BPH

Prostatitis: Inflammation of the prostate gland can cause similar symptoms to BPH, such as urinary urgency, frequency, and discomfort. Prostatitis is often accompanied by pain or discomfort in the pelvic area or lower back.

Prostate Cancer: While BPH is a benign condition, prostate cancer can also cause urinary symptoms. It's important to rule out prostate cancer through appropriate tests, such as a prostate-specific antigen (PSA) test and possibly a prostate biopsy.

Urinary Tract Infection (UTI): UTIs can cause urinary urgency, frequency, and discomfort, similar to BPH. Symptoms can include pain or a burning sensation during urination.

Bladder Dysfunction: Conditions affecting the bladder, such as overactive bladder (OAB), can lead to urinary urgency and frequency. Bladder dysfunction can coexist with BPH and exacerbate urinary symptoms.

Neurological Conditions: Certain neurological disorders, like Parkinson's disease or multiple sclerosis, can affect the nerves that control the bladder and result in urinary symptoms.

Urethral Stricture: A narrowing of the urethra can cause urinary obstruction and similar symptoms to BPH. It can result from scarring due to injury, infection, or other causes.

Diabetes: Uncontrolled diabetes can lead to increased

urine production and, subsequently, frequent urination.

Medication Side Effects: Some medications can cause urinary symptoms, such as diuretics that increase urine production.

Bladder Stones: Stones in the bladder can cause irritation and obstruct urine flow, leading to urinary symptoms.

Congestive Heart Failure: Fluid retention due to heart failure can lead to increased pressure on the bladder and result in urinary symptoms.

MANAGEMENT

Lower urinary tract symptoms (LUTS), The main factor in the decision about treatment is, in the first place, the patient's perceived burden of suffering, which is best assessed using the IPSS and Quality of Life (QOL) score.In patients with mild distress, the natural course of the BPH can be initially monitored by watchful waiting. Counseling on lifestyle and nutritional changes are also beneficial. Following suggestions also have a positive impact on BPH-related symptoms and may potentially slow disease progression

- Avoiding alcohol and caffeine
- Adjusting timing of fluid intake to daily routine
- Ongoing monitoring of symptoms
- Using relaxation exercises and distraction techniques

Dietary Management

- **Lycopene**: olive, tomatoes, watermelon, pink guava, papaya.
- **Beta-carotene include:** Carrots, Sweet potatoes, Spinach, Fruits like cantaloupe and apricots.
- **Vitamin A-** Orange green, , and yellow vegetables, such as broccoli, carrots, and squash. Green leafy vegetables and other fruits like mangos ,Dairy products are rich in vitamin A
- **Vitamin C-** Citrus fruits such as oranges, guava, lemon, blue berries, goose berries, green and red pepper, mango, grapefruits.
- **Dietary sources of alpha- linolenic acid include:** Flaxseeds and flaxseed oil, soybeans, pumpkin seeds tofu. Walnuts.
- **Selenium**– eggs, cheese, mushrooms, oats, pork, wheat, grains, tuna fish, salmon, oyster, sun flower seed, soyabean.

MIASM IN BPH

An excessive buildup of tissue in the prostate and gland swelling are symptoms of benign prostatic hypertrophy. It is therefore only a state in SYCOTIC MIASM. If this condition is untreated, it may proceed to SYPHILITIC MIASM (malignant condition). In treatment of sycotic traits, it has been observed in our daily practice that ailments from or causative factors, the characteristic nature of the individual, thermals should be considered as prime importance in selecting right similimum. The life situation of a patient may tell us about an individual's morals, character, intellect, emotions, diligence and journey of the miasms. During the Evolution of a sycotic trait, the Causative factors are very important .It can be classified as Suppression at the physical level [e.g. suppressive line of treatment] or at the mental level [emotional suppression]. Sycotic patients are dull, lazy, sluggish and slow in reaction. The negative emotions in Sycotic miasm are suspiciousness, revenge, Brooding anger, irritability, rage, hurt, jealousy, etc. There is anxiety in the form of restlessness, getting up frightened at night [because of anxious and frightful dreams], enuresis, sudden weeping etc. Due to this type of anxious state they are fearful of everything leading to development of marked fear of being alone, of performance, of meeting people, of dark, of failures, etc. Even their dreams manifest their anxious state; they dream as if something would happen, of failing in exams, of missing achievement, of death, of missing a train, failures, etc. sycotic persons are extremely obstinate and headstrong. They will do whatever they desire to do, they are very demanding in nature and once they want something they want it at any cost. They also cannot bear the slightest contradiction. They want that everyone must listen them but they will not listen to anybody. When their demands are not met they feel extremely sad, depressed and frustrated. Selfishness is an another characteristic of 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. As the disease progresses, there are a lot of illusions delusions, and hallucinations which is a very important feature of this miasm. They have all sorts of addictions and harmful tendencies. Also, self destruction begins in last phase. Repeated frustrations and failures lead to severe depression and suicidal tendencies. 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.[25]

HOMEOPATHIC TREATMENT[26,27,28,29]

1. **Chimaphilla umbellate**: Chimaphilla often helpful when the prostate is enlarged, with urine retention and frequent urging. There is a feeling that a ball is lodged in the pelvic floor, or patient may experience pressure, swelling, and soreness that may worse when sitting down.

2. **Pulsatilla:** Prostate affections with discomfort mainly after urination and pains with extention to the pelvis or into the bladder (pain often worse when the patient is lying on his back) indicate Pulsatilla. Pulsatilla is usually suited to emotional individuals those want a lot of affection and feel better in open air.

3. **Apis mellifica**: During urination there is stinging pain which worse when the final drops are passing is a

strong indication for this remedy. Discomfort in the bladder. The prostate area is swollen and very sensitive to touch. The person worse from heat and better out in open air or from cool bathing.

4. Causticum: Involuntary urination while coughs or sneezes. From the prostate to the bladder, the person may experience pressure or pulsation.

5. Clematis: Clematis is indicated when due to swelling of prostate gland patient feels that they have narrowed or tightened urinary passage. Usually, urine comes out slowly, in drops rather than a stream, and then drips.

6. Lycopodium: Lycopodium is indicated if urine is slow to emerge, with feeling of pressure in the prostate during and after urination. The prostate is enlarged, and impotence may also present. People often suffer from digestive problems with gas and bloating.

7. Sabal serrulata: A frequent urge to urinate at night, with difficulty passing urine, and a feeling of coldness in the sexual organs, suggest this remedy. This remedy is made from raw palmetto which is also used as an herbal extract for similar prostate problems.

8. Staphysagria: There is burning pain in his urinary passage even when urine is not flowing, and urine retention is troublesome. They are sentimental and romantic, and may also have problems with impotence (most often caused by shyness).

9. Thuja: The person has a frequent urge to urinate, with cutting or burning pain felt near the bladder neck along with prostate enlargement. After passing urine, a dribbling sensation may be felt.

10. Baryta Carb: For prostate gland enlargement, especially in aged people. The initial sign of this kind of prostate enlargement is frequent urination. Patient may develop an urge to urinate every now and then .There is a burning sensation in the urethra during urination. Memory loss and decreased libido are observed. Patient cannot tolerate cold.

11. Digitalis: Digitalis is an effective remedy for enlarged prostate in people with heart problems accompanied by frequent urinary symptoms. Prostate enlargement esp. in older men. The pulse rate may be irregular or abnormal.

12. Conium: Conium is another efficient remedy for curing prostate gland enlargement accompanied by frequent urination. Prostate enlargement due to an injury or a blow. There is induration and hardening of gland it feels like a stone. Trouble in urination, seems incomplete.

13. Triticum repens: Frequent, difficult, and painful urination. Strangury, pyelitis; enlarged prostate. Incontinence; constant desire. Urine retention in very old people due to enlarged prostate, with great trouble in urination.

14. Populus candicans: Severe tenesmus; painful scalding. Urine contains mucus and pus. Prostate enlarged. Enlarged prostate; catarrh of bladder, painful urination, irritation of bladder and urethra. Pain behind pubis, at end of urination.

DISCUSSION

Benign Prostatic Hyperplasia (BPH) is a common condition in aging men, primarily caused by hormonal imbalances involving dihydrotestosterone (DHT) and estrogen. This leads to prostate enlargement and lower urinary tract symptoms (LUTS), affecting quality of life. Conventional treatments include medications and surgery, but they often come with side effects, necessitating alternative therapies.

Homoeopathy offers a holistic approach, addressing both physical and psychological aspects. Remedies like *Chimaphila umbellata*, *Sabal serrulata*, *Conium maculatum*, and *Baryta carb* have shown potential in managing symptoms such as frequent urination and urinary retention. From a miasmatic perspective, BPH is associated with sycotic tendencies, which, if untreated, may progress to syphilitic pathology.

Lifestyle changes, including a diet rich in antioxidants, lycopene, and vitamins, along with regular exercise and avoiding irritants like caffeine and alcohol, can help manage symptoms.

Further clinical research is needed to validate homoeopathy's efficacy in BPH management. An integrative approach combining homoeopathy, lifestyle modifications, and conventional medicine could provide optimal patient outcomes.

REFERENCES

1. S. Das ,A concise text book of surgery;Dr Somen Das, Kolkata, 2014; 1271–4.
2. Patel ND, Parsons JK. Epidemiology and etiology of benign prostatic hyperplasia and bladder outlet obstruction. Indian J Urol., 2014 Apr; 30(2): 170-6. doi: 10.4103/0970-1591.126900. PMID: 24744516; PMCID: PMC3989819.
3. Roehrborn CG. Benign prostatic hyperplasia: an overview. Rev Urol., 2005; 7 Suppl 9(Suppl 9): S3-S14. [PMC free article] [PubMed]
4. J.E. McNeal,Regional morphology and pathology of the prostate;Am J Clin Pathol, 1968; 49: 347-357.
5. S.J. Berry, D.S. Coffey, P.C. Walsh, L.L. Ewing;The development of human benign prostatic hyperplasia with age;J Urol, 1984; 132: 474-479.
6. C.G. Roehrborn ,Benign prostatic hyperplasia: An overview;Rev Urol, 2005; 7: S3-S14. PMID: 16985902.

7. S.W.H. Lee, E.M.C. Chan, Y.K. Lai;The global burden of lower urinary tract symptoms suggestive of benign prostatic hyperplasia: A systematic review and meta-analysis; Sci Rep, 2017; 7: 7984. 10.1038/s41598-017-06628-8
8. S.D. Chung, Y.M. Tzeng, H.C. Lin, C.Y. Huang;He althcare utilization and costs in patients with benign prostatic hyperplasia: A population-based study;Asian J Androl, 2016; 18: 942-945.
9. J.L. Bosch, K. Tilling, A.M. Bohnen, C.H. Bangma, J.L. Donovan;Establishing normal reference ranges for prostate volume change with age in the population-based Krimpen-study: Prediction of future prostate volume in individual men;Prostate, 2007; 67: 1816-1824.
10. S. Loeb, A. Kettermann, H.B. Carter, L. Ferrucci, E. J. Metter, P.C. Walsh;Prostate volume changes over time: Results from the Baltimore longitudinal study of aging;J Urol, 2009; 182: 1458-1462.
11. Jin, L. Turner, Z. Zhou, E.L. Zhou, D.J. Handelsman ;Ethnicity and migration as determinants of human prostate size;J Clin Endocrinol Metab, 1999; 84: 3613-3619.
12. A.P. Ganpule, M.R. Desai, M.M. Desai, K.D. Wani, S.D. Bapat;Natural history of lower urinary tract symptoms: Preliminary report from a community-based Indian study; BJU Int, 2004; 94: 332-334.

A. Giri, T.L. Edwards, S.S. Motley, S.H. Byerly, J.H. F owke;Genetic determinants of metabolism and benign prostate enlargement: Associations with prostate volume; PloS One, 2015; 10. Article e0132028, 10.1371/journal.pone.0132028

13. J.D. Pearson, H.H. Lei, T.H. Beaty, K.E. Wiley, S.D . Isaacs, W.B. Isaacs, et al.;Familial aggregation of bothersome benign prostatic hyperplasia symptoms;Urology, 2003; 61: 781-785.
14. D. Nishant, Patel, J.K. Parsons;Epidemiology and etiology of benign prostatic hyperplasia and bladder outlet obstruction; Indian J Urol, 2014; 30: 170-176.
15. J. Frick, W. Aulitzky; Physiology of the prostate; Infection, 1991; 9: S115-S118. 10.1007/bf01643679
16. T.M. Nicholson, W.A. Ricke;Androgens and estrogens in benign prostatic hyperplasia: Past, present and future; Differentiation, 2011; 82: 184-199.
17. K.L. Lee, D.M. Peehl; Molecular and cellular pathogenesis of benign prostatic hyperplasia; J Urol, 2004; 172: 1784-1791.
18. C. Carso 3rd, R. Rittmaster; The role of dihydrotestosterone in benign prostatic hyperplasia; Urology, 2003; 61: 2-7.

A. Ajayi, K. Abraham;Understanding the role of estrogen in the development of benign prostatic hyperplasia; Afr J Urol, 2018; 24: 93-97.

19. E. Mukamel, L. Nissenkorn, G. Boner, C. Servadio; Occult progressive renal damage in the elderly male due to benign prostatic hypertrophy;J Am Geriatr Soc, 1979; 27: 403-406.
20. Liao, Y.C. Chuang, S.P. Liu, K.S. Lee, T.K. Yoo, R. Chu, et al.;Effect of lower urinary tract symptoms on the quality of life and sexual function of males in China, Taiwan, and South Korea: Subgroup analysis of cross-sectional, population-based study;Low Urin Tract Symptoms, 2019; 11: O78-O84. 10.1111/luts.12220
21. G.C. Luo, K.T. Foo, T. Kuo, G. Tan;Diagnosis of prostate adenoma and the relationship of its site to bladder outlet obstruction; Singapore Med J, 2013; 54: 482-486.
22. L.M. Eri, N. Wessel, V. Berge;Test-retest variation of pressure flow parameters in men with bladder outlet obstruction; J Urol, 2001; 165: 1188-1192.
23. Organon of medicine, 6th edition, B. Jain Publishers, New Delhi, Translated by William Boericke, Reprint edition, 1997.
24. Clarke JH. A Dictionary of Practical Materia Medica. B. Jain Publishers, 1998.
25. Hering C. The Guiding Symptoms of Our Materia Medica. B. Jain Publishers, 2003.
26. Kent JT. Repertory of the Homeopathic Materia Medica. B. Jain Publishers, 2003.
27. Boericke W. Pocket Manual of Homeopathic Materia Medica and Repertory. B. Jain Publishers, 2002.