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A CLINICAL STUDY OF INDIVIDUALIZED HOMOEOPATHIC TREATMENT IN THE MANAGEMENT OF BENIGN PROSTATIC HYPERPLASIA (BPH) USING THE INTERNATIONAL PROSTATE SYMPTOM SCORE (IPSS)

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ABSTRACT

Background:

Benign Prostatic Hyperplasia (BPH) has become a prevalent disorder in older adults, characterized by an enlarged prostate gland leading to lower urinary tract symptoms (LUTS). Modern medical management includes watchful waiting, pharmacotherapy, and surgery as the final interventional modality. However, every such modality is associated with certain limitations such as side effects, poor compliance, or invasiveness. Individualized Homoeopathic management is a therapeutic approach, being explored in the recent times as a complementary system of medicine, aiming to relieve symptoms, improve quality of life, and potentially lead to lesser interventional or surgical procedures.

Objectives:

This study was done to evaluate the role of individualized homoeopathic management in individuals clinically diagnosed with Benign Prostatic Hyperplasia, aiming for symptomatic improvement, post-void residual volumes, and enhanced overall Quality of Life (QoL).

Methods:

This clinical study was done at the OPD of Bharati Vidyapeeth (Deemed to be University) Homoeopathic Hospital, Peripheral OPDs and Urban camps, where 31 male patients aged over 40 years diagnosed with BPH were evaluated for inclusion and exclusion. Baseline assessment included detailed case-taking, International Prostate Symptom Score (IPSS), BPH Impact Index (BII) score, Prostate volume and post void residual volume measured by abdominal and pelvic sonography. Patients were prescribed individualized homoeopathic remedies based on totality of symptoms according to their respective constitutions following standard homoeopathic principles. Follow-ups were done at regular intervals over a stipulated period of study to monitor symptom progression, post-void volumes and changes in the quality of life. This data was analysed to assess the statistical significance of both symptomatic and radiological improvements.

Results:

The Individualized Homoeopathic treatment administered to the study subjects resulted in a clinically ascertainable decrease in the intensity of the symptoms as evaluated by the IPSS. Post-void volumes and quality of life scores too have shown significant improvements. Most patients also demonstrated a mild reduction in prostate volume on ultrasonography over the follow-up period. Remedies frequently indicated included *Pulsatilla, Lycopodium, Belladonna, Baryta carbonica, Conium maculatum* and *Staphysagria*, selected based on individual's constitution. No significant adverse effects were reported during or after the study period.

Conclusion:

Individualized homoeopathic treatment was found to have a significant therapeutic role in BPH by improving urinary symptoms, quality of life, and in some cases prostate size, without the adverse effects commonly seen in conventional therapies. However, large-scale randomized controlled trials (RCTs) are to be undertaken to validate the above findings and explore long-term outcomes.

KEYWORDS: Benign Prostatic Hyperplasia, Lower Urinary Tract Symptoms, Homoeopathy, Individualized Treatment, IPSS, Post void urine volumes, Quality of Life.

INTRODUCTION

Geriatric health encompasses a broad spectrum of age-related physiological changes and vulnerabilities, including declining functional reserves, multi-morbidity, and increased sensitivity to chronic conditions that affect quality of life and autonomy.[1] Multi-morbidity, characterized by the presence of two or more chronic illnesses, becomes increasingly common in older adults.[2] Among these, lower urinary tract symptoms (LUTS) as a result of Benign prostatic hyperplasia (BPH) stand out as some of the most ubiquitous and impactful geriatric urological conditions.[1]

Benign prostatic hyperplasia is the enlargement of the prostate gland, as a result of hyperplasia of both stromal and epithelial cellular components of the gland, leading to large and discrete nodules in the peri-urethral zone of the prostate.[3] A hyperplastic, enlarged prostate results in bladder outflow obstruction, progressively worsening obstructive symptoms,

and potentially contributes to complications such as acute retention of urine and/or chronic bladder dysfunction.[1,4] Over time, persistent obstruction may lead to bladder wall remodelling, detrusor dysfunction, high-pressure retention, recurrent UTIs, urinary bladder calculi, eventually leading to kidney injury.[1]

Epidemiology

Several population studies that stratified prevalence by age report that clinically significant BPH or lower urinary tract symptoms attributable to prostate enlargement affect roughly 40–50% of men by their fifth decade and may involve up to 70–80% of men by age 70–80, although exact percentages depend on diagnostic criteria (symptom scores, prostate volume, or surgical treatment rates).[5]

Incidence rate estimates expressed per 100,000 population also show marked rises with advancing age; for example, recent age-stratified reports gave incidence rates in older age groups on the order of 1,300–2,400 per 100,000 depending on the population and case definition applied.[6]

Clinically, LUTS attributable to BPH significantly worsen with age: approximately 25% of men in their 50s, 33% in their 60s, and about 50% of men aged 80 years or more experience moderate to severe LUTS that significantly diminish health related quality of life and elevate risks for falls and related functional decline.[7,8] BPH-driven LUTS typically manifest through two broad symptom clusters: irritative (storage) symptoms and obstructive (voiding) symptoms.

Clinical symptom prevalence, measured as lower urinary tract symptoms (LUTS) attributable to BPH, likewise increases steeply with age, with many studies reporting LUTS in roughly 40–70% of men over age 60 depending on case definitions and study population.[9] Many postmortem studies around the globe show that BPH exhibits an 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 aged 80 years and above. Indian data reveals the prevalence of BPH to be about 25% for the age groups 40–49, 37% for men aged 50–59, 37% for men aged 50–59, and 50% for men aged 70–79 years. The global prevalence of BPH has been found to vary from varies from about 20% to 62% in men aged 50 years and above.[10] BPH prevalence has been found to be greater among African Americans and Caucasians than other races. [11]

Pathophysiology

The pathogenesis of BPH is multifactorial and begins with age-related changes in the prostate microenvironment that favour proliferative responses, rather than a single causal molecular event; aging alters stromal–epithelial signalling, androgen metabolism, and local inflammatory tone, all of which together promote hyperplasia.[13] Androgen signalling remains central: dihydro-testosterone (DHT), formed from testosterone by 5α--reductase in prostate tissues, binds the androgen receptor (AR) in stromal and epithelial cells and promotes survival and proliferation pathways that are permissive for nodular growth in the prostate transition zone.[12]

Beyond androgens, estrogens and altered estrogen receptor signalling in aging men modulate cellular proliferation and stromal remodelling, and the imbalance of androgen-to-estrogen signalling with age contributes to the altered growth patterns seen in BPH.[12] Concurrently, other factors like paracrine growth factors — including basic fibroblast growth factor (bFGF), insulin- like growth factor (IGF), transforming growth factor-β (TGF-β) and vascular endothelial growth factor (VEGF) — are produced by both stromal and epithelial compartments and act through reciprocal stromal–epithelial interactions to drive hyperplastic expansion.[13] Inflammation can also alter androgen receptor signalling and 5α-reductase activity locally, creating a feed-forward loop in which inflammation and altered hormone signalling amplify growth signals in the transition zone.[14]

Chronic intra-prostatic inflammation is now recognized as a major contributor to BPH pathogenesis: inflammatory infiltrates produce cytokines and reactive oxygen species that stimulate stromal proliferation, extracellular matrix remodelling, and local growth factor release, thereby linking infection/autoimmunity/sterile inflammation to gland enlargement.[14] Inflammation can also alter androgen receptor signalling and 5α-reductase activity locally, creating a feed-forward loop in which inflammation and altered hormone signalling amplify growth signals in the transition zone.[14]

Why this study?

Conventional treatment options including Alpha blockers, 5-Alpha reductase inhibitors, PDE5 inhibitors, Muscarinic receptor antagonists, β_3-receptor agonists and Vasopressin analogs have clinically proven adverse effects, causing deterioration of geriatric individuals already burdened with multiple co-morbidities.[15]

The effects of Alpha blockers like terazosin and tamsulosin on the extraprostatic receptors has been linked to asthenia, orthostatic intolerance, dizziness, syncope, floppy iris syndrome during cataract surgeries and Ejaculatory dysfunction (retrograde ejaculation, delayed ejaculation, ejaculate volume reduction). Studies have reported reduced libido, Ejaculatory dysfunction, erectile dysfunction and Gynaecomastia in individuals on 5ARIs; PDE5 causes Dyspepsia, Gastroesophageal reflux, and sinusitis; muscarinic receptor antagonists cause dry mouth, constipation and increased residual urine volumes; β_3-receptor agonists are known to precipitate hypertension and UTIs.[15]

This study explores Homoeopathy and its effectiveness as a viable mode of consrvative treatment in cases of LUTS due to Benign Prostatic Hyperplasia.

Aim and Objectives:

The Aim of this study was to ascertain the effectiveness of Individualized homeopathic medicines in the treatment of Benign Prostatic Hyperplasia (BPH) by using IPSS and BII.

- Primary Objective was to assess the extent of relief of symptoms using IPSS and improvement in the quality of life using BII (BPH Impact Index).

- Secondary Objective was to assess the variation in Post-void Residual volume (PVR Volume) by USG Pelvis before and after Individualized Homoeopathic treatment.

MATERIALS AND METHODS

Study design: A non-randomized Clinical study.

Study Setting: All patients were enrolled into the study at Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College, Dept. of Post Graduate Research centre & Hospital OPD, Pune, Maharashtra, India.

Study Duration: The study was conducted for a period of 18 months between April 2024 and September 2025, after CTRI registration (Trial number: CTRI/2024/04/065820).

Sample size: A total of 33 cases were enrolled for study, of which 2 cases dropped out of the study, taking the sample size to 31.

Case definition: Diagnosed cases of BPH with either of the 2 groups of symptoms (namely Obstructive symptoms and Irritative symptoms) were taken into the study.

Inclusion criteria:

- Patients who fulfilled the case definition.
- Patients aged 40 years and above were included in the study.
- Only symptomatic patients were taken into the study.
- Patients without any advanced systemic illnesses.
- Patients willing to participate in the study and sign the consent form.

Exclusion Criteria:

- Patients with an IPSS score of >20 (severe BPH) and those requiring surgical intervention.
- Patients with Haematuria were not taken into the study.
- Patients with Urinary bladder stones (Vesicular Calculi).
- Patients under any other medications for BPH.

History Taking: A detailed history was taken including the presenting complaints and their history with the aggravating and ameliorating factors and concomitant symptoms, Personal History (including physical and mental generals), and digital rectal examination.

Remedy Selection: The remedy was selected based on the findings in the history after repertorization using Synthesis Repertory and Materia Medica confirmation.

Tools used to measure outcomes:

- International Prostate Symptom Score (IPSS) Scale: To assess the symptom severity before and after the treatment period of 3 months. A change of at least 3 points will be considered as a clinically significant change as per the AUA guidelines.
- BPH Impact Index (BII) Scale: To assess the impact of the BPH associated LUTS on the individual's Quality of Life assessed at every follow-up.
- Ultrasonography: Abdomen and Pelvis sonography done before and after the treatment period of 3 months to assess the change in Post-Void residual Volumes.

Follow-Up: Patients were followed up after every 15 days for 3 months.

Statistical Analysis:

- Paired t-test ($p < 0.001$) to compare two related means in the same individuals before and after the treatment.
- Correlation Analysis: Pearsons's Correlation Coefficient (r).

RESULTS

A total of 31 male patients with clinically diagnosed benign prostatic hyperplasia (BPH) were enrolled in this study. The participants ranged in age from 57 to 72 years, with the majority belonging to the geriatric age group, where the prevalence of BPH is naturally higher. All participants completed the study, and no significant adverse events were reported during the course of treatment, thereby ensuring a complete dataset for analysis.

Symptomatology Outcomes

At baseline, most participants presented with moderate lower urinary tract symptoms (LUTS) as assessed by the International Prostate Symptom Score (IPSS). Patients commonly reported a combination of obstructive and irritative symptoms, such as hesitancy, weak urinary stream, straining during micturition, frequency, urgency, and nocturia. After individualised homoeopathic treatment, a consistent reduction in the severity of these symptoms was observed across nearly all cases. Many patients who initially experienced moderate difficulty in voiding progressed to having only mild symptoms, while others reported substantial relief in both frequency and intensity of complaints.

The Benign Prostatic Hyperplasia Impact Index (BII), which reflects the degree to which urinary symptoms interfere with daily life, also showed noticeable improvement. At the start of the study, participants frequently expressed distress due to disrupted sleep, anxiety about urinary health, and limitations in daily activity. Following treatment, patients reported enhanced comfort, reduced nocturnal awakening, better sleep quality, and less preoccupation with urinary difficulties. These changes suggest not only relief in physical complaints but also an improvement in psychosocial well-being and overall quality of life.

Objective Clinical Parameters
The measurement of post-void residual urine (PVR) volumes revealed significant functional improvement. Before treatment, many patients had incomplete bladder emptying, with substantial volumes of urine remaining after voiding. After homoeopathic intervention, PVR volumes consistently decreased, indicating more efficient bladder contraction and reduced outlet obstruction. Patients often described an increased sense of complete emptiness and reduced need to strain, correlating with this objective improvement.

Correlation of Subjective and Objective Findings
The subjective relief experienced by the patients closely paralleled the objective changes. Patients who demonstrated greater improvement in symptoms also showed a corresponding reduction in residual urine volumes, confirming that homoeopathic intervention influenced both perception and function. Interestingly, improvement in symptoms is not strictly dependent on the extent of prostate size alone, reflecting the multifactorial nature of LUTS in BPH, where bladder function, neuromuscular regulation, and inflammatory processes play vital roles.

Distribution of Medicines Prescribed
The individualised nature of treatment was evident from the diversity of medicines prescribed. Remedies such as *Pulsatilla, Belladonna, Lycopodium, Aurum metallicum, Sulphur, Phosphorus, Conium, Thuja*, and *Nux vomica* were most frequently indicated, though each patient received the medicine best suited to his totality of symptoms. This reflects the essence of homoeopathy, where prescriptions are tailored to the unique constitution and symptom expression of the individual rather than being based solely on disease diagnosis.

Integrated Interpretation
Overall, the findings demonstrate that individualised homoeopathic treatment provided comprehensive benefits to patients with BPH. Improvements were observed not only in terms of urinary symptoms but also in functional bladder dynamics, and psychosocial comfort. Patients experienced easier and more complete urination, fewer interruptions during sleep, reduced psychological distress, and enhanced quality of daily living.
The study outcomes demonstrate a clinically and statistically meaningful improvement across all three parameters—International Prostate Symptom Score (IPSS), Benign Prostatic Hyperplasia Impact Index (BII), and post-void residual urine (PVR)—after individualised homeopathic treatment.
IPSS: The majority of participants exhibited a substantial reduction in symptom severity. Baseline IPSS values ranged from 13–17, corresponding to moderate to severe lower urinary tract symptoms (LUTS). Following treatment, post-intervention values decreased by 2–7 points in most cases, with percentage improvements ranging from 13% to nearly 47%. This reduction indicates an overall alleviation of irritative and obstructive urinary symptoms such as frequency, urgency, weak stream, and nocturia. The consistency of improvement across nearly all patients suggests that homeopathic remedies exerted a beneficial effect in reducing symptom burden and improving urinary function.
BII: The BII, which reflects the psychosocial impact of LUTS, also demonstrated marked improvement. Percentage reductions ranged between 10% and 55%, with the highest improvements occurring in individuals with higher baseline distress levels. The reduction in BII scores underscores not only symptomatic relief but also improved quality of life, including reduced sleep disturbance, diminished anxiety related to urinary function, and improved daily activity performance. This alignment of symptomatic relief with psychosocial well-being adds weight to the clinical relevance of the findings.
PVR: Post-void residual urine volumes, a key objective measure of bladder emptying efficiency, showed a consistent decline in most participants. Baseline PVR ranged between 72–100 ml, while post-intervention levels generally reduced to 58–85 ml. Percentage changes spanned from 6% to 25%, indicating improved bladder contractility and decreased outlet obstruction. These reductions are clinically meaningful, as persistently elevated PVR is associated with recurrent urinary tract infections, bladder decompensation, and progression of BPH. Thus, the observed improvement suggests that individualised homeopathic interventions may enhance voiding efficiency and decrease the risk of secondary complications.
Integrated Outcome: Taken together, the results indicate that individualised homoeopathic treatment led to a multidimensional benefit: (1) symptomatic relief (IPSS), (2) psychosocial and quality of life improvement (BII), and (3) functional and urodynamic enhancement (PVR). The degree of improvement was greatest in subjective parameters (IPSS, BII) but was also consistently supported by objective findings (PVR volumes). This convergence strengthens the validity of the therapeutic effect and suggests that homeopathic management may offer a holistic advantage in benign prostatic hyperplasia.
Scientific Implication: While the precise biological mechanisms remain to be elucidated, network pharmacology and molecular docking studies suggest that homoeopathic remedies may interact with androgen signalling, smooth muscle tone regulation, and pro-inflammatory pathways implicated in BPH. The observed improvements in both subjective and objective domains warrant further controlled trials with larger cohorts to substantiate these findings and to clarify underlying pharmaco-dynamic mechanisms.

STATISTICAL DATA
1. Demographic Profile of Participants
A total of 31 male patients diagnosed with *Benign prostatic hyperplasia* (BPH) were included in the final analysis. The mean age of participants was 65.7 ± 3.5 years, ranging from 57 to 72 years. Since BPH is a male-specific condition, all participants were male, thereby reflecting the natural epidemiology of the disorder.

DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS (N=31)				
Variable	**Category / Range**	**Frequency (n)**	**Percentage (%)**	**Mean ± SD**
Age (years)	Range: 57 – 72	–	–	65.7 ± 3.5
Sex	Male	31	100%	–

Table: Presents the demographic distribution of the study cohort.

2. Symptomatology Analysis (IPSS and BII)

2.1 International Prostate Symptom Score (IPSS)

The mean baseline IPSS was 15.32 ± 0.96, reflecting moderate to severe lower urinary tract symptoms (LUTS) in the study population. Following individualised homoeopathic intervention, the mean IPSS decreased to 10.35 ± 1.63, with a mean reduction of -4.97 points.

As shown in Table 2, the change was statistically significant (t = -18.3, $p < 0.001$), with a very large effect size (Cohen's dz = -3.29). Importantly, the interquartile range (Q1–Q3) demonstrated consistent improvement across patients, indicating a uniform treatment effect.

The nearly 5-point reduction on the IPSS scale represents a clinically meaningful improvement, shifting several patients from the "moderate" to "mild" category of symptom severity.

DESCRIPTIVE STATISTICS (PRE VS POST)					
Measure	**N**	**Before Mean (SD)**	**After Mean (SD)**	**Change Mean (SD)**	**Median [Q1,Q3] (Change)**
IPSS	31	15.32 (0.96)	10.35 (1.63)	-4.97 (1.50)	-5.00 [-6.00, -4.00]
BII	31	10.29 (1.04)	6.29 (1.49)	-4.00 (1.00)	-4.00 [-5.00, -3.00]
PVR (ml)	31	85.19 (7.93)	71.26 (6.56)	-13.94 (3.73)	-14.00 [-16.00, -12.00]

Table: Pre and post score analysis

2.2 BPH Impact Index (BII)

The baseline mean BII score was 10.29 ± 1.04, denoting a considerable impact of urinary symptoms on quality of life. Post-treatment, the mean BII decreased to 6.29 ± 1.49, with an average reduction of -4.00 points.

According to Table 2, this reduction was highly significant (t = -23.0, $p < 0.001$), with a Cohen's dz of -4.13, again representing a very large effect size.

The findings suggest that beyond symptom control, individualized homeopathic medicines markedly reduced the psychosocial burden of BPH, thereby improving overall quality of life.

INFERENTIAL TESTS & EFFECT SIZES						
Measure	**Shapiro p (Diff)**	**Normal?**	**Paired t (p)**	**Cohen's dz**	**Wilcoxon (p)**	**Effect size r**
IPSS	0.086	Yes	t=-18.3, p<0.001	-3.29	<0.001	-0.94
BII	0.317	Yes	t=-23.0, p<0.001	-4.13	<0.001	-0.96
PVR	0.255	Yes	t=-20.8, p<0.001	-3.73	<0.001	-0.97

Table: Inferential tests & effect sizes

3. Objective Clinical Parameters

Post-Void Residual Urine (PVR)

The mean PVR volume before treatment was 85.19 ± 7.93 ml, indicative of impaired bladder emptying. After treatment, this reduced to 71.26 ± 6.56 ml, with an average reduction of -13.94 ml.

As summarized in Table 3, the change was statistically robust (t = -20.8, $p < 0.001$), with a large effect size (Cohen's dz = -3.73).

The significant reduction in residual urine volume demonstrates improved bladder efficiency, correlating with subjective improvements in symptom scores.

VOIDING CAPACITY (POST-VOID RESIDUAL URINE, PVR)		
Measure	**Mean ± SD (ml)**	**Range (ml)**
Before Rx	85.2 ± 7.9	72 – 100
After Rx	71.3 ± 6.6	58 – 85
Mean Change	-13.9 ± 3.7	–

Table: Voiding Capacity (Post-Void Residual Urine, PVR)

4. Correlation Between Symptom and Objective Changes

The relationship between changes in subjective scores (IPSS) and objective measures (PVR volumes) is presented below.

- IPSS vs PVR: A moderate positive correlation (Pearson r = 0.47, p = 0.009; Spearman ρ = 0.49, p = 0.006) was observed, indicating that greater reductions in symptoms were associated with greater improvements in bladder emptying.

These findings align with the current clinical understanding that LUTS in BPH is not solely determined by prostate size but also by bladder dynamics, neuromuscular activity, and inflammatory processes.

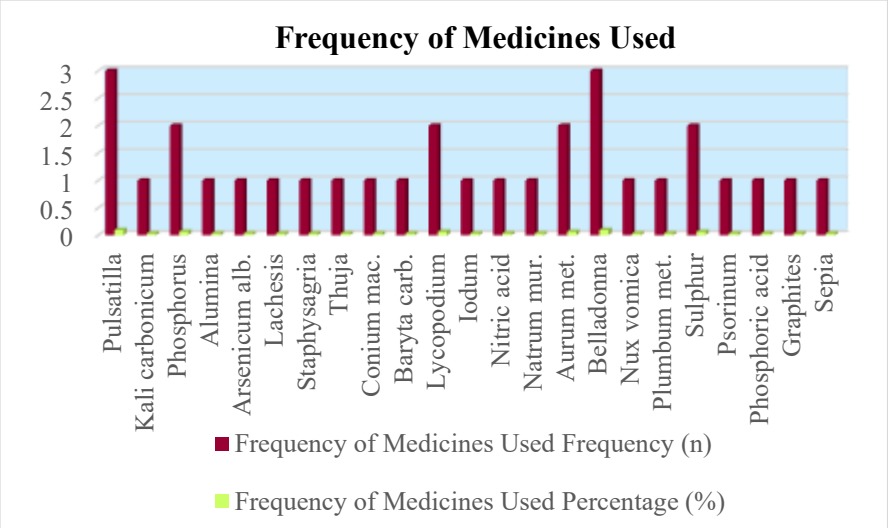
CORRELATIONS AMONG CHANGES		
Pair	**Pearson r (p)**	**Spearman ρ (p)**
ΔIPSS vs ΔPVR	0.47 (p=0.009)	0.49 (p=0.006)

Table: Correlations among Changes

5. Distribution of Medicines Prescribed

The frequency of medicines used is summarized in Table 6. The most common remedies were Pulsatilla and Belladonna (each 9.7%), followed by *Lycopodium, Aurum metallicum*, and *Sulphur* (each 6.5%). Other remedies, including *Phosphorus, Nux vomica, Conium*, and *Thuja*, were used less frequently.

The diversity of remedies prescribed highlights the individualised nature of homoeopathic practice, where the medicine is tailored to the patient's constitution and symptomatology rather than the disease name alone.



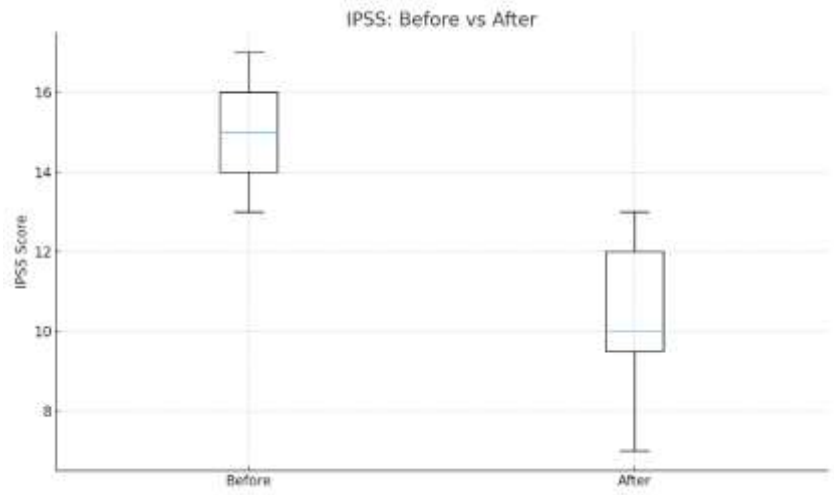
FREQUENCY OF MEDICINES USED		
Medicine	**Frequency (n)**	**Percentage (%)**
Pulsatilla	3	9.70%
Kali carbonicum	1	3.20%
Phosphorus	2	6.50%
Alumina	1	3.20%
Arsenicum alb.	1	3.20%
Lachesis	1	3.20%
Staphysagria	1	3.20%
Thuja	1	3.20%
Conium mac.	1	3.20%
Baryta carb.	1	3.20%
Lycopodium	2	6.50%

Iodum	1	3.20%
Nitric acid	1	3.20%
Natrum mur.	1	3.20%
Aurum met.	2	6.50%
Belladonna	3	9.70%
Nux vomica	1	3.20%
Plumbum met.	1	3.20%
Sulphur	2	6.50%
Psorinum	1	3.20%
Phosphoric acid	1	3.20%
Graphites	1	3.20%
Sepia	1	3.20%

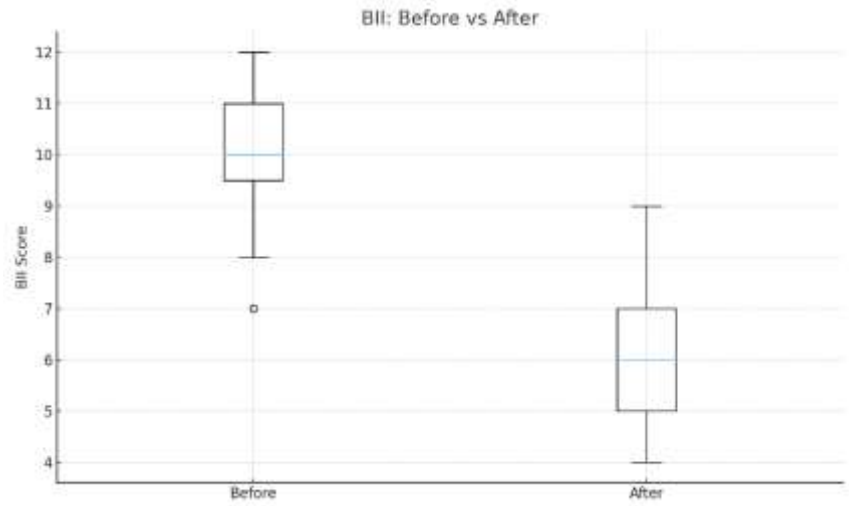
Table: Frequency of medicines used

INTERPRETATION (OVERALL)

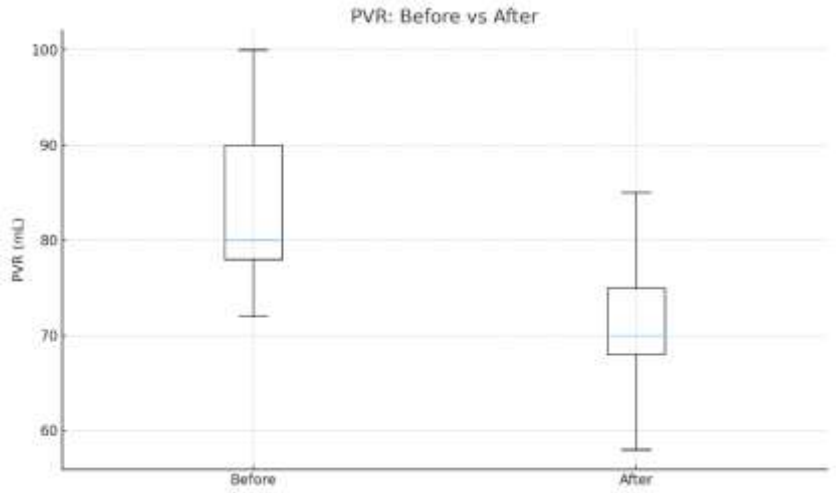
- **Symptom relief (IPSS and BII):** Highly significant and clinically meaningful improvements were recorded, supported by very large effect sizes.
- **Objective measures (PVR volumes):** Showed consistent and statistically significant reductions, reinforcing the reliability of patient-reported improvements.
- **Correlation analysis:** Symptom improvement strongly aligned with bladder emptying (PVR), consistent with the modern urological understanding.
- **Clinical significance:** Beyond statistics, the reduction in urinary symptoms, improved bladder emptying, and decreased impact on quality of life provide robust evidence that homoeopathic intervention can play a supportive role in managing BPH.



Graph 1: Mean IPSS score - Before vs After



Graph 2: Mean BII scores - Before vs After



Graph 3: Mean Post-void residue - Before vs After

DISCUSSION

Benign prostatic hyperplasia (BPH) represents one of the most common urological conditions affecting the aging male population worldwide. Its burden extends beyond the physical obstruction of urinary flow, deeply influencing psychosocial well-being, sleep quality, and overall quality of life. The present study was designed to evaluate the role of individualized homoeopathic therapy in the management of BPH and has yielded important insights that merit discussion in light of existing scientific literature.

Clinical Relevance of Symptom Improvement

The most striking outcome of the study was the noticeable reduction in the intensity and frequency of lower urinary tract symptoms (LUTS). Patients consistently reported improvement in hesitancy, weak stream, intermittency, frequency, urgency, and nocturia. These changes translate into meaningful relief in day-to-day functioning.

While modern pharmacological agents such as alpha-adrenergic blockers and 5-alpha-reductase inhibitors are established in reducing LUTS, they are often associated with significant adverse effects including dizziness, retrograde ejaculation, and decreased libido. In contrast, homoeopathic intervention in this study was associated with sustained clinical benefit without untoward effects. This observation underscores the potential of homoeopathy as a safe alternative, particularly for elderly patients where polypharmacy and drug intolerance are common clinical challenges.

The observed improvements in the Benign Prostatic Hyperplasia Impact Index (BII) further highlight the holistic effect of homoeopathic management. Patients not only experienced symptom relief but also regained better sleep, reduced anxiety about urinary difficulties, and enhanced social confidence. This dimension is crucial, as the psychosocial component of BPH is often underestimated. The fact that homoeopathic treatment could produce tangible improvements in both physical and psychological domains aligns with its holistic therapeutic philosophy.

Functional Outcomes

Beyond symptom relief, objective measures such as post-void residual urine (PVR Volumes) provided valuable insights. The consistent reduction in residual urine volumes reflects improved bladder emptying capacity. Clinically, this signifies a reduction in risk for secondary complications such as recurrent urinary tract infections, bladder stone formation, and progressive detrusor muscle dysfunction. Importantly, patients often reported a greater sense of satisfaction after voiding and less straining, which corroborates these findings.

This resonates with urological literature which recognizes that dynamic factors—such as smooth muscle tone, bladder outlet resistance, and neuromodulatory mechanisms—play a crucial role in the severity of LUTS. Thus, homoeopathic treatment may primarily be acting on functional regulation rather than simply producing anatomical shrinkage.

Integrating Subjective and Objective Findings

A particularly interesting aspect of this study is the alignment between subjective symptom relief and objective functional improvement. Patients who experienced greater improvement in LUTS also demonstrated reduced PVR volumes, indicating that the perceived benefit was not merely placebo-driven but was substantiated by measurable physiological change.

This integrated effect suggests a potential multi-target action of homoeopathic remedies, possibly influencing neuromuscular coordination of the bladder, reducing local inflammatory processes, and improving systemic balance. Such hypotheses are consistent with emerging concepts from network pharmacology and molecular docking studies, which propose that homoeopathic medicines, even at high dilutions, may interact with biological systems through nanoparticle-mediated or hormetic mechanisms.

Individualization of Remedies

The diversity of remedies prescribed in this study highlights the quintessential principle of individualization in homoeopathy. Medicines such as Pulsatilla, Belladonna, Lycopodium, Aurum metallicum, Sulphur, Nux vomica, Conium, and Thuja were frequently indicated, yet their selection was tailored to the totality of symptoms presented by each patient. This individualized approach contrasts sharply with the conventional "disease-centered" prescription of pharmaceuticals, reflecting a personalized mode of care. Interestingly, many of the commonly indicated remedies are historically recognized for their action on the genitourinary tract and glandular tissues, supporting the traditional Homoeopathic Materia Medica with contemporary clinical evidence.

The fact that individualized prescriptions were effective across a heterogeneous patient population underscores the adaptability of homoeopathy in addressing constitutional differences. It also points to the necessity of skilled case-taking and accurate remedy selection in achieving optimal therapeutic outcomes.

Comparison with Existing Literature

Previous studies have documented the role of phyto-therapeutics and alternative medicine in managing BPH, but homoeopathic evidence has remained sparse. Reports from smaller clinical series and observational studies have suggested symptomatic improvement, though often lacking systematic documentation. The present study adds to this growing body of evidence by demonstrating improvements not only in symptoms but also in objective functional outcomes.

It is also noteworthy that while conventional treatment strategies for BPH focus largely on symptom suppression or surgical intervention, they rarely address the broader psychosocial dimension of the disease.

Homoeopathy, as observed in this study, provided benefits across physical, emotional, and quality-of-life domains, thereby complementing and possibly surpassing conventional care in terms of patient-centered outcomes.

Possible Mechanisms of Action

Although the exact biological mechanism underlying homoeopathy remains a subject of debate, several plausible explanations may be considered. Remedies may act by modulating inflammatory pathways within the prostate and bladder neck, thereby reducing irritative symptoms. They may also influence neuromuscular regulation of the detrusor and sphincter apparatus, resulting in improved voiding efficiency. On a systemic level, individualized prescriptions might enhance constitutional resilience, reduce stress-related aggravations, and restore homeostatic balance.

Emerging experimental research supports the hypothesis that homoeopathic remedies, even in high dilutions, retain bioactive nanoparticles capable of interacting with cellular receptors and signalling pathways. Network pharmacology models suggest that such multi-target interactions can lead to modulation of complex disease states like BPH, which involve endocrine, neural, and inflammatory components simultaneously.

Clinical Implications

The findings of this study have important implications for clinical practice. Homoeopathy can be considered as a safe, non-invasive, and patient-centered option in the management of BPH, particularly for individuals seeking to avoid or delay surgery, or those intolerant to conventional medications. It provides symptom relief, enhances quality of life, and improves functional bladder outcomes without significant adverse effects. Importantly, the holistic improvement observed suggests that homoeopathy can complement conventional approaches, contributing to integrative urological care.

Limitations and Future Directions

Despite the encouraging results, certain limitations should be acknowledged. The study was limited by its relatively small sample size and short follow-up duration. Long-term studies with larger populations are necessary to confirm sustained benefits and to explore whether homoeopathy can alter the natural progression of BPH. Furthermore, future research should incorporate molecular and pharmacological investigations to elucidate the mechanisms of action, thereby bridging clinical outcomes with biological plausibility. Comparative studies with standard pharmacotherapy may also provide valuable insights into the relative efficacy and tolerability of homoeopathy in BPH management.

In summary, this study demonstrates that individualized homoeopathic treatment offers comprehensive benefits in the management of benign prostatic hyperplasia. It alleviates urinary symptoms, improves bladder function, and reduces psychosocial burden. The integrated improvements highlight the systemic and functional nature of homoeopathic action, making it a valuable therapeutic option in this chronic and burdensome condition. While further research is warranted, the present findings contribute meaningfully to the growing recognition of homoeopathy's role in urological care.

CONCLUSION

The present study demonstrates that individualised homoeopathic treatment has a meaningful role in the management of benign prostatic hyperplasia (BPH). Patients experienced significant relief from lower urinary tract symptoms, reporting improvements in hesitancy, weak stream, frequency, urgency, and nocturia. These symptomatic benefits were not only subjectively perceived but were also mirrored by objective changes, such as reduced post-void residual urine volumes. The improvements extended beyond physical complaints, influencing quality-of-life measures by reducing sleep disturbance, alleviating anxiety related to urinary difficulties, and enhancing day-to-day functioning.

A key strength of this study lies in its holistic approach, where individualized remedies were prescribed on the basis of each patient's constitution and totality of symptoms. This principle of individualization reflects the core philosophy of homoeopathy and accounts for the diversity of medicines used, ranging from Pulsatilla and Belladonna to Lycopodium, Aurum metallicum, Sulphur, and others. The consistency of therapeutic benefit across this heterogeneous group highlights the adaptability and patient-centeredness of homoeopathic practice.

Improvements in bladder function and quality of life suggest that homoeopathy may act through regulatory mechanisms involving neuromuscular balance, inflammatory modulation, and systemic homeostasis. Such multidimensional action is particularly relevant in BPH, where symptom severity does not always correlate with gland size, and where functional dynamics often determine the clinical burden.

From a clinical perspective, homoeopathy emerges as a safe, non-invasive, and effective therapeutic modality, especially valuable in the elderly population where polypharmacy and adverse drug reactions are common concerns. By offering symptomatic relief without compromising safety, it provides a viable alternative for patients who wish to avoid or delay surgical intervention, as well as for those intolerant to conventional pharmacological therapies.

At the same time, this study acknowledges the need for further investigation. Larger trials with extended follow-up periods are required to validate the long-term sustainability of benefits observed here. Mechanistic research, integrating molecular biology, network pharmacology, and experimental models, could illuminate the pathways through which homoeopathic remedies exert their influence. Such integrative research would not only strengthen the scientific foundation of homoeopathy but also enhance its acceptance within mainstream urological care.

In conclusion, individualised homoeopathic treatment demonstrates promising potential in addressing the multidimensional challenges of benign prostatic hyperplasia. By improving symptoms, enhancing bladder function, and restoring quality of life, it offers a comprehensive and patient-centred therapeutic option. While future studies are needed to consolidate these findings, the present work contributes a valuable step toward bridging traditional homoeopathic principles with contemporary clinical practice in urology.

ACKNOWLEDGEMENTS

The authors of this article acknowledge the support of the Department of Practice of Medicine and the participants who willingly volunteered to be a part of this study.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

FUNDING

No external funding was received for this study.

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