Homeopathic Treatment of Prostate Adenoma

Therapeutical results with the SANUM preparation NIGERSAN

by Dr. med. Shafik Barsom
The naming of the known complaints as hypertrophy of the prostate or prostate adenoma does not correspond to the nature of this extremely frequent senile illness of man. In fact, the tissue proliferation does not originate from the prostate gland itself, but from the periurethral tissue in the area of the back urethra. During this proliferation process, the prostate gland will even become atrophic by pressure and will finally represent only a thin tissue layer that encircles the adenoma as a “surgical prostate capsule”: Therefore, these complaints are better to be termed as adenomas of the bladder neck.

Rubritius and Blum suspected the periurethral glands as being the starting point of this adenoma formation. These glands divide themselves into three groups: two of them lie laterally in the submucous tunica of the back urethra near the orifice of the Vasa deferentia (deferent vessel), while the third is situated dorsally near the Orifizium internum urethrae (internal urethral orifice). Reichsauer then realized that the proliferation does not originate from these glands themselves but from their fibromuscular coat. Only in a secondary way are the periurethral glands involved in the process by proliferating into the fibromuscular masses, and thus transmitting to them the adenomatous character.

This developmental process explains the different structures of the adenomas. In about 46% of them, the glandular proliferation prevails; about 51% are predominantly of fibromuscular substance and 3% are nearly just fibromuscular. Likewise from the position of the periurethral glandular groups, the formation of the adenoma into two lateral lobes and one medium lobe explains itself.

Thus, the most frequent disease of the prostate is the adenoma of the bladder neck, which is usually termed as hypertrophy of the prostate. However, as the formation of the adenoma - as has been explained - does not originate from the actual prostate tissue itself, but from the periurethral tissue at the internal orifice of the urethra, this terming is so far incorrect.

**Complaints result from secondary appearances**

Through secondary appearances, the adenoma of the bladder neck becomes an illness. Hereby, it is first of all a matter of urination. The bladder musculature becomes hypertrophic and causes in cases of the so-called trabecular or eccentric form an increased bladder capacity, whereas the concentric hypertrophy will leave the capacity of the bladder uninfluenced. The disorders of the bladder start with the disuria with a retarded beginning of miction and a powerless jet of urine, an increased micturition - especially during the night - and a feeling of pressure in the rectum. Later on, there will be signs of bladder insufficiency and the formation of residual urine, whereby the bladder musculature slackens and shows signs of degeneration; besides, after urination a considerable amount of urine remains in the bladder - the remaining or residual urine.

After a rich intake of food and liquids, a longer sitting position, a cooling of the feet, in cases of obstipation and other appearances, a complete anuresis may suddenly occur, especially in those cases, where the enlarged medium lobe projecting cone-shaped into the bladder shuts the internal orifice of the urethra if the bladder is strongly filled. The hypertrophy of the bladder wall musculature and the very often strong filling of the bladder prevent the rhythmical outlet of the urine from the ureter so that the urine dams up in the ureters and in the pelvis of the kidney. This increase of pressure leads to a flattening of the renal calyces and to a further progressing atrophy of the epithelia of the tubules, especially of the distal sections. Thereby, the daily amount of urine will be strongly increased as a picture of now starting kidney insufficiency and may amount to four to five liters per day.

**Inflammatory reactions are not rare**

From urethritis caused by gonorrhea, catheterization, cystitis or calculi, an inflammatory reaction of the prostate may result. This may also be the case if caused hematogenically by means of metastases through pyemia, furunculosis, angina and typhus or via the lymphatic way through inflammations of the rectum or the anus. The parenchymatous prostatitis shows fever, eventually combined with shivers, frequent micturition, painful defecation, a very strong sensitivity to pressure of the diffusely enlarged and paste-like swollen gland while the
cattarrhal form causes few complaints.

From inflammations of the parenchyma, abscesses of the prostate with disturbances of urination and defecation may result. These abscesses can break into the surrounding tissue and cause a deadly sepsis. Next to the application of antibiotics, a treatment with heat (like hip baths) will be sufficient in light cases, and in cases of tenesmus, an administration of spasmyotics as well as of antiphlogistics will be useful. Abscesses imply the necessity for a quick opening.

**Examination of the efficacy of SANUM preparations**

Within the scope of a therapeutical examination regarding the results with the homeopathic remedies NIGERSAN 3X and NOTAKEHL 3X in the form of suppositories for the treatment of the prostate adenoma and the prostatitis, 54 patients were treated in my urological practice with these remedies. Next to the patients with prostatitis, these preparations were administered in cases of prostate adenomas of first degree to beginning second degree. The average age of the patients was 61.2 years. Extensive laboratory tests were executed in the beginning, in the middle and at the end of the treatment. One of the important results of this total examination was the fact that there are actually no undesired side effects from which the lack of side effects of the remedies can be concluded.

Above all, the efficacy of NIGERSAN suppositories was to be tested. Since the indicated clinical pictures often represent infections with a germinal incubus, the number of germs in the culture of the urine as well as of the prostate secretion was determined for each patient. During the NIGERSAN therapy, the administration of two suppositories per week of NOTAKEHL took place in order to also obtain some further information about the antibiotic-like effect of this remedy, which as a matter of fact is already known. On these days, the NIGERSAN administration was interrupted. Otherwise, NIGERSAN was administered with one suppository each evening five days per week. The treatment lasted from four to six weeks.

The total positive results of the examination can already be sketched here inasmuch as 36 of the 54 treated patients also showed a clearly improved jet of urine after the therapy (Fig. 1). The results and test data of the examination

<table>
<thead>
<tr>
<th>BSR</th>
<th>GOT</th>
<th>GPT</th>
<th>ßGT</th>
<th>Hb</th>
<th>Erys</th>
<th>H</th>
<th>H</th>
<th>HST</th>
<th>S</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.49/23.73</td>
<td>9.49</td>
<td>12.33</td>
<td>18.49</td>
<td>15.87</td>
<td>4.83</td>
<td>1.25</td>
<td>5.40</td>
<td>39.05</td>
<td>3.13</td>
<td>61.18</td>
</tr>
<tr>
<td>9.09/18.65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.58</td>
<td>1.11</td>
<td>5.25</td>
<td>39.86</td>
<td>3.24</td>
<td></td>
</tr>
<tr>
<td>7.04/15.35</td>
<td>9.39</td>
<td>12.26</td>
<td>16.59</td>
<td>15.81</td>
<td>4.83</td>
<td>1.11</td>
<td>5.42</td>
<td>40.10</td>
<td>S</td>
<td>3.04</td>
</tr>
</tbody>
</table>

Table 1: Average test data from clinical-urological examinations regarding the efficacy of NIGERSAN

| A: Improved     | 66.6% |
| B: Slightly improved | 24.1% |
| C: Unchanged    | 9.3%  |
| A: Very good    | 42.6% |
| B: Good         | 44.4% |
| C: Moderate     | 7.4%  |
| D: None         | 5.6%  |

Fig. 1: Evaluation of the condition of the urine jet after the SANUM therapy

Fig. 2: Evaluation of the efficacy of the SANUM preparations after treatment
in detail are described in the accompanying diagrams, whereby attention is also especially drawn to the graphical illustration as regards efficacy and compatibility.

The efficacy of the two SANUM preparations was evaluated with the mark “very good“ by 23 patients and with “good“ by 24 patients. A moderate efficacy was confirmed by four patients. Three patients denied any efficacy (Fig. 2). The remedies’ compatibility was evaluated as „very good“ by 40 patients, as „good“ by 12 and as „moderate“ by only 2 patients (Fig. 3). There were no side effects in 49 patients; only 5 patients suffered from slight complaints (Fig. 4).

**Control of results was made by ultrasonic radiographs**
The illustrated results (Figures 5 to 8) are based on the statements of the patients in combination with the medical observations.

In order to guarantee the trustworthiness some further objective findings of the examining doctor were therefore necessary. Thus, two ultrasonic radiographs of this state of condition were taken from all patients at the beginning of the treatment; i.e. one radiograph of the fully filled bladder and one after the bladder was emptied. These images give particulars about the degree of the tissue density as well as about the quantity of the residual urine. This control was repeated after a fortnight and after four weeks, and also once more after six weeks in the case of four patients. After a thorough evaluation of 332 ultrasonic pictures, a diminution of the prostate adenoma sound with a decrease of residual urine could be objectively observed as a final result in nearly all patients. Herewith, the partly subjective results and the efficacy of the medication could be taken for granted.

**Improvements in cases of nycturia, pollacuria & dysuria**
In cases of nycturia distinct improvements could be registered in 11 patients. In 31 patients, a partial improvement has been achieved. In 12 patients no improvement was determinable. These figures are also based upon the subjective statements of the patients. But according to my experience, the results should be regarded under the aspect of the very short duration of the treatment and the small doses. This will also become clear in the single case that still has to be depicted and that had been treated for six weeks, i.e. during a longer period with higher doses. This is surely also valid for the following cases. In altogether 40 cases of pollacuria, the frequent daily miction was nearly normalized in seven patients. In sixteen patients, a good amelioration was stated, whereas in seventeen patients, no improvement was to be registered. In cases of dysuria, a total improvement was stated in four patients and a slight improvement in two patients. Six patients did not show any improvements.

On average, for all patients the blood sedimentation rates had fallen about 50% after a four weeks’ treatment, which has to be regarded first of all as an indication of the additional administration of NOTAKEHL within the NIGERSAN therapy. The antibiotic-like effect of NOTAKEHL showed up clearly in many cultures of urine and prostate secretion by a distinct diminution of the microbial content in the cultures during treat-
An especially interesting case of the examination

An especially interesting pathological case of the hereunto described examination was the history of a 59 year old patient with a first degree prostate adenoma who suffered moreover from a prostatitis and an infection of *Escherichia coli*. His blood sedimentation rates were normal, also his liver values and the remaining urological values. In the urine culture, $10^3$ *Escherichia coli* were bred. In the culture of the prostate secretion, an abundant quantity of *Escherichia coli* were also present.

An ultrasonic examination of the full bladder showed a normal contour of the bladder with a dense sound echo of the prostate. After the bladder had been emptied, an abundant quantity of residual urine was found.

In the course of treatment, the usual laboratory examinations were executed. Without any essential changes of the laboratory parameters, a smaller quantity of residual urine and an increased bladder capacity was found by this time. At the end of the therapy, a normal bladder capacity with normal contours and only a weak sound echo of the prostate. The quantity of the residual urine was nearly half as much as at the beginning of the therapy. Also the jet of urine had clearly improved. The patient does not need to get up any more during the night in order to urinate. The compatibility of the two SANUM remedies was judged as very good by the patient. Treatment lasted six weeks; during this time and differing from the habitual therapeutical scheme, one suppository of NOTAKEHL 3X was administered in the morning, and one suppository of NIGERSAN 3X in the evening.

![Fig. 5: Ultrasonic radiograph of the full bladder of the patient with a dense prostate sound at the beginning of the treatment](image1)

![Fig. 6: Ultrasonic radiograph of the emptied bladder of the patient with a large quantity of residual urine at the beginning of the treatment](image2)

![Fig. 7: Ultrasonic radiograph of the full bladder of the patient after termination of the six weeks’ therapy](image3)

![Fig. 8: Ultrasonic radiograph of the emptied bladder of the patient after termination of the six weeks’ therapy](image4)
for the daily treatment. After the six weeks’ duration of therapy, the examination showed that the cultures of urine and prostate secretion of this patient were nearly normalized. This, too, has to be regarded as a convincing and valid result.