HOMOEOPATHY A RESONABLE ALTERNATIVE FOR TREATMENT OF FUNGAL PROSTATITIS - A CASE REPORT

SURESH CHANDRA SRIVASTAVA * AND A.K.SRIVASTAVA
MATA HOMEO CLINIC, DIAGNOSTICS AND RESEARCH CENTRE FOR HUMAN MYCOSES & ALLERGY
250, KESHAV NAGAR, SITAPUR ROAD, LUCKNOW-226020, UP INDIA, E-mail: mhcdr@rediff.com
*EX-SENIOR SCIENTIST, INDUSTRIAL TOXICOLOGY RESEARCH INSTITUTE POST BOX 80,M G MARG,
LUCKNOW, INDIA E-mail: scs_itrc@rediffmail.com

ABSTRACT

Present paper reports a case of fungal prostatitis which has perfectly been cured with homoeopathic drugs. Diagnosis is based on fungal culture of prostate fluid before and after treatment. Present case added to literature, suggesting that clinicians need to consider fungal infections in patients who fail standard therapy for prostatitis, either as a primary causative organism or as secondary agents induced by broad-spectrum antibiotic use. Homoeopathic drugs are potentially alternative to treat fungal prostatitis.

CASE

A 63 years old Indian male was suffering from fever ranging from 99.0°F to 99.2°F for the last seven years. Later he developed urine problems such as pain while urinating, increase frequency, urgency, difficulty in starting urination and incomplete emptying of the bladder, occasional itching sensation at the tip of the penis. Tongue was slightly white coated, bitter taste, weakness etc. were other complaints.

Ultrasonography (Fig-1a and b) of whole abdomen showed on July 11,2004 mild hepatomegaly -fatty changes, with homogeneous echo texture of parenchyma and enlarged prostate size 47x44x30 mm, and weight was 34 grams i.e. prostate enlargement Grade II. Residual urine volume was 20ml in urinary bladder. Prostate Specific Antigen (PSA) was normal. Pathological repeated reports revealed the presence of E.coli Cyst, Pus cells 1-2/phf in stool. Hemoglobin was 12.0 gram%, total leucocyte count 12,760/cmm, differential Leukocyte count, neutrophils 81%, lymphocytes 19%. Erythrocytes sedimentation rate (ESR by wintrobes method) was 46mm for 1hr, ESR corrected 34 mm. Packed cell volume 36ml%. Widal test was found Negative for Typhoid. In urine, albumin was 50mg% & pus cells 22-23/phf; reported. Urine culture showed the growth of Escherichia coli (>10^5 bacteria/ml of urine) 24 hours after aerobic incubation at 37°C, sensitivity pattern showed Gentamycin ++++, Tobramycin++++, Ciprofloxacin++++, Cefatoxine++++, etc. However, he was kept for complete course of Gentamycin 80mg intramuscular injection twice daily for 7 days. During Gentamycin treatment, he felt better in urination. Urine examination revealed that albumin was found in traces and uric acid crystals (+) and E.coli count was normal (<100/ml cfu/ml). After withdrawal of Gentamycin treatment, the patient regains all the symptoms which he reported earlier.

Further it was suspected BPH with prostatitis of fungal origin since antibacterial not responded. Thus fresh Prostate fluid obtained from drainage was examined for fungal presence by culturing directly on Sabouraud Dextrose Agar with antibacterial antibiotics at 37°C. It was highly imperative to know that there was significant growth (>10^5 CFU/ml) and culture identified was Candida albicans and confirmed by sprout mycelium test. History of patient again reviewed and found patient was used to unprotected sex even with the opposite partner having Candida vaginitis.

To avoid surgery the patient was treated with homoeopathic medicines such as Sabal serulatta Q , Cantharis 30, Sarsaparilla 30, Apis mel 30, Petroleum 30 and Natrum phos 12x twice daily as and when required depending upon the clinical symptoms of the patient with fortnight review. His body temperature came down to normal after 40 days treatment. The medicines remain continued till 5th March 2005. On March 4th 2005 Ultrasonography of whole abdomen showed no residue seen in urinary bladder, the prostate measuring 45x33x26 mm and weight was 21 grams. Prostate fluid and urine was negative for Candida growth.
DISCUSSION
Fungal urinary tract infections associated with either indwelling catheters or immune-suppression are increasingly identified in an era of broad-spectrum antibiotics; however, prostate infections due to fungal organisms are still relatively uncommon, and *Candida* prostatitis is rarer still, with only scattered reports in the literature, most of which report prostatic abscesses due to this organism, but in present case no any abscesses is noted.

Using antibiotic prophylaxis, now the standard of care, infectious complications from ultrasound-guided transrectal prostate biopsies are infrequent but well documented. Present case adds to literature, suggesting that clinicians need to consider fungal infections in patients who fail standard therapy for prostatitis. Widespread use of other broad-spectrum antimicrobials, fungal infections in general have become more prevalent.

CONCLUSION
All the prevailing subjective symptoms such as fever, urine problems were vanished in total with treatment of homeopathic medicines in general and antifungal in specific. There are very few reports BPH with prostatitis of fungal origin and the etiological agent reported was to belongs yeast category identified as *Candida albicans*. and homoeopathy is highly economical and nontoxic.
alternative treatment to BHP with fungal prostatitis. Further researches toward prostatitis of fungal origin are open to scientists. It is also concluded that BPH with fungal prostatitis can be treated without surgical intervention using homeopathic medicines.

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