Role of Staphysagria in Case of First and Second Stage of Chronic Benign Prostatic Hyperplasia: A Case Report Assessed by International Prostate Symptom Score

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***Abstract*—Background: Benign prostatic hyperplasia (BPH) is a common age-related condition that may produce lower urinary tract symptoms, including frequency, nocturia, weak urinary stream, urgency and incomplete bladder emptying. This report describes an older male patient diagnosed with stage II BPH who received an individualised homoeopathic prescription of Staphysagria 30C, with follow-up documented using the International Prostate Symptom Score (IPSS).**

***Index Terms*—Benign prostatic hyperplasia; lower urinary tract symptoms; Staphysagria; individualised homoeopathy; International Prostate Symptom Score; case report**

I. INTRODUCTION

Benign Prostatic Hyperplasia (BPH) is a prevalent, age-associated urological condition characterized by non-malignant proliferation of prostatic glandular and stromal tissues, resulting in enlargement of the prostate gland. It is frequently encountered among middle-aged and elderly men, with its prevalence increasing progressively with advancing age. The enlargement of the prostate, particularly around the prostatic urethra, may contribute to bladder outlet obstruction and disturbances in normal urinary function. Clinically, patients commonly present with lower urinary tract symptoms (LUTS), including increased urinary frequency, urgency, nocturia, hesitancy, intermittency, weak urinary stream, straining during micturition, incomplete bladder emptying and post-micturition dribbling. The severity of these manifestations varies considerably among individuals and may adversely affect sleep, daily activities, psychological well-being and overall quality of life. In advanced or inadequately managed cases, bladder outlet obstruction may be associated with complications such as acute urinary retention, recurrent urinary tract infections, bladder calculi and deterioration of renal function. Therefore, early recognition, appropriate clinical assessment and individualized management are essential in patients presenting with symptoms suggestive of BPH. (1)

From the homoeopathic perspective, the management of chronic diseases involves an individualized assessment of the patient, considering the physical manifestations of the disease alongside mental and emotional characteristics, general constitution, personal history and individual susceptibilities. The selection of an appropriate remedy is traditionally based on the comprehensive totality of characteristic symptoms rather than the pathological diagnosis alone. Particular importance is given to peculiar mental states, modalities, physical generals and characteristic particulars that distinguish one individual from another. This approach is described in the principles of classical homoeopathy, particularly in relation to chronic disease management and individualization of treatment.

Among the various remedies described in homoeopathic materia medica, Staphysagria is associated with individuals who experience emotional sensitivity, suppressed anger, indignation,

humiliation, grief and ailments following insults or mortification. Such individuals may remain outwardly quiet despite experiencing considerable emotional distress internally, often dwelling upon unpleasant experiences and finding it difficult to overcome feelings of injustice or wounded self-respect. Italso includes various genitourinary manifestations, such as frequent urging to urinate, burning during micturition, difficulty in passing urine and other urinary disturbances. These characteristic features have been described in classical materia medica literature by several homoeopathic authors.

The association of urinary manifestations with the characteristic mental and emotional picture makes Staphysagria a remedy of interest when evaluating individualised homoeopathic prescriptions in patients presenting with lower urinary tract complaints. In the present case, particular attention was given to the coexistence of urinary disturbances and a history of emotional insult, suppressed anger and indignation. The remedy was therefore considered on the basis of the patient's individual symptomatology and the totality of characteristic findings, rather than solely on the diagnosis of benign prostatic hyperplasia. [8]

The present case report describes a 73-year-old male patient diagnosed with Stage II Benign Prostatic Hyperplasia, presenting with progressive lower urinary tract symptoms. The case was evaluated through individualised homoeopathic case-taking, analysis of characteristic symptoms and follow-up assessment using the International Prostate Symptom Score (IPSS). The clinical course was documented to observe changes in urinary symptom severity and the patient's reported quality of life during the follow-up period.

II. CASE REPORT

2.1 Patient information

Table 1. Patient details

Parameter	Details
Case number	S13E5
OPD number	3645/25-26
Patient	Mr M.S.
Age / Sex	73 years / Male
Religion	Hindu
Marital status	Married
Occupation	Retired
Residence	Ahmedabad, Gujarat
Date of first visit	13/05/2025

2.2 Presenting complaints

The patient presented with lower urinary tract symptoms involving the prostate gland and urinary tract:

- Difficulty in micturition.
- Burning pain in the urethra during urination.
- Frequent urge to urinate with scanty urine.
- Urine passed drop by drop / weak stream.
- Sensation of residual urine in the bladder after urination.
- Associated dry, hard stool, post-prandial abdominal heaviness and occasional colicky abdominal pain.
- Aggravating factors: retaining urine, the period when not urinating, after eating and from cold water.
- Ameliating factors: warm application and temporary relief after passing urine.

2.3 Past, family and personal history

Past history: Recurrent warts since 2005, treated allopathically with temporary relief and recurrence; gallstone disease in 2023, treated surgically; and a stye at 15 years of age for which no treatment was taken.

Surgical history: Laparoscopic cholecystectomy in 2023 for gallstone disease.

Family history: No significant family history was available. Family surgical history was recorded as nil.

Personal history: Occasional tobacco/pan chewing for 20 years. Appetite increased, with ravenous hunger and eating small quantities at short intervals. Thirst was described as normal, with large quantities of water taken at long intervals. Desire for milk; aversion not specified. Stool was dry and hard, requiring effort for evacuation.

Urinary history: Frequency 11–12 times/day; nocturia 5–6 times/night; unsatisfactory voiding; burning during urination; straining present; occasional intermittency; weak stream with drop-by-drop passage; pale-yellow urine; no blood reported; and a sensation of incomplete bladder emptying.

Sleep was disturbed and unrefreshing due to nocturia, with a reported duration of 4–5 hours. Dreams were not remembered. Perspiration was mild and non-

offensive. The patient was markedly chilly, could not tolerate cold water and reported relief from warmth. He was married and lived with his wife and son. Sexual activity was absent, attributed in the case record to reduced sexual desire.

Mental generals: The patient was described as belonging to a respectable family and participating actively in social activities. He was emotionally sensitive and affected by the opinions and remarks of others. Approximately three years before the recorded case, a society member publicly insulted him during a residential society meeting concerning maintenance of the common parking area. The patient remained silent at the time but felt deeply humiliated and continued to brood over the incident after returning home. Since then, he was described as more irritable, easily angered over trivial matters and sensitive to criticism.

He felt hurt by injustice and indignation, repeatedly recalled unpleasant incidents, grieved over their consequences and worried about what others thought or said about him. Forgetfulness had gradually increased with age. The case record states that urinary complaints appeared after the emotional insult and progressed thereafter.

2.4 Clinical findings

General Examination	Finding
Height	155 cm
Weight	75 kg
Blood pressure	140/90 mmHg
Pulse	88/min
Respiratory rate	19/min
Temperature	97.3°F
Nails	Normal
Tongue	Slightly coated
Hair	Grey; age-related changes
Skin colour	Whitish
Eyes	Normal

Digital rectal examination: tone good; prostate recorded as stage II; mucosa free; small clinically benign nodule; upper border reachable; no tenderness.

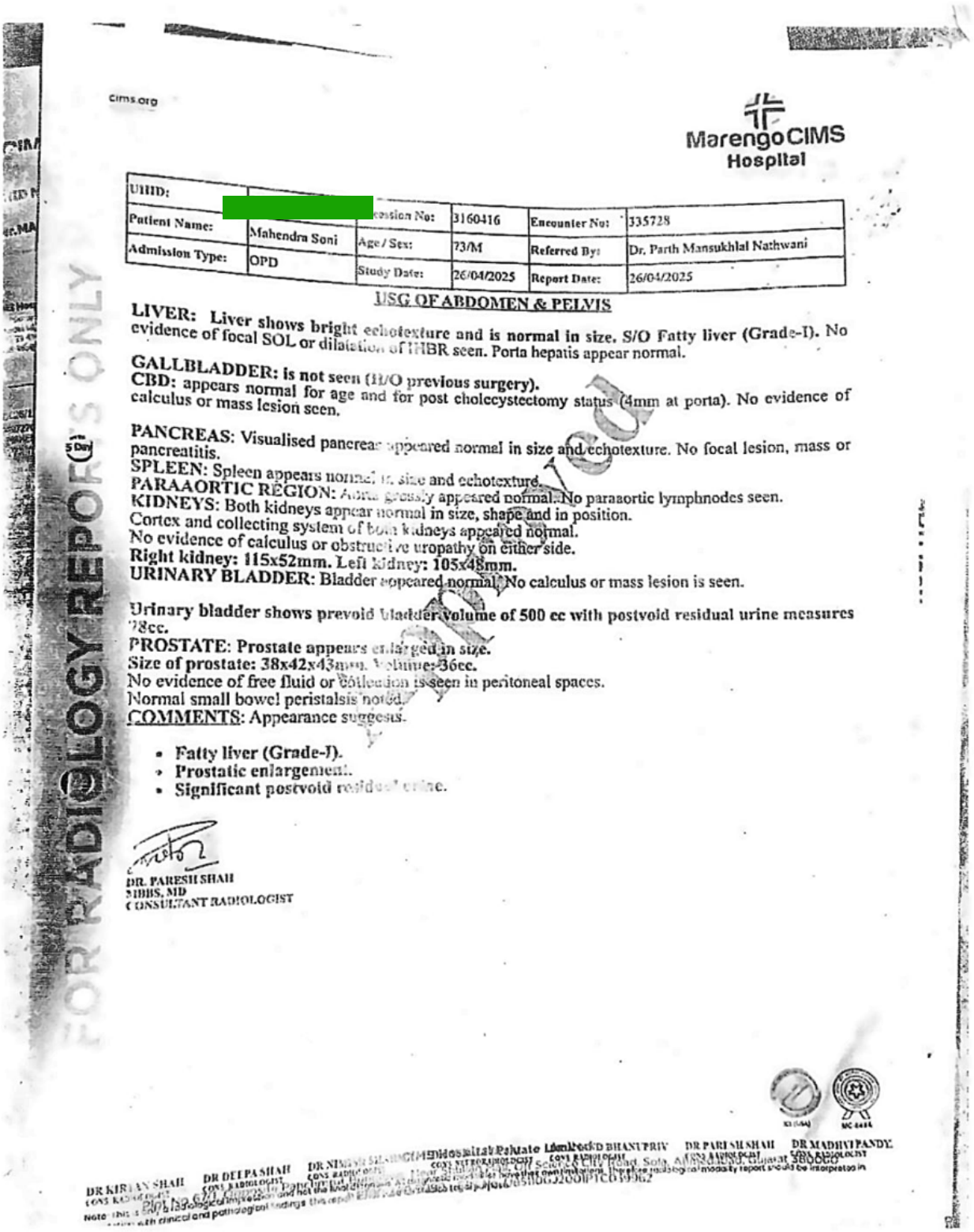
2.5 Outcome measures

The International Prostate Symptom Score (IPSS) was used to document lower urinary tract symptom severity. The case contains a pre-treatment IPSS form with a total score of 16. The dated follow-up table begins on 03/06/2025 with an IPSS score of 18. The final recorded score on 13/02/2026 was 7.

2.6 Investigations and diagnosis

The diagnosis recorded in the case file was benign prostatic hyperplasia (BPH), stage II.

The case file lists ultrasonography (USG) of the whole abdomen and serum prostate-specific antigen (S.PSA) as pre-treatment and post-treatment investigations.



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MarengoCIMS Hospital

UHID:	[redacted]	ession No:	3160416	Encounter No:	335728
Patient Name:	Mahendra Soni	Age / Sex:	73/M	Referred By:	Dr. Parth Mansukhlal Nathwani
Admission Type:	OPD	Study Date:	26/04/2025	Report Date:	26/04/2025

USG OF ABDOMEN & PELVIS

LIVER: Liver shows bright echotexture and is normal in size. S/O Fatty liver (Grade-I). No evidence of focal SOL or dilatation of IHBR seen. Porta hepatis appear normal.

GALLBLADDER: is not seen (H/O previous surgery).
CBD: appears normal for age and for post cholecystectomy status (4mm at porta). No evidence of calculus or mass lesion seen.

PANCREAS: Visualised pancreas appeared normal in size and echotexture. No focal lesion, mass or pancreatitis.
SPLEEN: Spleen appears normal in size and echotexture.
PARAAORTIC REGION: Aorta grossly appeared normal. No paraaortic lymphnodes seen.
KIDNEYS: Both kidneys appear normal in size, shape and in position.
Cortex and collecting system of both kidneys appeared normal.
No evidence of calculus or obstructive uropathy on either side.
Right kidney: 115x52mm. Left kidney: 105x48mm.
URINARY BLADDER: Bladder appeared normal. No calculus or mass lesion is seen.

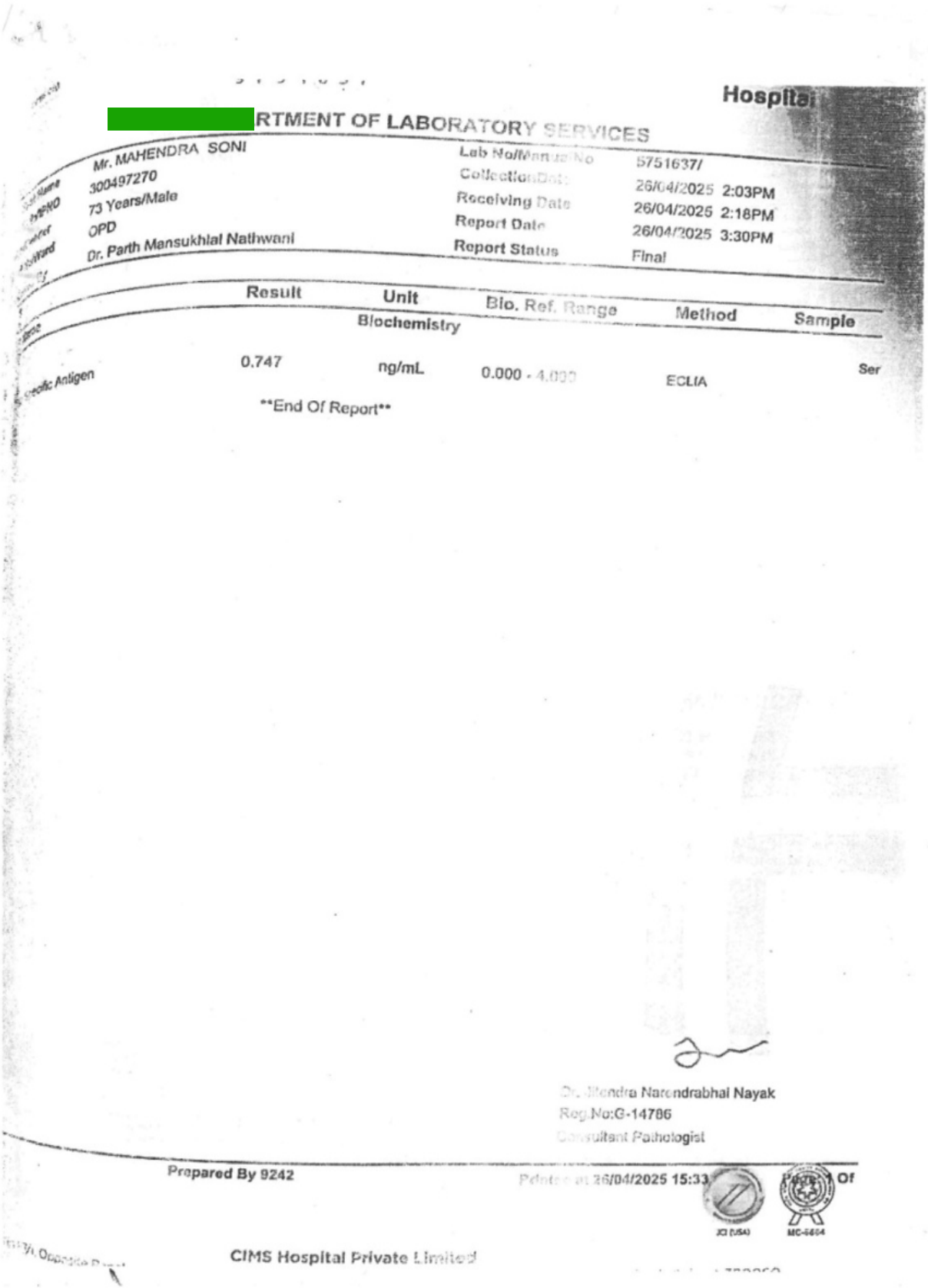
Urinary bladder shows prevoid bladder volume of 500 cc with postvoid residual urine measures 78cc.
PROSTATE: Prostate appears enlarged in size.
Size of prostate: 38x42x43mm. Volume: 36cc.
No evidence of free fluid or collection is seen in peritoneal spaces.
Normal small bowel peristalsis noted.
COMMENTS: Appearance suggests.

- **Fatty liver (Grade-I).**
- **Prostatic enlargement.**
- **Significant postvoid residual urine.**

DR. PARESH SHAH
MBBS, MD
CONSULTANT RADIOLOGIST

FOR RADIOLOGY REPORTS ONLY

Figure 1: USG Whole Abdomen at baseline (26/04/2025)



Hospital

[redacted]RTMENT OF LABORATORY SERVICES

Name	Mr. MAHENDRA SONI	Lab No/Manual No	5751637/
IP/PNO	300497270	Collection Date	26/04/2025 2:03PM
Gender	73 Years/Male	Receiving Date	26/04/2025 2:18PM
Ward	OPD	Report Date	26/04/2025 3:30PM
	Dr. Parth Mansukhlal Nathwani	Report Status	Final

	Result	Unit	Bio. Ref. Range	Method	Sample
Biochemistry					
Specific Antigen	0.747	ng/mL	0.000 - 4.000	ECLIA	Ser

End Of Report

Dr. Jitendra Narendrabhai Nayak
Reg.No:G-14786
Consultant Pathologist

Prepared By 9242

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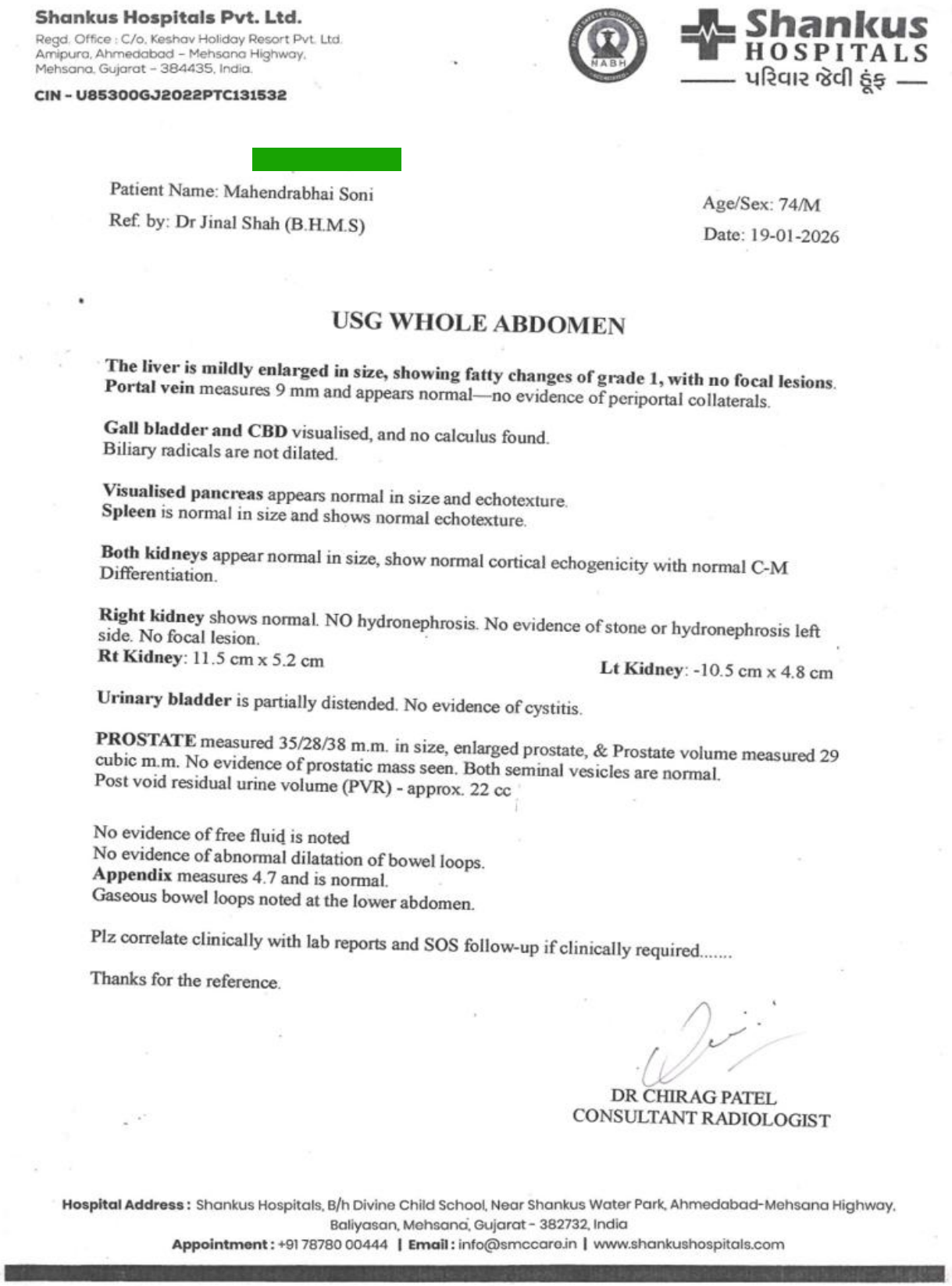
Figure 2: S.PSA Value at baseline (26/04/2025)



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Patient Name: Mahendrabhai Soni
Ref. by: Dr Jinal Shah (B.H.M.S)

Age/Sex: 74/M
Date: 19-01-2026

USG WHOLE ABDOMEN

The liver is mildly enlarged in size, showing fatty changes of grade 1, with no focal lesions.
Portal vein measures 9 mm and appears normal—no evidence of periportal collaterals.

Gall bladder and CBD visualised, and no calculus found.
Biliary radicals are not dilated.

Visualised pancreas appears normal in size and echotexture.
Spleen is normal in size and shows normal echotexture.

Both kidneys appear normal in size, show normal cortical echogenicity with normal C-M Differentiation.

Right kidney shows normal. NO hydronephrosis. No evidence of stone or hydronephrosis left side. No focal lesion.
Rt Kidney: 11.5 cm x 5.2 cm
Lt Kidney: -10.5 cm x 4.8 cm

Urinary bladder is partially distended. No evidence of cystitis.

PROSTATE measured 35/28/38 m.m. in size, enlarged prostate, & Prostate volume measured 29 cubic m.m. No evidence of prostatic mass seen. Both seminal vesicles are normal.
Post void residual urine volume (PVR) - approx. 22 cc

No evidence of free fluid is noted
No evidence of abnormal dilatation of bowel loops.
Appendix measures 4.7 and is normal.
Gaseous bowel loops noted at the lower abdomen.

Plz correlate clinically with lab reports and SOS follow-up if clinically required.....

Thanks for the reference.

DR CHIRAG PATEL
CONSULTANT RADIOLOGIST

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Figure 3: USG Whole Abdomen at the end of treatment (19/01/2026)

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Shankus HOSPITALS
પરિવાર જેવી કૂંક

Patient name: [redacted]
Ref. by: Dr Jinal Shah (B.H.M.S)

Age/Sex: 74/M
Date: 16-01-2026

SEROLOGY & IMMUNOLOGY

TEST	VALUE	UNIT	
Total PSA (prostate-specific antigen)	1.02	ng/mL	0-4

Note: Please proofread the reference ranges here and make changes as needed. The ones not given vary.
With the patient's age. Lab Smart is not responsible for any mismatch in values.

~~~ End of report ~~~

Dr. VIDHI PARMAR
MBBS, MD Pathologist

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Figure 4: S.PSA Value at the end of treatment (16/01/2026)
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2.7 Analysis and evaluation of symptoms

Physical particulars: difficulty in urination (+++); burning pain in the urethra during urination (+++); frequent urging with scanty urine (+++); urine passing drop by drop (+++); sensation of incomplete bladder emptying (+++).

Physical generals: intolerance to cold water (++); constipation with dry, hard stool (++); amelioration from warm application (++).

Mental generals: complaints following insult (+++); indignation about actions of others (+++); easy anger (+++); grief over consequences (+++).

2.8 Totality of symptoms

Difficulty in urination.
Burning pain in the urethra during urination.
Frequent urging with scanty urine.
Urine passes drop by drop.
Sensation of incomplete bladder emptying.
Intolerance to cold water.
Constipation with dry, hard stool.
Amelioration from warm application.
Complaints following insult.
Great indignation about things done by others.
Angers easily.
Grieves about consequences.

Reperforation Chart

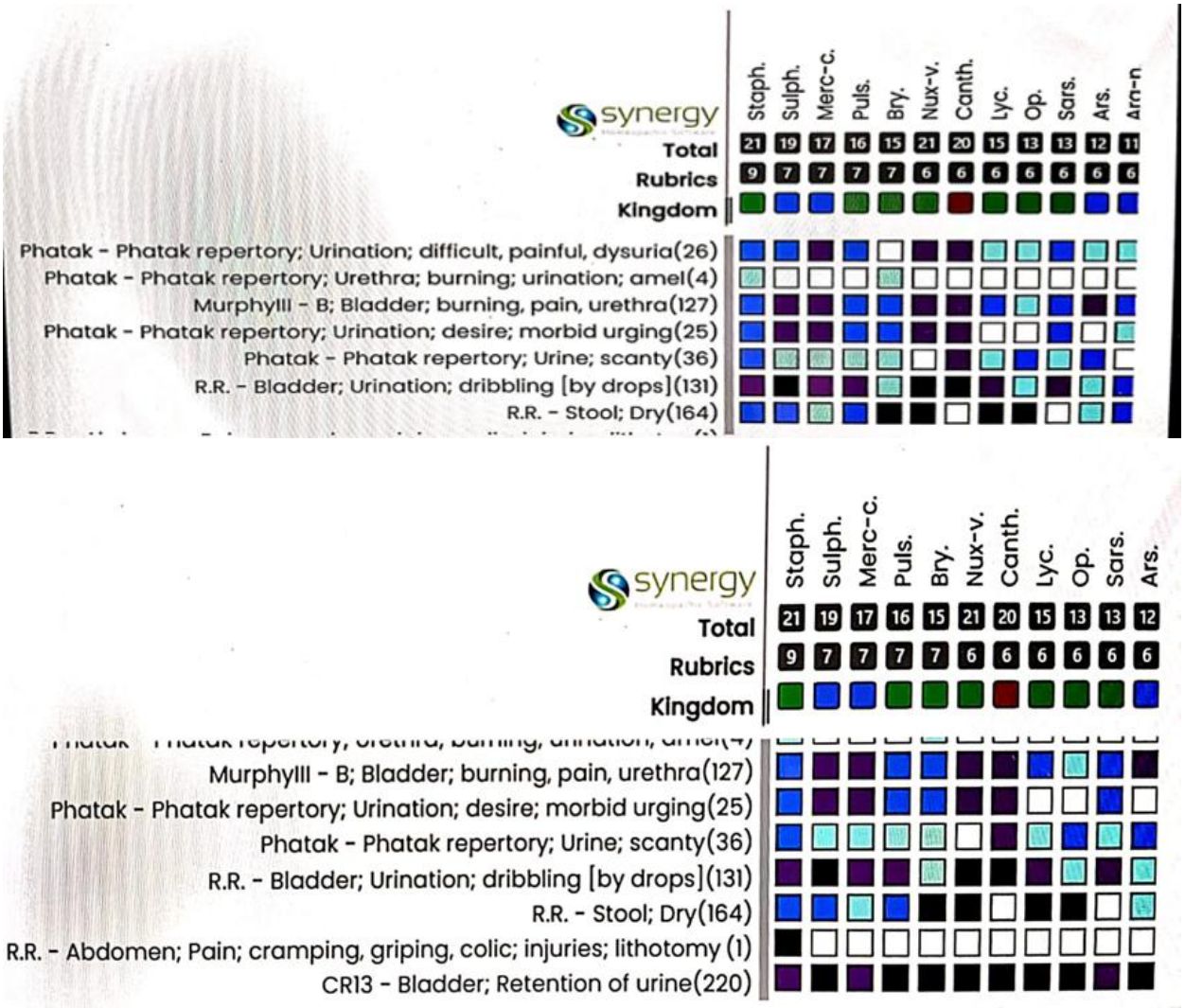

Figure 3: Repertorial sheet (Synergy, Reliable Repertory)

The repertorial result is given in Table 3. Staphysagria covered allrubrics and ranked first.

Table 3. Repertorial analysis (rubrics covered / sum of degrees)

Rank	Remedy	Score
1	Staphysagria	9/21
2	Sulphur	7/19
3	Merc.Cor.	7/17
4	Pulsatilla	7/16
5	Bryonia	7/15

Selection of the remedy. Staphysagria covered allrubrics, including the characteristic mental generals, and was selected as the similimum.

2.9 Therapeutic intervention

The prescription recorded was Staphysagria 30C, one dose, with Sac Lac (SL) twice daily for 15 days.

Auxiliary advice: adequate daytime hydration; restricting fluids two hours before bedtime; avoiding prolonged retention of urine; a high-fibre diet for constipation; regular walking and pelvic floor exercises; and attention to emotional well-being and stress management.

2.10 Follow-up and outcome

The patient was reviewed as per need. The progress record is summarised in Table 4.

Table 4. Progress record and follow-up

Date	Symptoms / clinical progress	IPSS	Interpretation	Intervention recorded
03/06/25	Frequency, nocturia, weak stream, burning urination, urgency, and incomplete emptying	18	Status Quo	Rx: Staphysagria 30 C, one dose; SL Bd for 15 days
17/06/25	Slight reduction in burning and urgency; Frequency persists	17	Slight; improvement	Rx: Staphysagria 30 C, one dose; SL Bd for 1 month
18/07/25	Frequency and nocturia reduced; Burning occasional	15	Slight; improvement	Rx: Staphysagria 30 C, one dose; SL Bd for 1 month
18/08/25	Improvement in urinary flow; Less straining; Urgency reduced	13	Improved	Rx: SL Bd for 1 month
16/09/25	Better bladder emptying; Nocturia reduced to 3–4 times/night	09	Improved	Rx: SL Bd for 1 month
16/10/25	Improvement maintained; Burning and urgency	11	Slight; improvement	Rx: Staphysagria 30 C, one dose; SL Bd for 15 days
03/11/25	Urinary stream improved; Frequency reduced	10	Improved	Rx: SL Bd for 15 days
17/11/25	Reduction in nocturia and residual urine sensation	09	Improved	Rx: SL Bd for 15 days
03/12/25	Mild urinary complaints remain; Good urinary flow	08	Slight; improvement	Rx: Staphysagria 30 C, one dose; SL Bd for 15 days
19/12/25	Marked improvement in all urinary symptoms	08	Improved	Rx: SL Bd for 15 days
05/01/26	Frequency and nocturia present	07	Slight; Improvement	Rx: Staphysagria 30 C, one dose; SL Bd for 15 days
21/01/26	Improvement maintained; No new complaints	07	Improved	Rx: SL Bd for 10 days
13/02/26	Urinary symptoms significantly relieved.; Feeling of Incomplete emptying reduced.; Frequency reduced.; Urgency and straining reduced.; Patient comfortable.	07	Improved	Rx: SL every week, one dose

At the final recorded follow-up on 13/02/2026, the case notes report significant relief of urinary symptoms, reduced sensation of incomplete emptying, reduced frequency, urgency and straining, and that the patient felt comfortable. The IPSS was recorded as 7.

Clinical and laboratory outcomes at baseline and at 8 months are compared in Table 5.

Table 5. Outcome measures at baseline and after 12 months

Parameter	Pre-treatment / baseline record	Final recorded follow-up
IPSS	16 in the pre-treatment form; 18 in first dated follow-up (03/06/2025)	7 on 13/02/2026
Urinary symptoms	Frequency 11–12/day; nocturia 5–6/night; weak stream; burning; incomplete emptying	Improvement reported in flow, frequency, urgency, straining and incomplete-emptying sensation
USG whole abdomen and S.PSA	Prostate size Increased S.PSA-0.74	Prostate size Decreased S.PSA-1.02
QoL	Terrible	Most Satisfied

III. DISCUSSION

This case concerns a 73-year-old man with a recorded diagnosis of stage II BPH and bothersome lower urinary tract symptoms. The case history documents urinary frequency, nocturia, weak stream, urgency, straining, burning during micturition and a sensation of incomplete bladder emptying. It also records constipation, chilliness and a history of emotional distress following public insult. Staphysagria 30C was selected in the original case record on the basis of the stated symptom totality.

The follow-up record describes improvement over the documented observation period, with the final IPSS recorded as 7 on 13/02/2026.

3.1 Choice of remedy and course of response

The selection of the homoeopathic remedy was based on the individualisation of the patient rather than solely on the clinical diagnosis of Stage II Benign Prostatic Hyperplasia. A comprehensive assessment of the patient's characteristic symptoms, mental generals, physical generals and constitutional presentation was undertaken to establish the totality of symptoms. Following repertorial analysis and subsequent verification with Materia Medica, Staphysagria was selected as the indicated remedy.

The prescription was guided by the characteristic symptomatology of the patient, with particular consideration given to the urinary complaints, including increased frequency of micturition, urgency, nocturia, hesitancy, weak urinary stream, incomplete bladder emptying and post-void dribbling. During the course of treatment, the patient was periodically evaluated to assess changes in urinary symptoms, general well-being and quality of life. The response was monitored through clinical follow-ups and comparative assessment of the International Prostate Symptom Score (IPSS).

3.2 IPSS assessment and investigation findings

The clinical response was primarily evaluated by comparing the patient's baseline and post-treatment International Prostate Symptom Score (IPSS). The assessment focused on changes in the severity and frequency of lower urinary tract symptoms associated with BPH.

Along with symptomatic evaluation, relevant investigations, including ultrasonography (USG) of the whole abdomen and serum prostate-specific antigen (S.PSA), were considered for monitoring the patient's clinical status. These investigations provided additional information regarding prostate-related findings and helped assess the condition during the observation period.

3.3 Strengths of the report

- The patient underwent systematic and individualized homoeopathic case-taking, considering mental generals, physical generals and characteristic particulars.
- Remedy selection was supported by repertorial analysis and subsequent verification through Materia Medica.
- The patient's progress was evaluated through periodic follow-ups, allowing assessment of changes in urinary symptoms over the treatment period.
- A validated clinical assessment tool, the International Prostate Symptom Score (IPSS), was used to evaluate symptom severity and compare the patient's clinical status before and after treatment.
- Relevant investigations, including USG of the whole abdomen and S.PSA, were considered as supportive parameters for clinical assessment.
- The case highlights the importance of individualisation and a holistic approach in the homoeopathic management of patients presenting with lower urinary tract symptoms.

3.4 Limitations

This case report has the inherent limitations associated with a single-patient observation. The absence of a control group makes it difficult to establish a direct causal relationship between the administration of Staphysagria and the observed clinical changes. The possibility of spontaneous variation in symptoms, lifestyle modifications, dietary changes and other associated factors cannot be excluded.

Furthermore, BPH is a progressive age-associated condition, and urinary symptoms may fluctuate over time. Although IPSS provides a standardized method for evaluating symptom severity, it is a subjective assessment tool and may be influenced by individual perceptions and reporting patterns. The interpretation of investigation findings also requires consideration of

objective parameters, particularly prostate volume, post-void residual urine and S.PSA levels.

Therefore, the observations from this case should be interpreted cautiously and regarded as preliminary clinical evidence. Further studies involving larger sample sizes, appropriate controls, longer follow-up periods and objective urological parameters are required to establish the therapeutic role of individualized homoeopathic treatment in BPH.

IV. CONCLUSION

The case record describes a 73-year-old male patient with stage II BPH whose urinary symptoms reportedly improved during follow-up after an individualised prescription of Staphysagria 30C. The final documented IPSS was 7 on 13/02/2026. The findings are descriptive and hypothesis-generating only; they do not demonstrate treatment efficacy or causation. Verification of the baseline IPSS, inclusion of the original USG and serum PSA reports, and documentation of concurrent care are necessary before this case report is considered complete.

PATIENT CONSENT AND ETHICS

Written informed consent was obtained from the patient for publication of this case. Personal identifiers have been removed. – Author to confirm before submission.

CONFLICT OF INTEREST AND FUNDING

None – Author to confirm before submission.

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