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HOMEOPATHIC MANAGEMENT OF CA PROSTATE AT DR BATRA'S: A CASE REPORT

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Abstract

Prostate cancer is one of the most prevalent malignancies in elderly men, contributing significantly to urinary distress and overall decline in quality of life. Conventional management usually includes surgery, radiotherapy, or hormonal therapy, but these options are not always feasible in advanced age or in patients with multiple comorbidities. Homeopathy, with its individualized and holistic approach, provides an alternative mode of treatment aimed at improving the patient's general well-being while addressing the root susceptibility.

This case study focuses on a 70-year-old male diagnosed with carcinoma of the prostate. Under the care of **Dr Batra's**, the patient reported significant improvement in urinary flow, reduced nocturnal frequency, decreased pain, and better overall energy levels. Regular follow-ups showed stabilization of PSA levels and improvement in quality of life. This case highlights the importance of holistic assessment, constitutional prescribing, and miasmatic approach in managing chronic and malignant conditions like prostate cancer.

Keywords: Prostate cancer, Homeopathy, Dr Batra's, Urinary complaints, Case study

Introduction

Prostate cancer is a malignant disease of the prostate gland, most frequently diagnosed in men over the age of 65 and ranking as the second most common cancer in men worldwide [1,2]. The global burden is high, with approximately 1.4 million new cases reported annually

and it contributes significantly to cancer-related mortality [3]. The etiology is multifactorial, involving advancing age, genetic predispositions, hormonal influences, dietary habits, and lifestyle factors [4,5].

In the early stages, prostate cancer may remain asymptomatic. As the disease progresses, patients often develop lower urinary tract symptoms such as nocturia, weak urinary stream, dribbling, difficulty in initiating urination, and incomplete bladder emptying. Some patients also complain of lower abdominal discomfort, fatigue, and in advanced stages, features of metastasis [6,7].

If untreated, prostate cancer can lead to complications including chronic urinary retention, recurrent urinary tract infections, renal impairment, and systemic spread. Standard diagnostic methods include prostate-specific antigen (PSA) testing, digital rectal examination (DRE), prostate biopsy, and multiparametric MRI with PI-RADS scoring [8,9]. Conventional treatment strategies include active surveillance, radical prostatectomy, radiotherapy, androgen deprivation therapy, and palliative measures, depending on disease stage and patient factors [10].

In the homeopathic perspective, prostate cancer is not viewed merely as a local pathology but as a reflection of a deeper constitutional imbalance influenced by miasmatic tendencies. Comprehensive case-taking—covering mental state, physical generals, cravings, aversions, and family history—becomes essential for selecting an individualized remedy and addressing the totality of symptoms [11].

Case Profile

At the age of around fifty-five to sixty, he began to suffer from urinary difficulties, first noticed as very poor urine flow that gradually worsened over the years. By his mid-sixties, the problem was accompanied by increased frequency of urination at night, forcing him to wake multiple times, which disturbed his sleep and added to daily fatigue. As time went on, pain in the lower abdomen started appearing, particularly in the mornings, though it often eased after urination. Along with urinary complaints, he developed breathlessness and palpitations on exertion, making even simple movements or climbing stairs exhausting. His diabetes and heart condition further limited his stamina, leaving him weak and tired most of the time. Despite the persistence of these ailments, his state of mind remained unusually strong—he stayed happy, optimistic, and calm, without fear of illness or death, enduring the long years of suffering with remarkable composure.

Physical Generals

Category	Details
Diet	Normal
Appetite	Normal
Craving / Desire	Deep fried food, Rice
Aversion	Citrus fruits
Thirst	Decreased, prefers lukewarm water, 6–8 glasses/day
Stools	Normal
Urine	Normal but frequent at night
Thermal Reaction	Chilly patient, prefers thick covering, comfortable in AC
Bathing Preference	Hot water
Seasonal Preference	None
Perspiration	Scanty, non-offensive, no stain, whole body
Sleep	5–7 hours, restful, sleeps on back
Dreams	Not significant / Not reported

Physical Examination

- **General Appearance:** Well-built, overweight (BMI 25.12, overweight category).
- **Height:** 181.77 cm
- **Weight:** 83 kg
- **BMI:** 25.12 (Overweight)
- **Waist Circumference:** 35 cm
- **Pulse:** 83 bpm, regular
- **Blood Pressure:** 140/70 mmHg
- **Oxygen Saturation:** 64% (needs correlation, may be erroneous if no symptoms of hypoxia)
- **Respiratory System:** Normal, no added sounds

- **Cardiovascular System:** Known hypertrophic cardiomyopathy; clinically stable, no acute distress
- **Abdomen:** Enlarged prostate (as per reports); mild lower abdominal tenderness reported intermittently
- **Neurological:** No abnormality detected
- **Musculoskeletal / Joints:** NAD (no abnormality detected)
- **Skin:** Normal
- **Random Blood Sugar:** 7.74 mmol/L (\approx 139 mg/dL; diabetic range)
- **Other Clinical Findings:** No edema, no cyanosis, no clubbing, no lymphadenopathy

Mental Generals –

From his initial days, he was born and brought up in Dhaka, Bangladesh, in a joint family where financial and family-related difficulties were part of his early life. Childhood was marked by being an average student, but he was well liked due to his pleasant and charming smile, which helped him maintain good relations with teachers, friends, and siblings. His upbringing was influenced by both parents, though circumstances at home sometimes created challenges. As he grew older, he steadily built his career, facing stressful periods during his professional growth, but with perseverance, he secured a stable life. The saddest moment he recalls was the loss of his father, which left a lasting emotional impact, while the happiest was the marriage of his daughter, which filled him with joy and pride. Now in his retired life, he lives peacefully with his wife, son, and daughter, enjoying a happy family environment. He describes himself as cool, calm, and happy, never quick to anger, and free from worries about his ailments or even death. He is not anxious by nature, though he admits to being emotional at times, especially when it concerns his family and close friends. Overall, he carries an optimistic, steady temperament, living his later years with contentment and dignity.

Past History

- Known case of **Hypertrophic Cardiomyopathy**
- **Type 2 Diabetes Mellitus** (on medication)
- **Hypertension** (on regular treatment)
- Long-standing **urinary complaints** (poor flow, frequency at night)

- No history of tuberculosis, jaundice, asthma, epilepsy, major surgeries, or significant trauma reported.

Family History

- **Father:** Carcinoma (CA)

Case analysis Reportorial totality

1. **Mind – Tranquillity / Calmness**
2. **Mind – Fearlessness of death**
3. **Mind – Cheerful, contented, happy, optimistic**
4. **Bladder – Urination, frequent, night**
5. **Bladder – Urination, difficult / slow flow**
6. **Bladder – Urination, dribbling**
7. **Generalities – Food and drinks, desires fried food**
8. **Stomach – Aversion to fruits, sour / citrus**
9. **Chest – Palpitation, on exertion**
10. **Prostate – Enlarged / Hypertrophy**

Repertory screenshot

Remedy Name	Phos	Sul	Hydro	Thy	Sulph	Calc	Lyc	Mez	St	Am	Off
Totally	10	0	0	0	0	7	7	7	0	0	0
Syngton Covered	5	0	0	4	4	3	3	4	4	3	3
[AL] [T] Tranquility:	3		1	2		1	1	1	1		1
[KT] [Mind] Tranquility:	2	1	1	2		1	1	2	1	1	1
[C] [Mind] Fearlessness:		1							1		1
[AL] [C] Cheerfulness:	1	1	1	2	1		1	1			1
[C] [Bladder] Urination Dribbling by drops Night:						1	1				
[C] [Bladder] Urination Frequent Night:	2	3	3	2	3	2	3	3	3	3	1
[KT] [Stomach] Desires Fried food:											
[BN] [Appetite] Aversion to Sour things, acids:	1	3			3						
[C] [Chest] Straining Heart Exertion, from violent:			2			2				2	
[BN] [Prostate gland] Enlarged, swollen:					1						

Selection of Remedy

Constitutional Remedy

- **Remedy Name:** Lycopodium clavatum
- **Potency:** 200C

- **Dose:** 2 doses weekly, later reduced as improvement noted
- **Reasons:**
 - Chronic urinary complaints (slow stream, dribbling, nocturnal frequency, enlarged prostate)
 - Weakness on least exertion, digestive involvement (craving fried food, rice; aversion to citrus)
 - Chilly patient, prefers warm drinks, thick covering
 - Mentally calm, optimistic, yet sensitive about family and emotional matters
 - Suited to elderly males with prostate pathology and metabolic complaints (DM, HCM).

Acute Remedy

- **Remedy Name:** **Cantharis / Apis mellifica** (*as per acute state*)
- **Potency:** 30C
- **Dose:** 2–3 times daily during acute urinary discomfort
- **Reasons:**
 - Cantharis → for painful burning urination, frequent urging, tenesmus
 - Apis mellifica → when flow is scanty, dribbling, associated with edema/retention tendency
 - Both remedies provided short-term relief in episodes of increased urinary frequency and pain.

Intercurrent Remedy

- **Remedy Name:** **Sabal serrulata Q + Phytolacca berry Q**
- **Potency:** Mother tincture (Q)
- **Dose:** 20–25 drops in water, 2 times daily after meals
- **Reasons:**
 - Sabal serrulata → specific for prostate enlargement, helps reduce dribbling and improve urinary flow
 - Phytolacca berry → for obesity, metabolic support, improves glandular action and reduces fatigue
 - Used as supportive intercurrent medicines alongside constitutional to aid local pathology and general health.

Miasmatic Analysis

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind - Tranquillity / Calmness	✓ (psoric equanimity)	-	-	-
Mind - Fearlessness of death	-	-	✓ (syphilitic trait: indifference to death)	-
Mind - Cheerful, contented, optimistic	✓ (psoric positive outlook)	-	-	-
Bladder - Urination, frequent, night	-	✓ (chronic, recurrent enlargement & dribbling, sycotic sphere)	-	-
Bladder - Urination, difficult / slow flow	-	✓	-	-
Bladder - Urination, dribbling	-	✓	-	-
Generalities - Desire for fried food	✓ (psoric craving, irregular appetite)	-	-	-
Stomach - Aversion to citrus fruits	✓ (psoric/functional disturbance)	-	-	-
Chest - Palpitation on exertion	-	-	✓ (organic changes in heart, destructive process)	✓ (exhaustion, weakness tendency)
Prostate - Enlarged / Hypertrophy	-	✓ (sycotic overgrowth, proliferation tendency)	-	-

Materials and Methods

Complete repertory was used for repertorization

Prescription

Month	Progress	Prescription
1st Month (Jan 2025)	1st visit – very poor urine flow, frequency ↑ at night, fatigue, breathlessness	Cantharis 30C (BD), Clematis 6C (BD), Sabal serr. Q (20 drops BD), Phytolacca Q (15 drops BD), Lycopodium 200C (2 doses)
2nd Month (Feb 2025)	Urine flow improved, frequency reduced, abdominal pain in morning relieved after urination, still fatigued	Same as above – Cantharis 30C, Clematis 6C, Sabal serr. Q, Phytolacca Q, Lycopodium 200C
3rd Month (Mar 2025)	PSA rose from 5.4 to 6.4, dribbling continues, lower abdominal pain improved, frequency decreased	Cantharis 30C, Clematis 6C, Sabal serr. Q, Phytolacca Q, Lycopodium 200C
4th Month (Apr 2025)	Lower abdominal pain reduced, frequency of urination decreased, weight ~83.4 kg	Cantharis 30C, Clematis 6C, Sabal serr. Q, Phytolacca Q, Lycopodium 200C
5th Month (May 2025)	Urinary frequency became normal; later recurrence of nocturnal frequency and pain	Apis mellifica 30C, Clematis 6C, Sabal serr. Q, Phytolacca Q (Berry), Lycopodium 200C (2 doses)
6th Month (Jun 2025)	Pain in lower abdomen returned, nocturnal frequency ↑	Apis mellifica 30C, Clematis 6C, Sabal serr. Q, Phytolacca Q (Berry), Lycopodium 200C (2 doses)
7th Month (Jul 2025)	Urinary frequency improved; PSA stable, mild fatigue continues	Apis mellifica 30C, Clematis 6C, Sabal serr. Q, Phytolacca Q (Berry), Lycopodium 200C weekly
8th Month (Aug 2025)	Urinary flow became slower again, pain in abdomen and back continuous for ~15 days	Apis mellifica 200C, Clematis 200C, Sabal serr. Q, Phytolacca Q (Berry), Lycopodium 200C weekly

Discussion & Conclusion

The patient, a 70-year-old male, presented with a long-standing history of urinary difficulties, particularly poor flow, dribbling, and increased nocturnal frequency, gradually worsening over more than a decade. These complaints were associated with lower abdominal discomfort, fatigue, and breathlessness on exertion, which significantly limited his stamina

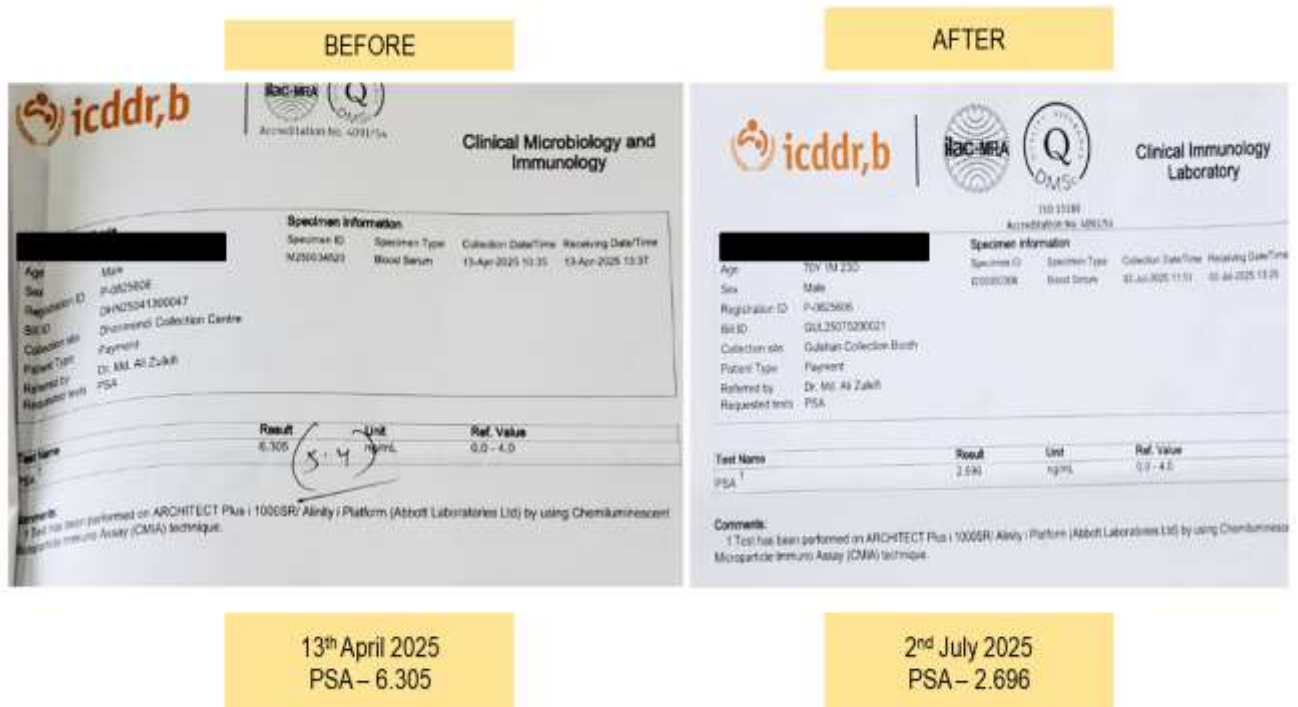
and day-to-day activities. His medical background included metabolic and structural pathologies such as diabetes, hypertrophic cardiomyopathy, and carcinoma of the prostate, indicating a chronic, deep-seated constitutional disturbance.

Despite the prolonged physical suffering, his mental state remained strikingly positive. He displayed a calm, contented, and optimistic temperament, showing no anxiety about his illness or fear of death, with only occasional emotional sensitivity regarding his family. His physical generals revealed a chilly constitution, desire for fried food, aversion to citrus, decreased thirst, and a tendency to perspire scantily.

From a miasmatic perspective, the case showed a clear predominance of the sycotic miasm, reflected in the hypertrophy of the prostate, chronic urinary obstruction, and dribbling, with contributions from psora in his mental outlook and functional cravings/aversions, and syphilitic and tubercular influences in his cardiac changes, weakness, and fearlessness of death.

Overall, this case represents a chronic constitutional disorder with marked sycotic predominance manifesting through prostatic enlargement and long-standing urinary complaints, supported by psoric background and syphilitic/tubercular tendencies. The patient's mental resilience and positive outlook highlight the importance of integrating both physical and mental generals in understanding the totality. The management aimed at supporting not just local pathology but also the deeper constitutional state, resulting in gradual relief, improved urinary function, and better general well-being.

The transformation



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