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Case Study

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CASE STUDY- RENAL INSUFFICIENCY IN PROSTATE ENLARGEMENT (BENIGN HYPERTROPHY)

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ABSTRACT

Benign prostatic hypertrophy an enlargement of prostate gland is a histological diagnosis characterized by proliferation of the cellular elements of the prostate. Chronic bladder outlet obstruction (BOO) secondary to BPH may lead to urinary retention, renal insufficiency, recurrent urinary tract infections, gross hematuria, and bladder calculi. BPH occurs in almost all men as they age. But it is usually not a serious problem. About half of all men older than 75 have some symptoms. In a small number of cases, BPH may cause the bladder to be blocked, making it impossible or extremely hard to urinate. This problem may cause backed-up urine (urinary retention), leading to bladder infections or stones, or kidney damage. When there is renal insufficiency, it become symptomatic and may affect quality of life so now it should be treated. A case report of a 75-years- male having BPH with involvement of renal function has been presented here.

KEY WORDS: Renal insufficiency, BPH, Urinary retention etc.

INTRODUCTION

The prostate gland surrounds the urethra, the tube that carries urine from the bladder out of the body. As the prostate gets bigger, it may squeeze or partly block the urethra. This often causes problems with urinating. BPH occurs in almost all men as they age. But it is usually not a serious problem. Benign prostatic hypertrophy is probably a normal part of the aging process in men, caused by changes in hormone balance and in cell growth. But sometimes renal insufficiency occurs, needs prompt action.[1]

Signs and symptoms[2]

When the prostate enlarges, it may constrict the flow of urine. Nerves within the prostate and bladder may also play a role in causing the following common symptoms:

- Urinary frequency
- Urinary urgency
- Hesitancy - Difficulty initiating the urinary stream; interrupted, weak stream
- Incomplete bladder emptying - The feeling of persistent residual urine, regardless of the frequency of urination
- Straining - The need strain or push to initiate and maintain urination in order to more fully evacuate the bladder
- Decreased force of stream - The subjective loss of force of the urinary stream over time
- Dribbling - The loss of small amounts of urine due to a poor urinary stream

  In extreme cases, a man might not be able to urinate at all, which is an emergency that requires prompt attention.

CASE HISTORY- A 75-years-male named Shiv kumar presented on 15/3/13 in Varanasi (UP) with the complaint of-

- Decreased urine, feeling of obstruction of urine and frequency. Duration of all these complain was since 3 months.
- Excessive weakness and decreased appetite since 2 months.

Patient was the known case of renal insufficiency due prostate enlargement. His reports before treatment has been presented in following tables.

On 14/3/13

Table no.1- Related to hematology

Test	Normal range	Result
Hb	14-16 mg/dl	7 gm/dl (48%)

Table no.2- Related to blood chemistry

Test	Normal range	Result
Blood urea	10-45 mg/dl	79.6 mg/dl
Serum Creatinine	0.5-1.4 mg/dl	3.5mg/dl

Ayurvedic medication advised-

- Mutrasodhana ghan vati 2 tab TDS
- Phalatrikadi ghan vati 2 tab BD
- Punarnavastka ghan vati 2 tab TDS
- Gukshuradi guggulu 12 gm Divided equally into 14 doses one dose BD

This treatment was given for 7 days then the investigation was repeated and again same treatment was advised for 14 days. Results were satisfactory.

RESULTS

Table no.3- Related to hematology

Test	Normal range	Result after 7 days (On 21/3/13)	Result after 21 days (On 4/4/13)
Hb	14-16 mg/dl	8.4 gm/dl (57%)	10.2 gm/dl (70%)

Table no.4- Related to blood chemistry

Test	Normal range	Result after 7 days (On 21/3/13)	Result after 21 days (On 4/4/13)
Blood urea	10-45 mg/dl	68.6 mg/dl	56.8 mg/dl
Serum Creatinine	0.5-1.4 mg/dl	3.0 mg/dl	2.0 mg/dl

Symptoms also get suppressed patient health was improved and patient is in follow up till now.

DISCUSSION

Benign prostatic hyperplasia—also called BPH—is a condition in men in which the prostate gland is enlarged and not cancerous. The prostate goes through two main growth periods as a man ages. The first occurs early in puberty, when the prostate doubles in size. The second phase of growth begins around age 25 and continues during most of a man's life. Benign prostatic hyperplasia often occurs with the second growth phase.

As the prostate enlarges, the gland presses against and pinches the urethra. The bladder wall becomes thicker. Eventually, the bladder may weaken and lose the ability to empty completely, leaving some urine in the bladder. The narrowing of the urethra and urinary retention—the inability to empty the bladder completely—cause many of the problems associated with benign prostatic hyperplasia.[3] In this condition *Gukshura* (*Tribulus terrestris*) acts as an excellent diueretic drugs. In gokshura sufficient amount of potassium and alkalizer are found.[4] Gokshuradi gugglu helps to get rid of the condition of dysuria, suppression of urine and renal calculi.[5]

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