

Individualized Homoeopathic Management of Benign Prostatic Hyperplasia: Clinical Improvement with *Thuja occidentalis* — A Case Report with Selection of the Similimum

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ABSTRACT:

Background: BPH is a frequently occurring condition in older men and can cause lower urinary tract symptoms (LUTS), such as nocturia, urinary hesitancy, weak urinary stream, and incomplete bladder emptying. Individualized homoeopathy is a symptom-based method of remedy selection that offers a patient-centred treatment option for BPH, particularly because conventional drug therapy carries recognised adverse effects.

Case presentation: A retired man aged 62 years with a history of 8 months of polyuria, 4-5 nighttime urinations, weak urine stream, hesitancy, and terminal dribbling with a feeling of incomplete bladder emptying. tries maximum to finish voiding. Other symptoms he noted included a feeling of "fullness" in the perineal area, which worsened while sitting down. At baseline, the International Prostate Symptom Score (IPSS) was 24/35, and the urinary symptom-related quality-of-life (QOL) was 5/6. Ultrasonography showed a prostate size of 48.5 g and a post-void residual (PVR) volume of 110 mL.

Intervention and outcomes: After taking their case and analysing it in the light of miasmata, *Thuja occidentalis* was chosen as the similimum. The doctor gave *Thuja occidentalis* 200C, then a placebo for the next two months, and a second dose of 200C at month three, followed by a

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dose of 1M at month five. The IPSS score at six months was 5/35, and the prostate and PVR volume were 29.1 g and 18 mL, respectively. PSA levels in serum went down from 2.8 to 2.1 ng/mL. Symptomatic, ultrasonographic and biochemical parameters all improved progressively after the individualized homoeopathic prescription.

Conclusion: Individualized homoeopathic treatment with *Thuja occidentalis*, selected through case analysis, miasmatic interpretation and repertorisation, was followed by marked symptomatic and objective improvement in this patient with BPH, suggesting that individualized homoeopathic medicine can be an effective treatment option in BPH. Larger controlled studies are recommended to confirm these findings.

Keywords: Benign prostatic hyperplasia; lower urinary tract symptoms; individualized homoeopathy; *Thuja occidentalis*; *similimum*; IPSS; case report.

Introduction

BPH is an overgrowth of prostatic tissue that is not cancerous and is typical of age. Depending on the level of bladder outlet obstruction and bladder dysfunction, men with bladder outlet obstruction may have bladder storage symptoms (urgency, frequency and nocturia), voiding symptoms (hesitancy, weak stream, straining and incomplete voiding), or both. The prevalence of histological BPH rises steadily with age, and most men in advanced age are affected (Berry et al., 1984).

Clinical history, physical examination and appropriate investigations are required to assess the symptoms of BPH. International Prostate Symptom Score (IPSS) can be used to quantify symptom severity (Barry et al., 1992), and ultrasonography and post-void residual urine may give further data on prostate size and emptying. PSA testing may be considered after a clinical assessment unique to each man. Treatment depends on the burden of symptoms, complications, prostate characteristics, and patient preferences and comorbidities.

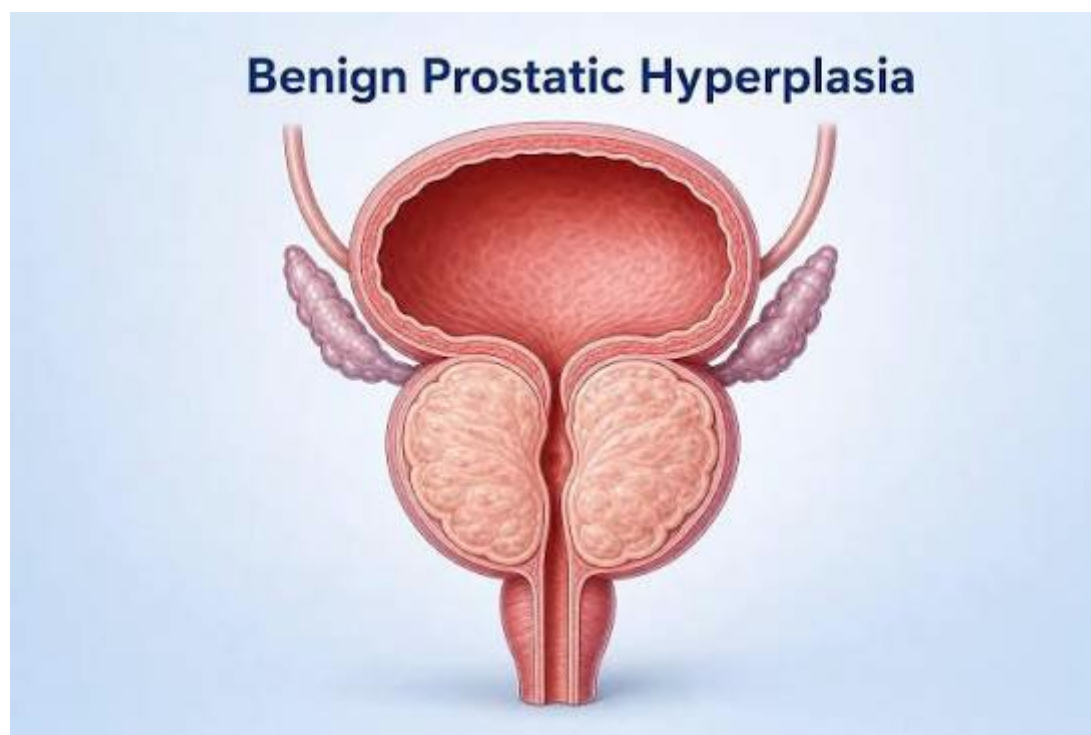
Conventional medical treatment of BPH relies mainly on alpha-blockers and 5-alpha-reductase inhibitors, which can cause adverse effects such as dizziness, hypotension and sexual dysfunction

(Sandhu et al., 2024). These limitations have increased interest in individualized homoeopathic treatment, which addresses the whole patient and not only the enlarged prostate.

Individualized homoeopathy means choosing a remedy based on the aggregate of symptoms, repertorial analysis, and comparison with the description of the materia medica. *Similimum* is the term used for the remedy that is most similar to the patient's symptom pattern in this therapeutic approach. Following Hahnemann's principle of *similia similibus curentur*, the single, individually selected *similimum* is given in a minimum dose to stimulate the vital force towards restoration of health (Hahnemann, *Organon of Medicine*). Individualized homoeopathic treatment of BPH has been documented in clinical studies, case series and case reports (Debnath & Shukla, 2025; Da Costa et al., 2025; Moorthi, 2025; D S & Nadgaud, 2026).

This report documents the complete symptom history, the individualized prescription and the objectively measured follow-up, in line with the CARE and HOM-CASE reporting guidelines, so that the clinical response to homoeopathic treatment can be appraised (Gagnier et al., 2013; van Haselen, 2016; Lamba et al., 2020).

Figure 1. Anatomical representation of benign prostatic hyperplasia



Source: <https://www.narayanahealth.org/diseases/benign-prostatic-hyperplasia-bph>

2. Case Presentation

A 62-year-old retired accountant presented with urinary symptoms of 8 months' duration. The main complaints were increased frequency of urination and nocturia (4-5 times/night). He also gave a history of sexual excess. He further complained of urinary hesitancy, weak stream, terminal dribbling and a sensation of incomplete bladder emptying, needing 5-6 attempts to pass small drops of urine. An additional complaint was a feeling of heaviness in the perineal region, which was worse while sitting.

The patient stated that his general characteristics were good appetite, a craving for warm food, moderate thirst, sensitiveness to cold draughts,

and abundant perspiration, especially over the neck and back. Urges to urinate occurred frequently and prevented sleep. Irritability, anxiety about health, and a need for solitude were noted as mental traits.

The totality of symptoms, including the physical particulars, general features and mental characteristics, was considered for individualization of the case.

2.1 Baseline Clinical Assessment

At baseline, the IPSS was 24/35 (severe urinary symptoms), and the quality-of-life score was 5/6. The following ultrasound and laboratory data were obtained.

Parameter	Baseline	Month 3	Month 6
Reported prostate measurement	48.5 g	38.2 g	29.1 g
Post-void residual urine	110 mL	55 mL	18 mL
Serum PSA	2.8 ng/mL	Not reported	2.1 ng/mL
IPSS	24/35	12/35	5/35

Quality-of-life score	5/6	Not reported	Not reported
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Prostate size is expressed in grams as reported on ultrasonography at baseline, month 3 and month 6.

The IPSS improved from severe (24/35) at baseline to mild (5/35) at month 6, and PVR, prostate size and PSA fell steadily over the same period, showing consistent improvement in both subjective and objective parameters after homeopathic treatment.

3. Homoeopathy Case Analysis, Remedy Selection

3.1 Miasmatic Interpretation

Based on the chronic urinary issues reported and the notion that there was an association with tissue enlargement, a dominant sycotic miasmatic interpretation was placed within the practitioner's homeopathic context. Psoric features were also taken into account regarding the reported anxiety and irritability.

The miasmatic interpretation served as the homeopathic framework for understanding the patient's chronic tendency and supported the choice of the antisycotic remedy *Thuja occidentalis*, while the diagnosis of BPH was established by clinical and ultrasonographic evaluation.

3.2 Repertorial Totality

In the analysis of a homeopathic case this method of repertorial totality can be used as a systematic instrument on which the symptoms

that are obtained during the taking of the homeopathic case can be evaluated and compared. Patient with history of sexual excess too along with the urinary symptomatology seen in this case involves increased frequency of urination, intermittent urination, and feeling of incomplete bladder emptying needs to 5-6 tries with small drops of urine. These symptoms are the main ones for repertorial analysis.

The choice of symptoms for repertorisation is to follow those that are relevant, consistent and confirmed in the case history. Any characteristic modalities, concomitant symptoms and individualising features identified at the consultation should be taken into consideration during the assessment of the presenting complaints. General and/or mental symptoms should only be recorded if these were elicited from the same patient and have been documented in the clinical history. This way the repertorial totality complies with the case information that is available.

3.3.1 Repertory Used and Rubric Selection

The repertorial analysis is the operation of selecting the symptom-sensations in the text and matching them with rubrics and then of comparing the medicines of these rubrics. The rubrics in the present case are related to micturition, micturition by night, difficult initiation of urination, weak urinary stream, interrupted micturition, and incontinence.

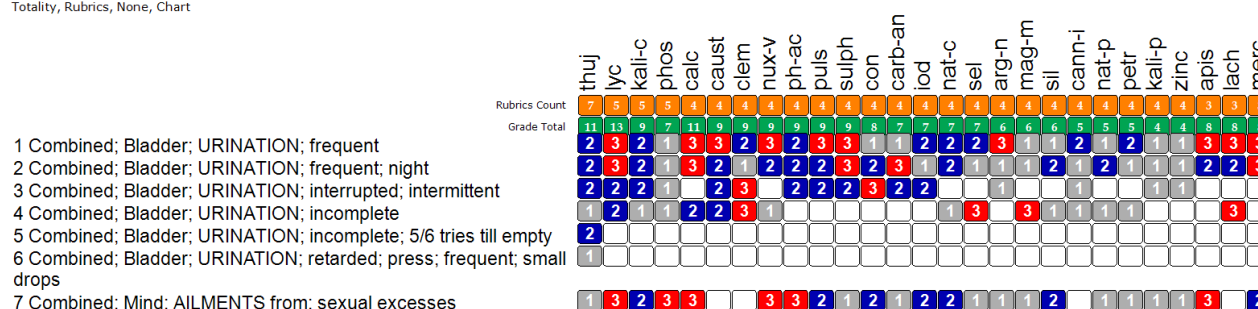
Table 1. Repertorial totality and corresponding rubrics

S. No.	Clinical symptom	Corresponding rubric concept
1	Increased frequency of urination	Bladder – urination – frequent
2	Frequent urination at night	Bladder – urination – frequent at night
3	Difficulty urination & interrupted	Bladder – urination – interrupted, intermittent

4	Sensation of incomplete bladder emptying	Bladder – urination – incomplete
5	incomplete bladder emptying with 5-6 times needs to void the urine.	Bladder – urination – incomplete-5-6tries till empty
6	Urination with voiding in small drops	Bladder – urination – retarded, frequent, small drops
7	History of sexual excess	Mind-ailments from Sexual excess

Vision

Totality, Rubrics, None, Chart



Repertorisation was carried out with ISIS Vision repertorial software, version 2.

3.3.2 Comparative Repertorial Analysis

There are four main medicines with their score and the rubrics covered in them presented in a comparative repertorial analysis. Table 2 summarises the results.

Table 2. Comparative repertorial results

S. No.	Medicine	Repertorial score	Number of rubrics
1	Thuja	11	07
2	Lycopodium	13	05
3	Phosphorus	07	05
4	Kali carb	09	05

Thuja covered the maximum number of rubrics (all 7 rubrics, score 11), whereas Lycopodium scored 13 points in 5 rubrics, Phosphorus 7 points in 5 rubrics and Kali carb 9 points in 5

rubrics. On the basis of rubric coverage, Thuja occupied the leading place in the repertorial analysis.

Thuja's coverage of every selected rubric, including the history of sexual excess, made it the most complete match to the totality of symptoms.

3.3.3 Selection of the Similimum.

The similimum was chosen by comparing the repertorial result with the materia medica and the individual symptom totality, in line with Hahnemann's guidance on selecting the remedy most similar to the characteristic symptoms of the case (Hahnemann, Organon of Medicine, aphorism 153).

Lycopodium and Phosphorus, although they scored well, covered fewer rubrics (5 each) and did not match the whole symptom picture. Thuja is described in the materia medica for frequent urging, interrupted and retarded flow, and prostatic affections on a syctic background (Boericke, Pocket Manual of Homoeopathic

4. Therapeutic Intervention

The prescribed and follow-up schedule reported was:

Time point	Reported intervention
Month 0	<i>Thuja occidentalis</i> 200C, single dose, followed by <i>Rubrum</i> placebo twice daily for 15 days.
Month 2	Placebo continued according to the reported treatment plan.
Month 3	Second reported dose of <i>Thuja occidentalis</i> 200C following a perceived plateau in symptom improvement
Month 5	<i>Thuja occidentalis</i> 1M, single dose, for persistent residual symptoms.

The remedy was given in 200C and then 1M potency, and repetition was decided by the plateau in improvement and the persistence of residual symptoms, in accordance with the homoeopathic principle of repeating the dose only when improvement ceases (Hahnemann, Organon of Medicine, aphorisms 246-248).

Placebo (*Rubrum*) was given in the intervening periods while the action of the remedy was allowed to unfold, and the response was reviewed at each follow-up before deciding on repetition.

Materia Medica), which corresponded to this patient's complaints.

Therefore, *Thuja occidentalis* was selected as the similimum, being the remedy that best matched the totality of symptoms, and this selection was supported by the subsequent clinical response.

3.3.4 Interpretation

Repertorisation provides a systematic and reproducible way of organizing symptoms and comparing remedies, and its reliability rests on careful case-taking and rubric selection. In this case, the repertorial result and the materia medica comparison pointed consistently to *Thuja occidentalis*.

The remedy was prescribed on the individual totality of symptoms and not on the diagnosis of BPH alone, as is the principle of individualized homoeopathy.

5. Follow-Up and Outcomes

A follow-up was carried out about 1 month after baseline, when nocturia was reduced from four to five episodes to two to three episodes/night and urinary flow was reported to improve.

The IPSS at month 3 was 12/35 compared to a baseline score of 24/35. Prostate size was 38.2 g and PVR volume was 55 mL. At this time, a 2nd dose of *Thuja occidentalis* 200C was used.

At month six, the IPSS was reported as 5/35, the prostate measurement as 29.1 g, and the PVR

volume as 18 mL. Serum PSA was reported to have decreased from 2.8 to 2.1 ng/mL. The perineal sense was reported to have cleared by month 2.

The reduction in IPSS level from 24 to 5 is a 19-point decrease and is about 79.2% less than baseline. The reported prostate measurement was reduced by about 40.0%, and PVR was reduced by about 83.6%.

These percentage reductions are calculated from the reported values. A change of about 3 points in the IPSS is perceptible to patients (Barry et al., 1995), so the 19-point fall seen here represents a clinically meaningful improvement.

6. Discussion

This case shows clear clinical improvement in a patient with BPH and LUTS following individualized homeopathic treatment with *Thuja occidentalis*, selected by case analysis, miasmatic interpretation, repertorisation and materia medica comparison. IPSS, post-void residual urine, prostate size and PSA all moved in the favourable direction over six months, and the improvement was progressive (IPSS 24, 12 and 5 at baseline, month 3 and month 6).

The IPSS is a validated, standardised tool (Barry et al., 1992), and a fall from 24 (severe) to 5 (mild) represents a substantial gain in symptom relief. The fall in PVR from 110 mL to 18 mL indicates better bladder emptying, which corresponds to the relief of hesitancy, weak stream and incomplete voiding reported by the patient.

The reduction in prostate size from 48.5 g to 29.1 g on ultrasonography is a notable objective finding, because it shows that the improvement after homeopathic treatment was seen not only in symptoms but also in a measurable parameter. Consistent measurement of prostate size in future studies would further strengthen the evidence.

The fall in PSA from 2.8 to 2.1 ng/mL is in keeping with the reduction in prostate size, and

both values were below the conventional 4 ng/mL threshold.

Thuja occidentalis was selected on the totality of symptoms, including the urinary complaints, perineal heaviness, general features and mental characteristics, together with the sycotic miasmatic analysis. The favourable response after this individualized prescription, and the further gain after repetition at the plateau, support the homeopathic approach of treating the whole symptom picture and not the pathology alone. The pattern of improvement (nocturia reduced within the first month, perineal heaviness relieved by month 2, and progressive objective gains thereafter) is consistent with a response to the prescribed remedy.

As a single case, this report cannot establish effectiveness or rule out non-specific factors such as natural fluctuation of symptoms or placebo response, and ultrasonographic prostate measurements can vary between operators. Causal attribution can be assessed with the Modified Naranjo Criteria for Homeopathy, and well-documented case reports of this kind are the basis for hypothesis generation (Lamba et al., 2020; van Haselen, 2016). Systematic reviews of individualized homeopathy have reported a small pooled effect over placebo, although the quality of the evidence is limited and other reviews have found no reliable evidence of benefit (Mathie et al., 2014; NHMRC, 2015).

Conventional urological assessment remains important in all men with LUTS (NICE, 2010; Sandhu et al., 2024). Well-designed randomized controlled trials of individualized homeopathic treatment in BPH, with predefined outcomes, objective measurements, adverse event reporting and comparison groups, are recommended to build on the improvement documented here and in earlier reports (Debnath & Shukla, 2025; Da Costa et al., 2025; Parmar & Jain, 2025).

7. Conclusion

Here, the six-month clinical course of a 62-year-old man with LUTS and prostate enlargement is

reported, who received an individualized homoeopathic prescription of *Thuja occidentalis*. The IPSS score dropped from 24/35 to 5/35, and PVR volume recorded dropped from 110 mL to 18 mL. The prostate measurement and PSA also decreased during the observation period after the homoeopathic prescription.

These results show marked clinical improvement after treatment with the individualized homoeopathic similimum, *Thuja occidentalis*, and suggest that individualized homoeopathic medicine is a valuable and effective treatment option in BPH. Larger controlled studies are warranted to confirm these findings

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ISIS Vision as repertorial software

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