

Re: Editorial Comment on Constitutional, Organopathic and Combined Homeopathic Treatment of Benign Prostatic Hypertrophy: A Clinical Trial

S. A. Kaplan

J Urol 2013; **190**: 1818–1819.

To the Editor: In developing countries such as India the majority of people usually ignore health related issues and only consult physicians when they reach an unbearable or unmanageable state of disease. The reasons are related to negligence of diseases, lack of health awareness and mostly poor economic status. Access to free treatment can induce patients to rush to the hospital. Therefore, we were able to enroll a high number of patients in our study only after advertising free treatment for benign prostatic hyperplasia (BPH) in the newspapers.¹ We neither claimed to improve sexual function of patients with BPH nor mentioned turning 70-year-old men into modern Casanovas. We agree that men 30 to 90 years old are not part of the typical BPH study population. However, we had observed BPH in patients in these age groups, including 1 in the 30 to 39 age group. Therefore, to have a meta-analysis, we included all patients 30 to 90 years in our study. In the 3 studied groups, ie patients receiving constitutional, organopathic or a combination of medicines, subjective improvement in terms of symptoms, including improved flow rate, was in the range of 30% to 38%, and not greater than 50% as stated by Kaplan.

We agree that there were several limitations to our study, such as the lack of placebo control and nonrandomized sampling. The latter issue was acknowledged in the article. We observed no significant decrease in prostate size. However, flow rate was improved as much as 13 ml per second in the combination group after treatment. This finding may reflect the combined effects of homeopathic medicines and more possibly could indicate that the overall size of the prostate was not reduced, but the interior prostate mass might be loosened so that the urethra was relaxed from the pressure of the prostate mass, allowing an increase in flow rate.

Prescribing different homeopathic preparations to patients as per their “case history” is the basis of homeopathy. Followup of similar numbers of patients in each group was not possible because of the 220 patients enrolled in the study 26 dropped out and 14 were excluded from final analysis due to brief enrollment. However, results from comparable numbers of patients, ie 60 in each group, were analyzed and finally presented.

Problems that may exist elsewhere in the literature on naturopathy should be addressed so that scientific conclusions are available to society. We agree that there should be a strict Food and Drug Administration regulatory process across the world for homeopathic medicines. However, this regulatory process should occur after rigorous placebo controlled studies on efficacy, cost-effectiveness and side effects of homeopathic medicines. Nevertheless, many of the homeopathic agents currently on the market are now being studied with placebo controls. Finally, the objective of our study was neither to advertise that patients with BPH should continue to receive homeopathic medicines nor to demand that anybody believe the advertisements on television or the radio, or purchase homeopathic products for BPH treatment.

Respectfully,

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1. Hati AK, Paital B, Naik KN et al: Constitutional, organopathic and combined homeopathic treatment of benign prostatic hypertrophy: a clinical trial. *Homeopathy* 2012; **101**: 217.

Reply by Author: I appreciate the clarifications from Paital et al regarding their study, and I certainly agree that there should be more rigorous regulatory control for homeopathic preparations before widespread use. Nevertheless, notwithstanding this particular study, we as consumers and prescribing physicians are left to deal with an environment that promotes and sells many of these remedies. We must continue to be diligent and forthright in letting the medical community know when we are troubled or concerned about particular studies, as well as being unrelenting in critiquing those who will continue to peddle products based on poorly substantiated claims.