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Clinical Cases

Urine Retention in a Man of 79

October 17, 2022 • 1 Comment • by Rajiv Peres

Normal Flow

Restricted Flow

The diagram consists of two side-by-side cross-sectional illustrations of the male urinary system. The left illustration, titled 'Normal Flow', shows a bladder filled with yellow urine. A single red arrow points downwards from the bladder into the urethra, which is unobstructed. The prostate is labeled as 'Normal prostate'. The right illustration, titled 'Restricted Flow', shows a similar bladder and urethra, but the prostate is significantly larger and labeled 'Enlarged prostate'. Two red arrows point outwards from the sides of the enlarged prostate, indicating it is compressing the urethra. This compression is shown to restrict the flow of urine, which is still present in the bladder.

**Dr. Rajiv Peres shares a case of urine retention in a man of 79. Enlarged prostate, urine drop by drop and micturition interrupted were among the symptoms leading to the simillimum.**

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Name: Mr. F. A  
Age: 79 Years  
Date of Case Taking: Feb 12, 2022

Probable Clinical Diagnosis: Acute urine retention secondary to prostatomegaly.  
(revealed on USG and 3 storage symptoms: frequency, urgency & nocturia)

On February 12, 2022 this 79 year old man was brought to my clinic by his daughter in law at 7pm. He was a known case of diabetes mellitus for the last 30 years. He complained that he was not able to pass urine for the last 2-3 days. He carried with him a USG report ordered by another doctor on the same day which stated that he had prostatomegaly.

His lower abdomen was massively distended and he was finding it difficult to breathe normally. He complained of stinging pain during micturition. He was able to pass only 2-3 drops. He also suffered from fever since the afternoon of the same day.

His problem of frequent urination was aggravated at midnight to 12.30am. He was able to pass urine only on standing, in sitting he was not able to pass urine. He was afraid of drinking water due to no urination. He avoided eating food.

LOCATION	DURATION	MODALITIES
Lower urinary system Retention	Since last 2-3 days Stinging pain during micturition. Inability to pass urine with fully distended bladder. Passes only 3 drops then	<Night 12-12.30am Urination only in standing position. <sitting

## Evaluation of Symptoms of Acute Totality

- Boger Boenninghausen's Repertory was used.
1. Prostate gland enlarged, swelled p. 429 (Causation) Calc-c, Con, Puls, Sabal, Staph, Sulph
  2. Urination drop by drop (strangury) p.435 Calc-c, Con, Puls, Staph, Sulph
  3. Micturition interrupted p. 437 Con, Puls, Sulph, Sabal
  4. From my knowledge of Materia Medica this modality "Can urinate only when standing" (Con, Sars)

See also  
Depression

## Materia Medica References for Conium

1. Allen's Key notes- Great difficulty in voiding urine; flow intermits; prostatic affections p.93
2. Boger's synoptic key- Urine stops and starts; >standing. Prostatic dribble p. 178
3. Vermeulen's Concordant Materia Medica- Frequent urination at night. Feeling of pressure on the bladder. Much difficulty in voiding. Dribbling in older men. pg360

## Other remedies that repertorized out:

- **Sabal Serrulata**- There has to be constant desire to pass urine at night. Cystitis from prostate enlargement. Sediment in urine. Starting flow of urine is difficult and painful. Paresis of bladder sphincter; incontinence on exertion like lifting & laughing, absent in our case.
- **Pulsatilla**- Spasmodic pains in bladder after urination. Urine dribbles when emotionally upset. Urging to urinate on lying on back. Interrupted flow. Haematuria after urination, absent in our case.
- **Sarsaparilla**- Severe smarting at last drop (conclusion) of urine.

- **Staphysagria**– Important for cystitis in young married women. There is pressure upon the bladder, feels it did not empty. Patient urinates in thin stream or drop by drop. Burning in urethra when not urinating, absent in our case.

**Note:** Sarsaparilla was eliminated because there were no sediments in urine, nor there was smarting at conclusion of urination. Pulsatilla was eliminated since there was no emotional element involved anywhere in the case. Staphysagria was ruled out since there was no burning when not urinating. Sabal serrulata was also not given because this is not a case of paresis of bladder sphincter.

See also

**Suspected Enteric Fever in a Man of 65**

### Final Prescription dated 12 February 2022

- **Conium Maculatum LM 0/3, 8 drops every hour.**

### Potency Selection

- Here we have an old man with enlarged prostate with not many characteristics hence the LM scale was considered. One hourly repetition was considered because this case is an acute emergency and repetition alone can stimulate the response in this old patient with low susceptibility.
- Later on LM 6 was given (8-3-22).
- He was only on anti-diabetic medications and no other medicines.

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Recent Investigations in August 2022

## Lessons

- This case taught me that catheterization is not the only way out in a case of sudden urine retention. We learn by facing such emergencies with

- LM potencies helped to not only restore the flow of urine, but also to reduce the size of his prostate by half in less than a month's time.
- The most recent USG report repeated 6 months later suggests increase in dimensions of prostate gland along with volume. Although symptomatically the patient is doing well, this treatment may not have been curative but palliative in nature.

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## VETERINARY About the author



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## 1 Comment



### Eta Brand

November 11, 2022 at 9:18 am

Thank you Dr Peres, this case gives me hope in getting a good outcome for urine retention. I tried to help a client male 70yrs who was already catheterised and waiting for prostate surgery to reduce the size of the prostate. This surgery has been performed for him 7 years prior. In his case he had a blocked catheter tube and he was back in hospital and then re-catheterised while on a wait list. I use bioregulatory medicine – HEEL remedies. I did try Sabal, as well as some indicated herbal remedies. Also used 30C Chimaphila initially. Perhaps the potency was too low, but seemed well indicated. The problem was because he was catheterised it was impossible to tell if the remedy was working. This patient had also become dehydrated because he was afraid of drinking. Once he started the remedies he felt more secure to drink and this was also after he was recatheterised and his urine flow was unimpeded. I think that he was not educated appropriately after his first episode of enlarged prostate, and the drivers for the growth were never addressed. I am a naturopath and tried my best for this client. He says he will return once he has his surgery. Being catheterised for months while waiting for surgery is fraught. This is supposed to be a first world health system. In his case he should have been treated as urgent to prevent further harm. Your case gives me hope. thanks for sharing.

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