

Phytomedicines for the Treatment of Benign Prostatic Hyperplasia without Surgery in Nigeria

E.O., Olapade, E.O., (Jrn.) Olapade, C.O., Olapade and O.C. Olapade
NARL Specialist Clinic,
Center for Research and Development of Phytomedicines,
University of Ibadan
Ibadan, P.O.Box 4010, Nigeria

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Abstract

The enlargement of the prostate gland in sexually active elderly males has been a major ailment with very serious concern to medical institutions around the world, especially because of the associated complications of acute urine retention, which causes severe pain, discomfort, anxiety, and loss of consciousness, which warrant urgent and emergency medical attention.

The enlargement can be a simple type described as Benign Prostatic Hyperplasia (BOH) when the ultra sound features show smooth echogenicity. Another type of enlargement can show rough surface with heterogeneous echogenicity in which case it can be said to be cancerous or malignant. Both cases of enlargement usually present similar symptoms of frequency in urination, hesitancy, urgency, trickling flow of urine and, in advanced stages, there is acute urine retention due to blockage when the patient cannot pass urine.

The usual medical practice is to pass a catheter through the urethra into the bladder to void urine as a palliative measure before surgical operations are performed to either partially remove the prostate gland or in some cases a complete or total prostatectomy. Modern methods have been evolved to control the enlargement of the prostate through radiation, such as the latest technology of transurethral microwave thermo therapy. Most available synthetic drugs have not proved effective in curing the ailment.

Fifty-two (52) cases of clinically confirmed prostate enlargement were treated at the Narl specialist clinic between 1997 and 2000 with phytomedicines developed from *Cocos nucifera*. Thirty-two BPH cases with raised Prostate Specific Antigen (P.S.A.) levels of 7-23 ng/l (normal 0 - 4 ng/l), were successfully reinstated without surgery within 6-12 weeks of treatment. Only 4 of the malignant cases were successfully treated after 48 weeks of continuous treatment with the addition of 2 fruits of *Lycopersicum esculentum* in their daily diets. The remaining 16 cases of malignant enlargements had to undergo surgical operations. The findings conclude that the phytomedicines were effective in reducing the elevated P.S.A. within the first 4 weeks of treatment and very efficient and safe for the treatment of BPH.

INTRODUCTION

It is only in very recent times when the news of the deaths of very prominent people are carried in the papers and the cause of death is said to be 'Prostate cancer' or something related to the prostate that people started to ask questions about the prostate. The prostate is a gland found in men only, which lies underneath the bladder. The full functions of the prostate are not yet properly understood by doctors and scientists around the World, so there is quite a lot of things to be learnt about it. However, it is known that as a gland, it produces fluid called 'semen', which is released by men at the climax of sexual activity.

The prostate gland will only grow and function when it gets some important male hormones (androgens), the most important of which is produced from the testicles. About 50 years ago an American urologist called Charles Huggins won the Nobel Prize for medicine when he demonstrated the reduction in the size and activity of the prostate in

the dog by removing its testicles.

One major disease of the prostate is that the organ gradually increases in size when some men get older. The exact reason for this increase in the size of the prostate is not very clear, but it needs male hormones to become larger as men castrated at an early age do not have this problem. This ordinary enlargement, which is regarded as simple and without cancer, is referred to as Benign Prostatic Hyperplasia (BPH).

The enlargement of the prostate starts from the inner parts of the gland such that however big it later becomes it remains covered by its external capsule, which makes it smooth to touch and even in shape.

The prostate is one organ in the body that can develop cancerous tumours. This abnormal growth usually occurs on the outer part of the prostate. At the initial stage the cancer may not obstruct the urine passage (urethra) and may not be accompanied with any symptom, but as it becomes bigger it could grow into the tissues around the prostate. It could also be spread by the cells of the cancer breaking away and carried by the lymph to form secondary tumours (metastases). These tumours can also spread along blood vessels to the bones of the back and the pelvis. The prostate with cancer usually feels hard with uneven shape.

SYMPTOMS OF PROSTATE DISORDERS

In all cases of prostate enlargement, the prostate is big and will exert pressure on the urethra. This leads to the gradual obstruction of the flow of urine, but because obstruction occurs gradually it is often not realized quickly that it is happening. Observation will show a gradual reduction in urine stream and force, there may be a delay in starting to urinate (hesitancy), the urine may come out in trickles and there may be a feeling that the urine is not completely eliminated from the bladder (retention). In some cases there may also be a feeling to pass urine very frequently with some urgency in which case there may be wetting. If this symptoms occur during the nights it will lead to loss of sleep. Very usually it is the friends and close relatives who are often more aware of these problems due to observations than the sufferer himself who naturally adjusts his activities to cope with the symptoms. However when a man suddenly becomes unable to pass urine because of enlarged prostate which has blocked the urethra, the bladder fills up and becomes very painful. This is called ‘acute retention’. The case of prostate cancer may not be accompanied with visible symptoms for a very long time because it may not affect urine flow at the beginning. However, at advanced stages prostate cancer will become associated with prostate enlargement and then all the symptoms described for Benign Prostatic Hyperplasia (BPH) will show.

The causes of prostate problems are not very clear except that the enlargement is influenced by the male hormone ‘testosterone’ from the testicles. It is however obvious that most men who use drugs to improve their sexual performance invariably tend to activate the level of their testosterone, hence they often end up developing prostate enlargement and other complications later in life.

Every man above the age of 50 years is potentially liable to have prostate enlargement. Each person should answer the following questions and if more than three of the answers are Yes, then a visit to the hospital is required to check the prostate size and test the blood for prostate specific antigen (PSA) which is a substance produced by the prostate in every man, but the quantity of which is very high in enlarged cancerous prostate.

Questions for prostate assessment

Certain questions can be asked to indicate whether the prostate is becoming enlarged:

- Does it take too long for you to pass urine?
- Do you have difficulty in starting to urinate?
- Does your urine come in trickles?
- Do you wake up more than twice to pass urine at night?
- Do you feel that your bladder is not completely emptied after urination?
- Do you have to rush to the toilet to urinate?

- Do you feel pains in your lower abdominal region before urinating?

When three of the answers are positive, there is a strong indication that the prostate is enlarged. It therefore becomes necessary that the patient is subjected to scanning in order to ascertain the exact size and echogenicity of the prostate. Usually the optimum size of a normal prostate is about 30mm x 30mm x 30mm. While sizes bigger than this could be considered to be enlarged. It is also important that the level of Prostate Specific Antigen (PSA) in the blood is determined. The normal limit is usually 0-4ng/l; values greater than this are regarded as high and positively correlated with increased size of the prostate organ.

TREATMENTS

As far back as 1905 a famous urologist Prof. Hugh Hampton Young of the John Hopkins Hospital in USA had prescribed radical prostatectomy (complete removal of the prostate) through surgical operation as the only sure way of curing prostate cancer. Because cancer is not often diagnosed early enough until it has spread to other parts of the body surgery will not cure the disease. Surgical operations in cases of enlarged prostate are not a guarantee that it will not reoccur; hence the operation can become repeated after some time.

In very recent years several drugs have been found for the treatment of prostate problems. These can be obtained on prescription from doctors in hospitals. Radiotherapy is also a modern method used in treating cancer of the prostate.

As for simple enlargement, Benign Prostatic Hyperplasia (BPH), the usual medical practice is to pass a catheter through the urethra into the bladder to void urine as a palliative measure before surgical operations are performed to either partially remove the prostate gland or in some cases a complete or total removal of the prostate gland (radical prostatectomy). Modern methods have been evolved to control the enlargement of the prostate through radiation such as the latest technology of transurethral microwave thermotherapy (TUMT) (Olapade, 2001). Most available synthetic drugs have not proved effective in curing the ailment.

THE USE OF TRADITIONAL MEDICINES

The use of traditional medicines for the treatment of several diseases has been very helpful (Olapade, 1993, 1995, 1997, 1998, 2000, 2001). The particular problem of enlarged prostate is not new and traditional and ethno-medicinal research has showed that herbal medicines are quite effective, without the complication of side effects.

The method used in our modern practice is to scan the prostate to assess its size and to order laboratory tests for prostate specific antigen (PSA). Then we can treat Benign Prostatic Hyperplasia (BPA) or enlarged prostate in six to eight weeks to bring the size back to normal. Where further tests (Biopsy) have been done to confirm cancer of the prostate then we treat for a longer period of twelve to forty eight weeks to eliminate the growth.

A routine monthly check is done to assess the patient thereafter. Our treatment has proved very effective in the last three years that we thank God for his special grace to have given us the plants in Tropical Africa and Nigeria especially, although Europe has already identified some of the plants and is already exploiting them. The Worldwide Fund for Nature (WWFN) has raised the alarm that a particular plant species has almost been wiped out because its bark is effective in treating enlarged prostate in Europe.

Medication

Phytomedicines developed, with *Cocos nucifera* as a major ingredient, at the NARL Specialist Clinic, Ibadan, Nigeria, was code named: Panacea-R. The powdered medication was used in the dosage of half a teaspoonful (500 mg) with hot tea or hot pap three times daily.

Another medication was made with the extracts of *Khaya ivorensis* in the form of a decoction and given in liquid form at a dose of 300 ml, taken orally three times daily.

One tomato fruit (*Lycopersicum esculentum*) was also prescribed in the daily diet of patients because of its high content of cumaric acid and lycopene to protect the patients against cancer forming agents (carcinogens); this helps to prevent and protect the prostate against cancer.

RESULTS AND DISCUSSIONS

Fifty-two (52) cases of clinically confirmed prostate enlargement were treated at the NARL Specialist Clinic between 1997 and 2000 with the above methods. Thirty-two (32) of the cases were simple BPH with raised PSA, the levels of which ranged between 7-23 ng/l (normal 0 - 4 ng/l). These patients were successfully reinstated without surgery within 6-12 weeks of treatment as confirmed by post treatment scan reports and laboratory blood tests, while the patients no longer showed any of the associated symptoms of the ailment.

Only 4 of the early malignant cases were successfully reinstated after 48 weeks of continuous treatment with the addition of 2 fruits of *L. esculentum* in their daily diets. The remaining 16 cases of advanced malignant prostate enlargements had to undergo surgical operations. The findings conclude that the Phytomedicines developed at the NARL Specialist Clinic were effective in reducing the elevated PSA within the first 4 weeks of treatment and very efficient and safe for the treatment of simple Benign Prostatic Hyperplasia (BPH).

Literature Cited

- Olapade, E.O. 1993. Clinical evaluation of the potentials of *Rauvolfia vomitoria* based extract in the treatment of haemorrhoids and anal prolapse in Nigeria. *Acta Hort.* 332:281-285
- Olapade, E.O. 1995. *Foods and Herbs for Diabetes and Hypertension* ISBN: 978-33595-0-9. Published by NARL Specialist Clinic. 27 pp
- Olapade, E.O. 1997. Sustainable productivity and utilization of *Pausinystalia johimbe* Pierre ex Beille in HIV control. Paper presented at the IUFRO meeting, Washington State University, Pullman. USA. 15 pp
- Olapade, E.O. 1997. Treatment of prostate enlargement in Nigeria. *Saturday Tribune* 23rd May 1998, 13.
- Olapade, E.O. 1997. Traditional medicine in Nigeria: Proceedings of the seminar organized by the German Cultural Centre, Goethe Institut, Victoria Island, Lagos, Nigeria 88 pp
- Olapade, E.O. 1998. The herbs for good health. Paper presented at the 50th Anniversary celebration of the University of Ibadan, Nigeria. 12th October.
- Olapade, E.O. 2000. Management of HIV/AIDS: The herbal option. Paper presented at the workshop organized by the German Cultural Centre, Goethe Institut, Lagos Nigeria 18-20th December.
- Olapade, E.O. 2001. Breakthrough to the treatment of major diseases, the journey so far. Paper presented at the workshop on Traditional medicines, Enugu, Nigeria 14-16th May.
- Olapade, E.O. 2001. *Natural Plants: companion for healthy living*. In press
- Shah, P. 1998. Microwave, not surgery. New procedure makes prostate care easier. *Medical Arts Pavilion of Laurel Regional Hospital. The Laurel leader. Health column.* August 20.