Typical Illnesses and their Treatment with WALA Remedies

No. 14 Prostatic Adenoma

Enlargement of the prostate gland is a very frequent illness of aging, which has to be reckoned with after the age of 50. Approximately 30% of cases lead to malignant degeneration (prostatic carcinoma).

Clinical Picture and Diagnosis

Urinary disturbances – such as frequent urinary urgency, difficult urination, weak urinary stream, pollacuria, nycturia – can indicate the presence of prostatic adenoma. When the prostate bulges into the bladder, this may lead to large accumulations of residual urine, bladder irritation and/or cystitis. Advanced retention (increased residual urine) can result in urine backup in the renal pelvis, incipient renal insufficiency and uremia.

Differential Diagnosis

Simple hypertrophy:

Rectal palpation reveals the entire prostate to be enlarged, soft, plump and not particularly sensitive to pressure.

Early stages of prostatic carcinoma:

The prostate is only slightly enlarged, very hard, insensitive, with a rough and uneven surface. (Regular examinations should be made twice a year.)

Sometimes prostatic adenoma is disguised by superimposed prostatitis, which has to be treated first. During rectal examination prostatitis can be differentiated from uncomplicated prostatic adenoma by its essentially greater sensitivity. A secretion is given when pressure is applied, and the the patient has urinary urgency (for treatment see Information for Physicians No. 15 – Prostatitis).

Therapy

As a rule, treatment is with **Berberis/Sabal comp.** (WALA), which is available in three dosage forms: 1 ml **ampules** for subcutaneous injection in the thigh or backside (one injection two times per week), **globuli** for oral (sublingual) administration (5 globuli once daily), and rectal **suppositories** (one suppository three times weekly or one daily). Injections are advisable for acute treatment; globuli and suppositories are more suitable for long-term administration.

For bladder irritation and suspected residual urine prescribe **Sabal/Solidago comp.**, ampules (WALA) (1 injection twice weekly, as above) or every other day alternating with **Cantharis comp.** (WALA) injections. These may also be given in globuli form, 5 globuli daily or twice daily (morning and evening).

If there is the slightest suspicion of malignity, give **Berberis/Prostata comp.** (WALA) as prophylaxis or preparation for a possible operation. (1 ml SC injection 2-3 times weekly as above or 5 globuli daily).

Summary of the Above-Mentioned WALA Remedies

Berberis/Prostata comp.

	Glob.:	Amp.:
Berberis e pl. tota	D1	D2
Urtica urens ex herba	D3	D3
Viscum Abietes e pl. tota	D4	D4
Prostata	D4	D4
Magnes. sulfuric.	D6	D6
Oxalis e pl. tota	D3	D3
Granite	D10	D10

Berberis/Sabal comp.

	Glob.:	Amp.:
Berberis e rad.	D1	D2
Urtica urens ex herba	D3	D3
Sabal serrul. e fruct.	D3	D3
Populus trem. e fol.	D3	D3
Piper e fruct.	D15	D15
Terebinth. laricina	D5	D8

Berberis/Sabal comp., Suppositories

Berberis e rad.	D2	0,2 g
Urtica urens ex herba	D3	
Sabal serr. e fruct.	D3	
Populus trem. e fol.	D3	
Piper e fruct.	D15	
Terebinth. laricina	D5	
– Massa supp.		ad 2,0 g

No. 14 Prostatic Adenoma

Cantharis comp.

	Glob.:	Amp.:
Cantharis ex anim.	D4	D5
Vesica urinaria	D6	D6
Equisetum ex herba	D3	D4
Achillea ex herba	D3	D4

Sabal/Solidago comp.

	Glob.:	Amp.:
Sabal serrul. e fruct.	D4	D4
Solidago virg. ex herba	D3	D3
Populus tremula e fol.	D4	D4
Berberis e rad.	D3	D3
Magnesite	D12	D12
Thuja e summit	D10	D10

Dr. med. H.H. Vogel

WALA-Heilmittel, 7325 Eckwaelden, West Germany