

# Advances in Traditional Chinese Medicine Research on Benign Prostatic Hyperplasia

Ruyun Zhou<sup>1</sup>, Yijun Liu<sup>2</sup>, Yun Li<sup>2,\*</sup>

<sup>1</sup>Chengdu University of Traditional Chinese Medicine, Chengdu 611137, Sichuan, China

<sup>2</sup>Neijiang Hospital of Traditional Chinese Medicine affiliated to Chengdu University of Traditional Chinese Medicine, Neijiang 641099, Sichuan, China

\*Correspondence Author, 2774612260@qq.com

**Abstract:** *In order to explore the understanding of the etiology, pathogenesis, and treatment of benign prostatic hyperplasia (BPH) with traditional Chinese medicine (TCM). We searched the Chinese knowledge resource database, Wanfang data knowledge service platform, Chinese scientific journal database, and PubMed database by computer. The Chinese and English literature on the treatment of benign prostatic hyperplasia with traditional Chinese medicine in recent years were collected, and the understanding of the etiology and pathogenesis of benign prostatic hyperplasia and the regularity of treatment with traditional Chinese medicine were summarized. Resultly, according to literature research, TCM believes that the key to benign prostatic hyperplasia is that the kidney, liver, spleen, lung, bladder, and other viscera are closely related. In conclusio, the disease pathogenesis is essentially empty and out solid, empty of spleen and kidney, which is the reason blood stasis is an outer phenomenon. Hot-humid and qi stagnation cause blood stasis. TCM treatment mainly includes internal and external treatment. Internal treatment mainly uses the methods of tonifying the kidney, clearing the lung, invigorating the spleen, removing dampness, and removing blood stasis. In addition, TCM external treatment is also widely used. Conclusion: Traditional Chinese medicine is effective in the treatment of benign prostatic hyperplasia, with few adverse reactions, but the relevant syndrome differentiation should be further unified and standardized, and the effectiveness and safety of the treatment still need more high-quality studies for further verification.*

**Keywords:** Chinese Medicine, Benign Prostatic Hyperplasia.

## 1. Introduction

Benign prostatic hyperplasia refers to the non-malignant growth or hyperplasia of prostatic tissue and is one of the main causes of lower urinary tract symptoms in elderly men [1]. Symptoms of BPH include storage symptoms, voiding symptoms, and postvoid symptoms. (Frequent urination, urgent urination, urinary incontinence, and nocturia are storage symptoms; hesitancy, dysuria, and intermittent urination are voiding symptoms; feeling of incomplete emptying and dripping after urination are post-voiding symptoms) [2]. With the increasing age of men and the aging of the population, the incidence of BPH is increasing and showing an increasing trend [3]. The pathogenesis of BPH is not yet clear, and the more recognized factors associated are increasing age with the function of normal testes [4]. Western medicine commonly uses  $\alpha$ -blockers, 5 $\alpha$ -reductase inhibitors, and other drugs to improve clinical symptoms. However, it has greater adverse reactions and can not improve clinical results, including disease progression, so conservative treatment of Western medicine has certain limitations. At present, surgical resection as the first radical cure is expensive, and it is usually limited when combined with diabetes, coronary heart disease, cerebrovascular disease, etc. Under the guidance of overall concept, syndrome differentiation, and treatment, TCM has better improvement than Western medicine on the symptoms and quality of life of patients with benign prostatic hyperplasia. This article reviews the current research status of traditional Chinese medicine in the treatment of benign prostatic hyperplasia and expounds on the etiology, pathogenesis, and clinical treatment progress of traditional Chinese medicine in the treatment of benign prostatic hyperplasia.

## 2. Etiology and Pathogenesis

Etiology and pathogenesis is the cornerstone of treatment, and clarifying the basic pathogenesis is critical for better development of TCM treatment. Whether it is external treatment of TCM or internal treatment of TCM, determining the basic pathogenesis is the first step in designating the treatment plan.

### 2.1 Ancient Chinese Physicians' Understanding of Benign Prostatic Hyperplasia

Benign prostatic hyperplasia belongs to the category of "dribbling urinary block" and "seminal dribbling block" in TCM. With regard to retention of urine, "Su Wen · Wu Chang Zheng Da Lun" [5] says: "The disease is dribbling urinary block and evil hurts the kidney. "Su Wen · Xuan Ming Wu Qi" [5] states: "inhibited bladder is seminal dribbling block." "Lingshu · Meridians" [6] says: "triple-energizer...sthenic syndrome is actually sluggishness and closure." It is considered that dribbling urinary block is closely related to the function of the kidney, bladder, and triple-energizer. In the Eastern Han Dynasty, Zhang Zhongjing proposed that urination disadvantage could be caused by gasification failure, water-heat mutual junction, blood stasis and heat, and deficiency of both spleen and kidney with dampness through the treatment upon syndrome differentiation. This lays a foundation for the understanding of the etiology and pathogenesis of dribbling urinary blocks in later generations. Chao Yuanfang, in the Sui Dynasty, pointed out that "urination is impassable, by the bladder and kidney have heat so also... kidney and bladder are hot, heat into the cell, hot gas Sheng, so the knot astringent, so that urination impassable" "For those who have difficulty urinating, this is the heat of kidney and bladder... The heat lies in the viscera, the moisture is astringent, and its heat potential is slight, so it is difficult to

urinate." He proposed that dampness-heat plays an important role in pathogenesis, and both urination impassability and difficulty in urinating are due to heat in the kidney and bladder, while the degree of heat determines the difference between the two.

Chen Shiduo of the Qing Dynasty first proposed the division of deficiency and excess syndromes of dribbling urinary block according to the nature of the disease in "the Dialectical Record"[7-8]: "If the dribbling urinary block is excess syndrome, it is common to see urine barrier, small and urgent amount, or also see thirst like to drink, irritability and restlessness, red face and ears, eye protrusion and other symptoms of excess-heat; if there are urine drip and out, abdominal distension is not painful, mouth is not thirsty, do not think of diet and other manifestations, is deficiency syndrome." Li Zhongzi in the Ming Dynasty clarified the differentiation between sluggishness and closure in "Yizong" [9] and Lin Peiqin in the Qing Dynasty in "Classified Treatment" [10]: Unfavorable urination, drip and short, slow disease for the "sluggish"; urine occlusion, drip barrier, more urgent disease for the "closed" [11].

## 2.2 Modern Medical Understanding of Benign Prostatic Hyperplasia

Modern medicine still does not fully understand the pathogenesis of benign prostatic hyperplasia, but it is clear that the androgen system and androgen receptor are dominant [12]. BPH is mainly characterized by hyperplasia of the prostatic stromal and glandular components histologically, anatomically enlarged prostate, urodynamically obstructed bladder outlet, and lower urinary tract symptoms [4]. The Chinese Society of Traditional Chinese Medicine takes BPH as one of the dominant diseases in urology and andrology treatment of traditional Chinese medicine, which is often superior to western medicine as the dominant treatment, such as unique advantages in the case of frail elderly patients, underlying diseases mostly intolerable to anesthesia and surgery and with clinical symptoms, intolerable adverse reactions to western medicine treatment drugs [13].

At present, there is no completely unified standard for the syndrome differentiation of BPH treated by TCM, and various physicians propose different dialectical types according to their own medical experience. Professor Li Yueqing believes that [14] the basic pathogenesis of this disease is kidney deficiency and blood stasis, phlegm, and blood stasis as the manifestation; this is the kidney root cause. Professor Wang Shimin also believes that the basic pathogenesis of BPH [15] is based on a deficiency of the kidney, but the excess in superficiality can be liver depression, qi stagnation, blood stasis, etc. The key is still qi stagnation and blood stasis. Professor Wang Qi [16] divided it into five categories on the disease machine of "a deficiency of the kidney, qi, and blood stasis": dampness-heat accumulation syndrome, spleen and kidney qi deficiency syndrome, qi stagnation and blood stasis syndrome, qi and yin deficiency syndrome and kidney yang deficiency syndrome. She thinks that it can be treated in stages. The early stage is the syndrome concretions and gatherings stage, which is mainly manifested as dysuria; the late stage is the closed stage, which is mainly manifested as urinary obstruction and urinary retention. She also believes

that the diagnosis and treatment of the syndrome concretions and gatherings period are more important than the prostration closed period, and the clinical syndrome takes into account both qi and blood circulation, dissipating phlegm and resolving masses. Professor Cui Yun believes that [17] emotional distress, anger injures the liver, liver loss and catharsis, qi stagnation, blood stasis blocking the essence orifices, spleen loss of health and transport, water dampness blocking, long accumulation is phlegm, or cause essence orifices astringent stagnation, so liver and spleen loss can also cause benign prostatic hyperplasia. Professor Men Chengfu believes that [18] kidney qi deficiency, impaired depurative descending of lung qi and, lung loss caused by phlegm and blood stasis and other pathological products, and blood stasis caused by the occurrence of BPH. Zhang Chunhe et al. [19] collected 540 cases of BPH patients and analyzed their syndrome indicators, confirming that there are eight common syndromes of BPH, including syndrome of deficiency of kidney yang, syndrome of blood stasis waterway, syndrome of kidney yin deficiency, syndrome of dampness-heat diffusing downward, syndrome of deficiency of spleen qi, syndrome of phlegm-turbid stagnation, syndrome of liver qi stagnation, and syndrome of lung-heat, of which syndrome of deficiency of kidney yang, syndrome of blood stasis waterway, and syndrome of kidney yin deficiency are more common.

In summary, although there is no clear and unified syndrome classification for BPH, the continuous advancement of time has formed a more comprehensive understanding of the cause of the treatment. Benign prostatic hyperplasia is mostly the syndrome of a deficiency in origin and the excess in superficiality; the key is the kidney, and closely related to the liver, spleen, lung, bladder, and other viscera.

## 3. Treatment Discussion

### 3.1 TCM Internal Treatment

Ma Dongyue et al. summarized [20] the mechanism of action of traditional Chinese medicine in the treatment of benign prostatic hyperplasia in recent years and confirmed that the main mechanism of traditional Chinese medicine in the treatment of BPH from the perspective of modern medicine includes inhibiting  $\alpha$  receptor activity, regulating sex hormones, inhibiting growth factors, regulating apoptosis and reducing inflammatory response. A retrospective cohort study by Ou Shichen et al. [21], using 4142 patients newly diagnosed with BPH as observation subjects, verified that Chinese herbal medicine could significantly reduce the risk of benign prostatic hyperplasia-related complications and the incidence of surgery in BPH patients. These studies provide favorable evidence for the exact advantages of TCM in treating BPH.

#### 3.1.1 Tonifying the Kidney

"Su Wen·Great Theory on Yin-Yang Corresponding to Nature" [5] says that "forty years and yin qi from half ···sixty years, yin wilt, qi does not decline, no word should be large, qi failure". Simply put, the average person, to forty years old, yin has naturally attenuated half its daily life movements but also gradually declines; and to sixty years old, yin is weak, has

kidney failure, nine orifices can not be profitable, there is a phenomenon of upper excess and lower deficiency. This points out that after about forty years of age, the function of viscera changes from flourishing to failing, and the first weakness is the kidney. "Excerpt of Medicine" [22] believes that the discharge of water in the bladder depends on the gasification of the kidney. I proposed that the pathogenesis of dysuria is the deficiency of kidney qi in "Zheng Zhi Hui Bu" [23]. Doctors in the past often used Shenqi pills and Yougui pills as the main prescription for treatment in the Synopsis of the Golden Chamber [24]. Shao Bo et al. [25] confirmed, based on network pharmacology, that Jinkui Shenqi Pills have the characteristics of multiple targets and multiple pathways in the treatment of BPH, and the main principle of action acts on JUN targets through  $\beta$ -sitosterol. Chen Mingjun et al. [26] did a meta-analysis to evaluate the effect of Shenqi Pills in the treatment of benign prostatic hyperplasia, with a total sample size of 569 cases, confirming that the use of Shenqi Pills can significantly improve the clinical symptoms of BPH.

### 3.1.2 Clearing Lung Fire

"Su Wen · Meridians Other Theory" [5] says: "Drink in the stomach, swim overflow essence, on the spleen. Spleen scattered essence, upper attributed to the lung, through the water channel, under the bladder." Simply put, when water enters the stomach and intestines, absorbed nutrients are transmitted to the spleen, which is responsible for transmitting these nutrients to the lungs. The lungs are responsible for delivering excess water to the bladder, where water vaporizes and distributes body fluid throughout the body. Therefore, the distribution and metabolic process of water in the body is very important. The lung is the "upper source of water," while the kidney is the "under the source of water." Zheng Zhi Hui Bu · dribbling urinary block" [23] points out: "The qi of a person is related to the lung, the qi of the whole body anterograde when the lung is clear, and the qi of the whole body is turbid when the lung is turbid. Therefore, urination is impassable because the lung qi cannot be announced. It is advisable to clear lung and depressing qi and treat it together with other diseases." Li Dongyuan mentioned in "Secret Book of Orchid Chamber" [27] that "patients with thirst and unfavorable urination are hot in the upper coke and hot in the lung qi ... It is appropriate to clear the lung to moisten its source as well". Qingfei Yin, a representative formula he often uses, is widely used in the treatment of benign prostatic hyperplasia. Ma Huaixia [28] confirmed that clearing away lung heat and restoring lung qi function can significantly improve urodynamics and I-PSS scores in BPH patients through a clinical randomized controlled trial.

### 3.1.3 Fortifying the Spleen

"Su Wen · Zhizhenyao Dalun" [5] said: "All dampness swollen full, all belong to the spleen." It is pointed out that the disease of water dampness stagnation associated with dampness can be treated from the spleen. Old long illness may consume spleen qi, spleen qi push weakness, then urination dripping endlessly, weak urine. The spleen loses healthy transport, water dampness is full, and dampness accumulates in glands, so it is dribbling urinary block. Dongyuan created Buzhong Yiqi Decoction side, Danxi created a method of probing and spitting, Qingshu in the Qing Dynasty used

Buzhong Yiqi Decoction to elevate Qingyang, reduce turbid yin, and then with the treatment of stimulating the pharynx to make it vomit, "ascending and then ascending" to treat prostration [29]. Li Conghua [30] treated conventional Western medicine with Buzhong Yiqi Decoction for 30 days as a course of treatment. The results showed that the IPSS score and total effective rate of the study group were better than those of the control group after treatment. Buzhong Yiqi Decoction could enhance the contractile function of the bladder detrusor muscle and pelvic muscle and inhibit the increase of serum acid phosphatase levels.

### 3.1.4 Draining Dampness

"Su Wen · Taiyin Yangming Theory" [5] said: "The human body is injured by dampness, and the lower half of the human body is first affected." wet is water, water has a low flow, so wet gas often accumulates in the lower half of the human body. Humidity is present in many people who have long-term chronic diseases in reproduction and excretion. The unobstructed is the normal functional state for the six fu visceral. If the urine in the bladder can not be discharged in time, water-dampness will stop gathering in the bladder, water-dampness for a long time heat, dampness-heat accumulation in the lower jiao. Wuling powder, as the "first prescription of Lishui in ancient and modern times," is also often used to treat benign prostatic hyperplasia. Zhang Kaibo et al. found through studies [31] that its active ingredients act on the key targets of BPH by increasing estrogen levels, reducing testosterone and dihydrotestosterone concentrations in the prostate and serum, regulating estrogen/androgen balance, and inhibiting epithelial and stromal cell growth and proliferation in the prostate. Yuan Jianxing [32] divided 72 BPH patients into a treatment group (n=36) and control group (n=36) by random number table and demonstrated that Wuling Powder significantly improved IPSS score, maximum urinary flow rate, and residual urine volume in BPH patients.

### 3.1.5 Remove Blood Stasis

"Su Wen · Great Theoryon Yin-Yang Corresponding to Nature" [5] cloud "People age to forty and yin qi from half also... age to sixty, the body's qi will be greatly exhausted, and nine orifices are unfavorable." Old people will have qi failure; qi failure is unable to instigate blood vessels, which forms blood stasis. Blood stasis in the urethra will form benign prostatic hyperplasia. From the perspective of male anatomy, blood vessels are easily stasis and sedentary, aggravating the formation of local blood stasis [33]. Wang Jintao [34] took 120 patients with benign prostatic hyperplasia as the object of a clinical study and found that Taohe Chengqi Decoction could reduce the prostate volume and improve the maximum urinary flow rate and residual urine volume clinical effect better than the western medicine alone group.

In addition, TCM treatment of benign prostatic hyperplasia is not restricted to a method at all. Often treatment upon syndrome differentiation, the use of a variety of internal treatment methods combined to achieve both the symptoms and the root causes of treatment, the effect is clear. For example, Professor Zhang Chunhe [19] often takes into account manifestation and root cause by adding drugs that nourish yin and replenish yang after meals in the morning and

evening.

### 3.2 External Treatment of TCM

External treatment with traditional Chinese medicine has the characteristics of simplicity and effectiveness, and acupuncture treatment and traditional Chinese acupoint sticking therapy are commonly used methods for the treatment of BPH with traditional Chinese medicine.

Tao Zhang's meta-analysis demonstrated that<sup>[35]</sup> warm needling was safe and effective in the treatment of LUTS associated with BPH. Wang Shibiao randomly divided 200 cases of elderly patients with BPH into the control group treated with oral finasteride tablets and the experimental group treated with warm acupuncture and moxibustion (Guanyuan, Sanyinjiao, Yinlingquan, and other acupoints). After the end of treatment, the prostate volume decreased, the international prostate symptom score decreased, and the maximum urinary flow rate increased as the efficacy evaluation treatment. The results showed that the total effective rate of the experimental group was significantly better than that of the control group<sup>[36]</sup>. Acupuncture and moxibustion have obvious therapeutic advantages for the treatment of many diseases. The latest meta-analysis by WeiZhang demonstrated<sup>[37]</sup> the reliability of the efficacy and safety of acupuncture in the treatment of benign prostatic hyperplasia.

HuiChen demonstrated that<sup>[38]</sup> moxibustion has good efficacy in BPH. Moxibustion can produce warm stimulation to specific parts of the human body so that vasodilatation can then enhance hemodynamics, reduce vascular resistance, effectively reduce blood viscosity, and improve microcirculatory disorders and hemorheological abnormalities in patients with benign prostatic hyperplasia. Moxibustion treatment can maintain the size of prostate volume; moxibustion reduces prostate-specific antigen levels in patients, regulates the relative stability of prostate epithelial cells, and correspondingly adjusts prostate volume.

Acupoint sticking therapy of drugs directly acts on body surface acupoints, can improve local blood circulation, make the drug transdermal absorption, can stimulate meridians, regulate viscera yin and yang, help the drug to reach the disease site directly, and effectively improve the clinical symptoms Liu Shimin<sup>[39]</sup> and other traditional Chinese medicine pasty attached to Shenque Guanyuan point once a day, 10 for a course of treatment, found that the clinical efficacy of acupoint sticking therapy of traditional Chinese medicine in the treatment of benign prostatic hyperplasia in the elderly is good, worthy of promotion.

## 4. Discussion and Outlook

Traditional Chinese medicine treatment of benign prostatic hyperplasia (BPH) mostly uses the combination of internal treatment of TCM and external treatment of TCM, which can significantly enhance the contractile function of bladder detrusor and pelvic muscles and reduce the prostate volume and then achieve the effect of treating BPH related symptoms. At present, there are the following shortcomings in the treatment of BPH with traditional Chinese medicine: (1) The

standard of TCM syndrome differentiation of benign prostatic hyperplasia has not been unified, and disease differentiation and treatment are mostly based on the experience of clinicians. (2) There is a lack of high-quality theoretical studies on the mechanism of action of TCM treatment of benign prostatic hyperplasia, and there is no high-quality experimental evidence that can be widely used. (3) The recurrence rate of benign prostatic hyperplasia is high with the increase of age. Attention should be paid to the intervention of different treatment methods and the monitoring of relevant indicators according to different clinical manifestations and ages of BPH in order to ensure the efficacy of long-term treatment. In the future, we should pay more attention to the voiding symptoms of BPH patients through early intervention in order to achieve the purpose of prevention of disease, strengthen the study of BPH syndrome differentiation and treatment rules, and experimental study of BPH mechanism of action, to provide more authoritative evidence for clinical medication.

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