PEYRONIE’S DISEASE AND HOMOEOPATHY

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Peyronie’s Disease and Homoeopathy

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Contents
Definition ............................................................................................................. 3
Etiology ............................................................................................................. 3
Epidemiology ..................................................................................................... 3
Anatomy ............................................................................................................ 3
  Glans ............................................................................................................. 3
  Corpus cavernosum .................................................................................. 3
  Corpus spongiosum .................................................................................. 4
Urethra .............................................................................................................. 4
Angle of the penis ............................................................................................ 5
Physiology of erection ..................................................................................... 6
  Full erection phase .................................................................................... 6
  Rigid erection phase .................................................................................. 6
  Relaxation phase ......................................................................................... 6
Types of erection ............................................................................................ 6
  Psychogenic ............................................................................................... 6
  Reflexogenic ............................................................................................... 7
  Nocturnal .................................................................................................... 7
Pathophysiology ............................................................................................ 7
  Acute inflammatory phase ......................................................................... 7
  Fibrotic phase ............................................................................................ 7
Etiology ............................................................................................................ 7
  Injury to the Penis ...................................................................................... 8
  Autoimmune diseases ............................................................................. 8
  Connective Tissue diseases .................................................................... 8
  Family history of Peyronie’s disease ...................................................... 8
  Aging ......................................................................................................... 8
Risk factors ..................................................................................................... 8
Types .............................................................................................................. 9
Standalone Peyronie disease .......................................................................... 9
Definition
Peyronie disease is a connective tissue disorder, characterized by the formation of a fibrotic lesion or plaque (Psora/ Syososis) in the tunica albuginea, which leads to penile deformity, preventing normal stretching, affecting the size and shape of the erect penis as curvature which can make vaginal intromission painful, difficult, or impossible.

Peyronie’s disease begins with inflammation, or swelling, which can become a hard scar.

Etymology
Origin: Named after François Gigot de La Peyronie (1678–1747), A French surgeon

Synonyms: Peyronie’s disease, Peyronie disease, induratio penis plastica (IPP), chronic inflammation of the tunica albuginea (CITA)

Epidemiology
Common in 55-60 years.

Anatomy
The penis is the male sex as well as excretory organ. It has following parts-

Glans
It is head of the penis and covered with pink, moist tissue called mucosa. Covering the glans is the foreskin or prepuce. In circumcised men, the foreskin is surgically removed and the mucosa on the glans transforms into dry skin.

Corpus cavernosum
These are two columns of tissue running along the sides of the penis. Blood fills this tissue to cause an erection.
Corpus spongiosum
It is a column of sponge-like tissue running along the front of the penis and ending at the glans penis. It fills with blood during an erection, keeping the urethra open.

Urethra
The urethra runs through the corpus spongiosum, conducting urine out of the body.
Angle of the penis
The angle of the erect penis or erection angle is determined by its size and its attachment to the puboischial rami (the crura) and the anterior surface of the pubic bone (the suspensory and funiform ligaments). In men with a long heavy penis or a loose suspensory ligament, the angle usually will not be greater than 90 degrees, even with full rigidity.
Physiology of erection
The penile erectile tissues used in erection process involve-

- Cavernous smooth musculature
- Smooth muscles of the arteriolar and arterial walls

In the flaccid state, these smooth muscles remain tonically contracted, allowing only a small amount of arterial flow for nutritional purposes. Erection needs a particular series of events-

An erection begins with sensory or mental stimulation, or both. The stimulus may be physical contact or a sexual image or thought (Psora).

When the brain senses a sexual urge, it sends impulses to local nerves in the penis that cause the muscles of the corpora cavernosa to relax (Psora). As a result, blood flows in through the arteries and fills the spaces in the corpora cavernosa like water filling into a sponge (Psora).

When men get sexually stimulated, the nervous system releases nitric oxide (NO) that stimulates enzyme that produces cGMP (Sycosis) that relaxes the smooth muscle cells. This causes the arteries in the penis to dilate (Psora), allowing the blood to flow more easily into the penis. It also causes the erectile tissue itself to fill with blood. Together this results in an erection. cGMP is normally broken down by phosphodiesterase type 5 (Syphilis). This results in relaxation of these smooth muscles. Following events take place in process of erection-

Full erection phase

- Dilatation of the arterioles and arteries by increased blood flow in both the diastolic and the systolic phases (Psora)
- Trapping of the incoming blood by the expanding sinusoids (Psora)
- Compression of the subtunical venular plexuses between the tunica albuginea and the peripheral sinusoids, reducing the venous outflow (Psora)
- Stretching of the tunica to its capacity, which occludes the emissary veins between the inner circular and the outer longitudinal layers and further decreases the venous outflow to a minimum (Causa occasionalis)
- An increase in PO2 (to about 90 mmHg) and intracavernous pressure (around 100 mm Hg), which raises the penis from the dependent position to the erect state (Psora)

Rigid erection phase

- A further pressure increase (to several hundred millimeters of mercury) with contraction of the ischiocavernosus muscles (Psora)
- The blood creates pressure in the corpora cavernosa, making the penis expand. (Causa occasionalis)
- The tunica albuginea helps trap the blood in the corpora cavernosa, thereby sustaining the erection. (Psora)

Relaxation phase

- The erection ends after climax or after the sexual urge has passed. The muscles in the penis contract to stop the inflow of blood. The veins open and the extra blood flows out of the penis and back into the body. (Psora)

Types of erection
Psychogenic
Psychogenic erection is a result of audiovisual stimuli or fantasy (Psora). Impulses from the brain modulate the spinal erection centers (T11-L2 and S2-S4) to activate the erectile process (Psora).
Reflexogenic
Reflexogenic erection is produced by tactile stimuli to the genital organs (Psora). The impulses reach the spinal erection centers; some then follow the ascending tract, resulting in sensory perception, while others activate the autonomic nuclei to send messages via the cavernous nerves to the penis to induce erection (Psora). This type of erection is preserved in patients with upper spinal cord injury.

Nocturnal
Nocturnal erections occur mostly during rapid-eye-movement (REM) sleep, in which there is-
- Increased activity in pontine area, amygdalas and the anterior cingulate gyrus (Psora)
- Decreased activity in the prefrontal and parietal cortex (Psora)

The mechanism that triggers REM sleep is located in the pontine reticular formation. Now-
- Cholinergic neurons in the lateral pontine tegmentum are activated (Psora)
- Adrenergic neurons in the locus ceruleus and the serontonergic neurons in the midbrain raphe are silent

This differential activation may be responsible for the nocturnal erections during REM sleep.

Pathophysiology
Trauma to the tunica albuginea allows release of transforming growth factor (Psora), activating reactive oxygen species like nitric oxide, which allows collagen deposits and calcification of the plaque that causes the deformity (Psora/ Sycosis).

Penile injuries may rupture blood vessels, which leads to bleeding and swelling inside the layers of the tunica albuginea (Pseudopsora). Swelling inside the penis blocks blood flow through the layers of tissue inside the penis (Causa occasionalis). When the blood flows insufficiently, clots can form and trap immune system cells (Causa occasionalis). As the injury heals, the immune system cells may release substances as nitric oxide that lead to the formation of too much scar tissue by deposition of collagen fibers (Psora/ Sycosis). The scar tissue builds up and forms a plaque inside the penis (Psora/ Sycosis). The plaque reduces the elasticity of tissues and flexibility of the penis during erection, leading to curvature (Causa occasionalis). The plaque may further harden because of calcification.

There are two phases of the disease manifestation-

Acute inflammatory phase
It may be associated with pain in the flaccid state or painful erections and a palpable nodule or plaque in the tunica of the penis and typically a penile curvature begins to develop (Psora/ Sycosis/ Syphilis).

Fibrotic phase
With the formation of hard palpable plaques calcification may superimpose, resulting in disease stabilization (Sycosis). Pain is present in early stages of the disease which tends to resolve with time in 90% of men, usually after one year of the disease onset.

Etiology
Repetitive microvascular injury or trauma to the tunica albuginea leads to scarring (Psora/ Sycosis/ Syphilis). A prolonged inflammatory response results in the remodeling of connective tissue into a fibrotic plaque (Sycosis). Penile plaque formation can result in curvature (Causa occasionalis).
Injury to the Penis
Injuries may be caused by vigorous sexual or nonsexual activities. Hitting or bending the penis may injure the tissues inside as during sex, athletic activity, or an accident. (Causa occasionalis)

Inappropriate angle of insertion of penis into vagina causing undue bending
When woman is on top she usually controls the movement with her entire body weight landing on the erect penis, not being able to interrupt it when the penis suffers a wrong way penetration, because the harm is usually minor in woman with no pain but major in the penis. (Causa occasionalis)

Autoimmune diseases
When the immune system attacks cells in the penis, inflammation can cause scarring (Psora/ Sycosis/ Syphilis).

Connective Tissue diseases
- Dupuytren’s disease—an abnormal cordlike thickening across the palm of the hand may manifest Peyronie disease. (Psora/ Sycosis)
- Plantar fasciitis—inflammation of the plantar fascia. (Psora/ Sycosis)
- Scleroderma—abnormal growth of connective tissue, causing it to get thick and hard, causing swelling or pain in muscles and joints. (Psora/ Syphilis/ Sycosis)
- Systemic lupus erythematosus— inflammation and damage to various body tissues, including the joints, skin, kidneys, heart, lungs, blood vessels, and brain. (Psora/ Syphilis/ Sycosis)
- Sjögren’s syndrome—inflammation and damage to the salivary and lachrymal glands. (Psora/ Sycosis)
- Behcet’s syndrome—inflammation of the blood vessels. (Psora/ Sycosis)

Family history of Peyronie’s disease
A man whose father or brother has Peyronie’s disease may have an increased chance of getting the disease. (Syphilis)

Aging
Age-related changes in the elasticity of tissues in the penis may cause it to be more easily injured and less likely to heal well. (Psora/ Syphilis)

Risk factors
- Diabetes (Tubercular)
- Hypertension (Psora/ Sycosis)
- Dyslipidemia (Psora/ Sycosis)
Peyronie’s Disease and homoeopathy

- Ischaemic cardiopathy (Psora / Sycosis/ Syphilis)
- Erectile dysfunction (Psora)
- Smoking (Psora/ Syphilis)
- Alcoholism (Psora)
- Dupuytren’s contracture (Psora / Sycosis/ Syphilis)

Types

Standalone Peyronie disease
When the disease develops due to local causes.

Peyronie Disease associated with systemic diseases
When it is associated with other systemic or autoimmune disorders.

Symptoms

Symptoms may be mild to severe which may develop slowly or quickly. Often, the pain decreases over time, but the curve in the penis may persist in severe cases.

- Hard lumps on one or more sides of the penis (Sycosis)
- Pain during sexual intercourse or during an erection (Causa occasionalis)
- Hearing loud crack after injury with pain and bruising of the penis (Causa occasionalis)
- A curve in the penis either with or without an erection (Causa occasionalis)
- Narrowing or shortening of the penis (Causa occasionalis)
- An hour-glass deformity or constriction to one side of the penis (Causa occasionalis)
- Erectile dysfunction (Psora)
- Difficult to get or keep an erection. In some cases, the penis only becomes hard up to the area of the scar and stays flaccid distally (Causa occasionalis)

Diagnosis

It is based on-

Medical and Family History
- Ability to have an erection
- Appearance of the symptoms
- Duration of the disease
- Penile pain
- Change of penile deformity
- Difficulty in vaginal intromission due to deformity
- Family history
- Concomitants
- Other medical conditions if any, medications etc.

Physical examination
- Assessment of palpable nodules
- Penile length
- Extent of curvature- self-photograph, vacuum-assisted erection test or pharmacological-induced erection
- Any other possibly related diseases- Dupuytren’s contracture, Ledderhose disease

Imaging
- Ultrasound
Complications

Inability to perform sexual intercourse

- Erectile dysfunction
- Anxiety or stress, due to distortion of the penis or sexual disabilities
- Problems fathering a child

Differential Diagnosis

Not all lumps in the penis are Peyronie disease. Small bumps, cysts and pimples on the outside of the penis and scrotum are also quite common and usually harmless.

Penile cancer usually starts with a tender spot or wart-like bump on the outside of the penis and there may be bleeding and unusual discharge from the penis.

Treatment

Surgical Treatment

Conservative treatment for Peyronie’s disease usually resolves it. Surgery is only indicated in patients with penile curvature that does not allow satisfactory intercourse.

Nonsurgical Treatment

Target is to decrease penile curvature, plaque size, and inflammation.

Lifestyle Changes

- Quitting smoking
- Reducing alcohol consumption
- Exercising regularly
- Avoiding drugs to increase erection time
- Avoiding inappropriate sex techniques which threaten the penis to be injured due to wrong angle of insertion into vagina e.g.-
  - Classic Spooning Style
  - Regular Missionary Style
  - Leapfrog or Doggy Style
  - Contemporary Spooning Style
  - Reverse Cowgirl Style etc.
Homoeopathic treatment

Reperatory of Peyronie Disease

Peyronie’s Disease and homoeopathy

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Peyronie's Disease and homoeopathy

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Radar 10