

The Effect of Nanotechnology Structured Water on Lower Urinary Tract Symptoms in Men with Benign Prostatic Hyperplasia: A Double-Blinded Randomized Study

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Abstract : Introduction and Objectives Lower urinary tract symptoms (LUTS) are common among men with benign prostatic hyperplasia (BPH). The combination of 5 alpha-reductase inhibitors and alpha-blockers has been used as a conservative treatment of male LUTS secondary to BPH. Nanotechnology structured water magnalife is a type of water that is produced by modulators and specific frequency and energy fields that transform ordinary water into this Nanowater. In this study, we evaluated the use of Nano-water with the conservative treatment and to see if it improves the outcome and gives better results in those patients with LUTS/BPH. Material and methods For a period of 3 months, 200 men with International Prostate Symptom Score (IPSS) ≥ 13 , maximum flow rate (Qmax) ≤ 15 ml/s, and prostate volume > 30 and < 80 ccs were randomly divided into two groups. Group A 100 men were given Nano-water with the (tamsulosin dutasteride) and group B 100 men were given ordinary bottled water with the (tamsulosin dutasteride). The water bottles were unlabeled and were given in a daily dose of 20ml/kg body weight. Dutasteride 0.5mg and tamsulosin 0.4 mg daily doses. Both groups were evaluated for the IPSS, Qmax, Residual Urine (RU), International Index of Erectile Function-Erectile Function (IIEF-EF) domain at the beginning (baseline data), and at the end of the 3 months. Results Of the 200 men with LUTS who were included in this study, 193 men were followed, and 7 men dropped out of the study for different reasons. In group A which included 97 men with LUTS, IPSS decreased by 16.82 (from 20.47 to 6.65) ($P < 0.00001$) and Qmax increased by 5.73 ml/s (from 11.71 to 17.44) ($P < 0.00001$) and RU < 50 ml in 88% of patients ($P < 0.00001$) and IIEF-EF increased to 26.65 (from 16.85) ($P < 0.00001$). While in group B, 96 men with LUTS, IPSS decreased by 8.74 (from 19.59 to 10.85) ($P < 0.00001$) and Qmax increased by 4.67 ml/s (from 10.74 to 15.41) ($P < 0.00001$), RU < 50 ml in 75% of patients ($P < 0.00001$), and IIEF-EF increased to 21 (from 15.87) ($P < 0.00001$). Group A had better results than group B. IPSS in group A decreased to 6.65 vs 10.85 in group B ($P < 0.00001$), also Qmax increased to 17.44 in group A vs 15.41 in group B ($P < 0.00001$), group A had RU < 50 ml in 88% of patients vs 75% of patients in group B ($P < 0.00001$). Group A had better IIEF-EF which increased to 26.65 vs 21 in group B ($P < 0.00001$). While the differences between the baseline data of both groups were statistically not significant. Conclusion The use of nanotechnology structured water magnalife gives a better result in terms of LUTS and scores in patients with BPH. This combination is showing improvements in IPSS and even in erectile function in those men after 3 months.

Keywords : nano water, lower urinary tract symptoms, benign prostatic hypertrophy, erectile dysfunction

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