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EFFECTIVENESS OF HOMOEOPATHY IN CASE OF UROLITHIASIS- A CASE REPORT

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ABSTRACT

Renal lithiasis, commonly termed kidney stones, is a prevalent urological condition characterized by the formation of crystalline concretions primarily within the kidneys. This pathological process affects approximately 12% of the global population, posing a significant health risk, including the potential progression to end-stage renal disease. The intricate etiology of kidney stones involves a complex interplay of physicochemical factors and cellular mechanisms. This article deals with a male patient with renal calculi 4.3 mm in left lower ureter and 4mm in upper calyx of left kidney, presenting with complaint of severe pain in left lumbar region along with left ureter and extending to back with nausea and vomiting and rumbling in abdomen and flatulence. On basis of acute totality IPOMOEA 30 was prescribed on therapeutic indication.

KEYWORDS: Urolithiasis, homoeopathy, individualized medicine, renal stone.

INTRODUCTION

Kidney stones, solid formations arising from crystal agglomeration within the kidneys, can impact any part of the urinary tract. Their development is a multifaceted process influenced by genetic, dietary, and environmental factors. This review aims to provide a comprehensive understanding of kidney stone formation, its associated symptoms, conventional treatment modalities, and the potential role of homeopathy in management.[1,2]

TYPES OF RENAL CALCULI

Calcium-based stones: Predominantly composed of calcium oxalate or calcium phosphate, these are the most frequent type. Dietary factors and metabolic imbalances often contribute to their formation.

Infection stones: Primarily struvite, these stones are associated with urinary tract infections.

Uric acid stones: Resulting from elevated uric acid levels, these stones are linked to conditions such as gout.

Cystine stones: Less common, these stones are caused by a genetic disorder leading to excessive cystine excretion.[2,3]

PATHOGENESIS OF RENAL LITHIASIS

Renal stone formation is a complex process involving multiple stages:

Supersaturation: An excess of stone-forming substances in urine.

Nucleation: The initiation of crystal formation around a core.

Growth: The enlargement of crystals through mineral deposition.

Aggregation: The clustering of crystals to form larger stones.

Retention: The trapping of stone components within renal tubular cells.[2]

RISK FACTORS AND CLINICAL MANIFESTATIONS

Several factors predispose individuals to renal lithiasis, including dehydration, dietary habits, genetic predisposition, metabolic disorders, and certain medications. Clinical presentation varies based on stone size and location. Common symptoms encompass severe flank pain, hematuria, dysuria, urinary frequency, nausea, vomiting, and in severe cases, fever and chills.[3,4]

ETIOLOGY

Renal stones, or kidney stones, form due to various factors that promote the crystallization of minerals in the urine. Key etiological factors include:

Dehydration: Inadequate fluid intake leads to concentrated urine, increasing the likelihood of stone formation.

Diet: A diet high in calcium, oxalate, and sodium can contribute to stone formation, as can a diet low in fiber and high in animal proteins.

Genetic Factors: A family history of kidney stones can increase susceptibility.

Metabolic Disorders: Conditions such as hyperparathyroidism or cystinuria can lead to excessive excretion of stone-forming substances.

Obstructive Uropathy: Conditions causing urine to become stagnant in the kidneys, such as anatomical abnormalities or prostate issues, can promote stone formation.

Certain Medications: Some drugs, including diuretics and certain antacids, can increase the risk of kidney stones.

Medical Conditions: Diseases like gout, inflammatory bowel disease, and recurrent urinary tract infections can predispose individuals to stones.

Addressing these risk factors through lifestyle modifications and medical treatment can help prevent kidney stone formation.[4,5]

CLINICAL FEATURES

Renal stones, or kidney stones, can present with various clinical features depending on their size, location, and whether they cause any obstruction or inflammation. Common clinical features include:

Flank Pain: Often described as severe, colicky pain in the back or side, which may radiate to the lower abdomen or groin.

Hematuria: The presence of blood in the urine, which may be visible to the naked eye or detected through a urine test.

Dysuria: Painful or burning sensations during urination.

Frequency and Urgency: An increased need to urinate or a feeling of urgency.

Nausea and Vomiting: Often associated with severe pain or obstruction.

Fever and Chills: If there is an associated infection, such as pyelonephritis.

Cloudy or Foul-Smelling Urine: Sometimes indicative of an infection.

If you suspect you have kidney stones or experience severe symptoms, it is crucial to seek medical evaluation for proper diagnosis and management.[4,6]

CONVENTIONAL MANAGEMENT[4,5,6]

Diagnosis typically involves imaging studies and urine analysis. Treatment strategies depend on stone size, location, and associated symptoms. Options range from conservative measures like hydration and pain management to interventional procedures such as lithotripsy, ureteroscopy, or percutaneous nephrolithotomy.[4,5,6]

DIAGNOSIS AND TREATMENT

The diagnosis of kidney stones typically involves imaging techniques such as ultrasound, CT scans, or X-rays, along with urine tests to determine the type of stone and identify any underlying conditions. Treatment strategies vary depending on the size and type of the stone:

Small Stones: Often managed with increased hydration and pain relief.

Larger Stones: May require medical procedures such as extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, or percutaneous nephrolithotomy (PCNL).

Medications: Used to manage pain or target specific types of stones, such as diuretics for calcium stones or allopurinol for uric acid stones.[5,6]

PREVENTION

Preventive measures include maintaining adequate hydration, making dietary changes, and taking medications to manage underlying conditions and prevent the recurrence of stones. Understanding the factors contributing to kidney stone formation, along with effective management strategies, can help reduce their impact and prevent future occurrences.[4,6]

CASE REPORT

A male patient of age 37 years reported to OPD of Shree Shyam Homoeopathic Clinic on 20th June 2024 with severe pain in left lumbar region and along the left ureter extending to back from 4 days. Nausea from 3 days with vomiting. USG report of dated 18 june 2024 Approximately 4.3 mm sized calculus is seen in left lower ureter (just proximal VUJ) with resultant mild back pressure changes in form of hydrouretronephrosis. Approximately 4.3mm in size calculus seen in upper calyx of left kidney. Tiny bilateral renal concretions noted. Rumbling in abdomen with flatulence and distension of abdomen.

History of presenting complaints

Patient was apparently well, from last 4 days having complaint of severe pain left lumbar region along with left ureter and extending to back with nausea and vomiting from last 3 days, he took analgesic for temporary relief.

Family history- family history of urolithiasis is present.

Examination- on examination of abdomen tenderness present in left lumbar region and left iliac region.

Diagnosis- Diagnosis was based on the clinical history and USG reports finding on 18 Juane 2024 which reported Approximately 4.3 mm sized calculus is seen in left lower ureter (just proximal VUJ) with resultant mild back pressure changes in form of hydrouretronephrosis.

Approximately 4mm in size calculus seen in upper calyx of left kidney. Tiny bilateral renal concretions noted.

Totality of symptoms

severe pain in left lumbar region and along the left ureter and extending to back from 4 days.
Nausea from 3 days with vomiting.
Rumbling in abdomen with flatulence and distension of abdomen.

Prescription

IPOMOEA 30/QID for 7 days.

Justification of remedy

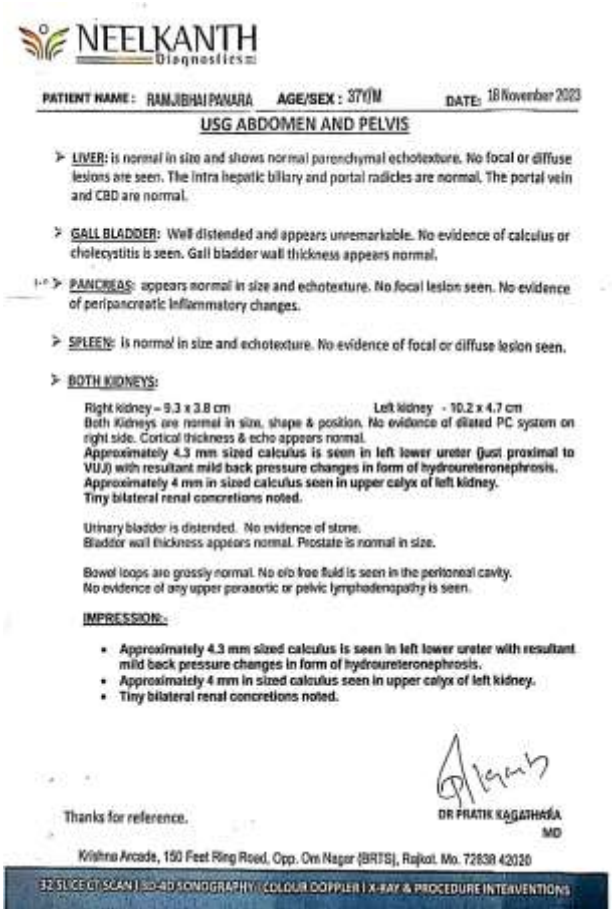
On the basis of acute totality of symptoms IPOMOEA 30 was prescribed as it has symptoms stated as Severe pains in left kidney with paroxysms of pain running along ureter and in back; nausea and occasional vomiting. Renal Calculus.

General Management

The patient is advised to avoid oxalate foods such as nuts, milk, spinach, etc. Drink Plenty of water and daily walk for 45 mins.

Follow up

Date	Symptoms	Medicine
27 November 2023	severe pain in left lumbar region and along the left ureter and extending to back. Nausea and vomiting. Rumbling in abdomen with flatulence and distension. VAS- 9	IPOMOEA 30/QID for 7 days.
4 December 2023	Pain in left lumbar region along with left ureter. Flatulence.VAS- 6	IPOMOEA 30/TDS for 7 days.
11 December 2023	Pain in left lumbar region. Flatulence.VAS-3	IPOMOEA 30/TDS for 7 days.
18 December 2023	Pain better. VAS-0. USG advised.	Phytum 30/TDS for 7 days.
25 December 2023	No symptoms. USG reported no renal or ureteric calculus.	Phytum 30/BD for 7 days.



NEELKANTH Diagnostics

PATIENT NAME : RAMJIBHAI PANARA AGE/SEX : 37Y/M DATE: 18 November 2023

USG ABDOMEN AND PELVIS

- LIVER: is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- GALL BLADDER: Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- PANCREAS: appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- SPLEEN: is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- BOTH KIDNEYS:

Right kidney – 9.3 x 3.8 cm Left kidney - 10.2 x 4.7 cm
Both Kidneys are normal in size, shape & position. No evidence of dilated PC system on right side. Cortical thickness & echo appears normal.
Approximately 4.3 mm sized calculus is seen in left lower ureter (just proximal to VUJ) with resultant mild back pressure changes in form of hydroureteronephrosis.
Approximately 4 mm in sized calculus seen in upper calyx of left kidney.
Tiny bilateral renal concretions noted.

Urinary bladder is distended. No evidence of stone.
Bladder wall thickness appears normal. Prostate is normal in size.

Bowel loops are grossly normal. No e/o free fluid is seen in the peritoneal cavity.
No evidence of any upper paraaortic or pelvic lymphadenopathy is seen.

IMPRESSION:-

- **Approximately 4.3 mm sized calculus is seen in left lower ureter with resultant mild back pressure changes in form of hydroureteronephrosis.**
- **Approximately 4 mm in sized calculus seen in upper calyx of left kidney.**
- **Tiny bilateral renal concretions noted.**

Thanks for reference.

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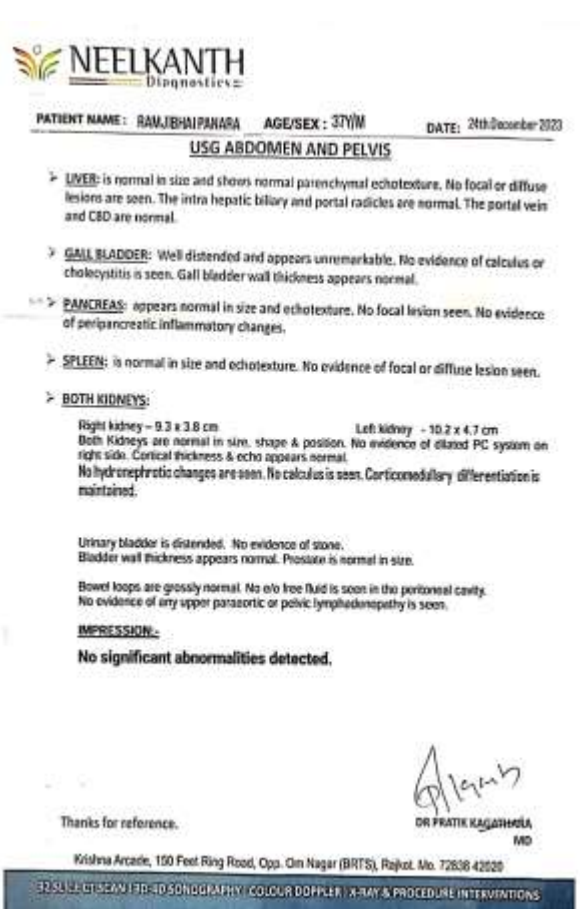
32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



NEELKANTH Diagnostics

PATIENT NAME : RAMJIBHAI PANARA AGE/SEX : 37Y/M DATE: 24th December 2023

USG ABDOMEN AND PELVIS

- LIVER: is normal in size and shows normal parenchymal echotexture. No focal or diffuse lesions are seen. The intra hepatic biliary and portal radicles are normal. The portal vein and CBD are normal.
- GALL BLADDER: Well distended and appears unremarkable. No evidence of calculus or cholecystitis is seen. Gall bladder wall thickness appears normal.
- PANCREAS: appears normal in size and echotexture. No focal lesion seen. No evidence of peripancreatic inflammatory changes.
- SPLEEN: is normal in size and echotexture. No evidence of focal or diffuse lesion seen.
- BOTH KIDNEYS:

Right kidney – 9.3 x 3.8 cm Left kidney - 10.2 x 4.7 cm
Both Kidneys are normal in size, shape & position. No evidence of dilated PC system on right side. Cortical thickness & echo appears normal.
No hydronephrotic changes are seen. No calculus is seen. Corticomedullary differentiation is maintained.

Urinary bladder is distended. No evidence of stone.
Bladder wall thickness appears normal. Prostate is normal in size.

Bowel loops are grossly normal. No e/o free fluid is seen in the peritoneal cavity.
No evidence of any upper paraaortic or pelvic lymphadenopathy is seen.

IMPRESSION:-

No significant abnormalities detected.

Thanks for reference.

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32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS

BEFORE **AFTER**

CONCLUSION

Therapeutic indications of medicine help in organopathic prescription. Importance and benefits of therapeutic prescription is discussed in this article with beneficial results. Such prescription are beneficial for acute cases when symptoms agree. Rare medicine like Ipomoea are only given as organopathic prescription.[7]

This case report shows us that homoeopathic medicine prescribed on the basis of therapeutic indications is effective in treatment of urolithiasis.

REFERENCES

1. Dawson C.H., Tomson C.R; Kidney stone disease: pathophysiology, investigation and medical treatment; ClinMed(Lond), Oct. 2012; 12(5): 467-471.
2. Prashant Nuval, Krimal Patel, JD Kayalvizhi, Abhilasha Sonwane. Renal stone treatment: a holistic approach with homoeopathy. Int J Health Sci Res., 2023; 13(10): 93-97.
3. Barnela SR, Soni SS, Saboo SS, Bhansali AS. Medical management of renal stone. Indian J Endocr Metab, 2021; 16: 236-9.

4. Hati AK, Rath S, Nayak C, Raj I, Sahoo AR, Paital B, Successful treatment of ureteric calculi with constitutional homoeopathic medicine Lycopodium clavatum: A Case report, Journal of Drug Delivery & Therapeitics, 2018; 8(6): 1-7.
5. Mukherjee HK, Das D, Haque S; Non-surgical Expulsion of Renal Stones with Homoeopathic Remedies, Febuary 2018; 7,2(E): 9908-9918.
6. Leslie SW, Hussain S, Patrick B, Murphy:Renal Calculi, Nephrolithiasis; National Library of Medicine.
7. Hering C. Herings guiding symptoms of our material medica: volume 5.B. Jain Publishers. New Delhi, India, 2023.