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Urolithiasis individuilised homoeopathic treatment: An evidence based case report

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Abstract

Urinary tract stones or urolithiasis are common urological problem in India due to multifactorial. Prevalence and recurrence of urinary calculi is increasing rapidly in present condition all over India. If a calculi more than 0.5 cm diameter can cause painful ureteric obstruction and size more than 0.7 cm may always require surgical intervention, as believed in conventional medicine. Recurrences of calculi are very common even after repeated surgical removal. Individualized Homoeopathic medicines can offer holistic approach in treating cases non-invasively. Homoeopathic medicines are natural, safe, cost-effective, and result-oriented and being constitutionally can address these factors also by treating the underlying root cause and preventing the recurrence. Therefore, the present article aims to treat urinary calculi through individualized constitutional Homoeopathic treatment.

Case Summary: A 32 years married old male patient presented with intermittent severe pain in the left renal region for 3 days associated with urinary complaints. A 16 mm calculus was found in the urinary bladder, left distal ureter causing left-sided mild hydroureteronephrosis as per USG abdomen report. According to case analysis of symptoms similarity and plant kingdom sensitivity theme, Hamamellidae subclass, Urticales order and Cannanbinacea family with malarial miasm Cannabis Sativa in different potencies was prescribed as per case need. Subsequently, the large bladder stone was expelled within a week another small ureteric stone (7 mm) expelled in urine after Homoeopathic medication. The pain and urinary complaints was completely relieved, and the USG abdomen also shown significant change of calculi size and position and patient still under observation and follow-up. On the basis of the patient's expression, plant kingdom analysis, miasmatic and personal evolution model application in renal and bladder stone suggests that homoeopathic medicine can enable expulsion of a relatively bigger renal stones and check recurrence. However, more conclusive researches are required in future.

Keywords: Urolithiasis, personal evolution model, themes, homoeopathy

Introduction

Urinary tract stones are most prevalent in Asian countries urology practice. In the context of India, kidney stone disease is prevalent, with an expectancy of 12% in a total population reported to be prone to urinary stones. Urinary tract stones can be found in many locations, such as the kidney, ureter, urethra, and bladder. Common clinical presentation of urinary track stones is acute renal colic due to obstruction. With symptoms of intermittent, colicky flank pain that typical radiate to the lower abdomen or groin, often associated with nausea and vomiting. As stone enters the ureter, the lower urinary tract symptoms occur such as dysuria, urgency, and frequency. Despite the best available medical and surgical procedures in conventional medicine for renal stones, the success rate is inadequate, along with recurrence of same condition. Homoeopathic treatment is based on Similia principle with constitutional approach for management of any disease including urolithiasis. The fundamental principle of Homoeopathy is that it treats the patient as a whole. Previous literature on Homoeopathy evident that there is broad scope in the treatment of renal calculi but need for evidence-based study on the safety and efficacy of homoeopathy. A prospective, multicentric observational study on urolithiasis, was conducted by Central Council for Research in Homoeopathy (CCRH) in which 106 cases reported of expulsion of calculi out of 220 cases with benefitted individual remedies were Lycopodium, Sulphur, Pulsatilla, Nux Vomica and Cantharis^[1-4].

These published research reports show that constitutional homoeopathic treatment based on kingdom themes and personal evolution model (PEM) has plenty of scope for the treatment of renal stone. The present case also reports expulsion of a bladder and ureteric stone more than 0.7 cm diameter size with homoeopathic medicine.

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Materials and Methods

Case history: Mr S.R. aged about 32 years married male working in cloth shop presented with following complaints.

History of presenting complaints: pain in left loin radiating to left loin up to bladder, severe burning in along the urethra before urination extending from glans penis to bladder since 3 days, USG abdomen (22-08-23) reveled 16 mm calculi noted at left vesicoureteric junction with gross cystitis, Bilateral renal calculi.

Personal History

Nature of the patient: patient is very sensitive to pain, hurried and hasty during pain with restless and wants immediate relief from pain. Heavy feeling in loin before urination and feel light after passing urine, obstructed feeling in urethra with burning pain makes the patient more anxious.

Physical Generals: Lean built

Appetite: Normal. Bowels: Constipated Thirst: Increased for cold water Sweat: Normal Habits: Chewing pan and raja Thermal: Hot patient

Past History: Recurrent urinary tract infections after marriage treated with allopathic medication

Evaluation of symptoms and rubrics taken

1. Restless and hurry	5. Sore bruised pain in loin
2. Industrious- activity desire	6. Bladder stones
3. Thirsty during pain	7. Cystitis, burning hot urine
4. Renal pain extend to bladder	8. Pain in urethra before urination

Reportorial Result: Complete repertory: Puls -18/8, Canth -17/8, Nuv Vom -16/8, Can Sat 15/8, Apis-15/7, Bell-15/7, Lyco-15/6.

Remedy Name	Puls	Canth	NUKY	Berb	cames	Npls	Bell	Merc	Sulph	130
Totality	18) [17]) [16]	15	15	15) [15]) [15]) [15]	15
Symptom Covered	8) 🔒) 🔒) 🛛 🛛	8	7) 🔽) 🔽) 🔽	6
[C] [Mind]Restlessness, nervousness:Tendency:	3) 🚺) 🔼) 🚺	2	2) 🔳) 🔳) 🔳) 🔳
[C] [Mind]Hurry, haste:Tendency:	2) (1) 2) 🚺	1	1) 2) 🔁) 🔁) 🚺
[C] [Mind]Industrious, mania for work:	1	$) (\square)$) 🚺		2	2) 🚺) 🚺) 🚺) 3
[C] [Stomach]Thirst:Pains:With:) 🚺								
[C] [Kidneys]Pain:Sore, bruised:	3) 2	2) 3	2	2) 🚺) 🚺		
[C] [Kidneys]Pain:Radiating:Extending:Bladder, to:	i () () 🚺						
[C] [Bladder]Calculi:	2) 🔁	2) 3	1		2) 1	3
[C] [Bladder]Inflammation:	3) (3) 2) 2	1	3)) 2) 2) 3
[C] [Urethra]Pain:General:Urination:Before:	2) 🔳) 2) 🔁	3	2) 2) 2	
[C] [Urine]Burning, hot:	2) 🔁) 3) 🔁	3	3) 🔁) 🔁) 3) 2
] 🗌) () 🚞) 🗍) 🚞) 🚞	
•	•									

Analysis of case as per Personal evolution model and themes

Kingdom: Plant due to sensitivity with many modalities

Sub class as per Dr. Yakir plant chart: Hamamellidae-Heavy versus light feeling

Order: Urticales- sensitive borders- recurrent urinary tract infection

Family: Cannabinacea: hurry, activity desire and raja addiction

Miasm: Malarial- intermittent pain and struck feeling Inner age of patient: Infancy stage- Need immediate relief from pain

Remedy selection: Cannabis Sativa

Treatment and follow up:

Table 1: Follow up details of constitutional prescription
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Date	Signs and symptoms	Prescription			
23-08- 2023	Pain in left side of loin associated with Severe burning pain in urethra before urination. Increased frequency of urine with restless and hurried. USG Abdomen reveled 16 mm calculus at left vesico ureteric junction, gross cystitis.	Cannabis Sativa 30 3 doses Sac lac TID for 3 days.			
26-08- 2023	Burning pain in urethra decreased and pain in loin no change.	Cannabis Sativa 200 3 doses, Sac lac TID for 3 days.			
30-08- 2023	Large 16 mm vesicle calculi expelled last night in urine with decrease of urinary frequency and pain.	Placebo 1 dose, Sac lac TID for 3 days.			
05-09- 2023	Small 7 mm ureteric calculi expelled in urine yesterday morning with burning pain along urethra.	Cannabis Sativa 1M 1 dose, Sac lac TID for 1 week.			
11-09-	Patient complaining of pain in right side of loin radiate to groin with nausea. Since 1 day. Mild	Cannabis Sativa 1M 1 dose,			

2023	burning in hypogastric area before urination. Advised USG abdomen reveled mild rt hydro uretero	Sac lac TID for 1 week.
	nephrosis with vesico ureteric junction calculus and cystitis	
15-09-	No pain in loin and burning urination also decreased.	Placebo 1 dose, Sac lac for 2
2023		weeks.
30-09-	Desced small calculi in uring, no pain in Join, no huming uringtion	Placebo 1 dose, Sac lac for 2
2023	Passed small calculi in urine, no pain in loin, no burning urination	weeks.

Diagnostic assessment: USG of abdomen of abdomen dated 22 august 2023 showed 16 mm calculus at the left ureterovesicle junction with gross cystitis, bilateral renal calculus. Urolithiasis symptoms score (USS) was used to

evaluate the symptoms of the patient at the first visit and subsequently at each follow-up. After evaluation on the first visit USS score was 21 which is categorized as severe [Table 2].

Urolithiasis symptoms	Date of follow-up with Urolithiasis symptoms score									
Ci ontinusis symptoms	23-08-23	26-8-23	30-08-23	05-09-23	11-09-23	15-09-23	30-09-23			
Pain/Colic	3	2	1	0	0	0	0			
Haematuria	2	1	0	0	0	0	0			
Dysuria	3	2	1	0	0	0	0			
Stone	2	2	2	1	1	1	1			
Size of stone	3	3	3	3	3	3	3			
Position of stone in kidney	3	3	3	3	3	3	3			
Position of stone in ureter	2	1	1	1	1	1	1			
Position of stone in bladder	3	3	0	0	0	0	0			
Symptoms Score/Total Score (22)	21/22	17/22	11/22	8/22	8/22	8/22	8/22			

Table 2: Follow up details of constitutional prescription

Color plates of case result



Fig 1: Expelled bladder stone



Fig 2: Expelled ureteric stone

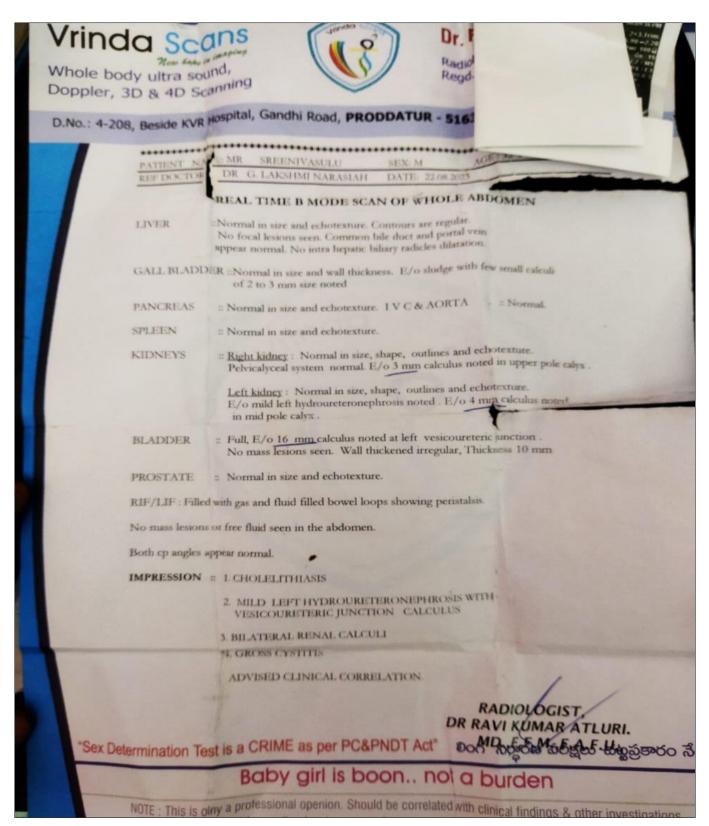


Fig 3: USG abdomen before treatment

	Hospital, Gandhi Road, PRODDATUR - 516360. Y.S.R. Kadapa Dist. A.P.
****	**************************************
REF DOCTOR	ME:: MR SREENIVASULLU SEX: M AGE : 32 Y
	DATE: 11.09.2023
	REAL TIME B MODE SCAN OF WHOLE ABDOMEN
LIVER	Normal in size and echotexture. Contours are regular. No focal lesions seen. Common bile duct and portal vein appear normal. No intra hepatic biliary radicles dilatation.
GALL BLAD	DER ::Normal in size and wall thickness. E/o sludge with few small calculi of 2 to 3 mm size calculus noted in neck region
PANCREAS	:: Normal in size and echotexture. IVC & AORTA :: Normal.
SPLEEN	:: Normal in size and echotexture.
KIDNEYS	# <u>Right kidney</u> : Normal in size, shape, outlines and echotexture. E/o mild right hydroureteronephrosis noted. No calculus noted
	Left kidney : Normal in size, shape, outlines and echotexture. Pelvicalyceal system normal. E/o 4 mm size calculus noted in mid pole calyx
BLADDER	# Full, E/o 7 mm calculus noted at right vesicoureteric junction . No mass lesions seen. Wall thickened irregular, Thickness 6 mm
PROSTATE	:: Normal in size and echotexture.
RIF/LIF : Filled	l with gas and fluid filled bowel loops showing peristalsis.
No mass lesions	or free fluid seen in the abdomen.
Both cp angles a	ppear normal.
MPRESSION	: 1. CHOLELITHIASIS
	2. MILD RIGHT HYDROURETERONEPHROSIS WITH VESICOURETERIC JUNCTION CALCULUS
	3. LEFT RENAL CALCULI
	4. CYSTITIS
	ADVISED CLINICAL CORRELATION.
in ation To	st is a CRIME as per PC&PNDT Act" کې
rmination le	Baby girl is boon not a burden

Fig 4: USG abdomen after treatment

Discussion

Common age group of urinary tract stones in Asian countries between 30-60 years and urinary bladder stones account for 5% of all occurrences of urinary tract stones. In the presented case the urinary bladder stone of size 16 mm and ureteric calculi 7 mm are expelled after individualized homoeopathic treatment without surgical intervention. The patient presented with pain along associated with urinary symptoms on the basis of qualitative totality Cannabis Sativa was prescribed. Cannabis Sativa not only covered the pathology and also themes of case which are heavy versus light in Hamamellidae, immediate gratification and also characteristic radiating pain and nature of patient which resulted expulsion of both ureteric as well as bladder calculi. There was marked improvement in the pathology as well as in patient since the first visit also evident by the USS which reduced from 21 to 11 in 7 days. Further, successive medication reduced it to 8 in next 3 days and expulsion of

the stone in 6 days. This case report demonstrates management of urinary tract stone cases by application of kingdom themes and personal evolution model in the selection constitutional homoeopathic medicine, especially when recurrence is expected. It is though very important to strictly follow the principles laying the foundation of homoeopathy, which are essential for the successful treatment. However, to further substantiate the role of homoeopathy in renal stone, clinical trials are warranted with large sample size.

Conclusion: Homoeopathy has potential scope in the treatment of urolithiasis and successfully treated in this case of multiple renal and bladder stones. Although kidney stones are considered a case of surgery under conventional system, individualized homoeopathic constitutional medicine Cannabis Sativa based on family themes and PEM model helped expel of calculi without surgical intervention.

Conflict of Interest Not available

Financial Support

Not available

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