Renal Stone Treatment: A Holistic Approach with Homoeopathy

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DOI: https://doi.org/10.52403/ijhsr.20231013

ABSTRACT

The treatment of renal stones with Platina 1M in homoeopathy is described in this succinct case report. According to homeopathic principles, the remedy was chosen based on the patient's particular symptoms and unique constitution. Platina 1M, when used in low doses, significantly reduced pain, elevated wellbeing, and improved urine function. This instance highlights the effectiveness of homoeopathy as a non-invasive, individualized strategy for managing kidney stones, promoting more research in this area and emphasizing its potential.

Keywords: Renal calculi, Homoeopathy, Platina, Renal colic, Holistic Approach, Symptoms

INTRODUCTION

Kidney stones are mineral deposits found in the renal calyces and pelvis, either free or attached to the renal papillae (1). It is the most prevalent condition third nephrology, with significant morbidity, socioeconomic impact, and low mortality rates (2). It has been associated with an increased risk of end-stage renal failure (3). The cause of kidney stones can vary among individuals, and often, multiple factors interact to increase the risk. The most common type of kidney stone is calcium oxalate formed at Randall' s plaque on the renal papillary surfaces (4). Individuals who have kidney stones should seek medical evaluation and guidance to determine the underlying factors contributing to their stone formation.

Epidemiology:

Kidney stones are a widespread issue that affects people all over the world. The renal stone disease belt in India spans across Maharashtra, Gujarat, Rajasthan, Punjab, Haryana, Delhi, Madhya Pradesh, Bihar, and West Bengal states (5). The annual prevalence is estimated to be around 3-5%, and the lifetime prevalence is approximately 15-25%. After the first occurrence, the chance of recurrence within the first year is

14%, within the fifth year is 35%, and within the tenth year is 52%. (6)

Etiology:

Urolithiasis can be caused by a variety of factors, including inadequate hydration or diet, climatic conditions such as a very hot climate, the use of certain medications, urethral strictures and other abnormalities of the urinary system, hyperparathyroidism, vitamin A and D deficiency, chronic inflammatory diseases (pyelonephritis, cystitis), abnormalities of the urinary system, and genetic factors. (7)

Types of renal stone:

Proteins combine with both organic and inorganic crystals to form kidney stones. Up to 80% of all stones contain calcium, which renders them the most prevalent variety. Among these, calcium oxalate, calcium phosphate, struvite, and cystine stones are radiolucent, but uric acid, xanthine, and hypoxanthine stones are radio-opaque (8).

Management and prevention strategies:

This includes dietary modifications, increased fluid intake, medications, and, in some cases, surgical intervention, depending on the type and size of the stones and the underlying causes.

Homoeopathic cases:

Write Introduction section of your research paper here. Modify this section as applicable according to your research work. Aims/objectives of research article should be included in this section.

Add appropriate original references to the sentences/paragraphs taken from other media/sources.

CASE REPORT

Mrs. SH Prajapati 50 years old Married Primary school Teacher By profession she came for treatment on 16th December 2020.

Chief Complaints:

Pain in both flank since last 5-6 months. Episodes of pain comes with inability to sit

or sleep she feels better by walking around. Pain radiates towards groin region and lower legs. Nausea during pain episodes. Pain while passing urine specially during pain episodes. Often Loss of sensation at coccyx region.

Physical General-

- Appetite-Satisfactory
- Thirst-10- 12 glass/ Day
- Desire-Not specific
- Aversion-Not specific
- Bowel-1T/day, Dry, Black stool
- Urine: Pain while passing urine specially during pain episodes
- Perspiration: Moderate
- Sleep: Disturbed

Mental Symptoms:

- Courageous, Egoistic.
- Sensitive to contradiction, makes her angry on least argument.
- Cry and asking for help while in pain.

Menstrual History:

- Menopause since 3 last years.

Obs. History:

- G2P2A0
- 1 female 21 years old
- 1 Male 18 years old

Life Space:

- She is well educated Government Employee. Her husband is a farmer and not even graduated, so she uses to take Decision about the family more.

Past History:

- Malaria before 15 years ago

Family History:

- Mother Alive and Healthy
- Father Died Due to cardiac issue
- Sister Alive and Healthy

Physical Examination:

- Pulse Rate: 88/ min.
- Blood pressure: 128/80 mm of hg
- Temperature: 98.4 f

- Weight: 60 kg

Diagnosis:

Patient came up with her USG abdomen done on 15/12/2020 giving impression of bilateral renal calculi with left ureteric calculi present.

- Bilateral Renal Calculi

Totality of symptoms:

- 1. Egoistic
- 2. Shrieking for help

- 3. Dry stool
- 4. Black stool
- 5. Painful urination
- 6. Loss of sensation at coccyx region.
- 7. Lumbar region pain ameliorated by walking.
- 8. Lumbar region pain radiates towards groin region and lower legs.

Reportorial Sheet- Repertorization done by with the help of zomoeo software (10)

Remedy	Pla	Sulp	Arg	0	Nux	Pl	Cal	Pho	Zin	Ar	Nat	Nit	Cup	He	Mer
·	t	h Î	-n	р	-v	b	c	s	c	s	-m	-ac	r	р	c
Totality	13	9	9	9	8	8	7	7	7	7	7	7	6	6	6
Symptoms Covered	7	5	4	3	3	3	4	4	4	3	3	3	3	3	3
[Kent] [Mind]Egotism:	3	2	0	0	0	0	2	0	0	0	0	0	0	0	1
[Kent] [Mind]Shrieking: Aid, for:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Stool]Dry:	2	2	2	3	3	2	2	3	3	1	3	3	2	2	0
[Kent] [Stool]Black:	2	1	2	3	2	3	2	2	1	3	2	2	2	2	3
[Kent] [Bladder] Urination: Dysuria:	1	3	3	3	3	3	1	1	1	3	2	2	2	2	2
[Kent] [Back]Numbness: Coccyx:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Back]Pain: Lumbar region:Walking:Ame 1:	0	1	2	0	0	0	0	1	2	0	0	0	0	0	0
[Kent] [Back]Pain: Lumbar region: Extending to:Groins:And down legs:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

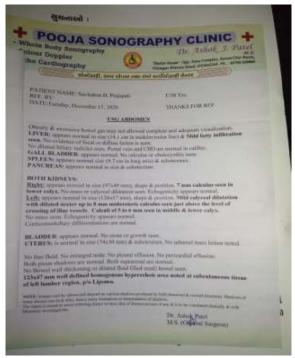
Prescription-

Platinum Metallicum 1M- Single dose prepared with Sugar of milk (Stat.) Phytum 200-6pills×BD-for 10 days Follow up after 10 days.

Follow up:

Date	Complaints	Prescription
26/10/2020	Pain reduced,	Phytum200-6pills×BD-for 30 days
	Stool color normal-consistency not much hard.	Nihilinum 200-6pills×HS for 30 days
11/01/2021	No pain in lumbar region.	Phytum200-6pills×BD-for 30 days
	No complaints in bowel	Nihilinum 200-6pills×HS for 30 days
12/02/2021	No pain.	Phytum200-6pills×BD-for 30 days
	_	Nihilinum 200-6pills×HS for 30 days
10/03/2021	Mild pain in left flank region since last night	Platinum Metallicum 1M- Single dose prepared with Sugar of
		milk (Stat.)
		Phytum200-6pills×BD-for 30 days
11/03/21	Pain is reduced markedly	Phytum200-6pills×BD-for 30 days
		Nihilinum 200-6pills×HS for 30 days
12/04/23	Telephonic follow up taken as per covid spread in	Phytum200-6pills×BD-for 60 days
	region.	Nihilinum 200-6pills×HS for 60 days
	No pain after that.	sent with covid care guidelines.
		Advised to get usg abdomen done-once covid condition
		improves.
18/06/2021	No complaints.	No bilateralstones visible-lipoma also disappeared.
	Patient came up with her usg abdomen done	No further medication needed
	today	

Investigation report- USG Abdomen before after



Before Treatment



We can see how essential ideas from Hahnemann's Organon of Medicine (9) are put into practice in the case of a kidney stone treated with Platina 1M in homoeopathy. First and foremost, the individualization concept is essential since homoeopathy treats the patient as a whole instead of merely the sickness. Platina 1M is chosen depending on the patient's particular symptoms and constitutional traits.

The Organon also emphasizes using the smallest dose required to activate the vital force. According to the law of similars, Platina 1M is a highly diluted and potentized therapy in this situation. Homoeopathy seeks to activate the body's natural healing processes and address the underlying cause of kidney stone production by matching the remedy to the patient's symptom profile.

In the case of a renal stone treated with Platina 1M in homoeopathy, we can observe the application of key principles outlined in Hahnemann's Organon of Medicine (9). Firstly, the principle of individualization is crucial, as homoeopathy treats the patient as



After treatment

a whole rather than just the disease. The selection of Platina 1M is based on the patient's unique symptoms and constitutional characteristics.

Furthermore, the Organon emphasizes the use of the minimum dose necessary to stimulate the vital force. In this context, Platinum Metallicum 1M represents a highly diluted and potentized remedy, adhering to the law of similia. By matching the remedy to the patient's symptom profile, homoeopathy aims to stimulate the body's self-healing abilities and address the root cause of the renal stone formation.

The case report serves as an illustration of homoeopathy's holistic approach, which takes into account the patient's physical, mental, and emotional needs. Following the principles of Organon of Medicine, monitoring the patient's development and changing the treatment as necessary leads to the ultimate goal of restoring health and balance.

Declaration by Authors Acknowledgement: None **Source of Funding:** None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

- 1. Khan SR, Pearle MS, Robertson WG, Gambaro G, Canales BK, Doizi S, et al. Kidney stones. Nat Rev Dis Primer. 2016 Feb 25;2(1):16008.
- 2. Sonawani et al. Kidney stone A clinical review.pdf.
- 3. Johri N, Cooper B, Robertson W, Choong S, Rickards D, Unwin R. An Update and Practical Guide to Renal Stone Management. Nephron Clin Pract. 2010 Jul 2:116(3):c159–71.
- 4. Sankar ASS, Goswami AD, Sugathan NV, Gopukumar ST. Homoeopathic perspective of environmental factors in stone diseases: a mini review. Ann Trop Med Public Health. 2020;23(06):170–8.
- Guha M, Banerjee H, Mitra P, Das M. The Demographic Diversity of Food Intake and Prevalence of Kidney Stone Diseases in the Indian Continent. Foods. 2019 Jan 21;8(1):37.

- 6. Sutherland JW, Parks JH, Coe FL. Recurrence after a single renal stone in a community practice. Miner Electrolyte Metab. 1985;11(4):267-9. PMID: 4033604.
- 7. M. Madaminov F. Shernazarov. CAUSES, SYMPTOMS, DIAGNOSIS AND TREATMENT OF KIDNEY STONES (UROLITHIASIS). 2022 Dec 15 [cited 2023 Sep 14]; Available from: https://zenodo.org/record/7441802
- 8. Barnela S, Soni S, Saboo S, Bhansali A. Medical management of renal stone. Indian J Endocrinol Metab. 2012;16(2):236.
- 9. 9.Hanhnemann Samuel, Organon of medicine, 5th & 6th edition, 2004, Bjain Publisher, Pg No.54-57
- 10. Zomeo Software, Kent Repertory

How to cite this article: 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. DOI: 10.52403/ijhsr.20231013
