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The Impact of Homoeopathic Treatment in Renal Stone

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ABSTRACT

In controlling renal calculi, this case study demonstrates the effectiveness of customized homeopathic treatment. The remedy Lycopodium Clavatum was carefully chosen by the tenets of the Organon of Medicine through comprehensive repertorization and materia medica analysis. Lycopodium Clavatum 30 CH was prescribed as a result of the emphasis placed on important mental generals while choosing a medication. The patient's condition improved noticeably, demonstrating the need for a comprehensive symptom assessment and individualized homeopathic treatment for renal calculi. By highlighting the value of taking the patient's mental state into account when choosing a remedy, this example highlights the potential of homoeopathy as a supplemental treatment for urological diseases.

Keywords: Renal calculi, Homoeopathy, Lycopodium, Renal colic, individualization

INTRODUCTION

Urolithiasis, or the formation of stones in the urinary tract, is becoming more prevalent worldwide. Its occurrence varies depending on geographic location, race, and gender. People in the Middle East and Western countries have a higher lifetime risk of developing urolithiasis (20-25% and 10-15%, respectively), while it is less common in African and Asian populations. Unfortunately, there is a high chance of recurrence after the first episode, with around 50% at 5 years and 70% at 9 years (1). It is more common in males as

compared to females. (2) Urolithiasis can be caused by various factors such as poor water quality, a uniform diet, climatic conditions of the area where a person lives (e.g. very climate). certain medications, hot abnormalities of the urinary system, and stricture, hyperparathyroidism, deficiency of vitamins A and D, chronic inflammatory diseases of the urinary system (pyelonephritis, cystitis), and genetic factors (3) Renal stones develop from mineral aggregation kidnevs. crystal in the obstructing urinary flow, and leading to pain, inflammation, and potential

complications like infection and kidney damage. Homoeopathy, a holistic healing system, offers an alternative approach to managing renal stones. This article explores the role of homoeopathy in alleviating symptoms, preventing recurrence, and promoting overall kidney health.

Types of stone:

J , J 1
found as
☐ Calcium oxalate stones (about 70-80%)
☐ Calcium phosphate stones (around 5-
10%)
☐ Uric acid stones (approximately 5-10%)
☐ Struvite stones (around 10-15%)
☐ Cystine stones (less than 1%)
☐ Xanthine stones (less than 1%). (2)
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There are mainly, six types of renal stones

Pathophysiology:

Nephrolithiasis occurs when urine becomes too concentrated due to factors such as age, gender, diet, and genetics. This can cause kidney structure irregularities, changes in urine flow, metabolic issues, and infections. Oxalate ions trigger lipid signaling in mitochondria, producing free radicals that can cause renal cell necrosis, increase stone formation, and decrease crystallization inhibitors. This activates crystals and leads to their aggregation and retention in the renal tubule, eventually forming osteopontin or concrete stones in chronic cases (4).

Clinical features:

Symptoms of kidney stones include sudden intense pain in the back and side, burning during urination, and dark or red urine. Nausea and vomiting can also occur. (5)

Investigation (6):

Medical history and physical examination Stone history (prior stone events, family history) Dietary habits Medication chart Diagnostic imaging KUB X-ray, Ultrasound (U/S) of the urinary tract, Intravenous Urography, or Pyelography, CT Abdomen without contrast medium Blood analysis Creatinine, Calcium (ionized calcium and total calcium), Uric acid Urinalysis Dipstick test: leukocytes, erythrocytes, nitrite, protein, urine pH, specific gravity, Urine culture, 24-hour urine collection test, in case of recurrent stone formation.

General interventions for kidney stones:

☐ To prevent the formation of Calcium
stones, it is important to drink plenty of
fluids. Additionally, restricting salt and
protein intake can help reduce the risk of
hypercalciuria, while limiting oxalate intake
can decrease the risk of Hyperoxaluria.
*** 1

High urine pH is also a major risk factor for Calcium stone formation.

- ☐ For Uric acid stones, protein restriction can reduce the risk of low urine pH and Hyperuricosuria, and fluid intake can prevent low urine volume.
- ☐ To prevent Cystine stones, it is recommended to restrict Methionine and salt intake, while increasing fluid intake to prevent low urine volume and restricting protein intake to prevent low urine pH. (7)

CASE REPORT

Mr. R. Patel 58 years old Married man Farmer By profession and was deputy council leader of his village.

Chief Complaints:

• 58 Yr. old male presented with complaint of stitching Pain in both flank region since last 5months. Pain more in the left flank region. Pain in the flank region extending to the ureter. He had a history of Renal Calculus in the past-s/o USG ABDOMEN report of January 2019.

Associate complaints:

- Complain of Itching whole body since last 4-5 year. Itching starts at night, especially after going to bed.
- Complain of heaviness and blotted abdomen. The passing of flatus ameliorates heaviness in the abdomen.
 Fasting causes gas formation. After eating cabbage aggravated complaints.

Physical General:

Appetite: SatisfactoryThirst: 12- 15glass/ Day

- Desire: sweet++

Aversion: Not specific
Bowel: 1T/day satisfactory
Urine: 3-4 t/day, 1t/night
Perspiration: Moderate

- Sleep: sound

Mental Symptoms:

- He wants to be a leader at the state level but is afraid that his opponent will not achieve that position.
- He cannot tolerate contradiction and reacts angrily when anyone contradicts him.
- Often, he is anxious to use wrong words in place of right in talking as well as writing.

Menstrual History:

• Not applicable

Obs. History:

• Not applicable

Past History:

- Typhoid before 5 years ago
- Renal calculi before 4 years ago.

Family History:

- Mother Alive and k/c/o/ Hypertension
- Father Died Due to heart attack

Physical Examination:

Pulse Rate: 90/ min.

- Blood pressure: 130/80 mm of hg

- Temperature: 98.8 f

- Weight: 75 kg

Diagnosis:

• Renal & Ureteric Calculi.

Totality of symptoms:

- 1. Become Angry from contradiction
- 2. Making mistakes writing in words
- 3. Making mistakes while talking
- 4. Fear of not reach to the political position by others
- 5. Easily offended
- 6. Cabbage aggravated complaints
- 7. Desire for sweet
- 8. Stitching pain at flank region
- 9. Stitching pain extending to ureter region
- 10. Heaviness of abdomen
- 11. Distension of abdomen
- 12. Abdomen distension ameliorated by passing flatus
- 13. Itching at the whole body at night.
- 14. Itching aggravated from the warmth of the bed.

Repertorial Analysis- Repertorization done with the help of Zomeo Software, Kent Repertory (8)

Remedy	Ly	Sulp	Se	Cal	Na	Pu	Nu	Gra	Car	Stap	Si	Cha	Chi	Lac	Th
	с	h	p	С	t-	ls	x-v	ph	b-v	h	l	m	n	h	uj
					m										
Totality	52	40	30	30	29	29	27	27	25	25	2 4	24	23	22	22
Symptoms Covered	14	12	11	10	11	8	10	8	9	9	9	7	10	9	9
[Complete] [Mind]Anger: Contradiction, from:	4	3	4	0	1	0	3	0	0	1	3	4	0	0	3
[Complete] [Mind]Mistakes, making:Writing, in:Words:	4	3	1	3	0	0	1	3	0	0	0	3	1	1	3
[Complete] [Mind]Mistakes, making:Talking, in:	4	4	4	4	4	3	3	3	1	3	3	4	4	3	3
[Complete] [Mind]Fear:Destination, of being unable to reach his:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete] [Mind]Offended easily:	4	3	3	4	3	4	4	3	3	4	3	3	3	3	1
[Complete] [Generalities]Food and drinks:Cabbage:Agg.:	4	1	2	1	1	3	0	0	1	0	1	0	3	0	0

[Complete] [Generalities]Food and drinks:Sweets:Desires:	4	4	3	4	1	3	1	4	3	3	1	0	4	1	3
[Complete] [Kidneys]Pain:Stitching:	4	3	1	0	4	0	3	0	0	3	0	0	1	3	1
[Complete] [Kidneys]Pain:Extending:U reters, along:	3	0	0	0	0	0	0	0	0	0	0	0	0	1	0
[Complete] [Abdomen]Heaviness as from a load or weight:	4	4	4	3	4	4	4	4	3	4	3	3	1	3	0
[Complete] [Abdomen]Distension:	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4
[Complete] [Abdomen]Distension:Flatu s:Amel.:	4	3	0	1	1	0	0	0	3	0	0	0	0	0	0
[Complete] [Skin]Itching:Night:	3	4	1	3	3	4	3	3	3	3	3	3	1	3	3
[Complete] [Skin]Itching:Warmth: Agg.:Bed, of:	3	4	3	3	3	4	1	3	4	1	3	0	1	0	1

Prescription: 25/04/2023.

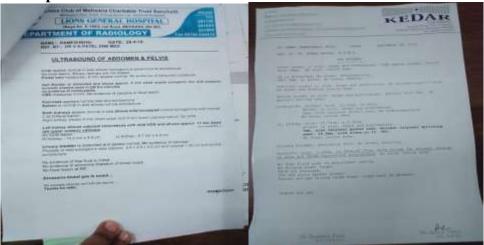
Lycopodium clavatum 30CH×4pills×OD× 3 days

Phytum30CH×4pills×OD× 10 days Plan of follow-up after 10 days.

Follow up:

Date	Complaints	prescription
5/5/19	Improvement in itching of skin.	Phytum30CH×4pills×BD× 30 days
	The pain of calculi reduced markedly.	Sac lac 30CH×4pills×HS× 30 days
	Bloating of abdomen relieved.	
3/6/19	Itching of the whole body increased significantly.	Lycopodium200××4pills one dose given stat.
	Bloated abdomen for last 2-3 days.	Phytum30CH×4pills×BD× 30 days
	Flatus increased.	
7/6/19	Itching relived significantly.	Phytum30CH×4pills×BD× 30 days
	Abdominal bloating reduced.	Sac lac 30CH×4pills×HS× 30 days
	Feeling better.	
5/7/19	No any complaints at present.	Phytum30CH×4pills×BD× 30 days
	Mild skin itching in between but didn't needed medicine.	Sac lac 30CH×4pills×HS× 30 days
4/8/19	itching relieved completely.	Phytum30CH×4pills×BD× 30 days
	No bloating.	Sac lac 30CH×4pills×HS× 30 days
	No renal calculi pain present.	
16/8/19	pain in the left flank started suddenly with abdominal heaviness & eructation	Lycopodium1M×4pills one dose given stat.
	since evening	Phytum30CH×4pills×BD× 30 days
18/8/19	Pain is improved	Phytum30CH×4pills×BD× 30 days
	itching relieved	Sac lac 30CH×4pills×HS× 30 days
14/9/19	No pain.	Phytum30CH×4pills×BD× 30 days
	itching relieved	Sac lac 30CH×4pills×HS× 30 days
28/9/19	Severe pain in right iliac fossa with red-colored urine.	Lycopodium1M×4pills one dose given stat.
	Usg abdomen advised	
29/09/19	The pain subsided with mild burning in urine.	Phytum30CH×4pills×BD× 30 days
		Sac lac 30CH×4pills×HS× 30 days
		Advised for plenty of liquids orally
		Follow up with usg abdomen KUB after 2
		weeks.
25/10/19	Usg was suggestive of no left ureteric stone present.	-
	Itching of the skin not present	

Before USG Report



After USG Report

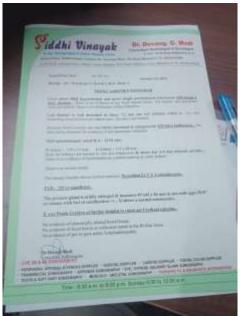


Fig-01-Usg of before after USG report

DISCUSSION

This case study illustrates how homoeopathy can effectively treat each patient's specific symptoms to treat renal calculi. The USG abdomen and KUB performed on April 25, 2023, confirmed the patient's right-sided calculi measuring 5mm and 4mm, as well as a left-side ureteric stone measuring 11mm.

Lycopodium Clavatum was chosen after thorough repertorization and materia medica study, which is a case study that homoeopathy is specific and individualized. To the Organon of Medicine's (7) principles, the remedy was chosen after considering all of the patient's symptoms.

The final USG and subsequent follow-up would give important information about the effectiveness of the treatment and the possibility for the renal calculi to be reduced or eliminated. The comprehensive and individualized approach of homoeopathy, which takes into account the patient's mental and emotional well-being in addition to their physical symptoms, is best demonstrated by this example.

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REFERENCES

- 1. 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.
- 2. Sohgaura A, Bigoniya P. A Review on Epidemiology and Etiology of Renal Stone. American J of Drug Discovery and Development. 2017 Mar 15;7(2):54–62.
- 3. 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
- 4. Hirose M, Tozawa K, Okada A, Hamamoto S, Shimizu H, Kubota Y, et al. Glyoxylate induces renal tubular cell injury and

- microstructural changes in the experimental mouse. Urol Res. 2008 Aug;36(3-4):139-47
- 5. Ambulatory evaluation of nephrolithiasis. Classification, clinical presentation, and diagnostic criteria. The American Journal of Medicine. 1980 Jul;69(1): A26.
- 6. Skolarikos A, Straub M, Knoll T, Sarica K, Seitz C, Petřík A, et al. Metabolic Evaluation and Recurrence Prevention for Urinary Stone Patients: EAU Guidelines. European Urology. 2015 Apr;67(4):750–63.
- 7. Hanhnemann Samuel, Organon of medicine, 5th & 6th edition, 2004, Bjain Publisher, Pg No.54-57
- 8. Zomeo Software, Kent Repertory

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