

Case Report

Management of Nephrolithiasis with Individualised Homoeopathic Medicine – A Case Report

Chayanika Dhar

Gokul Global Homoeopathic Medical College & Hospital, Sidhpur, Gujarat.

Correspondence should be addressed to Dr. Chayanika Dhar, M.D (Hom.) Assistant Professor, Homoeopathic Pharmacy, drhareshkumarmaharaj@gmail.com

Publication Date: 25 September 2024

Copyright © 2024 Chayanika Dhar. This is an open access article distributed under the **Creative Commons Attribution License**, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract Renal or ureteric colic is an acute and severe pain caused by obstruction in the ureter. It usually occurs in the narrower areas of the ureter. It can be associated with severe pain, nausea, vomiting, urinary infections, haematuria, hydronephrosis, etc. Whereas homoeopathic literature enlists many medicines for this condition, there is a paucity of evidence based published studies. **Case Summary:** A case of bilateral renal calculus left measuring approximately 10 mm in size and located at lower calyx of left kidney and right measuring approximately 3 mm in size, located at mid calyx of right kidney, presented with severe cutting pain extending downwards from the left lumbar region to the left groin area. The patient had severe pain at the conclusion of urination. The homoeopathic medicine PARIETARIA 1M was given on the basis of keynote symptoms for 3 days. The pain reduced in 3 days and subsequent to an acute colicky pain and some bleeding, after the lapse of about 3 months, the stone was expelled. This case report shows the potential of Homoeopathy in cases of large urinary calculi.

Keywords *Homoeopathy; Nephrolithiasis; lower calyx; parietaria; renal colic*

Abbreviation

O.P.D. – Out Patient Department, PR –Pulse Rate, RR – Respiratory Rate, Temp.- Temperature, Ht. – Height, Wt. – Weight, B.P – Blood Pressure, CVS – Cardiovascular system, CNS – Central Nervous System, RESP. – Respiratory System, GIT – Gastro Intestinal System

Introduction

Nephrolithiasis is the term employed for kidney stones, also known as renal calculi, and they are crystal concretions formed typically in the kidney.

Mankind has been afflicted by urinary stones since centuries dating back to 4000 B.C. and it is the most common disease of the urinary tract. Kidney stones have been associated with an increased risk of chronic kidney diseases, end-stage renal failure, cardiovascular diseases, diabetes, and hypertension. It has been suggested that kidney stone may be a systemic disorder linked to the metabolic syndrome.

ICD 11 has classified it under section 16 with codes of 5C51.2, MF98.0, MF90-MF9Y & 5C60.2 [4].

Globally, kidney stone disease prevalence and recurrence rates are increasing, with limited options of effective drugs. Urolithiasis affects about 12% of the world population at some stage in their lifetime. It affects all ages, sexes, and races but occurs more frequently in men than in women within the age of 20–49 years. However, lifetime recurrence rate is higher in males, although the incidence of nephrolithiasis is growing among females.

This growing trend is believed to be associated with changes in lifestyle modifications such as lack of physical activity and dietary habits and global warming.

The most common type of kidney stone is calcium oxalate formed at the renal papillary surfaces. Calcium stones are the most common in both adults and children. Other types include Uric acid stones, Triple Phosphate stones, Cystine stones, Xanthine stones [3].

The symptoms of kidney stone are related to their location whether it is in the kidney, ureter, or urinary bladder. Initially, stone formation does not cause any symptom. Later, signs and symptoms of the stone disease consist of renal colic (intense cramping pain), flank pain (pain in the back side), hematuria (bloody urine), obstructive uropathy (urinary tract disease), urinary tract infections, blockage of urine flow, and hydronephrosis (dilation of the kidney). These conditions may result in nausea and vomiting with associated suffering from the stone event.

Therefore, prophylactic management is of great importance to manage urolithiasis. Effective kidney stone prevention depends upon addressing the cause of stone formation. Generally, to prevent the first episodes of kidney stone formation or its secondary episodes, proper management of diet and the use of medications is required. Primary prevention of kidney stone disease via dietary intervention is low-cost public health initiative with massive societal implications. Enough fluid intake reduces urinary saturation and dilutes promoters of Calcium oxalate crystallization. Thus, nutritional management is the best preventive strategy against urolithiasis.

A stone of considerable size can be easily managed with diet & medicines. Homoeopathic Science plays a marvellous role thus out ruling the exhaustive allopathic treatment & invasive surgical procedures. Sticking to strict Homoeopathic rules and selecting a perfect remedy can definitely aid in alleviating the ailing Humanity.

Pathophysiology

Stone growth starts with the formation of crystals in supersaturated urine which then adhere to the urothelium, thus creating the nidus for subsequent stone growth. The biological processes that anchor crystals to the urothelium are incompletely understood. Many, but not all, calcium oxalate stones develop on Randall's plaques which are composed of calcium phosphate (= hydroxyapatite) crystals. These grow to erode the urothelium, forming a nucleus for calcium oxalate deposition. More recent theories focus on the role of cell surface molecules which favour or inhibit crystal adhesion. Urothelial injury and repair after a stone episode may increase surface expression of these molecules to favour further crystal adhesion.

Case Study

A male aged 23 years, in O.P.D. with complaint of left sided flank pain for 13 days along with nausea and vomiting feeling. pain < eating and drinking; > by pressure and passing urine

History of presenting complaints:

Patient was apparently well 1 years back

Mode of onset – rapid, 13 days ago

Most probable cause – not known to patient

He has undergone allopathic treatment for the same without any remarkable improvement and doctor advised for surgery.

Past History

Chicken pox – 10 years ago, Typhoid – 3 years ago

Family History

Father – renal stone

Mother - DM

Physical generals: His appetite was good. He has desire for sweets, thirst is moderate amount. Bowel movement as regular and has to go in early in the morning, Thermal reaction of patient is hot patient.

General modality: pain < eating and drinking; > by pressure and passing urine

General Physical Examination:

He was obese with fair complexion and all the vitals were normal. There was no sign of anemia, jaundice, cyanosis and lymph nodes are not palpable PR. - 78/min., RR.: 16/min., TEMP: 97.6°F, Ht.-168 cm., Wt.-74 Kg.; B.P.-130/80 mm Hg.

Systemic Examination:

C.V.S. - No abnormal sound during auscultation, C.N.S. - Sensory and motor functions are normal, RESP.-Chest clear, G.I.T.-Abdomen soft, no tenderness.

Mental Generals:

Anxiety about health, anger, miser & desire for company.

Dreams – *frightful and patient dreaming of being buried alive.*

Diagnosis:

The diagnosis of the case was made based on the symptomatology and ultrasonography Whole Abdomen.

Prescription:

After Case taking, based on peculiar keynote symptom & with the consultation of Homoeopathic Materia medica [6] *Parierata 1M*, 2 dose, OD for two days was prescribed on date 11/09/2021. Medicine should be taken on morning for 2 days in empty stomach.

Selection of Remedy with Justification [5, 6]

The symptomatology, *Parierata* cover the uncommon peculiar symptom that guided us to select the remedy (***frightful and patient dreaming of being buried alive***). Based on keynote symptom & due consultation of text books of Materia Medica [6] *Parierata* seems to be the most suitable drug in this case and thus prescribed in 1M, four doses followed by placebo for 11 days on the first visit (23/04/2023).

Selection of Potency with Justification [7]:

The potency selection and repetition were done based on the Homoeopathic principles, susceptibility of the individual, and homoeopathic philosophy.

General Management:

- Take low protein and low calcium diet.
- Drink large amount of water.
- Urinate after considerable amount of urine collection.
- Avoid spicy and meat products.
- Take regular exercise in morning

Follow Up:

Date of visit	Change in Symptoms	Prescribed Medicine/Potency/Dose	Justification
05/05/2023	Slight improvement. Pain during micturition diminished	Rubrum/BD/15 Days	To wait and allow the medicine to act
26/05/2023	Mild improvement. Pain markedly diminished. But cutting and burning sensation present. Flank pain almost reduced	Phytum /BD/15 Days	No new complaints; mild improvement occurs
14/06/2023	Improvement remains stan-still, no any symptoms are present	Parierata 10M / 1 dose Rubrum / BD / 15 Days	No new complaints
30/06/2023	Improvement noticed. The patient comes with a stone in his hand. No more pain or burning.	NS	The stone passes out spontaneously after the medicine



Fig 1: The Stone

Discussion

In modern Era, Nephrolithiasis is a case of high society basically. Lots of people come across this condition due to improper diet and regimen. But in Homoeopathy, there is possible cure of this condition, if the case is well taken. Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution, family history, presenting symptoms, underlying pathology, possible causative factors etc. A Miasmatic tendency is also often taken into account for the treatment of chronic condition. In this case Parierata was selected because it covers the peculiar uncommon redline symptoms thus known as keynote symptom. According to Dr. Hahnemann in his Organon of Medicine [8], § 164 & § 178, the medicine selected based on peculiar uncommon symptoms (Characteristic symptoms) leads to cure despite paucity of symptoms in the case. Disease Originates at a dynamic level and Homoeopathic medicines also act on deeper and dynamic level. Dr. Hahnemann also mention in § 191 'Internal administration of a remedy causes important changes in general health and particularly in the affected external parts' [8]. Although study of a single case does not constitute a strong opinion, but the outcome is encouraging.

Homoeopathic medicines, i.e. medicines selected on basis of patient's Totality of Symptoms or on some peculiar keynote symptoms when prepared & administered according to the Homoeopathic Principles acts curatively, removing the stone from the Excretory pathway.

Conclusion

This case report shows the positive role of homoeopathic medicine in the treatment of Nephrolithiasis within a short span of time. Although this single case report cannot draw any certain conclusion, more documented cases and scientific research could help to generate evidences on the usefulness of homoeopathic medicines in managing Nephrolithiasis.

References

- [1] Walker B.R., Colledge N.R., Ralston S.H., Penman I.D. Davidson's principles and practice of medicine, 22th edition, Elsevier Science Limited 2014.
- [2] Harrison's Manual of Medicine, 17th Edition, Fauci Braunwald Kasper Hauser longo Jameson Loscalzo; Mc Graw Hill Publications.
- [3] Manipal Manual of Surgery, 4th Edition, K Rajgopal Shenoy & Anitha Shenoy; CBS Publications & Distributors.
- [4] ICD-11 version: 02/2022 [Internet]. <http://icd.who.int/browse/11/2022>.
- [5] Sarkar B.K. Organon of Medicine, New Delhi; Birla publications Pvt. Ltd; 2005-2006.
- [6] Boericke W., Boericke's New Manual of Homoeopathic Materia Medica with Repertory – Third Revised & Augmented Edition Based on Ninth Edition, B. Jain Publishers; 2014: pp. 336-337.
- [7] Kent James Tyler, Lectures on Homoeopathic Philosophy, Low price edition, New Delhi; B. Jain publishers; 2014.
- [8] Hahnemann S. Organon of Medicine. Translated by William Boericke. Reprint. New Delhi: B. Jain Publishers (P) Ltd.; 2002. p. 105.