

19 mm Urolithiasis expelled with Homoeopathic medicine: A Case Report

Urolitiasis de 19 mm expulsada con medicamento Homeopático: Reporte de un Caso

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ABSTRACT

Renal calculi are a typical urological system problem. It involves the urinary tract's crystallization process. An obstruction in the ureter can produce renal or ureteric colic, an acute and debilitating pain. It typically happens in the ureter's more constrained regions. It may also be accompanied by other symptoms like hydronephrosis, haematuria, acute pain, nausea, and vomiting. Case Summary: A case of multiple renal calculi in both kidneys with a 19mm calculus lodged at the PU (Ureteropelvic) Junction of the right kidney. The patient presented with severe cutting pain in the lumbar region in the abdomen with radiating pain from the right loin to left. The patient had pain before and after urination. After case-taking, based on the totality of symptoms and repertorization, Homoeopathic medicine, *Lycopodium clavatum* 200C was prescribed. That proved that Homoeopathic medicines are effective for the expulsion of renal stones.

Keywords: Homoeopathy, Renal calculi, Urolithiasis, *Lycopodium clavatum*

RESUMEN

Los cálculos renales son un problema típico del sistema urológico. Implica el proceso de cristalización del tracto urinario. Una obstrucción en el uréter puede producir un cólico renal o ureteral, un dolor agudo y debilitante. Por lo general, ocurre en las regiones más restringidas del uréter. También puede acompañarse de otros síntomas como hidronefrosis, hematuria, dolor agudo, náuseas y vómitos. Resumen del caso: un caso de cálculos renales múltiples en ambos riñones con un cálculo de 19 mm alojado en la unión PU (ureteropélvica) del riñón derecho. El paciente se presentó con dolor cortante severo en la región lumbar en el abdomen con dolor que se irradiaba desde el lomo derecho hacia el izquierdo. El paciente tenía dolor antes y después de orinar. Luego de la toma de casos, con base en la totalidad de los síntomas y repertorización, se prescribió el medicamento homeopático *Lycopodium clavatum* 200C. Eso demostró que los medicamentos homeopáticos son efectivos para la expulsión de cálculos renales.

Palabras clave: Homeopatía, Cálculos renales, Urolitiasis, *Lycopodium clavatum*

INTRODUCTION

Kidney stones, also known as renal calculi, are referred to as nephrolithiasis or urolithiasis. They are crystal concretions that form in the kidneys and, ideally, pass through the urethra without causing any discomfort.¹ Stones with a diameter of less than 5 mm typically pass on their own through the urethra.² A stone that is between 0.5 and 0.7 cm in size has a 50% chance of passing, but those that are over 0.7 cm nearly certainly require surgery.³

The prevalence of renal stone disease is estimated to be around 12% of the population, with a male-to-female ratio of 2:1.⁴

Acute renal colic typically presents as intermittent, colicky flank discomfort that may spread to the lower abdomen or groin, haematuria, obstructive uropathy, urinary tract infections, blockage of urine flow, hydronephrosis and is frequently accompanied by nausea and vomiting.^{5,6} Depending on whether a kidney stone is in the kidney, ureter, or urinary bladder, the symptoms will vary.⁶ Since 90% of renal stones are radio-opaque, a plain X-ray of the KUB region is a useful tool for the diagnosis of renal stones. Even radiolucent stones in the abdomen can be found using USG. Small ureteral stones that were overlooked will be found by a CT scan.⁷

CASE REPORT

A man aged 30 years consulted through a phone call, with complaints of severe pain in the lumbar region and lower abdomen and pain at the time of micturition. The pain was extended from the right loin to left. Urine was scanty with red-coloured sedimentation; sometimes blood in the urine. The patient had consulted an allopathic physician for acute pains and they managed with conservative treatment with partial relief. After that, he was diagnosed with multiple renal calculi in both kidneys and advised Lithotomy.

ASWANI DIAGNOSTIC SERVICES
Opp. R.K. Colour Lab, Srinivasa Nagar, Hindiyal, Kurnool Dist. (A.P.)
Phone: 08514-222222

Patient's Name		Sex	MALE	Age	30 yrs
ID No.	MB 82968	Ref Date	05 JUN 2022	Report Date	05 JUN 2022
Referring Doctor	SRINIVASA LAB.	Report No.			

INVESTIGATION PERFORMED: ULTRASONOGRAPHY OF ABDOMEN

LIVER : Normal span, echotexture and contour of liver. No focal lesions. No chhd.

G.B : Well distended, normal wall thickness. No calculi.

C.B.D : Normal calibre.

PORTAL VEIN : Normal calibre.

PANCREAS : Normal size and echotexture. No calcifications.

SPLEEN : Normal size and echotexture. No focal lesion, splenic hilum is normal.

KIDNEYS : **RIGHT KIDNEY** : Normal size (118 x 48 mm), shape, outlines and echotexture. Corticomedullary differentiation is maintained. * 6.0 mm calculus noted in upper pole and 4.0 mm calculus noted in mid body. * 19 mm calculus noted in PU junction with mild hydronephrosis. No focal lesions. **LEFT KIDNEY** : Normal size (99 x 46 mm), shape, outlines, echotexture and Pelvicalyceal system. Corticomedullary differentiation is maintained. * 6.0 mm, 5.2 mm and 4.2 mm calculi noted in mid body. No focal lesions.

URINARY BLADDER : Well distended, normal wall. No calculus or diverticulum.

PROSTATE : Normal size and echogenicity. No focal lesion.

- No paraaortic lymph adenopathy. No free fluid in the peritoneal cavity.

IMPRESSION :

1. RIGHT PU JUNCTION CALCULUS (19 mm) WITH MILD HYDRONEPHROSIS.
2. NON OBSTRUCTIVE BILATERAL RENAL MULTIPLE CALCULI.

Suggested clinical correlation if there is a need kindly discuss.
* This is only Radiological opinion.
NOT FOR MEDICO-LEGAL PURPOSE.

DR. H. ASHANT KUMAR,
Jr. MBBS, DNB,
DIPLOMA IN RADIOLOGY

Figure.1 Showing-Ultrasound report before homoeopathic treatment

Past history: The patient had the same type of pain 2 years back with 4mm stone in the right kidney. At that time treated with allopathy and got relief.

Family History: There was no family history of renal calculi.

Physical generals: Appetite: Diminished; Desires: Sweets; Thirst: 2-3 Lit/Day with dryness of the mouth; Urine: Frequent and urgent desire of urination; Hair fall+++

Diagnostic assessment:

The patient sent an Ultrasonography (USG) of the abdomen through WhatsApp showing as Right kidney- 6.1 mm calculus in the upper pole, a 4.0 mm calculus in the midbody and a 19mm calculus in the PU Junction with mild hydronephrosis. The left kidney showed 6.0 mm, 5.7 mm and 4.2 mm calculi in the midbody. No obstructive bilateral renal calculi were shown in the USG report. [Figure.1]

Urine analysis: Slightly reddish with cloudy appearance; protein (+), pus cells (+), RBC (++++), Epithelial cells (+)

Repertorial analysis: [Figure.2]

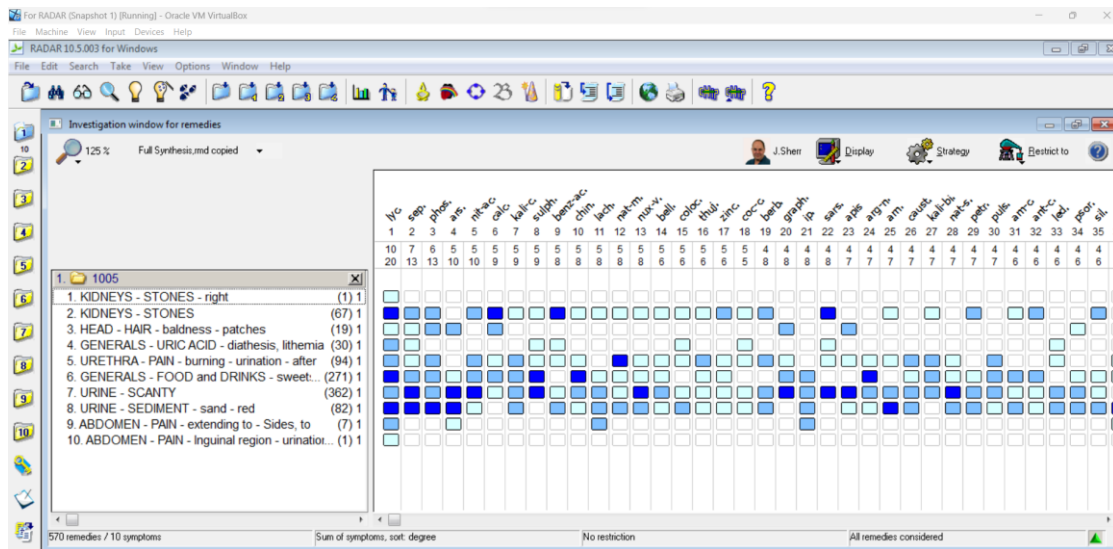


Figure 2 Repertorization was done using RADAR computer software

Repertorization was done using RADAR Computer software. After repertorization Lycopodium clavatum was found to cover 10 rubrics and scored the highest mark 20, followed by Sepia, Phos. However, after referring the Homoeopathic Materia medica Lycopodium was selected and given in 200C potency.

Prescription: For the first prescription, the patient was given Lycopodium 200 in three doses weekly once, with a placebo for the rest of the days in the week. As Lycopodium was covering maximum symptoms with high grading. With this individualised homoeopathic medicine stone was expelled during urination [Figure.3 &4].



Figures 3 & 4 Expelled stones after treatment

Follow-ups: [Table:1 Followups]

Sr. No	Date	Symptoms	Prescription
	15/06/2022	Slight relief in pain in the lumbar region; pain in kidney region; Burning micturition	Placebo 30C BD for 15 days
	29/06/2022	Relief in pain in the lumbar and kidney region; burning micturition	Placebo 30C BD for 15 days
	15/07/2022	Slight relief in all complaints	Placebo 30C BD for 30 days
	16/08/2022	Slight relief in all complaints	Lycopodium 1M 2 doses weekly once with placebo for the rest of the days for one month
	16/09/2022	Relief in all complaints	Placebo 30C/ BD for 30 days
	20/10/2022	Relief in all complaints	Placebo 30C/ BD for 30 days
	15/11/2022	Slight pain in the lumbar region and burning urination	Lycopodium 1M 2 doses weekly once with placebo for the rest of the month for 1 month

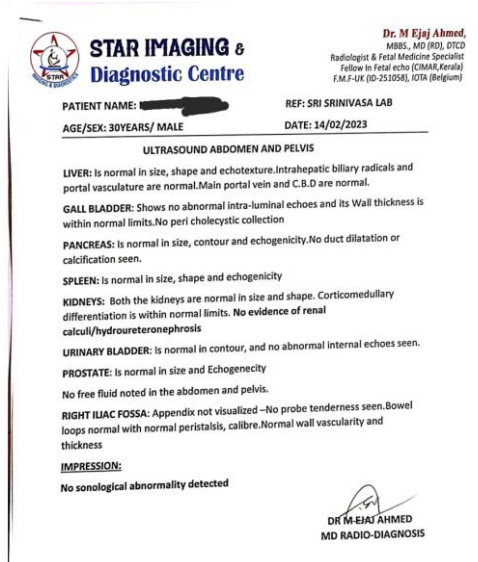


Figure 5 Ultra Sound reports after homoeopathic treatment

DISCUSSION

Urolithiasis is a worldwide prevalent issue. Most of the population experience at least one episode of renal stone formation in their life. In severe cases, they may be advised for surgery and in surgery, where they may get internal injuries to the internal organs like kidneys, ureters, and urethra followed by chances of post-operative infections. So taking alternative safer modes of treatment like Homoeopathy for renal stones into

consideration is the need of the hour. Homoeopathic medicines like *Berberis vulgaris*, *Cantharis*, *Hydrangea arborescence*, *Ocimum sanctum*, *Pareira brava*, *Lycopodium clavatum*, *Sarsaparilla* and other medicines have a very good clinical reputation in the treatment of urolithiasis.

This case report demonstrates the effectiveness of homoeopathic remedies in the treatment of kidney stones. The homoeopathic treatment was successful in relieving the patient's kidney stone symptoms, and the stones were expelled without any side effects.

Limitation of the study: As this is a case report, similar study may be carried out on a large sample size.

As conclusion, the present study concluded the dissolution or expulsion of stone and restoration of the general state or well-being of the patient with the help of individualized medicine, which proved the importance of a holistic approach in the treatment considering the individuality of the patient and not just disease symptoms for remedy selection and outcome assessment. However, it would not be appropriate to generalize on the basis of this study. Furthermore, randomized control trial is suggested to ascertain the result obtained in the present study.

Declaration of the patient consent: The authors attest to having gotten all necessary patient consent. The patient has/have expressed their consent for their treatment in the consent. The patient(s) has(have) indicated in the form that he/she/they are/are willing for his/her/their clinical imaging and other information to be reported in the journal. The patients are aware that their names and initials won't be published, and while every attempt will be taken to protect their privacy, anonymity cannot be ensured.

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Conflicts of interest: There is no conflicts of interest.

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