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A Case Study of Renal Calculi and Hydronephrosis Treated with Individualized Homoeopathic Medicine

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Abstract: Renal calculi is a condition in which one or more stones are present in the pelvis or calyces of the kidney or in the ureter. The objectives of this study are to study the efficacy of Homoeopathic medicine in the management of Renal Calculi and to study the Homoeopathic approach to avoid Surgery and recurrence of Stone formation. Over a period of years, different varieties of Renal calculi were recognized and different types of medical treatment like Lithotripsy, Percutaneous Nephrolithotomy and Open surgery came into the fields. Even though surgery helps in removing the stone, it fails to avoid the recurrence. Here the Homoeopathic drugs can prove their efficiency [I]. A 49yrs old male presented with the complaints of frequent and painful urination with pain in the lumbar region which treated with Lycopodium 200 C. This case study stands as further evidence of the value of individualization and, consequently, the effectiveness of Homoeopathic remedies in treating the underlying cause and evacuation of renal stones.

Keywords: Homoeopathy, Renal calculi, Lycopodium

1. Introduction

The incidence of renal calculi varies in different countries depending upon the environmental conditions of the area. In India the incidence of Renal calculi is higher in Northern states, compared to that of southern states. Kidney stones are more frequently seen in warmer climate and during summer. This may be due to dehydration and increased concentration of urine, which is one of the causes of calculi formation. Easy availability and more consumption of vegetable like tomato & spinach, which are rich source of calcium leads to calculi formation. A patient with a history of stones has 50% risk of developing another stone within 5 - 10 years. Moreover in selected patients repeat stone formation rates may approach 80% over their lifetime. The prevalence of renal calculi in children and adolescents occur less commonly than in adults. Above all many people drink bore well water, which contains more minerals. So there is a tendency for calculi formation. Tiny stones may pass unnoticed with urine, larger stones or those with rough edges can cause significant pain during passage through the urinary tract. [1, 2]

Etiology

Organisms such as Proteus, Pseudomonas, and Klebsiella produce recurrent UTI. These organisms produce urea, cause stasis of urine and precipitate stone formation.

Dietary factors, hot climates, metabolic causes, decreased urinary citrate, inadequate urinary drainage & Immobilizations. [3]

Types of renal stones

 Calcium Oxalate Stones: Most common type of stone. It occurs when urine has high levels of calcium, oxalate, or uric acid and low levels of citrate.

- Calcium Phosphate Stones: It is caused by abnormalities in the way the urinary system functions.
- Struvite Stones: Most common in women. Certain forms
 of urinary tract infections are the cause. These bacteria or
 pathogenic agents frequently take up the entire kidney due
 to their rapid growth and size.
- Uric Acid Stones: Most common in men in those who have gout, family history or had chemotherapy. It affects those who don't drink enough water or consume a lot of animal protein in their diet.
- Cystine Stones: It is brought on by an inherited genetic condition known as cystinuria, which can cause excessive amounts of the amino acid cysteine to accumulate in urine.
 [3, 4]

Clinical features

Pain in lower back which begins as a dull aching pain that comes and goes. Pain in the loin which radiates around the flank to the groin. Pallor, Sweating, Pain with nausea and/or vomiting, Blood in urine, Pain when urinating, Frequent urination, Fever or chills, Urine offensive and looks cloudy. [5, 6, 7]

Case Report

A 49yrs old male presented with the complaints of Pain in the right lumbar region since one week on & off. Sudden onset and rapid progression. Stitching pain in the lumbar region. < Walking, urination. > Rest, before urination. Burning pain while passing urination on & off. Urine passes by drop by drop. Feeling of urging present. Urine very hot and burning in nature. < During and after urination. > Before urination. No history of nausea, vomiting, fever, hematuria, offensive urination present.

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Past history & Family history

No relevant history in the past. Mother – osteo arthritis of right knee joint

Personal history

Diet – non vegetarian

Nutritional status - moderately nourished

Occupation – coolie worker

Physical generals

He had good appetite & thirst, desire for meat and spicy foods and aversion for vegetables. Bowel movements normal. Tongue moist & clean, frequent & painful urination. Perspiration is moderate, more on face.

Reactions to

Fanning desire++ Covering aversion++ Thermal hot

Life Space Investigations

He is a coolie worker and his wife is a tailor. Despite being content with his family, he often worries about their future and struggles with managing their needs with limited finances. This concern leads him to feel depressed and anxious when alone, fearing potential challenges that may arise for him or his family. He seeks comfort in the presence of loved ones and avoids solitary outings. After this complaints he is constantly thinking about his complaint and fear about that.

Mental generals

He has fear about his complaints, afraid to be alone, Desire Company, always thinking about his complaints, fear of poverty, loquacious and easily get depressed.

Totality of symptoms

Fear about his complaint

Afraid to be alone

Desire Company

Loquacious

Fanning desire++

Covering aversion++

Aversion to vegetables and fish

Stitching pain in the right lumbar region

< Walking, urination. > Rest, before urination.

Burning pain in urethra while passing urination

< During and after urination. > Before urination

Reportorial totality

Afraid to be alone

Loquacious

Fear about his complaint

Fear of failure

Desire Company

Fanning desire

Aversion to vegetables

Frequent urination

Stitching pain in the right lumbar region

Burning urination Renal calculi

Covering aversion

Reportorial analysis [11]



Repertorial results

Medicines	LYCO	ARS ALB	PHOS	PULS	CALC
Marks	35	33	31	29	28
Symptoms covered	12	10	10	10	11

Prescription

After a careful evaluation of patient's case history a remedy Lycopodium 200 C was prescribed two weeks for three times. Lycopodium covering the whole range, including the general physical, mental, and thermal pictures. [8, 9, 10]

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Follow up

Date	Changes	Follow up	
11.10.2023	Pain in the right lower back reduced & Burning urination slightly present	Lycopodium 200 / BD for 2weeks	
28.10.2023	Pain in the right lower back and burning urinations better	SG / BD for 2 weeks	
15.11.2023	Patient feels better and no new symptoms	SG / BD for 1 weeks	

Before treatment KUMMAR SCANS Innovative Imaging Dr. P. ANANTHAKUMAR MD (RD), DMRD PNA / 2785 / 2019 Dr. P. ANANTHAKUMAR MD (RD), DMRD PNA / 2785 / 2019 Dr. P. ANANTHAKUMAR MD (RD), DMRD PNA / 2785 / 2019 PNA / 2785 / 2019 DATE 28.09.2023 Referral 10.7AMYA B DATE 28.09.2023 Referral 10.7AMYA B DATE 28.09.2023 Referral 10.7AMYA B DOMEN & PELVIS LIVER Normal in size, contour and echoes. No mass lesion seen. Portal vein and hepatic venis normal. No bilitary radicales dilatation CBO normal. GALLBLADDER Distended with normal wall thickening. No calculus or mass lesions. PANCREAS Normal in size and echoes No ductal dilatation or calcult. No mass lesion seen. SPLEEN Normal in size and echoes No mass lesion seen. KIDNEYN Right - 10.1 cm. Mild hydrouretteronephrousis due to polyturetteric junction calculus of size 13mm noted. No intravenal calculus. Left - 10.9 cm. Normal in size and echoes No calculus or hydrouchphrousis seen. Corticonscludificry differentiation maintained. No calculus or mass lesion seen. UR BLADDER Distended with normal wall thickening. No mass lesion seen. Aorta and IVC appear normal floth illac fossae appear normal. No intraabdominal free fluid or lymphadeenopathy. IMPERSION Reflet mild hydronophrosis due to polytureteric junction Calculus (13mm) obstruction. Dr. F. Ananthematical processors.

After treatment





2. Discussion

Though surgery continuous to be an important type of treatment, this line of treatment is costly, unaffordable and not easily available to the people. Moreover it only removes the calculi, which are the effects of the disease, but the tendency for calculi formation remains untouched. Hence there is

reoccurrence of calculi formation in the same individual. In Homeopathy we do not treat the disease but the diseased man. It is holistic system of medicine in which we treat the patient as a whole taking into account the role of the body, mind & spirit and not just the disease. Hence there is a need to develop a simple cost effective, painless line of treatment, which not only removes the calculi, but also helps in removing tendency for Calculi formation. Now a days Homoeopathy is playing a

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crucial role in the management of renal calculi and this helping in treating the problem without surgery.

3. Conclusion

Renal calculi present as an important and challenging clinical problem. The basic concept of homeopathy is not only to treat renal calculi but to address its underlying cause. Homeopathy used as a safe alternative to surgical intervention especially when the calculi are not of very large size or staghorn variety. It also suggests that proper and rational use of repertories is also helpful in indicating leading remedies in a case.

Conflict of interest

Not available

Financial support

Not available

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