



## ORIGINAL RESEARCH PAPER

## Homeopathy

### URETEROLITHIASIS, AN INCREDIBLE DISAPPEARANCE WITH HOMOEOPATHY: A CASE REPORT

**KEY WORDS:** Homoeopathy, Lycopodium clavatum, Ureterolithiasis, Case report

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#### ABSTRACT

The deposition or formation of stones in the urinary tract is called Urinary Calculi or Urolithiasis. Urolithiasis is a worldwide health problem and causes significant morbidity and contributes even to mortality. A patient visited to OPD of national institute of homoeopathy with the report of 10.2 mm stone lodged at right vesico-ureteric junction causing proximal mild hydronephrosis, after considering the totality of symptom by proper repertorisation Homoeopathic medicine Lycopodium clavatum was prescribed. After 6 months of Homoeopathic treatment again USG of abdomen done and it was found to be normal.

#### INTRODUCTION

Renal stone disease is common, affecting people of all countries and ethnic groups. Urolithiasis is one of the oldest diseases affecting humans. The epidemiology of urinary stone disease has increased dramatically but with regional differences such as the prevalence in North America (7–13%), Europe (5–9%), and Asia (1–5%). In India, the lifetime prevalence of urolithiasis was 7.9% (5.7–10.8%).<sup>1</sup>

It is presumed that about 5-15% of population worldwide experience this disease during their life span.<sup>2</sup>

**URETERAL STONE-** Ureteral stone usually originates in the kidney. Gravity and peristalsis both contribute to spontaneous passage into and down the ureter.

**Natures of the stone-** Majority of the ureteral stones are calcium oxalate stones. Due to spiky surface, oxalate stone is easily caught in the ureter.<sup>3</sup> Most common composition of such stone are Calcium oxalate 60% Calcium phosphate 15% Uric acid 10% Magnesium ammonium phosphate (struvite) 2% Cystine and others 1%. A number of risk factors have been identified for renal stone formation. Renal stones vary greatly in size, from sand-like particles anywhere in the urinary tract to large, round stones in the bladder. Patients with renal or ureteric stones are at high risk of infection.<sup>4</sup>

**Clinical features-** A common presentation is with acute loin pain radiating to the anterior abdominal wall, together with haematuria: a symptom complex termed renal or ureteric colic. Fixed pain can also be present. When the ureteric calculus gets impacted, ureteric colic passes off and is replaced. Nausea and vomiting are often complained of. Tenderness is marked over the part of the ureter where the ureteric calculus lies. On Percussion on the renal angle posteriorly gives rise to pain with marked tenderness.<sup>5</sup>

#### Investigation

- Blood urea and creatinine to rule out renal failure.
- USG
- Plain X-ray KUB

#### Complications

- Calculous hydronephrosis occurs due to back pressure

producing renal enlargement.

- Calculous pyonephrosis: In infected hydronephrosis is converted into a bag of pus.
- Renal failure: Bilateral staghorn stones may not be symptomatic until they present with uraemia and renal failure.
- Squamous cell carcinoma: Long-standing stones increase the risk of carcinoma.<sup>6</sup>

#### Treatment-

Conservative treatment for small stones less than 5 mm in size passes off with intake of copious amount of fluids and at times forced diuresis. Stones that do not pass spontaneously through the urinary tract may need to be removed surgically, using ureteroscopy and stone fragmentation usually with a laser or percutaneous nephrolithotomy (PCNL) and fragmentation with an ultrasonic disaggregator. Alternatively, stones can be fragmented by extracorporeal shock wave lithotripsy (ESWL).

**MATERIALS AND METHODS:** A patient has come to the OPD National Institute of Homoeopathy with the following information having a clear case of Ureteric Calculi.

#### CASE PROPER

**Patient's detail:** A 31-year-old male of average health, tall, fair complexion came to Out Patient Department (OPD) of National Institute of Homoeopathy, Kolkata on 2<sup>nd</sup> of December, 2020 with complaints with intense pain in the right loin with burning pain in urethra during passing of urination and increased frequency of urination for the last 3 months. Complaints aggravate when passing urination, when doing heavy work, and in rest.

**History of Present Complaints:** Initially pain in loin started gradually. Burning, while urination started for 7 days.

**Past History:** chicken pox at age of 8 years.

**Family History:** paternal side having hypertension. Mother operated for cholelithiasis.

**Mental Generals:** He became easily irritable when some talking with him. Desires for Company. Greedy. Contemptuous.

Dictatorial.

**Physical Generals:** aversion: Sour food. Desire: Sweet, for warm food. Thirst: Thirstless Tendency to take cold easily. Hot patient. Perspiration: Especially face region.

**On examination-** Renal angle (right side) found tender while other vitals are within normal range.

**Laboratory Investigations:** Patient advised for USG of whole abdomen, on the 3<sup>rd</sup> of December, patient came with USG report. In the Ureter, an echogenic calculus of size approx. 10.2mm noted lodged at right vesico-ureteric junction causing proximal mild hydroureter. And diagnosed as 'Right vesico-ureteric junction obstructive urolithiasis causing proximal hydroureter.'

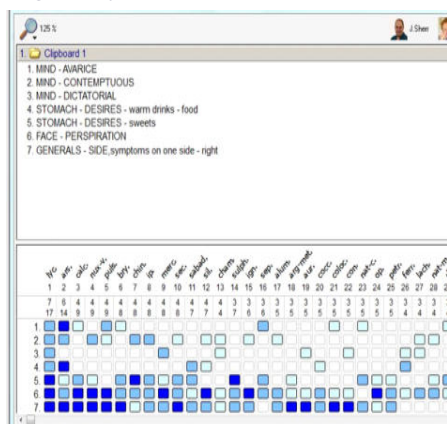
#### TOTALITY OF SYMPTOMS:

- Miser
- Contemptuous
- Dictatorial
- Desire for Sweet
- Desire for warm food
- Perspiration: Especially face region.
- Right sided affection

#### REPERTORISATION:

Working method: Software used: RADAR® 10 (based on Kent's repertory). Repertorisation method: Kentian method. Process: Total addition process.

#### REPERTORIAL SHEET:



#### ANALYSIS OF REPERTORIAL RESULT:

*Lycopodium clavatum* obtained the highest marks that is 17 marks covering 7 symptoms followed by *Arsenicum album*, *Calcarea carbonica*, *Nux vomica* and *Pulsatilla*.

#### FINAL SELECTION OF MEDICINE:

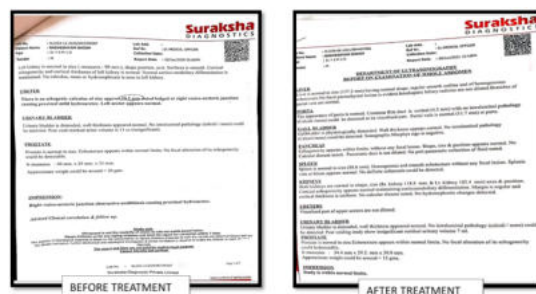
*Lycopodium clavatum* has been selected after consultation with the homoeopathic materia medica covering the characteristic symptoms.

#### PRESCRIPTION:

Patient was given *Lycopodium clavatum* 0/1 which was continued upto 0/9 potency. *Lycopodium*, a multi-miasmatic medicine.<sup>7</sup> The patient started initially aggravation in the complaints, later started decrease in the burning sensation. *Thuja occidentalis* 200, an anti-sycotic medicine<sup>8</sup> was given as an intercurrent remedy to remove the sycotic miasm after 3 months of regular treatment. Hahnemann says that no serious medical employment was made of this plant before now.<sup>9</sup>

The patient showed marked improvement. He experienced the passage of stone in the fifth month of treatment. A new radiological imaging was done and no stone was seen in the reports.

#### EVIDENCE:



#### DISCUSSION:

Master Hahnemann, founder of Homoeopathy has directed in Organon of Medicine in the footnote of aphorism no. 7 that every intelligent physician would first remove the exciting or maintaining cause where, it exists where he has also cited the example of- crush the vesical calculus,<sup>10</sup> so if the calculus is very large in size, then obviously, we should go for surgery. But if the size is not very large homoeopathic medicine is undoubtedly a miraculous in the treatment of nephrolithiasis. In case of urolithiasis, homoeopath focuses on the patient with the urinary calculi, rather than on the urinary calculi itself. The totality of various characteristic signs and symptoms exhibited by this patient leads the homoeopath to the similar remedy.

In this case, *Lycopodium clavatum* 0/1 which was continued up to 0/9 potency. The patient started initially aggravation in the complaints, later started decrease in the burning sensation. *Thuja occidentalis* 200, an anti-sycotic medicine was given as an inter-current remedy to remove the sycotic miasm after 3 months of regular treatment. Finally, the treatment outcome of resolution of Urolithiasis making it clinically subside was highly satisfactory.

After searching electronic data base, many case reports of Urolithiasis related to homoeopathy has been identified. But Case Series remains compromised.

Thus, the outcome of this case of Urolithiasis indicates the beneficial treatment effect by an individualized homoeopathic medicine.

#### CONCLUSION:

Homoeopathic treatment can contribute an effective treatment to the sufferings of patients with urolithiasis. Homoeopathy offers a large number of medicines capable of treating urolithiasis which are not only very effective but also cost effective in comparison to the other available treatment modalities. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription. However, this is a single case study and requires well designed studies which may be taken up for future scientific validation.

**INFORMED CONSENT:** Written informed consent was obtained from the patient.

**CONFLICT OF INTEREST:** None declared

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