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A case report of renal calculi treated with homoeopathic Similimum

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Abstract

Nephrolithiasis, also known as renal calculi, is a tiny hard deposit that develops in the kidney and is frequently difficult to pass. Renal calculi are a frequent urological system problem. The approximate frequency in India is 12%, with the northern region of the country having a comparatively higher prevalence of 15%. The complementary and alternative medical approach known as homoeopathy is founded on the tenet "Similia Similibus Curenture", which translates to "Let like be Cursed by likes". This holistic approach addresses each person according to their uniqueness. Worldwide, it is the second-largest treatment (WHO). There are several medications in homoeopathy that aid in the elimination of renal calculi and lower the likelihood of recurrence.

Keywords: Nephroliathesis, renal calculii, kidney stones, case reports, homoeopathy

Introduction

Renal calculi are a frequent urological system problem. Anatomical characteristics that cause urinary stasis, low urine volume, nutritional variables, urinary tract infections, drugs, or rare hereditary causes (cystinuria) can all result in renal reserves. Low urine volume as a result of dehydration is the most frequent cause of stone illness. Kidney stones, also called renal calculi or nephrolithiasis, are concentrated crystals that form in the kidneys and are ideally excreted from the body painlessly through the urethra. Rajasthan is referred regarded as India's "stone belt" region. A higher risk of end-stage renal failure, cardiovascular disease, diabetes, hypertension, and kidney stones is associated with these conditions.

Numerous studies have shown that homoeopathic treatment is useful in treating urolithiasis. The homoeopathic strategy of treating the entirety of symptoms has produced notable outcomes in this field.

Case Study

The Patient 45 year male, reported in the OPD of University College of Homoeopathy on 8/6/23 pre diagnosed with the complain of left sided Renal Calculii since 6 months. Patient had pain in the left iliac region which is radiating to back also which is aggravating on Night and on exertion and ameliorated by rest. Patient advised to do surgery by the Modern Medicine. So he took Ayurvedic Medicine for this got slight improvement but tendency to recurrences was there after approx 3.5 months of Ayurvedic treatment pain still bother the patient so he left Ayurvedic Treatment and opted Homoeopathy treatment.

Past History: Renal Calculii before 2 yrs back remove by homemade remedies. **Family History:** Father has Hypertension.

Patient as a Whole

Thrist: Average of 2.5 to 3ltrs per day.
Appetite: 3 meals per day average 3-4 chapati per meal.Satisfactory
Desire: Hot Beverages
Aversion: Not specific
Stool: D₁N₀ Semi solid, Satisfactory
Urine: D₅₋₆N₀₋₁, Pale yellow, sometimes burning.

Mentals

Timidity, Anger Hard for Inferior and soft for superior, Anger on Contradiction, Lack of Confidence, Avarice.

Local examination

Diagnosis: Renal Calculii.

Physical generals

Side Left	+2
Desire –Hot drinks	+2
Thermal-Hot	+2
Aggravation on Exertion	+2

Reportrization

Particulars

Bladder Uriging to Urinate Frequent	+3
Kidney Stones	+3
Pressing Pain	+3

Predominant Miasm

Stone types of Formation are considered to fall under the Hahnemann Sycotic Miasm.

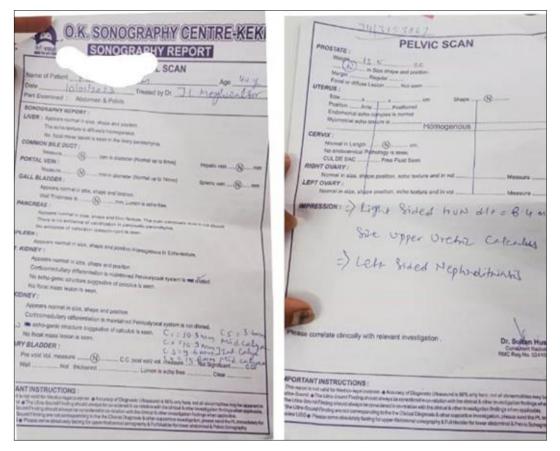
Prescription: Lycopodium 200/1 Dose Stat along with the Psychotherapy for 7 Days.

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		19	16	15	14	13	13	13	12	11	10	10	10	9	9	9	9	9	9
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1. MIND - TIMIDITY	(158) 1	3	3	3	3	3	2	4	3	3	2	2	4	2	4	1	2	2	3
2. MIND - ANGER - contradiction; from	(51) 1	3	3	-	-	2	2	2	1	-	1	1	-	3	-	-	-	3	
3. GENERALS - FOOD and DRINKS - warm d	ri (60) 1	2	-	2	1	3	-	-	-	-	3	-	-	-	-	1	1	-	1
4. ABDOMEN - PAIN - pressing	(138) 1	3	3	3	3	1	3	2	2	1	1	2	2	2	1	2	2	1	1
5. KIDNEYS - STONES	(64) 1	3	2	1	3	-	1	2	2	2	-	-	-	-	-	1	-	-	1
BLADDER - URGING to urinate - frequent	(211) 1	3	2	3	2	2	3	1	2	2	1	3	3	-	3	3	2	2	2
7. GENERALS - SIDE - left	(255) 1	2	3	3	2	2	2	2	2	3	2	2	1	2	1	1	2	1	1

Fig 1: Showing Repertorization

Follow up

Date	Complaint	Prescription	Justification
15/6/23	Slight relief in pain, No New symptom or complain Noticed Thrist-T+	SL30/BD for 7 Days	As the Lycopodium action is still working so only placebo was given
23/6/23	No New Complaint	SL30/BD for 7 days	No new symptom were noticed so Placebo was given
2/7/23	Sometimes Heaviness feeling in the left side and back. < Exertion, Heavy weight lift > Rest Feels pain in the Lower abdomen. < Before Urination > After Urination	Lyco 200/1 dose (diluted in 3 tablespoon of Water) SL 30/BD for 7 Days	As per the susceptibility of Patient the medium potency is suitable but feels some complain so we give another dose in diluted manner just to stimulate the Vital force.
9/7/23	Feels Better No new symptom noticed	SL30/BD for 7 days	No new complain so only Placebo was given
20/7/23	No Complain noticed, Feels Better	SL30/BD for 7 days	No new complain so only Placebo was given
30/7/23	No Complain noticed,	SL30/BD for 15 Days	No new complain so only Placebo was given Advised to do a sonography for whole abdomen again before next visit.





Patient name :	Age : 45 years Sex : Male
Referred by : Dr. Kanupriya	Lab no: LB 05952 Date: 08/06/2023
ULTRASONOGR/	APHY WHOLE ABDOMEN
Liver: is normal in size, shape and homoge Margins are smooth and regular. no focal le	
Gallbladder: is normal in size, shape. Gallb No evidence of calculus or sludge or mass i	
Pancreas: is normal in size, location and co pancreatic duct is not visualised.	intour. No focal sloid/cystic lesion is seen in the pancreas. The
Right Kidney: size is 10 cm x 3.5 cm Norm hydronephrosis seen.	al in size, shape and echotexture. No calculus or
Left Kidney: size is 9.5 cm x 3.6 cm Norma 12.8 mm calculus seen, no hydronephros	
Spleen: is normal in size, shape and homog	enous parenchymal echotexture.
Ureter: Both ureters are not dilated.	
Urinary Bladder: is nromally distended. No	obvious calculus seen. Wall is normal in thickness.
Prostate: Volume is about 20cc. The prosta	te gland has homgenous/slightly inhomogenous echotexture.
OPINION: LEFT RENAL CALCULUS	
ADVISE: CORRELATION WITH CLINICAL INFORMATIVE	FINDINGS AND INVESTIGATIONS MAY BE MORE
Anixing	
DR AMIT GOEL	T DR.RENUKA WADHWA M B B S, DMRE, DRB, MHAMS, FIMILA SPER, RADIO CORIST

Fig 3: Report Before Treatment

Patient name : Northead Patient name : Northead Patient Referred by : Dr. Kanupriya	Age : 45 years Lab no: LB 0673	Sex : Male 2 Date: 15/08/2023
ULTRASONOGRA	APHY WHOLE ABDO	MEN
Liver: is normal in size, shape and homoger Margins are smooth and regular. no focal let		
Gallbladder: is normal in size, shape. Gallb No evidence of calculus or sludge or mass le		
Pancreas: is normal in size, location and co pancreatic duct is not visualised.	ntour. No focal sloid/cystic lesion	is seen in the pancreas. Th
Right Kidney: size is 10 cm x 3.5 cm Norm hydronephrosis seen.	al in size, shape and echotexture	No calculus or
Left Kidney: size is 9.5 cm x 3.6 cm Norma No calculus or hydronephrosis seen.	I in size, shape and echotexture.	
Spleen: is normal in size, shape and homog	enous parenchymal echotexture.	
Ureter: Both ureters are not dilated.	64	
Urinary Bladder: is nromally distended. No	obvious calculus seen. Wall is no	ormal in thickness.
Prostate: Volume is about 20cc. The prosta	te gland has homgenous/slightly	inhomogenous echotexture
OPINION: NORMAL STUDY		
DR AMIT GOEL CONSULTANT RADOLOGIST	-	
CONSULTANT RADIOLOGIST		DR.RENUKA WADHWA B.B.S. DMRE, DNB, MNAMS, FIMSA ONS, RADIOLODIST

Fig 4: Report After Treatment

Conclusion

Patient Visited on 15/8/23 for the follow up and come with their report. Report was absolutely Normal and patient didn't feel any complain So No medicine were given to Patient. So from this case we learn that if the totality matches and an exact similimum were prescribing that only in Minimum dose the patient will get the beneficial results.

Conflict of Interest

Not available

Financial Support

Not available

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