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Scope of homoeopathy in treatment of renal calculi: An evidence based case study

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Abstract

Humans have been affected with renal stones since time immemorial and modern-day lifestyle impose even greater threat for the formation of renal calculi. Stones at ureterovesicular junction often pose a threat for acute renal obstruction with signs of urinary tract infection and a urologic emergency, often in the form of surgical intervention. The conventional treatment offers shock wave lithotripsy and ureteroscopy as the mainstream treatment for these types of stones. Often it is seen that in spite of the mainstream treatment, the rate of recurrence is extremely high. Because renal calculi are a result of metabolic disturbance hence a holistic approach is required to treat such cases. Homoeopathy being individualistic in its approach makes the most suitable treatment option for renal calculi. Urinary stones up to 5mm pass out on their own without any surgical intervention. Whereas stones measuring more than 7mm almost always need surgical intervention. Here, this case study intends to explain the suitable homoeopathic approach to treat such kind of cases, where the size of stones is large (4.9mm, 10mm in this case) and the pathophysiology is very diverse.

Keywords: Renal calculi, homoeopathy, uretero-vesicular junction, individualization

Introduction

Humans have been affected with renal stones since time immemorial and modern-day lifestyle impose even greater threat for the formation of renal calculi. Being one of the most common diseases of urinary tract with greater chances of recurrence, it requires a comprehensive and elaborate analysis. Kidney stones are common across the world with a prevalence of about 12% worldwide ^[1]. Their prevalence in India also reflects worldwide prevalence and stands approximately 12% ^[2]. Data indicate that up to 98% of urinary tract stones with size less than 5mm in diameter especially distal ureter pass spontaneously. Stones of size 5-7mm have a modest chance (50%) of passage, and those greater than 7mm almost always require surgical intervention. Stones at the UVJ often cause dysuria and frequent urination, which is mistaken for infection ^[3]. Stones at UVJ often pose a threat for acute renal obstruction with signs of urinary tract infection and a urologic emergency, often in the form of surgical intervention. The conventional treatment offers Shock wave lithotripsy and ureteroscopy as the mainstream treatment for these types of stones. Often it is seen that in spite of the mainstream treatment, the rate of recurrence is extremely high. Because renal calculi are a result of metabolic disturbance hence a holistic approach is required to treat such cases. Homoeopathy being individualistic in its approach makes the most suitable treatment option for renal calculi.

Cause and Pathogenesis: There are various predisposing factors for renal calculi:

1. **Acquired Causes:** Hypercalcaemia, Renal tubular acidosis type 1(distal), primary hyperoxaluria, Ileal disease or resection (Increases oxalate absorption and urinary excretion).
2. **Congenital and inherited causes:** Familial hypercalciuria, medullary sponge kidney, primary hyperoxaluria, cystinuria, renal tubular acidosis type 1(distal).
3. **Environmental and dietary causes:** High urate excretion, low citrate excretion, high oxalate excretion, high sodium excretion, high protein, high sodium, low calcium, low urine volumes- high ambient temperature, low fluid intake ^[4, 5].

The formation of renal stone usually involves physiochemical changes and supersaturation of urine. In the setting of supersaturation, solutes precipitate in the urine leading to nucleation and crystal concretions.

pH and specific concentrations of excess substances influence the transformation of a liquid to a solid. In respect to nephrolithiasis, supersaturation of stone-forming constituents like calcium, phosphorus, uric acid, oxalate, cystine, and low urine volume are risk factors for crystallization^[6]. Nephrolithiasis is preventable by avoiding supersaturation. Urine microscopy is useful in analysing the kidney stone if they are obtainable via urine straining. Below are the crystal formations typically associated with each stone type^[7].

Calcium oxalate: Envelope or dumbbell-shaped

- The primary component in majority of stones is Calcium oxalate. These typically and usually occur in the setting of hypercalciuria, hyperoxaluria, hypomagnesuria, hypercystinuria, hypocitraturia.
- Calcium phosphate: amorphous, wedge-shaped prisms in rosettes

Magnesium ammonium phosphate: Coffin lid shaped

Also known as struvite stones, seen in infectious stones. These typically occurs in the setting of infections with bacteria that produce urease, such as *Proteus mirabilis*, *Klebsiella pneumoniae*, *Enterobacter*, and *Pseudomonas aeruginosa*. The urease produces ammonia and CO₂, which creates basic pH urine (> 7).

▪ **Uric acid: Rhomboid shaped**

These stones are typically idiopathic. These occur in patients who have their diets high in protein, which acidifies urines pH (< 7), allowing for uric acid stone formation.

Cystine: Hexagon-shaped

These stones are caused by a genetic defect in the transport of the amino acid cystine, resulting in hypercystinuria.

Clinical Features

Stones in the renal pelvis may be asymptomatic or cause hematuria alone; with passage, obstruction may occur at any site along the collecting system (obstructive uropathy)^[8].

Obstruction related to the passing of stone leads

1. Severe pain, the pain starts in the loin and often radiating downwards to the groin and testicle of the same site, sometimes accompanied by intense visceral symptom (i.e., nausea, vomiting, light headedness, diaphoresis).
2. Hematuria
3. Pyuria
4. Urinary tract infection
5. Rarely hydronephrosis

Investigations

Following types of investigations are commonly advised to detect the presence of stone, its location, and to assess if it is causing any obstruction.

1. Plain abdominal x-ray.
2. CT-KUB - Gold standard to diagnose the stone in kidneys and ureter.
3. An IVU can also be performed in some cases.
4. USG.
5. Urine routine and microscopy.
6. RFT in cases of associated advanced symptoms.

A case of Renal Calculi

Patient's Profile: A Man aged 33 yrs. of moderate built, tall and robust, working in an IT firm attended the OPD of GHMC Bhopal on 11/09/2023 with a moderate to severe pain in left lumbar region.

Presenting Complaints: The patient complains of left sided lumbar pain which extends to thigh since six months.

History of present illness: The patient was apparently well six months ago, after which he started complaining of dull pain in the lower back. He resorted to allopathic mode of treatment for the same which relieved his complaints. But there were still recurrent episodes of lumbar pain. The pain has changed the character with time. At present the pain is burning and cutting in nature and it extends from left lumbar region to thigh for five days. The pain gets ameliorated by passing urine and is accompanied by difficulty in passing urine, along with burning, accompanied with nausea. The urine is dark and cloudy in appearance. There were recurrent attacks of pain noticed. The USG reveals a renal stone of 4.9 mm in left kidney, no hydronephrosis, another stone sized 10.1 mm seen at left vesico-ureteric junction. There is no evidence of any other mass or tumour in structures associated.

Past History: Patient suffered from pulmonary tuberculosis back in 2008 (took allopathic treatment for it and recovered well), dengue in 2015 (recovered well with allopathic treatment).

Personal History: All the developmental landmarks were achieved on time. The patient is married, has a child and has good domestic and sexual relations.

Family History: Alive and healthy, no significant history found.

Physical Generals

1. Appetite-Three meals a day, adequate.
2. Thirst-2-3 litres/day, adequate.
3. Tongue-Coated white.
4. Desire-Sweet and spicy food.
5. Aversion-Nothing specific.
6. Urine-Dark yellow, cloudy with pain and burning.
7. Stool-Satisfactory.
8. Sleep-Sound, 8 hours/ day.
9. Dreams-Frightful.
10. Perspiration-Profuse, non-offensive.
11. Thermals-Towards Hot.

General Examination

Blood Pressure-30/80 mm Hg, Pulse- 74 beats/min, Respiratory rate-16/ min, Temperature-98.6 F Cyanosis, Pallor, Oedema, Icterus, palpable lymph nodes were not present.

Systemic Examination

Abdominal Examination-Inspection: No striae, no skin tags, no surgical marks, no abdominal distention. The umbilicus is inverted and centrally placed. **Palpation-Tenderness** is present on left lumbar region and left groin, no enlarged lymph nodes are felt. **Percussion-No dullness** and no fluid thrill present

Auscultation- Normal bowel sounds is heard.
 Respiratory System Examination- Trachea is centrally placed, bilateral chest field clear.
 Cardiovascular System Examination- S1, S2 heard.
 Nervous System Examination- Conscious and oriented

Mental Generals

The patient is working in IT sector as a software engineer for seven years. He has been very hardworking and has good communication skills. The patient is very ambitious and gets anxious very easily when it gets to perform something in front of executives. Asking about the stress in life, he mentions about his situation in his office. He is stressed about the fact that in spite of working that hard, he didn't receive the status he wanted. He was expecting the promotion which he didn't receive, and this led him question himself. The patient otherwise is jovial and extrovert in nature.

Totality of Symptoms

- Pain in left lumbar region.
- Burning and cutting type of pain
- Pain extending from left lumbar region to thighs.
- Painful urination
- Urine is dark and cloudy with sediments.
- Frightful dreams
- Ambition increased.
- Boasting
- Desire for sweets

Investigations: It was a diagnosed case of renal calculi, the USG (dated 05/09/2023) reveals a renal stone of 4.9 mm in left kidney, no hydronephrosis, another stone sized 10.1 mm seen at left vesico-ureteric junction. There is no evidence of any other mass or tumour in structures associated.

Diagnosis: Renal Calculi

Analysis of the case: After thorough case taking, all the symptoms were classified, analysed and each symptom was evaluated as per the merit. Amongst the mental symptoms anxiety about business and frightful dreams were found to be chiefly associated with the progression and development of disease. Amongst the physical generals, desire for sweets was marked. The presenting complaints with respect to particular system were pain in left lumbar region extending to thighs. The pain was burning and cutting in nature and is attended with desire for urination, the urine was dark and cloudy. The case had a very strong mental picture and marked disposition of the patient which were strongly associated with the development of the disease. The lifestyle was also a major factor contributing to the progression and development of the disease. Hence, the patient was advised lifestyle modifications and suitable diet and regimen along with the indicated homoeopathic remedy.

Miasmatic Analysis: Sycosis is predominant in the case.

Repertorial Totality

1 MIND - AMBITION - increased
2 MIND - BOASTER
3 BLADDER - URINATION - dysuria - painful
4 KIDNEYS - PAIN - burning
5 URINE - CLOUDY
6 BACK - PAIN - Lumbar region - left
7 BACK - PAIN - Lumbar region - extending to - Thighs
8 DREAMS - FRIGHTFUL
9 GENERALS - FOOD and DRINKS - sweets - desire

Remedies	Sum Sym	Sum Deg	Symptoms
lyc.	9	17	1,2,3,4,5,6,7,8,9
sulph.	8	19	1,2,3,4,5,7,8,9
nux-v.	8	15	1,2,3,4,5,7,8,9
nat-m.	8	11	1,2,3,4,5,7,8,9
puls.	7	14	1,2,3,4,5,8,9
kali-c.	7	13	1,3,4,5,7,8,9
bell.	7	11	2,3,4,5,7,8,9
ars.	7	10	1,2,3,4,5,8,9
sep.	7	10	1,3,4,5,7,8,9
lach.	7	9	1,2,3,4,5,8,9
calc.	6	10	1,2,3,5,8,9
phos.	6	10	1,3,4,5,8,9
acon.	6	9	1,2,3,4,5,8

Fig 1: Repertorial Sheet

Repertorial Result

Lyc.	Sulph.	Nux-vom	Nat-m	Puls.	Kali-c	Bell.	Ars.	Sep.	Lach.
17/9	19/8	15/8	11/8	14/7	13/7	11/7	10/7	10/7	9/7

Prescription: After detailed case taking based on strict homoeopathic principles and proper analysis and evaluation of the case, Synthesis Homoeopathic software was used for

the Repertorisation. The remedy found to be covering the majority of symptoms along with special emphasis on the mind and disposition of the patient was *Lycopodium*.

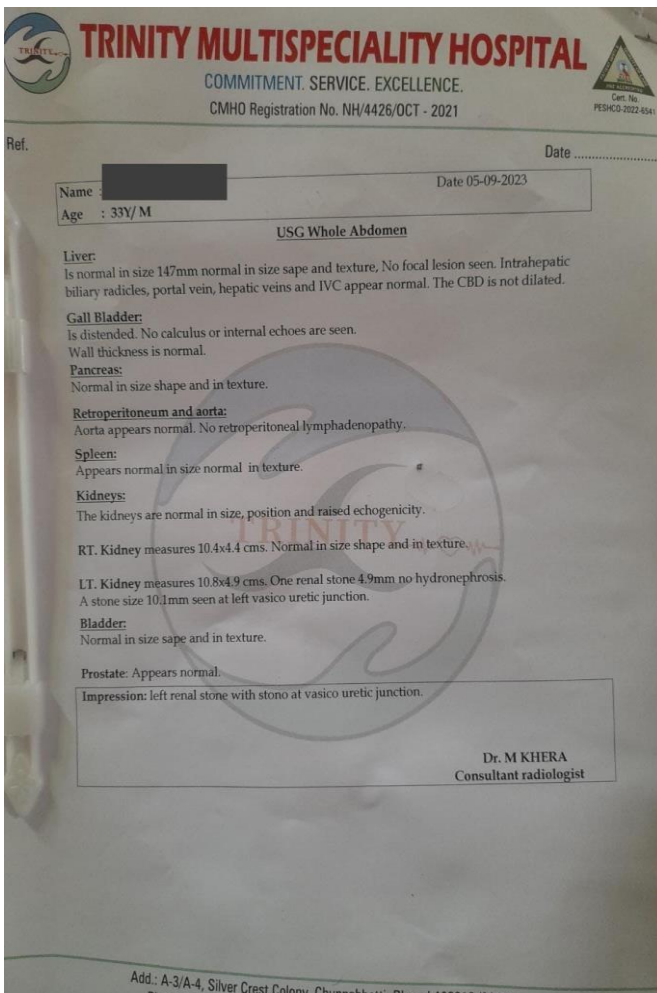


Fig 2: USG Report (Before Treatment)

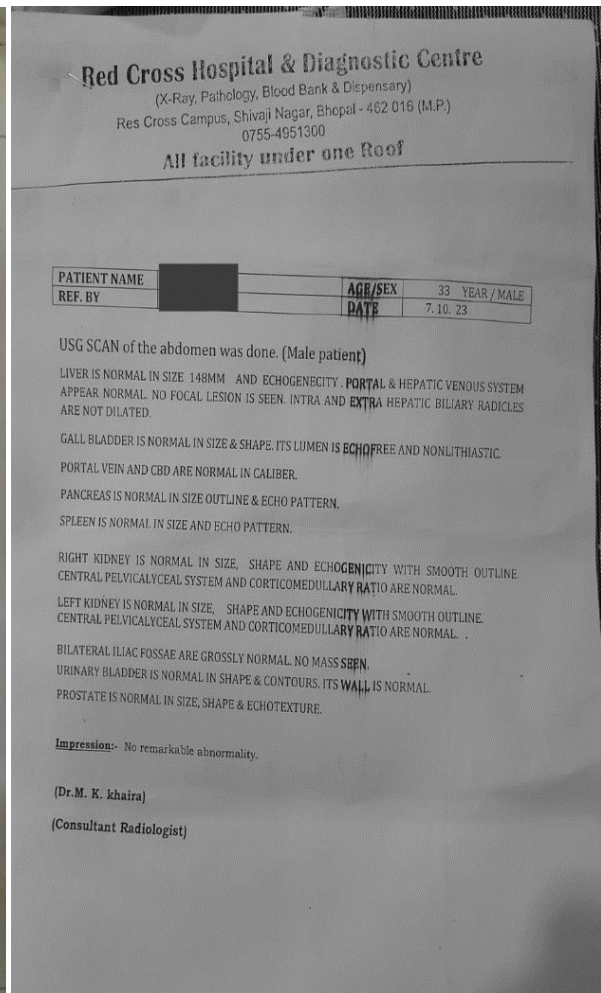


Fig 3: USG Report (After Treatment)

Follow Up and Outcome

Table 1: Follow up and Outcome

Date	Indication for prescription	Medicine with doses and repetition	Justification
14/09/2023	Intensity of left lumbar pain reduced, nausea improved, Pain while urination persists, anxiety relieved	Placebo/ BD/7 days	Patient has improved hence wait and watch
21/09/2023	Left sided lumbar pain reappeared with same intensity, pain while urination persists, anxiety persists	Lycopodium 200/ one dose Placebo/ BD/ 7 days	Signs of improvement stopped, and symptoms reappeared
28/09/2023	No pain, nausea persists, patient feels better physically and mentally	Placebo/BD/7 days	Patient was improving hence placebo was prescribed again
5/10/2023	USG advised	Placebo /BD/7 days	USG was advised to corroborate the clinical findings
7/10/2023	No remarkable abnormality was found on USG (dated 7/10/2023)	Placebo/ BD/15 days	Patient feels better both physically and mentally. Lifestyle modification and suitable diet and regimen was advised

In this case, the total score of outcomes as per Modified Naranjo Criteria, score after treatment was 8, which is close

to the total score of 13, and shows the positive outcome of the individualised homoeopathic medicine *Lycopodium*.

Assessment by modified Naranjo criteria score**Table 2:** Assessment by Modified Naranjo Criteria Score

Item	Yes	No	Not sure/NA
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1		
Was there an initial aggravation of symptom?		0	
Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?	+1		
Did overall well- being improve?	+1		
Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1		
Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms. From organs of more importance to those of less importance. From deeper to more superficial aspects of the individual. From the top downwards.	+1		
Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1		
Are there alternate causes (other than medicine) that with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant intervention)	-3		
Was the health improvement confirmed by any objective evidence? (Laboratory test, clinical observation, etc)	+2		
Did repeat dosing, if conducted, create similar clinical improvement?	+1		
Total	8		

Discussion

Homoeopathy lays its foundation in treating the “The Sick”, not the “disease”. Renal calculi are a metabolic disorder which often has varying pathophysiology, and the conventional treatment only focuses on the presentation not the origin, this leads to recurrence. Here in this case also the patient has had a history of it for which he opted for various treatments available, but there would still be recurrences. The reason for it was the underlying cause, which in case was the lifestyle and mind and disposition of the patient. This cumulative effect of these factors led to the development and progression of the disease. As advised by Dr J. T. Kent “You can’t promise there will be no more colic if you fit only the condition. So long as stones are there, they must be passed. The constitutional remedy is the best thing for the patient”. Homoeopathic medicine prescribed by considering these along with the totality of symptoms proved to be highly efficacious in bringing about the cure.

Conclusion

Stones at UVJ often pose a threat for acute renal obstruction with signs of urinary tract infection and a urologic emergency, often in the form of surgical intervention. The conventional treatment offers Shock wave lithotripsy and ureteroscopy as the mainstream treatment for these types of stones. Often it is seen that in spite of the mainstream treatment, the rate of recurrence is extremely high. Because renal calculi are a result of metabolic disturbance hence a holistic approach is required to treat such cases. Homoeopathy being individualistic in its approach makes the most suitable treatment option for renal calculi.

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Declaration of the patient consent

The author certifies that appropriate consent has been established. In the consent, the patient has given his consent for reporting his clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity can’t be guaranteed.

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