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Efficacy of homoeopathic medicines in cases of urolithiasis-organopathic approach

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Abstract
Background: 'Urolithiasis' is a common disease in day to day clinical practice and represents with one of the most painful medical conditions. People suffering from recurrent complain of urolithiasis, needs careful examination for underlying metabolic disorders. It usually consist of crystalline deposits that accumulate primarily in kidney however, they can develop anywhere along urinary tract, which consists of these parts: kidneys, ureters, bladder, urethra. In homoeopathy there are hundreds of medicines for urolithiasis assuming various approaches. However, the constitutional approach is most suitable way to find out similimum but at times patients are not in condition of giving case taking because of acute pain, hence snap short prescription is needed at those time to give relief to the patient. Location of stone in different parts of renal tract have important clue for selection of curative medicines. This article represents 2 cases of urolithiasis and represents classical example of prescription based on location, when other symptoms also agree.
Result & Conclusion: Oraganopathic prescriptions are made based on the Paracelsus principle that the given drugs affect given organs (parts) by self elective preference. This article emphasise on importance of organopathic approach as acute prescription with beneficial results along with documented evidence.

Keywords: Urolithiasis, homoeopathy, organopathy, ultrasonography, *Ocimum canum*, *Tabacum*

Introduction
Urolithiasis consist of bunches of minerals that accumulate along the tract of urinary tract. They are formed when the urine becomes concentrated, allowing minerals to precipitate and stick together. The incidence of urolithiasis is increasing globally, with geographic, racial, and gender variation in its occurrence. Frequency of urolithiasis varies around the world, due to variations in diet, environmental factors and genetic factors [1]. In developing countries, bladder stones are more common in children. In developed countries, the incidence of childhood bladder stones is low, but renal stones in adults are more common. The condition of having kidney stones is termed nephrolithiasis. Having stones at any location in the urinary tract is referred as urolithiasis, and the term ureterolithiasis is used to refer the stones located in the ureters. The prevalence of the disease is very high which affects mostly the young population [2]. So they require dietary modifications, lifestyle changes, and medical management are essentials. There must be special management in diet and life style modification. Organopathy is a form of treatment where unlike in classical homeopathic case-taking the locality of the symptoms expressed and their relation to a specific organ determine the remedy to be described.

Pathogenesis [3-5]
Although exact pathogenesis of urolithiasis are not known but following concepts give idea about its development, but it is true that Stones of less than 5 mm diameter usually pass spontaneously.

Nucleation theory: Single crystal or a foreign body acts as a nucleus for crystallization in supersaturated urine.

Stone matrix theory: Protein matrix secreted by renal tubular cells acts as a scaffold for crystallization in supersaturated urine.

Reduced inhibition theory: Reduced urinary flow promotes crystallization.

Risk factors

The greatest risk factor for urolithiasis is making less than 1 liter of urine per day, inadequate water intake and dehydration. More men than women develop calculi, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). A history of kidney stones can increase your risk. Basically anything which blocks or reduced the urine flow also increase the risk factors. A diet with high levels of protein, salt, or glucose also increases risk factor. Iatrogenic such as diuretics, antiseizure drugs, and calcium-based antacids are risk factors for calculi. Gastric bypass surgery also influences development of renal calculi.

Symptoms

The clinical presentation of renal stones are highly variable because of its type, location, size and susceptibility of the patient. Many patients may be asymptomatic, whereas others present with pain, haematuria, vomiting or urinary tract infection. Commonest symptom is acute loin pain radiating to the anterior abdominal wall, with increased frequency of urination. A symptom complex of urolithiasis is termed as ureteric colic. The pain steadily increases in intensity to reach a peak in a few minutes. The intense pain usually subsides within 2 hours but may continue unabated for hours or days.

Types

Calcium stones: These are most common type and made up of calcium oxalate.

Uric acid: These are more common in men than in women. Uric acid calculi found in those people having gout or gone through chemotherapy. This type of stone develops when urine is too acidic. A diet rich in purines, which is present in animal proteins, such as fish, shellfish, and meats can increase urine's acidic level.

Struvite: This type of stone is found mostly in women with urinary tract infections (UTIs). These stones are large and cause urinary obstruction. Treating an underlying infection can prevent the development of struvite stones.

Cystine: Cystine stones are rare, occur in both men and women who are suffering from cystinuria. To form cystine stone ,cystine (an acid that occurs naturally in the body) leaks from the kidneys into the urine.

Investigation

Patients with symptoms should be investigated to determine whether or not a stone is present, to identify its location and to assess whether it is causing obstruction. About 90% of stones contain calcium and these can be visualised on plain abdominal X-ray but CT KUB is the gold standard for diagnosing a stone within the kidney or ureter, as 99% are visible using this method. Alternatively, an IVU can be performed. The advantage of CT KUB over IVU is that it is more sensitive and can identify non-radio-opaque stones, such as those containing uric acid and cystine. When the stone is in the ureter, an IVU shows delayed excretion of contrast from the kidney, and a ureter that is dilated down as far as the stone. Ultrasound can show stones within the kidney and dilatation of the renal pelvis and ureter if the stone is obstructing urine flow; it is useful in unstable patients or young women, in whom exposure to ionising radiation is undesirable.

Most calculi originate within the kidney and proceed distally, creating various degrees of urinary obstruction as they become lodged in narrow areas, including the ureteropelvic junction, pelvic brim, and ureterovesical junction. Location and quality of pain are related to position of the stone within the urinary tract. Severity of pain is related to the degree of obstruction, presence of ureteral spasm, and presence of any associated infection.

Pain Radiation

Location	Pain Radiation
Ureteropelvic junction	Mild-to-severe deep flank pain without radiation to the groin.
Upper ureteral stones	Radiate to the flank and lumbar areas.
Mid ureteral calculi	Pain radiating anteriorly and caudally.
Distal ureteral stones	Radiate into the groin or testicle in the male or labia majora in the female.
Uretero-vesical junction	Suprapubic pain, urinary frequency, urgency, dysuria, stranguria, pain at the tip of the penis, and sometimes various bowel symptoms, such as diarrhea and tenesmus.
Bladder	Usually asymptomatic and are passed relatively easily during urination.

Short Descriptions of Two Cases of Nephrolithiasis, Treated With Organopathic Approach

Case- 1

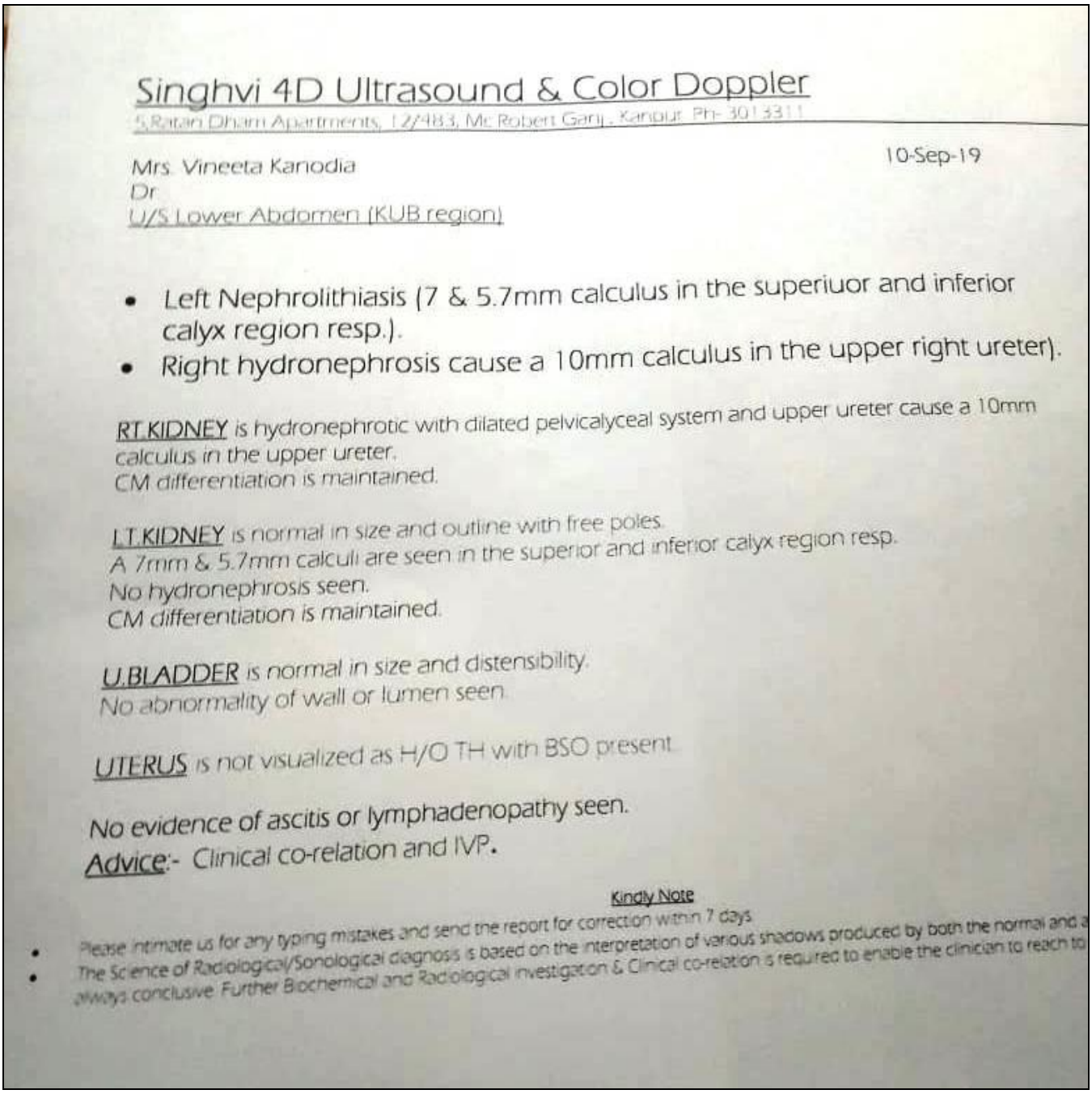
A female 57 years old presented in OPD on 11.09.20109 with b/l acute lower abdominal pain, pain in right side was from flanks and radiating till lumbar region, since last night. On examination tenderness was marked. Pain was bilateral, but intensity was more on right side. Patient also reported frequent episodes of vomiting (5-6 episodes) since last night and noted little amount of blood in urine with intense pain while micturating. Patient was not in the condition of giving full and detailed case taking due to pain. Attendant revealed history of gout in their family. Based on the availability of current symptoms and ultrasonography (USG) report done previous night (Figure 1), Ocimum canum Q was prescribed QID(10-12 drops to be dissolved in 1/4th cup of water). Patient reported on 12.09.2019 with marked relief in almost most of the complaints. She was adviced to undergo USG (Figure 2), which revealed normal report.

Basis of prescription: USG report- 10mm calculus is in upper right ureter and 7& 5.7mm calculus in superior and inferior calyx of left kidney respt.). Ocimum can's sphere of action is more marked on right side, specially right ureter, along with vomiting and haematuria as associating complaints (as reported by patient). Also, Ocimum cam has uric acid diathesis and patient was having family history of Gout [6-8]

Case 2

A female 33 years old presented in OPD on 25.10.2018 with left lower abdominal pain since last 10 days. Patient also reported sudden episodes of palpitations, extreme prostration, sweating and nauseated feeling almost daily. On examination salivation was marked. Patient was having marked intolerance to tobacco smoke and can't tolerate it even if someone is smoking in another room. USG was adviced which revealed left uretric calculi (Figure 3). Tabacum 30, 2 doses, to be taken at interval of 10 minutes was prescribed followed by Rubrum. USG was repeated after few months which revealed normal USG report (Figure 4).

Basis of prescription: Tabacum has sphere of action over left uretric calculi with intolerance to tobacco. Nausea, prostration and salivation increased, all these pointed towards indication of Tabacum [6-9]



Singhvi 4D Ultrasound & Color Doppler

5,Ratan Dham Apartments, 12/483, Mc Robert Ganj, Kanpur. Ph- 3013311

Mrs. Vineeta Kanodia
Dr
U/S Lower Abdomen (KUB region)

10-Sep-19

- Left Nephrolithiasis (7 & 5.7mm calculus in the superiuor and inferior calyx region resp.).
- Right hydronephrosis cause a 10mm calculus in the upper right ureter).

RT.KIDNEY is hydronephrotic with dilated pelvicalyceal system and upper ureter cause a 10mm calculus in the upper ureter.
CM differentiation is maintained.

LT.KIDNEY is normal in size and outline with free poles.
A 7mm & 5.7mm calculi are seen in the superior and inferior calyx region resp.
No hydronephrosis seen.
CM differentiation is maintained.

U.BLADDER is normal in size and distensibility.
No abnormality of wall or lumen seen.

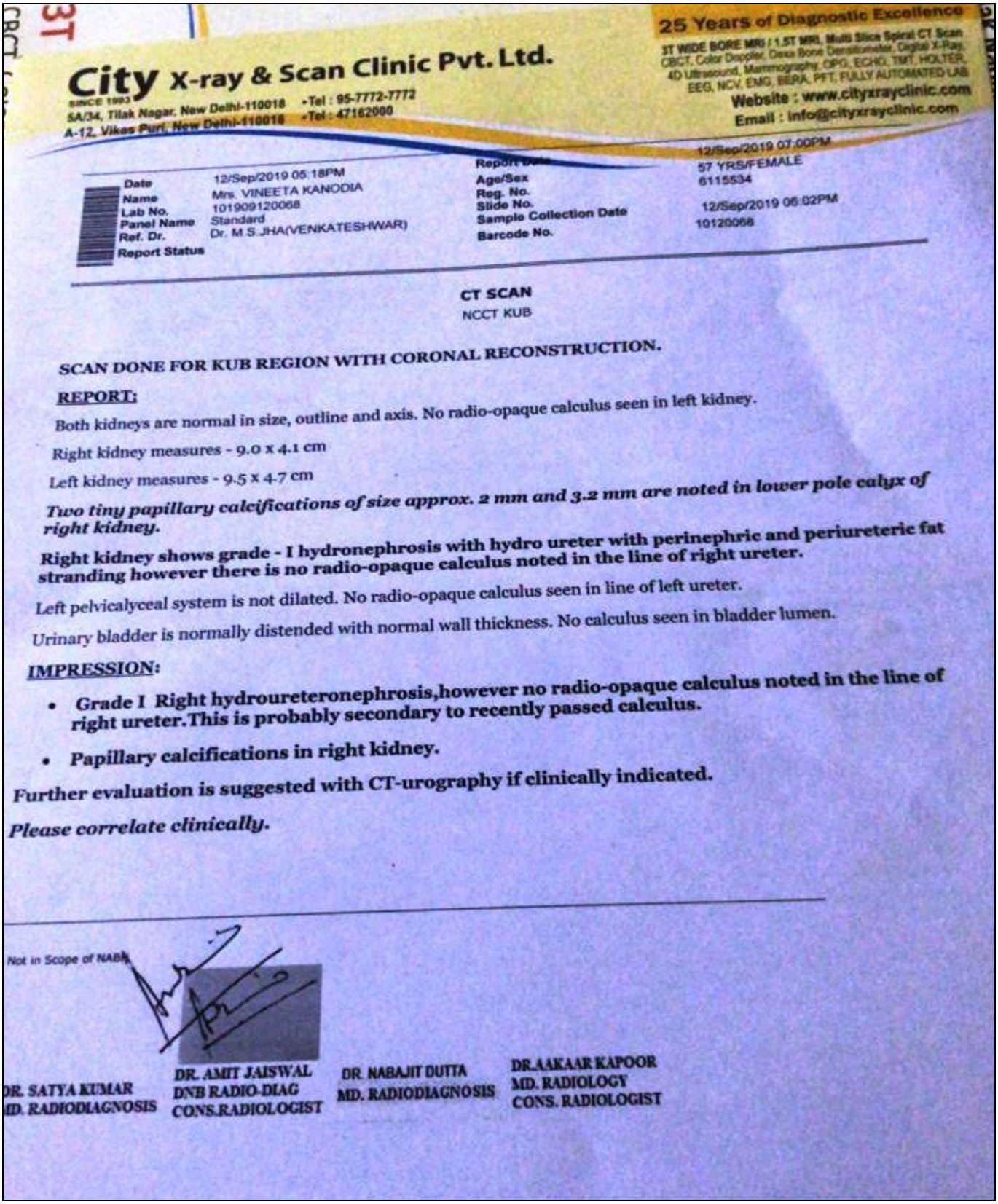
UTERUS is not visualized as H/O TH with BSO present.

No evidence of ascitis or lymphadenopathy seen.

Advice:- Clinical co-relation and IVP.

Kindly Note

- Please intimate us for any typing mistakes and send the report for correction within 7 days
- The Science of Radiological/Sonological diagnosis is based on the interpretation of various shadows produced by both the normal and a ...always conclusive. Further Biochemical and Radiological investigation & Clinical co-relation is required to enable the clinician to reach to



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Date	12/Sep/2019 05:18PM	Report Date	12/Sep/2019 07:00PM
Name	Mrs. VINEETA KANODIA	Age/Sex	57 YRS/FEMALE
Lab No.	101909120068	Reg. No.	6115534
Panel Name	Standard	Slide No.	
Ref. Dr.	Dr. M.S.JHA(VENKATESHWAR)	Sample Collection Date	12/Sep/2019 06:02PM
Report Status		Barcode No.	10120068

CT SCAN
NCCT KUB

SCAN DONE FOR KUB REGION WITH CORONAL RECONSTRUCTION.

REPORT:

Both kidneys are normal in size, outline and axis. No radio-opaque calculus seen in left kidney.

Right kidney measures - 9.0 x 4.1 cm

Left kidney measures - 9.5 x 4.7 cm

Two tiny papillary calcifications of size approx. 2 mm and 3.2 mm are noted in lower pole calyx of right kidney.

Right kidney shows grade - I hydronephrosis with hydro ureter with perinephric and periureteric fat stranding however there is no radio-opaque calculus noted in the line of right ureter.

Left pelvicalyceal system is not dilated. No radio-opaque calculus seen in line of left ureter.

Urinary bladder is normally distended with normal wall thickness. No calculus seen in bladder lumen.

IMPRESSION:

- **Grade I Right hydroureteronephrosis,however no radio-opaque calculus noted in the line of right ureter.This is probably secondary to recently passed calculus.**
- **Papillary calcifications in right kidney.**

Further evaluation is suggested with CT-urography if clinically indicated.

Please correlate clinically.

Not in Scope of NABH

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DR. NAVNEET
IMAGING & PATH LAB

Name	Munni Devi	Age	33 yr	Sex	F
Ref by	Dr. Govind Singh Choudhary	Date	25-Oct-18	Lab No	1771

USG WHOLE ABDOMEN

LIVER: -Liver is normal in size with smooth margins . Parenchymal echopattern is normal. No evidence of any abnormal sonolucent or echogenic mass lesion is seen . Portal vein is normal in diameter. Intrahepatic biliary radicles are not dilated.

GALL BLADDER: - The gall bladder is normal in size. The margins are smooth. & wall thickness is normal. No mass or calculus is seen. CBD is normal in diameter with normal echofree lumen.

PANCREAS: -Pancreas normal in size, shape & echotexture .

SPLEEN:- Spleen normal in size. No evidence of any focal or diffuse pathology is seen.

RT KIDNEY: - normal in size, shape & Position. The margins are smooth. Cortical thickness & parenchymal echogenecity is normal. Renal sinus is normal.
5x4 mm calculus is noted in middle calyx of right kidney.

LT. KIDNEY:-Normal in size normal shape & position. The margins are smooth. Cortical thickness and parenchymal echogenicity is normal.
5x4 mm calculus is noted in distal ureter after crossing the iliac vessel with Hydro-uretro-nephrosis.
5x4 mm calculus is noted in middle calyx of left kidney.

URINARY BLADDER: -Urinary bladder is normal & shows normal wall thickness and smooth contours. No evidence of any mass lesion or calculus is seen.

UTERUS - Normal in size and shape with normal echotexture of myometrium, endometrium is central and normal. No focal pathology seen.

OVARY- Both are normal in size, shape, volume and echotexture.

No free fluid seen in P.O.D.

IMPRESSION :-**Left distal uretric calculus with hydro-uretro-nephrosis.**
-B/L renal calculus.

Advice clinical correlation.

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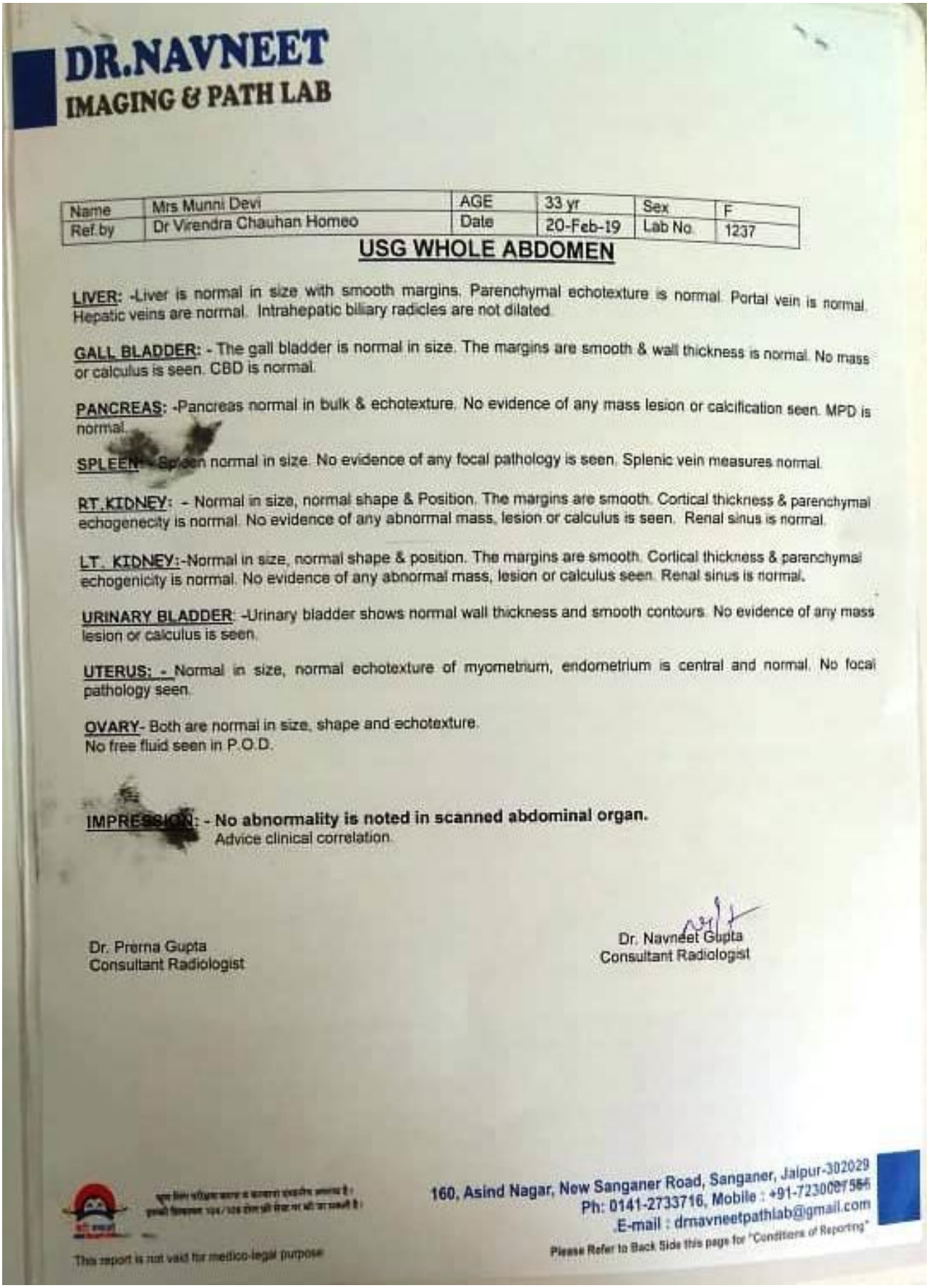

DR.NAVNEET
IMAGING & PATH LAB

Name	Mrs Munni Devi	AGE	33 yr	Sex	F
Ref.by	Dr Virendra Chauhan Homeo	Date	20-Feb-19	Lab No.	1237

USG WHOLE ABDOMEN

LIVER: -Liver is normal in size with smooth margins. Parenchymal echotexture is normal. Portal vein is normal. Hepatic veins are normal. Intrahepatic biliary radicles are not dilated.

GALL BLADDER: - The gall bladder is normal in size. The margins are smooth & wall thickness is normal. No mass or calculus is seen. CBD is normal.

PANCREAS: -Pancreas normal in bulk & echotexture. No evidence of any mass lesion or calcification seen. MPD is normal.

SPLEEN: - Spleen normal in size. No evidence of any focal pathology is seen. Splenic vein measures normal.

RT.KIDNEY: - Normal in size, normal shape & Position. The margins are smooth. Cortical thickness & parenchymal echogenecity is normal. No evidence of any abnormal mass, lesion or calculus is seen. Renal sinus is normal.

LT. KIDNEY:-Normal in size, normal shape & position. The margins are smooth. Cortical thickness & parenchymal echogenicity is normal. No evidence of any abnormal mass, lesion or calculus seen. Renal sinus is normal.

URINARY BLADDER: -Urinary bladder shows normal wall thickness and smooth contours. No evidence of any mass lesion or calculus is seen.

UTERUS: - Normal in size, normal echotexture of myometrium, endometrium is central and normal. No focal pathology seen.

OVARY- Both are normal in size, shape and echotexture.
No free fluid seen in P.O.D.

IMPRESSION: - No abnormality is noted in scanned abdominal organ.
Advice clinical correlation.

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Discussion and Conclusion

Oraganopathic prescriptions are made based on the Paracelsus principle that the given drugs affect given organs (parts) by self elective preference. Many doctors like J H Clark, R T Coopers, Boger, and Burnett, have given in their experiences on the importance of selection of Organopathic remedies and their usefulness when other guiding symptoms, causations and Miasms were rare or not available [10]. Importance of organopathic prescribing has been discussed in this article with positive and beneficial

results along with documented evidences. Such type of prescribing helps the physician to deal with the acute severity of the case when symptoms agree.

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