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Bilateral renal calculi and cystitis treated with homoeopathic medicine *Lycopodium clavatum* 200C

Banothu Anjaneyulu

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Abstract
Renal calculi is one of the most common problem that one comes across in a general outpatient clinic. The usefulness of homoeopathic medicines in the expulsion of urinary calculus and treatment of cystitis is well-reported. We examine the indications, symptoms, and effectiveness of homoeopathic treatment in managing renal calculi and cystitis.

Keywords: Homoeopathic treatment, *Lycopodium*, renal calculi, cystitis

Introduction

Renal stone disease is common, affecting people of all countries and ethnic groups. In the UK, the prevalence is about 1.2%, with a lifetime risk of developing a renal stone by age 60-70 of approximately 7% in men. In some regions, the risk is higher, most notably in Saudi Arabia, where the lifetime risk of developing a renal stone in men aged 60-70 is just over 20%.

Stone formation begins when urine becomes supersaturated with insoluble components due to (1) low urinary volume, (2) excessive or insufficient excretion of selected compounds, or (3) other factors (e.g., urinary pH) that diminish solubility.

Urinary calculi consist of aggregates of crystals, usually containing calcium or phosphate in combination with small amounts of proteins and glycoproteins. Renal stones vary greatly in size, from sand-like particles anywhere in the urinary tract to large, round stones in the bladder. Staghorn calculi fill the whole renal pelvis and branch into the calyces; they are usually associated with infection and composed largely of struvite. Deposits of calcium may be present throughout the renal parenchyma, giving rise to fine calcification within it (nephrocalcinosis), especially in patients with renal tubular acidosis, hyperparathyroidism, vitamin D intoxication and healed renal tuberculosis.

Approximately 75% of stones are Ca-based (the majority Ca oxalate; also Ca phosphate and other mixed stones), 15% struvite (magnesium-ammoniumphosphate), 5% uric acid, and 1% cystine, reflecting the metabolic disturbance(s) from which they arise.

The clinical presentation is highly variable. Many patients with renal stone disease are asymptomatic, whereas others present with pain, haematuria, urinary tract infections or urinary tract obstruction. A common presentation is with acute loin pain together with haematuria: A symptom complex termed renal or ureteric colic. This is most commonly caused by ureteric obstruction by a calculus but the same symptoms can occur in association with a sloughed renal papilla, tumor or blood clot. The patient is suddenly aware of pain in the loin, which radiates round the flank to the groin and often into the testis or labium, in the sensory distribution of the first lumbar nerve. The pain steadily increases in intensity to reach a peak in a few minutes. The patient is restless and generally tries unsuccessfully to obtain relief by changing position or pacing the room. There is pallor, sweating and often vomiting. Frequency, dysuria and haematuria may occur. The intense pain usually subsides within 2 hours but may continue unabated for hours or days. It is usually constant during attacks, although slight fluctuations in severity may be seen. Subsequent to an attack of renal colic, intermittent dull pain in the loin or back may persist for several hours.

Patients with symptoms of renal colic should be investigated to determine whether or not a stone is present, to identify its location and to assess whether it is causing obstruction. Non-contrast CTKUB is the gold standard for diagnosing a stone within the kidney or ureter, as 99% of stories are visible using this method.

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 particularly undesirable.

Case Report

A female patient aged about 23 yrs. came to my OPD, with complaining of pain in abdomen on & off since 6 months. Complaining severe abdominal pain associated with nausea, vomiting and fever and she was diagnosed as bilateral renal calculi. Pain in abdomen radiates to back occasionally, pain in both loins.

Burning urination and reddish brown in color with red sediment in urine. Pain in both loins and abdomen aggravated before passing urine and especially evening 4 to 8 pm and amelioration after urination and walking.

Generals

She completed her B tech and got job in Software Company 1 year back. She is generally calm going natured but she gets angry from any sort of contradiction, She has a great fear of being alone, somebody has to be there for company either friends or family.

Patient is medium height with brownish complexion. She desires sweets. She has burning urination and reddish brown in color with red sediment in urine. She prefers for small quantities of water. She prefers to lies on back. Her appetite, bowels, sleep, all are normal. She has scanty sweat on whole body with no significant odor &staining.

GYN & OBS History

Menarche at the age of 12 years, regular cycle of 28 days, 3 days of flow, bright red bleeding and no clots and no other menstrual related complaints.

Systemic examination

On Bimanual examination of abdomen pain has been elicited in both loins.

Case analysis

- Gets anger from contradiction
- Desire for company.
- Thirst small quantities for.
- Desires sweets.
- Sleep on back.
- Burning urination and reddish brown in color with red sediment in urine.
- Pain aggravated at 4 to 8 pm and before urination.
- Pain ameliorated by walking and after urination.
- Pain in abdomen radiates to loins cramping type of pain.

Selection of repertory

Based on symptoms synthesis repertory was selected

Rubrics

- Mind-Anger, contradiction; from.
- Mind-Company, desire for.
- Stomach-Thirst-small quantities for.
- Generals-food and drinks-sweets, desire
- Sleep-Position-back, on
- Urine-Burning
- Urine-Color, red, brownish red
- Urine-Sediment, red, brick color
- Abdomen-pain, evening.
- Abdomen-pain, backache, with, cramping
- Abdomen-pain, walking, amel.
- Kidneys-pain, urination, before.
- Kidneys-pain, urination, after amel.

Repertorial results

- *Lycopodium*: 30/13
- *Pulsatilla*: 19/10
- *Sulphur*: 18/10
- *Nux vomica*: 14/8
- *Phosphorus*: 14/78

Selection of remedy

Based on symptom similarity *Lycopodium clavatum* 200C was prescribed.

Diagnostic assessment

The USG of whole abdomen and pelvis (on 31 January 2024) areas revealed bilateral renal calculi (4mm calculus noted in dilated mid calyx of right kidney and 3mm calculus is noted in lower pole of left kidney with mild hydronephrosis and hydroureter and cystitis.

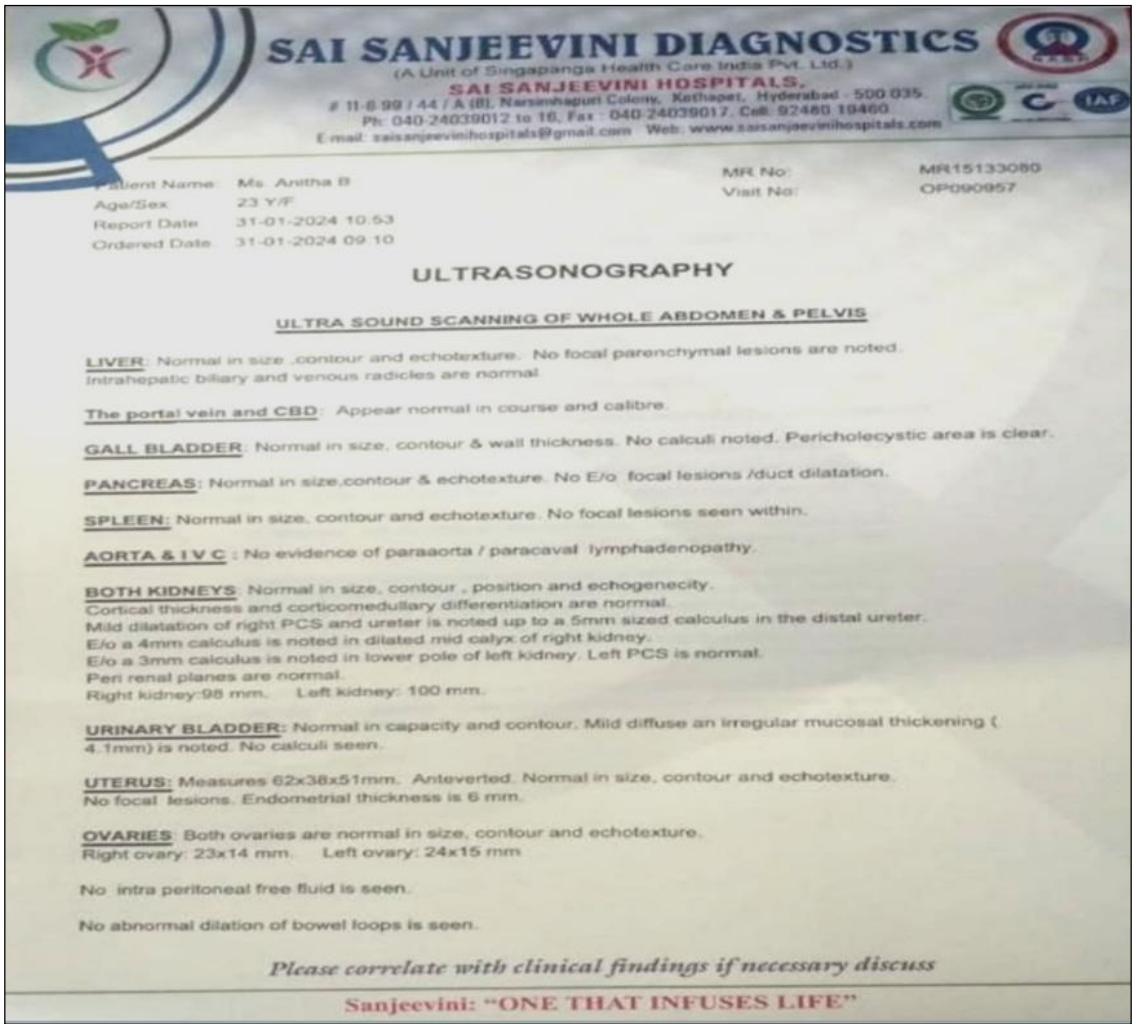
Results

The patient was followed up monthly and, if required, bimonthly. The change of potency and repetition of doses was done as per the guidelines of homoeopathic philosophy. The changes in sign and symptoms, as well as the medicine prescribed in every follow-up, are provided in Table below. The patient felt better, with no pain or bleeding per urethra. Her general condition also got better and stable. The ultrasound report revealed no calculi in the kidneys, with no hydronephrosis and hydroureter and cystitis.

Date	Symptoms	Prescription
31-01-24	Abdominal pain and pain in both loins. Burning urination with red sediment in urine.	Rx *Lycopodium* 200c 1 dose Placebo 1month
03/2/24	Abdominal pain and pain in both loins has been reduced. Even improvement in urine color. But slight burning urination is there.	Rx SL 1 dose Placebo 1 month
11/3/24	Complaints better after medication but slight burning urination is still present.	Rx *Lycopodium* 1M 1 dose Placebo 15 days
28/3/24	Complaints are improved	Rx SL 1 month

Before & After treatment:

BEFORE:



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E-mail: saisanjeevinihospitals@gmail.com Web: www.saisanjeevinihospitals.com

Patient Name: Ms. Anitha B
Age/Sex: 23 Y/F
Report Date: 31-01-2024 10:53
Ordered Date: 31-01-2024 09:10

MR No: MR15133080
Visit No: OP0909957

ULTRASONOGRAPHY

ULTRA SOUND SCANNING OF WHOLE ABDOMEN & PELVIS

LIVER: Normal in size ,contour and echotexture. No focal parenchymal lesions are noted. Intrahepatic biliary and venous radicles are normal

The portal vein and CBD: Appear normal in course and calibre.

GALL BLADDER: Normal in size, contour & wall thickness. No calculi noted. Pericholecystic area is clear.

PANCREAS: Normal in size,contour & echotexture. No E/o focal lesions /duct dilatation.

SPLEEN: Normal in size, contour and echotexture. No focal lesions seen within.

AORTA & I V C : No evidence of paraaorta / paracaval lymphadenopathy.

BOTH KIDNEYS: Normal in size, contour , position and echogenecity.
Cortical thickness and corticomedullary differentiation are normal.
Mild dilatation of right PCS and ureter is noted up to a 5mm sized calculus in the distal ureter.
E/o a 4mm calculus is noted in dilated mid calyx of right kidney.
E/o a 3mm calculus is noted in lower pole of left kidney. Left PCS is normal.
Peri renal planes are normal.
Right kidney:98 mm. Left kidney: 100 mm.

URINARY BLADDER: Normal in capacity and contour. Mild diffuse an irregular mucosal thickening (4.1mm) is noted. No calculi seen.

UTERUS: Measures 62x38x51mm. Anteverted. Normal in size, contour and echotexture. No focal lesions. Endometrial thickness is 6 mm.

OVARIES: Both ovaries are normal in size, contour and echotexture.
Right ovary: 23x14 mm. Left ovary: 24x15 mm

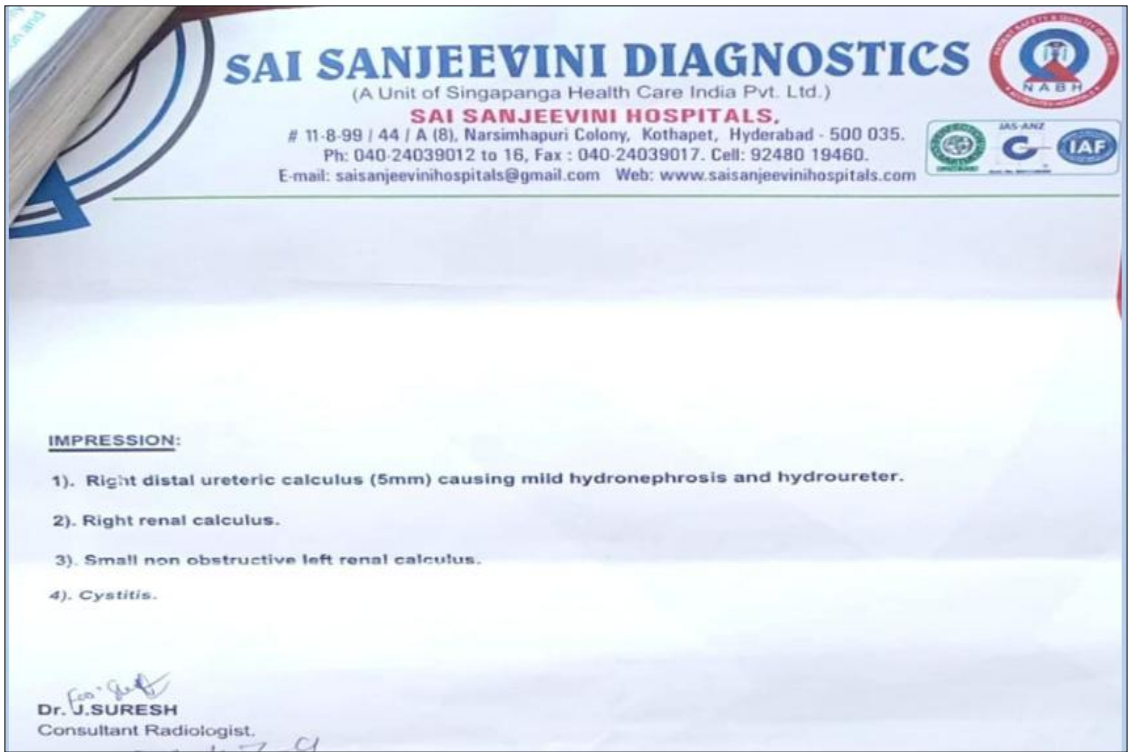
No intra peritoneal free fluid is seen.

No abnormal dilation of bowel loops is seen.

Please correlate with clinical findings if necessary discuss

Sanjeevini: "ONE THAT INFUSES LIFE"

BEFORE:



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IMPRESSION:

1). Right distal ureteric calculus (5mm) causing mild hydronephrosis and hydroureter.

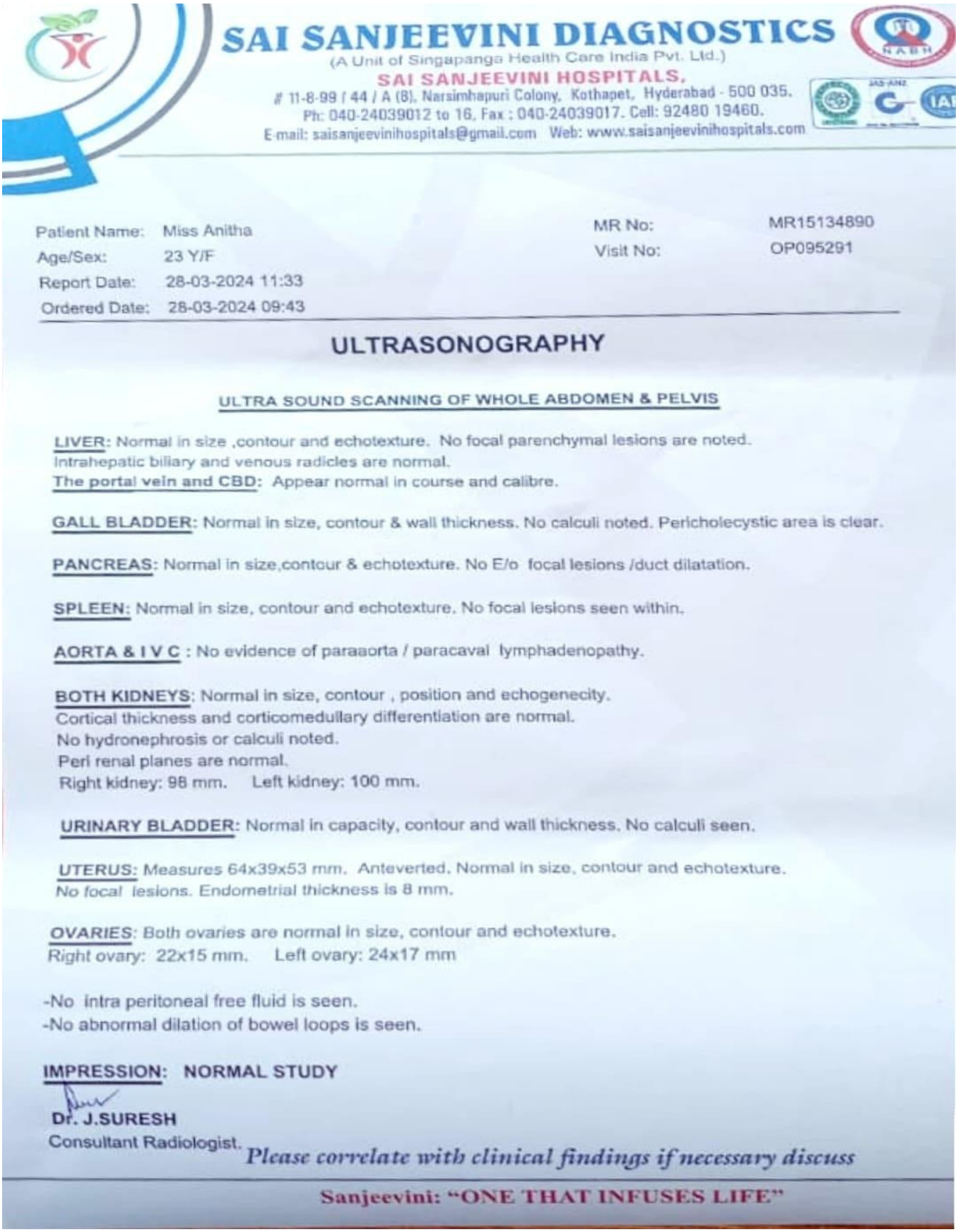
2). Right renal calculus.

3). Small non obstructive left renal calculus.

4). Cystitis.

Dr. J.SURESH
Consultant Radiologist.

AFTER:



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E-mail: saisanjeevinihospitals@gmail.com Web: www.saisanjeevinihospitals.com

Patient Name: Miss Anitha
Age/Sex: 23 Y/F
Report Date: 28-03-2024 11:33
Ordered Date: 28-03-2024 09:43

MR No: MR15134890
Visit No: OP095291

ULTRASONOGRAPHY

ULTRA SOUND SCANNING OF WHOLE ABDOMEN & PELVIS

LIVER: Normal in size ,contour and echotexture. No focal parenchymal lesions are noted.
Intrahepatic biliary and venous radicles are normal.
The portal vein and CBD: Appear normal in course and calibre.

GALL BLADDER: Normal in size, contour & wall thickness. No calculi noted. Pericholecystic area is clear.

PANCREAS: Normal in size,contour & echotexture. No E/o focal lesions /duct dilatation.

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BOTH KIDNEYS: Normal in size, contour , position and echogenecity.
Cortical thickness and corticomedullary differentiation are normal.
No hydronephrosis or calculi noted.
Peri renal planes are normal.
Right kidney: 98 mm. Left kidney: 100 mm.

URINARY BLADDER: Normal in capacity, contour and wall thickness. No calculi seen.

UTERUS: Measures 64x39x53 mm. Anteverted. Normal in size, contour and echotexture.
No focal lesions. Endometrial thickness is 8 mm.

OVARIES: Both ovaries are normal in size, contour and echotexture.
Right ovary: 22x15 mm. Left ovary: 24x17 mm

-No intra peritoneal free fluid is seen.
-No abnormal dilation of bowel loops is seen.

IMPRESSION: NORMAL STUDY

Dr. J.SURESH
Consultant Radiologist.

Please correlate with clinical findings if necessary discuss

Sanjeevini: "ONE THAT INFUSES LIFE"

Discussion:

In this complex case of renal calculi, *Lycopodium* covered many symptoms, such as renal colic which is aggravated 4 to 8 pm and pain before urination and amelioration after urination and red sediment in urine with burning micturition and desires sweets, sleeps on back where everything were not covered by *pulsatilla, sulphur and nux vomica*. *Lycopodium* was found to be useful in 200C and 1M potencies in this case. After prescribing the 200th potency, the intensity of the pain was reported to have reduced, but the symptoms became stagnant after two prescriptions. A single dose of *Lycopodium* 1M was then administered, further accelerating the patient's improvement. Following this, the patient felt better, with no pain or bleeding per urethra. His general condition also got better and stable. The ultrasound report revealed no calculi in the bladder or kidneys, with no hydronephrosis and hydroureter and cystitis. The prevalence and recurrence rates of renal and urinary bladder calculi are increasing worldwide due to various factors. Repeated surgical interventions may remove the obstruction, but it may not be a solution for changing the tendency of the formation of urinary calculi. The homoeopathic system of medicine can provide a holistic approach to managing such cases non-invasively.

Conclusion

In the homoeopathic treatment, underlying cause and individual susceptibility are addressed, which not only helped in the expulsion of urinary calculi but also checks its recurrence, cured pathological changes, and provided an enhanced quality of life of the patient. Homoeopathy also helps to avoid unnecessary surgical intervention. Patient should be counseled to avoid dehydration and drink copious amounts of water.

Acknowledgments

"I am grateful to Dr. V Suseela, Head of the Department of Homoeopathic Materia Medica, for her unwavering support and expert guidance throughout this article. Her mentorship have been pivotal in my academic and professional growth, and I appreciate the opportunity to work under their direction".

Conflict of Interest

Not available

Financial Support

Not available

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