Nephrolithiasis and its homoeopathic management

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Abstract

Nephrolithiasis is the renal calculi which is a surgical disease but treatable with homoeopathic medicines. It is necessary to trace the aetiology in the cases of nephrolithiasis which helps in the management and prevention of the disease. So combining the understanding of the disease and of the homoeopathic medicines, cases of the nephrolithiasis can be managed effectively.

Keywords: Nephrolithiasis, renal calculi, homoeopathy

Introduction

What is nephrolithiasis?

Nephrolithiasis specifically refers to calculi in the kidneys, characterized by flank pain radiating to the groin, gross or microscopic hematuria, nausea and vomiting.

Aetiology and Pathogenesis

1. Dietary: Stone can be deposited in a nidus formed due to desquamation of epithelium caused due to deficiency of Vitamin A.
2. Altered urinary solutes and colloids: Solutes concentrate until they precipitate which occurs due to dehydration and decrease in urinary colloids.
3. Decreased urinary citrate: Insoluble calcium phosphate is converted into soluble form due to presence of citrate in urine and as the urinary citrate decreases causing increased insoluble calcium phosphate leading to precipitation and stone formation.
5. Inadequate urinary drainage and urinary stasis: Stones are easily to form when urine is static.
6. Prolonged immobilisation: Immobilisation leads to skeletal decalcification and an increase in urinary calcium further leading to the formation of calcium phosphate calculi.
7. Hyperparathyroidism: Hyperparathyroidism causes recurrent or multiple stones in 5% cases by causing hypercalcemia and hypercalciuria.

Types of renal calculus

- Calcium oxalate (75%)
- Calcium phosphate (15%)
- Uric acid (8%)
- Struvite (1%)
- Cystine (1%)

Clinical features

1. Silent calculus: Most of the patients presents with no complaints and nephrolithiasis is found as a coincidental finding.
2. Pain: Pain is the most common complaint of nephrolithiasis. Fixed renal pain occurs in the renal angle, the hypochondrium, or in both which may be worse on movement.
3. Gross hematuria: Gross hematuria with pain in renal angle is characteristically indicative of nephrolithiasis.
4. Nausea and Vomiting: It occurs in case of irritation of nerves due to renal stone.
Investigations [2]

1. X-ray (KUB): The ‘KUB’ film shows the kidney, ureters and bladder. An opacity maintaining its position relative to the urinary tract during respiration is likely to be a calculus.

2. USG (KUB): USG offers the advantage of avoiding radiation and provides information on hydronephrosis, but it is not as sensitive as CT.

3. CT (KUB): Highly sensitive, and also allows visualization of uric acid stones (traditionally considered “radiolucent”).

4. Excretion urography: Also called IVU (Intravenous urogram) which will help in establishing the presence and position of a calculus and the function of the other kidney.

5. Urine R/E (Routine/Examination): Here, pH is important to check as uric acid stones are formed in low urine pH.

6. Urine C/S (Culture/Sensitivity): To identify the bacteria in case of infection.

7. 24 hours Urine sampling for: Calcium, Urate, oxalate, phosphate and Cystine if suspected.

8. Serum creatinine, blood urea and uric acid: To evaluate the function of kidneys.

9. PTH (Parathormone) level: To exclude the diagnosis of hyperparathyroidism.

10. Routine Blood test and ESR: To evaluate the level of Hb and TLC, DLC, ESR in case of infection

11. Stone Analysis: Stone analysis is to be done to find out the type of stone so that patient should be advised accordingly to done the prevention of recurrence.

Homoeopathic medicines useful in the management of nephrolithiasis [1, 4, 5, 6, 7]


2. Calcarea carbonica: Cutting stitches in urethra with ineffectual desire to urinate after urinating, renewed desire with burning. Urine after standing looks turbid like lime-water. Copious white mealy sediment in urine.


8. Tabacum: Renal colic; violent pain along ureter, left side. The nausea, giddiness, death-like pallor, vomiting, icy coldness, and sweat, with the intermittent pulse, are all most characteristic.

9. Pareira brava: Useful in renal colic. Pain going down thigh. Micturition difficult, with much pressing and straining only in drops with sensation as if bladder were full. Paroxysms of violent pains with strangury, can only emit urine when on his knees pressing head firmly against the floor for 10 to 20 minutes, sweat breaks out finally and urine drops out in interruptions.

10. Sarsaparilla officinalis: Painful retention of urine. Urine dribbles away when sitting, on standing passes urine freely, passes gravel or small calculi, blood with last of urine. child scream before and while passing it. severe pain at conclusion of urination; has to get up several times at night to urinate.

11. Sepia: Increased specific gravity of urine, depositing uric acid and urates. frequent nocturnal micturation. urine offensive, with white or dark brown sediment. weakness and aching in thighs and legs.

References


