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## Clinical verification of individualized homoeopathic medicine *Lycopodium* in nephrolithiasis: A case study

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### Abstract

Renal calculus is a stone like body composed of urinary salts bound together by a colloid matrix of organic materials<sup>[1]</sup>. In the United states 13% of men and 7% of women will develop a kidney stone during their lifetime and the prevalence is increasing throughout the industrialized world<sup>[2]</sup>. Men are more frequently affected by renal calculus than women with a ratio of 2.5:1<sup>[3]</sup>. This case represents a case of nephrolithiasis treated with homoeopathic remedy *Lycopodium*. A 33 year old female patient visited OPD on 26/10/2018. She was complaining of severe pain in lower abdomen with nausea and dull colicky pain in both renal angles. There was burning in urethra during urination. This patient improved with *Lycopodium* 1M, single dose.

**Keywords:** Lycopodium, homoeopathic

### Introduction

Renal stone or calculus or lithiasis is one of the most common diseases of urinary tract. It is becoming one of emerging challenges in the medical field because of modern life style changes, sedentary habits, an unhealthy dietary plan and overweight problems of the affluent societies emerge to be the important promoters of the “stone boom” in the new millennium both in developed and underdeveloped countries<sup>[1]</sup>.

**Causes of nephrolithiasis** - Hyper excretion of relatively insoluble urinary constituents<sup>[1]</sup>. Physical changes in urine. Altered urinary crystalloids and colloids. Decreased urinary output of citrate. Vitamin A deficiency. Prolonged immobilisation. Renal infection<sup>[1]</sup>. Inadequate urinary drainage and urinary stasis<sup>[4]</sup>. Excessive intake of animal protein, diet high in red meat, hypercalciuria, hyperoxaluria<sup>[5]</sup>.

### Types of renal calculi<sup>[2]</sup>

- Calcium Oxalate
- Calcium Phosphate
- Uric Acid
- Cystine

**Pathogenesis:** The mechanism of calcium stone formation is explained on the basis of imbalance between the degree of super saturation of the ions forming the stone and the concentration of inhibitors in the urine. Most likely site where the crystals of calcium oxalate or calcium phosphate are precipitated is the tubular acting as center of the stone. The stone grows, as more and more crystals are deposited around the center. A number of other predisposing factors contributing to formation of calcium stones are alkaline urinary pH, decreased urinary volume and increased excretion of oxalate and uric acid<sup>[6]</sup>.

### Clinical features

- **Renal pain:** Dull aching to pricking type of pain posteriorly in the renal angle formed by the sacrospinalis and 12<sup>th</sup> rib. Murphy’s kidney punch test demonstrates tenderness at renal angle<sup>[1]</sup>.
- **Ureteric colic:** When the stones is impacted in the pelviureteric junction or anywhere in the ureter.
- **Haematuria:** The quantity of blood lost is small but it is fresh blood.
- **Recurrent UTI:** Fever with chills and rigors, burning micturition, pyuria may occur, along with increased frequency of micturition<sup>[7]</sup>.

- **Hydronephrosis:** Sometimes patient complains of lump in the loin and a dull ache, which are due to hydronephrosis caused by renal stone <sup>[1]</sup>.

**Case profile**

A 33 years old female came in our OPD on 26/10/2018 with the complaints of, Severe pain in lower abdomen with nausea and dull colicky pain in both renal angles. There was burning in urethra during urination.

**History of present complaints & treatment history**

Patient was apparently well 4 days back then she started dull colicky pain in both renal angles. Thereafter severe pain starts in lower abdomen with nausea and burning in urethra during urination since 2 days. Patient took allopathic treatment but she want to take homoeopathic medication for this, so he visited our OPD.

**Associated symptoms:** Patient also suffered from flatulence in abdomen and eructation which increase after eating.

**Past history:** Typhoid 15 year back and no other history of

past illness.

**Family history:** All members healthy and alive with no significant medical history.

**Physical generals:** The patient has normal appetite has meals two times daily with sweet desire and flatulence in abdomen, sour eructation after meal, Thermal Reaction was Hot. Perspiration profuse in whole body, non-offensive, non staining. Drink 2 – 3 liters of water per day. Burning during urination.

**Mental generals:** The patient doesn't like talking and wants to alone. She feel dull and depressed with more conscious about her complaints.

**Clinical findings:** Appearance was ectomorphic, Height- 5'1", Weight- 52kgs. Other general and systematic examination findings were normal.

**Provisional Diagnosis:** Urolithiasis

**Analysis and Evaluation of Symptoms**

**Table 1:** Analysis & Evaluation of Symptoms

Mental general	Physical general	Perticular
Aversion to company	Profuse perspiration	Flatulence in abdomen < after eating
Dullness	Thermal - hot	Eructation < after eating
Sadness	Burning during urination	Pain in lower abdomen
		Kidney stone

**Miasmatic analysis of symptoms**

**Table 2:** Miasmatic analysis of symptoms <sup>[8, 9, 10, 11, 12]</sup>.

Symptoms	Psora	Sycosis	Syphilis
Aversion to company	✓		
Dullness	✓	✓	
Sadness	✓		
Thermal - hot	✓	✓	
Burning during urination	✓		
Flatulence in abdomen < after eating	✓		
Eructation < after eating	✓		
Pain in lower abdomen	✓		
Kidney stone		✓	

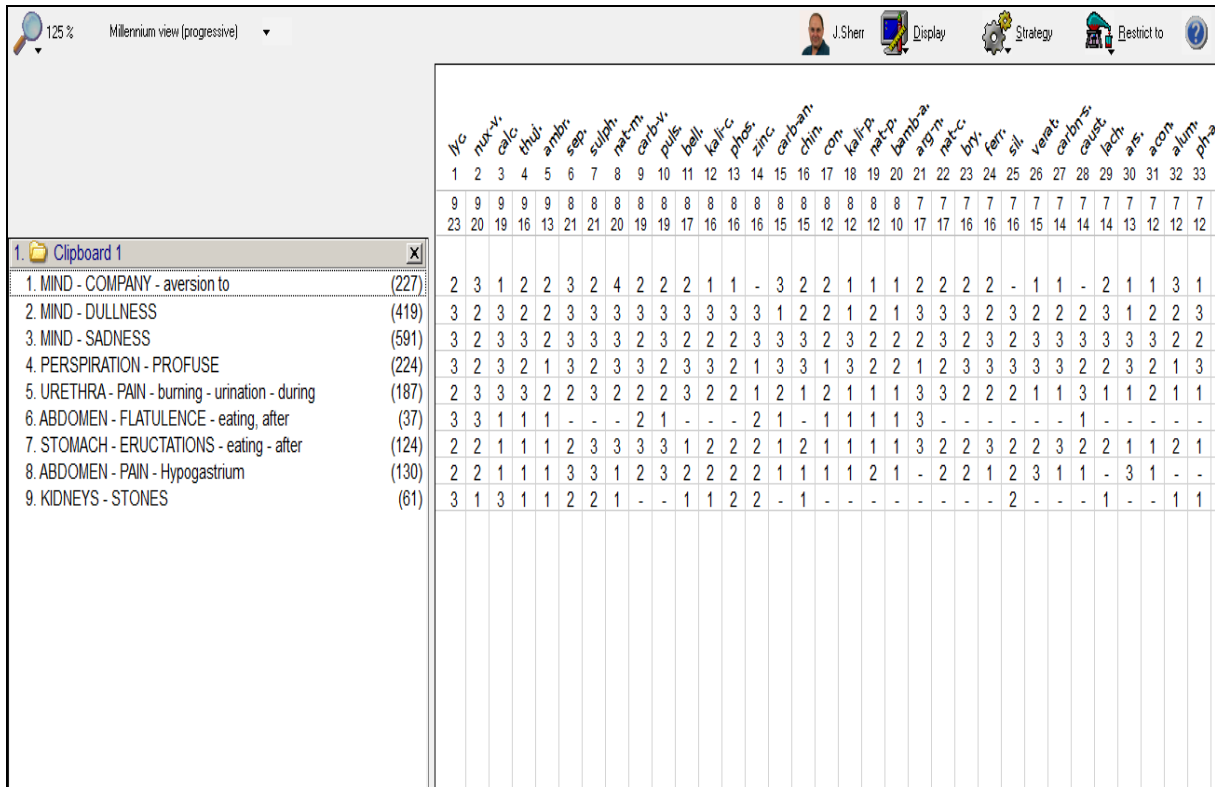
**Dominant miasm:** PSORA

**Fundamental miasm:** PSORA

**Repertorial totality**

The following rubrics were selected from RADAR 10.0 <sup>[12]</sup>

- Mind - Company - aversion to
- Mind - Dullness
- Mind - Sadness
- Perspiration - Profuse
- Urethra - Pain - burning - urination - during
- Abdomen - Flatulence - eating, after
- Stomach - Eructations - eating - after
- Abdomen - Pain - Hypogastrium
- Kidney - Stone



**Fig 1:** Repertorisation of case from Synthesis’s Repertory using RADAR software [13].

**Justification of selection of remedy and potency**

*Lycopodium* 1M/1dose/stat followed by *Phytum* for 15 days was first prescription because it covered maximum rubrics with maximum marks after repertorization. *Lycopodium* covered 9 symptoms out of 9, those are aversion of company, dullness, sadness, profuse perspiration, burning during urination, flatulence in abdomen < after eating, eructation < after eating, pain in lower abdomen, kidney stone. After comparison of symptoms from various books of

materia medica, *Lycopodium* appears similimum to the totality of symptoms of the patient. Higher susceptibility (According to his work and habit) and the medicine covered maximum symptoms hence 1M potency was selected [14].

**Prescription**

**Rx -** *Lycopodium* 1M /1dose  
*Phytum* 30/TDS 15 days

**Table 3:** Follow-ups with prescription and justification

Date	Follow Up Interpretation	Prescription	Justification
26/10/2018 (1 <sup>st</sup> visit, case taking done)	Aversion of company, dullness, sadness, profuse perspiration, burning during urination, flatulence in abdomen < after eating, eructation < after eating, pain in lower abdomen, kidney stone	<i>Lycopodium</i> 1M/1dose <i>Phytum</i> 30/TDS/15 days	After repertorisation and comparison of symptoms from various books of materia medica, <i>Lycopodium</i> is similimum
10/11/2018	Marked relief in pain abdomen and burning urination and eructation. Slight relief in flatulence in abdomen.	<i>Phytum</i> 30/TDS/30 days	Improvement in patient’s symptoms.
11/12/2018	No any complaints	<i>Phytum</i> 30/TDS/30days	Improvement in patient’s symptoms.
21/01/2019	No any complaints	<i>Phytum</i> 30/TDS/30days.	Improvement in patient’s symptoms.
21/02/2019	No any complaints and also investigation report show no abnormality in abdomen.	<i>Phytum</i> 30/TDS/30days	Improvement in patient’s symptoms.

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 echogenecity is normal.  
5x4 mm calculus is noted in distal ureter after crossing the iliac vessel with Hydro-ureter-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. 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-ureter-nephrosis.  
-B/L renal calculus.

Advice clinical correlation.

Dr. Perna Gupta  
Consultant Radiologist

Dr. Navneet Gupta  
Consultant Radiologist

धुण लिंग परीक्षण करना व करवाना दण्डनीय अपराध है।  
इसकी शिकायत 104/108 टोल फ्री सेवा पर की जा सकती है।

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Fig 2: Pre medication USG Report



Fig 3: Pre medication USG film

**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 echogenicity 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.

Dr. Prerna Gupta  
Consultant Radiologist

Dr. Navneet Gupta  
Consultant Radiologist

पूर्ण लिंग परीक्षण करना व कलवाना दण्डनीय अपराध है।  
इसकी शिकायत 104/108 टोल फ्री सेवा पर की जा सकती है।

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Fig 4: Post medication USG Report



**Fig 5:** Post medication USG film

### Discussion and conclusion

Physical appearance related issues have become almost important for young individuals in this modern era and competitive world. Homoeopathic medicines have a positive effect on various disorders. This case confirms significance of single dose and repertorial approach on the basis of totality of symptoms.

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