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Scope of homoeopathy in treatment of renal calculi

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Abstract

The modern lifestyle and chaotic eating habits is a part of today's life, which has given rise to many diseases. Among these diseases one is Renal Stone. Modern medicine relies mostly on surgery for its treatment. But homoeopathy is a method which has been providing its simple and easy treatment over the years without the need of surgical interventions. Various literatures are available on renal calculi, Dr. H. Farrington explained the treatment in 1935. Through a case study and presenting literature tried to define the scope of homoeopathy along with its type, etiology, pathogenesis, symptoms, symptom based miasmatic analysis and possibilities of treatment. This case was also attractive because it was completely cured within 3 days.

Keywords: bladder, haematuria, homoeopathy, renal calculi

Introduction

“Text-books on homœopathic therapeutics form a useful and necessary part of our literature, but the indications for remedies are usually meager and unsatisfactory to the careful student of Materia medica. Moreover, they are apt to lower the standard of prescribing with those who are lazy or lacking in the fundamentals of correct prescribing. Although at times it may be possible to remove calculi from the kidneys by administering one of the remedies recommended in treatises-on renal diseases, it is by no means certain that the patient's general health will be benefited at the same time.”^[8] By Dr. Harvey Farrington, M.D.

Stones can form at any level in the urinary tract, but mostly arises in the kidney. Renal calculi are common, affecting $\geq 5\%$ of the population, and recurrent in more than half of patients. Stone formation begins when urine becomes supersaturated with insoluble components due to:-

1. Low urinary volume
2. Excessive or insufficient excretion of selected compounds
3. Other factors (e.g., urinary pH) that diminish solubility

Cause and pathogenesis^[3,4].

Type	Incid-Ence	Etiology	Pathogenesis
Calcium stones 	75%	Idiopathic hypercalciuria (50%) Hypercalciuria and hypercalcemia (10%) Heperoxaluria (5%) Enteric (4.5%) Hyperuricosuria (20%) Hypocitraturia No known metabolic abnormality (15% to 20%)	Supersaturation of ions in urine, alkaline pH of urine; low urinary volume, oxaluria and hyperuricosuria
Mixed (struvite) stones (Magnesium ammonium phosphate) 	15%	Urinary infection with urea-splitting organisms like Proteus	Alkaline urinary pH produced by ammonia from splitting of urea by bacterially produced urease

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<p>Uric acid stones</p> 	6%	<p>Associated with hyperuricemia Associated with hyperuricosuria Idiopathic (50% of uric stones)</p>	<p>Acidic urine (pH below 6) decreases the solubility of uric acid in urine and favours its precipitation</p>
<p>Cystine stones</p> 	2%	<p>Genetically-determined defect in cystine transport</p>	<p>Cystinuria containing least soluble cystine precipitates as cystine crystals</p>
<p>Other types</p>	< 2%	<p>Inherited abnormalities of amino acid metabolism</p>	<p>Xanthinuria</p>

Predisposing factors for renal calculi

1. Environmental and dietary causes: Low urine volumes: High ambient temperatures, low fluid intake • Diet: high protein, high sodium, low calcium • High sodium excretion • High oxalate excretion • High urate excretion • Low citrate excretion.
2. Acquired causes: • Hypercalcaemia • Ileal disease or resection (increases oxalate absorption and urinary excretion) • Renal tubular acidosis type I (distal).
3. Congenital and inherited causes: • Familial hypercalciuria • Medullary sponge kidney • Cystinuria • Renal tubular acidosis type I (distal) • Primary hyperoxaluria.

Signs and symptoms ^[1]

Stones in the renal pelvis may be asymptomatic or cause haematuria alone; with passage, obstruction may occur at any site along the collecting system (obstructive uropathy). Obstruction related to the passing of a stone leads to:-

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

In contrast, staghorn calculi, associated with recurrent UTI with urea-splitting organisms (Proteus, Klebsiella, Providencia, Morganella, and others), may be completely asymptomatic, presenting with loss of renal function.

Investigations ^[2]

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.

- About 90% of stones contain calcium and these can be visualised on plain abdominal X-ray.
- CTKUB 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.
- Ultrasound can show stones within the kidney and dilatation of the renal pelvis and ureter if the stone is obstructing urine flow.

A minimum set of investigations should be performed in patients with a first renal stone. Chemical analysis of stones

is often helpful in defining the underlying cause and management of case.

Blood: Calcium, Phosphate, Uric acid, Urea and electrolytes, Bicarbonate, Parathyroid hormone.

Urine: Dipstick test for protein, blood, glucose, Amino acids.

24-hr urine: Urea, Creatinine clearance, Sodium, Calcium, Oxalate, Uric acid.

Miasmatic analysis

Renal Calculi predominantly psoro-sycotic miasm. Nephritis, pyelitis, cystitis and urethritis are psoric in origin. Renal dropsy with renal calculi and calculus deposition in genitor-urinary track and its complication with various types of pain are generally sycotic manifestation. Advance condition of kidney and genito-urinary tract with pyogenic inflammation and hematuria associated with structural and pathological changes are considered as syphilitic origin.

Some miasmatic rubrics from R.P. Patel’s Miasmatic Repertorisation

1. **Bladder Pain:** Extending to kidney; Extending to spermatic cords; Extending to thighs; Extending to uterus, -Pain : Burning, Urination before; Burning Urination during; Burning Urination after – Psora Retention of urine: Retention Dribbling with, Urination, Dysuria, Aching in back with, Painful child cries before urine starts, Painful, close of urination - Psora Sycosis
2. **Kidney:** Pain extending to abdomen; To bladder; To thighs; To Testes; - Pain region of extending downwards; Thigh; Groin, anxious nausea with – Psora
3. **Urethra:** Pain Burning urination before – Psora Sycosis
4. **Urine:** Bloody – Psora,- Sediments renal calculi, Sediments sand gravel (small calculi) – Psora Sycosis
5. **Back:** Pain: Lumber region Urination before; Urination during; Urination, after; Extending to abdomen around; Extending to thighs – Psora

Homoeopathic therapeutics ^[5,7]

1. **Berberis Vulgaris:** Excellent remedy for renal colic, especially when pain in left side extended from kidney region to urethra, with intense urging to urinate. Similar symptoms in right side also be cured.
2. **Lycopodium:** in chronic cases when acute pain subside, especially right side with red sand in urine.
3. **Chin. Sulph:** When there is brick dust or straw-yellow

deposite in urine.

4. **Sarasparilla:** Severe, almost unbearable pain at conclusion of urination. Passage of gravel or small calculi; renal colic; stone in bladder; bloody urine. Urine: bright and clear but irritating; scanty, slimy, flaky, sandy, copious, passed without sensation; deposits white sand. Painful distention and tenderness in bladder; urine dribbles while sitting, standing, passes freely; air passes from urethra.
5. **Pareira Brava:** The urinary symptoms are most important. Useful in renal colic, prostatic affections, and catarrh of bladder. Sensation as if bladder were distended, with pain. Pain going down thigh.
6. **Medorrhinum:** Great anti sycotic remedy. Severe pain (backache) in renal region, > by profuse urination. Renal colic; intense pain in ureters, with sensation of passage of calculus; craving for ice.
7. **Calcarea Carb:** Renal colic when formation of stone due to uric acid.
8. **Natrum Phos:** Prevent formation of calculi and keep the Oxalate of lime in solution.
9. **Terebinthina:** Violent drawing pain in the region of kidneys. Violent burning and cutting pain during urethra. Blood and albumin in urine. It is said to prevent and dissolve renal calculi. Urine red, brown, black or smoky in appearance.
10. **Cantheris:** Inflammation of kidney, Bladder and Urethra. Sharp tearing and incisive pain in kidney.
11. Difficult emission of urine. Emission of blood drop by drop.
12. **Hydrangea Abores:** Burning in urethra and frequent desire. Urine hard to start. Heavy deposit of mucus. Sharp pain in loins, especially left. Spasmodic stricture. Profuse deposit of white amorphous salts.
13. **Ocimum canum:** Right renal colic. Uric acid diathesis. Red sand in urine. Acidic, formation of spike crystals of uric acid. Turbid, thick, purulent, bloody, brick dust red or yellow sediment. Odour of musk. Pain in ureters, cramps in kidneys.

Case study

A XY 38yrs male patient came with complain of severe abdominal pain extended to thigh and back. There was Severe burning pain during urination. Scanty urine, blood comes from urethra 3 day back. He comes with ultrasonography impression as there is a 10.0mm calculus present inside urinary bladder lumen.

Past History

Same type of pain was noticed 4yrs back. That time 6mm stone present inside prostatic urethra. Then Treated with

Allopathy and Ayurvedic medicine, results in Stone comes out along the urine.

History of Present illness

Since last one week discomfort feeling, 3 days back blood in urine with dull pain in kidney region. Then he went for ultrasonography after the advice of a Allopathic Doctor.

Mental symptoms

1. Very much irritable in evening, feel palpitation and Anxiety, especially bed time, so sleeplessness. Very much confusion due to mental irritation, sometimes not remember what he want to do. He feel that it is due to pressure in bladder, fear to urinate, but feel better in all mental symptoms after urination. But after sometimes it again started.
2. Sleeplessness due to rush of thoughts, multiple dreams comes in and out. Very much restless upto midnight.

Physical generals

1. Appetite- Diminished appetite.
2. Thirst- 4-5 ltrs water per day, dryness of mouth with thirst.
3. Desire-salty and spicy food. Craving for non-veg food
4. Urine- Frequent and urgent desire of urination. but scanty urination, only few drops passed during urination. Burning during urination. Sometimes red coloured strain in urine.

General examination: Blood pressure -120/70mmhg Pulse- 84/min. Skin- Dry and lustreless
On systemic examination: Tenderness over right pelvic region and bladder.

Urine analysis: Urine Hazy, Renal Epithelial Cell- (++)
Calcium Oxalate- (+)

Totality of Symptoms & Miasmatic analysis

1. Anxiety at evening especially at bed- Sycotic
2. Irritation, Confusion and palpitation ameliorate by urination- Psoric
3. Sleeplessness due to rush of thoughts- Psoric
4. Fear to urinate- Sycotic
5. Dryness of mouth with thirst.- Psoric
6. Abdomen pain extended to thigh right side- Psoric
7. Frequent and urgent desire for urination- Psoric
8. Burning during micturation- Psoric
9. Haematuria- Psoro-Syphilitic

Predominantly the case is Psoric some extent it is sycotic also.

Repertorial Analysis [6]

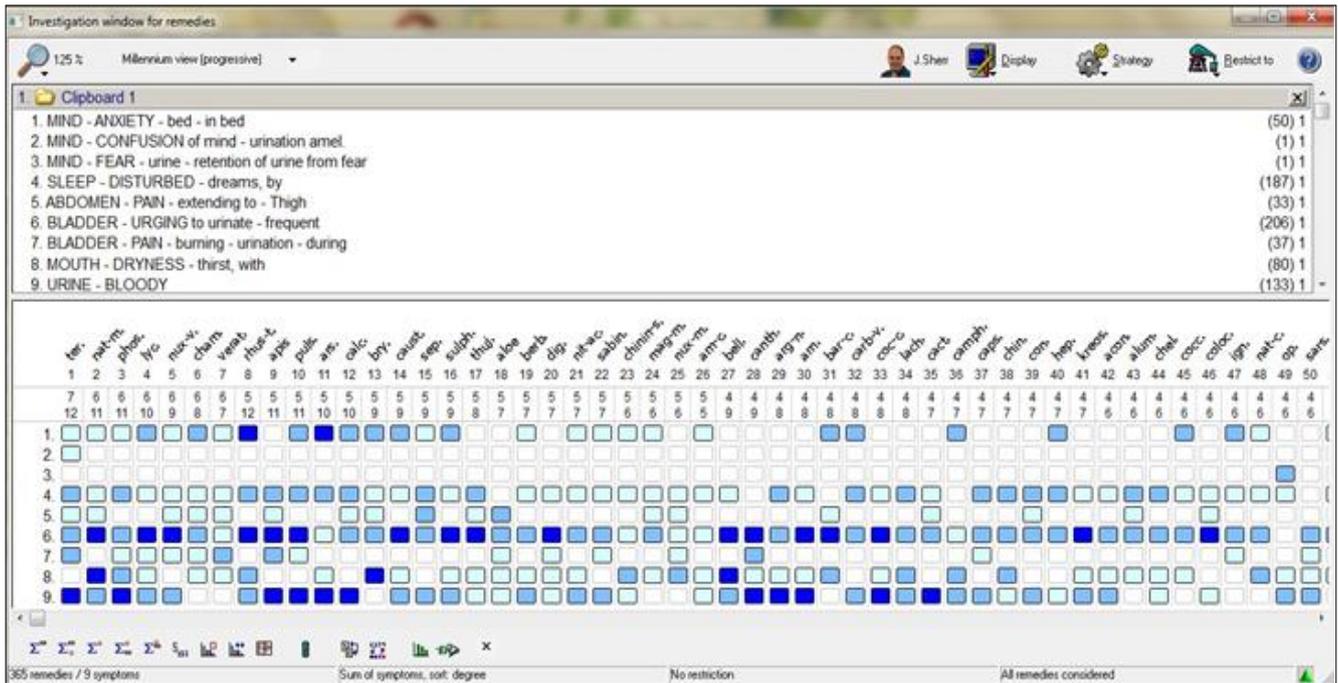


Fig 1: Repertorial Chart (Using Hopath Complete Repertory)

Selection of Remedy & Potency: On the basis of repertorisation and homoeopathic therapeutic, Terebinthina was found to be perfect remedy for the case. Two rubrics have single medicine. So, it is characteristic symptoms for prescription but after repertorisation terebinthina cover almost all the evaluated symptoms. So Terebinthina is

prescribed remedy. As the miasmatic analysis the case is Psoro-sycotic the potency may chosen from moderate to high potency.

Prescription: Terebinthina 1M 2 dose, PL TDS (10/12/2020)

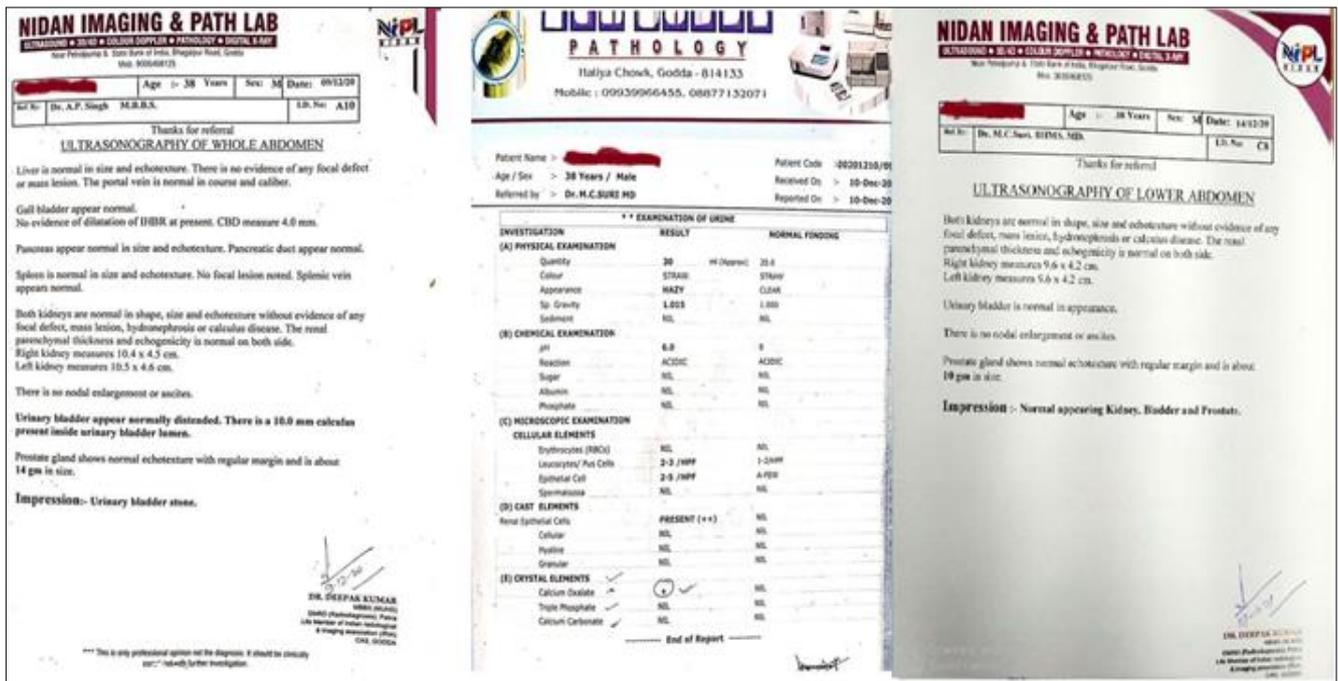


Fig 2: Investigation Reports

13/12/2020- Calculus remove through urine with slight haematuria.

Conclusion

As obtained through this case, homeopathy works on the body of the person too fast, simple and complete. As Dr

Farrington's state, if homeopathic therapeutic and fundamental of prescribing is used properly, there is a lot of scope of homeopathy in the treatment of renal calculi.

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