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Dr. Ajay VishwakarmaPrincipal I/C, Associate
Professor & HOD, Department
of Anatomy, Chandola
Homoeopathic Medical College
and Hospital, Rudrapur, U S
Nagar, Uttarakhand, India

A case report on renal calculi with hydronephrosis treated with homoeopathy

Dr. Ajay VishwakarmaDOI: <https://doi.org/10.33545/26164485.2022.v6.i1b.520>**Abstract**

We are discussing here a case of 48yrs male presented at the private clinic in Dehradun having accumulation of flatus since 3yrs and pain in the right-side lumbar region with bloating and heaviness with aggravation on eating and pressure associated with insecurity of passing flatus. The case was analysed according to the homoeopathic principles and after the repertorial analysis *Aloes socotrina* was selected as the individualised remedy according the characteristic symptoms of the case which shows remarkable progress in the case with very few doses.

Keywords: Renal calculi, hydronephrosis, risk factors, *Aloes socotrina*, homoeopathy

Introduction

Renal stone disease is a common, affecting various people of all countries. 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 countries such as Saudi Arabia, where the lifetime risk of developing a renal stone in men aged 60–70 is just over 20%¹.

Pathophysiology

Urinary calculi consist of aggregates of crystals, usually containing calcium or phosphate in combination with small amounts of proteins and glycoproteins. The most common types are summarised in Table 1 A number of risk factors have been identified for renal stone formation. In developed countries, however, most of the calculi occur in healthy young people, in whom investigations reveal no clear predisposing cause. Renal stones are of various sizes, from sand-like particles anywhere in the urinary tract to large, round stones in the bladder. In developing countries, bladder stones are common, particularly in children, the incidence of childhood bladder stones is low; renal stones in adults are more common. Staghorn calculi fill the whole renal pelvis and branch into the calyces. They are usually associated with infection and composed largely of struvite. Calcium deposition may be present throughout the renal parenchyma, giving rise to calcification within it (Nephrocalcinosis), especially in patients with renal tubular acidosis, hyperparathyroidism, vitamin D intoxication and healed renal tuberculosis^[1].

Table 1: Composition of Renal Stones^[1]

Composition	Percentage
Calcium oxalate*	60%
Calcium phosphate	15%
Uric acid	10%
Magnesium ammonium phosphate (struvite)**	15%
Cystine and others	1%

*Stones often contain small amounts of calcium phosphate.

** Associated with urine infection

Homoeopathic Approach

According to the principles of homoeopathy which is based on the law of similars, homoeopathy proved to be much help in cases of renal calculi. Homoeopathy works on the concept of individualisation and due to its holistic approach, the fundamental cause of the disease can be determined and treated the person in its whole extent.

Corresponding Author:**Dr. Ajay Vishwakarma**Principal I/C, Associate
professor & HOD, Department
of Anatomy, Chandola
Homoeopathic Medical College
and Hospital, Rudrapur, U S
Nagar, Uttarakhand, India

Case Study

Introduction

Mr X of age 48yrs came with the chief complaints of accumulation of flatus since 3yrs and pain in the right-side lumbar region with bloating and heaviness for 4 days. Pain in lumbar region of abdomen increased specially on after eating and pressure. Patient was having insecurity of passing stool during flatulence which aggravates during standing and on passing flatus.

Presenting Complaints

- Patient is having great accumulation of flatus in abdomen with urging to stool since 3yrs
- Sensation as if stool would come on passing flatus
Modalities: Agg: Standing, on passing flatus
Amel: during stool
- Pain in right side of abdomen for 4 days
Location: Lumbar region
Sensation: Agonizing pain with heaviness
Modalities: Agg: after eating, pressure
Amel: Medication
- Fullness and bloating of abdomen also present
- Pain in back for 4 days
Location: Lumbar region at one point
Sensation: pressing pain
Modalities: Agg- standing
Amel- Lying down, rest

History of presenting complaints

Patient was apparently well 3yrs back then he gradually observed accumulation of gas in the abdomen with lot of distention and bloating, accumulation was relieved by passing flatus. Afterwards gradually he experienced pain in abdomen in the right lumbar region with urging to stool every time he eats something and during passing flatus. The pain was pulsating type and it was only relieved by medication.

Past Medical History

Patient was diagnosed with tuberculosis 7yrs back treated with allopathic treatment. He suffered from fracture of carpal bones 1yr back

Family history

History of tuberculosis, Father died of tuberculosis

Physical Generals

- Appetite: Adequate, 2 meals/day
- Thirst: Take 3-4 ltr/day,
- Desire: Alcohol
- Aversion: Nothing significant
- Intolerance: Nothing significant
- Urine: Pale yellow, non-offensive, D₄ N₂
- Stool: Regular, Satisfactory, urging to stool on passing flatus
- Perspiration: Generalised, non-offensive, non-staining
- Tongue: Clean and moist
- Sleep: Sound, refreshing, 5-6 hrs
- Dream: Nothing significant
- Thermal Reaction: Hot

Mental generals

- Desire for company
- Do not express his anger
- Don't want to talk when angry, wants to be alone.
- Doesn't like contradiction

Provisional Diagnosis

Right mild hydronephrosis and upper mild hydroureter with lower obstructive pathology like ureteric calculus²

Totality of Symptoms

- Agonizing pain in lumbar region of abdomen
- Fullness and heaviness of abdomen
- Accumulation of flatus with sensation of passing stool, agg- standing
- Sensation as if stool would come on passing flatus, agg- Passing flatus
- Does not like to talk when angry
- Pain in the lumbar region on back on single spots

Rubrics³ Selected

- Mind – Consolation - agg
- Abdomen – Fullness – sensation of
- Abdomen – Pain – agonizing
- Rectum – Flatus – loud – stool – during
- Rectum – Involuntary stool
- Back pain – Lumbar region – right
- Back pain – Pressing - spots

Reportorial analysis

Case was repertorized using synthesis repertory 'Repertorium Homoeopathicum Syntheticum' written by Dr. Frederik Schroyens [3]. The first prescription was *Aloes socotrina* 30 given in four doses for four days after analysing the reportorial result based upon the characteristic indications of the medicine. The next follow up was done after 10 days having steady and marked improvement continued with Placebo.

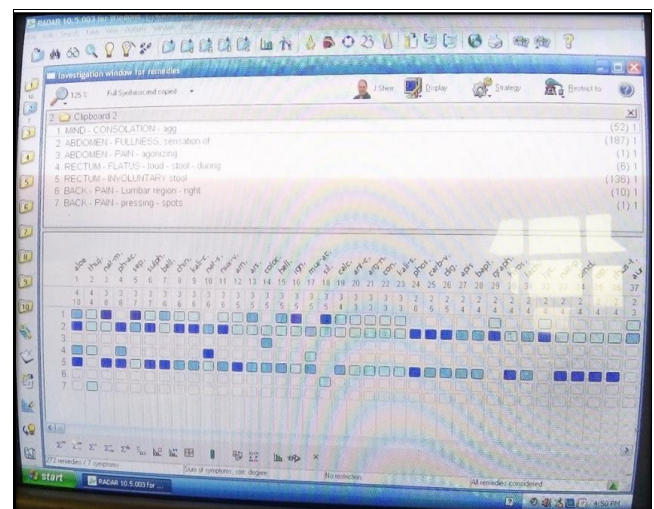


Fig 1: Repertorial Analysis

Prescription

Aloes socotrina 30 / 4 dose

Investigations

Before treatment

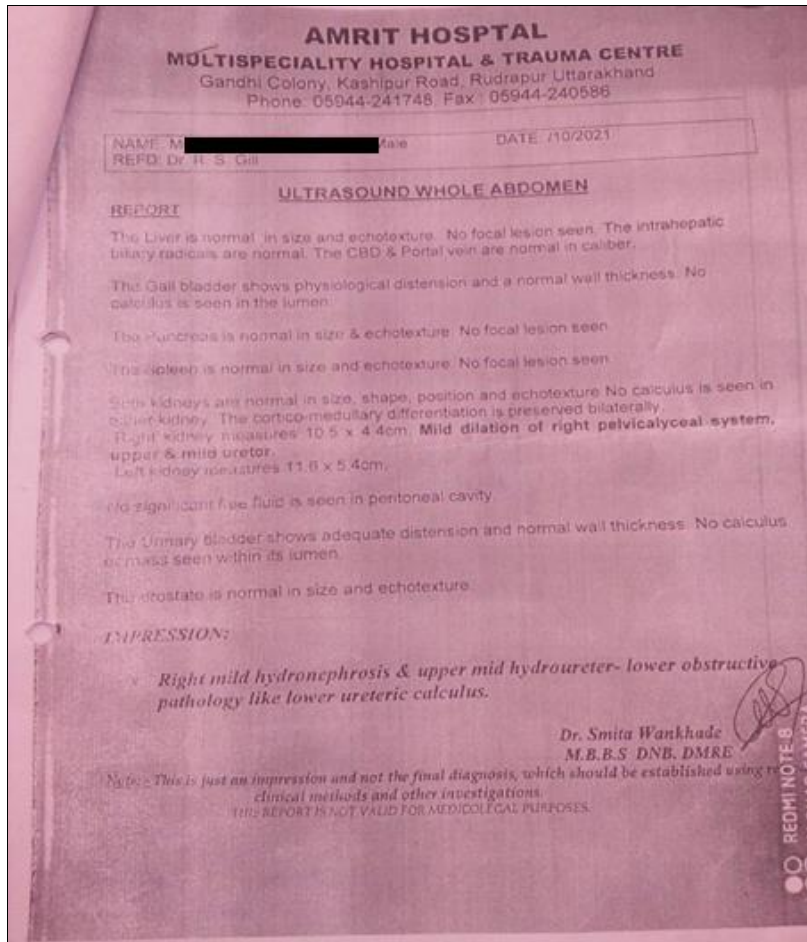


Fig 2: Ultrasonography of whole abdomen



Fig 3: Ultrasonography report

CHANDOLA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
KICHHA ROAD, RUDRAPUR (UDHAM SINGH NAGAR) UTTARAKHAND

BLOOD EXAMINATION REPORT

Name	██████████	Age	48YRS	Sex	MALE
Ref. By	DR. Ajay Vishwkarma	Serial No	14202/21	Date	15/10/21


Investigation	Test Value	Ref. Value	Investigation	Test Value	Ref. Value
Hemoglobin	12.8gm%	Male-13-18gm% Female-11.5-14gm%	Total Bilirubin		0.2-1.0mg/dl
TLC	8200/cumm	4000-11000/cumm	Direct Bilirubin		Upto 0.3mg/dl
DLC			Indirect Bilirubin		0.2-0.7mg/dl
Polymorph	70%	40-80%	SGOT		5-17U/L
Lymphocytes	25%	25-45%	SGPT		5-40U/L
Eosinophils	02%	01-06%	Alb. Phosp		50 - 125 U/L
Monocytes	03%	02-10%	S.Cholesterol		150-200mg/dl
Basophils	00%	<1%	HDL		30-75mg/dl
ESR	06mm	Male-0-10mm Female-0-20mm	LDL		90-130mg/dl
Blood Sugar (R)		70-150mg/dl	S Trigly.		65-170mg
Blood Sugar (F)		60-120mg/dl	VLDL		10-40 mg/dl
Blood Sugar (PP)		80-140mg/dl	ABO Group		
S.Creatinine		0.6-1.4mg/dl	Rh Factor		
Blood Urea		15-45mg/dl	Bleeding Time		
Total Proteins		6.5-8.3gm/dl	Clotting Time		
Albumin		3.5-5.0gm/dl	Malaria Parasite		
Globulin		2.3-3.6gm/dl	HIV I & II		
S.Uric Acid		Male-3.4-7.0 Female-2.4-6.4	HCV Test		
RA factor			HBsAg Test		
Asotitre			Mantoux Test		
C.R.P.			Typhoid Test		
A/G ratio			Platelets		1.5 - 4.5 lak
S.Calcium		8.6-11.0mg/dl	R.B.C		3.5 - 5.5 lak
Widal Test			V.D.R.L		

PATHOLOGIC

Fig 4: CBC with ESR reports

After Treatment

RUDRAPUR MRI & DIAGNOSTICS PVT. LTD.
MRI, CT, COLOR DOPPLER & ULTRASOUND, DIGITAL X-RAY
28/1, CIVIL LINES, DOCTOR'S COLONY, RUDRAPUR (UDHAM SINGH NAGAR) UTTARAKHAND
Mob.: 0901207776, E-mail: rudrapurmri@yahoo.com

1.5 TESLA MRI  **1.5 TESLA MRI**

PATIENT NAME: ██████████ AS	AGE/SEX: 48 Y/M
REF. BY: DR. AJAY VISHWAKARMA	DATE: 25-10-2021

USG-WHOLE ABDOMEN

LIVER - is normal in size with normal echogenicity. There is no focal lesion seen. IHBR are not dilated. The portal vein is normal. The IVC and hepatic veins are normal.

GALL BLADDER - Lumen is echo free. Wall thickness is normal. No evidence of calculus at present scan. No focal lesion seen.

CBD is normal.

PANCREAS - is normal in size and echotexture. There is no focal lesion seen. The main pancreatic duct is not dilated. Tail obscured due to gases.

PARA-AORTIC AREA - Aorta and inferior vena cava are seen as regular, normal caliber vessels with pulsations in complete extent. No vascular defect is seen. Para-aortic area shows no mass lesion.

SPLEEN - is normal in size with normal echotexture. There is no focal lesion seen.

RIGHT KIDNEY - is normal in size and echotexture. The cortical thickness is normal. Corticomedullary differentiation is well maintained. There is no calculus or hydronephrosis.

LEFT KIDNEY - is normal in size and echotexture. The cortical thickness is normal. Corticomedullary differentiation is well maintained. There is no calculus or hydronephrosis.

RIGHT ILIAC FOSSA - Right ilio-psoas is normal in configuration. Iliac vessels are normal. The Caecum is seen as a normally low echogenic structure with gut gasses. The appendix is not seen. No free fluid is seen in right iliac zone.

URINARY BLADDER - Lumen is echo free. Wall thickness is normal. No evidence of calculus at present scan.

PROSTATE - is normal in size, with normal echogenicity. There is no focal lesion seen.

IMPRESSION:
- NORMAL STUDY.

DR. SUBODH
(DNB Radiodiagnosis)

Prepared By: MONIKA

Fig 5: Ultrasonography reports showing disappearance of hydronephrosis and renal calculi after the treatment

Follow-up**Table 3:** Date-wise description of prescription

Date	Symptoms	Medicines
15-10-2021	Patient 1 st visit	Aloes soc 30 / 4 dose
25-10-2021	Patient finds relief in pain	Placebo

Discussion and Conclusion

In the above case of renal calculi, initially a medicine was selected based on the totality of symptoms and analysing the case of the patient according to the synthesis repertory. When patient came for consultation, he was presented with pain in abdomen in right lumbar region. After thorough case taking symptoms were aggregated to make the totality and the case was repertorized using synthesis repertory in which we got few homoeopathic medicines including *Aloes socotrina*, *Thuja*, *Natrum mur.*, *Phosphoric acid* etc., final selection of remedy is done by observing the mental generals, physical generals and particulars of the patient on the basis of individualisation. *Aloes socotrina* was the medicine selected and given in four doses on the first visit of patient. The patient was markedly improved on just a few repetitions (4 doses of *Aloes socotrina*). There was immense improvement in pain in abdomen and accumulation of flatus which were the chief complaints of the patient along with the associated symptoms (fullness and heaviness of abdomen, insecurity at anus of passing stool during flatus, pain in back lumbar region etc). Afterwards patient has been continued with placebo on his next visit with steady improvement.

The results of the case have re-established the strength of homoeopathic principles and its philosophy of gentle and speedy recovery in just one visit of the patient in a very few doses along with the concept of individualisation. Homoeopathic medicine selected on the basis of principles of homoeopathy has proved to be effective and shown marked improvement in this case of hydronephrosis with ureteric stones along with the associated symptoms. Thus, the case has proved the holistic concept of homoeopathy along with individualisation.

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