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A case of urolithiasis treated with homoeopathic medicine: An evidence based case report

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Abstract

Many patients are reluctant to undergo surgery and opt for an alternative system of medicine unless there is an urgent. Various literature shows an effectiveness of homoeopathic medicine in expulsion of mild to moderate sized of renal stones. Here is an example of a case which proves the usefulness of homoeopathic medicine in the treatment of urolithiasis.

Keywords: Urolithiasis, homoeopathy, lycopodium, *Hydrangea arborescens*, modified naranjo criteria, ureteric calculus

Introduction

Urolithiasis is one of the most common urological problem which denotes the process of forming stone in the urinary tract that can be in the kidney (nephrolithiasis), ureter (ureterolithiasis) or bladder (cystolithiasis). Worldwide, it is estimated that approximately around 5- 15% of population experience renal stones diseases during their life span with male-female ratio of 2:1 ^[1].

The basic constituents of kidney stones are calcium oxalate (75-80%), phosphate stone, uric acid and struvite (5-10%), cysteine (1%). In India, calcium oxalate monohydrate stones predominate and approximately 50% who form a single calcium stone predispose to form another within next 10 years ^[2].

Majority of stones less than 5 mm in diameter pass off spontaneously with intake of copious amount of fluids through urinary tract with or without any symptoms. Stone size of 5mm-7mm have 50% chance of passage and more than 7mm almost always requires surgical intervention ^[3].

Currently, shock wave lithotripsy or ureteroscopy are the line of treatment available in conventional method for stone size of more than 5mm. However, 63-85% of patient treated with shock wave lithotripsy is associated with increased chance of renal injury ^[4].

In India, about 12.7% of population depends entirely on Homoeopathy for their healthcare. Various Homoeopathic literature issue a good scope for treating cases of urolithiasis ^[3, 4]. The usefulness of homoeopathic medicine in dilution and mother tincture in the treatment of ureteric stones is highlighted in the present case.

Case Profile

A 45 years old male of moderate built, carpenter by profession attended Holistic Healthcare (Homoeopathic speciality clinic) Dimapur with a c/o burning micturition with severe pain in the left side of abdomen (left hypochondria) since 1 weeks. USG of whole abdomen taken on 26/03/21 shows a left lower ureter calculus measuring 8mm causing mild pelvicalyceal fullness and bilateral renal calculi (Figure1).

History of presenting complaints and treatment history

The complaint started gradually with burning sensation while urinating but he ignored the symptoms for a week until the pain in the left side of abdominal region intensified. Numeric pain intensity scale was used to assess the pain (Figure2). He also started noticing the urine flow interrupted in between while urinating resulting in unsatisfactory. He consulted an allopathic physician who suggested him for surgery but hesitant to undergo for many reason and visited Holistic Healthcare (Homoeopathic speciality clinic) Dimapur on 30/03/21.

Past history: No significant past illness was reported.

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Family history: No family history of urolithiasis.
 Personal history: He has the habit of consuming tobacco and drinking less quantity of water.
 Mental generals: He has an extreme fear of getting diseases which may lead to complication and a lack of confidence in himself.
 Totality of symptoms: The totality of symptoms arrived were fear of getting disease, timidity, thirstlessness, pain in the left quadrants of abdominal region, pain during urination, incomplete urination, burning micturition and interrupted urine flow.
 Repertorisation: The repertorisation was done using Homoeo Quest (Kents repertory). Lycopodium was the highest scoring medicine by covering maximum rubrics and also the highest points (Figure3).

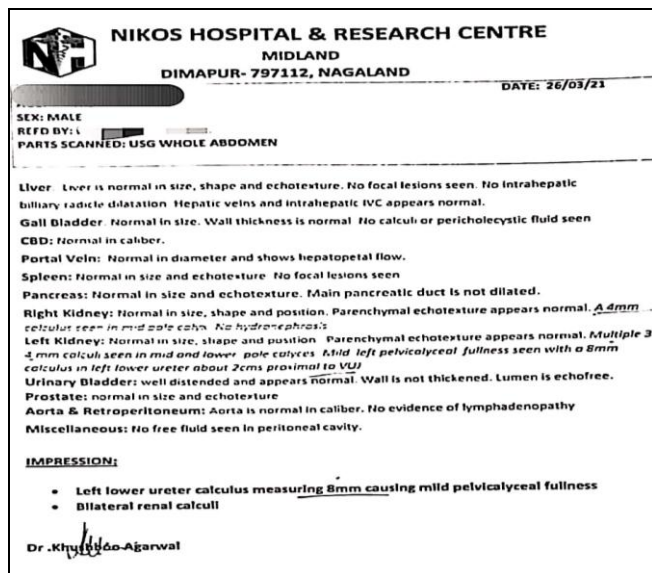


Fig 1: USG whole abdomen report (before treatment)

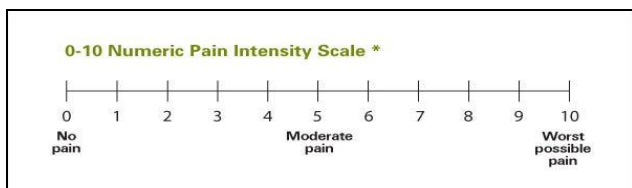


Fig 2: Numeric Pain scale [5].

Rubrics Selected

Family Name	icc	pts	h-c	ph-c	calc	cuth	asp	sup	sts	pts	cut	h-c	ph-c	calc
Family Name	22	10	17	17	10	14	10	10	10	10	10	10	10	10
Total Score	9	7	9	9	9	9	9	9	9	9	9	9	9	9
Points	9	7	9	9	9	9	9	9	9	9	9	9	9	9

Fig 3: Repertorisation chart.

Prescription

The above mentioned rubrics were taken for repertorisation and with further reference from material medica Lycopodium 30 was prescribed on the day of visit along

with placebo. On subsequent follow up *Hydrangea arborescens* Q popularly known as a left sided medicine, was prescribed which has its local action especially on left ureters and a pathological affinity for stones in ureters.

General Management

The patient was advised to increase the intake of fluids and avoid oxalate foods such as raw tomatoes, chocolates, nuts, milk, oysters, etc.

Follow Up and Outcome

During the first follow up (21/04/21) patient was reported with decrease in burning while urinating but the burning pain in the loin region still persisting with much uncomfortable. Therefore, Hydrangea q was prescribed to take 10 drops in half glass of water three times a day after food along with placebo. In the subsequent follow up (24/04/21) the patient reported that a stone had passed while urinating (figure 4). The USG KUB report confirmed that no stone of 8mm calculus in the left lower ureter is seen causing mild pelvicalyceal fullness (figure5). The timeline of the patient from first to subsequent follow up visit is mentioned in Table 1. The Modified Naranjo criteria was taken and the total score of outcome is +9 indicating a positive causal attribution of homoeopathic medicine given to the patient mentioned in Table 2 (definite: ≥ 9 , probable 5-8, possible 1-4 and doubtful ≤ 0) [6].

Table 1: Follow ups with prescription

Date	Presenting complaints	NRS Score	Prescription
30/03/21	Burning micturition and pain in the left side of abdomen (left hypochondria) since 1 weeks.	9	1. Lycopodium 30 BD x 3 days 2. Rubrum 200 x 15 days
21/04/21	Burning micturition decreased but Pain in the left loin region still persist	6	1. <i>Hydrangea arborescens</i> Q TID water dose 2. Rubrum 200 x 15 days
23/04/21	No more pain in the left loin region or burning micturition. (he gave a history of sharp intense pain in the morning while urinating before expulsion of the stones, figure.4)	0	1. Rubrum 200 x 15 days Advised: USG KUB to confirm (figure.5)



Fig 4: Expelled calculi

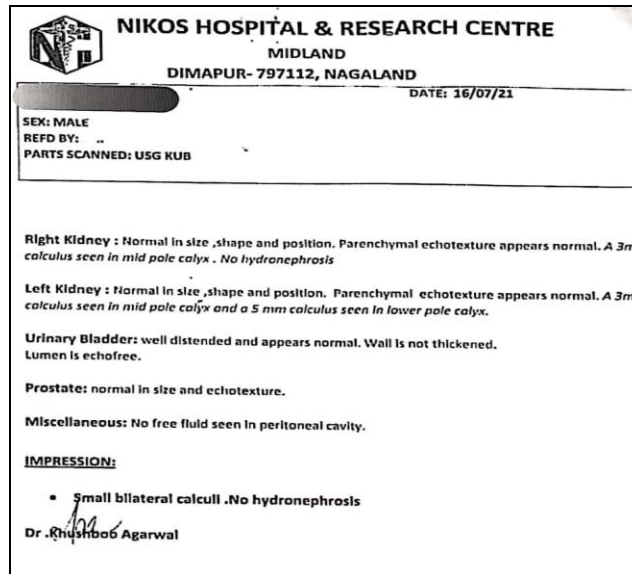


Fig 5: USG KUB report (After treatment).

Table 2: Assessment by modified naranjo criteria score

Domains	Yes	No	Not sure or N/A
1) Was there an improvement in the main symptoms or condition for which the homoeopathic medicine was prescribed?	+2		
2) Did the clinical improvement occur within a plausible time frame relative to the drug intake?			
3) Was there an initial aggravation of symptoms?	+1		
4) Did the effect encompass more than the main symptom or condition, that is, were other symptoms ultimately improved or changed?		No	
5) Did overall well-being improve?	+1		
6) Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?			Not sure
7) Direction of cure: Did at least two of the following aspects apply to the order of improvement of symptoms From organs of more importance to those of less importance From deeper of more superficial aspects of the individual From the top downwards	+1		
8) Did old symptoms (defined as non-seasonal and non-cyclical that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1		
9) Are there alternative causes (other than the medicine) that with a high probability- could have caused the improvement? (consider known course of disease, other forms of treatment and other clinically relevant intervention)		No	
10) Was the health improvement confirmed by any objective evidence? (eg., laboratory test, clinical observation, etc.)	+2	+1	
11) Did repeat dosing, if conducted, create similar clinical improvement?			
Total	9		Not sure

N/A: Not available.

Discussion

Renal calculus may be both symptomatic and asymptomatic. Patients who are symptomatic mostly comes to OPD/clinic due to discomfort or pain, for renal calculus of size more than 7mm the modern system of medicine usually advise the patient for surgery. The patient first option is to be treated with medicine as most of them are apprehensive regarding

surgery and also the high cost of treatment. So the patient seeks alternative system of medicine like homoeopathy or any system of AYUSH. Homoeopathic medicine has many a times proved to be effective for renal calculus even above the size of 7mm. There are many homoeopathic medicines in homoeopathic material medica for example like *Berberis vulgaris*, *Lycopodium*, *Sarsaparilla*, *Ocimum canum*, *Nux*

vomica, etc for renal calculus. Among this group of homoeopathic medicine the doctor will select the similimum or similar remedy from the totality of symptom. The totality of symptom is collected after proper case taking and analysis of the case and consultation of repertory as in this particular case after case taking and arriving at case totality. The medicine prescribed was *Lycopodium* in dilution which covers the maximum points and symptoms, where in nearly all cases when *Lycopodium* is indicated evidence of urinary disturbances is said to be found and Stones were found to be present in both the kidneys. *Hydrangea arborescens Q* was given on subsequent follow up since the pain in the left quadrants of abdominal region continues as it also has an affinity to left sided calculus. After the medicine the 8 mm was excreted while passing urine without requiring any surgical intervention (figure 4). This case is again a prove on how homoeopathic medicine can help excrete renal calculus of 8 mm which usually need surgery.

Conclusion

We see the potential of homoeopathy system of medicine in treating various urinary disease and renal stones through various studies. This case report once again shows that the dissolution or expulsion of ureteric stones is possible and can be managed with homoeopathic medicine.

Declaration of Patient Consent

Patient consent was taken for images and other clinical information to be reported in the article. The patient understands that his name and initials will not be published.

Conflict of interest

Nil.

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