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A case report of left sided ureteric calculus cured by lycopodium clavam in lm potency

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Abstract
Uretric calculus or stone in ureter is one of an acute abdominal condition, if it not managed properly it may transferred to fatal condition. Calculus of ureter mainly originates from kidney & passes down to ureter. While passing down it may stuck in to the narrowest constrictions in Ureteric lumens, leads to obstruction of ureter results in Uretric colic & hydonephrosis. A case of 25yrs old male patient with of Left sided ureteric calculus of 5.6mm at Uretero-vesicular junction with ipsilateral hydro-uretero nephrosis has been successfully treated by Lycopodium as a constitutional medicine at LM potency for a duration of 50 days.

Keywords: Ureteric calculus, hydonephrosis, homoeopathy, lycopodium clavitum

Introduction
Human urinary system- composed of pair of kidney, pair of ureter, Bladder, urethra. Ureter is an tubular structure connecting kidney to bladder from renal pelvis to lateral angle of trigone of bladder. Urolithiasis is a general term used for denoting stone in any part of Urinary tract. Stones usually formed in Kidney, Bladder & Prostate [6]. Uretric calculus is the most common Urolithiasis in clinical practice. It is presumed that 5-15% of world population experience Urolithiasis in their life span. Peak incidence seen in 2nd & 3rd decade of life [3]. Males are 2 times more prone than females [3]. Uretric calculus represented by colicky type pain, nausea, sweating, Haematuria, Strangury, dysuria, frequency [6], Tenderness in iliac fossa & renal angle.

Patho-physiology
Uretric calculus mainly formed in kidney. So their properties remain same as the renal calculus. There are 8 types of renal stones according to the chemical composition. Of this oxalate stone is the most common stone [8, 1].

Causes [3]
- Idiopathic (m/c)
- Hypercalcaemia & Hypercalciuria.
- Hyperuricosuria.
- Urinary tract infection.
- Hyperoxaluria.
- Cystinuria.

1. Change in the composition of urine, leads to precipitation of mineral crystals on tubular lining in nephrons in kidney.
2. This precipitation fragments on tubules act as a nidus of stone formation.
3. After a time, its size increase transfer in to calculus.
4. Calculus formed in kidney with in a time, passes down the renal pelvis & reach ureter. Ureter has 5 constriction the calculus with size more than 5mm struck in any of this constriction.
5. Mostly stone less than 4 mm size pass out asymptomatically.
6. Stone larger size stuck in constriction leads to obstruction, produce clinical features.

Clinical feature [8]

a. Colicky pain-radiates from lower back to inguinal region, it may extends to tip of genitalia.
b. Nausea, vomiting, sweating due to pain & reflex pylorospasm.
c. Haematuria, dysuria, frequency, Strangury.
Tenderness in illac fossa & renal angle.

Investigation of choice [8]

1. Urine –microscopy
2. Plain X-ray KUB view
3. Ultrasound KUB is useful
4. CT scan is diagnostic.

Case Study

On 15-03-2022, a 25 yrs old male from Berhampore, Murshidabad came to NIH OPD, he was a diagnosed case of Renal calculus with mild hydronephrosis on left side by a modern medicine physician before 2 weeks, His brief clinical history is Given below.

Presenting complaint

Painful micturition since 40 days on & off
Pain left side of abdomen since 1month on & off.

History of Presenting complaints

1. Painful micturition
2. Burning sensation with discomfort in lower abdomen < during urination. Urine – Yellowish, strong smelling < day time
3. Since last 2 weeks he feels dissatisfied with micturition, sensation of some urine left bladder.

Pain in Left side of lower abdomen

Location: Left lumbar quadrant, Renal angle, extending to Inguinal region. Nature: Pain was dull aching in past 3-4 weeks, now pain severe paroxysmal pain
< travelling in bike, eating flatulent foods, straining for stool.
During pain Nauseating feeling > warm drinks

Treatment history

H/o of taken allopathy pain killers & antibiotics for presenting complaints since last 1 month, no improvement.

Past History

H/o Scabies at 15 years old taken allopathy treatment & relived. H/o of Hospitalized for Dengue fever at the age of 21 years old.

III.

IV.

Family History

Maternal grand mother suffered from stroke. Elder brother having history of renal calculi.

Physical Generals

Thermal- Takes cold easily. Appetite: Moderate
Thirst- Good, drinks 3-4 l/day Desires- Sweets2+, warm drinks2+. Disagree- Fried food, flatulent food2+.
Stool- Irregular, hard long stool, must strain for stool. Sleep- Disturbed, unrefreshing sleep.

Mind symptoms

Irritability during pain

Totality of symptoms

Physical general:-
Desires – Cold drinks, Sweets. Disagree- Flatulent foods
Stool- Knotty, lumpy

Particular

Painful urination < during urination.
Pain in left sides of abdomen < Jarring, flatulence food, staining for stool. Associate with nausea > warm drinks.

Repertory Selection & Remedy Selection

Repertory Selected: Kent Repertory, by using RADAR 10.

Repertorial selection & reason: Kent repertory was selected because of marked number of general symptoms in the case.

Repertorial Analysis [10, 5]

Lycopodium-12/5, Bryonia -11/5, Sulphur- 10/4, Berberis-8/4
Lycopodium was prescribed because it covers the general symptoms with more mark than other medicine.

Rx

Lycopodium Clavlatum 0/1 /40 doses (BD for 20 days)

Follow up

1-04-2022

Patient feels better
Pain in abdomen frequency reduced Nausea reduced
Painful urination reduced Urine strong smell persist. Stool become soft
Rx
LYCOPODIUM 0/2/ 30doses (OD for 30 days) Lactopen 30/1dram (1 month)

31-04-2022

1. Patient feels better
2. Pain in abdomen reduced, no h/o fever, nausea Discomfort in hypogastrium < urination. Patient passing sediments in urine.
3. Rx
4. Rubrum 6c/1dram (OD for 16 days)
5. Advice to bring new USG report on KUB view on next visit

18-05-2022

1. Patient feels better
2. No discomfort in hypogastrium No pain during micturition.
3. No sediments since last 1week.
4. Mild discomfort in hypogastrium Stool- Regular & soft
5. USG report dated -17-05-2022- shows No significant sonological abnormality. Rx
6. Rubrum 6c/ 7d (1week - OD).
7. Patient is advised for USG after 6 month to verify reoccurrence of new calculus.

Reportorial Result- Radar-10.0- Kent Repertory [9]

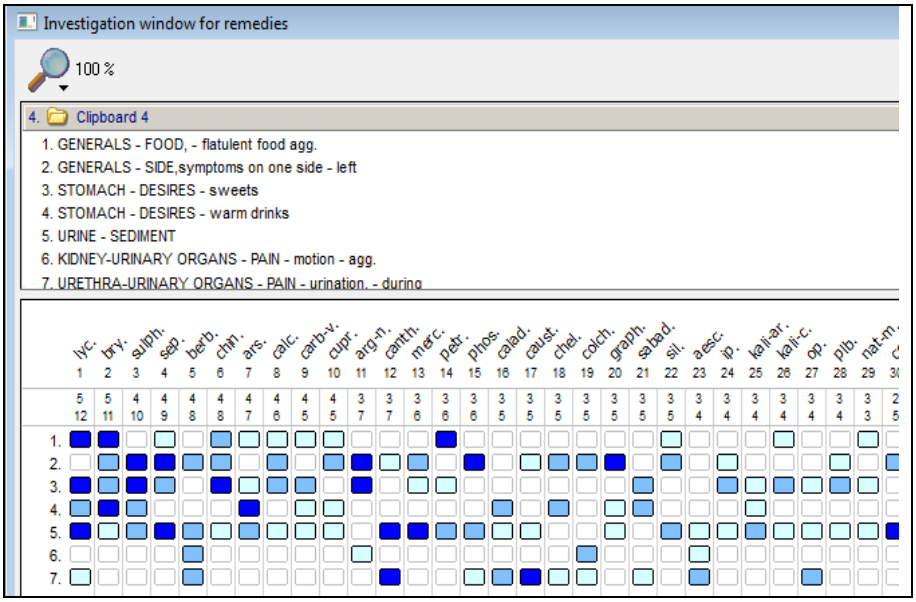
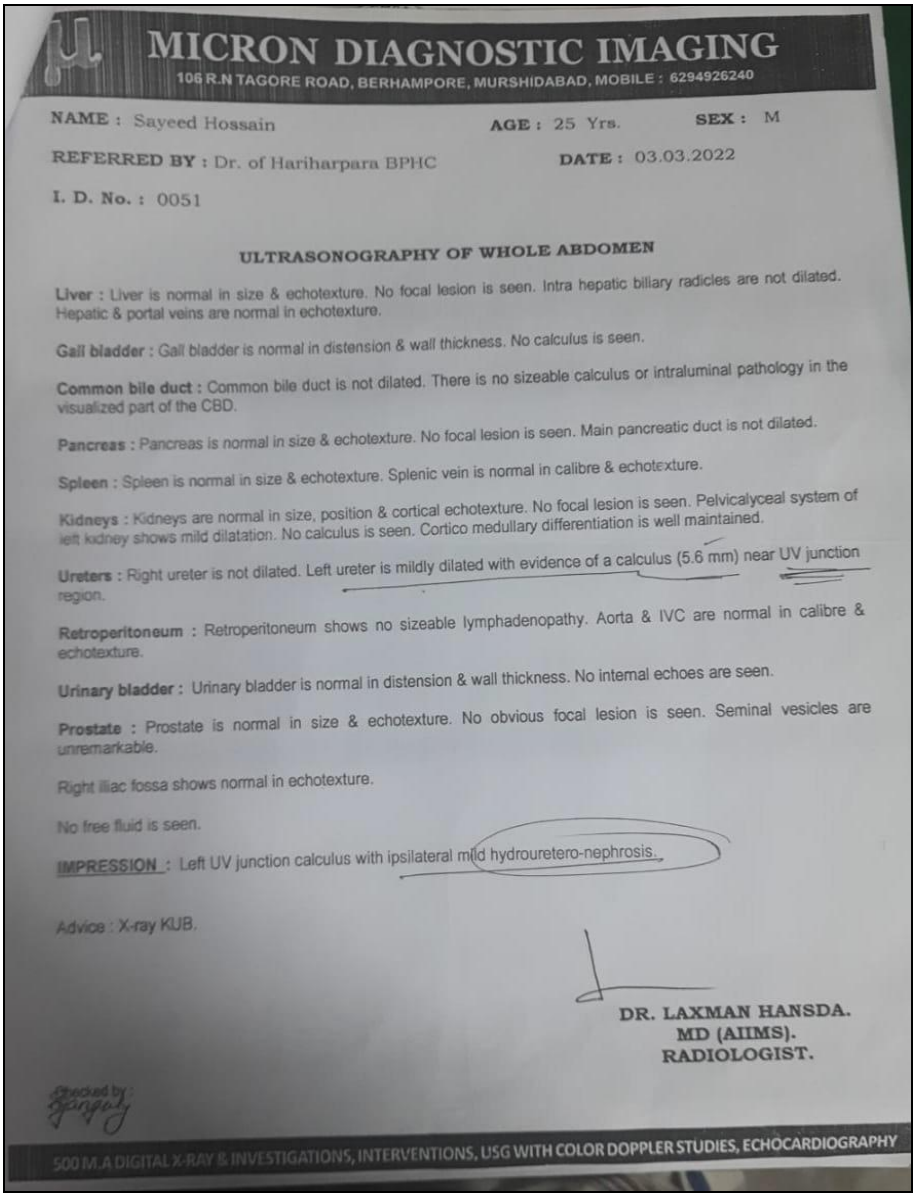


Fig 1: Usg Report- Before



MICRON DIAGNOSTIC IMAGING

106 R.N TAGORE ROAD, BERHAMPORE, MURSHIDABAD, MOBILE : 6294926240

NAME : Sayeed Hossain AGE : 25 Yrs. SEX : M

REFERRED BY : Dr. of Hariharpara BPHC DATE : 03.03.2022

I. D. No. : 0051

ULTRASONOGRAPHY OF WHOLE ABDOMEN

Liver : Liver is normal in size & echotexture. No focal lesion is seen. Intra hepatic biliary radicles are not dilated. Hepatic & portal veins are normal in echotexture.

Gall bladder : Gall bladder is normal in distension & wall thickness. No calculus is seen.

Common bile duct : Common bile duct is not dilated. There is no sizeable calculus or intraluminal pathology in the visualized part of the CBD.

Pancreas : Pancreas is normal in size & echotexture. No focal lesion is seen. Main pancreatic duct is not dilated.

Spleen : Spleen is normal in size & echotexture. Splenic vein is normal in calibre & echotexture.

Kidneys : Kidneys are normal in size, position & cortical echotexture. No focal lesion is seen. Pelvicalyceal system of left kidney shows mild dilatation. No calculus is seen. Cortico medullary differentiation is well maintained.

Ureters : Right ureter is not dilated. Left ureter is mildly dilated with evidence of a calculus (5.6 mm) near UV junction region.

Retroperitoneum : Retroperitoneum shows no sizeable lymphadenopathy. Aorta & IVC are normal in calibre & echotexture.

Urinary bladder : Urinary bladder is normal in distension & wall thickness. No internal echoes are seen.

Prostate : Prostate is normal in size & echotexture. No obvious focal lesion is seen. Seminal vesicles are unremarkable.

Right iliac fossa shows normal in echotexture.

No free fluid is seen.

IMPRESSION : Left UV junction calculus with ipsilateral mild hydrouretero-nephrosis.

Advice : X-ray KUB.

DR. LAXMAN HANSDA.
MD (AIIMS).
RADIOLOGIST.

Checked by: Sengal

500 M.A DIGITAL X-RAY & INVESTIGATIONS, INTERVENTIONS, USG WITH COLOR DOPPLER STUDIES, ECHOCARDIOGRAPHY

Fig 2: Before Treatment: USG dated -03-03-2022 Left UV junction calculus of 5.6mm size.

After Treatment

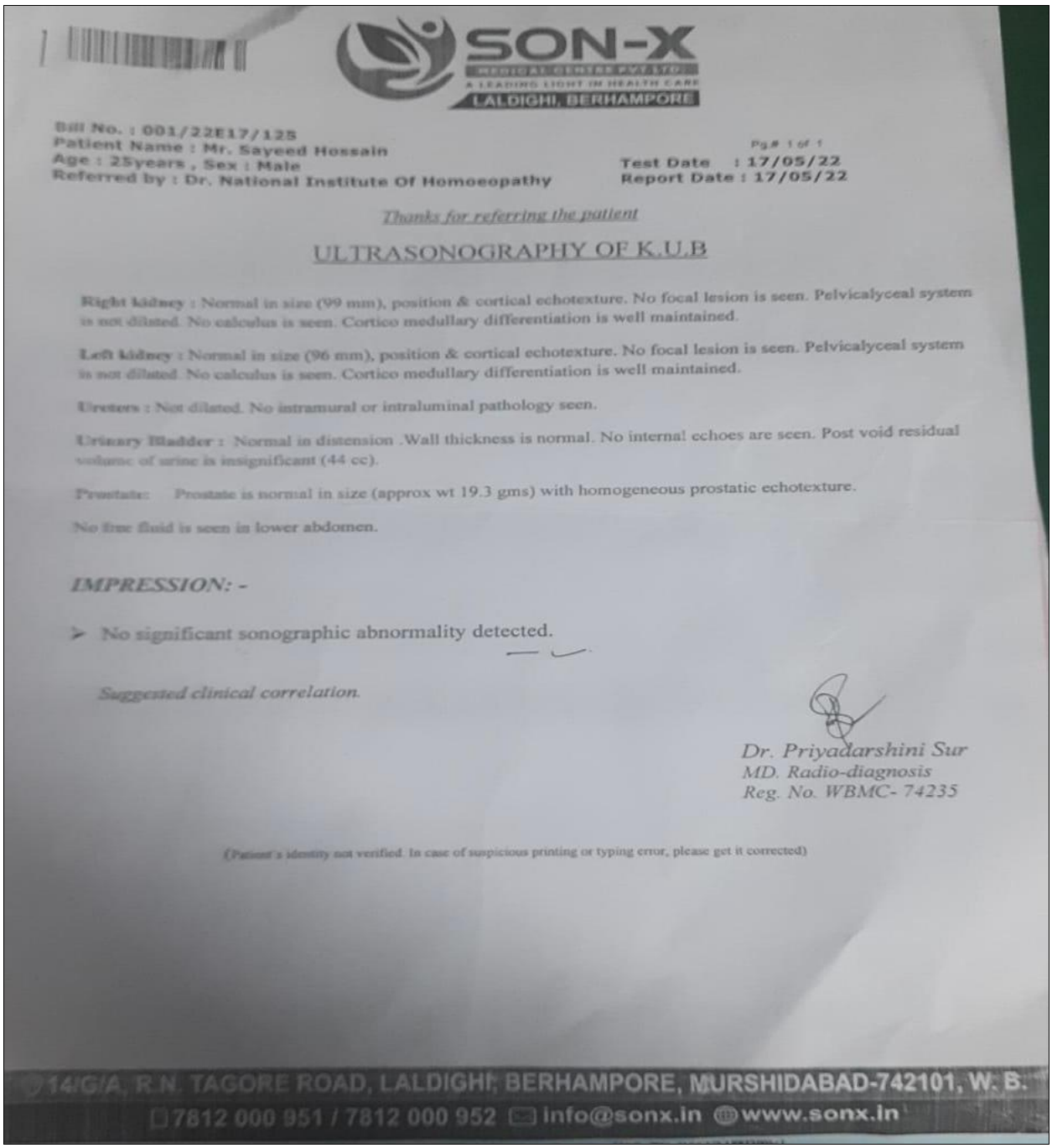


Fig 3: After treatment – Dated- 17/05/2022- USG – reveals no significant abnormality.

Discussion and Conclusion [2, 7]

Homoeopathy system of medicine have good scope on renal calculus, LYCOPODIUM CLAVIATUM [2] is selected as it covers the patients general symptoms with good marks, even though - it is specifically considered as medicine for Right sided medicine, it given an wonderful result in left sided calculus in LM potency. Urolithiosis nowadays one of the prevalence condition in this modern world due to change in diet habits. Homoeopathy have good number medicine to manage by giving relief to the patient & preventing its reoccurrence.

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Not available

Conflict of Interest
Not available

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Not available

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