

E-ISSN: 2616-4493 P-ISSN: 2616-4485 www.homoeopathicjournal.com IJHS 2023; 7(3): 04-06 Received: 06-05-2023 Accepted: 10-06-2023

**Dr. Nehal K Suthar** Associate Professor, Department of Organon of Medicine, PP Savani University, Dhamdod, Kosamba, Gujarat, India

## International Journal of Homoeopathic Sciences

# Role of constitutional remedy in treating the unknown: A case study

### Dr. Nehal K Suthar

#### DOI: https://doi.org/10.33545/26164485.2023.v7.i3a.881

#### Abstract

Homoeopathy is known as holistic science. It treats the patient and not the disease. Homoeopathic medicine, even when prescribed for any particular complaint of the patient, would work on the patient as a whole and treat him not just for his presenting particular ailment but also to cure him on all levels. The constitutional Homoeopathic remedy works on the constitution of the patient and cures him as a whole. The present study focuses on a constitutional remedy for a person with a kidney stone who originally presented with a complaint of heartburn.

Keywords: Constitutional remedy, heartburn, renal stone, lycopodium

#### Introduction

Kidney stones are hard, stony deposits formed of urine salts and minerals bound by an organic-based colloid matrix that develop in the kidneys <sup>[1]</sup>. They are also known as Renal Calculus, Urolithiasis, or Nephrolithiasis. Kidney Stone Disease (KSD) is common in India, where the population as a whole is said to be predisposed to urinary stones, with a 12% life expectancy <sup>[2]</sup>. Of this (12%), 50% of the population has a renal impairment that is severe enough to result in kidney loss <sup>[3]</sup>. Whether a kidney stone is in the kidney, ureter, or urinary bladder, the symptoms will vary <sup>[4]</sup>. Renal calculus affects males 2.5:1 more frequently than women <sup>[5]</sup>. According to recent studies, urolithiasis has become more common over the past several decades in both developed and developing nations. This expanding pattern is said to be brought on by changes in lifestyle, such as inactivity and poor eating habits, as well as global warming <sup>[6]</sup>. Stone development does not initially result in any symptoms. Renal calculi may remain asymptomatic for long periods of time and usually result in symptoms during times of dehydration or exertion. A case of a person with a kidney stone who originally presented with a complaint of heartburn is given in the current research study.

**Case:** A male patient, aged 37 years, came for treatment of heartburn. He had complained of retrosternal burning pain for around 1 week, aggravated especially at night, during sleep. Had to wake up from sleep due to heartburn, had sour eructation, and needed to take an antacid, only after which he could sleep. During day time, he had heaviness in the abdomen with bloating. He was not able to eat much due to a sensation of heaviness in the stomach. Since it was an acute case, a few physical generals were asked, repertorised and medicine was prescribed. The Repertorisation Chart is shown in Figure 1. In physical general, he had a desire for sweets and an aversion to bitter food, he preferred normal water for drinking throughout the year and had a seasonal bathing inclination. He also desired covering at night in all seasons, hence his thermal was identified as chilly. His bowels and bladder movement were normal. The case is as mentioned below.

#### **Chief Complaints**

- Retrosternal burning pain < night, during sleep, since 1 week.
- Sour eructation.
- Heaviness of abdomen.

#### **Physical Generals**

Desire: Sweet. Aversion: Bitter. Thirst: Around 1.5 to 2 litres/day, 1 glass at a time. Thermal: Chilly.

Corresponding Author: Dr. Nehal K Suthar Associate Professor, Department of Organon of Medicine, PP Savani University, Dhamdod, Kosamba, Gujarat, India Bowel: Normal. Bladder: Normal.

#### Totality

Heartburn < Night.

Sour eructation. Heaviness of abdomen. Desire: Sweet. Thermal: Chilly.

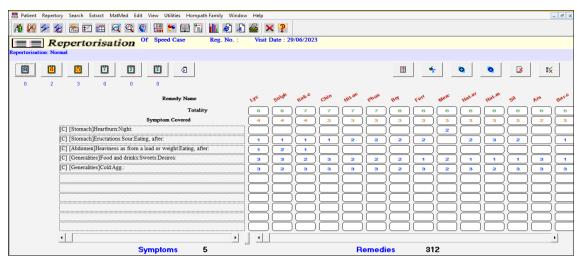


Fig 1: The Repertorisation Chart

**Prescription:** 14<sup>th</sup> May 2019. Lycopodium 200, 5 globules BD, 3 days. Thereafter, Placebo 5 globules TDS, 3 days. The follow-up of the presented case is tabulated in Table-1.

Table 1: Follow-up of the presented case

Date	Symptoms	Prescription
20/05/2019	Better	Placebo, 5 globules,
	Had to wake up twice during last week due to retrosternal burning pain	TDS, 5 days
27/05/2019	Better	
	No complain of Heartburn	Advised for USG
	The patient reported that he had abdominal pain yesterday and passed a renal stone, which he	
	had complained of 3 months back.	

#### Result

The patient was cured of his acute complaint of heartburn, at the same time, he also got rid of his renal stone. The

medical reports of the presented case are showcased in Figure 2 and the removed renal stone is shown in Figure 3.

(a) CARE	(b) CARE	
IMAGING CENTRE	IMAGING CEN	
NAME OF PATIENT : 06/02/19	NAME OF PATIENT : DATE : 31/05/19	
USG OF ABDOMEN AND PELVIS		
Liver appears normal in size, shape and shows normal echotexture.	USG OF ABDOMEN AND PELVIS	
No evidence of focal SOL or dilation of IHBR seen.	Liver appears normal in size, shape and shows normal echotexture.	
Porta hepatis is appears normal. Gallblader appears normal. No evidence of calculi.	No evidence of focal SOL or dilation of IHBR seen.	
Pancreas appears normal in size and echotexture.	Porta hepatis is appears normal. Gallblader appears normal. No evidence of calculi.	
Spleen appears normal in size and echotexture. Aorta appears normal. No para aortic lymphnodes seen.	Pancreas appears normal in size and echotexture.	
	Spleen appears normal in size and echotexture.	
Right kidney appears normal in size(100x44mm), location and echotexture. Cortex and Collecting system of right kidney appears normal.	Aorta appears normal. No para aortic lymphnodes seen.	
No calculi or obsrtuctive uropathy.	Right kidney appears normal in size, location and echotexture.	
Left kidney appears normal in size(92x43mm), location and echotexture.	Cortex and Collecting system of right kidney appears normal. No calculi or obsrtuctive uropathy.	
Cortex of left kidney appears normal.No obsrtuctive uropathy.		
5mm sized calculus noted in mid pole calyx.	Left kidney appears normal in size, location and echotexture.	
Bladder & prostate appears normal.No calculi seen.	Cortex and Collecting system of left kidney appears normal. No calculi or hydrnephosis seen.	
Terminal ileum and ceacum appears normal.		
Appendix not seen due to bowel gas, no evidence of probe tenderness. No evidence of free fluid or collection is seen in peritoneal spaces.	Bladder & prostate appears normal.No calculi seen.	
	Terminal ileum and ceacum appears normal. Appendix not seen due to bowel gas, no evidence of probe tenderness.	
COMMENTS : findings are suggestive of	No evidence of free fluid or collection is seen in peritoneal spaces.	
Left renal calculus.	COMMENTS : No significant abnormality detected.	
	Commettio . No agrintoni astronianty actorea	
THANKS FOR THE REFERENCE	THANKS FOR THE REFERENCE	
DR. MEHUL SOJITRA. (M.D.) CONSULTANT RADIOLOGIST	DR. MEHUL SOJITRA. (M.D.)	

Fig 2: Medical reports of the presented case (a) Before - 06/02/2019 (b) After - 31/05/2019



Fig 3: Recovered stone

#### Discussion

The patient had originally come for his acute complaint of heartburn and was under treatment for the same. The prescribed medicine, Lycopodium, turned out to be his constitutional remedy which was confirmed by asking him further questions after treatment. He wanted to change his job for one with a better salary but at the same time, he was hesitant to do so as he was much accustomed to his current work environment. He lacked the confidence to face interviews. Lycopodium patients lack confidence. They fear undertaking new things <sup>[7]</sup>.

The patient had suffered from renal colic 3 months back but was asymptomatic since then when he had taken allied treatment for the same. Since it was an acute case of heartburn, details of past history were not inquired. Moreover, as the patient too was asymptomatic for the last 3 months, he did not report that he had a renal stone during case taking. The beauty of Homoeopathy lies in the fact that it is a holistic science. It treats the patient as a whole and hence, it even cures what the patient does not reveal.

#### Conclusion

For the multiple complaints of the patient, Homoeopathy comes up with a single medicine. It is because, in Homoeopathy, there does not exist symptomatic treatment. Homoeopathy does not have medicines that are antibiotics. homoeopathic homoeopathic antivirals. homoeopathic antipyretics, homoeopathic analgesics, homoeopathic antiemetics, etc. Such specific remedies do not exist in Homoeopathy. Homoeopathy is known for lengthy case taking which continues for many hours at times. That is because, Homoeopathy has nothing to do with the particular, specific disease symptoms, but what a homoeopath is in search of is characteristic, peculiar, rare symptoms and symptoms that cover the patient as a whole. The method of Homoeopathic Case Taking is what makes it different from other medical sciences. While one takes the case of the patient as a whole, what one arrives at is a Constitutional Remedy. Usually, Constitutional Remedies are prescribed for chronic cases. To arrive at a constitutional remedy for the patient, his physical, mental and particular, all symptoms need to be considered.

In the present case study, since it was an acute complaint that the patient originally presented with, detailed casetaking was not carried out but accidentally, the homoeopathic medicine prescribed for his acute complaint, turned out to be his constitutional, which was later confirmed from his mental generals, so it acted even on the renal stone and cured it.

#### **Consent of Patient**

Patients have agreed that their reports and other clinical information can be used for research work, and it can be reported in the journal.

#### Acknowledgment

The author acknowledges the consent given by a patient to use his case and report for research and publication.

#### Conflict of interest: None

#### References

- A 13 year hospital based study on the trend of urinary stone disease in Uttarakhand, India, Kakkar M, Kakkar R. Nepal J Epidemiol. 2021;11:949-958.
- 2. Nojaba L, Guzman N. Stat Pearls. Treasure Island, FL: StatPearls Publishing Nephrolithiasis; c2022.
- Sofia NH, Manickavasakam K, Walter TM. Prevalence and risk factors of kidney stone. GJRA. 2016;5:183-187.
- Devuyst O, Pirson Y. Genetics of hypercalciuric stone forming diseases. Kidney Int. 2007;72:1065-1072. DOI: 10.1038/sj.ki.5002441.
- Guha M, Banerjee H, Mitra P, Das M. The demographic diversity of food intake and prevalence of kidney stone diseases in the Indian continent. Foods. 2019;8:37.
- 6. Alelign T, Petros B. Kidney Stone Disease: An Update on Current Concepts. Adv Uroll; c2018, 3068365.
- 7. William Boericke. Pocket manual of Homoeopathic Materia Medica with Indian Medicine and Repertory, Indian Book and Periodicals Publishers.

#### How to Cite This Article

Suthar NK. Role of constitutional remedy in treating the unknown: A case study. International Journal of Homoeopathic Sciences. 2023;7(3):04-06.

#### Creative Commons (CC) License

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.