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A case of multiple pathological conditions, completely recovered by individualised homoeopathic medicine

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Abstract

This is the case of a 36 years old female who came with pain in abdomen along with burning in urination. In this case, all the pathological conditions are painful (i.e. - Multiple cholesterol crystals in Gallbladder, B/L Renal Calculus with Left side Ureteric Calculi, and Grade-I Fatty Liver) and involve two systems of the body (i.e. - Gastrointestinal System & Urinary System). After taking Individualized Homoeopathic medicine for 7 months all the pathological conditions are completely recovered.

Keywords: Hydronephrosis, pigment stones, homoeopathic medicine, pathological conditions

Introduction

Gallstones often fall into one of two categories: Cholesterol (> 50% sterol content), and less frequently "pigment stones", which are formed primarily of calcium bilirubinate or polymer-like complexes with calcium, copper, and some cholesterol^[1].

Although gallstones can develop at any age, they are uncommon until the third decade. Age and gender have a significant impact on the prevalence of gallstones. Gallstone prevalence rises steadily with age, but it is two to three times higher in women than in males, even though this disparity becomes less noticeable in the sixth and seventh decades. The prevalence at this age ranges from 25% to 30%^[1].

The body's largest internal organ, the liver, is located in the right hypochondrium. An enlarged liver is the sign of biliary system Disease that is biliary obstruction in this case^[1].

Renal stones are quite prevalent all around the world, with a lifetime risk of 10%. The Middle East has a substantially greater prevalence of stone sickness. The upper urinary tract is where stones typically form. Overall, renal are more common men than in women (2:1)^[1]. The Stone can lodge anywhere between the kidney and urethral meatus in the urinary tract and cause obstruction. The tract above the obstruction dilates as a result of this. Hydronephrosis is the term for dilated renal pelvis^[1].

Case Proper

Present Complaint: A 36 years old lady came with complaint of pain in the abdomen in the right hypochondrium, Epigastrium and both the kidney region along with flatulence and burning Urination.

On systemic examination, Murphy's sign and Ballotement method is positive^[5].

History of Present Complaint: Initially before 24/08/2022 patient was completely healthy, the patient had pain in abdomen, flatulence and burning in urination on 24/08/2022. On the next day morning (25/08/2022), she came to me for consultation. After thorough case taking during systemic examination Murphy's sign and Ballotement method is positive.

Generalities

Thermal Reaction: Hot Patient.

Appetite: Good, 3 times/day, regular.

Thirst: less, takes water in between meals.

Desire: Nothing Significant.

Aversion: Nothing Significant.

Intolerance: Sour⁺, Milk⁺.

Tongue: Dry, White Coated with red margins.

Perspiration: Scanty, during Exertion.
Stool: Just after waking up has to go, clear, satisfactory.
Urine: Clear, Burning only during Pain in abdomen.
Sleep: Wake up early (5 am), it is due to urging for stool.

Menses: Regular, 2/30 days, Pain before menses which subsides after the appearance of flow.

Repertorization: Kent Repertorym [4].

Remedy	Sulph	Ars	Nux-v	Calc	Merc	Nit-ac	Lach	Phos	Chin	Nat-m	Lyc	Bry	Chel	Fl-ac	Sep	Puls	Nat-c
Totality	25	18	16	15	15	15	14	14	14	14	14	13	13	12	12	12	11
Symptoms Covered	9	8	8	6	6	6	8	8	7	7	6	7	7	6	6	5	6
Kingdom																	
[Kent] [Generalities]HEAT:Sensation of: (86)	3	1	2	2	2		2	2	1	3	3	1	1	3		3	1
[Kent] [Generalities]FOOD:Sour :Agg: (29)	2	2	1				1	1	1	1					2		1
[Kent] [Generalities]FOOD:Milk :Agg: (57)	3	2	2	3		3	1	2	3	2	2	2	2		3	2	2
[Kent] [Mouth]DISCOLORATION:Tongue:White: (169)	3	3	2	3	3	3	2	2	2	2	2	3	2	2	2	3	2
[Kent] [Mouth]DISCOLORATION:Tongue:Red:Edges: (49)	3	3	1		3	2	2	2				1	3	2	1		
[Kent] [Mouth]DRYNESS:Tongue: (127)	3	3	2	3	3	2	3	2	3	2	2	3	2	2	2	3	2
[Kent] [Sleep]WAKING:Early: (109)	3	2	3	2	2	3	2	1	1	2	2	1	1	1	2	1	3
[Kent] [Sleep]WAKING:5 a.m.:With urging to stool: (3)	3																
[Kent] [Abdomen]ENLARGED:Liver: (54)	2	2	3	2	2	2	1	2	3	2	3	2	2	2			

Fig 1: Show Repertorization, Kent Repertorym

Timeline and Intervention

25/08/2022

R_x Sulphur 30 (BD x 3 Days).
 Placebo 200 (BD x 21 Days).

18/09/2022

Pain in abdomen and flank only for 1 day (i.e. - 16/09/2022)
 Flatulence is decreased.
 Burning in urination Decreased.
 Thirst-increased.
 No new symptoms.
 R_x Sulphur 30 (BD x 3 Days).
 Placebo 200 (BD x 30 Days).

16/10/2022

Pain in abdomen and flank only for 3 days (i.e. 12/10/2022-14/10/2022).
 No Flatulence.
 No burning in urination.
 No new symptoms.
 R_x Sulphur 200 (OD x 3 Days).
 Placebo 200 (BD x 30 Days).
 Advice- USG of the whole Abdomen.

13/11/2022

No Pain in the abdomen and flank.
 No Flatulence.
 No burning in urination.
 No new symptoms.
 R_x Placebo 200 (BD x 30 Days).

11/12/2022

Pain in flank only for 1 day (i.e. - 08/12/2022)

No Flatulence.
 No burning in urination.
 Breathing Distress on walking (she had this complaint before consultation).
 R_x Sulphur 1M (OD x 1 Day).
 Placebo 200 (BD x 30 Days).

22/01/2023

Pain in flank only for 1 day (i.e.-18/01/2023).
 No Flatulence.
 No burning in urination.
 No Breathing Distress.
 No new symptoms.
 R_x Sulphur 10M (OD x 1 Day).
 Placebo 200 (BD x 30 Days).

05/02/2023

No Pain in the abdomen and flank.
 No Flatulence.
 No burning in urination.
 No Breathing Distress.
 No new symptoms.
 R_x Placebo 200 (BD x 30 Days).

13/03/2023


Severe pain and burning during urination.
 Slight Pain in the flank.
 No Flatulence.
 Advice-USG of Whole Abdomen.

Outcome

Before: USG on 25/08/2022 - Fig.-2.

- Fatty Liver Grade I Changes

- Visualized GB distended multiple cholesterol crystals.
- B/L Renal Calculi.
- Left Lower Ureteric Calculus Causing Gross
- Hydrouretronephrosis.
- Size- Right Kidney- 3 mm.
- Left Kidney - 15 mm & 5.6 mm.



जैन सोनोग्राफी एण्ड डायग्नोस्टिक सेन्टर

पटेल सर्किल, टोंक (राज.) मो. 9828242457, 9828535253

SONOGRAPHY REPORT

Patient Name	Mr. Kanchan S/o Pappu	Patient ID	08/1086
Age	36Yrs	Date	25-Aug-22
Ref By	Dr. Vishal Kumar	Gender	Male

USG ABDOMEN

LIVER: It is normal in size **14cm** and showing **homogenous increased echotexture**. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion seen. The portal vein is of normal caliber.

GALL BLADDER: Visualized GB is distended multiple cholesterol crystals are seen.

SPLEEN: Is normal in size **8.7cm** and shows normal echo pattern. Splenic vein noted with normal calibre.

PANCREAS: Visualized pancreas shows normal parenchymal thickness, echo anatomy and its relationship with splenic vein is normal. No E/O Peri/intrapancreatic collection noted. MPD is not dilated.

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.

Right kidney measures- 92 x 31mm. Few calculi are seen largest size approx **(3mm)** noted at the lower calyx.

Left kidney measures- 114 x 51mm. Shows **Gross PCS & ureter dilated & a calculus of size (15mm)** noted in the left lower ureter. Few calculi are seen largest size approx **(5.6mm)** noted at the lower calyx.

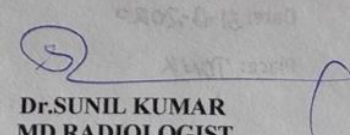
URINARY BLADDER: is partially filled.

IMPRESSION:-

- Fatty Liver Grade I Changes.
- B/L Renal Calculi.
- Left Lower Ureteric Calculus Causing Gross Hydrouretronephrosis.

Clinical correlation and further evaluation if needed.

➤ Report is only opinion not diagnosis.



Dr.SUNIL KUMAR
MD RADIOLOGIST
RMC.NO.- 36494/22746

भ्रूण लिंग परीक्षण करना व करवाना दण्डनीय अपराध है इसकी शिकायत 104/☎ 9799997795 टोल फ्री नम्बर पर की जा सकती है

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- During Treatment:** USG on 30/10/2022 - Fig.-3
- Fatty Liver Grade I Changes
 - Left Renal Calculi (Size- 13mm & 5.5mm)

- Left Lower Ureteric Calculus Causing Gross Hydrouretronephrosis



जैन सोनोग्राफी एण्ड डायग्नोस्टिक सेन्टर

पटेल सर्किल, टोंक (राज.) मो. 9828242457, 9828535253

SONOGRAPHY REPORT

Patient Name	Mrs. Kanchan S/o Pappu	Patient ID	10/1174
Age	36Yrs	Date	30-Oct-22
Ref By	Dr. Vishal Kumar	Gender	Male

USG ABDOMEN

LIVER: It is normal in size **14cm** and showing **homogenous increased echotexture**. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion seen. The portal vein is of normal caliber.

GALL BLADDER: Visualized GB is distended and shows smooth walls. Wall thickness is normal. No evidence of sludge / calculus. No evidence of pericholecystic collection. Visualized CBD seen echofree and with normal caliber.

SPLEEN: Is normal in size **8.7cm** and shows normal echo pattern. Splenic vein noted with normal calibre.

PANCREAS: Visualized pancreas shows normal parenchymal thickness, echo anatomy and its relationship with splenic vein is normal. No E/O Peri/intrapancreatic collection noted. MPD is not dilated.

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.

Right kidney measures- 92 x 31mm.

Left kidney measures- 114 x 51mm. Shows **Gross PCS & ureter dilated & a calculus of size (13mm) noted in the left lower ureter. Few calculi are seen largest size approx (5.5mm) noted at the lower calyx.**

URINARY BLADDER – Is partially filled with smooth and normal wall thickness. No evidence of diverticulum or calculus.

UTERUS:- Is anteverted, (**Grossly normal**)

CERVIX:- Normal in size & shape.

OVARY:- Both ovaries are normal in size and appear normal.

RO- NDF.

LO- NDF.

Free fluid in POD:-NIL.

No evidence of ascitis / pleural effusion.

No evidence of abdominal lymphadenopathy.

IMPRESSION:-

- **Fatty Liver Grade I Changes.**
- **Left Renal Calculi.**
- **Left Lower Uretric Calculus Causing Gross Hydrouretronephrosis.**
Clinical correlation and further evaluation if needed.
- *Report is only opinion not diagnosis.*

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धृण लिंग परीक्षण करना व करवाना दण्डनीय अपराध है इसकी शिकायत 104/9799997795 टोल फ्री नम्बर पर की जा सकती है
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After Treatment: USG on 14/03/2023- Fig-4.

Left mild hydronephrosis likely due to recently passing the stone.



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पटेल सर्किल, टोंक (राज.) मो. 9828242457, 9828535253

SONOGRAPHY REPORT

Patient Name	Mrs. Kanchan w/o Pappu	Patient ID	03/371
Age	36Yrs	Date	14-Mar-23
Ref By	Dr. Vishal kumar	Gender	Female

USG ABDOMEN

LIVER:- It is normal in size **12.7cm** and showing homogenous echotexture with smooth outline. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion seen. The portal vein is of normal caliber.

GALL BLADDER: Visualized GB is distended and shows smooth walls. Wall thickness is normal. No evidence of sludge / calculus. No evidence of pericholecystic collection. Visualized CBD seen echofree and with normal caliber.

SPLEEN: Is normal in size **9.4cm** and shows normal echo pattern. Splenic vein noted with normal calibre.

PANCREAS: shows normal parenchymal thickness, echo anatomy and its relationship with splenic vein is normal. No E/O Peri/intrapancatic collection noted. MPD is not dilated.

KIDNEYS: Both the kidneys are normal in size, shape and location and show normal cortico-medullary differentiation.

Right kidney measures – 91 x 32mm.

Left kidney measures – 102 x 41mm. **Shows mild PCS & visualized ureter dilated.**

URINARY BLADDER – Is partially filled with smooth and normal wall thickness. No evidence of diverticulum or calculus.

UTERUS:- Is anteverted, size is normal (78x58x48mm) and shows normal endometrial echoreflectivity. **ET- 11mm.**

CERVIX:- Normal in size & shape.

OVARY:- Both ovaries are normal in size and appear normal.

RO- NDF.

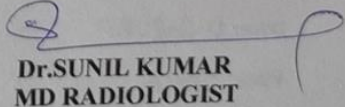
LO- NDF.

No evidence of ascitis / pleural effusion.

No evidence of abdominal lymphadenopathy.

IMPRESSION:-

- **Left mild hydroureteronephrosis Likely due to recently pass stone.**
clinical correlation and further evaluation if needed
- *Report is only opinion not diagnosis.*


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नोट: हमारे यहां डॉ. वी. लाल क्लिनिकल लैबोरेट्री द्वारा सभी प्रकार की खून, पेशाब एवं थाईराईड, एलर्जी, हार्मोन्स की जांच की जाती है।
ध्रूण लिंग परीक्षण करना व करवाना दण्डनीय अपराध है इसकी शिकायत 104/ 979997795 टोल फ्री नम्बर पर की जा सकती है

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Discussion

The Female came with pain in the abdomen along with burning in urination. After thorough case taking and then, during systemic examination Murphy's sign and

Ballotment method is positive and for final diagnosis advised USG of whole Abdomen. On the USG report, there were multiple cholesterol crystals in Gallbladder, B/L Renal Calculus with Left side Ureteric Calculi, and Grade-I Fatty

Liver. So the case involves two systems of the body (i.e. - the Gastrointestinal System & Urinary System). During case taking Physical Generals were prominent and for the Repertorization Kent's Repertory was used. After the repertorization Sulphur is securing the highest grades and covering all the symptoms. So before the final prescription medicine was verified by Materia medica and given to patient. During the whole course of treatment, the patient was improving day by day.

As J.T. Kent says in his "Lectures on Homeopathic Philosophy" about ever-increasing potency, a patient's prescription follows this method also during the course of treatment [6].

Conclusion

Homoeopathic system of medicine was given on the basis of individualization and whenever homoeopathic medicine was given on the basis of fundamental principles, Homoeopathy gives outstanding results. According to this case study, homoeopathic medicine is a good complementary or alternative therapy. However, this case required surgical intervention. After the administration of the Individualized Homeopathic medicine, a surgical case is completely recovered.

Declaration of patient consent

The patient was informed about the publication of her data in the Journal.

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Conflict of Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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