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. Epi gastrium and both the kidney region along with flatulence and burning Urination.

On systemic examination, Murphy’s sign and Ballottement 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 Ballottement 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 Repertory [4].

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**Timeline and Intervention**

**25/08/2022**
R₄ 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.
R₄ 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.
R₄ 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.
R₄ Placebo 200 (BD x 30 Days).

**11/12/2022**
Pain in flank only for 1 day (i.e. - 08/12/2022)

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**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 Hydroureteronephrosis.
- Size- Right Kidney- 3 mm.
- Left Kidney - 15 mm & 5.6 mm.

**DURING TREATMENT:** USG on 30/10/2022 - Fig.-3
- Fatty Liver Grade I Changes
- Left Lower Ureteric Calculus Causing Gross Hydroureteronephrosis
- Left Renal Calculi (Size- 13mm & 5.5mm)
After Treatment: USG on 14/03/2023- Fig.4.
Left mild hydronephrosis likely due to recently passing the stone.
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 Ballottement 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.[4]

Conclusion
Homeopathic 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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