

Homeopathic Management of Nephrolithiasis with Hydroureteronephrosis: A Case Report

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ABSTRACT:

Nephrolithiasis is the most common chronic kidney condition. In India, approximate 50% of the population is affected with renal calculi, which may end up to renal damage or loss of kidney function. The fundamental cause for all stones is supersaturation of urine with respect to the stone components; factors affecting solubility include urine volume, pH, and total solute excretion. Recurrence is the rule after a first stone, in the absence of preventive treatment. Probability of recurrence for idiopathic calcium stones after the initial event is 40–50% at 5 years and 50–60% by 10 years. Whereas homoeopathic literature has mentioned many remedies for nephrolithiasis, still there is paucity of evidence-based studies. Case summary- The patient was treated with constitutional homoeopathic medicines-lycopodium 0/1, 16 doses up to Lycopodium 0/4 16 doses each. Follow-up imaging at 5 months showed complete resolution of the nephrolithiasis with hydroureteronephrosis. This case report highlights the importance of repertorization in individualised homoeopathic prescription as a promising complementary or alternative therapy.

KEYWORDS: Homoeopathy, Hydroureteronephrosis, Lycopodium, Nephrolithiasis.

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INTRODUCTION:

The prevalence and recurrence rates of nephrolithiasis are increasing, with limited options of effective drugs and procedures, affecting about 12% of the population worldwide. [1] Male peak incidence occurs between ages 40 and 49 years, whereas female peak incidence occurs between ages 50 and 59 years. [2] Males have a higher lifetime recurrence rate than females. This is related to the rising prevalence of

obesity, which is caused by bad food habits and a lack of physical activity. It is the result of a crystal or crystalline concretion traveling from the kidney through the genitourinary system. Kidney stones correlate with an increased risk of chronic kidney diseases, end-stage renal failure, cardiovascular diseases, diabetes, and hypertension. [3] Most patients with nephrolithiasis form calcium stones (80%), most of which are composed primarily of calcium oxalate or calcium phosphate. A personal history of previous

kidney stones raises the risk of kidney stones by 15% in the first year and 50% in the next ten years. A family history of kidney stones increases the risk by 2.5 times. Increased enteric oxalate absorption, which is usually owing to malabsorption, leads to more calcium oxalate crystal formation. Urine tract infections cause struvite crystals by modifying urinary pH in the presence of urease-producing bacteria.^[1] Low fluid consumption and history of diabetes, obesity, gout, and hypertension.^[4,5]

Common symptoms associated with kidney stones, including a sharp pain radiating to the groin, occur when the stone begins to descend from the kidneys into the ureters. It is often described as a dull, colicky, sharp and severe pain. Pain is often associated with nausea and vomiting due to the severity of the pain.^[1] These symptoms are attributed to peristalsis of the smooth muscle of the genitourinary tract against the calculus. Haematuria is also frequently reported, due to lesion against the genitourinary tract secondary to stone; this is confirmed by urine analysis. Non-contrast helical CT with 5 mm slices or fewer is ideal for individuals with suspected acute stone passage because it can accurately visualise the size and position of stones in the urinary system. A KUB can commonly see calcium-containing stones in the kidney or ureter, such as struvite stones, but uric acid or other purine stones, as well as cystine stones, can be radiolucent. Stones smaller than 5 mm in diameter normally pass on their own, but it may take several weeks of conservative management, whereas roughly half of stones bigger than 5 mm require urologic intervention for removal, and stones larger than 10 mm are extremely unlikely to pass on their own.^[1] Several studies have shown that homoeopathic treatment is effective in cases of urolithiasis. The homoeopathic approach to the totality of symptoms has yielded considerable success in this field. ^[6,7]

CASE REPORT:

A 66-year-old male patient complaining of multiple times vomiting with pain in abdomen for one day. History of Present Complaints reveals: Onset sudden, duration 1day, aching pain in upper abdomen with multiple vomits. For 6 years, the patient has been diagnosed with type 2 diabetes and is on allopathic medicine. Past history reveals patient undergone nephrolithotomy 1 year ago but the stone again formed.

In physical generals, his appetite was normal and he prefer hot foods, his thirst was more at a time in long intervals. He has craving for hot drinks & sweets. Urine was frequent. Stool habit were regular. Tongue was coated brownish and dry. Thermal reaction was hot patient as he always feels hot sensation in body, Perspiration was offensive.

In mental generals, He was somewhat miserly and preferred company.

After considering Totality of Symptoms and proper repertorisation (see table 1 and 2) and on consulting with materia medica the patient was prescribed Lycopodium 0/1 16 doses in 100 ml. Aqua dist., one dose every night in empty stomach. In follow up patient was slight improved then he was prescribed with lycopodium 0/2 upto 0/4 for 4 months. He was also advised to maintain proper hygiene and diet.

Using the software RADAR® and Kent's Repertory^[8], this case was repertorised. The reportorial findings were evaluated, with a focus on mental and physical general symptoms rather than specific symptoms when choosing a drug. After that, repertorization was done, revealing that the highest-grade medicine was lycopodium. Then lycopodium 0/1 was prescribed. Then in subsequent follow-ups from 9 September 2020 to February 2021, potency was gradually increased up to 0/4 with gradual improvement in symptoms with a general improvement.

Table 1: Totality of symptoms:

Desire for Company
Miser
Desire for sweets
Perspiration very offensive
Patient is hot as he always feels hot sensation in body

Table 2: Conversion of symptoms into rubrics

Desire for Company	Mind company desire for
Miser	Mind avarice
Desire for sweets	Generals food and drink sweets
Perspiration very offensive	Perspiration odour offensive
Patient is hot as he always feel hot sensation in body	Generals heat sensation of

Table-3: Assessment by Modified Naranjo score:

Items	Yes	No	Not Sure/ NA
1. Was there an improvement in the main symptom 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?		+1	
3. Was there an initial aggravation of symptom?			0
4. Did the effect encompass more than the main symptom or condition, i.e., were other symptoms ultimately improved or changed?		+1	
5. Did overall wellbeing improve?	+1		
6. Did the course of improvement follow Hering's Rule?	+1		
7. Did old symptoms (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8. Are there alternate causes (other than the medicine) that with a high probability could have caused the improvement? (e.g., known course of disease, other forms of treatment and other clinically relevant intervention)			0

9. Was the effect confirmed by objective evidence as measured by external observation(s)? +2

10. Did repeat dosing, if conducted, create similar clinical improvement? 0

Repertorial sheet

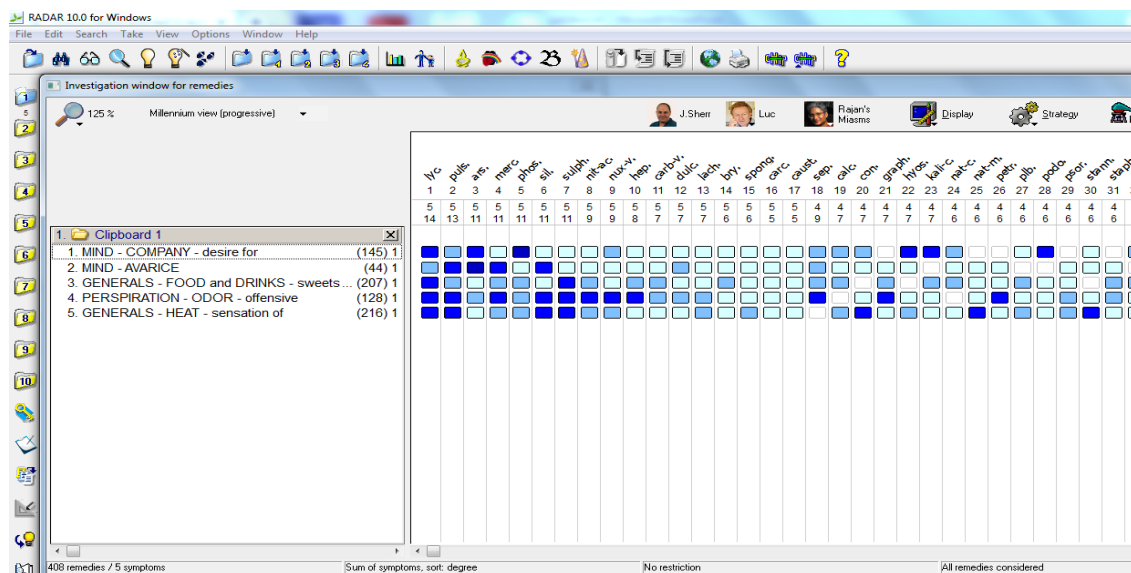
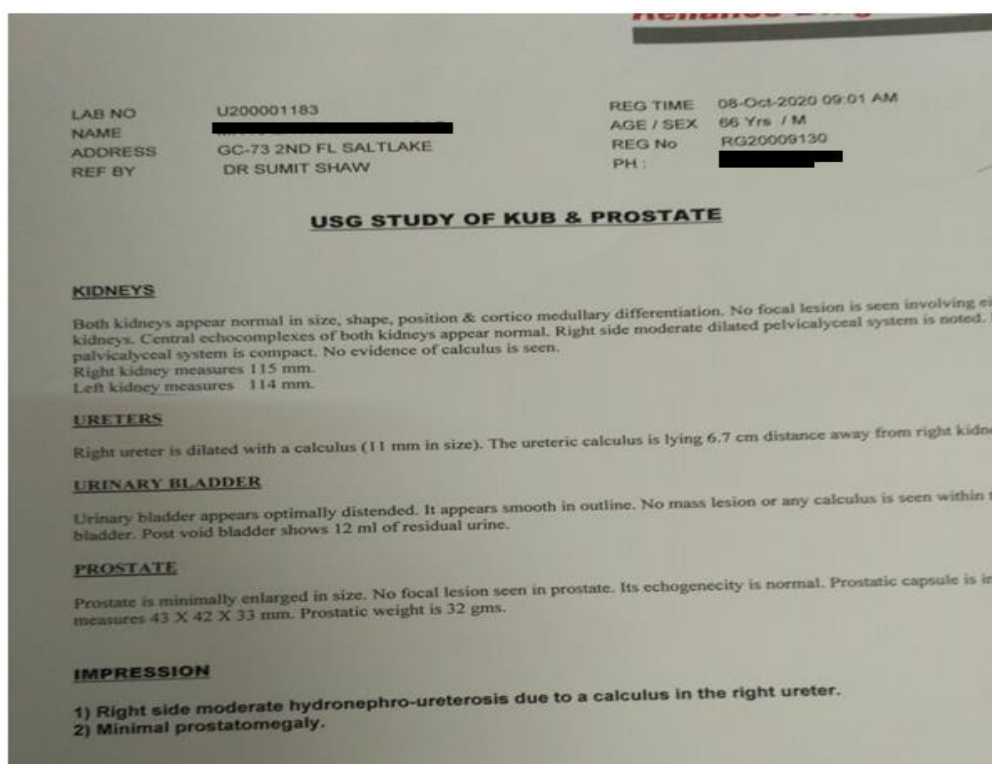



Figure-1: USG on 9 September 2020 showing right sided hydronephro-ureterosis due to calculus in right ureter

Reliance Diagnostic			
LAB NO	U200002331	REG TIME	05-Mar-2021 09:26 AM
NAME	[REDACTED]	AGE / SEX	66 Yrs / M
ADDRESS	GC-73 2ND FL SALT LAKE	REG No	RG20022836
REF BY	DR SUMIT SHAW	PH :	[REDACTED]
USG STUDY OF KUB & PROSTATE			
KIDNEYS			
Both kidneys appear normal in size, shape, position & cortico medullary differentiation. No focal lesion is seen involving kidneys. Central echocomplexes of both kidneys appear normal. There is no evidence of hydronephrosis or calculus. Right kidney measures 104 mm. Left kidney measures 111 mm.			
URETERS			
Ureters are not seen dilated.			
URINARY BLADDER			
Urinary bladder appears optimally distended. It appears smooth in outline. No mass lesion or any calculus is seen within bladder. Post void bladder shows 14 ml of residual urine.			
PROSTATE			
Prostate is mildly enlarged in size. No focal lesion seen in prostate. Its echogenicity is normal. Prostatic capsule is intact. Prostatic weight is 36 gms.			
IMPRESSION			
1) No evidence of right renal calculi or hydronephrosis.			
2) Mild prostatomegaly with insignificant post void residue.			

Figure- 2: USG on 5th March 2021 showing no evidence of right renal calculi or hydronephrosis.

The Modified Naranjo Criteria, as proposed by the HPUS Clinical Data Working Group in June 2014^[9], were used to calculate the final causal attribution score in this instance. The total score was 8, thus suggesting a “probable” association between the medicine and the outcome [definite: ≥ 9 ; probable 5-8; possible 1-4; and doubtful ≤ 0]. The Hom-CASE-CARE guideline was followed while reporting this case.^[10]

DISCUSSION:

Homoeopathy is a simple system of medicine which treats the patient in holistic approach.^[11] In homoeopathy we take detailed case taking and then an individualised drug is selected on the basis of symptom similarity. At first glance the case appears to be a normal case of nephrolithiasis but size of renal calculi was 11mm, that was hard to pass normally. So, the patient was advised lithotripsy but patient had already undergone surgery for

renal stone but again it formed, so patient seeks help of homoeopathy for permanent cure.

During the repertorisation, we get group of similar drugs like Lycopodium, Pulsatilla, Silicea. Arsenic album. But Lycopodium was selected out of these remedies. Pulsatilla patient is chilly, thirstless, weeps easily, mild, gentle, highly emotional and averse to warm food and drink hence ruled out. On the other hand Silicea patient is cold, chilly, hugs the fire. It has disgust for warm food. Hence Silicea also ruled out.^[12] Arsenic has great anguish and restlessness, fears of death and of being left alone and in it holds the second grade in aversion to sweets in Kent repertory. Hence Arsenic also ruled out. In this case after proper case taking and repertorisation Lycopodium was indicated and was prescribed. So, Lycopodium in higher dilution was continued up to 0/4, all the symptoms gradually subsided along with passage of renal calculi on 4th visit. After the

stone was expelled, the homoeostasis was restored, preventing the stone from reforming and likely other comorbidities as well. This treatment addressed both the cause (renal calculi) and the effect (hydronephrosis). Throughout the course of treatment, improvement was also seen in other unrelated complaints. When patients feel there is little hope in the conventional medical system, which is typically in the last stages of incurable diseases, they frequently turn to homoeopathy for cure. This case report as a piece of evidence in post clinical condition highlights the use of Homoeopathy after the advancement of disease i.e., in tertiary level of prevention.

Our case differs from another case study in this regard because the other instance was one-sided and numerous antiscotoc medications were provided at the beginning of the case to acquire a clearer image. When necessary, a medication modification based on repertorization with an acute and intercurrent prescription was made.^[12] While a change in medication was not necessary in our situation because the full spectrum of symptoms was quite evident from the start and continual progress could be seen, similar to another case report, and a single remedy completed the cure.^[6] The medicine selection was same i.e., Lycopodium but the potencies were different which also causes slight aggravation in their study during the course of treatment which is not seen in our study. Since the presentation of the case is also different so medicine and potencies selection can differ. The outcome of the case was to avoid further complication and recurrent calculi formation with hydronephrosis which was successfully obtained with individualized homoeopathic medicine.

CONCLUSION:

A case presented with radiological evidence of nephrolithiasis with hydronephrosis noted in the right kidney. The patient was treated with constitutional homoeopathic medicines – Lycopodium 0/1 - 0/4, 16 doses each. Follow-up imaging at 5 months showed complete resolution of the nephrolithiasis with hydronephrosis. LM potencies were chosen as it avoids unnecessary aggravations during the treatment and patients can take medicine every day.^[11] This case report promotes homoeopathic treatment as a possible complementary or alternative therapy, as well as emphasising the importance of repertorization in individualized homoeopathic prescription.

LIMITATION OF THE STUDY:

This is a single case report. In future case series can be recorded on effectiveness of individualized homoeopathic medicine in renal stones.

CONSENT OF PATIENT:

The authors certify that they have obtained appropriate patient consent form and the patient understood his name and initials will not be mentioned in the manuscript and due efforts will be taken to conceal his identity.

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