



A case report on ureteric calculi: Well treated with homoeopathy

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Abstract

Nephrolithiasis is common worldwide; this is the third commonest disorder of urinary tract after UTI and prostatic hyperplasia. The following case report is of ureteric calculi with hydronephrosis treated successfully with individualized homoeopathic medicine selected on the basis of totality of symptoms. This case report illustrates positive role of homoeopathic treatment in managing cases of renal stones.

Case Summary: A 36 years old female patient reported to the OPD with the complaint of pain in right lumbar region radiating from right loin to right groin area. After considering the totality of the patient *Lycopodium clavatum* 200 was prescribed. The patient responded well with homoeopathic treatment, the pain subsides and stone was expelled completely. Hence, this emphasizes the role of homoeopathy in the treatment of urolithiasis.

Keywords: urolithiasis, homoeopathy, individualisation, *lycopodium clavatum*

Introduction

Ureteric calculi or stones are those which lies within the ureter, at any point from the urethropelvic junction to vesicoureteric junction. The lifetime prevalence of ureteric calculi is relatively high, occurring in approximately 12% of men and 7% of women ^[1]. The age group between 30-60 years are commonly affected with peak incidence between ages 35-45 ^[2]. Most stones are composed of calcium oxalate and phosphate; these are more common in men. Mixed infective stones accounts for about 15% of all calculi, are twice as common in women as in men. The overall ratio of stone disease in male: female is 2:1 ^[3].

Etiology ^[3]

There are some causes of urinary tract stone formation:

- Dehydration
- Hypercalcaemia, hypercalciuria, hyperoxaluria, hyperuricaemia and hyperuricosuria
- Infection
- Cystinuria
- Renal tubular acidosis
- Primary renal disease (polycystic kidney disease, medullary sponge kidneys)
- Drugs

Clinical Features ^[3]

- Most people with urinary tract calculi are asymptomatic.
- Pain is the most common symptom. Ureteric colic occurs when a stone enters the ureter and either obstructs it or causes spasm during its passage down the ureter.
- Haematuria
- Urinary tract infection
- Urinary tract obstruction

Investigations

- Urine culture
- Measurement of serum urea, electrolytes, creatinine and calcium levels.
- Abdominal X-ray
- Ultrasonography KUB
- Excretion urography

Case Report

Presenting complaints

A 36 years old female reported to OPD with pain in abdominal flank on right side radiating to the groin region since 15 days. She also complained of pain during micturition with incomplete urination. She had 2-3 episodes of nausea and vomiting in past 15 days.

History of presenting complaints

She was apparently well 15 days back. Since then she had pain in right side of abdomen. She took analgesic injections (3 times) which relieved the pain for a period of time and then again relapsed.

Associated complaints

Patient also suffered from flatulence and burning in epigastrium which aggravates after eating.

General symptoms

Mental Generals: The patient was restless, gets irritated easily. Always wants someone near to her.

Physical Generals: Patient has excessive hunger (4-5 meals/day). She has a desire for sweet. Thirst is normal (2-3L/day); ambithermal; bowels are normal.

Physical examination

Patient was oriented with time, place and person. There were no signs of pallor, cyanosis, clubbing, icterus and lymphadenopathy. Her blood pressure was 124/76 mm of Hg, pulse 78/min and afebrile.

Diagnosis

Ureteric calculi with hydronephrosis

Totality of symptoms

- Restlessness
- Irritability
- Always wants someone near her
- Pain while micturition
- Incomplete urination
- Flatulence and burning in epigastrium after eating

Reperforations

ABDOMEN, FLATULENCE, rumbling, eating, after												
BLADDER, URINATION, dysuria												
BLADDER, URINATION, incomplete												
MIND, COMPANY, desire for, aversion to solitude												
MIND, IRRITABILITY												
MIND, RESTLESSNESS												
STOMACH, HEARTBURN, eating, after												
7 symptom(s)	1	2	3	4	5	6	7	8	9	10	11	12
Remedy	Lyc	Nux-v	Calc	Arg-n	Puls	Zinc	Ars	Kali-c	Sep	Calc	Clem	Lac-c
SympS. covered	7	7	7	5	5	6	4	5	5	5	5	5
Totality	18	16	14	14	12	11	12	11	11	10	10	10
1. ABDOMEN, FL. . .	III	III	I	III	I	II						
2. BLADDER, URI. . .	III	III	I	III	III	I	III	II	II	II	II	II
3. BLADDER, URI. . .	II	I	II					I			III	I
4. MIND, COMPA. . .	III	II	II	III	II	I	III	III	II	I	II	III
5. MIND, IRRITABI. . .	III	III	III	II	III	III	III	III	III	II	II	II
6. MIND, RESTLE. . .	III	II	III	III	III	I	III	II	III	III	I	II
7. STOMACH, HE. . .	I	II	II						I	II		

Fig 1


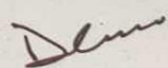
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बेसमेन्ट, गोल्ड स्क्वायर कॉम्प्लेक्स, 80/6 & 7, कुम्भा मार्ग, प्रताप नगर, सांगानेर, जयपुर फोन : 0141-2790574, 9314962894		
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Ref. By. : Dr. VIRENDRA CHOUHAN		Age : 36 Years/Female
USG ABDOMEN		
LIVER: normal in size, with normal echo texture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. Portal vein & CBD appears normal.		
GALL-BLADDER: normal, No evidence of Gall Bladder calculi.		
PANCREAS: appears normal in size & echo texture. No evidence of Peripancreatic fluid collection.		
SPLEEN: normal in size & shows normal echogenicity.		
KIDNEYS: normal in size & shows normal echo texture. ✓ No evidence of calculi, hydronephrosis or mass lesion on either side.		
URINARY BLADDER : appears well distended with normal wall thickness.		
UTERUS is anteverted & measures 7.0 x 3.5 x 4.0 cm with no focal or diffuse lesion with in the myometrium. Endometrium is centrally placed and normal in thickness.		
ADENEXA no evidence of any significant abnormality or any mass lesion seen. No evidence of ascites or lymphadenopathy.		
COMMENTS:		
✓ Normal appearance of Liver, Gall Bladder, Pancreas, Spleen, Both Kidneys, Uterus and Adenexa.		
✓ No evidence of ascites.		
 Dr. Dinesh Gupta M.D [Radio-Diagnosis] Reg No : 4944/16805 [Radiologist/ Sonologist]		
भ्रूण लिंग परीक्षण की शिकायत 104 टोल फ्री सेवा पर भी की जा सकती है ।		
All investigation have their limitations regarding the sensitivity & specificity of individual assay procedures. Isolated laboratory investigations never confirm diagnosis of the disease. They only help in arriving at a diagnosis. Subject to the limitations of the test. Legal purpose. Subject to the limitations of the test.		

Fig 3: Post-treatment USG report

Conclusion and Result

Globally, kidney stone disease prevalence and reoccurrence rates are increasing ^[5], with limited options of effective treatment. All the procedures for the treatment of urinary calculus seem to have physical or surgical approaches with some limitations and may lead to complications such as internal urinary injuries. Reoccurrence of the disease, incomplete cure and high cost conventional medical interventions needs an alternative therapy such as homoeopathy for the treatment of urolithiasis. The present case report was aimed to show remarkable effect of *Lycopodium clavatum* in dissolution or expulsion of ureteric calculi. This shows that well selected constitutional or individualized homoeopathic medicine has potential in the management of such cases.

Declaration of Patient Consent

A written informed consent was taken from the patient. In the form, the patient has given written consent for her clinical information to be reported in the journal.

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Nil

Conflicts of Interest

None declared.

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