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Renal Calculi: An Evidence Based Case Study

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ABSTRACT

Very often patients, suffering from renal calculi are reluctant to surgery unless there is much trouble. They look for medical management whether allopathic, homeopathic or ayurvedic, to get rid of it. Literatures show effectiveness of homeopathic medicines in expulsion of moderate to big sized renal stones. This case reported here is such an example which again proves the importance of individualization and thus efficacy of homeopathic medicines in addressing the underlying cause and expulsion of renal stone. *Phosphorus*, a homoeopathic remedy has acted nicely and helped to clear the renal stone.

KEYWORDS: Renal Calculi, Homeopathy, Repertorization, Phosphorus, Remedy, Individualization.

INTRODUCTION

Kidney stones are one of the most common urological problems. [1] Urinary calculi have worldwide distribution but are particularly common in some geographic locals such as United States, South Africa, India and other South East Asian Countries. It is estimated that approximately 2% of the population experiences renal stone disease at sometime in their life with male – female ratio of 2:1. The peak incidence is observed in 2nd to 3rd decade of life. [2] Calcium salts, uric acid, cystine and struvite are the basic constituents of most kidney stones. Calcium stones (75 – 80 %) are more common in men and approximately 50% of people who form a single calcium stone eventually form another within next ten years. Uric acid stones account for 5 – 10% of kidney stones and are also more common in men. Half of the patients with uric acid stones have gout and usually familial in origin. Struvite stones account 5 – 10% of all stones and are potentially dangerous. This stones occur mainly in women and as a result of urinary tract infection. The stone can grow to a large size and fill the renal pelvis and calyces to produce a "staghorn" appearance. Cystine stones are uncommon, comprising 1% of the cases in most series of nephrolithiasis. [1] The urinary stone structure and composition in India is different from that of the Western world. Calcium oxalate monohydrate stones predominate in India. [3]

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Super saturation of urine by insoluble substances causes formation of crystals which may grow and aggregate to form a stone. [1] Many stone-formers have no detectable metabolic defect; these are called 'idiopathic stone-formers'. Recognized causes of stone formations include – dehydration, hyperparathyroidism (hypercalcaemia, hypercalciuria), hyperoxaluria, hyperuricaemia, hyperuricosuria, infection, cystinuria, renal tubular acidosis, polycystic kidneys, medulary sponge kidneys etc. [4] Apart from these, deficiency of vitamin A, decreased urinary citrate, inadequate urinary drainage and urinary stasis, prolonged immobilization are responsible for stone formation. [5]

The symptoms are variable and the diagnosis sometimes remains obscure until the stone is discovered on a radiograph. Some stones, even large staghorn calculi cause no symptoms. Pain is the leading symptom in 75% of the people with urinary stone disease. Fixed renal pain is located posteriorly in the renal angle, anteriorly in the hypochondrium, or in both. It may be worse on movement, particularly on climbing stairs. Entering the stone in the ureter causes ureteric colic. It starts suddenly with severe agonizing pain passing from loin to groin compel the patient move about but nothing comforts. An attack of colic rarely lasts more than 8 hours and is not associated with pyrexia. On abdominal examination during ureteric colic there is rigidity of lateral abdominal muscles. Haematuria is sometimes a leading symptom but the amount of bleeding is always small. [5] The vast majority of urinary stones less than 5 mm. in diameter will pass spontaneously through urinary tract [1] whereas those exceeding 7 mm. of diameter almost always require surgical intervention. [6]

Plain X-ray of KUB region is a valuable tool for diagnosing renal stones as 90% of the stones are radio-opaque. USG of abdomen can detect even radiolucent stones. CT scan will identify small missed stones in ureter. [7]

A CASE OF RENAL CALCULI –

A man of moderate built, tall aged 34 years, by profession a lawyer attended the clinic with recurrent attack of mild to moderate dull aching, burning pain in right side of abdomen (right hypochondria) & back (lumber region) for last 1½ months. The pain aggravates on motion and ameliorates on rest. Complaint has started gradually and it may be due to stone(s) in right kidney. No other specific complaints and no treatment adopted previously. USG of whole abdomen was advised which shows a calculus of 12 mm sized in middle calyx of right kidney.

Past history- Patient suffered from pulmonary tuberculosis in 1994 (took allopathic treatment for 5 – 6 months and recovered well. Typhoid in 2001 took allopathic treatment and recovered well without any complications.

Personal history- Married, has one boy child; has good relation with family members. No specific addictions elicited.

Family history- Nothing contributory history found.

Physical general- He has good appetite, desire for spicy food & extra salt. He drinks less water with regular bowel movement. Tongue moist & clean, passes urine 5 – 7 times daily. Perspiration is moderate, more on face. Skin is dry, healthy. A late night sleeper, often after midnight has profound sleep mostly in the morning hours with

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frequent dreams of cats. Patient is hot and loves rainy season.

Mental symptoms- Patient is hard working, gentle, co-operative, desires company and loves to travel. He has fear of ghost and very much difficult to sleep alone at night.

On systematic and local examination- No specific abnormalities found. BP & pulse were recorded 110/80 mm of Hg and 74/min respectively.

Analysis of the case- After case taking all mental, physical generals, particular symptoms were classified, analyzed and each symptom evaluated as per their merit. Among mental symptoms- hard working, fear of ghost, love to travel, desire company and physical generals- dreams of cat, hot patient, loves rainy season, late night sleeper, desire spicy food & salty things, thirst less, sweat on face, past history of pulmonary tuberculosis were taken for constructing the totality of symptoms. Among particulars- pain in right hypochondria, right lumber region < motion was considered in the totality. Rubric on renal stone also considered while repertorization. The case was full of general symptoms, so Synthesis repertory 9.1 version [8] was selected and RADAR software [9] used for repertorization. Miasmatic analysis was done with the help of 'Repertory of Miasms' [10] by Dr. R. P. Patel. *Phosphorus* was prescribed to the patient considering totality as well as miasmatic expression.

Prescription- As patient had no previous reports, so USG of whole abdomen was advised on 07-12-2014. Patient came with USG report on 14-12-2014, which showing a calculus of 12 mm in middle calyx of right kidney. The whole case was repertorized and after consulting materia medica [11, 12] *Phosphorus 30C*, 6 doses for 3 days was prescribed.

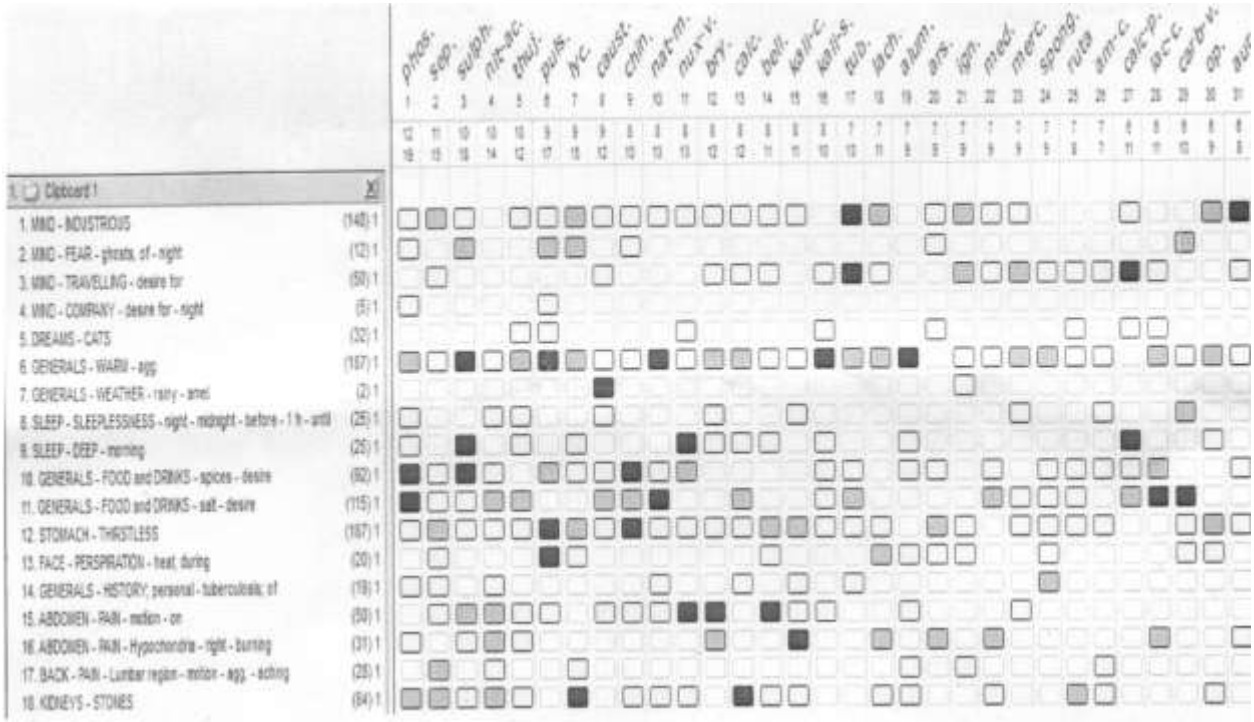

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Table- 1 (Repertorization sheet)

MIASMATIC ANALYSIS BY 'REPERTORY OF MIASMS' BY DR. R. P. PATEL

Sl. No.	Symptom	Rubric	Miasm	Chapter	Page no
1.	Hard working	Industrious	Psora, sycosis	Mind	55
2.	Fear of ghost	Fear, ghost of	Psora	Mind	45
3.	Loves to travel	Travel, desire to	Psora	Mind	82
4.	Desires company	Company, desire for	Psora	Mind	11
5.	Dreams of cat	Dreams, cats	Psora	Sleep	1154
6.	Hot patient	Warm, agg.	Syphilis	Generalities	1258
7.	Loves rainy season	Proper rubric not available	-	-	-
8.	Late night sleeper	Sleeplessness, night, until 1 am	Syphilis	Sleep	1166
9.	Desire spicy food	Desires, highly seasoned food	Psora	Stomach	440
10.	Desire salty things	Desires, salt things	Psora, syphilis	Stomach	440
11.	Thirst less	Thirst less	Psora	Stomach	477
12.	Sweat on face	Single parts	No analysis done	Perspiration	1202
13.	Dull, aching pain in right lumber area < motion	Pain, aching, dull, motion on	Psora	Abdomen	502
14.	Kidney stone	No rubric found	-	-	-
Analysis shows mix-miasmatic expression with predominance of Psora.					

Table- 2 Miasmatic analysis

FOLLOW UP SCHEDULE

Date	Presenting complaints	Prescription with justification
19-12-14	Pain is less than 1st visit as well as no new complaints.	Placebo for 7 days
28-12-14	The intensity & recurrence of pain in right lumber region is less but still troublesome to the patient.	*Phosphorus 30C*, 4 doses, BD followed by placebo for 7 days
04-01-15	Patient complaining of slight bleeding per urethra while urinating for last few days with increase of pain in right loin area < while walking. The stone may be descending through right ureter.	*Phosphorus 200C*, 3 doses, OD. Advised to drink water and report anytime if pain gets aggravated.
07-01-15	Patient was suffering from severe cutting pain in hypogastrium at close of urination with drops of blood for 2 days. No other specific complaints.	*Phosphorus 200C*, 4 doses, BD and advised for urgent USG of whole abdomen.
08-01-15	Patient came in the evening with a stone which was expelled through urethra while urinating in morning. Since then no pain & bleeding per urethra, much relieve to patient.	Placebo for 7 days and still advised for USG for clinical co-relation.

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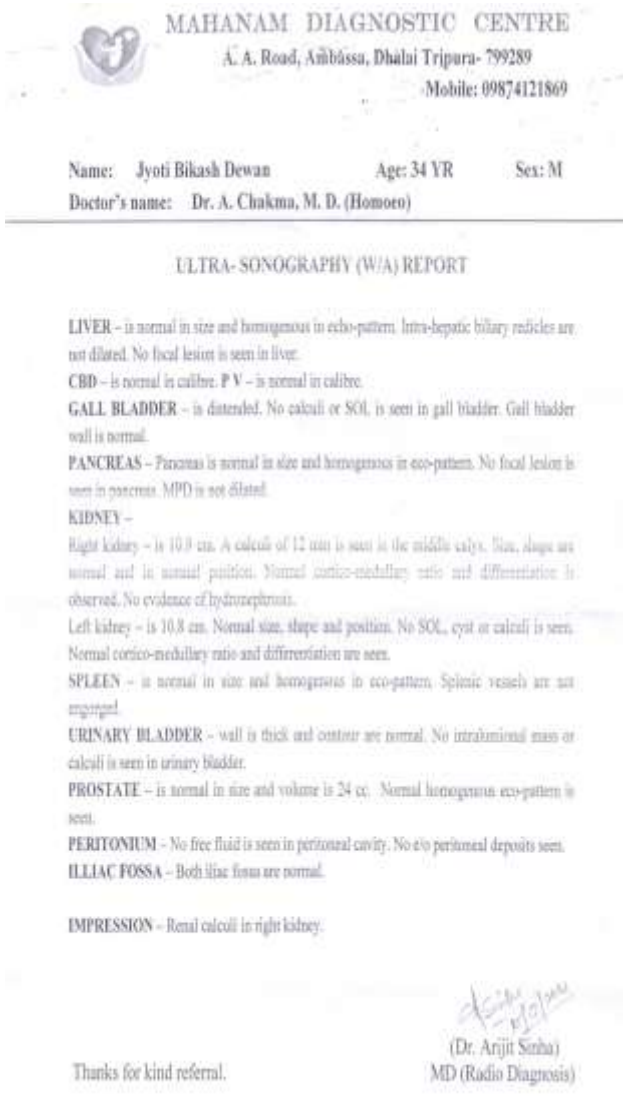
19-01-15	Patient came with USG report shows normal study, no calculi in right kidney. All other parameters were also normal.	Placebo for 1 month; advised to report for any recurrence of pain or other symptoms.
12-04-15	Patient last reported and he was doing well. He just came to meet the doctor.	Sent back home with advice to continue to drink moderate amount of water.

REPORTS-



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A. A. Road, Ambâssa, Dhalai Tripura- 799289
Mobile: 09874121869

Name: Jyoti Bikash Dewan Age: 34 YR Sex: M
Doctor's name: Dr. A. Chakma, M. D. (Homoeo)

ULTRA- SONOGRAPHY (W/A) REPORT

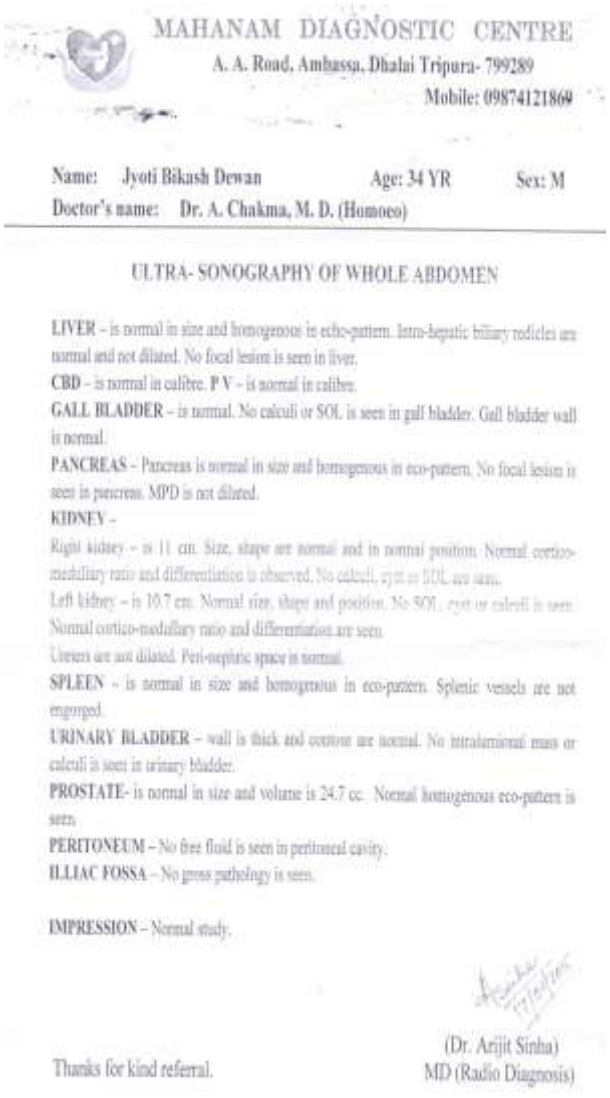
LIVER – is normal in size and homogenous in echo-pattern. Intra-hepatic biliary radicles are not dilated. No focal lesion is seen in liver.
CBD – is normal in calibre. P V – is normal in calibre.
GALL BLADDER – is distended. No calculi or SOL is seen in gall bladder. Gall bladder wall is normal.
PANCREAS – Pancreas is normal in size and homogenous in eco-pattern. No focal lesion is seen in pancreas. MPD is not dilated.
KIDNEY –
Right kidney – is 10.9 cm. A calculi of 12 mm is seen in the middle calyx. Size, shape are normal and in normal position. Normal cortico-medullary ratio and differentiation is observed. No evidence of hydronephrosis.
Left kidney – is 10.8 cm. Normal size, shape and position. No SOL, cyst or calculi is seen. Normal cortico-medullary ratio and differentiation are seen.
SPLEEN – is normal in size and homogenous in eco-pattern. Splenic vessels are not engorged.
URINARY BLADDER – wall is thick and contour are normal. No intraluminal mass or calculi is seen in urinary bladder.
PROSTATE – is normal in size and volume is 24 cc. Normal homogenous eco-pattern is seen.
PERITONIUM – No free fluid is seen in peritoneal cavity. No e/o peritoneal deposits seen.
ILLIAC FOSSA – Both iliac fossa are normal.

IMPRESSION – Renal calculi in right kidney.

Thanks for kind referral.

(Dr. Arijit Sinha)
MD (Radio Diagnosis)

Figure- 1 USG report before treatment



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ULTRA- SONOGRAPHY OF WHOLE ABDOMEN

LIVER – is normal in size and homogenous in echo-pattern. Intra-hepatic biliary radicles are normal and not dilated. No focal lesion is seen in liver.
CBD – is normal in calibre. P V – is normal in calibre.
GALL BLADDER – is normal. No calculi or SOL is seen in gall bladder. Gall bladder wall is normal.
PANCREAS – Pancreas is normal in size and homogenous in eco-pattern. No focal lesion is seen in pancreas. MPD is not dilated.
KIDNEY –
Right kidney – is 11 cm. Size, shape are normal and in normal position. Normal cortico-medullary ratio and differentiation is observed. No calculi, cyst or SOL are seen.
Left kidney – is 10.7 cm. Normal size, shape and position. No SOL, cyst or calculi is seen. Normal cortico-medullary ratio and differentiation are seen.
Ureters are not dilated. Peri-ureteric space is normal.
SPLEEN – is normal in size and homogenous in eco-pattern. Splenic vessels are not engorged.
URINARY BLADDER – wall is thick and contour are normal. No intraluminal mass or calculi is seen in urinary bladder.
PROSTATE- is normal in size and volume is 24.7 cc. Normal homogenous eco-pattern is seen.
PERITONEUM – No free fluid is seen in peritoneal cavity.
ILLIAC FOSSA – No gross pathology is seen.

IMPRESSION – Normal study.

Thanks for kind referral.

(Dr. Arijit Sinha)
MD (Radio Diagnosis)

Figure- 2 USG report after treatment

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Figure- 3 The expelled renal stone

DISCUSSION AND CONCLUSION

Medical management should be used judiciously in all patients with kidney stones, with appropriate individualization. Clinical presentation, proper history and laboratory investigations help to identify whether one needs urgent surgical or medical treatment or not. A homeopathically recorded case including detailed history of present illness, family history, history of previous similar illness and previous interventions is mandatory. There are only few reported evidence based works in homoeopathy on renal calculi viz. a big urinary calculus expelled with homoeopathic medicine, [6] utility of Lycopodium in Urinary calculi, [13] role of homoeopathic therapy in urolithiasis, [14] evidence based pilot study on the role of Homeopathic drugs in cases of kidney stones. [15] Therefore, the need of hour is more number of reported works so that this area may be strengthened from every study design, be it clinical or fundamental.

Renal calculi present as an important and challenging clinical problem. [16] This case shows the importance of individualization and as medicine selection was correct it aided in expulsion of a 12 mm sized renal calculi which often need surgical intervention. [1] Although the expelled stone size measures about 11 mm against USG report of 12 mm, some particles/portion of the primary stone may be dislodged or broken into small fragments while descending from right kidney up to its expulsion. *Phosphorus*, an anti-sporic, anti-hemorrhagic remedy has affinity on right side, tall, slender persons with past history of tuberculosis. [8,11,12] In synthesis repertory, although *Phosphorus* is in 3rd grade medicine for kidney stones, [8] this remedy matched with the totality of the case and thus acted nicely on this patient. The basic concept of homeopathy is not only to treat renal calculi but to address its underlying cause, and individual susceptibility. Homeopathy may be used as a safe alternative to surgical intervention especially when the calculi are not of very large size or staghorn variety. It also suggests that proper and rational use of repertories is also helpful in indicating leading remedies in a case. Like rain drops make an ocean, this type of case studies also constitutes a strong opinion about the efficacy of homoeopathic remedies in renal stone cases. Thus further case studies by research scholars, academicians on this topic are warranted.

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REFERENCES

1. Asplin JR, Coe FL, Favus MJ. Disorders of the Kidney and Urinary Tract- Nephrolithiasis. In: Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL *et al*. editors. *Harrison's Principles of Internal Medicine*, 17th ed. Vol. II. New Delhi: McGraw-Hill Medical Publishing Division; 2008. p. 1815-7.
2. Mohan H. The Kidney and Lower Urinary Tract. *Textbook of Pathology*, 5th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2008. p. 714.
3. Ansari MS, Gupta NP, Gupta P, Hemal AK, Dogra PN, Seth A *et al.* Spectrum of stone composition: structural analysis of 1050 upper urinary tract calculi from northern India. *Int J Urology* 2005;12:12-6.
4. Kumar P, Clark M. Renal disease. *Kumar & Clark's Clinical Medicine*, 17th ed. New York: Saunders Elsevier Ltd; 2009. p. 609-10.
5. Fowler C. The kidneys and ureters. In: Mann CV, Russell RCG, Williams NS, editors. *Bailey & Love's Short Practice of Surgery*, 22nd ed. London: ELBS publication; 1995. p. 924-5.
6. Gupta AK, Gupta J, Siddiqui VA, Mishra A. A big urinary calculus expelled with homoeopathic medicine; *Indian J Res Homoeopathy* 2008;1:50-5.
7. Bhat MS. Kidney. *SRB's Manual of Surgery*, 4th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd; 2013. p. 1091.
8. Schroyens F. *Synthesis- Repertorium Homoeopathicum Syntheticum*, 9.1 ed. New Delhi: B Jain Publishers (P) Ltd; 2009. p. 40, 120, 149, 240, 635, 850, 907, 917, 939, 1049, 1388, 1733, 1757, 1956-7, 1970, 2081, 2066-7.
9. RADAR 10. Archibel Homoeopathic Software. Belgium. 2009.
10. Patel RP. *Repertory of Miasms*, Indian ed. Kerala: Hahnemann Homoeopathic Pharmacy; 1996. p. 11, 45, 55, 82, 440, 477, 502, 1154, 1166, 1202, 1258.
11. Hering C. Phosphorus. *The Guiding Symptoms of our Materia Medica*. Vol-VIII. Reprint ed. New Delhi: B Jain Publishers (P) Ltd; 2005. p. 352-3, 396, 402.
12. Boericke W. Phosphorus. *New Manual of Homoeopathic Materia Medica and Repertory*, 9th ed. New Delhi: B Jain Publishers (P) Ltd; 2001. p. 493-7.
13. Nayak C, Singh V, Siddiqui VA, Dixit R, Sinha MN, Gupta AK, *et al.* Utility of Lycopodium in Urinary calculi. *Indian J Res Homoeopathy* 2010;4:34-43.

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14. Siddiqui VA, Singh H, Gupta J, Nayak C, Singh V, Sinha MN, *et al.* Role of homoeopathic therapy in urolithiasis. *Indian J Res Homoeopathy* 2011;5:30-9.

15. Gupta G. Evidence based pilot study on the role of Homoeopathic drugs in cases of Kidney stones. *Asian J Homoeopathy* 2009;3:13-35.

16. Shriganesh RB, Sachin SS, Sonali SS, Ashis SB. Medical management of renal stone. *Indian J Endocr Metb* 2012;16:236-9.