

Title :- Evidence based case report of left sided nephrolithiasis with mild hydroureteronephrosis treated with homoeopathy

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ABSTRACT :-

Background: Nephrolithiasis Or renal stone is an universal problem in developing countries representing a major health concern. In allopathic system of medicine surgery is lastly advised with comes with numerous side effects. Homoeopathic medicines can be helpful to treat this condition gently, effectively and most importantly in the fastest way without any known side effects.

Methods: A through homoeopathic case taking was done of a 22 year old male patient who was suffering from left sided nephrolithiasis with mild hydroureteronephrosis and presented with the complaint of pain in lumbar region with nausea and vomiting for nearly 6 months. Knowing the adverse consequences of allopathic treatment in this case the patient opted for homoeopathy.

This was an already diagnosed case and diagnosis was confirmed by USG whole abdomen (DATED – 17/07/2023. The size of the left lower calculus -3.12 mm). Proper case taking was done and analysis of the case done from homoeopathic perspective then the indicated medicine *Lycopodium* was prescribed.

Result: The clinical symptoms like lumbar pain, nausea and vomiting was much reduced post medication. The USG whole abdomen which was post medication (DATED – 19/12/2023) showed no calculus. The cured took place within 5 months of treatment without any surgery and adverse drug reaction.

Conclusion: There are several evidences in homoeopathic literature which tell us that nephrolithiasis can be treated effectively, harmlessly and within a short period of time. This case report will not only add to the existing literature pool but also provide proper knowledge to the grass root so that they can prefer homoeopathy to allopathy. Many of us have a misconception that homoeopathic medicines takes a lot of time to act but this case, with so much of complication was cured within 5 months, will hopefully clear that misconception.

KEYWORDS : Nephrolithiasis, Homoeopathy, lycopodium.

INTRODUCTION:

Nephrolithiasis or kidney stone is the most painful and prevalent urological disorder of the urinary system ⁽¹⁾. Both intrinsic and extrinsic factors affect the susceptibility of an individual to develop stone in kidney ⁽²⁾. Different types of renal stones include – calcium oxalate stones (most common type of renal stone), uric acid stone, phosphate stone and cystine calculus ⁽¹⁾. It is considered to be approximately 10-12% in the total population ⁽¹⁾.

PRESENT COMPLAINTS:

A lean and thin 22 year old male presented to the out-patient department of Banda block primary health centre, Raghunathpur Purulia, with the complaints of pain in the lower back region since last 6 months which at times radiated to the groin. He had an USG done already and the allopathic physician whom he was already consulting suggested surgery. He didn't want to go for surgery just wanted to switch to homoeopathy. The pain aggravated at the afternoon from 4-8 pm, from exertion and ameliorated after urination. Nausea and vomiting was associated with the present complaints.

PAST HISTORY:-

Chicken pox at the age of 9-10 years of age.

FAMILY HISTORY:-

Nothing significant was noted.

PERSONAL HISTORY:-

The patient was a student by occupation, Unmarried.

PHYSICAL GENERAL:-

Appetite & thirst was moderate. The patient preferred luke warm food, had a craving for sweets. Thermally, the patient was hot patient. Stool was irregular, first part hard and then soft.

MENTAL GENERAL:-

He was intelligent and studious. There was also a history of long continued anger finally led to silent grief. He was also very miser.

TOTALITY OF SYMPTOMS:-

1. Pain in the lower back region since last 6 months which at times radiated to the groin which aggravated in the afternoon 4-8 pm.
2. Nausea and vomiting was associated with the present complaints.
3. The patient preferred luke warm food.
4. He had a craving for sweets.
5. Thermally, the patient was hot patient.
6. Stool was irregular, first part hard and then soft.
7. He was intelligent and studious.
8. He was also very miser.

ANALYSIS OF SYMPTOMS:-

1. He was intelligent and studious.
2. He was also very miser.
3. The patient preferred luke warm food.
4. He had a craving for sweets.
5. Thermally, the patient was hot patient.
6. Stool was irregular, first part hard and then soft.
7. Pain in the lower back region since last 6 months which at times radiated to the groin which aggravated in the afternoon 4-8 pm.
8. Nausea and vomiting was associated with the present complaints.

REPERTORISATION :-

Since the medicine was clearly indicated so there was no requirement of repertorisation.

PRESCRIPTION:-

Lycopodium 200 /2D * ODAC.

Placebo for 1 month.

Advice given :-Take plenty of water.

FOLLOW-UP:-

Initial Prescription:- Lycopodium 200/2D * ODAC & placebo with some general advice and the patient was asked to report after 1 month.

1st follow up:- pain in the back slightly improved. Episodes of Nausea and vomiting was reduced post medication. The medicine prescribed was only placebo for 1 month.

Justification- According to homoeopathic philosophy As long as there is improvement, it indicates that the previous medicine is still acting and it's action can be hampered if any other medicine is prescribed. So, neither no medicine at all or something unmedicinal must be given to satisfy the patient because the action of the first medicine is still not over.

2nd follow up:- pain in the back was further improved. Episodes of Nausea and vomiting was further reduced post medication. The medicine prescribed was only placebo for 1 month.

3rd month follow up:-The improvement came to a standstill. There was no further improvement this time. Again, in this case lycopodium was again indicated. So, Lycopodium 200 /2D * ODAC was again prescribed and placebo was given for 1 month.

Justification :- According to homoeopathic philosophy if improvement comes a standstill again a through case taking must be done and indicated medicine must be prescribed. It can be the previous medicine or an entirely new medicine. Again, in this case lycopodium was again indicated. So, Lycopodium 200 /2D * ODAC was again prescribed and placebo was given for 1 month.

4th month follow up:- there was further improvement in all the existing symptoms and there was no new complaints post medication. Placebo was prescribed after 1 month. USG whole abdomen was again suggested

5th month follow up:- apparently, there was no symptoms and the patient was showing improvement. USG whole abdomen revealed no calculus this time. No medicine was prescribed.

USG REPORT BEFORE TREATMENT: (date -17/07/2023.)

SUSHAMA DIAGNOSTIC CENTRE

(Govt. Regd.) Regd. No.- NEW/12/2007

4D COLOUR DOPPLER ULTRA SONOGRAPHY / ECHO CARDIOGRAPHY

RAGHUNATHPUR • PURULIA-BARAKAR ROAD • RING : 9434527

Name : Durga Das Mahato
Referred by: Dr.R.Murmu,MBBS(Cal)

Patient ID : 227
Age / Sex : 21 Yrs
Date : 17/07/2023

USG OF LOWER ABDOMEN

KIDNEYS: **Right Kidney** – 9.4 cm. is normal in size, position, contour & echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis calculus or mass is seen.
Left Kidney – 10.2 cm. is normal in size, position, contour & echogenicity. The corticomedullary differentiation is maintained. **Mild hydronephrosis noted. A calculus noted in lower pole, measuring – 2.61 mm.** No mass is seen.

URETERS: **In the left lower ureter there is a calculus of size – 3.12 mm.** causing proximal dilatation. Right ureter is not dilated.

URINARY BLADDER : It is normal in capacity & contour. The wall is not thickened. No intra-luminal calculus or mass is seen.

PROSTATE : It is normal in size with a weight (approximately) of 14.7 gm. It shows a homogenous echotexture & smooth outline.

IMPRESSION: **1. Left sided nephrolithiasis.**
2. Left lower ureteric calculus causing proximal mild hydroureteronephrosis.

Suggested – Clinical correlation & follow up study.

Dr. Dinabandhu
Consultant Radiologist
MD(Radio-diagnosis)
Regd.No.- 69315 W

Thanks for kind referral

*** Please bring your all previous reports & prescription***

Note: This report is not valid for medicolegal purposes. Please contact us for any typographical error

Typed by
A. Das

Checked by
S. C

USG REPORT AFTER TREATMENT (date- 19/12/2023)

SUSHAMA DIAGNOSTIC CENTRE

(Govt. Regd.) Regd. No.- NEW/12/2007

4D COLOUR DOPPLER ULTRA SONOGRAPHY / ECHO CARDIOGRAPHY

RAGHUNATHPUR • PURULIA - BARAKAR ROAD • RING : 9434527382

Name : Durgadas Mahato
Referred by: Dr. M.O.Banda R.H.

Patient ID : 29633
Age / Sex : 22 Yrs. / M
Date : 19/12/2023

USG OF LOWER ABDOMEN

KIDNEYS: **Right Kidney** – 9.6 cm. is normal in size, position, contour & echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

Left Kidney – 9.2 cm. is normal in size, position, contour & echogenicity. The corticomedullary differentiation is maintained. No hydronephrosis, calculus or mass is seen.

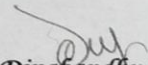
URETERS : They are not seen, hence not dilated.

URINARY BLADDER : It is normal in capacity & contour. The wall is not thickened. No intra-luminal calculus or mass is seen.

PROSTATE : It is normal in size with a weight (approximately) of 12.69 gm. It shows a homogenous echotexture & smooth outline.

IMPRESSION: **Normal study.**

Suggested – Clinical correlation & follow up study.


Dr. Dinabandhu Dey
Consultant Radiologist
MD(Radio-diagnosis)
Regd.No.- 69315 WBMC

Thanks for kind referral

*** Please bring your all previous reports & prescription***

Note: This report is not valid for medicolegal purposes. Please contact us for any typographical errors.

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CONCLUSION:-

This case report illuminates the effectiveness of homoeopathic medicines and it can be a promising alternative system of medicine. Knowledge of disease helps the prescriber to know the

sick man in a homoeopathic way. Nano-particle laden homoeopathic medicines is capable enough to alleviate complex disease without surgical intervention.

CONFLICT OF INTEREST:- none.

REFERENCES:-

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2. Roberts H A: The Principles of Art and Cure by Homoeopathy, a Modern Textbook. Reprint Ed New Delhi: IBPP; 2004.

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