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Efficacy of Homeopathic medicine in Renal calculi

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A CASE REPORT :Dr. Padmashree Rajendra ManjardekarMD(Homeo)Professor in practice of medicineDr.JJ Magdum Homeopathic medical collegeJaysing pur 4416101Abstruct!Now a days prevalence of Renal calculi is estimated at 3% in all inclividual, and it affects up to 127 of population, during their lifetime. Also Renal calcuti is the most common disease affecting people usually more in male than female.In modern medicine there is limited scope in the management of Renal calculi, they give a symptomatic treatment by using analgesics, antibiotics, antidiuretics etc. Today many of people prefers to undergo surgical. Procedures. as they don't want to experience the agony. so, they, Later on develops tendancy of calculus formation and its recurrence produced. The surgeries like litho-tripsy, percutaneous, nephrolithotomy (PCNL) give relief to some extent, but there are so many complications with. these surgeries so Homeopathy is suitable system of medicine to gives cure, from sign and symptoms of Patient Treatments with homeopathic medicines showed positive response by dissolution, fragmentation, passage of calculi in majority of cases. The period of treatment varied from case to case depending on site size, shape, type and characteristics of calculi. homeopathy considers totality of symptoms the that is outwardly manifestation of internal

derangement of vital force.Keywords: Renal calculi, case Report, Homeopathy Totality of symptoms.Intro Introduction.. Renal calculi are a mass of small crystals formed in the kidneys or urinary tract. Normally, urine contains chemicals that inhibit crystal formation when these chemicals do not work. crystals are formed, calculi formation is also related to decreased urine volume or increased excretion of calculiforming components such as Calcium, oxalate, urute cysteine, xanthine and phosphate of calcium struvite calculi are formed by infection in the urinary tract. Uric acid and cysteine Cakuli are rare Homeopathic approach to management of renal calculi takes into consideration the tendancy of calculi formation and imbalance of mineral salts. Renal calculi can cause pain in & abdomen, which may even radiate to the sides or the groin region There Can be associated complaints depending on the cause and severity of the condition. There are Homeopathic medicines acting on urinary complaints due to various diseases including Renal calculi and Treatment modality may depend on the severity of the condition., while preventive measures are always useful and can be adopted..

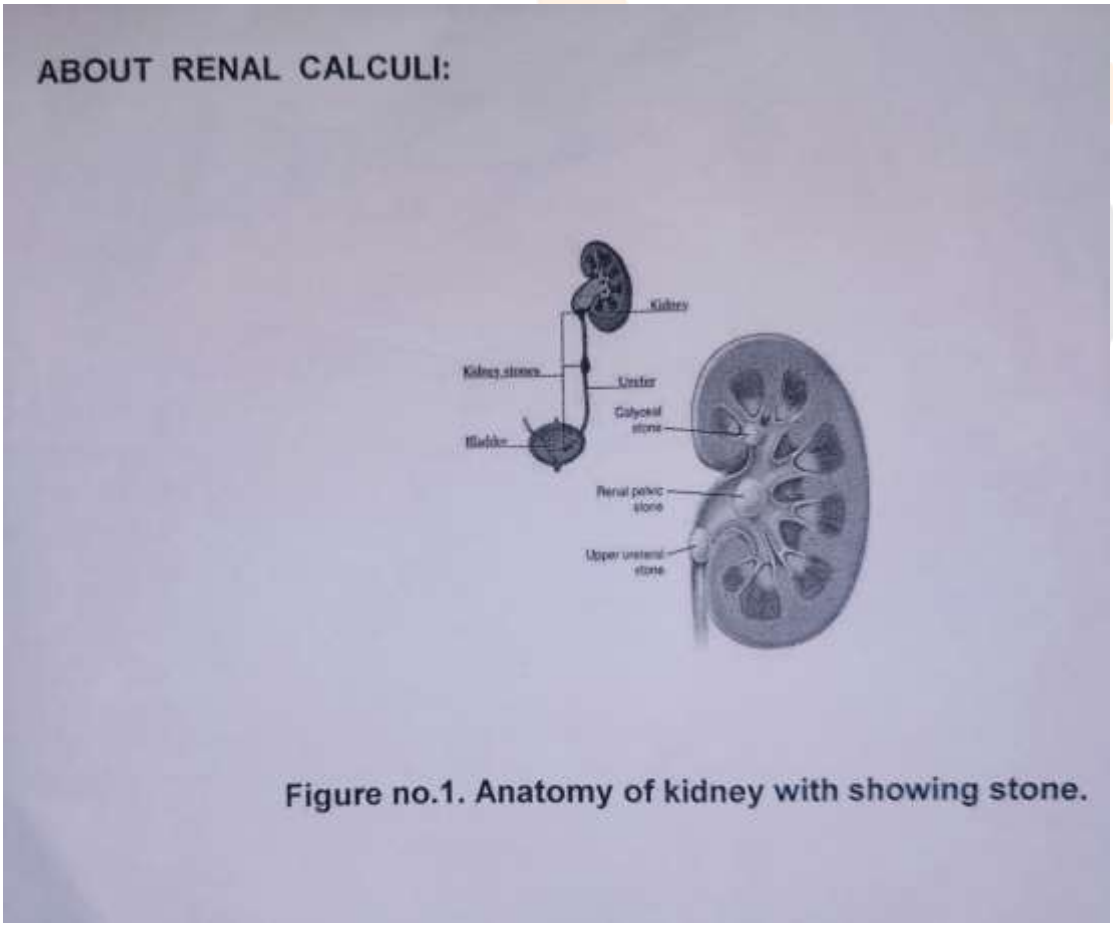


Figure no.1. Anatomy of kidney with showing stone.

TYPES OF RENAL CALCULI:-• Primary•Secondary1)Small stones2)Large stones3)Oxalate calculus4)Phosphatic calculus5)Uric acid and Urate calculus6)Cysteine calculus7)Rare calculus• Primary stones:These stones appears in apparently healthy urinary tract without ant antecedent inflammation. These stones are usually formed in acid urine. These stones usually consist of calcium oxalate, uric acid, urate, cysteine, xanthine, calcium carbonate.• Secondary stones:These type of stones occurs in the presence of pre-existing disease of urinary tract and there formation required a performed nucleus of primary stone, a foreign body or a malignant tumor. These stones are infective in origin and usually occur in alkaline urine and are composed of ammonium, magnesium phosphate or calcium phosphate.On the bases of size:Small stones-All the small stones comes under this category are usually pass through or impacted in ureter and damage the epithelium leading to haematuria, then fibrosis and finally stricture.• Large stones (stag horn calculi)-Mostly they are phosphate calculi. Hence one large stone may fill the renal calyces and pelvis and can cause stagnation of urine, predisposing to infection and kidney tumours.On the basis of stone constituents:Oxalate stones-This type of stone is usually single and extremely hard. It is dark in colour due to staining with altered blood precipitated on its surface. It is spiky, covered with sharpprojections which cause bleeding due to injury to the adjacent tissues. This stone is popularly known as Mulberry stone.• Phosphate stones:Mainly these stones occurs in the bladder and grow rapidly in the alkaline urine. They are smooth, greyish-white in colour and chalky in consistency. Usually occurs bilaterally and having tendency to reoccur son removal. These are radio-opaque in nature. Usually these stones are composed of triple phosphate ile phosphate of calcium, magnesium and ammonium.Uric acid or Urate stones:Pure uric acid calculi are rare and are not visible in X-ray. These are usually multiple and occur in acidic urine. These are hard, finely granular, round to oval in shape and color varies from yellow to reddish brown.Cysteine stones:These are uncommon (0.4%) and form due to inborn error of metabolism. These stones usually appears in patients with cystinuria. These are hard with

smooth surface, pink or yellow coloured. When these are exposed outside the hue gradually changes to greenRare stones:These are Xanthine, Calcium carbonate, Indigo, Ammonium acid, Urate calculi, Matrix calculi, Silicate calculi, rarely bacteria may form small soft concentrations, 15

CAUSES:

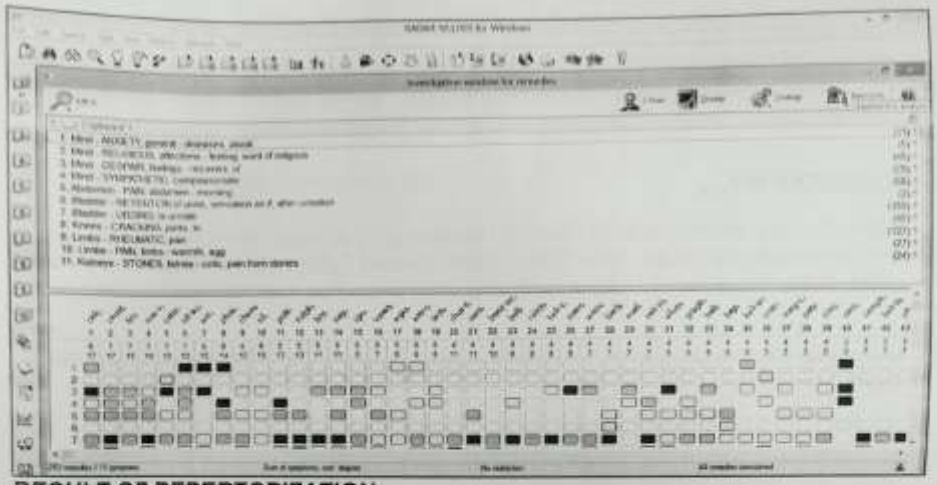
Dietary Causes of Renal Stones

High	Low
Dehydration	Water intake
Foods rich in Oxalate	Calcium than Recommended
Animal protein – Meat, Egg, Chicken	Low Magnesium
Salt – Sodium	Potassium than Recommended
Phosphate – **Aerated carbonated drinks**	Citrate or Citric Acid (Vit C)
Obesity – Weight Gain	Dietary Fiber

RISK FACTORS - GENDER AND AGEObesity and weight gainFamily historyEthnicityGeographical differencesLifestyle factors- StressBeing bedriddenMedical conditions- GoutHigh blood pressureInflammatory bowel diseaseCrohn's diseaseUlcerative colitis urinary tract infectionsHyperparathyroidismCASE Report'A female aged to 60ys presented on 30 November 2016 with having a complaints of pain in Righit side of abdomen since 3 months she suddenly started. getting pain in Right lumbar region she gets sudden cramp like pain in Right lumbar region. which readidtes towards Right iliac fossa and to back. more pain is in morning while getting up from sleep there is over distention of bladder with retention of urire and it is painful, there is great urging for urination.but it is ineffectual, Interrupted flow of urine. sometimes there is involuntory urination at night has to wait for few minutes before passing urine and it is unsatisfactory, aggravation morning, retention of urine. Amel passing Urine. Pain in both khee joints drawing type of pain with crackling in Khees while moving sometimes cramps in Legs <open air amel warmth. Patient having

jaundice at the age of 12 years she is anxious about disease because she thinks If she does not gets well soon then she can't look after her children properly so want to get cured soon. Religious has intense faith on god.Repertorial Totality:1) Anxious about her disease2) Religious. Intense faith onGod3) Desire spicy food4) pain aggravated in morning5) Bladder. urging theffectual6) pain > warmth7) Hopeless about recovery8) sympathy for other9) crampy pain in obdomen10) Bladder Retention of urine11) crackling pain in khee joints

Repertorization:-



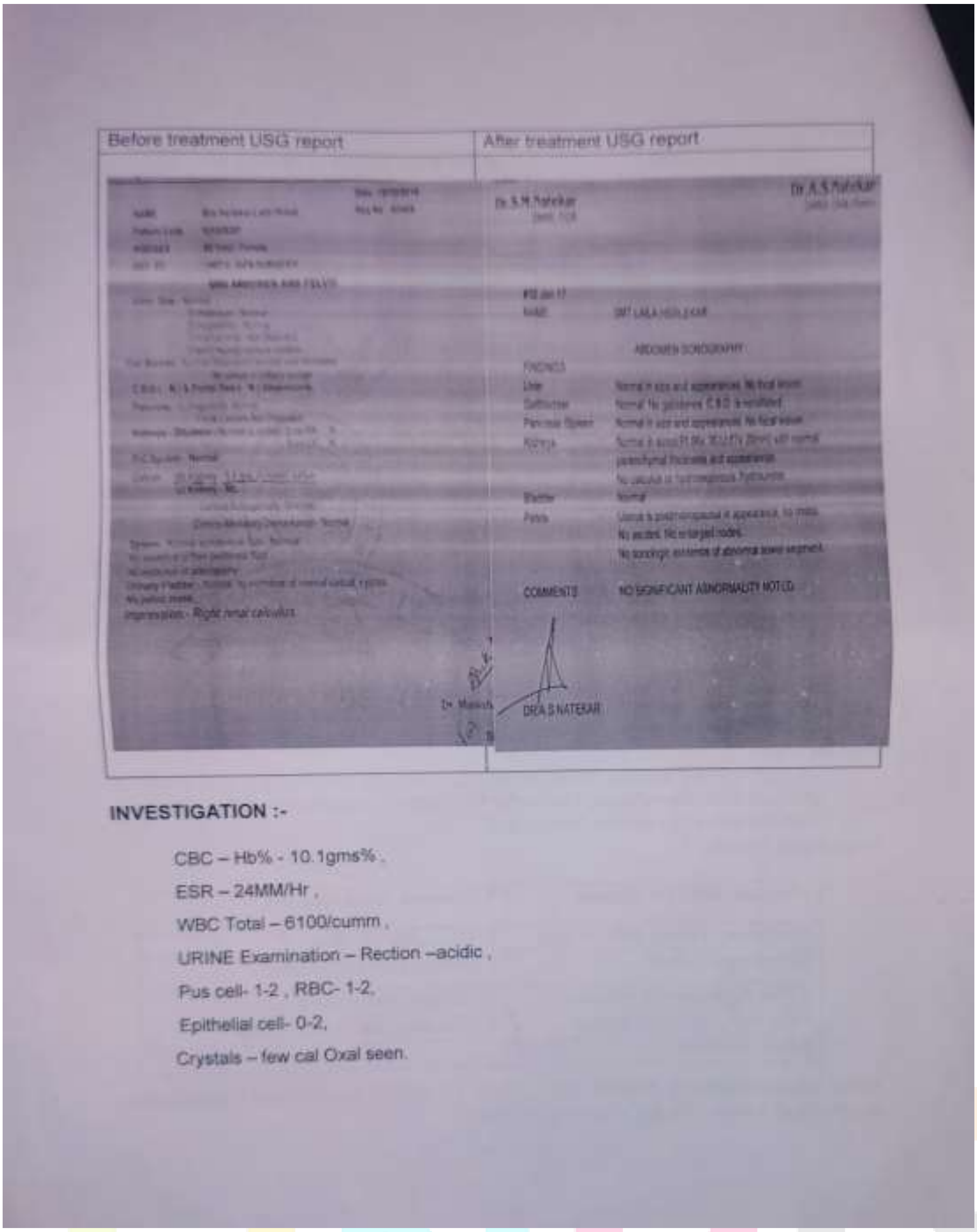
RESULT OF REPERTORIZATION

Calc – 17/8	Caust- 17/7	nux-v - 14/7	lyco- 15/7

Remedy Selected – Calcarea carbonica
Potency Selected –30C
Prescription – Calcarea carb 30 for 3days BD
Sac lac 4---4 and ocimum can. MT thrice daily for 15 days.

FOLLOW UP:-

Date	Presenting complaints	Prescription
12/12/16	Sleep and appetite good, no involuntary urination pain relived 40%, anxiety about disease.	Sac lac 4----4 for 15 days
25/12/16	Ineffectual urging for urine. Pain felt intermittently with decrease in intensity knee pains relived 80%	Sac lac 4----4 for 15 days
9/01/17	No complaint Advised – abdominal USG	Sac lac 4..4 BD for 15 days
28/01/17	No complaint. USG shows no any significant calculi seen.	Sac lac 4..4 BD for 15 days



Before treatment USG report	After treatment USG report
Impression:- Right renal calculus	COMMENTS NO SIGNIFICANT ABNORMALITY NOTED
	DR A S NATEKAR

INVESTIGATION :-

CBC – Hb% - 10.1gms% ,
ESR – 24MM/Hr ,
WBC Total – 6100/cumm ,
URINE Examination – Rection –acidic ,
Pus cell- 1-2 , RBC- 1-2,
Epithelial cell- 0-2,
Crystals – few cal Oxal seen.

Discussion and conclyssion.No matter what disorders gre found, every.patient should be counseled to avoid dehydration and drink planty of water. The efficacy of huge fluid intake was confirmed in a case study of formation of calculi Increasing urine Volume to 2-5 lit/day resulted in a 50% reduction of cakuli reverence compared with the case report Homeopathy can be prove as beneficial to patients whom surgery is a risky like Diabetes, Hypertension. etc or those search for an alternate to surgery and safe for health and for both economic or psychological reasons

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