

## AN EVIDENCE BASED CASE STUDY ON UROLITHIASIS

## ABSTRACT

In our country urolithiasis has been the most frequent reason for undergoing surgery in case of middle aged persons, especially in case of male. Pain due to the urolithiasis is known as the "worse than that of the labour pain." Though these cases belong predominantly to the domain of surgery, but this can be managed successfully with homoeopathic constitutional medicines. A case of urolithiasis was treated with *Natrum muriaticum* has been reported here. Homoeopathic medicine following the holistic concept of homoeopathy and the result was complete disappearance of calculus. This case shows the efficacy of homoeopathic medicine in the treatment of urolithiasis without surgical intervention.

## KEY WORDS:

*Nephrolithiasis, ureterolithiasis, cystolithiasis, struvite, uric acid, calcium oxalate, hyperuricosuria & hypercalcaemia*

## INTRODUCTION :

Urolithiasis (from **Greek** *oûron*, "urine" and *lithos*, "stone")<sup>(1)</sup> is the condition where urinary stones are formed or located anywhere in the urinary system. The term ***nephrolithiasis***<sup>(1)</sup> (or "**renal calculus**") refers to stones that are in the kidney, while ***ureterolithiasis***<sup>(1)</sup> refers to stones that are in the ureter. The term ***cystolithiasis***<sup>(1)</sup> (or ***vesical calculi***) refers to stones which form or have passed into the urinary bladder. Urinary stones are typically classified by their location or by their chemical composition (**calcium**-containing, **struvite**, **uric acid**, or other compounds). In humans, **calcium oxalate** is a major constituent of most urinary stones. About 80% of those with urinary stones are men. Men most commonly experience their first episode between 20-30 years of age, while for women the age at first presentation is somewhat later.



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TYPES OF STONES<sup>(2)</sup>:-

\* **Calcium Stones, Uric Acid Stone, Struvite Stones, Cystine Stones, Phosphate stone.**

The development of urinary stones is most commonly related to:

Decreased urine volume, Increased excretion of stone-forming components, Inadequate urine drainage, which may lead to stasis, Decrease in urinary citrate levels leading to deposition of calcium. Deficiency of vitamins A or C - these conditions can also lead to the "hyper triad" - **hyperparathyroidism**<sup>3</sup>, **hypercalcaemia**<sup>3</sup>, and **hyperuricosuria**<sup>3</sup>. The first symptom of a urinary stone is extreme pain. The pain often begins suddenly when a stone moves in the urinary tract, causing irritation or blockage. Typically, a person feels a sharp, cramping pain in the back and side in the area of the kidney or in the lower abdomen. Sometimes nausea and vomiting occur with this pain. Later, the pain may spread to the groin. If the stone is too large to pass easily, the pain continues as the muscles in the wall of the tiny ureter try to squeeze the stone along into the bladder. As a stone grows or moves, blood may be found in the urine. As the stone moves down the ureter closer to the bladder, a person may feel the need to urinate more often or feel a burning sensation during urination. If fever and chills accompany any of these symptoms, an infection may be present.

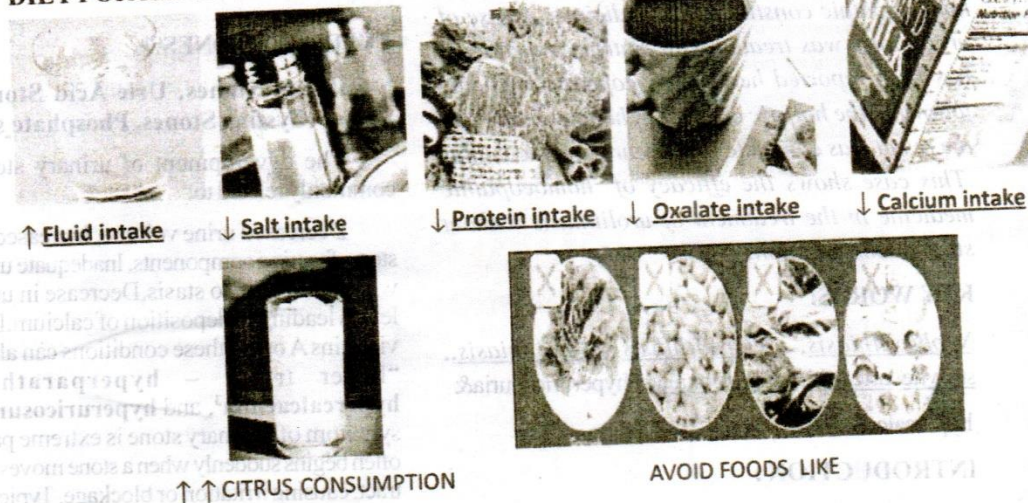
Small and smooth kidney stones may remain in the kidney or pass without causing pain (called "silent" stones). Stones that lodge in the ureter (tube that carries urine from the kidneys to the bladder) cause the urinary system to spasm and produce pain. The pain is **unrelated** to the size of the stone. Other symptoms of kidney stones may include the following:



Blood in the urine, increased frequency of urination, nausea and vomiting, pain and burning during urination, fever, chills, loss of appetite, urinary tract infection. The diagnosis of the kidney stone can be made from the history obtained from the patient, urinalysis, ultrasound report, radiographic studies. X-ray is the chief guide for the detection of urinary stones. **Intravenous Pyelogram (IVP)**: A series of x-rays of the kidney, ureters, and bladder with the injection of a contrast dye into the vein - to detect tumors, abnormalities, kidney stones, or any obstructions, and to assess renal blood flow.

**Urinalysis**: Laboratory examination of urine for various cells and chemicals, such as red blood cells, white blood cells, infection, or excessive protein. **Blood Tests**: Laboratory examination of the blood to detect substances that might promote stone formation. **Renal Ultrasound**: A non-invasive test in which a transducer is passed over the kidney producing sound waves which bounce off the kidney, transmitting a picture of the organ on a video screen. The test is used to determine the size and shape of the kidney, and to detect a mass, kidney stone, cyst, or other obstruction in the kidney.

### DIET FOR PATIENTS WITH URINARY STONES:



From above study it is envisaged that the disease is a surgical one, but homoeopathic subtle philosophy and literature speaks it is curable with homoeopathic medicament. Hence cases are documented at International study & research centre on Homoeopathy validates the observation of previous workers & a model case is presented below is an example of classical way of studying the case.

### CASE PRESENTATION:

On 18 th. November 2012 a 48 years Hindu male named Satyabrata Pradhan, consulted me for having severe spasmodic pain/cramping pain in lower abdomen with backache in lumbosacral region, associated with pain during urination since last one year.

He felt more pain on bending backward and got relief on bending forward. Along with that the patient was hypertensive and under the control of allopathic treatment. His ultrasound report showed that he had terminal ureteric calculus (6.5mm in size) along with moderate hydronephrosis. On further interrogation following information were obtained.

**PAST HISTORY:-** typhoid

**FAMILY HISTORY:-** Father- hypertension  
he expired at the age of 70 due to cancer of lung  
Mother :- had arthritis problem

**PERSONAL HISTORY:** married, no veg., 2 daughters



**TREATMENT HISTORY:** he had taken allopathic treatment for 4 months before coming to my clinic.

**PHYSICAL MAKE UP:** tall, healthy man with dark complexion.

**PHYSICAL GENERAL:-** R.H.C-hot pt(+++), Desire:-sour, spicy(++), salt(+++), warm food(+++), Aversion:-sweet(++), fats, Appetite:-increased(++), Thirst:-increased(++), Stool:-dry, hard(++), Urine:-N, Sweat:-profuse(+++)

**MENTAL GENERALS:-** Company aversion (+++), Introvert (+++), Reserved, Consolation < (+++), Sympathetic (++), Fear of ghost, dark, (++) emotional, compulsive disorder (++)

**ON EXAMINATION:-**BP-170/100 mm of Hg,  
Wt.-77kg, Pulse-85/min.

**ON INVESTIGATION:-**

Cholesterol-237mg/dl, LDL-155mg/dl, Serum urea-44mg/dl

**USG REPORT BEFORE TREATMENT:**

[illegible]

### ANALYSIS OF THE SYMPTOM(S):-1)

LOCATION:- Lower abdomen, 2) SENSATION:- Spasmodic pain/cramping pain, 3) MODALITY:- < bending backward, > bending forward, 4) CONCOMITANT:- backache

**CONCEPTUAL IMAGE:**

1) UNEXPECTED DEVIATION:- Hot pt. desire warm food, 2) CAUSATION:- increased intake of animal protein, 3) MENTAL GENERAL: Company aversion(+++), Introverted(+++), Reserved, Consolation<

(+++), Sympathetic(++), Fear of ghost, Fear of dark,(++), Emotional, Compulsive disorder(++)

4) PHYSICAL GENERAL:- Hot pt(+++), Desire salt(+++), Desire sour, Desire warm food(+++), Desire spicy(++), Aversion sweet, ((++) Increased appetite(++), Thirsty(++), Hard(++), dry stool Profuse sweat (+++), 5) PATHOLOGICAL GENERALS:- Terminal lt. ureteric calculus(6.5mm. In size)

**PARTICULARS:-** spasmodic pain/cramping pain in lower abdomen with backache, Pain extending to urethra < bending backward, During urination, > bending forward.

**SYNTHESIS:**

In synthesis of the case we remove causation, as it does not signifies the disease state any way.

**Reserved , emotional, fear of ghost**—these are excluded due to less magnitude of symptoms..

So the synthesis of the case is written as follows:

1) UNEXPECTED DEVIATION:- hot pt. desire for warm food, 2) MENTAL GENERAL:- Company aversion(+++), Introvert(+++), Consolation<(+++), Sympathetic(++), Fear of dark(++), Compulsive disorder(++), 3) PHYSICAL GENERAL:- Hot pt(+++)

Desire spicy(++), Desire salt(+++), Desire warm food(+++), Aversion sweet(++) .Increased appetite(++) ,Thirsty, Hard(++), dry stool, Profuse sweat(+++) from body,4)PATHOLOGICAL GENERAL:-lt. terminal ureteric calculus with hydronephrosis, 5)CHARACTERISTICS PARTICULAR:-Spasmodic pain/cramping pain in lower abdomen with backache, Pain extending to urethra, < bending backward, During urination, > bending forward

### EVALUATION:

In the above case mental generals are predominant, so we evaluate the case according to the Kent's method of evaluation of symptoms. So the evaluation of symptoms as follows:-



**EVALUATION OF SYMPTOMS:**

1) UNEXPECTED DEVIATION:-hot pt.desire for warm food 2) MENTAL GENERAL:-Company aversion(+++),Introvert(+++),Consolation<(+++), Sympathetic(++),Fear of dark(++),Compulsive disorder(++), 3) PHYSICAL GENERAL:-Hot pt(+++), Desire spicy(++), Desire salt(+++), Desire warm food(+++), Aversion sweet,(++) Increased

appetite,(++) Thirsty ,Hard, drystool(++), Profuse sweat(++++) from body, 4) PATHOLOGICAL GENERAL:- Lt.terminal ureteric calculus, with moderate hydronephrosis 5) CHARACTERISTICS PARTICULAR:-Spasmodic pain/cramping pain in lower abdomen with backache, Pain extending to urethra< bending back ward, During urination, > bending forward

**MIASMATIC DIAGNOSIS :<sup>8</sup>**

	symptoms	Psora	syphilis	Sycosis
1.	Pain urination during			
2.	Left terminal ureteric calculus			
3.	Moderate hydronephrosis			
4.	hot patient			
5.	Desire for spicy			
6.	Desire for salt			
7.	Desire for warm food			
8.	Aversion sweet			
9.	hard,dry stool			
10.	Increased appetite			
11.	Thirsty			
12.	Profuse sweat			
13.	Company aversion			
14.	introverted			
15.	Hurried tendency			
16.	sympathetic			
17.	Fear of dark			
18.	Consolation agg			
19.	Compulsive disorder			

**NOSOLOGICAL DIAGNOSIS:**

- Pain in lower abdomen with backache.Pain during urination.From USG-lt.sided ureteric calcululus.



**REPERTORISATION:**

Repertorisation

Of Mr. satyabrata pradhan Reg. No. - 397 Visit Date 21-08-2013

Repertorisation: Normal

Totally 22 Symptoms

	Hot m	Hot s	Phos	Lip	Calc	Sulph	Am	Helic	A-ga	Pain	St	Exp	Chol	Chol
(C) (Abdomen) Pain Cramping, griping	2	3	1	3	3	3	2	2	2	3	3	2	2	2
(C) (Back) Pain Jerking Lumbar region														
(C) (Back) Pain General, Bending Aft. Backward					2					1				
(C) (Urinary) Pain General Urination During		2	1	1			2	3		1			5	
(C) (Generalities) Pain Sensation of	3	2	2	3	2	3	1	2	2	3	1	1	1	1
(C) (Generalities) Food and drinks Warm Food Dislikes				2			3				1			
(C) (Generalities) Food and drinks Spices, condiments, piquant, highly seasoned	1	2	3	1		3	2	1	1	2			1	3
(C) (Generalities) Food and drinks Salt or salty food Dislikes	3		3		2	1	3	3			1		2	2
(C) (Generalities) Food and drinks Sweet Dislikes		1	2	2		2	2	1	3	1			2	
(C) (Stomach) Appetite Increased, Hunger is general	3	3	3	3	3	3	3	2	1	3	2	2	2	3
(C) (Stool) Dry	3	3	3	3	2	2	1	3	2	1	3	1	1	

Symptoms 22 Remedies 659

**PANNEL OF DRUGS:**

Nat.mur.-38/16, Nux.vom.-36/16, Phos.-36/16, Lyco.-35/17

**CHOICE OF PRESCRIPTION:**

Dt.18-11-12

Rx

Nat.mur.- 0/1,0/2,0/3,0/4

(2oz,16doses, bd.)

**BASIS OF PRESCRIPTION:-** Nat.mur.- is given basing upon the following symptoms:-

Hot pt. Desire salt, warm food, spices, Aversion sweet, Increased appetite, Thirst increased, Stool hard, Perspiration profuse, Company aversion, Introverted, Reserved, Consolation aggravation.

**FOLLOW UP(2ND VISIT):**

Dt.20-12-12

Pain in abdomen slightly decreased

Backache persists

Pain during urination decreased (30%)

Rx

Nat.mur.- -0/5,0/6,0/7,0/8

(2oz,16 doses, bd)

**FOLLOW UP(3rd VISIT):-**

Dt.21-01-13

Pain in abdomen decreased 75%

No backache

Pain during urination decreased (70%)

Rx

Nat.mur.- -0/9-----0/12

(2oz,16 doses, bd)

**FOLLOW UP(4th VISIT):**

Dt.28-02-13

No pain in abdomen

No backache

No pain during urination

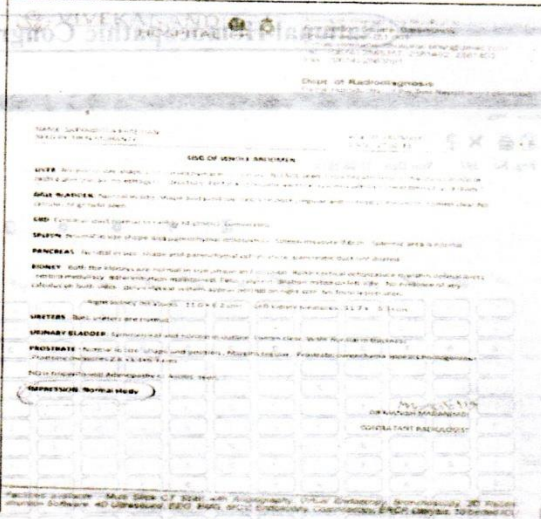
Rx

Nat.mur.- -0/13-----0/16

(2oz,16 doses, bd)



## AFTERTREATMENT:



Finally a dose of Carcinisin-1m was prescribed to him basing upon his family history to finish the treatment.

## RESULTS & DISCUSSIONS:

The case was thoroughly diagnosed by lab. investigation, USG, which confirm the classical presentation of the symptoms of urolithiasis and the entire case taking, case recording, case perceiving to arrive at the totality was in classical method i.e. analysis of the symptom(s), conceptual image, synthesis, evaluation, reportorial totality of the case. Then the case was repertorised with its fitting adaptability to Kent's repertory and prescription was made on the basis of following symptoms.

Hot pt. Desire salt, warm food, spices, Aversion sweet, Increased appetite, Thirst increased, Stool hard, Perspiration profuse, Company aversion, Introverted, Reserved, Consolation aggravation.

The case was followed sufficiently and meticulously and cure was confirmed by checked USG which showed no calculus.

## CONCLUSION:

From above, it is concluded that homoeopathic medicament is more efficacious in urolithiasis of the calculi of definite size where surgery can be abated and more over we can claim further formation of stone can be prevented with the constitutional therapy given

## National Homoeopathic Congress - 2013

to the patient, but it needs to be observed in a no of cases for pretty long period of time. As our previous study advocates there is every possibility of recurrence.

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