

International Journal of

Homoeopathic Sciences

E-ISSN: 2616-4493 P-ISSN: 2616-4485 www.homoeopathicjournal.com

IJHS 2020; 4(4): 13-14 Received: 07-08-2020 Accepted: 09-09-2020

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Nephrolithiasis and its homoeopathic management

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Abstract

Nephrolithiasis is the renal calculi which is a surgical disease but treatable with homoeopathic medicines. It is neccessary to trace the aetiology in the cases of nephrolithiasis which helps in the management and prevention of the disease. So combining the understanding of the disease and of the homoeopathic medicines, cases of the nephrolithiasis can be managed effectively.

Keywords: Nephrolithiasis, renal calculi, homoeopathy

Introduction

What is nephrolithiasis?

Nephrolithiasis specifically refers to calculi in the kidneys, characterized by flank pain radiating to the groin, gross or microscopic hematuria, nausea and vomiting.

Aetiology and Pathogenesis [1]

- **1. Dietary:** Stone can be deposited in a nidus formed due to desquamation of epithelium caused due to deficiency of Vitamin A.
- **2. Altered urinary solutes and colloids:** Solutes concentrate until they precipitate which occurs due to dehydration and decrease in urinary colloids.
- **3. Decreased urinary citrate:** Insoluble calcium phosphate is converted into soluble form due to presence of citrate in urine and as the urinary citrate decreases causing increased insoluble calcium phosphate leading to precipation and stone formation.
- **4. Renal Infection:** Infection of urine especially urea-splitting streptococci, staphylococci and Proteus favours the formation of urinary calculi.
- **5. Inadequate urinary drainage and urinary stasis:** Stones are easily to form when urine is static.
- **6. Prolonged immobilisation:** Immobilisation leads to skeletal decalcification and an increase in urinary calcium further leading to the formation of calcium phosphate calculi.
- **7. Hyperparathyroidism:** Hyperparathyroidism causes recurrent or multiple stones in 5% cases by causing hypercalcaemia and hypercalciuria.

Types of renal calculus¹ Calcium Calcium Uric Struvite Cystine oxalate phosphate acid (1%) (1%) (75%) (15%) (8%)

Clinical features [1, 2]

- **1. Silent calculus:** Most of the patients presents with no complaints and nephrolithiasis is found as a coinciental finding.
- **2. Pain:** Pain is the most common complaint of nephrolithiasis. Fixed renal pain occurs in the renal angle, the hypochondrium, or in both which may be worse on movement.
- **3. Gross hematuria:** Gross hematuria with pain in renal angle is characterstically indicative of nephrolithiasis.
- 4. Nausea and Vomiting: It occurs in case of irritation of nerves due to renal stone.

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Investigations [2]

- **1. X-ray** (**KUB**): The 'KUB' film shows the kidney, ureters and bladder. An opacity maintaining its position relative to the urinary tract during respiration is likely to be a calculus.
- **2. USG** (**KUB**): USG offers the advantage of avoiding radiation and provides information on hydronephrosis, but it is not as sensitive as CT.
- **3. CT (KUB):** Highly sensitive, and also allows visualization of uric acid stones (traditionally considered "radiolucent").
- **4. Excretion urography:** Also called IVU (Intravenous urogram) which will help in establishishing the presence and position of a calculus and the function of the other kidney.
- **5.** Urine R/E (Routine/Examination): Here, pH is important to check as uric acid stones are formed in low urine pH.
- **6. Urine C/S (Culture/Sensitivity):** To identify the bacteria in case of infection.
- **7. 24 hours Urine sampling for:** Calcium, Urate, oxalate, phosphate and Cystine if suspected.
- **8. Serum creatinine, blood urea and uric acid:** To evaluate the function of kidneys.
- **9. PTH** (**Parathormone**) **level:** To exclude the diagnosis of hyperparathyroidism.
- **10. Routine Blood test and ESR:** To evaluate the level of Hb and TLC, DLC, ESR in case of infection
- **11. Stone Analysis:** Stone analysis is to be done to find out the type of stone so that patient should be advised accordingly to done the prevention of recurrence.

Homoepathic medicines useful in the management of nephrolithiasis $^{[3,4,5,6,7]}$

- 1. *Berberis vulgaris*: Burning, Cutting, Tearing Pains. Bubbling sensation Bilateral Renal calculi with radiating pain. Urine hot, dark yellow with thick mucus & bright red mealy sediment.
- **2.** Calcarea carbonica: Cutting stitches in urethra with ineffectual desire to urinate after urinating, renewed desire with burning. Urine after standing looks turbid like lime-water. Copious white mealy sediment in urine.
- 3. Cantharis vesicatoria: Renal region sore and sensitive to touch. Dull pressing pains in kidneys. Frequent urging to urinate; urine passes in drops. Burning and cutting pains before, during and after micturation. Urine scanty, dark-colored. Children pull constantly at penis from irritation of gravel extending down to that organ.
- **4.** *Lycopodium clavatum*: Renal colic, severe backache relieved by passing urine. Frequent urging to urinate. Rumbling and bloated feeling in abdomen. Pain extending down right ureter to the bladder. Haematuria. Urine scanty, high colored. Deposits a red or yellowish red sandy sediment.
- **5.** *Nitricum acidum*: Urinary calculi consisting of oxalates. Scanty, dark brown, smelling strong like horse urine. Urine cold when it passes. Haematuria, blood flows actively.
- **6.** *Nux vomica*: Renal colic, especially in right kidney extending to genitals and right leg < lying on right side, >lying on back. Spasmodic strangury. Paralysis vesicae, urine dribbles.
- 7. Hydrangea arborescens: A remedy for gravel, profuse

- deposit of white amorphous salts in urine. Calculus, renal colic, bloody urine. Pain in lumbar region. Burning in urethra and frequent desire. Urine hard to start. Sharp pain in loins, especially left. Gravelly deposits.
- **8.** *Tabacum*: Renal colic; violent pain along ureter, left side. The nausea, giddiness, death-like pallor, vomiting, icy coldness, and sweat, with the intermittent pulse, are all most characteristic.
- **9.** *Pareira brava*: Useful in renal colic. Pain going down thigh. Micturation difficult, with much pressing and straining only in drops with sensation as if bladder were full. Paroxysms of violent pains with strangury, can only emit urine when on his knees pressing head firmly against the floor for 10 to 20 minutes, sweat breaks out finally and urine drops out in interruptions.
- 10. Sarsaparilla officinalis: Painful retention of urine. urine dribbles away when sitting, on standing passes urine freely. passes gravel or small calculi, blood with last of urine. child scream before and while passing it. severe pain at conclusion of urinaton; has to get up several times at night to urinate.
- **11.** *Sepia*: Increased specific gravity of urine, depositing uric acid and urates. frequent nocturnal micturation. urine offensive, with white or dark brown sediment. weakness and aching in thighs and legs.

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