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CASE REPORT

A CASE REPORT OF RENAL CALCULI TREATED WITH HOMOEOPATHY

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Abstract

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Key Word- Renal calculi
Cantharis, Lithium
Cantharis, Homoeopathic
Medical Repertory, Dr.
Robin Murphy,
Homoeopathy.

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This is a case report of a male patient diagnosed with renal calculi. Renal calculi are hard deposits of minerals and acid salts that stick together in concentrated urine. When patient came for consultation he complains about severe intermittent excruciating pain in left loin region which extends downwards. After thorough case taking totality of symptoms were erected and the case was repertorized using "Homoeopathic Medical Repertory" written by Dr. Robin Murphy. in which we got few homoeopathic medicines including Cantharis, Calcarea carb, Silicea, Lycopodium, Sulphur, Sepia, Sarsaparilla and others. Prescription was made finally on the basis of symptom similarity and sphere of action keeping in the mind Materia Medica and homoeopathic principles.

INTRODUCTION

Renal calculi¹ are hard deposits of minerals and acid salts that stick together in concentrated urine. They can be painful when passing through the urinary tract, but usually don't cause permanent damage. The most common symptom is severe

pain, usually in the side of the abdomen, that's often associated with nausea.

Renal calculi are solid masses made of crystals. They usually originate in kidneys. But they can develop anywhere along urinary tract, like kidneys, ureter, bladder or urethra. They are also known by name of nephrolithiasis.

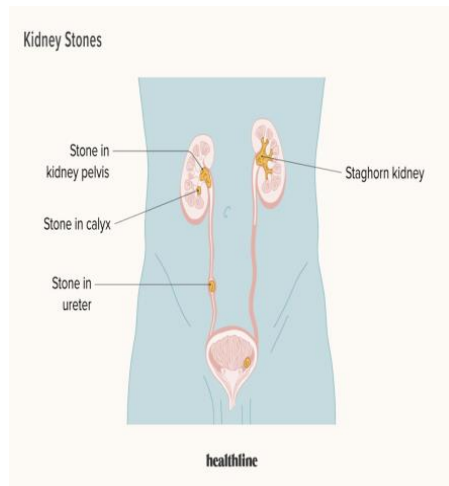


Fig 1 KUB

Symptoms

Kidney stones can cause severe pain. Symptoms of kidney stones may not occur until the stone begins to move down the ureters. This severe pain is called renal colic. You may have pain on one side of your back or abdomen.

In men, pain may radiate to the groin area. The pain of renal colic comes and goes but can be intense. People with renal colic tend to be restless.

Other symptoms of kidney stones can include:

- Blood In The Urine (Red, Pink, Or Brown Urine)
- Vomiting
- Nausea
- Discoloured Or Foul-Smelling Urine
- Chills
- Fever
- Frequent Need To Urinate
- Urinating Small Amounts Of Urine

In the case of a small kidney stone, you may not have any pain or symptoms as the stone passes through your urinary tract.

Causes

Kidney stones are most likely to occur in people between the ages of 20 and 50. Different factors can increase your risk of developing a stone. Sex also plays a role. More men than women develop kidney stones, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

A history of kidney stones can increase your risk. So does a family history of kidney stones.

- Dehydration
- Obesity
- A diet with high levels of protein, salt, or glucose
- Hyperparathyroid condition
- Gastric bypass surgery
- Inflammatory bowel diseases that increase calcium absorption
- Taking medications such as triamterene diuretics, antiseizure drugs, and calcium-based antacids

Types

The four major types of renal calculi include

- **Calcium Stones**² (due to hyperparathyroidism, renal calcium leak, hyperoxaluria,

- hypomagnesemia, and hypocitraturia)
- **Uric acid Stones** are associated with a pH of less than 5, a high intake of purine foods (fish, legumes, meat), or cancer. These stones may also be associated with gout.
 - **Struvite Stones** (caused by gram negative-urease positive organisms that breakdown urea into ammonia. Common organisms include pseudomonas, proteus, and klebsiella. E coli is not associated with struvite stones)
 - **Cystine Stones** are due to an intrinsic metabolic defect causing the failure of the renal tubules to reabsorb cystine, lysine, ornithine, and arginine.
- Blood tests for calcium, phosphorus, uric acid, and electrolytes
 - blood urea nitrogen (bun) and creatinine to assess kidney functioning
 - urinalysis to check for crystals, bacteria, blood, and white cells
 - Examination of passed stones to determine their type
 - The following tests can rule out obstruction:
 - Abdominal x-rays
 - Intravenous pyelogram (ivp)
 - Retrograde pyelogram
 - Ultrasound of the kidney (the preferred test)
 - MRI scan of the abdomen and kidneys
 - Abdominal CT scan

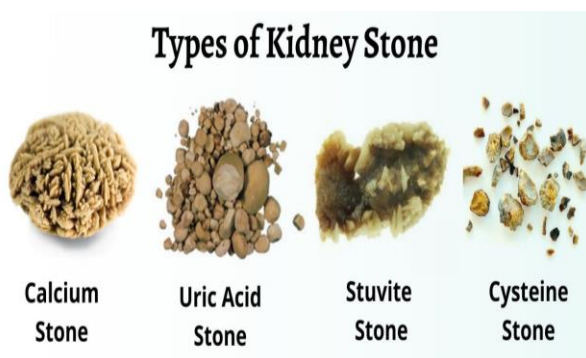


Fig 2 Type of Stone

Diagnosis

Diagnosis of kidney stones requires a complete health history assessment and a physical exam. Other tests include:

CASE REPORT

Personal Data

- Name of patient: Master Ansh Mandal
- Age: 10 years
- Sex: Male
- Address: Dineshpur, Udhham singh Nagar, Uttrakhand.

Presenting Complaints

Patient complains of severe intermittent excruciating pain in left loin region which extends downwards Patient

is taking allopathic treatment for this complaint

History of Present Complaints

Patient suffering from severe cutting type of pain in left iliac fossa region on back and it radiated downwards towards groin region of left side. Pain is intermittent in character. Pain started suddenly in left loin region since 1 year taken herbal medicine with little and transient relief only.

He complains of burning sensation along urethra while passing urine. Urine also dribbles while micturating with scanty urination with ineffectual desire

Modalities:

Aggravation: In morning, during and after micturition

Amelioration: Nothing specific

Treatment history:

Took allopathic medicines for 1 month with no relief.

Other complaint:

- Hard stool on interval of 1-2 days since 1 year.
- Patient complains of passing hard stool with difficulty on irregular interval of 1-2 days with agonizing pain in and around umbilicus and hypogastrium before passing stool.

Past Medical History

Pneumonia- just after birth

Family History

Father-Renal calculi and gall stone.

Mother- Allergy

Grandfather- Bronchial Asthma

Physical Generals

- Thermal – Hot
- Thirst – Thirstless
- Appetite-Poor
- Desire –Non Vegetarian (Mutton, chicken)
- Aversion –Nothing specific
- Stool – Hard stool on interval of 1-2 days
- Urine- Burning and dribbling while urination. Nocturnal enuresis
- Perspiration –profuse and offensive on whole back even in cold weather.
- Sleep –Sound Sleep with salivation in sleep and position- sleeps per abdomen.
- Eye- Normal vision

Mental Generals

- Anger++ - Get angry easily
- Creative child-likes to play musical instrument
- Desires Company
- Fear from ghost

Provisional Diagnosis

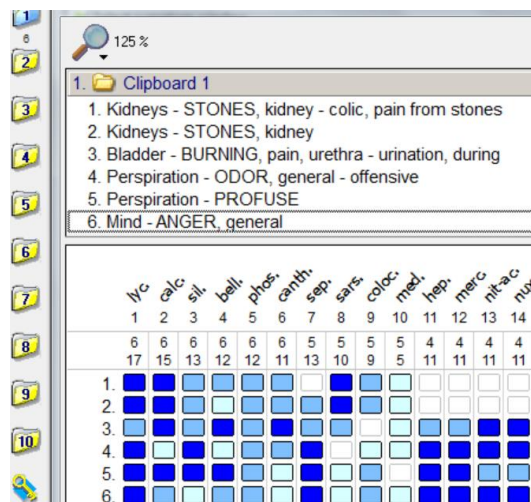
After thorough case taking, considering the sign and symptoms and confirming through ultrasound of KUB (April 2022- showing few tiny echogenic shadows of 01-02 mm size in left kidney) came to the conclusion of Renal Calculi

Totality of symptoms

- Severe intermittent pain in left loin and iliac fossa region
- Burning sensation and pain along urethra while passing urine
- Perspiration –profuse and offensive on whole back even in cold weather
- Gets angry easily on trifles

Rubrics Taken

- Kidneys-stones, kidney-colic, pain from stones
- Kidneys-Stones, Kidney
- Bladder-Burning, pain, urethra-urination, during
- Perspiration-Odour, general-offensive
- Perspiration-Profuse
- Mind-Anger, General



Repertorial Analysis

Case was repertorized with synthesis repertory³ “Homoeopathic

Medical Repertory” written by Dr. Robin Murphy.

Prescription

- Cantharis 30/ TDS/30 Days /on alternate days
- Sac Lac 30/ TDS/15 Days

Follow-up

| Date | Symptoms | Medicines |
|------------|--|--|
| 20/05/2022 | Patient 1st visit for pain in iliac fossa due to renal calculi & pain during urination | Cantharis 30/ TDS/30 Days /on alternate days |
| 29/06/2022 | Relief in pain in iliac fossa & no pain during urination | Cantharis 30/ TDS/30 Days /on alternate days |
| 23/07/2022 | Pain in iliac fossa due to renal calculi & no pain during urination | Cantharis 30/ TDS/30 Days /on alternate days |
| 25/08/2022 | No pain in iliac fossa due to renal calculi & pain during urination | Sac Lac 30/ TDS/15 Days |

Investigation:

AHAN DIAGNOSTIC CENTER
 #1 D1-D2 Civil Lines, Doctor's colony,
 Rudrapur- 263153 (U.S.Nagar), Uttarakhand
 Ph No:- (05944) 247729, 240135

Dr. Anamika Dixit
 M.B.B.S., D.M.R.D
 Ultrasonologist & Radiologist
 Reg..MCI(U.K) 1242

ULTRASOUND Report

Lab No : 138
 Patient Name : Mst. Ansh Mandal
 Age/Sex : 10 yrs / Male
 Ref. by : Dr.
 Address : 16/April/2022

Date : 16/Apr/2022
 Guardian Name : Mr. Nirpan Mandal

Clinical History : Pain in left loin , burning in micturition .

Gall bladder : Gall bladder is normal in size , shape and wall thickness . Nonlithiatic lumen. CBD is normal in calibre. Portal vein is normal in caliber .

Liver : 9.46 cm in AP span . The visualized liver is of uniform echotexture without any evidence of mass or defect .There is no intra or extrahepatic biliary ductal dilatation .

Pancreas : The visualized portions of the pancreas are unremarkable . No E/O cystic / solid lesion.

Spleen : 7.28 cm in AP span , normal, homogenous, no infiltrates.

Kidneys : Both kidneys are normal in size , shape , position , outline and echogenicity. Cortico-medullary differentiation is maintained . Left kidney is showing few tiny echogenic shadows of 01-02 mm size ,without any hydronephrosis .
 Right kidney measures 71 mm X 26 mm
 Left kidney measures 76 mm X 33 mm

Bowel Loops : Normal peristaltic bowel loops.
 No classical features in RIF . No S/O obstruction.
 No free fluid in peritoneal cavity.

Urinary bladder : Distended , normal , no calculus or focal lesion noted.

Page 1 of 1 Ultrasonologist & Radiologist

PARTH DIAGNOSTIC CENTRE
 OPP SOBTI CONTINENTAL KASHIPUR ROAD
 NEAR PRATHAMA BANK DIBDIBA RAMPUR (UP)

| | | | |
|-------------------|--|-------|-----------|
| Pat.Name | Mr. ANSHMANDAL | Age: | 10/M |
| Ref. Dr. | Dr. | Date: | 17-Aug-22 |
| Clinical Details: | 17/August/2022 | | |

Liver: Normal in size, shows homogenous parenchymal echo pattern. No focal/diffuse lesion seen. Hepatic veins, portal veins appear normal.

Gall Bladder: Distended with normal wall thickness. No calculus seen.

Pancreas: Normal in size and echotexture. Duct appears normal.No calculus or calcification seen.

Spleen: Normal in size and echo pattern. No focal lesion seen. Hilum appears normal.

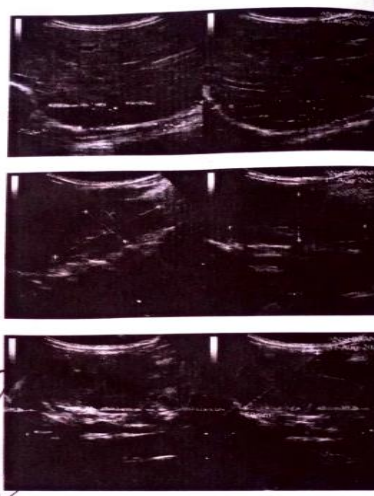
Kidneys: are normal in size and echotexture. Cortico – medullary differentiation is well madeout and is normal. There are no calculi or hydronephrosis. Ureters are not dilated. There is no mass lesion in the kidneys.
 Rt kidney measures: 71x34mm
 Lt kidney measures: 72x39mm

Bladder: Uniformly transonic with normal wall thickness. Bladder concretions .

Others: No evidence of ascites / pleural effusion / lymphadenopathy. Aorta and IVC are normal.

IMPRESSION
BLADDER CONCRETIONS .

DR PRASHANT KUMAR
 MBBS MD /



REFERENCE

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3. Murphy, Robin; Homoeopathic Medical Repertory

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