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A Study to Ascertain the Effect of Berberis Vulgaris, Hydrangea, Cantharis, Lycopodium Clavatum and Staphysagria in Renal Calculi Rajveer Singh Rathore¹, Anil Aggarwal² E Siva Rami Reddy³, Parveen Sharma⁴, Charanjeet Singh⁵, Pranab Kumar Chakraborty⁶

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Abstract

Renal calculi (kidney stones, nephrolithiasis, kidney calculi, renal stones) are a condition in which one or more stones are present in the pelvis or calyces of the kidney or in the ureter. Stone disease is the cause of significant morbidity in our. **Objectives**: To study the efficacy of homoeopathic medicine in the management of Renal Calculi and to study the Homoeopathic approach to avoid Surgery and recurrence of Stone formation. Methedology: Thirty cases were selected through random sampling. The cases were studied keeping the individualistic by following the clinical case taking method. After the remedy was selected on referring Materia Medica and on the basis of totality of symptoms. Statistical data analysis was done by t-test. Result: The result of this study showed that the Most commonly age group 30-45 with 47%. About 5 remedies were efficacious in the treatment of renal calculi. Out of 30 cases 5 cases recovered, 23 improved and 2 cases did not improved. From this study it is evident that majority of cases of Renal calculi can be effectively relieved by homoeopathic constitutional treatment. Homoeopathy by addressing all aspect of the individual and their complete set of symptoms offers better treatment for patients suffering from Renal calculi. Conclusion: Homoeopathic remedies to begin with reduce the frequency of acute exacerbations, reduce the intensity of symptoms and reduce the relapse and chances of recurrence and their by remove stones. They reduce dependence over other and also surgery.

Key word: Renal Calculi, Kidney stones, Nephrolithiasis, kidney calculi, Renal stones.

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INTRODUCTION

Renal Calculi (Kidney stones, nephrolithiasis, kidney calculi, renal stones) is a condition in which one or more stones are present in the pelvis or calyces of the kidney or in the ureter. The existence of kidney stones has been recorded since the beginning of civilization and lithotomy for the removal of stones, is one of the earliest known surgical procedures ¹⁻⁶. In 1901, a stone was discovered in the pelvis of the ancient Egyptian mummy and was dated of 4800BC.medical text from ancient India, Greece. China, Mesopotamia mentioned as calculus disease. Part of Hippocratic Oath contains an admonition about the dangerous of operating on the bladder for stones. The famous personalities who suffered from renal calculus were Sir Isaac Newton, emperor napoleon Bonaparte, Benjamin Franklin, philosopher lord Francis Bacon⁷⁻¹⁵.

Stone disease is the cause of significant morbidity in our society. It is estimated that approximately 12% of the population will have a renal stone at some point in their lives. In the United States and other industrialized countries, kidney stones are more common in men then in women. 12% of men and 5% of women will suffer from renal stones by the age of 70 years. A patient with a history of stones

has 50% risk of developing another stone within 5-10 years. Moreover in selected patients repeat stone formation rates may approach 80% over their lifetime. However, it is not so in Homoeopathic system of medicine. In Homoeopathy we do not treat the disease but the diseased man. It is holistic system of medicine in which we treat the patient as a whole taking into account the role of the body, mind & spirit and not just the disease. Homoeopathy believes in concept of vital force, which when becomes deranged disharmonious living through and thinking, manifestation of symptoms takes place. The history of stone disease implies that many diverse factors might be involved in its causation. An analysis of epidemiological evidence, however, diminishes the importance of geographical location and ethnic origin and emphasis the part played by environmental factors, like climate, dietary, life style, occupation, water available for drinking, presence or absence of trace elements in foodstuff and drinking water¹⁶⁻²¹.

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Calcium salts, uric acid, cystine and struvite (Mg NH4 PO4) are basis of most kidney stones in Western hemisphere, calcium oxalate and calcium phosphate stones make up 75 to 85 percent of total and may be admixed in same stone. Uric acids are hard and smooth and because they are unusually multiple, they are typically faceted.

Clinical Features: Pain, UTI, burning micturition, blood in urine. Ultrasound can demonstrate stones, as they cast "acoustic shadow" if obstruction is present, and the size of kidneys, in particular the amount of renal parenchyma. A plain X-ray of the abdomen will show the number, size and site of radio-opaque stones, urate stones account for the majority of non-radio-opaque stones, urine analysis An IVU can be used if ultrasound is not available or is not informative enough²².

MATERIAL AND METHODS:

Population/Sample: Patients coming in OPD was case of Renal Calculi and studied as per methods described in practice of medicine. Sample of 30 patients were taken on the basis of first come first serve at OPD of Sri Ganganagar Homoeopathic Medical College, Hospital & Research Institute.

Age and Sex : Patients of all ages and both sexes will be considered.

Study Design: Comparative study.

Potency Selection: Potency selection, application and repetition of medicine was done according the case.

Investigation: All necessary investigations was done at this institute. If special investigations are needed, patients may be referred to higher laboratories.

Null Hypothesis: Homoeopathic medicine is not effective in case of Renal calculi (H_0) .

Alternative Hypothesis: Homoeopathic medicine is effective in case of Renal Calculi (H_1) .

Data collection was done on the basis of the simple randomized sampling Method.

Inclusion Criteria:

- Diagnosed case of renal calculi will be included.
- The patients who are fairly articulate.
- Patients of all ages and both sexes will be considered for study.

Exclusion Criteria

- Not associated with any other organ disorder.
- Patients who cannot express fairly.
- Any case of burn, accident, poison, drug reaction.
- Case without three follow up visit will be excluded from this study.

STATISTICAL ANALYSIS

Paired t- TEST is used as a statistical technique.

The follow–ups of the cases were done at an interval of 7-14 days.

Table No.1 - Paired t- test of First & Final Scores of ACQ

	Mea	S.D.	S.	T	D	
	n		E.		F	P
ACQ				16.7		2.7
Score	1.27	6.94	1.27	95	29	3

RESULTS

For the study "A study to ascertain the effect of Berberis vulgaris, Cantharis, Lycopodium clavatum and Staphysagria in renal calculi", 30 cases have been included in the study. The data obtained was sorted out in the form of different charts and tables.

It is observed that, maximum cases of renal calculi were observed in male patients i.e.18 cases (60 %) in comparison to female patient's i.e.12 cases (40%). The observation correlates with the other epidemiological studies which states that males are more affected than females.

It is observed that, maximum incidence of renal calculi was observed in the age group 30-45 years i.e. 14 cases (47%), age group 15-30 years have 9 cases i.e. (30%), whereas minimum incidence was in the age group above 60 years i. e. 1 cases (3%). Modern lifestyle along with high protein diets, dehydration in young middle

age. Less case was in age group above 60 years in my study.

Table No.2 - Distribution of Age Incidence in 30 cases of Renal Calculi

Age in groups	No. Of	(%)
(in years)	cases	
Below 15	0	0
15-30	9	30
30-45	14	47
45-60	6	20
Above 60	1	3
Total	30	100

It is observed that, maximum number of patients were observed from middle economical class i.e. 14 cases (47%) followed by lower economical class i.e. 10 cases (33%), only 6 cases (20%) were from Higher economical class.

Table No.3 - Distribution of Socio-Economic Status in 30 cases of Renal Calculi

Socio Economic	No. of	(%)
Status	Cases	
Higher	6	20%
Middle	14	47%
Lower	10	33%
Total	30	100%

It is observed that, maximum number of patients were given Berberis vulgaris i.e. 13 (43%), Lycopodium clavatum was given in 7 cases (24%),

Hydrangea was given in 4 cases (13%), Cantharis and Staphysagria were given in 3 cases each (10%). In the process to illuminate the therapeutic value of some medicines, they were prescribed according to symptom similarity, in maximum number of cases were given Berberis vulgaris, and minimum number of cases received Cantharis and Staphysagria.

Table 4. Distribution of Medicines
Prescribed In 30 Patients of Renal
Calculi

Medicine	No. of	
	Pt.	
Berberis	13	43%
Vulgaris		
Hydrangea	4	13%
Cantharis	3	10%
Lycopodium	7	24%
Clavatum		
Staphysagria	3	10%

It is observed that, 5 cases (17%) showed marked improvement, 16 cases (53%) showed moderate improvement, 7 cases (23%) showed mild improvement, while 2 cases (7%) were in status quo.

Table No.5 - Distribution of Results Obtained In 30 Cases of Renal Calculi

Status	No. of	%	Result	
	patient			
> 60%	5	17	Marked	

30%-	16	53	Moderate
60%			
1- 30%	7	23	Mild
0	2	7	Status quo

DISCUSSION - Renal Calculi being one of condition which strongly associates with modern lifestyle, sedentary living habits, high fat diet owe to overweighing. Symptoms associated with renal calculi include, progressively worsening pain, painful coughing and sneezing, nausea vomiting, fever. The present study was undertaken with the view to assess the effect of Berberis vulgaris, Cantharis, Lycopodium clavatum and Staphysagria in renal calculi.

CONCLUSION

We concluded that "Maximum incidence of cases of renal calculi were observed in the age group 30-45 years. Incidence of males was more than in females as males are more prone to be affected. Equal number of cases was reported from urban area rural areas as renal calculi are affecting middle age and elderly in either of the locality. Middle socio economic group were more prone due to their long working hours. In this study the patients housewives. mostly Maximum number of cases before treatment was observed in score range 34-38. Maximum number of cases after treatment was

observed in score range 11-15. Maximum numbers of patients were given Berberis vulgaris.

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