

Individualized Homoeopathic Medicine for Urolithiasis Comorbid with Cholelithiasis and LUTS : A Case Report

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Abstract

Stones lodged in the narrow lower part of the ureter can lead to acute abdomen often necessitating urgent surgical intervention. In routine medical practice, the classic manifestation of acute renal colic includes intermittent, colicky flank pain that may extend to the lower abdomen or groin. This discomfort is frequently accompanied by nausea and vomiting. The homeopathic remedy *Lycopodium clavatum* is notable for exhibiting symptoms characteristic of nephrolithiasis, as well as prominent hepato-biliary symptoms. This case report shows evidence of expulsion of the calculi, prompt relief in gastrointestinal symptoms, and a reduction in gallbladder inflammation in a 28-year-old female with significant ureteric calculi, cholelithiasis, and lower urinary tract symptoms.

Keywords: Homoeopathy, *Lycopodium clavatum*, Urolithiasis, Ureteric stone, Cholelithiasis, LUTS.

Introduction

Urolithiasis is a prevalent surgical issue encountered in the general medical practice of western regions of India. Typically, kidney and bladder stones exhibit either no symptoms or manageable ones. However, when stones become lodged in the narrower lower portion of the ureter, they can lead to acute pain and hematuria. In routine clinical scenarios, the characteristic presentation of acute renal colic involves intermittent, colicky flank pain that may extend to the lower abdomen or groin. This discomfort is frequently accompanied by nausea and vomiting. This is typically associated with dysuria, urgency, and frequency (1).

For alleviating pain in renal colic due to ureteral stones, healthcare practitioners typically recommend NSAIDs or parenteral narcotics. It's important to note that the use of these drugs may pose complications, such as compromising renal function or a history of gastrointestinal bleeding. Recurrence of kidney stone is seen in maximum patients but recurrent surgery may not be the apt solution (2). Usually 54% individuals with

urolithiasis report history of gallstones due to diet, gender or age factors (3). Published homoeopathic literature provides evidence of the potential for homoeopathic management of urolithiasis cases, aiming to prevent recurrence. Homoeopathy adopts a holistic approach to surgical conditions such as renal stones. A prospective, multicentric observational study on urolithiasis revealed a 73% incidence of calculi expulsion. Similarly a case series of five cases of and many case reports suggest that constitutional homoeopathic treatment has plenty of scope for the treatment of renal stone alone or along with some organopathic homoeopathic medicines or mother tinctures (4-11).

The case report presented here reports the efficacy of Homoeopathic medicine in large ureteric calculus (9.5 mm) along with complete relief in acute colic followed by expulsion of stone, whereas conventional treatment guidelines suggest early detection and percutaneous nephrolithotomy or shockwave lithotripsy treatment.

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Methodology

Patient information

A 28-year-old homemaker presented at the outpatient department on November 6, 2023, complaining of intense cutting pain in the right lumbar region, extending from the flank to the groin, persisting for the past four days. The pain, which began abruptly, worsens with movement and is accompanied by dysuria. Additionally, the patient experiences an elevated frequency and urgency of urination, coupled with a burning sensation during voiding. Along with pain nausea, vomiting on first day and distress flatulence in whole abdomen. Anxiety and Thirstlessness since the pain has started.

History of presenting complaints

Patient was apparently well a week ago then she started having mild dysuria with dull aching in right lumbar region. Suddenly on 05.11.2023 evening she had acute abdomen with dysuria and urgency in urination. Patient went to nearby allopathic clinic where she was given anti-analgesic injections with relief in complaints. She was advised for USG. She reported to homoeopathic OPD as her USG findings suggested stones in gall bladder and ureter.

Clinical findings

A comprehensive physical examination of the patient unveiled no abnormal findings, except for moderate tenderness noted in the right hypochondrium and right lumbar region.

Diagnostic assessment

Routine haemogram, serum calcium levels and renal function tests were within normal range.

Routine and microscopic examination of urine showed 2-3 epithelial cells and 4-5 red blood cells.

Ultrasound findings suggested (Figure 1 and Table 1)

- 8.1 mm calculi in gall bladder with signs of chronic cholecystitis

- 9.5 mm calculus in right middle and lower 1/3rd of junction with grade - II hydroureteronephrosis
- Signs of lower urinary tract infections
- The severity of the disease condition was assessed during the initial visit and subsequently at all follow-up appointments. The Baseline assessment was done by using visual analogue scale for measurement of ureteric pain and dysuria along with number, size and position of stone. VAS for pain was 7 while for dysuria was 8 at baseline.

Therapeutic intervention

The patient's symptoms were documented, and the medicine choice was based on the acute totality. Case was analyzed for common/characteristic symptoms and general/ particular symptoms along with evaluation of symptoms as per kentan philosophy. Acute totality was erected on the basis of characteristic generals and particular symptoms followed by repertorisation from Synthesis repertory. *Lycopodium* was selected due to its comprehensive coverage of the maximum number of symptoms, presenting a high symptom score, and addressing the underlying disease pathology in conjunction with general symptoms. Basis of prescription was *Lycopodium's* known significant action on the right side of the body, its influence on the aggregation of calculi, and its specific effects on the genitourinary organs and hepatic system (12-15). Administered in 200C potency, it was prescribed in three doses for three consecutive days on an empty stomach in the morning, followed by a placebo in 30 potencies thrice daily for the next three days. The patient was also advised for dietary management like intake of plenty of water, lime juice, avoidance of spinach, etc. daily for the next three days. The patient was also advised for dietary management like intake of plenty of water, lime juice, avoidance of spinach, etc.

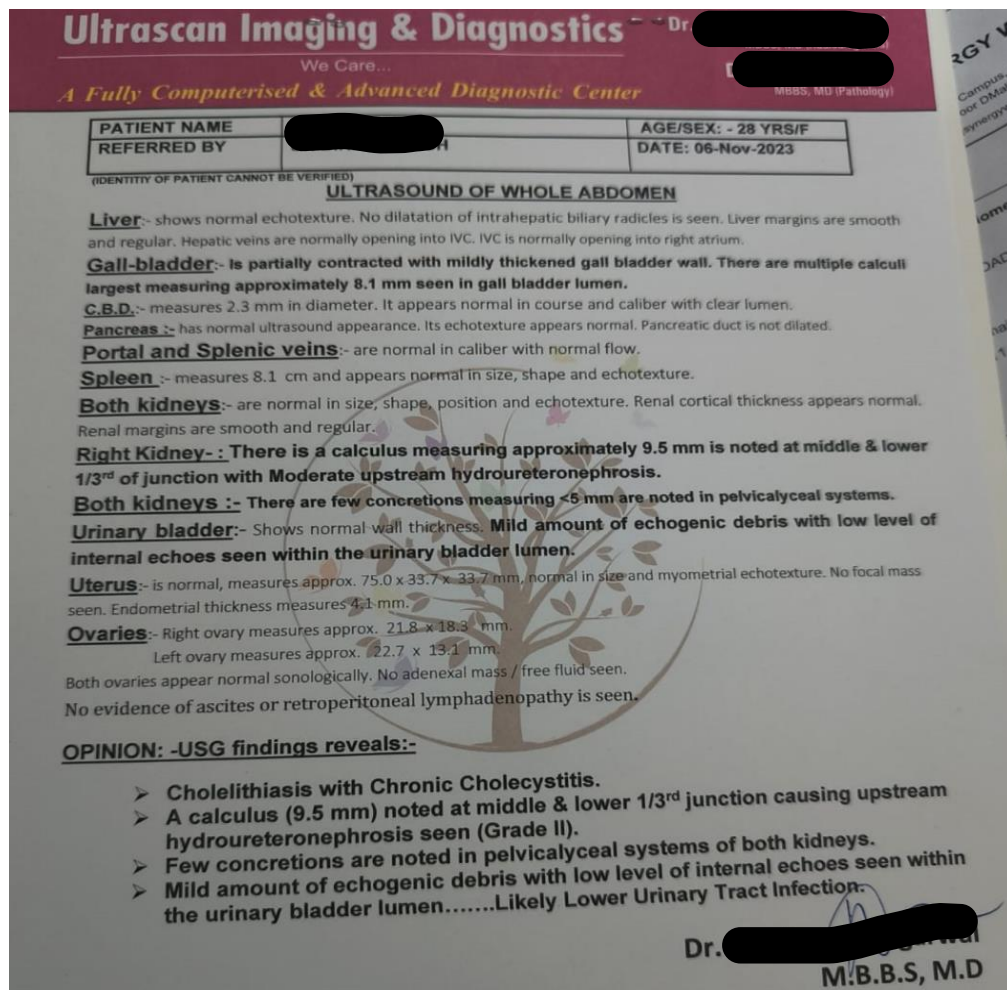


Figure 1: USG showing Cholelithiasis (8.1mm), Rt. Ureteric calculi (9.5mm) and UTI on 06.11.2023

Table 1: Analysis and evaluation of case

Symptoms	Common/ Characteristic	General/ Particular	Value of symptom
Sudden, severe cutting pain in the right lumbar region going along flank to groin since aggravates during movement.	Characteristic	Particular	+++
Dysuria with urgency and burning sensation while urinating.	Characteristic	Particular	++
Nausea and vomiting during pain distress flatulence in whole abdomen.	Common Common	Particular Particular	+ +
Thirstlessness	Characteristic	General	+++
Anxiety	Characteristic	General	+++

Filters Applied: Sort by Totality

Symptoms: 5 Remedies: 911

Remedy Name	Lyc	Nux-v	Bell	Bry	Sep	Sars	Chin	Coloc	Kali-c	Puls
Totality	19	17	15	15	15	14	14	14	14	14
Symptoms Covered	5	5	4	4	4	5	4	4	4	4
Kingdom	Plants	Plants	Plants	Plants	Animals	Plants	Plants	Plants	Minerals	Plants
[Complete] [Mind]Anxiety:Pain, with: (220)	3	2	3	3	3	2	2	3	3	2
[Complete] [Stomach]Thirstlessness: (390)	4	4	4	4	4	3	4	3	3	4
[Complete] [Kidneys]Pain:Ureters:Right: (24)	4	3				3				
[Complete] [Abdomen]Flatulence: (787)	4	4	4	4	4	3	4	4	4	4
[Complete] [Back]Pain:Motion:Agg.: (381)	4	4	4	4	4	3	4	4	4	4

Figure 2: Repertorisation sheet using Sythesis repertory from RADAR software (12)

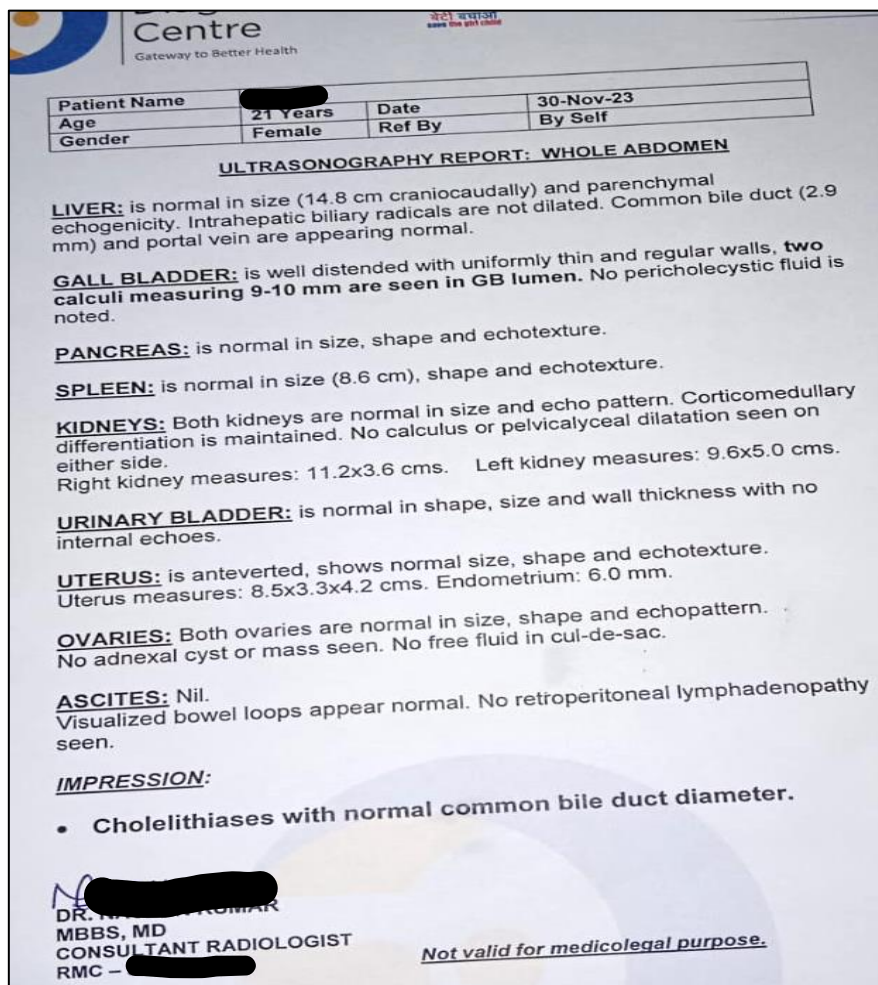


Figure 3. USG on 30.11.2023 showing no ureteric calculi or UTI. Cholelithiasis persist (9mm)

Results

The patient is currently receiving homoeopathic treatment for the remaining gallstones. Follow-up assessments indicate that the patient has

experienced no discomfort or pain thus far. Dietary restrictions continue to be adhered to as prescribed (Table 2).

Table 2. Follow-ups and outcomes

Date	Symptoms	Assessment score	Prescription	Justification
10.11.23	Pain in right lumbar region and flank. Mild dysuria with burning reduced. Flatulence SQ Thirstless reduced. Anxiety improved.	VAS ureteric colic - 7 VAS dysuria - 8	<i>Lycopodium</i> 200C one dose stat <i>Placebo</i> 30/TDS for 7 days	As improvement is going on single dose of <i>Lycopodium</i> is repeated.
17.11.23	Pain and dysuria reduced. Flatulence reduced. Generals improved.	VAS ureteric colic - 4 VAS dysuria - 5	<i>Lycopodium</i> 200C one dose stat <i>Placebo</i> 30/TDS for 7 days	As improvement is going on single dose of <i>Lycopodium</i> is repeated.
28.11.23	Severe pain yesterday night with once haematuria, since morning mild dysuria and no pain in abdomen. Patient was advised for USG as stone expulsion is assumed.	VAS ureteric colic - 8 VAS dysuria - 7	<i>Lycopodium</i> 1M one dose stat and one SOS <i>Placebo</i> 30/TDS for 2 days	As symptoms aggravated with initial improvement, <i>Lycopodium</i> was given in next higher potency considering intensity of symptoms.
30.11.23	USG suggested no stone in KUB region with no signs of UTI. Cholelithiasis persist but inflammatory signs reduced.	VAS ureteric colic - 0 VAS dysuria - 2	<i>Placebo</i> 30/TDS for 7 days	As stone expelled and all symptoms improved but gall stone persist. Wait and watch.

Discussion

According to conventional treatment standards, this case would typically be approached surgically. However, this case report highlights a notable trend among the general public, where non-surgical interventions are often preferred as the initial choice for renal calculi. Conventional medicine asserts that stones measuring more than 7mm usually do not pass spontaneously and necessitate procedural intervention. Homoeopathic studies consistently demonstrate efficacy in addressing various urinary conditions. In this case, the improvement in gallbladder stone symptoms alongside renal calculus and urinary tract infection (UTI) is evident. Numerous studies support the effectiveness of homoeopathic interventions in Cholelithiasis, urolithiasis, and the dissolution and expulsion of larger stones. The literature emphasizes *Lycopodium's* right-sided affinity and inclination for calculi (4, 16). In this instance, *Lycopodium* has produced remarkable results, leading to the expulsion of a 9.5 mm stone

(Figure 2 and 3) while concurrently improving inflammation in the gallbladder and urinary tract. Notably, the patient experienced relief from pain and discomfort without the need for painkillers as evident from case report VAS for ureteric colic was 7 while for dysuria was 8 at baseline which gradually reduced to VAS ureteric colic 0 and VAS dysuria 2. The selection of the medicine was based on the totality of acute symptoms. This case is in support of the earlier studies that showed effectiveness of *Lycopodium* and individualized homoeopathic medicine in urolithiasis cases (16-18).

Conclusion

In conclusion, individualized homoeopathic treatment has demonstrated the ability to restore health promptly and gently, facilitating the dissolution or expulsion of stones even in challenging surgical cases. The case also shows broad spectrum coverage of symptoms by homoeopathic medicine.

Abbreviation

LUTS: Lower urinary tract symptoms
 NSAIDs: Non-steroidal anti inflammatory drugs
 USG: Ultrasonography
 OPD: Out patient department
 RADAR software: Rapid Aid to drug aimed research software
 VAS: Visual analogue scale
 STAT: immediately (Latin word Stat)
 TDS: ter die sumendum (three times a day or every 8 hourly)

Author contributions

Yashasvi S: Concepts, definition of intellectual content, literature search, data acquisition, data analysis, manuscript preparation, manuscript editing and manuscript review, Guarantor.
 Mhaishale MA: Concepts, data analysis and manuscript review.
 Nagar G: Literature search, manuscript editing and manuscript review.
 Jain A: Literature search, manuscript preparation, editing and manuscript review.

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Conflict of interest

There is no conflict of interest in this study.

Ethics approval

The authors certify that they have obtained verbal consent from patient for anonymously reporting her clinical information and investigation reports. In this case report identity is not revealed in any form.

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