



Original Research Article

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INDIVIDUALIZED HOMOEOPATHIC APPROACH IN LEFT SIDED URETERIC STONE ALONG WITH HYDRONEPHROSIS AND CYSTITIS: AN EVIDENCE BASED CASE REPORT

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ABSTRACT:

Background: Ureteric stones represent a significant clinical problem within the spectrum of Urolithiasis, contributing substantially to patient morbidity and healthcare burden worldwide. The migration of calculi into the ureter often leads to acute obstruction, producing severe flank pain known as renal colic, along with complications such as haematuria, infection, and impaired renal function. In this case a 40 years old woman visited our clinic for the complaint of pain in the region of urinary bladder and pain back from jarring which was diagnosed to be left ureteric calculus along with hydronephrosis and cystitis on USG.

Methods: After detailed case-taking and repertorization, the individualized homoeopathic medicine, *Thuja occidentalis 0/1* was given and thereafter other drugs as per the indication

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were given. Within about 1 year and 3 months of homoeopathic treatment, the patient started improving and continues to be free from her complains at the time of last follow-up visit in our clinic which was also corroborated on USG demonstrating a positive role of individualised homoeopathic treatment in a case of left ureteric calculus along with hydronephrosis and cystitis. **Results:** Modified Naranjo Criteria for Homoeopathy tool was used to assess the causal relationship between homoeopathic intervention and clinical outcome. The MONARCH score (+9) suggested that the clinical improvement was likely attributable to the homoeopathic treatment.

Conclusions: This case study shows the utility of individual homoeopathic treatment in case of left ureteric calculus. More studies and evidenced based clinical verification is required to establish the efficacy of homoeopathy in such cases.

KEY WORDS: Individualized homoeopathy, *Thuja occidentalis*, left ureteric calculus.

INTRODUCTION:

One of the most painful urological conditions is ureteric calculus, which is quite common.^[1] According to estimates, the lifetime prevalence of urolithiasis is 5-12%, while the incidence of urinary stone disease is estimated to be 2–20% worldwide ^[2,3]. In their daily work, doctors are frequently called to treat renal colic that is caused by ureteral calculi in the emergency room.^[4] Urinary stone incidence and prevalence have been reported to have increased recently. In the United States, there was an increase from 3.8 to 5.2% during the 1990s ^[5]. Data from the 2007–2010 National Health and Nutrition Examination Survey show that up to 19% of men and 9% of women will experience at least one calculus in their lifetime.^[6] About 5-7 million people in India have kidney stone disease, and at least 1/1000 of the country's population must be hospitalized as a result of kidney stone disease.^[7] Two distinct "stone belts" have been identified within the geographical region of India: the "First Stone" belt, which is located in North India, and the "Second Stone" belt, which is located in parts of Maharashtra, Gujarat, and Madhya Pradesh.^[8] Numerous risk factors, both causative and effectual, have been linked to the formation of calculus. These include high urine calcium

levels, obesity, calcium supplements, gout (hyperuricemia), specific foods (diet heavy in meat, fish, eggs, tomatoes, milk, spinach, rhubarb, and high salt intake), drinking less fluids (the single most important determinant of stone formation), hot climates, and infections.^[9] Hydronephrosis may also result from a ureteric stone.^[10] Acute ureteric colic typically manifests as colicky flank pain with an abrupt onset that radiates to the groin, ipsilateral to the calculus.^[11] On rare occasions, "mirror pain" caused by a ureteric calculus may manifest as contralateral pain to the side of the calculus in cases of ureteric colic. The four weeks that are allotted for stone passage^[12] may expose the patient to unintended consequences such as recurrent bouts of renal colic or urinary tract infections. The size, location, and patient preference of the stone are among the factors that influence the decision to use expectant treatment^[13]. On the other hand, stones larger than 0.5 cm in diameter have the potential to cause colic and ureteric obstruction, while stones smaller than 0.5 cm may pass naturally without causing any symptoms. 50% of stones between 0.5 and 0.7 cm can pass through, but stones larger than 0.7 cm nearly always need to be removed surgically.^[14] In conventional medicine, extracorporeal shock wave lithotripsy (ESWL) is currently the first-line treatment modality for renal stones. Other common approaches include ureteroscopy, laparoscopy, and percutaneous nephrolithotomy. The use of general anesthesia during multiple sessions of ESWL, early haematuria, perinephric/nephric hematomas, and long-term elevation of serum creatinine and total homocysteine due to renal injury, such as ischaemia/reperfusion injury following first-time ESWL^[15] The standard diagnostic tools now include computer tomography (CT) and ultrasound (US), which have taken the place of intravenous pyelography (IVP) and plain kidney-ureter-bladder (KUB) film, which were once thought to be the gold standards of examination. There is no question that the incidence of urinary calculi has been influenced by a number of other factors, including the western diet, aging, climate changes, decreased fluid and calcium intake, and increased oxalate consumption^[16]. Modern medicine has historically prescribed parenteral narcotics for acute renal colic, though non-steroidal anti-inflammatory drugs (NSAIDs) are also said to be equally effective in relieving pain in cases of renal colic. However, individuals with impaired renal function or a history of gastrointestinal bleeding may experience problems when using NSAIDs. Steroid medications are advised as a medically expulsive treatment for distal ureteral calculi^[17].

There are a few of case reports in homoeopathy regarding the successful treatment of urolithiasis.^[18-21] A multi-centric observational study^[22] conducted by the Central Council for Research in Homoeopathy in order to ascertain the effectiveness of individualized homoeopathic medicines showed significantly positive results. As per a multicentric, randomised, double-blind, placebo-controlled trial^[23] was conducted. Patients having symptomatology like *Lycopodium clavatum* were enrolled and on the results it was found that only the change in VAS score was significant in between the groups. This current case report also reflects the convincing role of homoeopathic drugs in treatment of urolithiasis.

CASE REPORT:

A 40 years old patient came to our OPD with the complaints of burning pain in the region of urinary bladder which aggravated after urination for the last 1 year with pain in the back from jarring while stepping.

Medical history: The patient had suffered from typhoid at an age of 8 years and recovered through allopathy.

Family history: Her father had suffered from chronic liver disease and mother had suffered from arthritic complaints.

Physical generals: The patient had a strong desire for cold food and for meat. Her thirst was also decreased, thermally she was chilly. Apart from that she also had a peculiar sensation of something moving in her abdomen. She felt repeated urge for urination at night.

Mental generals: Regarding the mental generals the patient could not bear any contradiction it would make angry, besides that she was quarrelsome and she had a tendency to avoid any kind for company especially the strangers. Moreover she was also very much suspicious.

Clinical examination: The general survey revealed mild pallor. Examination of abdomen did not reveal any kind of abnormality. Pulse rate-76/min, BP-130/86.

Diagnosis: USG revealed the case to of a left ureteric calculus along with hydro-nephrosis and cystitis.

Totality of symptoms:

The totality of symptoms taken for repertorization were:

- Suspiciousness
- Angered from contradiction
- Easily disposed to quarrel with others
- Aversion to company especially the strangers
- Desires cold food, and meat
- Thirstless
- Chilly patient
- A sensation of something alive in abdomen
- Pain in the bladder after urination
- Frequent urination at night.
- Pain in the back after a jerk when stepping.

REPERTORIAL ANALYSIS: On repertorization [FIG-2] of the abovementioned symptoms we found that the *Lycopodium clavatum* had covered 10 rubrics and scored maximum (21) followed by *Thuja occidentalis* which covered maximum number (11) of rubrics and but scored 20 (16/9), followed by *Sepia* (19/10), followed by *sulphur* (16/8) etc.

HERAPEUTIC INTERVENTION

First Prescription: Individualized homoeopathic medicine *Thuja occidentalis* was prescribed in fifty millesimal potency beginning from 0/1, for 15 doses , on alternate day.

Basis of Prescription: In this particular case we found the conspicuous presence of the characteristics of the great sycotic drug “*Thuja Occidentalis*”. This very patient was chilly one, she could not tolerate contradiction of any kind, moreover she was very quarrelsome and was having suspiciousness about her surroundings like feeling of someone following her etc. she also had fixed idea like feeling of a living object in her abdomen.

RESULTS: Gradually, the patient improved after the administration of homoeopathic medicine *Thuja occidentalis* 0/1, with the improvement it was continued in gradual ascending doses up to *Thuja occidentalis* 0/13 after the treatment of 1 year and 3 months the patient was symptom free and the USG finding on also supports this [FIG-3].

Govt. Regd.

ANNAPURNA

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TEST REPORT

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Patient Name : ██████████

Sex / Age : FEMALE / 40 Yrs

As Advised By : Dr. S. Ghosh

Receipt Date :- 08/08/2020
Report Date :- 08/08/2020

U.S.G. OF WHOLE ABDOMEN

LIVER :- Is normal in shape , size and echotexture. No focal SOL seen . Intra hepatic biliary radicles are not dilated .

GALL BLADER :- Is normal smooth walled , no intra luminal calculus seen .

C. B. D. :- Is normal measuring 4 mm in diameter at porta , no calculus seen in proximal part of C. B. D.

PORTAL VEIN :- Is normal measuring 11 mm in diameter at porta .

PANCREAS :- Is normal in shape and size . Echotexture of Pancreas appears normal . No Pancreatic SOL seen . Main Pancreatic duct is normal .

SPLEEN :- Is normal in shape , size and echotexture , measures = 90 mm . No focal SOL seen .

KIDNEYS :- Are normal in shape and size . Cortico medullary differentiation are normal . No Calculus or Cortical Cyst seen . Rt. Kidney measures = 93 mm . Lt. Kidney measures = 105 mm . **Lt. Kidney shows hydronephrotic changes .**

URETERS :- **Rt. Ureter is not dilated, Lt. Ureter is dilated , A calculus is seen in terminal Lt. Ureter .**

U. BLADDER :- **Is thick walled distended , no intra vesical calculus seen .**

POST _ VOID :- Urine volume is insignificant .

B. ILLIAC FOSSA :- Show no SOL .

UTERUS :- Is normal in shape and size , measuring = 67 x 47 x 38 mm . No intra – Uterine contents or SOL seen . Mid line echo thickness- is normal .

OVARIES :- Are normal in shape and size . Rt. Ovary measures = 38 x 20 mm . Lt. Ovary measures = 31 x 17 mm .

P.O.D. :- Clear .

IMPRESSION :- (1) **Lt. Sided hydronephrosis .**
(2) **Lt. Ureteric calculus .**
(3) **Cystitis .**

*Identity of the patient not verified.

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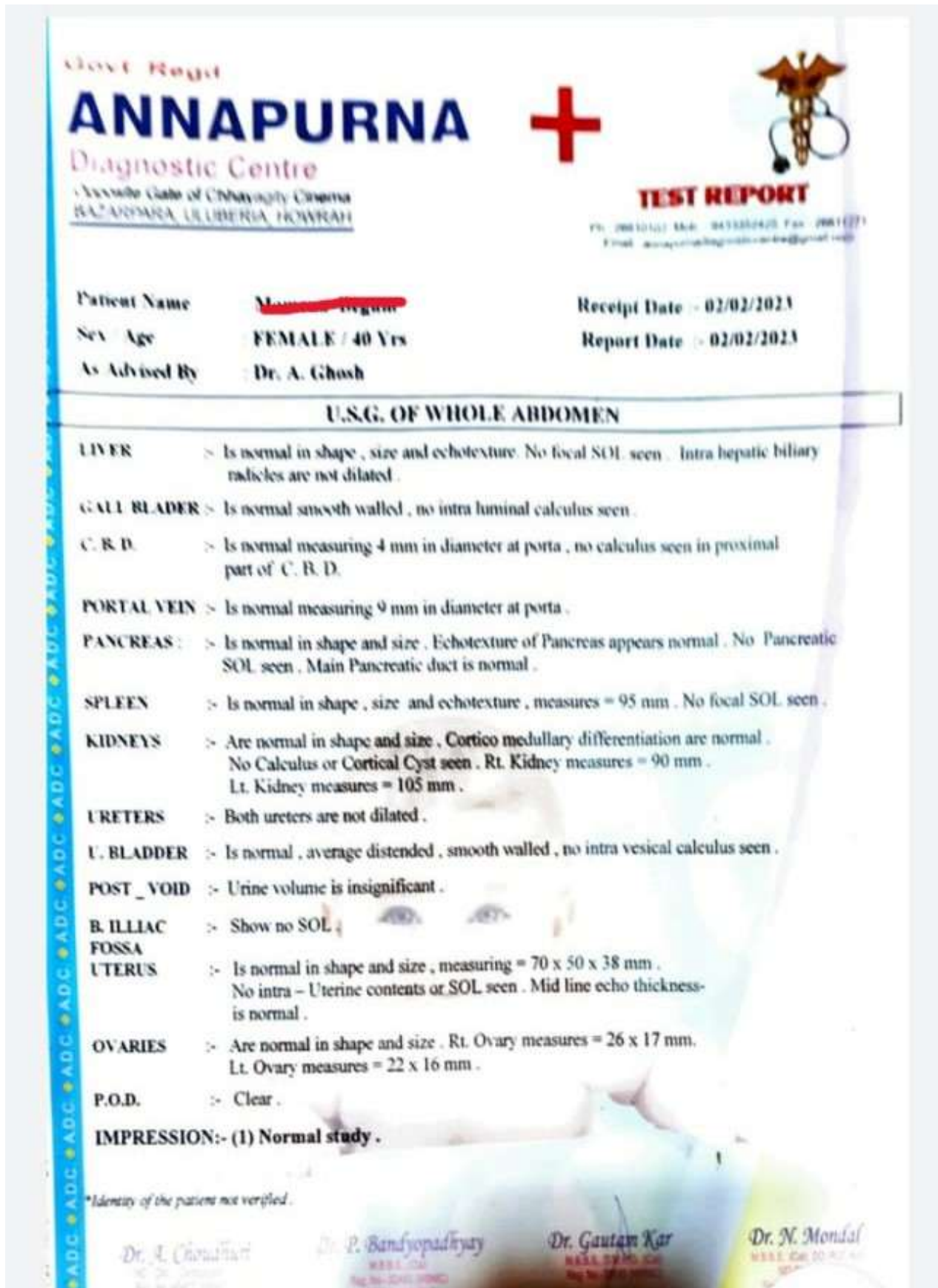
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[FIG-1] USG Report Before Treatment



[FIG-2] USG Report After Treatment

Remedy	Lyc	Thuj	Sep	Sulph	Nux-v	Merc	Stram	Ars	Phos	Bar-c	Bry	Con	Sil	Aur	Caust
Totality	21	20	19	16	14	12	12	12	12	12	11	11	11	11	11
Symptoms Covered	10	11	10	8	7	7	7	6	6	5	6	6	6	5	5
[Kent] [Mind]Suspicious:	3	1	2	3	2	2	3	3	2	3	3	1	1	2	3
[Kent] [Mind]Anger,irascibility (see irritability,quarrelsome):Contradiction,from:	3	2	3	0	2	1	1	1	0	0	2	0	2	3	0
[Kent] [Mind]Quarrelsome:	2	2	2	3	3	2	2	2	2	1	2	2	0	3	2
[Kent] [Mind]Company:Aversion to:Presence of:Strangers,to:	1	2	2	0	0	0	2	0	0	2	2	2	0	0	0
[Kent] [Stomach]Desires:Cold:Food:	2	2	0	0	0	0	0	0	3	0	0	0	2	0	0
[Kent] [Stomach]Desires:Meat:	0	0	0	1	0	1	0	0	0	0	0	0	0	1	0
[Kent] [Stomach]Thirstless:	2	1	2	1	1	0	1	2	1	0	1	2	0	0	1
[Kent] [Generalities]Heat:Vital,lack of:	2	2	2	2	3	2	0	3	3	3	0	2	3	2	3
[Kent] [Abdomen]Alive,sensation of something (see Movements):	1	3	1	1	1	1	1	0	0	0	0	0	0	0	0
[Kent] [Bladder] Pain:Burning:Urination:After:	2	1	1	0	0	0	0	0	0	0	0	0	1	0	0
[Kent] [Bladder]Urination:Frequent:Night:	3	2	3	3	2	3	2	1	1	3	1	2	2	0	2
[Kent] [Back]Pain:Stepping,when (see Jarring):	0	2	1	2	0	0	0	0	0	0	0	0	0	0	0

[FIG-3] Repertorisation Sheet

DISCUSSION

Homoeopathy has emerged out as a reliable mode of therapeutics as a alternative method of treatment evident from the previous studies.^[18-23] Rai et al.^[18] reported a case of nephrolithiasis associated with urolithiasis in which a 15 mm ureteric calculus was successfully expelled following treatment with the homoeopathic remedy Sarsaparilla, selected according to the acute totality of symptoms presented by the patient. The case report by Gupta et al ^[19] describes the successful expulsion of a large urinary calculus with homoeopathic treatment. The patient presented with classical symptoms of Urolithiasis, including severe flank pain and urinary discomfort. After detailed case-taking and individualization of symptoms, the homoeopathic remedy Lycopodium clavatum was prescribed. During the course of treatment, the patient experienced gradual relief of symptoms and eventually expelled a comparatively large urinary stone without surgical intervention. Follow-up investigations confirmed the absence of residual calculi. The report highlights the potential role of individualized homoeopathic therapy in facilitating the expulsion of urinary calculi and managing associated symptoms. The multicentre observational study conducted by Siddiqui et al^[22] and colleagues aimed to evaluate the role of homoeopathic medicines in the management of Urolithiasis. The study was carried out by

the Central Council for Research in Homoeopathy across multiple centres between 2005 and 2010. A total of 901 patients were screened, of which 311 were enrolled and 220 cases were finally analyzed. Clinical symptoms such as pain, dysuria, and haematuria, along with stone characteristics (number, size, and location), were assessed before and after treatment. The study reported expulsion of calculi in 106 cases, while the remaining patients showed significant symptomatic improvement. Frequently indicated remedies included *Lycopodium clavatum*, Sulphur, Pulsatilla, Nux vomica, and Cantharis. The results suggested that homoeopathic treatment may help in reducing symptoms and facilitating the expulsion of urinary stones, although the authors recommended further controlled clinical trials to confirm these findings. Regarding this case patient came to us with burning pain after urination along with back pain. Miasmatic analysis of the case was done and it was found to be predominantly sycosis along with psora.^[24] After detailed case taking and repertorization and considering all the characteristics symptoms, past history, family history, and miasmatic background and consulting our authentic materia medica^[25] our final selection for this case was *Thuja occidentalis*. It was administered in fifty millesimal potency on 11/01/2022 starting with 0/1 following which there was a marked improvement in the presenting complaints of the patients and she was administered in gradual ascending doses of *thuja occidentalis* the details of which are mentioned in the follow-up sheet in [Table no-1]. The case demonstrated effective management, as evidenced by imaging radiology conducted before [Figure-1] and after the treatment [Figure-3]. The Modified Naranjo Criteria^[26] were applied to establish the causal attribution between the homoeopathic medicine and the changes in the patient's symptoms and signs [Table-2]. According to the criteria, there was an improvement in the primary symptom (+2), clinical improvement occurring within a plausible timeframe after the intake of medicine (+1), improvement in other symptoms (+1), and overall well-being (+2). Moreover, there was an absence of alternative causes that could have caused the improvement (+1), and objective improvement in the patient's pathological condition, as evidenced by reports of USG abdomen (+2). The total score based on the outcome is 9.

CONCLUSION: This case report highlights the effectiveness of homoeopathy in the management of diseases like ureteric stone. The positive outcomes observed in this case suggest that homeopathy can be a valuable therapeutic option. However, further studies and clinical interventions with homeopathic medicines are necessary to establish their efficacy

in similar conditions. Overall, this case report supports the use of individualized homeopathic treatment and emphasizes the need for more research to explore the potential benefits of homeopathic medicines in the treatment of ureteric stone and other similar diseases.

CONFLICTS OF INTEREST: None.

CONSENT OF THE PATIENT: Obtained from Patient, to circulate this clinical information and display images on a scientific database, and the patient was also assured of the confidentiality of the same.

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FOLLOW UP SHEET (TABLE 1)

DATE OF VISIT	SYMPTOMS	MEDICINE WITH DOSES AND REPETITION	JUSTIFICATION OF MEDICINE AND POTENCY
13/2/2022	Pain in the region of bladder after urination is improved than before but the jarring pain is still there along with frequent urge for urination at night.	Thuja occidentalis 0/2	Complaints are better so higher potency.
16/3/2022	Pain in region of bladder is better than before but the jarring pain is still there along with frequent urge for urination at night.	Thuja occidentalis 0/3	Complaints are better so higher potency.
13/4/2022	Pain in region of bladder is better than before along with the improvement of other symptoms like jarring pain in the back and frequent urge for urination. Anger is also reduced than before.	Thuja occidentalis 0/4	Complaints are better so higher potency.
17/5/2022	Pain is also better and the sediment is also less than before and other symptoms like jarring pain in the back and frequent urge for urination also better than before.	Thuja occidentalis 0/5	Complaints are better so higher potency.

	Mental symptoms like anger from contradiction and quarrelsomeness is also reduced than before.		
14/6/2022	Pain is better and the sediment is also less than before and other symptoms like jarring pain in the back and frequent urge for urination also better than before.	Thuja occidentalis 0/6	Complaints are better so higher potency.
18/07/2022	Pain is much better and the sediment is also less than before and other symptoms like jarring pain in the back and frequent urge for urination also better than before.	Thuja occidentalis 0/7	Complaints are better so higher potency.
22/8/2022	All the urinary symptoms are better and so also the mental ailments.	Thuja occidentalis 0/8	Complaints are better so higher potency.
15/9/2022	All the urinary symptoms are better and so also the mental ailments.	Thuja occidentalis 0/9	Complaints are better so higher potency.
12/10/2022	All the symptoms are better.	Thuja occidentalis 0/10	Complaints are better so higher potency.
16/11/2022	All the symptoms are better.	Thuja occidentalis 0/11	Complaints are better so higher potency.
12/12/2022	All the symptoms are better.	Thuja occidentalis 0/12	Complaints are better so higher potency.
18/1/2023	All the symptoms are better.	Thuja occidentalis 0/13	Complaints are better so higher potency.
21/2/2023	All the symptoms are better.	Thuja occidentalis 0/14	Complaints are better so higher potency.
17/3/2023	All the symptoms are better.	Placebo.	

MODIFIED NARANJO CRITERIA-(TABLE NO.-2)

CL	Modified Naranjo algorithm	Yes	No	Not sure or N/A
1	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3	Was there a homeopathic aggravation of symptoms?			0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1		
5	. Did overall well-being improve? (Eq-5D-5L)	+2		
6	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
7	Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?			0
8	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
9	Are there alternative causes (i.e., other than the medicine) that –with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
10	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
11	Did repeat dosing, if conducted, create similar clinical improvement?			
12	Total	+9		