

Renal Calculi and It's Homoeopathic Approach

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ABSTRACT

Today Homeopathy is a rapidly growing system and its very popular practice in all over the world. Homoeopathic treatment is found to be more advisable because having no side effect with very safe for all ages patients. Kidney stones are a major health problem today. Disordered life style, fast food habits are major reasons for health. More over medicine will prevent the future recurrence of stones. Study show that 4% of the total population has stones in urinary tract.

Keywords: Kidney stone, Renal Stone, Homoeopathic Treatment, Renal Calculi

- Hard and single, occur in infected urine,
- Visualized radiologically

Phosphate Stones

- Shape-Smooth, round and dirty,
- Colour- White to yellow,
- Commonly occurs in Renal pelvis and tend to grow in alkaline urine.
- This produces recurrent urinary infectious and haematuria.
- Size- Large,
- It is Radio Opaque.

Uric Acid Stone

- Shape-smooth, small, multiple, hexagonal and multifaceted.
- Colour- Yellow to redish brown.
- Mostly seen in Gout, Hyperuricosuria, altered purine metabolism.

Cystine Stones

- Seen in- Young Girl,
- Occurs in- Acidic urine,
- Shape-Multiple, soft,
- Color- Yellow and color change to greenish due to exposure.
- Size- Large,
- Its radio opaque because it contain sulphur.

INTRODUCTION

Nephrolithiasis (Renal Stone) is manifested by Renal colic hematuria and recurrent stone formation.¹ Urolithiasis is calculus formation at any level in the urinary collection system, but most often the calculi arise in the kidney.³ They occur frequently, as evidenced by the finding of stones in about 1% of all autopsies. Symptomatic urolithiasis is more common in males. A familial tendency towards stone formation has long been recognized.³

PATHOGENESIS

About 75% of renal stone are composed of either calcium oxalate or calcium oxalate mixed with calcium phosphate. Another 15% are composed of magnesium ammonium phosphate and 10% are either uric acid or cystine stones. In all cases there is an organic matrix of mucoprotein that makes up about 2.5% of the stone by weight.¹

Types of Stones

Oxalate Stones

- Commonest type of stone.
- Also known as Mulberry stone,
- Color – Brown,
- Shape- Irregular,
- It produced haematuria very early, disposition of blood on stone and dark color.

Clinical Feature

It's according to shape, size, position of the stone and nature. Renal calculi may be present for years without any symptom and discovered during radiological examination in different disease. This is called silent calculi.

Investigation

Plain X-ray KUB- for radio-opaque calculi. it helps to diagnosis 90% of stone. Enlarge renal shadow can also be made out CT Scan- it will identify the small missed stones. For non –opaque calculi. USG-it is the most valuable diagnosis of the stone also its location, size and confirm the enlarge kidney Blood Examination-serum calcium, Serum uric acid, Creatinine Urine Culture-For Protein, R.B.C, W.B.C

Complication

- Infection-The kidney is converted in to a bag of pus when hydronephrosis become infected and called as calculous pyonephrosis.
- Anuria- Bilateral renal/ ureteric calculi. Bilateral stag horn calculi may be asymptomatic until they present with uraema.
- Obstruction
- Calculus Hydronephrosis

Therapeutic Aim

- To remove the stone,
- To Prevent the complication
- To prevent recurrence

General Management

- More than 5 liters /24 hours fluid taken
- Diet restriction according to type of stone
- If stone of oxalate-Green plantain, spinach, sweet potato, beet, currants, figs, almonds, graphs etc
- And if stone is of uric acid - Meat and meat products, shellfish, whole grain cereals.oat meal, dried peas and bean, spinach.

Homoeopathic Treatment

Berberis Vulgaris

Burning pain. Pain in the bladder region. Painful left side bladder into the urethra.Blood red urine, speedily becomes turbid, deposits thick, mealy bright red sediment, slowly becoming clear but always retaining its blood.

Cantharis

Constant and intolerable urging to urinate before during and after urination. Burning, scalding urine with cutting , intolerable urging and fearful tenesmus or dribbling stranguary. Urine is passed drop by drop. Intolerable urging with tenesmus. Urine scaldes the passage. Jelly like shreddy urine.

Hydrangea

Burning in the urethra and frequent desire. Urine hard to start. Heavy deposit of mucous. Sharp pain in the loins, especially left. Spasmodic stricture. Profuse deposit of white amorphous salts. Gravelly deposits.

Lycopodium

Renal colic, right sided. Pain shooting across lower abdomen from right to left. Pain in back relieved by urinating. Urine slow in Coming, must strain. Retension. Polyuria during night.

Medorrhinum

Renal colic. Painful tenesmus when urinating. Severe pain in renal region > by profuse urination. Intense pain in ureters, with sensation of passing of calculus. Urine flows very slowly. Aliments from suppressed gonorrhoea. Women with chronic pelvic disorders.

Nux Vom

Renal colic is caused by a stone in the ureter, which by its irritation causes a spasmodic clutching of the circular fibers of

that canal, the proper medicine relaxes these fibers and the pressure from behind forces the calculi out at once.

Ocimum Canum

High acidity, formation of spike crystals of uric acid. Turbid, thick, purelent(pyuria), bloody (hematuria), brick-dust red or yellow sediment. Odor of musk. Pain in ureters. Cramps in kidney(calculus).

Pareira Brava

Black, bloody, thick mucoid urine. Constnt urging, great straining, pain down thighs while making efforts to micturate. Can emit urine only when he goes on his knees, pressing the head firmly against the floor. Bladder feels distanded, neuralgic pain in the anterior crural region. Dribbling after micturition. Viloent pain in glains penis. Itching alng the urethra, urethritis with prostratic probles. Inflammation of urethra.

Sarsaparela

Passage of gravel or small calculi, renal colic, Stone in bladder, bloody urine. Urine bright and clear but irritating. Scanty, slimy, flaky, sandy , copious, passed without sensation, diposits white sand.

Solidago

Scanty, reddish-brown, thick sediment, dysuria, gravel. Difficult and scanty. Albumen, blood and slime in urine. Pain in kidneys extends forward to the abdomen and bladder. Clear and offensive urine. Some times makes the use of the catheter unnecessary.

Uva Ursi

Calculus inflammation. Chronic vesical irritation with pain, tenesmus and catarrhal discharge. Burning after the discharge of slimy urine. Frequent urging with severe spasms of the bladder. Urine contains blood, pus and much tenacious mucous with clots in large masses. Painful dyscuria. Involuntary green urine. Cystitis with bloody urine.

Vesicaria

Smarting, burning sensation along urethra and bladder with frequent desire to avoid urine often with strangury. Cystitis, irritable.

CONCLUSION

No matter what disorders are found, every patient should be counseled to avoid dehydration and drink copious amounts of water. The efficacy of huge fluid intake was confirmed in a prospective study of first time stone formers. Increasing urine volume to 2.5 L per day resulted in a 50% reduction of stone recurrence compared with the control group.3Homoeopathic can be prove as beneficial to patients whom surgery is a risky afire like diabetes ,hypertension etc or those search for an alternate to surgery and safe for health and for both economic or psychological reasons.

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