

# A Case Report of Renal Calculi

Dr.Pushpa Kumawat<sup>1</sup>, Dr.Apurva Dixit<sup>2</sup>, Kanak Chaudhary<sup>3</sup>

<sup>1</sup>Associate Professor of pharmacy Swasthya kalyan homeopathic medical college and research centre  
sitapura Jaipur

<sup>2</sup>Assistant Professor of practice of medicine Swasthya kalyan homeopathic medical college and research,  
centre sitapura Jaipur

<sup>3</sup>MD (PGR) of organon of medicine, Swasthya kalyan homeopathic medical college and research Centre  
sitapura Jaipur

**Abstract**-Urinary calculi are solid particles in the urinary system. They may cause pain, nausea, vomiting, haematuria, and, possibly, chills and fever due to secondary infection. Renal stone within the tract, kidney, ureter, and bladder is named as Urolithiasis. Formation of urinary stones is very common. About 5-15% population are affected with urinary stone, and, therefore, causes high morbidity in comparison to the above types of stone formation. Shock wave lithotripsy and ureteroscopy alongside conservative treatments are the most common treatments of calculi are known method of treatment, although considered as expressive treatment, and on the other side of these treatments are leads to so much complication. Therefore, alternative medicines provide for the treatment of renal calculi because it avoids surgical interventions.

**Key words** – lycopodium clavatum, homeopathy.

## I. INTRODUCTION

Renal stones (urolithiasis) are a common condition, affecting around 2-3% of the Western population. They are more common in males and typically affect those <65yrs. The most common presenting symptom of ureteric stone is pain, termed ureteric colic, which occurs from the increased peristalsis from around the site of obstruction. The pain is sudden onset, severe, and radiating from flank to pelvis (termed “loin to groin”), often associated with nausea and vomiting. Haematuria occurs in around 90% cases; this is typically non-visible. Concurrent infection should be assessed for, with symptoms such as rigors, fevers, or lethargy.<sup>1</sup>

Stones can be formed anywhere in the proximal urinary tract in the presence of congenital urogenital abnormalities, urinary obstruction, or infection. The majority fractions of affected population with USD experience only one episode of stone formation, while about 35 % experience recurrence cases at least twice or even more times. Several remedial measures and surgical approaches although have been followed clinically until the 20th century, open surgery remained as the first choice of treatment when stones do not pass spontaneously.<sup>2</sup>

Under surgical approaches, the patients could have faced internal urinary injuries too. Recurrence of the diseases, incomplete cure, with side effects and cost-effective remedies of the conventional medical science needs an alternative therapy such as homoeopathy for treatment of ureterolithiasis.<sup>3</sup>

## II. CASE PRESENTATION

A 40 year old male from a middle class economic status family reported to clinic on 21/11/2020 with the complaints of pain left loin region with pain in whole abdomen since 3 days. Vomiting present sometimes during pain. Types of pain is pricking. Pain aggravates after micturition. Person is having constipation since 3 months with much flatulence. Due to the acute pain and as describe symptoms a dose Lycopodium clavatum 200C was given.

Family History – there is a no specific family history. Past history- patient had history of renal calculi. He took allopathic treatment for renal calculi. No other history is not found.

Personal History- he had dietary habit of taking normal diet like chapatis, milk, and drinking less quantity of water.

Constitution- patient had a lean thin constitution. Feel weakness in body. He had a earthy complexion. Mild temperament. Some times he gets angry on his colleagues and shout on them. His physical power is low.

Physical general – patient had a aversion to bread. He like to taking sweet and hot drinks like tea and food. But he is suffering from eructation. He had little thirst. He had a constipation with much flatus. He can not tolerate the more heat. His thermal reaction is hot. He had complaint of pain increased after the micturition. He feels the pain in right loin region.

On examination – there is no abnormal finding not seen.

Investigation:

Ultra sound of KUB revealed 10 mm calculus in VU junction with proximal hydro-uretronephrosis on dated 20/11/20.

Totality of symptoms-

he is lean thin with physical weakness with anger, aversion to bread in general and desire for sweets, much flatulence with constipation. Pain after micturition.

Analysis and evaluation of the symptoms –

s.n.	Symptoms	Severity
1	Pricking pain in right loin region	+++
2.	Pain after micturition	++
3.	Desire for sweets	++
4	Aversion of bread	++
5.	Constipation	++

Prescription: on basis of given information Lycopodium clavatum 200C with placebo given to the patient for 7 days on dated 21/ 11/20. Give some instruction to the patient for diet related like avoid oxalate foods such as spinach, chocolates, nuts, whole cereal flours, milk, etc., He was also advised to avoid overeating and was asked to take plenty of water.

Follow ups-

s.n.	Date	Symptoms	Prescription
1	28/11/20	The pain was better, vomiting has subsided, pain after micturition is better constipation little better from first follow up.	Rubrum given for 10 days
2.	6/ 12/20	The pain completely subsided, he feels better in constipation and flatus.	Rubrum was given for 15 days
4	20/ 12/20	All complaints are relieved. He advised to USG (KUB).	Rubrum was for 7 days.
5	26/12/20	No other complaints are present. In USG no stone and hydronephrosis is seen.	Rubrum was given for 7 days.

### III. DISCUSSION

A 40 years male suffering from right sided renal calculi with hydronephrosis and had history of renal calculi is treated with the single dose Lycopodium clavatum 200C on the basis of totality of symptoms and according rules and regulation of homeopathy.

**GARHWAL**  
Sonography & Diagnostic Center  
Hathoj Bus Stop, Hathoj, Kalwar Road, Jaipur  
E-mail: anjugarhwal88@gmail.com



**DR. DESHRAJ GARHWAL**  
Consultant Radiologist  
S.M.S. Hospital, Jaipur  
M.: 6375259265, 9462799970

Lab No. : 20\_11\_239  
Name : Mr. DANA RAM  
Ref. By. : Dr. SELF

Date : 20/11/2020  
Age : 40Years/Male

**USG WHOLE ABDOMEN (MALE)**

**LIVER:**

THE PARENCHYMA OF LIVER SHOWS HOMOGENOUS ECHOTEXTURE. IT IS NOT ENLARGED. NO FOCAL SOLID OR CYSTIC LESION IS SEEN.THE HEPATIC AND PORTAL VEIN ARE NORMAL IN DIMETER.THE PORTAL VEIN DIMETER IS 8 MM.

**GALL BLADDER:**

THE GALL BLADDER IS WELL VISUALIZED. NO CALCULUS IS SEEN.CBD IS NORMAL IN CALIBRE.( MEASURE APPROX 4MM ).

**PANCREAS:**

IT IS NORMAL IN SIZE,SHAPE. LOCATION AND CONTOUR. IT IS SLIGHTLY MORE ECHOGENIC THAN LIVER.NO FOCAL SOLID/CYSTIC LESION IS SEEN IN PANCREAS. THE PANCREATIC DUCT IS NOT VISUALIZED.

**BOTH KIDNEY:**

RIGHT SIDED VU JUNCTION SHOW CALCULUS MEASURE 10MM. WITH PROXIMAL HYDRO-URETRONEPHROSIS.

BOTH KIDNEY ARE NORMAL IN SIZE,SHAPE,LOCATION AND CONTOUR.NO CORTICAL SCARRING IS SEEN.THE RENAL PARENCHYMA AND SINUS ECHOES ARE NORMAL.

**SPLEEN:**

IT IS NORMAL IN SIZE,SHAPE AND ECHOTEXTURE. NO FOCAL SOLID/CYSTIC LESION IS SEEN IN SPLEEN.

**RETROPERITONIUM:**

NO ABNORMAL MASS/SIGNIFICANT LYMPHADENOPATHY NOTED.

**URETER:**

LEFT URETER IS NOT DILATED.

**URINARY BLADDER:**

THE PREVOIDING CAPACITY OF BLADDER IS 120 ML. THE BLADDER WALL ARE WELL DEFINED.THERE IS NO FILLING DEFECT OR FOREIGN BODIES IN BLADDER. THERE IS NO CALCULUS SEEN IN BLADDER.THERE IS NO EVIDENCE OD ANY BLADDER DIVERTICULA.

**PROSTATE=**

NORMAL IN SIZE ,SHAPE AND ECHOTEXTU

**OPINION:**

RIGHT VU JUNCTION CALCULUS WITH PROXIMAL HYDRO-URETRONEPHROSIS.

Dr. Deshraj Garhwal  
Consultant Radiologist

Scanned with CamScanner

Figure -1 shows that renal calculi with hydeo-uretonephrosis



# परफेक्ट पैथ लैब एव इमेजिंग सेन्टर

ब्रांच फुलेरा डायग्नोस्टिक सेन्टर

M.: 9587600074

FACILITIES: ALL KIND OF USG, ULTRA MODERN 3D, 4D SONOGRAPHY, INCLUDING 4D SCANS AND LEVEL, TWO ANOMALY SCAN

Name: Dana Ram	Age/ Sex: 50 /M
Date: 23-Dec-20	Ref by:Dr. Self

## USG OF WHOLE ABDOMEN MALE

Liver measures 11.2 cm and shows normal contour and echotexture. No IHBRD.

No mass lesion. Portal vein and CBD are normal in course and caliber.

Gall bladder is well distended. Lumen is clear. No calculus noted. Wall thickness is normal. No pericholecystic collection.

Spleen is normal in 8.3 cm size and echotexture. No focal lesion.

Pancreas appears normal in size and echotexture.

Right kidney measures 9.4 x 3.4 cm. Left kidney measures 10 x 4.3 cm.

Both kidneys show normal size, shape and parenchymal echogenicity. Perinephric spaces clear. CMD satisfactory.

Urinary bladder distended with anechoic contents.

Prostate is of normal in size and echotexture. No focal lesions.

Visualised bowel loops appears normal. No free fluid in the abdomen.

**IMPRESSION:- Normal scan**

  
Dr Rajesh Beniwal (MD)  
Consultant Radiologist

  
Dr. Rajesh Beniwal  
MBBS, MD Radiologist  
R.MC 22333/15522  
Phule's Diagnostic Centre

Scanned with CamScanner

Figure -2 is shows normal USG after the treatment

#### IV. CONCLUSION

In this case study a 40 years male was treated successfully of renal calculi with single dose of lycopodium 200C. many research show the positive result of lycopodium in uses of renal complaint. In Materia medica by various author like J.T. Kent, Willium Boricke, they describe the uses of lycopodium in renal complaints.

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