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ROLE OF INDIVIDUALIZED HOMOEOPATHIC MEDICINE IN THE MANAGEMENT OF UROLITHIASIS – A CASE REPORT

Dr. Vaishali R Vichare[1], Dr. Neelam Wayal[2], Dr. Shamal Meshram[3], Dr Pratik More[4], Dr. Shweta Mestry[5]

[1]Associate professor, Dept of physiology & Biochemistry, Dr. G. D. Pol Foundation YMT Homoeopathic Medical College, PG Institute & Hospital Kharghar.

[2]Associate professor, Dept. of Homoeopathic Materia Medica, Dr. G. D. Pol Foundation YMT Homoeopathic Medical College, PG Institute & Hospital Kharghar.

[3]Associate professor, Dept of Practice of Medicine, Dr. G. D. Pol Foundation YMT Homoeopathic Medical College, PG Institute & Hospital Kharghar.

[4]Professor, Dept of Anatomy, Shri Rashtrasant Janardhan Homoeopathic Medical College Kopargaon

[5] PG Scholars (MD Part-II), Dept. of Homoeopathic Materia Medica, Dr. G. D. Pol Foundation YMT Homoeopathic Medical College, PG Institute & Hospital Kharghar.

Abstract: Urolithiasis is condition of the kidney, caused by dehydration, decreased urine volume or fluid flow rates, or increased excretion of minerals such as calcium, oxalate, magnesium, cystine, and phosphate. This condition is characterized by the urinary calculi located in the kidney, in renal calyces, or in the renal pelvis. This condition may present with haematuria, dysuria, or pain in the flank, lower abdomen, or groin. Confirmation is by abdominal radiography to determine the presence and location of calculi.[1]

This report discusses a 25-year-old male patient suffering from abdominal pain and burning pain during urination. The patient's case was managed using NATRUM MUR 200. The emotional and physical aspects of the patient were considered in the prescription. A holistic approach in homeopathy played a key role in resolving the symptoms, showcasing its importance in treating such complaints.

KEYWORDS: *Urolithiasis, Abdominal Pain, Burning pain, Natrum Mur 200, Holistic Approach*

I. INTRODUCTION

Urolithiasis is formation of urinary calculi at any level of the urinary tract. It is the most common disease of the urinary tract. Urinary stones have afflicted mankind since centuries dating back to 4000 B.C. It is an increasing urological disorder of human health which affects about 12% of the world population. In Indian population, about 12% of them are expected to have urinary stones and out of which 50% may end up with loss of kidney functions.[2]

There are several types of stones. Calcium salts, uric acid, cystine, and struvite are the basic constituents. Calcium oxalate and calcium phosphate stones make up most of the total and may be admixed in the same. Calcium stones are more common in men. Stones in the urinary tract may be asymptomatic or cause hematuria alone; with passage, obstruction may occur at any site along the collecting system. Obstruction related to the passing of a stone leads to severe pain, often radiating to the groin, sometimes accompanied by intense visceral symptoms (i.e., nausea, vomiting, diaphoresis, light-headedness), hematuria, pyuria, urinary tract infection (UTI) and rarely hydronephrosis.

Urolithiasis can be diagnosed with help of X ray KUB, USG-KUB, CT-KUB. Treatment depends on the location of stone, the extent of obstruction, nature of stone, function of kidney affected, presence or absence of UTI. Management ranges from conservative Drug therapy which include NSAIDS for pain and fluids, alpha-1 adrenergic blockers which relaxes ureter muscle for the passage of smaller stones to removal of the stones by Extracorporeal Shock wave Lithotripsy (ESWL), Percutaneous Nephrolithotomy (PCNL), Ureteroscopy (URS). Nephrolithiasis, or kidney stone disease, is a common, painful, and costly condition. Each year, billions of capitals are spent on nephrolithiasis-related activity, with the majority of expenditures on surgical treatment of existing stones.[3]

The limitations of the conventional system of medicine for treating this condition are the cost involved in the diagnosis with regard to the type of stone, metabolic disorder, invasive procedures and adverse effects of the medicines.[4]

In Homoeopathy, we treat the individual with the disease and not his diseased parts alone. The patients treated as a whole (in mental and physical plane together). The signs and symptoms presented by the patient from the former healthy state to the now diseased condition is to be considered before we select the remedy. The characteristic individual features of the case are taken into consideration for developing the image. Hahnemann says that Characteristic symptoms help in the Individualization of a disease.[5]

The concept of individualization takes into consideration total response of the organism to the unfavorable environment seen through signs and symptoms of three planes: Emotional, Intellectual and Physical where the life force manifested itself. It has profound impact on human mind in society a large number of patients is suffering from psycho-somatic illness due to anxiety, grief, and worry, vexation etc.[6]

PATIENT INFORMATION:

Age/Gender: 25-year-old Male
Socioeconomic status: Middle class
Chief Complaint: Abdominal pain and Pain while urination for the past week.
Past Medical History: No other known illnesses.
Family History: Father has hypertension and is under treatment.

Physical Generals:

Appetite: Good
Thirst: Thirsty++
Desire: Salty food
Aversion: None specific
Urine: Burning while urination
Perspiration: Profuse on face, eating while
Sleep: Refreshing
Thermal State: Hot patient

LIFE SPACE INVESTIGATION:

The patient is a 25-year-old male from a middle socioeconomic background, with a reserved personality. He tends to avoid social interactions and rarely opens up about his emotions, responding only when questioned. Upto 12th standard he lived with his parents in his native place. Academically he was good in his studies.

During his 12th grade, the patient entered a relationship in which he was emotionally invested. However, this relationship ended due to caste differences, as the girl ultimately decided not to continue.

The sense of rejection and loss affected him deeply, adding to his difficulty in trusting others and further intensifying his reserved nature.

After completing his education, he returned to his native place and secured a reputable job.

Currently, he lives with his aunt and uncle. He hesitates to accept any form of support from family members, feeling a strong desire for independence. The pressure of being dependent on them, along with his introverted nature, has led him to dwell on these thoughts excessively, leaving him feeling mentally burdened and withdrawn.

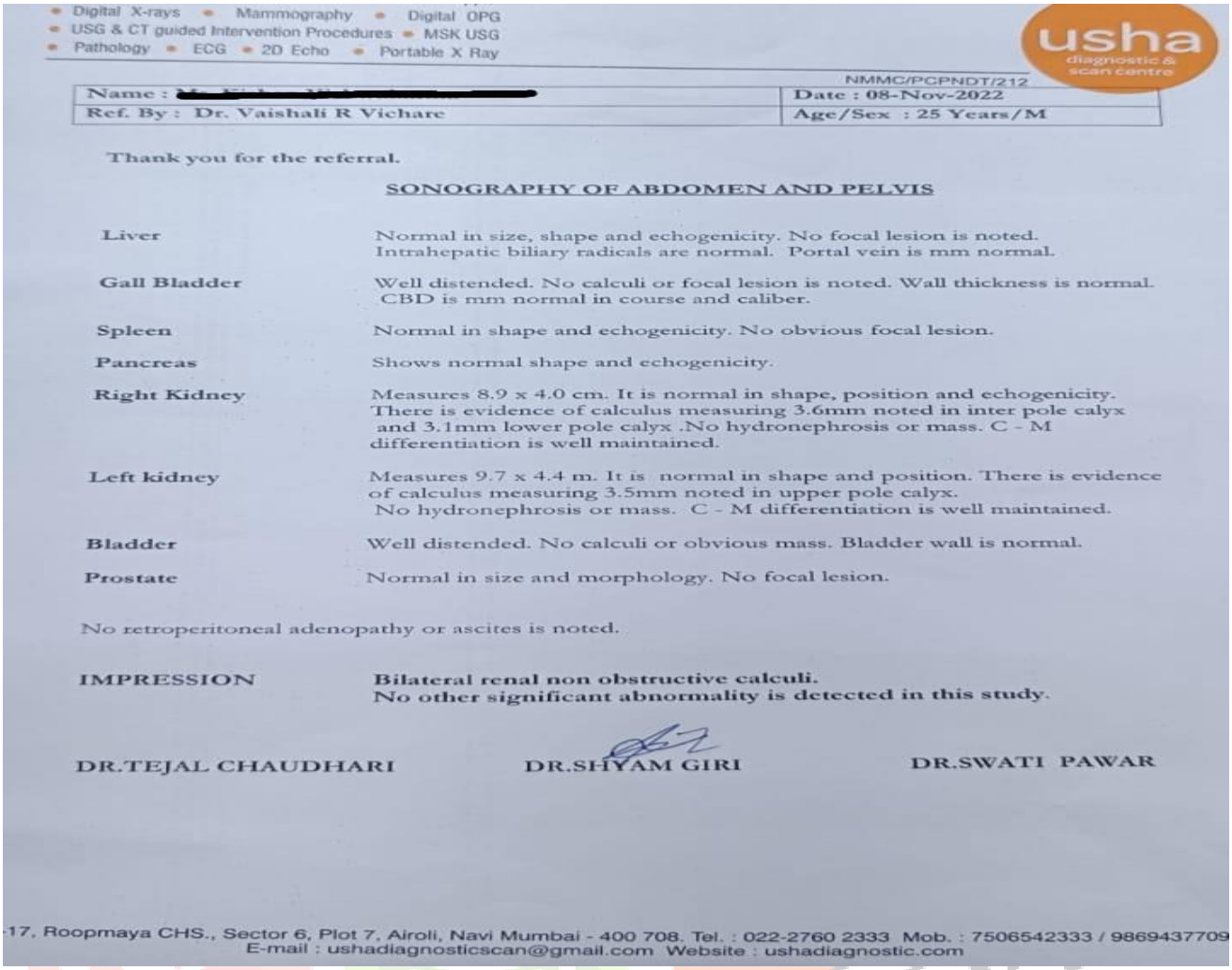
GENERAL PHYSICAL EXAMINATION:

Blood Pressure: 130/80 mm of Hg
Pulse Rate: 78/min
Respiratory Rate: 20/min
Temperature: 97.5 ^{0} F

SYSTEMIC EXAMINATION:

RS: AEBE Clear
CVS: S1S2 Normal
GIT: Soft and tenderness present over Hypogastric region.
CNS: Conscious and oriented

INVESTIGATION:



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Name : [redacted]	Date : 08-Nov-2022
Ref. By : Dr. Vaishali R Vichare	Age/Sex : 25 Years/M

Thank you for the referral.

SONOGRAPHY OF ABDOMEN AND PELVIS

Liver	Normal in size, shape and echogenicity. No focal lesion is noted. Intrahepatic biliary radicals are normal. Portal vein is mm normal.
Gall Bladder	Well distended. No calculi or focal lesion is noted. Wall thickness is normal. CBD is mm normal in course and caliber.
Spleen	Normal in shape and echogenicity. No obvious focal lesion.
Pancreas	Shows normal shape and echogenicity.
Right Kidney	Measures 8.9 x 4.0 cm. It is normal in shape, position and echogenicity. There is evidence of calculus measuring 3.6mm noted in inter pole calyx and 3.1mm lower pole calyx .No hydronephrosis or mass. C - M differentiation is well maintained.
Left kidney	Measures 9.7 x 4.4 m. It is normal in shape and position. There is evidence of calculus measuring 3.5mm noted in upper pole calyx. No hydronephrosis or mass. C - M differentiation is well maintained.
Bladder	Well distended. No calculi or obvious mass. Bladder wall is normal.
Prostate	Normal in size and morphology. No focal lesion.

No retroperitoneal adenopathy or ascites is noted.

IMPRESSION **Bilateral renal non obstructive calculi.**
No other significant abnormality is detected in this study.

DR.TEJAL CHAUDHARI DR.SHYAM GIRI DR.SWATI PAWAR

17, Roopmaya CHS., Sector 6, Plot 7, Airoli, Navi Mumbai - 400 708. Tel. : 022-2760 2333 Mob. : 7506542333 / 9869437709
E-mail : ushadiagnosticscan@gmail.com Website : ushadiagnostic.com

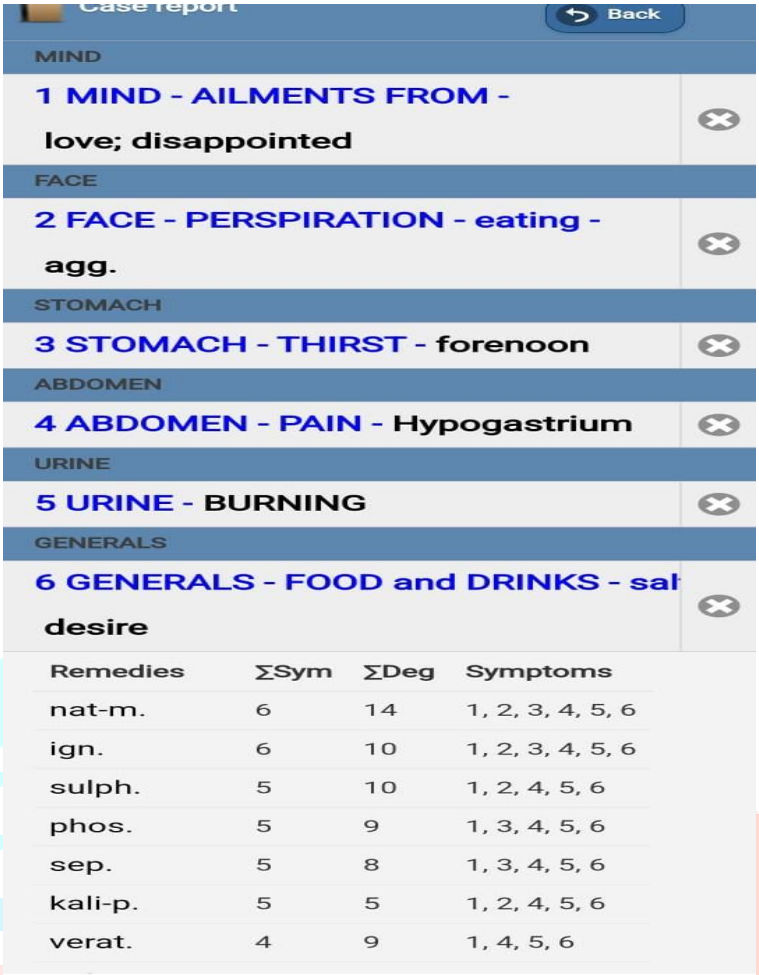
USG- ABD+PELVIS Shows bilateral renal non obstructive calculi.

DIAGNOSIS: Bilateral Non obstructive Renal Calculi

TOTALITY OF SYMPTOMS:

1) A/F-disappointment of love
2) Brooding over thoughts
3) Introvert in nature
4) Desire- salty food
5) Thirst-thirsty+
6) Perspiration-on face, profuse eating while
7) Thermally-hot
8) Urine-burning while urination
9) Abdominal pain in hypogastric region

REPORTORIAL SHEET:



Remedies	∑Sym	∑Deg	Symptoms
nat-m.	6	14	1, 2, 3, 4, 5, 6
ign.	6	10	1, 2, 3, 4, 5, 6
sulph.	5	10	1, 2, 4, 5, 6
phos.	5	9	1, 3, 4, 5, 6
sep.	5	8	1, 3, 4, 5, 6
kali-p.	5	5	1, 2, 4, 5, 6
verat.	4	9	1, 4, 5, 6

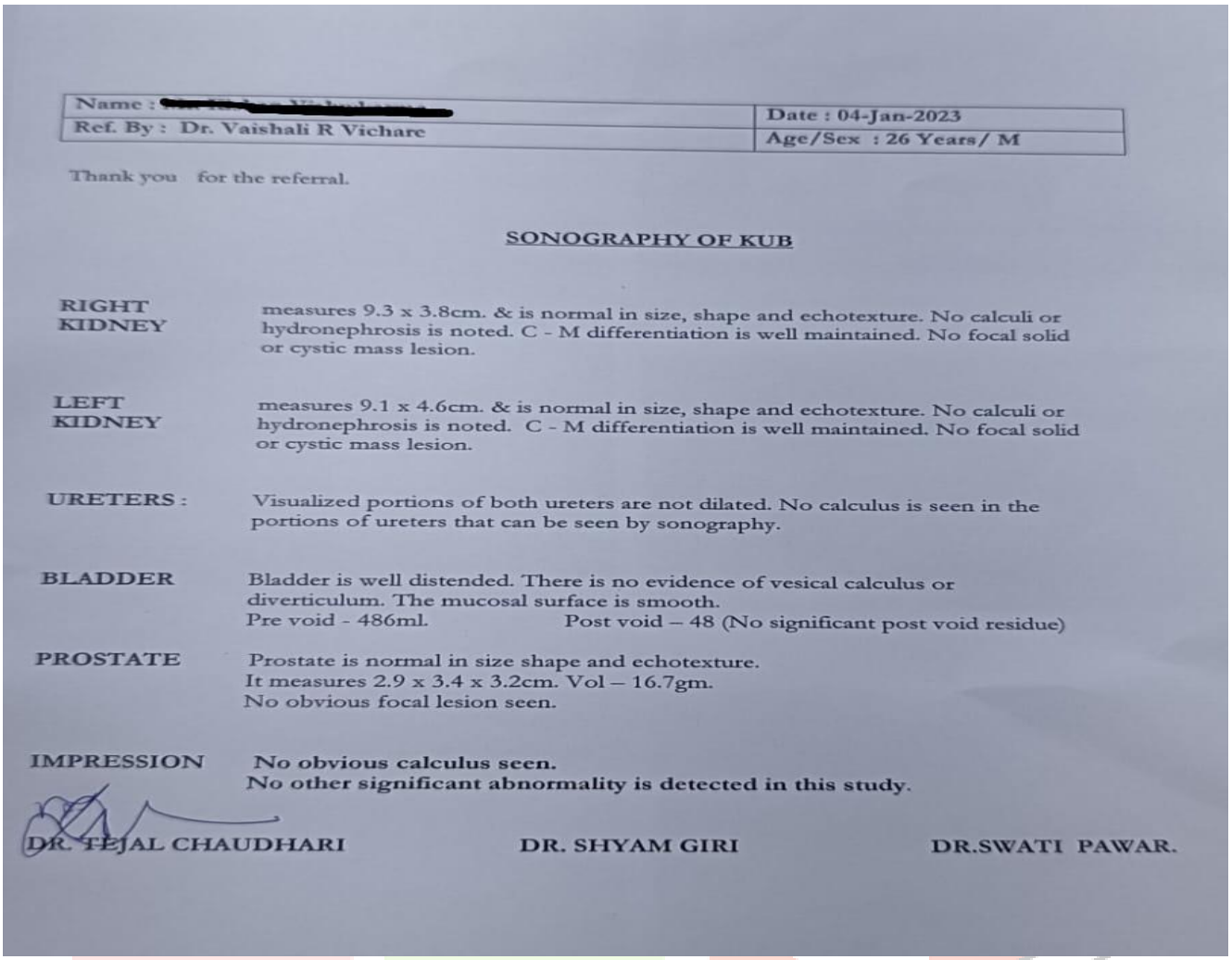
SELECTION OF REMEDY:

Natrum Mur 200 single Powder dose

SL 4pills TDS For 15 days

FOLLOW-UP:

Date 1/12/22	Reduction in abdominal pain and burning sensation Emotional state improved slightly. No new complaints and aggravation	SL 4pills BD for 15 days
16/12/23	Abdominal pain subsided completely, urinary discomfort resolved. Patient felt more at ease mentally and less burdened by thoughts.	SL 4pills BD for 15days
4/1/23	No abdominal pain now, no other complaints and generally patient feels better Pt. Come with USG Report	



Name : [redacted]	Date : 04-Jan-2023
Ref. By : Dr. Vaishali R Vichare	Age/Sex : 26 Years/ M

Thank you for the referral.

SONOGRAPHY OF KUB

RIGHT KIDNEY measures 9.3 x 3.8cm. & is normal in size, shape and echotexture. No calculi or hydronephrosis is noted. C - M differentiation is well maintained. No focal solid or cystic mass lesion.

LEFT KIDNEY measures 9.1 x 4.6cm. & is normal in size, shape and echotexture. No calculi or hydronephrosis is noted. C - M differentiation is well maintained. No focal solid or cystic mass lesion.

URETERS : Visualized portions of both ureters are not dilated. No calculus is seen in the portions of ureters that can be seen by sonography.

BLADDER Bladder is well distended. There is no evidence of vesical calculus or diverticulum. The mucosal surface is smooth.
Pre void - 486ml. Post void – 48 (No significant post void residue)

PROSTATE Prostate is normal in size shape and echotexture.
It measures 2.9 x 3.4 x 3.2cm. Vol – 16.7gm.
No obvious focal lesion seen.

IMPRESSION **No obvious calculus seen.**
No other significant abnormality is detected in this study.

DR. TEJAL CHAUDHARI DR. SHYAM GIRI DR.SWATI PAWAR.

DISCUSSION AND CONCLUSION:

This case demonstrates the efficacy of individualized homoeopathic treatment in managing a case of Bilateral Non obstructive Renal Calculi common but distressing condition of abdominal pain with burning urination. By addressing the patient's emotional and physical symptoms, a holistic treatment approach led to a full recovery. This report concludes the value of considering emotional stress as a contributing factor in physical illnesses and treating it accordingly with homoeopathy.

The primary characteristic underlying the Natrum mur. pathology is introversion arising out of a feeling of great vulnerability to emotional injury. Natrum mur. patients are emotionally very sensitive; they experience the emotional pain of others, and feel that any form of rejection, ridicule, humiliation or grief would be personally intolerable. Consequently, they create a wall of invulnerability, become enclosed in their own worlds, and prefer to maintain control over their circumstances. They avoid being hurt at all costs. People susceptible to developing the Natrum mur. type of pathology is emotionally sensitive and vulnerable, but quite clear and strong on mental and physical levels. Mentally, they have a high degree of objectivity and awareness, /as well as a great sense of responsibility. For this reason, they are likely to be the sympathetic ear to whom others turn when distressed the emotional sensitivity and the sense of responsibility readily lead such people into fields of counselling, psychotherapy, the ministry etc. While listening sympathetically to someone else's suffering, such people maintain their objectivity and appear to be very strong. They internally/ absorb the pain of others, however, and they dwell on it later; particularly, they wonder "How would I react in such a situation? Would I be able to take it". Throughout life, individuals with Natrum mur. tendencies experience deeply all impressions of life, accumulating awareness and understanding beyond their age. They are strong and enjoy being presented with challenging circumstances, even those involving emotional risk.

The issue of emotional pain, in them or in others, would be the end of the world for them, they are completely incapable of knowingly inflicting pain on others. For this reason, they become very serious.

They cannot make jokes that might inadvertently ridicule someone else. They may appear cold and overly objective to others because they are so intent on not revealing their own emotional vulnerability or creating injury to others. This combines with the Natrum Muriaticum sense of responsibility, results in guilt being a strong motivating factor in the lives of such people.[7]

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