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RENAL CALCULI RESOLVED FROM HOMOEOPATHY BY LYCOPODIUM IN LM POTENCY: A CASE REPORT

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ABSTRACT

According to studies, there is a considerable lifetime risk and an increasing incidence of renal calculi, or kidney stones, in Kerala, with rates as high as 26,430 per million people. The region's hot and muggy climate, which causes significant fluid loss, together with insufficient fluid intake and a diet high in animal protein, are major causes of its frequency. Although the majority of stones are calcium-containing, Kerala also has a significantly high occurrence of uric acid stones, most likely as a result of the tropical climate. Lifetime Risk: According to a population-based study, Kerala's lifetime risk of stone disease is roughly 26,430 per million people over the age of 14. Growing Incidence: From 20.34 per 10,000 hospital admissions in the 1960s to 28.48 per 10,000 in the 2000s, the incidence of stone illness has been rising. Climate and Diet: Kerala's hot and muggy weather, together with a diet heavy in animal protein and inadequate hydration, are recognized as major risk factors. Stone Types: Most common are stones that include calcium, such as calcium phosphate and calcium oxalate. Kerala also has a high occurrence of stones that include uric acid, which is typical of tropical climes.

KEYWORDS: Homoeopathy, Renal Calculi, Lycopodium, LM Potency

INTRODUCTION

Kidney stones are a frequent reason for blood in the urine (hematuria) and discomfort in the abdomen, side, or groin. About 1 in 11 people will experience them at some point in their lives, with men being affected twice as often as women. The formation of these stones is linked to reduced urine output or higher levels of substances that contribute to stone formation, including calcium, oxalate, uric acid, cystine, xanthine, and phosphate. Additionally, stones can also develop due to low levels of citrate in the urine or increased acidity of the urine [1].

Urolithiasis arises when substances crystallize from urine, leading to the formation of stones. It may occur due to anatomical characteristics that cause urinary stasis, decreased urine output, dietary influences (such as elevated oxalate or sodium levels), urinary tract infections, systemic acidosis, certain medications, or, in rare cases, inherited genetic conditions like cystinuria. The majority of individuals with nephrolithiasis (75%-85%) develop calcium stones, primarily made up of calcium oxalate (in either monohydrate or dihydrate forms) or calcium phosphate. The other principal types include uric acid stones (8%-10%), struvite stones (calcium magnesium ammonium phosphate, 7%-8%), and cystine stones (1%-2%). The predominant factors contributing to urinary stone disease are insufficient hydration and low urine volume. The four most prevalent chemical factors involved in urinary stone development are hypercalciuria, hyperoxaluria, hyperuricosuria, and hypocitraturia. These risk factors of Renal Calculi are Diabetes, Family history of nephrolithiasis, Hypertension, Obesity (higher body mass index), Prior personal history of urolithiasis, Surgical intervention associated with the first or earlier stones, Uric acid urolithiasis, Younger age when diagnosed with nephrolithiasis. [2] This case was effectively treated with Lycopodium[3] in LM Potency in weekly three doses, used in alternate morning for 8 weeks.

MATERIALS AND METHODS

Case Presentation

Patient was a 52 years young old lady with the complaints of severe intermittent excruciating pain in left loin region which extends downwards. She is already in Allopathic Medication. She is suffering from severe cutting type of pain in left iliac fossa region on back and it radiated downwards towards groin region of left side. Pain is intermittent in character. Pain started suddenly in left loin region since 1 year taken Allopathic medicine with temporary relief only. She complains of burning sensation along urethra while passing urine. Urine also dribbles while maturating with scanty urination with ineffectual desire. Modalities including Aggravation in evening, during and after micturition and Amelioration: Nothing specific.

Patients had a history of diabetes mellitus, and had a history of hard stool on interval of 1-2 days since 1 year. Patient complains of passing hard stool with difficulty on irregular interval of 1-2 days with agonizing pain in and around umbilicus and hypogastrium before passing stool.. Physical generals of the patient with decreased appetite and increased thirst of hot water. Sleep is decreased due to the pain. Patient is mentally active with desires company and worried about her life. Increase irritability with weeping disposition, restless about her complaints. She is very anxious to external things. Patient has aversion to covering with desires fanning. Patient is highly anemic.

Homoeopathic Analysis

Patient was treated as whole by considering similimum by constructing a symptom totality by considering his mental, physical and particular symptoms as shown in the table 1 and then repertorise the totality and make the rubrics as shown in table 2. After examining the Repertorial result first prescription is done. Repertorisation chart is shown in figure 1.

Homoeopathic Intervention

The patient was treated and follows up with systemic manner by homoeopathic medicines that have been shown in the table 3 (follow up). The medicines were selected according to the present totality of symptoms. The periodic follow up were done through frequent intervals.

Table 1. Symptoms Evaluation and Totality Based on First Day for the First Prescription

Mental	Physical	Particular
Desires company Restless about his complaints Worried about life Anxious to external things Increase irritability Weeping disposition	Appetite decreased Thirst – Increased (hot water) Sleep - Decreased due to itching. Sweat – profuse over the whole body Desire fish. Desires fanning Aversion to covering.	Severe intermittent pain in left loin and iliac fossa region ¬ Burning sensation and pain along urethra while passing urine < evening, during and after micturition >Nothing specific.

Table 2. Rearranging totality for the final selected remedy

S. No:	Repertorial totality	S. No	Repertorial result
1	Mind – anxiety, sudden	1	LYCO 5/12
2	Mind – company – desires for	2	CALC 4/11
3	Mind – weeping, tearful mood etc	3	ARG N 4/11
4	Kidneys - pain - burning – urination – during	4	SULPH 4/10
		5	SEPIA 4/10
5	Kidneys - pain - burning - along ureters - to bladder	6	PULS 4/10
		7	MERC 5/10
6	Kidneys - pain - burning – extending through left ilium to pubis – in women	8	IGN 5/10
		9	BELL 5/10
	Urethra – pain – burning, evening		

7		**10**	**PHOS 5/9**

RESULT AND DISCUSSION

Patient was a 52 years young old lady with the complaints of severe intermittent excruciating pain in left loin region which extends downwards. She is already in Allopathic Medication. She is suffering from severe cutting type of pain in left iliac fossa region on back and it radiated downwards towards groin region of left side.. The provisional diagnosis is Renal Calculi. The patient was treated with homoeopathic medicines orally for 2 months with weekly 3 dose administered as alternate morning. The figure of before and after eruption of the patient is show in figure 1.

Homoeopathy has a lot of medicines for treating the renal calculi, after repertorisation[4] medicines include Lycopodium, Calcarea Carb, Argentinum Nitricum, Sulphur, Sepia, Puls, Merc, Ignatia, Belladonna etc are come under the repertorisation result as shown in the table 2. From these similar remedies we should take the similimum for curing the case. So here by considering this the patient was treated with LYCOPODIUM 0/3 in weekly three doses administered in alternate morning. She got much improvement in it.

Philosophy of prescription:

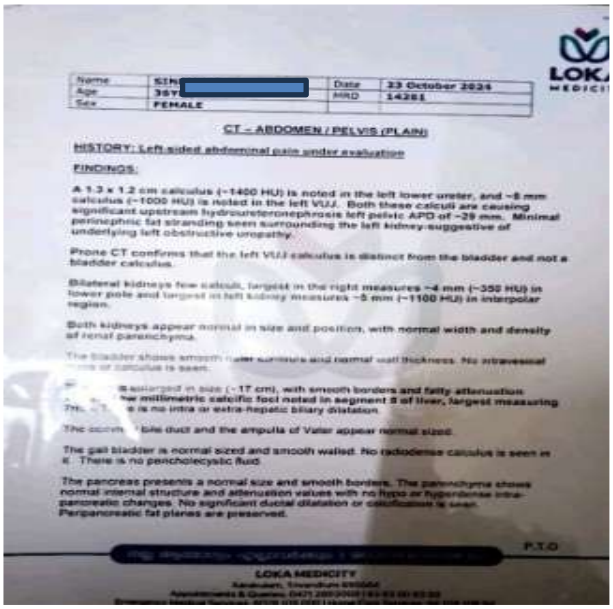
This disease belonged to the Acute One Sided Disease with External in Nature and Internal in Origin. In the aphorism 171 in fifth edition it is clearly mentioned that in the case of non- venereal chronic disease, those, therefore, that arise from psora, we often require, in order to effect a cure, to give several antipsoric remedies in succession, every successive one being homoeopathically chosen in consonance with the group of symptoms remaining after the expiry of the action of the previous remedy (which may have been employed in a single dose or in several successive doses). [5]

Also in the aphorism 171 in sixth edition it is revealed that in non-venereal chronic disease, those, therefore, that arise from psora, we often require, in order to effect a cure, to give several antipsoric remedies in succession, every successive one being homoeopathically chosen in consonance with the

group of symptoms remaining after completion of the action of the previous remedy.[5]

We choose LM Potency in this case because the selection of the similimum alone is not sufficient for a cure. The next step is choosing the exact potency and timely application of the dose. The potency and the dose also should be similar to the case. Here the individuality of the case decides the suitable remedy, potency and dose. New dynamization method diminished this period to " one half, one quarter and even still less, not that much more rapid cure might be obtained " aph:246. Frequent repetition is permissible for even long lasting remedies it can be repeated if and when necessary. Aph: 246FN

Figure: 1 Renal Calculus size: 1.3 ×1.2 CM.



CT – ABDOMEN / PELVIS (PLAIN)

HISTORY: Left-sided abdominal pain under evaluation

FINDINGS:

A 1.3 x 1.2 cm calculus (~1400 HU) is noted in the left lower ureter, and ~8 mm calculus (~1000 HU) is noted in the left VUJ. Both these calculi are causing significant upstream hydroureteronephrosis left pelvic APD of ~29 mm. Minimal perinephric fat stranding seen surrounding the left kidney suggestive of underlying left obstructive uropathy.

Prone CT confirms that the left VUJ calculus is distinct from the bladder and not a bladder calculus.

Bilateral kidneys few calculi, largest in the right measures ~4 mm (~352 HU) in lower pole and largest in left kidney measures ~5 mm (~1100 HU) in interpolar region.

Both kidneys appear normal in size and position, with normal width and density of renal parenchyma.

The gall bladder is normal sized and smooth walled. No radiodense calculus is seen in it. There is no pericholecystic fluid.

The pancreas presents a normal size and smooth borders. The parenchyma shows normal internal structure and attenuation values with no hypo or hyperdense intra-pancreatic changes. No significant ductal dilatation or calcification is seen. Peripancreatic fat planes are preserved.

P.T.O

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Figure: 2 Before Treatment

House

Dr. Gopinath's Diagnostic Services

Name	Ms. SINDHU.G.S	Doctor	ARUN S RAJ
Sex	Female	Age	52 Years
Reg. No	R-1031402	Reg. Date	26-07-2025 10:06AM

Real time B Mode Ultrasound Scan

ABDOMEN

Liver is enlarged in size (16.5 cm) and shows increased echotexture.
No focal lesion seen in it.
Gall bladder is normal in size, lumen and wall.
Bile duct is not dilated.
Pancreas is normal in its head, body and tail regions.
Spleen is normal in size.
Right kidney : 10.8 x 4.1 cm. No mass/calculus/hydronephrosis seen.
Left kidney : 11 x 5 cm; **mid calyceal calculus measuring 5 mm, upper calyceal calculus measuring 4 mm. No calectasis.**
Renal parenchymal thickness and echotexture are normal.
Ureters are not dilated.
No para aortic/iliac fossa mass seen.
No ascites present.

PELVIS (PA & TVS)

Uterus : 8 x 3.2 x 3.3 cm
Endometrium is 5 mm thick (including both layers).
No mass lesion is seen in the wall of the uterus.
Right ovary is obscured.
Left ovary : 1.8 x 1 cm
No adnexal mass detected.
No collection is seen in the pouch of Douglas.
Urinary bladder is normal its lumen and wall.

IMPRESSION :

- **Hepatomegaly with Grade- I fatty infiltration.**
- **Left renal calculi.**

RADIOLOGISTS: DR. G GOPINATH DR. JOSE MANUEL DR. ANJU GOPINATH DR. ASHIK FAZEL A MD, DNB

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The spleen is of normal size and shape. It has smooth outer contour and a homogeneous internal structure.

The diaphragmatic crurae are normal with no obvious evidence of diaphragmatic defects.

The gastro-oesophageal junction is normal.

The stomach, small bowel and large bowel loops are collapsed.

Both adrenal glands are normal sized and show normal configuration and density of their limbs.

No retroperitoneal or mesenteric lymphadenopathy is seen.

There is no free or loculated peritoneal fluid collection.

Uterus appears normal in size and morphology in plain scan. No adnexal mass/lesion seen in plain scan.

A 9 mm defect is noted in the umbilical region with herniation of fat.

No abnormality of the vertebral column or the bony pelvis is seen.

Subsegmental atelectatic changes seen in bilateral basal lung parenchyma.

IMPRESSION

- **Left lower ureteric and vesicoureteric junction (VUJ) calculi causing significant hydroureteronephrosis with minimal perinephric fat stranding.**
- **Obstructive uropathy.**
- **Multiple renal calculi bilaterally.**
- **Hepatomegaly with fatty infiltration and calcific foci in segment 8 of the liver.**
- **Umbilical hernia with herniation of fat.**

DR BHARATH CHANDRAN MD RD
CONSULTANT RADIOLOGIST

LOKA MEDICITY

Figure: 3 After Treatment

Table 3. Chart of Medicines Prescribed and Regular Follow-up

Date	Follow up	Medicine prescribed
01/06/2024 (First Prescription)	Pain in iliac fossa due to renal calculi & pain during urination. < evening, during and after micturition	1. LYCOPODIUM 0/3 / 3 DOSE (ALT.M) for 1 week 2. B TAB (222) 3. BPILLS (444)
09/06/2024	Relief in pain in iliac fossa & relief in pain during urination	1. LYCOPODIUM 0/3 / 3 DOSE (ALT.M) for 1 week 2. B TAB (222) 3. BPILLS (444)
24/06/2024	Pain in iliac fossa due to renal calculi & no pain during urination	1. LYCOPODIUM 0/3 / 3 DOSE (ALT.M) for 1 week 2. B TAB (222) 3. BPILLS (444)
09/07/2024	Pain in iliac fossa due to renal calculi slightly ameliorated & no pain during urination	1. LYCOPODIUM 0/3 / 3 DOSE (ALT.M) for 1 week 2. B TAB (222) 3. BPILLS (444)
18/07/2024	Pain in iliac fossa due to renal calculi ameliorated & slight pain during urination Generals: Good	1. LYCOPODIUM 0/3 / 3 DOSE (ALT.M) for 1 week 2. B TAB (222) 3. BPILLS (444)
28/07/2024	No pain in iliac fossa & pain during urination before calculi expels out Calculi expels out with urine. Now relief in whole complaints	1. LYCOPODIUM 0/3 / 3 DOSE (ALT.M) for 1 week 2. B TAB (222) 3. BPILLS (444)

Left lower ureteric and vesico-ureteric junction (VUJ) calculi causing significant upstream hydroureteronephrosis with minimal perinephric fat standing. Suggestive of left obstructive uropathy. Calculus size: 1.3 ×1.2 CM.

CONCLUSION

Here in this case study it clearly understood about the action of Homoeopathic medicine in the case of renal calculi complaints. Here we discuss about the case of renal calculi pain in iliac fossa due to renal calculi & pain during urination aggravation in evening, during and after micturition. Case taken by the prescribed homoeopathic format and formed a totality. After repertorise the totality we select the LYCOPODIUM in LM Potency for Renal Calculi. Selection of remedy done according to the similimum. The patient got result while continuing the medicine for 2 months. Here LM Potency is used due to less aggravation. This is a very rare case in which by using this LM Potency k=renal calculi is completely expelled out by urination. For the frequent repetition LM Potency is used in this case. Thus, homoeopathy plays a great role in acute diseases like Renal Calculi and that was proved within evidences.

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