



MIASMATIC APPROACH AND HOMOEOPATHIC MANAGEMENT OF UROLITHIASIS

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ABSTRACT:

Nephrolithiasis is defined as stones formed in kidney due to aggregation of crystals, usually containing calcium and phosphate in combination with small proteins¹. Most of the renal calculi cases present with sycotic miasm predominantly. When these cases are treated homoeopathically according to the underlying miasm, cure can be achieved rapidly without any disharmony and even the recurrence can also be stopped.

KEY WORDS:

- Nephrolithiasis
- Psora
- Syphilis
- Sycosis
- Homeopathy
- Constitution

INTRODUCTION:

Prevalence of renal calculi is increasing throughout the industrializing world. It is more prevalent in age group of 20-49 years. Recurrence rate is more in men whereas incidence is increasing among females. It affects about 12% of population at some stage in their lifetime. In Indian population, about 12% of them are expected to have urinary stones⁷.

In India, lifetime prevalence of nephrolithiasis is 7.9%. approximately, 10-20% of all kidney stones require surgical removal, which is determined based upon size & location of stones. But Homeopathy can be used as safe alternative to surgical intervention especially when calculi are not of very large size or staghorn calculi. Homeopathy treats chronic cases including nephrolithiasis with the holistic approach where we follow the principles of law of similia and shows its potential in treating difficult surgical cases.⁹

According to Stuart close, in case of renal or hepatic colic, if the physician is firm & calm as well as skill full and possess entire confidence of the patient and his family and friends, he may be able to alleviate the

agonizing pain and carry such cases through to a happy termination by the use of homeopathic medicines alone. It has often been done and when possible, is the ideal way.

PREDISPOSING FACTORS:

A. ENVIRONMENTAL & DIETARY CAUSES:

1. Low fluid intake
2. Diet – High protein, high sodium
3. High sodium excretion
4. High oxalate, urate excretion
5. Low citrate excretion

B. ACQUIRED CAUSES:

1. Hypercalciuria
2. Ileal disease or resection
3. Renal tubular acidosis.

C. CONGENITAL OR INHERITED CAUSES:

1. Familial hypercalciuria
2. Medullary sponge kidney
3. Cystinuria
4. Primary hyperoxaluria

TYPES OF RENAL CALCULI:

1. CALCIUM STONES:

These are radiopaque and can be in form of calcium oxalate or calcium phosphate. Dietary factors, vitamin D, several metabolic disorders increases the concentration of calcium in urine thereby leading to formation of calculi.

2. STRUVITE STONES:

These are radio opaque and also called staghorn calculi. Very much large in size and usually occurs in people with urinary tract infections.

3. URIC ACID STONES:

These are radiolucent and occurs in cases of dehydration, high protein diet, gout or other genetic factors.

4. CYSTINE STONES:

These are radiopaque and occurs in hereditary disorders whose kidneys have to excrete high amounts of amino acids (cystinuria)

CLINICAL FEATURES:

1. Severe pain in flank region and back. Pain may change in terms of shifting to a different location or increasing intensity as the stone moves through the urinary tract
2. Pain that radiates to lower abdomen and groin
3. Pain that comes in waves & fluctuates in intensity
4. Pain on urination, dysuria
5. Cloudy or foul smelling urine
6. Persistent desire to urinate, increased frequency
7. Fever and chills associated with infections
8. Urinating small amounts (oliguria)
9. Haematuria
10. Pallor, sweating, vomiting

INVESTIGATIONS:

1. BLOOD TESTS – To rule out high levels of certain minerals in blood that can lead to renal calculi
2. URINE ANALYSIS – To rule out any kind of urinary tract infection or whether urine is containing minerals which lead to formation of stones.
3. IMAGING – XRAY or CT scan to analyse exact location, size and type of stones.

COMPLICATIONS:

- Effects on same kidney
 - a. Obstruction
 - b. Infection
 - c. Initiate malignancy
- Effects on opposite kidney
 - a. Compensatory hypertrophy
 - b. Stone formation
 - c. Infection

MIASMATIC ANALYSIS OF UROLITHIASIS:

The homogenous expression at all levels i.e., body, mind and spirit for adaptive balance or homeostasis is what is termed as “Constitution” of an individual.

The remedy that encompasses the diseased state of this constitutional expression is what defined as “Constitutional Remedy.” It necessarily coincides with the miasmatic expression of the individual.

PSORA

- Clinical
 1. Enuresis of functional origin
 2. Nephritis, pyelitis, cystitis and urethritis
- Characteristics
 1. Phosphaturia after febrile complications
 2. After fever and acute disease, the deposit of urine is white or yellowish white.
 3. Anuria or oliguria from fright, tension or becoming chilled.
- Sensation
 1. Sensation of fullness or feeling of constriction in the bladder.
 2. Smarting and burning in the urinary meatus or in the lumbar area, unrelated to any pathological cause.
- Modalities
 1. Aggravation from cold
 2. Amelioration from natural discharges like urination.
- Concomitants
 1. Anxiety, apprehension and fear of incurable diseases.
- Urinary flow
 1. Stress incontinence
 2. There may be burning and smarting while urinating, resulting from acidic urine.
- Kidneys
 1. Fibrous changes in the kidneys.
 2. Pain in the kidney area with inflammation of functional origin, nephritis, pyelitis, cystitis and urethritis
- Urine
 1. Urine is generally dark but can also be yellowish or brownish.

SYCOSIS

- Clinical
 1. Nephroblastoma, tumours of kidneys, papillomas of bladder and nephritic syndrome, where oedema predominates.
 2. Renal calculi, calculus deposits in other parts of genitourinary tract.
- Characteristics
 1. Calculi and complications of diseases of genitourinary tract
- Sensations
 1. Stitching and pulsating sensations with wandering pains.
- Modalities
 1. Aggravations in damp rainy weather and from changes of the season.
- Concomitants
 1. Diabetes
 2. albuminuria.
- Urinary flow
 1. Urinary cramps and painful spasms affecting the urethra and bladder.
 2. There may be contraction of urethra and child screams while urinating.
 3. Scanty urination, but during the rainy season polyuria is characteristics.
 4. Frequent desire to urinate before a thunderstorm.
- Kidneys
 1. Renal calculi with stitching pain, which are wandering in character.
- Urine
 1. Yellow colour represents sycosis.
 2. Urine may have a fish – brine odour.

SYPHILIS

- Clinical
 1. Destructive and degenerative types of malignant tumours in the kidneys or bladder.
 2. Pyaemia with oozing of pus
 3. Stricture of urethra.
- Characteristics
 1. All advanced conditions of the kidneys and urinary tract, with pyogenic inflammation can be associated with structural and pathological changes.
- Sensation
 1. Burning and bursting sensations in the bladder or loin area.
- Modalities
 1. Aggravation at night, in summers and from warmth.
- Concomitants
 1. Depression, melancholia.
- Urinary flow
 1. Diminished flow and frequent desire to micturition with burning and irritation during the flow.
 2. Irritation and burning of the parts, wherever the urine touches.
- Kidneys
 1. Fibrous changes with destructive manifestation in the kidneys.
- Urine
 1. Red coloured urine with streaks of pus is characteristics.

TUBERCULAR

- Clinical
 1. Enuresis, diabetes mellitus and diabetes insipidus
 2. Polyps and papilloma's of bladder with haemorrhage.
- Characteristics
 1. Haematuria resulting from different manifestations of KUB
- Sensation
 1. Tickling sensation in the urethra is characteristic.
- Modalities
 1. Aggravation in night.
 2. Amelioration from the open air.
- Concomitants
 1. Restlessness.
 2. Anxiety.
 3. weakness after micturition.
- Urinary flow
 1. Colourless and profuse urination.
 2. Involuntary urination in children.
- Kidneys
 1. Recurrent, intermittent and periodic renal spasm with bleeding, often noticed, particularly during the new and full moon.
- Urine
 1. Albuminuria and urine loaded with phosphate and sugar.
 2. Urine is pale, colourless and copious and offensive, musty and putrid, even carrion like odour may be present.
 3. Haematuria.

GENERAL MEASURES:

Fluid intake should be high at all the times

1) CALCIUM STONES:

Western diet with high intake of animal protein and carbs may have high chances

Citrate reduces urinary oxalate and calcium, Orange increases oxalate and no effect on calcium.

2) OXALATE STONES:

Rhubarb, strawberries, plums, spinach, asparagus are avoided.

3) URIC ACID STONES:

Red meat, fish, liver are avoided (high in purine diet)

Low purine diet is preferable.

4) CYSTINE STONES:

Sulphur containing proteins like meat, fish, egg are restricted.

Carbohydrates and fats may be increased.

5) PHOSPHATE STONES:

Phosphates in diet should be restricted.

PERCUTANEOUS METHODS:

- 1) ESWL-Extracorporeal shock wave lithotripsy:
No need of instrumental penetration, removed by shockwave
Renal and ureteral stones.
- 2) PCNL-Percutaneous nephrolithotomy
Pelvicalyceal system and upper ureter stones.
- 3) URS – Ureteroscopy

SURGICAL METHODS:

Open surgery

- 1)Pyelolithotomy
- 2)Nephrolithotomy
- 3)Partial nephrectomy
- 4)Nephrectomy
- 5)Nephrostomy

HOMOEOPATHIC MANAGEMENT^{3,4,5}:**FOR RIGHT SIDED KIDNEY STONES:**

Lycopodium

Sarsaparilla

Nux vomica

FOR LEFT SIDED KIDNEY STONES:

Berberis vulgaris

Tabacum

Pareira brava

HYDRANGEA ARBORESCENS

- "THE STONE BREAKER" Got this name by traditional reputation
- Remedy for gravel, profuse deposit of white amorphous salts in urine.
- Calculus, renal colic, bloody urine.
- Acts on ureter, pain in lumbar region.
- Burning in urethra and frequent desire .
- Urine hard to start.
- Sharp pain in loins especially left.
- Great thirst with abdominal symptoms and enlarged prostate.
- Acts strongly on neck of bladder.

LYCOPODIUM CLAVATUM:

- In all cases where lycopodium is remedy some evidence of urinary or digestive disturbance will be found.
- Symptoms run from right to left, especially act on right side of body and are worse from 4-8 pm .
- Red sand in urine, backache, in renal region worse before urination.
- Intolerance of cold drinks, craves everything warm.
- Pain in back before urinating, ceases after flow, slow in coming, must strain.

- Retention of urine.
- Polyuria during night.
- Child cries before urinating.
- Aggravation right side, 4-8 pm, heat room
- Amelioration motion, uncovering

SARSAPARILLA:

- Urine scanty, slimy, flaky, sandy, bloody.
- Gravel, renal colic.
- Severe pain at conclusion of micturition.
- Urine dribbles while sitting.
- Bladder distended and tender.
- Child screams before and while passing urine.
- Sand on diaper.
- Renal colic and dysuria in infants.
- Pain from right kidney downward.
- Tenesmus of bladder, urine passes in thin, feeble stream. Pain at meatus.
- Aggravation at night, after urinating.

NUXVOMICA:

- For diseases probed by modern man.
- Renal colic extending to genitals with dribbling urine.
- While urinating, itching in urethra and pain in neck of bladder.
- Irritable bladder, from spasmodic sphincter.
- Haematuria from suppressed haemorrhoidal flow or menses.
- Spasmodic urethral sphincter.
- Amelioration lying on back.

BERBERIS VULGARIS:

- Bubbling, sore sensation in kidneys.
- Sensation as if some urine remained after urinating.
- Urine with thick mucus and bright red, mealy sediment.
- Pain in bladder region.
- Pain in thighs and loins on urinating.
- Frequent urination, urethra burns when not urinating.
- Numbness, stiffness, lameness with painful pressure in renal and lumbar regions.
- Stitching cutting pain from left kidney following course of ureter into bladder and urethra.
Aggravation left side
- Rubbing sensation in kidneys.
- Urine: greenish, blood red with thick, slimy mucus.
- Movement increases urinary complaints.

TABACUM:

- Renal colic, violent pain along ureter, left side.
- The nausea, giddiness, death like pallor, vomiting, icy coldness and sweat with intermittent pulse are all most characteristic.
- Paralysis of sphincter, urine dribbles.
- Enuresis
- Renal colic with cold sweat, deathly nausea.
- Urine-yellowish red with increased secretion.
- Inflammation of orifice of urethra.
- Aggravation: evening, extremes of heat and cold
- Amelioration: uncovering, open fresh air.

PAREIRA BRAVA:

- Black, bloody, thick mucous urine.
- Constant urging, great straining, pain down the thighs during efforts to urinate.
- Can emit urine only when he goes on his knees, pressing dead firmly against the floor.
- Feeling of bladder being distended.
- Dribbling after micturition.
- Itching along urethra, urethritis, with prostatic trouble.

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