

A Case of Multiple Urolithiasis Treated with Hydrangea Arborescens

Dr. Abha Agrawal

Associate professor, M.D. (Hom.), HOD, Department of Obstetrics & Gynecology, S. K. Homoeopathic Medical College and Research center, Jaipur – 302 022, Rajasthan, India

Abstract: *Urolithiasis is present as an important and challenging clinical problem. Small stones (less than 3 mm.) may pass spontaneously, but a large stone (5 to 10 mm) the rate of spontaneous stone passage is less. Renal colic, haematuria, painful urination even decreased kidney function occurs due to this problem. A 45 year male, diagnosed case of B/L renal calculi of size 6-8 mm three calculi seen in right kidney, 8mm & 10 mm 2 calculi seen in left kidney and 11mm in calculus seen in right upper ureter. Case taking was done well selected homoeopathic medicine hydrangea arborescens was given. This case shows the effect of Homoeopathic treatment in cases of urolithiasis.*

Keywords: Urolithiasis, Homoeopathy, Clinical picture, Hydrangea Arborescens

1. Introduction

Urolithiasis (from Greek *oûron*, "urine", *lithos*, "stone", *iasis*) is the formation of urinary calculi (urinary stones), which are *calculi* formed or located anywhere in the urinary system. It comprises nephrolithiasis (the formation of *kidney stones*), ureterolithiasis (the formation of stones in the *ureters*), and cystolithiasis (the formation of bladder stone).

Kidney stones, the formation of stones in the kidneys, is one of the oldest known and widespread diseases in the urinary tract system with a relapse rate of 50% in 5–10 years.

It is the third most common disorder among urinary diseases. It has been reported that 10–12% of people in industrialized countries (10% of men and 3% of women) have a urinary stone during their lives. The etiology of this disorder is multifactorial and is related to genetics, diet, and low activity.

Calcium-containing stones are the most common kidney stones (75–90%), followed by magnesium ammonium phosphate (struvite)(10–15%), uric acid (3–10%), and cystine (0.5–1%).

Pathogenesis

The mechanisms related to the development of kidney stones are not completely understood. Generally, it is believed that urolithiasis, the process of stone formation in the urinary tract, causes crystal aggregation, nucleation, and growth of insoluble particles. Diet plays an important role in the pathogenesis of kidney stones. Because the metabolism of many dietary factors, such as calcium, may change with age, the relation between diet and kidney stones may be different in older adults. Uncertainty also remains about the association between many dietary factors, such as vitamin C, magnesium, and animal protein.

Symptomatology

The stones may cause various symptoms, including pain, obstruction, infection, and hemorrhage, through the passage of stones in the urinary tract system.

It occurs due to impaction of stone in the ureter. The patient is suddenly aware of pain in the loin, which radiates round the flank to the groin and often into the testes or labium, in the sensory distribution of the first lumbar nerve.

There is pallor, sweating and often vomiting and the patient may groan in agony. Frequency, dysuria and haematuria may occur. The intense pain usually subsides within 2 hours, but may continue unabated for hours or days.

General measures:

Increasing fluid intake & dietary changes are one of the most effective ways to prevent kidney stones, since greater urine volume at least 2 Lit/day decreases the concentration of stone-forming compounds. Dietary habits such as increasing fruit and vegetable intake and decreasing intake of oxalate-rich foods like cucumber, green peppers, beetroot, spinach, soya bean.

There are many good medicines for Urolithiasis in homoeopathy, like *Berberis Vulgeris*, *lycopodium*, *cantharis*, *sarsaparilla*, *sepia*, *hydrangea* etc.

Hydrangea is believed to promote expulsion of urinary stones, help break down any that remain, and aid in preventing stone formation.

Hydrangea gives the following specific symptomatology "Hydrang. has a traditional reputation as a "stone-breaking" remedy having been used in calculous diseases for many years. Dr. Nottingham, of Lansing, says (Amer. Hom. November 15, 1899) that in physiological doses it produces "giddiness, oppression of the chest, and acts as a cathartic, diuretic, sialogogue, and narcotic." frequent urination with heat, burning, accompanied with quick, sharp, acute pains in the urethra; partial suppression of urine with general irritation and aching or pain in the back, pain from the passage of renal sand, are direct indications for this agent. It is more specifically, more universally a sedative to pain and distress in kidneys and urinary bladder than any other one remedy.

Homoeopathic approach:**Hydrangea Arborescens:**

Clinical picture of Urolithiasis shows urinary stones or gravel associated with infection such as cystitis. Frequent urination with heat, burning, accompanied with quick, sharp, acute pains in the urethra. Partial suppression of urine with general irritation and aching or pain in the back. Pain from the passage of renal sand.

Hydrangea has antiseptic and diuretic properties. Hydrangea contains flavonoids, including quercetin and rutin which help reduce inflammation and contribute to the herb's diuretic properties.

The root and root bark are the parts employed medicinally. It contains mineral compounds of magnesium, phosphorous, sulphur and calcium which chemically breakdown stones of kidney. After treatment with Hydrangea, the stones were passed without any damage to the ureter and were found to be smooth and round. Once the sharp edges of the stone are dissolved, all pain, haemorrhage and inflammation subside.

Case:

Mr. BV male patient, 45 years old, diagnosed case of of B/L renal calculi of size 6-8 mm three calculi seen in right kidney, 8 mm & 10 mm 2 calculi seen in left kidney and 11 mm in calculus seen in right upper ureter.

Stitching Pain in Rt. Renal angle, radiating anterior towards lumber region. Pain extends from Rt. Groin region to Rt. testicals since 10 days.

Nausea & vomiting since 3 days with fever. Pain while urinating with frequency of urination with incomplete emptying.

Symptoms aggravate from drinking water, exertion.

Past history – Typhoid fever 10 years before.

Patient as a whole:

Desires - spicy food,

Appetite - normal decreased since 5 days,

Diet – non veg,

Thirst - 6-8 glass per day,

Thermal reaction- Hot

Stool - regular and satisfactory,

Urine - small quantity, red in colour, haematuria present, dysurea,

Perspiration – excessive, especially on sole & palm,

Addiction – smoking,

Sexual history – satisfactory,

Sleep – sound but now sometime disturbs due to pain,

Mental generals – memory was good, mild natured, intellect good.

General examination- Built and appearance- Obese person.

Pulse rate – 76/min

Blood pressure – 130/86 mm/hg

RR- 18/min

Eyes – normal

Nail – NAD

Temperature – 99.8°F

Urine routine examination – Colour red, Sp. Gravity - 1.025, Ph - 6.5, Albumin +nt, RBCS - numerous, WBC - 20 - 22, Epith cells - 8 - 10, crystals – calcium oxalate +nt, Bactrial flora +nt.

Patient diagnosis was based on ultrasound- B/L renal calculi of size 6-8 mm three calculi seen in right kidney, 8mm & 10 mm 2 calculi seen in left kidney and 11mm in calculus seen in right upper ureter.

Swasthya Kalyan Homoeopathic Medical College Hospital & Research Centre
10-A, Sitapura Institutional Area, Sitapura, Tonk Road, JAIPUR
Phone: 0141-2771774
(Pathology & Micro Biology Central Clinical Laboratory)

URINALYSIS

Name: Mr. Bhavesh Age: 45 Sex: M CR No: _____
Ref. by Dr: _____ Date: 20/10/17

Colour: Red	Bence Jones Protein: -
Sp. Gravity: 1.025	24 Hours Protein: -
pH/Reaction: 6.5	MICROSCOPIC
Albumin: +	RBCS/HPF: Numerous
Sugar: NIL	WBCS/HPF: 20-22
Aceton: -	Epith Cells/HPF: 8-10
Bile Salt: -	Casts: Nil
Bile Pigment: -	Crystals: Calcium oxalate (+)
Urobilinogen: -	Others: Bacterial flora (+)

TECHNOLOGIST

A.K. Diagnostic Centre
Dr. A.K. Bhargava M.D. (Pathology & Microbiology)
Dr. Dharam Gupta M.D. (Radiodiagnosis)

Case No.: 17959-21-10-2017 Date: 21/10/2017
Name: Mr. BHUVNESH Age: 45Years/Male
Ref. by: Dr. SWASTHYA KALYAN

USG FOR KUB

KIDNEYS: Both kidneys appear normal in size, shape & position with smooth margins.
DILATATION IF CENTRAL SINUS ECHOS SEEN IN RIGHT KIDNEY. parenchymal thickness appear normal.
Perinephric space appear normal.
APPROX 6-8 mm THREE CALCULI SEEN IN RIGHT KIDNEY.
APPROX 8 & 10 mm TWO CALCULI SEEN IN LEFT KIDNEY.
APPROX 11 mm CALCULUS SEEN IN RIGHT UPPER URETER.

SIZE: Right kidney : 10.1 x 5.3 cm in size.
Left kidney : 10.9 x 5.8 cm in size.

U.BLADDER: U Bladder is normal with smooth margins & normal wall thickness. No evidence of focal lesion or calculus seen.

OPINION: BILATERAL RENAL CALCULI WITH RIGHT HYDRONEPHROSIS & CALCULUS RIGHT UPPER URETER. ADVISED X - RAY KUB REGION.

Dr. Dharam Gupta M.D. (Radiodiagnosis) Radiologist
Dr. A.K. Bhargava M.D. (Pathology & Microbiology) Pathologist

DEPARTMENT OF RADIO DIAGNOSIS
SMS MEDICAL COLLEGE & HOSPITAL, JAIPUR
SONOGRAPHY REPORT

Reg. No. Date 27/10/17
NAME Bhuvnesh Age 45 Sex M Indoor
Outdoor USG Done By Dr.

Liver : Is normal in size, shape & echo texture
No focal or diffuse lesion is seen in liver parenchyma. IHBR not dilated.
CBDmm diameter. Spleno portal axis PVmm
SVmm

Gallbladder : is visualized with echo free lumen & normal wall thickness.

Pancreas : is normal in size & echotexture MPD.....mm.

Kidneys : both kidneys are normal in size, shape & echotexture.
Corticomedullary differentiation is maintained. Size RK 6-8cm LK 8-9cm
3 calculi 2 calculi

Spleen : is normal in size & echotexture.

U.B. : Bladder wall smooth and normal thickness. Lumen is echo free.
Pre voiding (0) ml. Post void Residual (0) ml.

Free Fluid/lymphadenopathy

Uterus : Sizemm
Smooth contourmm
Homogeneous echotexturemm
Endometrial echoes are central normal thickness.

Prostate : Normal in size & echotexture
Sizemm
Weightgms

Ovaries : Size Rtmm Ltmm

Impression: B/L Renal calculi
Signature of Radiologist

Swasthya Kalyan Homoeopathic Medical
College Hospital & Research Centre
10-A, Sitapura Institutional Area, Sitapura, Tonk Road, JAIPUR
Phone : 0141-2771778
(Pathology & Micro Biology Central Clinical Laboratory)

URINALYSIS S.No.

Name Bhuvnesh Age 45 Sex M CR. No.
Ref. by Dr. Dr. Abha Agrawal Date 5/11/17

Colour Pale Yellow
Sp. Gravity 1.015
PH/Reaction 6.0
Albumin NIL
Sugar NIL
Aceton -
Bile Salt -
Bile Pigment -
Urobilinogen -

Bence Jones Protein -
24 Hours Protein -
MICROSCOPIC
-RBCs/HFF -
-WBCs/HFF 1-2
Epih Cells/HFF 1-2
Casts NIL
Crystals NIL
Others NIL

TECHNOLOGIST
PATHOLOGIST

Follow up

Date	Observations	Prescription
20.10.17	Severe pain, nausea, vomiting, fever, dysurea, haematuria.	Hydrangea Arborescens . 200 / 2 dose, P.L.30/TDS for 1 week
27.10.17	Pain less, no complaint of vomiting & fever, no haematuria. ultrasound-kidney stone size remain same but ureter stone is removed.	Hydrangea Arborescens Q, 20 drops BD / 3 week
05.11.17	Pain less – no complaint of nausea, vomiting.	Hydrangea Arborescens Q, 20 drops BD/ 3 week
26.11.17	Improvement in complaint.	Hydrangea Arborescens Q, 20 drops BD/ 3 week
17.12.17	Relief in complaint	Hydrangea Arborescens Q, 20 drops BD/ 3 week
07.01.18	Pain less, with no vomiting.	Hydrangea Arborescens mother Q, 10 drops BD / 3 week
28.01.18	Improvement in complaints, no new complaint comes.	Hydrangea Arborescens Q, 10 drops BD / 3 week
18.02.18	Relief in complaint	Hydrangea Arborescens Q, 10 drops BD / 3 week
05.03.18	No complaint, Ultrasound-kidney stone is removed.	Medicine stopped

DEPARTMENT OF RADIO DIAGNOSIS
SMS MEDICAL COLLEGE & HOSPITAL, JAIPUR
SONOGRAPHY REPORT

Reg. No. 6317 Date 5/10/18
NAME Bhuvnesh Age 45 Sex M Indoor
Outdoor USG Done By Dr.

Liver : Is normal in size, shape & echo texture
No focal or diffuse lesion is seen in liver parenchyma. IHBR not dilated.
CBDmm diameter. Spleno portal axis PVmm
SVmm

Gallbladder : is visualized with echo free lumen & normal wall thickness.

Pancreas : is normal in size & echotexture MPD.....mm.

Kidneys : both kidneys are normal in size, shape & echotexture.
Corticomedullary differentiation is maintained. Size RK (0) LK (0)

Spleen : is normal in size & echotexture.

U.B. : Bladder wall smooth and normal thickness. Lumen is echo free.
Pre voiding (0) ml. Post void Residual (0) ml.

Free Fluid/lymphadenopathy

Uterus : Sizemm
Smooth contourmm
Homogeneous echotexturemm
Endometrial echoes are central normal thickness.

Prostate : Normal in size & echotexture
Sizemm
Weightgms

Ovaries : Size Rtmm Ltmm

Impression: (0) Study kept.
Signature of Radiologist

After treatment USG report

General advice was given to patient –

- Increase total fluid intake
- Increase citric acid (lemons, oranges, lime juice) intake
- Moderate calcium intake
- Limiting animal protein intake
- Decreasing intake of oxalate-rich foods like cucumber, green peppers, beetroot, spinach, soya bean.

Case processing

Homoeopathic medicine Hydrangea Arborescens . 200 / 2 dose & Hydrangea Arborescens Q , 10 drops, 2 Times /day was given.

2. Result

Hydrangea Arborescens.200 is very effective in removal of ureteric calculi & subsiding pain, haematuria, dysuria & other complaints. Hydrangea Arborescens mother tincture is effective in removal of renal calculi. All stones removed within 3 months.

3. Discussion

I prescribed Hydrangea Arborescens on the basis of pathology. In the above case Hydrangea Arborescens 200/2dose/1week was given. In first week renal colic stopped & ureteric stone was removed but no effect on kidney stones. So prescribed Hydrangea Arborescens Q mother tincture which continuously subside pain & dysuria.

Renal pain was subside 60% within 1st week of treatment, 80% pain was subside within 1 month but 20% pain remain up to 2 month 15 days. So the last USG was done on 3 month which showed no calculi in both of kidneys.

4. Conclusion

Hydrangea Arborescens 200 is effective in calculi present in ureter & Hydrangea Arborescens Q is very effective in reduces size and removal of renal calculi and also effective in subsiding burning urination, cystitis and other symptoms.

References

- [1] López, M.; Hoppe, B. History, epidemiology and regional diversities of urolithiasis. *Pediatr. Nephrol.* 2010,25, 49–59. [CrossRef] [PubMed]
- [2] Tiselius, H.G. Epidemiology and medical management of stone disease. *BJU Int.* 2003, 91, 758–767. [CrossRef][PubMed]
- [3] Moe, O.W. Kidney stones: Pathophysiology and medical management. *Lancet* 2006, 367, 333–344. [CrossRef]
- [4] Michael Swash : Hutchinson’s Clinical Methods, 19th Edition, 1990, P.: Funded by the British Government.
- [5] Patel. P.R. Chronic Miasms in Homoeopathy and their cure with classification of their rubrics/symptoms in Dr. Kent’s repertory (Repertory of Miasm). Kerala. Indian edition.1996.
- [6] E.A. Farrington, M.D.: Comparative Materia Medica, 1986, Pub.: B. Jain Publishers Pvt. Ltd., New Delhi-110 055.
- [7] Clark. J.H. Indigestion its causes & cure. B. Jain. Publications; New Delhi,2009.

Author Profile

Dr. Abha Agrawal is Associate professor, M.D. (Hom.), HoD, Department of Obstetrics & Gynecology, S. K. Homoeopathic Medical College and Research center, Jaipur – 302 022, Rajasthan, India