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# A Case of Multiple Urolithiasis Treated with Hydrangea Arborescens

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Abstract: Urolithias 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 <u>Greek</u> oûron, "<u>urine</u>", lithos, "stone", <u>iasis</u>) is the formation of urinary calculi (urinary stones), which are <u>calculi</u> formed or located anywhere in the urinary system. It comprises nephrolithiasis (the formation of <u>kidney stones</u>), ureterolithiasis (the formation of stones in the <u>ureters</u>), 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 lumber 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 oxalaterich foods like cucumber, green peppers, beetroot, spinach, soya bean.

There are many good medicines for Urolithiasis in homoeopathy, like Berbaris 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.

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### 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

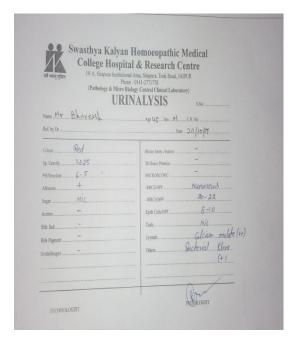
Eyes – normal

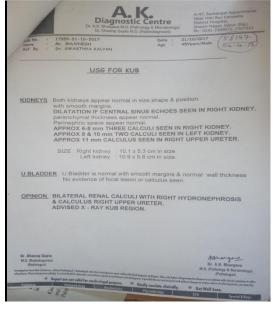
Nail - NAD

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.

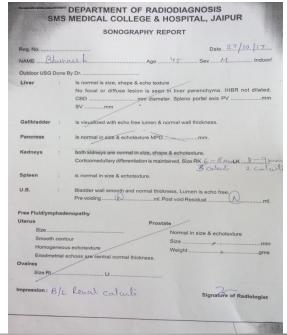




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| Swasthya Kalyan Ho<br>College Hospital &<br>10-A. Sitapura Institutional Are<br>Pronce 10<br>(Pathology & Micro Biology<br>URINA | & Research Centre a., Sitapura, Tonk Road, JAIPUR 41-2771/78 |
|--|--|
| Name Bhurnesh Ref by Dr. als Abha Agrawal  | Age 44 Sex. M C.R. No. Date 5/11   17                        |
| Colour Pole Yelleus  Sp. Gravity 1-0.15  PHReaction G: O  Albumin Ni C  Supar Ni C  Aceton  Bile Salt  Urebilinogen              | Bence Jose Aysteins  24 Hours Proteins  MICROSCOPIC          |

#### General advice was given to patient -

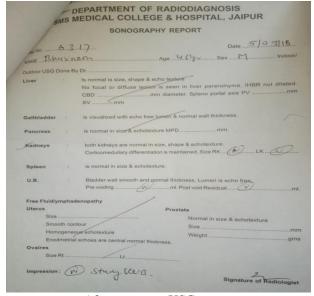
- Increase total fluid intake
- Increase citric acid (lemons, oranges, lime juice)intake
- Moderate calcium intake
- Limiting animal protein intake
- Decreasing intake of oxalate-rich foods like cucumber, green peppers, beetroot, spinach, soya bean.

### Case processing

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

### Follow up

| Date     | Observations                 | Prescription              |
|----------|------------------------------|---------------------------|
| 20.10.17 | Severe pain, nausea,         | Hydrangea Arborescens .   |
|          | vomiting, fever, dysurea,    | 200 / 2 dose, P.L.30/TDS  |
|          | haematuria.                  | for 1 week                |
| 27.10.17 | Pain less, no complaint of   | Hydrangea Arborescens Q,  |
|          | vomiting & fever, no         | 20 drops BD / 3 week      |
|          | haematuria. ultrasound-      |                           |
|          | kidney stone size remain     |                           |
|          | same but ureter stone is     |                           |
|          | removed.                     |                           |
| 05.11.17 | Pain less – no complaint of  | Hydrangea Arborescens Q,  |
|          | nausea, vomiting.            | 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,   | Hydrangea Arborescens Q,  |
|          | no new complaint comes.      | 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-    | Medicine stopped          |
|          | kidney stone is removed.     |                           |



After treatment USG report

### 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.

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Renal pain was subside 60% within 1<sup>st</sup> 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.

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