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Homeopathic Approach in the Treatment of Lithiasis about Cases of Lithiasis Cured by the Homeopathic Method

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Abstract

The homeopathic method shows its possibilities in affections that can produce a medical emergency picture, especially when the pain element is predominant.

In some situations, such as the two clinical cases described in this study, it can even lead to the cure of a condition usually resolved by a surgical approach.

Keywords Lithiasis; Urinary lithiasis; Phosphoric; Homeopathic; Renal colic

Introduction

A lithiasis is constituted by the presence of a calculus (solid body produced by the crystallization of metabolites) in the excretory tract of a gland or an organ.

According to their location, we distinguish biliary, hepatic, vesicular, choledochial, pancreatic, salivary, urinary, and lacrimal lithiasis.

The mechanisms leading to the formation of lithiasis always suggest metabolic disorder.

Study Objectives

To select homeopathic medicines whose action has been verified in the pain of lithiasis, as well as in the strategies to be implemented to evacuate the stones and prevent them from reconstituting.

To show that before the surgical treatment the homeopathic method can allow the patient to get rid of his stone and to avoid its reconstitution. Pain management of spasm and stone migration, and management of metabolic disorders and prevention of recurrence.

Urinary lithiasis

This is the most emblematic form of lithiasis, it takes us back to our readings of Rabelais and his very clinical description of his "gravelle".

Common elements

The composition of the stone is most often a calcium salt (oxalates, phosphates, urates), or a mixture of phosphate, ammonium and magnesium (struvite) or carbonated or non-carbonated hydroxyapatite, or cysteine, or calcium carbonate.

Management of pain (Renal colic)

Paroxysmal, violent, spontaneous or provoked (shaking), they are located in the lumbar fossa and radiate towards the genitals. The pain felt during a renal colic is reputed to be the most severe pain described in medicine, next to myocardial infarction or mesentery. They are the result an obstruction of the excretory pathway of the upper urinary tract, most often due to a kidney stone, between the kidney and the bladder and of violent spasms that the pressure in the urinary tract will trigger. It is not uncommon to see nausea or vomiting accompany the crisis, as well as the appearance of a macroscopic haematuria [1].

We will recall here the very beneficial action that can be obtained by placing the patient in a very hot bath.

The Weapons of the Homeopathic Pharmacopoeia

One medicine dominates the pain tables

Calcarea carbonica 30c, administered in single doses, shows an effectiveness very close to that of the usually recommended antispasmodics. In fact, its action is so faithful that it is always the one we will use first, and it will obviously have its place in our emergency kit.

We also prescribe it in other forms of lithiasis, where it has also been shown to be very active in lifting the spasm.

Colocynthis 9c could be called the homeopathic spasm, as spasm is the essence of this remedy. The key symptoms are

cramp-like pains imposing flexion, aggravated by straightening up, calmed by pressure and local heat, which may have been provoked by an experience of annoyance or vexation, realizing a pent-up anger [2].

Magnesia phosphoric a 9c is the twin brother of the previous one (same painful symptoms, same modalities, but more intermittent and no psychic cause).

Magnesia borocitrica 9c indicated for renal or hepatic lithiasis, in nervous and weakened subjects, presenting acid sweats. The pains are sudden, affecting more the right side. Worse with cold and movement, improved by heat and pressure, and by bending in two.

Cuprum metallicum 9c corresponds to a more violent degree of the same type of pain, major tetanic spasm, hyperalgesia visceral cramps, with intermittencies. The abdomen is hard and tense, cannot bear any contact. A key symptom is improvement by drinking cold water. It has to be tried also when other medicines have not worked [3].

Diocorea villosa 9c another “spasfon”

Symptomatic tripod, paroxysmal crampy pain, pain requiring extension, aggravated in flexion, enhanced by movement. Note some degree of genital excitement.

Non-lithiasis renal colic is not caused by a stone, but by an extra-urinary cause which compresses the excretory tract, such as a tumour of the small pelvis or a bulky adenopathy. The drugs mentioned above will have little chance to act; the cause must be removed, so call the surgeon or the oncologist.

Management of Stone Migration

When the pain has subsided, an attempt can be made to facilitate the migration of the stone into the bladder and then into the urinary meatus. This can be expected for stones of a reasonable size. In our practice, we have had frequent results when the stone was recently discovered, as in the clinical case presented at the end of this study [1,3]. To accompany this migration, apart from the advice to drink regularly rather than abundantly, it will be prescribed to take daily either Calcarea carbonica 30c, or another remedy which will have lifted the painful picture, in 9c to 15c, twice a day, associated with the proven medicine for this indication, namely Pereira Brava 4c, by 3 pellets taken every 2 hours. Most of the time, the stone was eliminated within 48 hours. After that time, there is not much chance of success, and another method will have to be used. Preventing recurrences by managing metabolic disorders makes the treatment of lithiasis possible. The causes are multiple and varied, leading to the precipitation and agglomeration of stones whose chemical composition will direct the therapeutic strategy [3].

Identified Pathogenic Factors Identified

Dietary factors

These are always diet errors. Excessive consumption of dairy products leading to an excessive intake of calcium. Excessive consumption of animal proteins leading to an increase in uraemia.

Excessive salt consumption, which is also, promotes hypercalcaemia. Excessive intake of oxalate-rich foods (chocolate, dried fruits, spinach, sorrel, rhubarb, asparagus, tomatoes, tea), leading to increased oxaluria. Excessive consumption of purine-rich foods (offal, cold cuts). Excess of fast sugars, leading to an increase in fructosuria [2,3].

Lack of dietary fibre consumption, which leads to constipation and reabsorption of waste concentrating the urine deficit of drinking, thus of diuresis leading to the same result. Family factors (psoriasis). A family history is found in nearly 40% of cases.

Cystinuria is the most common genetic disease encountered in this context. Infectious factors like some germs, such as Proteus mirabilis, Klebsielle and Pseudomonas have an enzyme, urease, which degrades urea into a protein matrix on which mineral salts precipitate to form phosphor-ammonia-magnesium stones. They are often the cause of coralliform stones pH abnormalities. The normal pH of urine is 5.8. An acidic pH promotes the formation of uric acid, cysteine and calcium oxalate stones. An alkaline pH favours infectious and phosphor-calcium lithiasis.

Anatomical anomalies

Certain anatomical abnormalities of the kidneys or the excretory tract favour urinary stasis and therefore the formation of stones [2-4].

Drug stones are uncommon; occurring in only 1% of cases, but their frequency is thought to be underestimated. Drug-induced lithiasis can be divided into two categories, either those due to the crystallization of the drug or a metabolite, because of their important urinary excretion, or those due to the metabolic effects of the product. The main culprits are Indinavir (HIV), Sulfonamides (sulfadiazine and triamterene), and finally Silica. Some antibiotics taken over a long period of time have also been incriminated. Finally, one must be wary of too frequent or prolonged vitamin-calcium treatments [4].

Metabolic Disorders

There are 4 main disorders: Hyperuricemia, Oxaluria, Phosphaturia and Cystinuria.

They are used for various types of stones:

1. Urate stones (uric acid, a product of the body's breakdown of proteins) (10%)
2. Oxalocalcic stones (70%)
3. Phosphocalcic stones (10 to 20%)
4. Cysteine stones (1%-2% of adults, 10% of children), due to a genetic abnormality

5. Phosphor-ammonia-magnesia stones (known as struvite less than 2% of cases, mainly in women)

Hyperuricemia (Gout)

Its main causes are:

1. Excessive dietary intake of uric acid (meat, cold cuts) of the elimination of this acid, (mainly in case of renal insufficiency and insufficient drinks)
2. Very acidic urine pH
3. Tumour lysis syndrome in chemotherapy and radiotherapy [4].

Hyperuricemia is one of the elements of metabolic disease

It is constantly found alongside disturbances of glycaemia, triglycerides, creatinine Dr Max Tetau liked to consider these states as a separate reaction mode. The gout attack represents the call of the body. The uric lithiasis (uretic stones) is classically reddish and can present itself in the form of red sand in the urine, more easily observable in the past because it frequently adhered to the bottom of the urinary tract (it could be observed in the diapers of infants suffering from these metabolic disorders).

The central drug for this metabolic disorder is Lycopodium, well known for its hepatic-renal tropism. It is the basic medicine very often present behind lithiasis. We prescribe it in its 200 K dynamisation, which never causes aggravation, in weekly doses of 5 pellets, associated with a daily drainage with 3 pellets of Berberis 4c (with predominantly hepatic or left kidney symptoms) or Solidago 4c (with predominantly renal symptoms, especially on the right) [1-4].

The discovery of deposits or articular uretic nodules (tophus) in the patient may lead to the association of regular doses of Uric acid 9c which has allowed us to reduce these concretions.

Oxaluria

Oxaluria also has similar causes or by overeating foods rich in oxalates (asparagus, tomatoes, sorrel, strawberries, chocolate, and rhubarb) or by a deficit in drinks, which always concentrates the urine.

Calcium oxalate stones have spicules on their surface, which explains why in their progression they frequently trigger haematuria. They can be reduced simply to crystals observed in the urine sediment [5].

As in uraemia, the treatment can call upon Lycopodium 200 K, but we then alternate it with Calcarea Oxalica 9c, more specific, with the same drainage. Remedy to be preferred to Calcarea carbonica in the basic treatment of oxalic lithiasis, as its Materia Medicais quite poor. It is also active in the pain of ulcerated cancers, which would confirm a lutein note in this medicine.

Phosphaturia

Phosphaturia it has for causes either a dietary imbalance associated with exaggerated physical activity with episodes of dehydration, leading to an excessive elimination of phosphates and the formation of phosphor-calcium or phosphor-magnesium stones or to imbalances in phosphor-calcium metabolism, where the disorder may be the result of dysfunction of the parathyroid glands. All this combined with a Ph Alkaline++. We will use doses of Calcarea phosphorica 9c alternated with Lycopodium 200 K, correcting the errors of hygiene.

Cystinuria

Cystinuria (not to be confused with cystinosis, a hereditary kidney disease associated with multiple D-trophies) [2,5].

Cystine is a product of protein metabolism and is hardly soluble in the urine. It is the excessive elimination of cystine as a result of excessive protein consumption that leads to the formation of stones. This type of lithiasis should be considered in young subjects with numerous stones in both kidneys. The stones are usually radiolucent, but can be detected by ultrasound.

Here again, the responsible is the urinary ph is responsible. It must be brought back to the level that will allow the solubility of the stones. Alkalising the urine can be achieved by combining dietary recommendations (reduction of proteins and salt) with certain medications corresponding to hyperacidity states. We will alternate with Lycopodium 200 K, according to the symptomatic picture.

Natrum carbonicum 9c is the medicine of subjects with great physical and psychic weakness caused by prolonged exposure to the sun and summer heat, and or by frequent diet deviations that weaken their digestive functions. Subject to headaches, dizziness, yellowish diarrhoea aggravated by the consumption of milk, the patients presents a great weakness of their joints with frequent sprains.

Natrum phosphoricum 9c is the medicine that corresponds to subjects who present a generalized hyperacidity, with creamy yellowish secretions (eyes, tongue). Digestive acidity and pyros are frequent, with acid and greenish diarrhoea. Like Lycopodium, it is the basic medication for metabolic disease and uric diathesis [5].

Magnesia carbonica 9c is also a hyperacidity medicine, involving all secretions and excretions. The patients suffer from neuralgic pain with nocturnal recrudescence, forcing them to move. They give off an acidic odour from the whole body. In the tonsils, caseous deposits are seen with outbreaks of angina (caseous) often with catamenial periodicity.

Here too there is an intolerance to milk which causes diarrhoea Magnesia borocitrica 9c (magnesium pyrocitrate) is the medicine for weak, nervous subjects, suffering from hepatic or renal lithiasis, and presenting an acid constitution (sweats, urine and stools), often with hyperuricemia. The painful picture in renal colic resembles that of Magnesia phosphorica, with sudden spasmodic renal pain of right laterality <cold and

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movement, >by heat, pressure, and bending in two. Calcarea oxalica 9c should be preferred as a background treatment to Calcarea carbonica in oxalic lithiasis, as it is better able to modify the metabolism of oxalates [5,6].

Clinical Case Renal Lithiasis

A 36 year old male, suddenly presents with a painful picture with severe pain in the left testicle, rapidly intolerable, which led the patient to the emergency room where opiate analgesics managed to calm his pain. Several diagnoses were suggested while waiting for the results of the urinary examination and abdominal CT scan (testicular torsion in the context of an organ infection, urinary inflammation of the pyelonephritis type, inflammation of the appendix, and finally right renal colic).

We move forward with the discovery on the CT scan of a 3 mm stone at the exit of the calyx of the right kidney, probably engaged in the right ureter [6].

CBEU results indicated significant haematuria. The pain yielded to analgesics, and no anti-inflammatory drugs were used. We note the absence of lumbar pain, and we are surprised by the left laterality of the testicular pain for this renal lithiasis discovered in the right urinary tree. The rest of the examination showed an enlarged prostate (the patient confirmed a drop in micturition pressure and nocturnal pollakiuria for several months).

Finally, the blood test revealed a slight increase in urea and creatinine. The patient left the hospital with a prescription for painkillers to be used in case of recurrence of pain and was asked to drink a lot. An appointment was made for a stone check-up in one month. Back home, the patient calls his homeopathic doctor for advice.

The remedies for left testicular pain in the repertory are Bromium, Kalium muriaticum, Mezereum, Ocimum, Rhododendron, Thuja, and detailing each one of them in the Medical Materia Medica, we discover with astonishment that Ocimum presents a left testicular pain associated with a right renal lithiasis, which is quite the picture of the patient. As a result we advise our young colleague the following treatment: Calcarea carbonica 30c one dose in a row to be repeated in front of any recurrence of acute pain, associated with Ocimum 5c 3 pellets every morning, and finally 3 pellets 3x/D of Pareira brava 4c (to favour the migration and then the expulsion of the calculus, by asking him to follow the advice to drink a lot and often) [7].

The result was success. Patient has no pain since the beginning of the treatment, just more frequent urges day and night. Patient felt a small persistent pain in the urethra, then took care to urinate in a fine strainer, and recovered the stone that was deposited an hour ago in the laboratory. The basic treatment is especially to regain bladder pressure and avoid waking up at night.

And the result obtained that mixed calculation of URATE and Calcium Phosphate background treatment strategy proposed, Magnesia borocitrica 7c one dose week one and 3, Lycopodium 200K 10 pellets week 2 and 4, Formica rufa 4c 3 pellets in the morning, Ocimum 5c, 3 pellets in the evening.

It has to be done for 3 months, spacing out the remedies and everything is fine. He urinates well with no pain continuing Lycopodium once a month [1,7].

Ocimum (white basil) Materia Medica sources, Boericke, Voisin, Vannier and Poirier remedy evoked in uric diathesis with red sand in the urine urinary tropism diseases of the kidneys, bladder and urethra glandular tropism, inguinal nodes or mammary gland, renal colic (especially right side) urinary lithiasis brick-red, cloudy urine heat and painful swelling of the left testicle. In women, painful swelling of the vulva, tension, fullness of the breasts, nipples that hurt on contact, vaginal prolapse [6,7].

Comparison with the Materia Medica of Sarsaparilla

Sources: Vannier Poirier, Boericke, Voisin, Kollitsch, Kent Clinical pictures marked urinary tropism, renal colic, lithiasis (right side) Pain+++ at the end of urination. Mucous urine +sediment, skin tropism: rashes in spring or summer (herpes, boils, dry wrinkled skin).

Sycotic emaciation premature ageing, pan diathetic remedy. The pain picture is characteristic, urine better standing up, sitting= urine dripping. The patient screams before and during urination; intolerable pain at the end of micturition. Pain radiates to the rectum; persistent constipation

Comparison with the Materia Medica of Pareira brava:

Boericke, voisin, vannier and Poirier. Constant need to urinate. Must make violent efforts (kneels down, hands on floor) [6].

Paralysis of the smooth muscles of the urinary tract. Urinary lithiasis promotes stone progression and expulsion (checked); prostate hypertrophy. In renal colic take knee position. Bend forward to ease micturition and reduce pain [2,6,7].

Benefit of the remedy:

1. Urinary lithasis: 4c every ¼ h, space out according to the pain, continue 3x/d until stone is expelled.
2. Prostate hypertrophy-chronic prostatitis.

Salivary lithiasis

Related to the formation of a stone, lithiasis can affect any salivary gland. Whether it is sub-maxillary or parotid, salivary lithiasis is observed in various circumstances or fortuitously during a dental panoramic or X-ray of the cervical spine), highlighting a small swelling opposite Stenson's canal (sub-maxillary gland) or Wharton's canal (parotid gland) on the occasion of the disorder that lead the patient to consult.

Episodes of more or less painful swelling of one of the salivary glands, usually during a meal, which may regress or become

permanent, illustrating the retention of saliva. Frequent repetition of the event will frequently lead to painful inflammation [7].

There may be ductal and then glandular infection, with the appearance of a purulent discharge from the oral orifice of the duct, followed by very painful swelling of the gland, with or without associated adenopathy, and possibly general signs.

Homeopathic approach

Our experience with this condition has led us to apply a protocol that has proven to be consistently effective, a single dose of Calcarea carbonica 30c with 3x/D 3 pellets of Ignatia 4c (a medicine that we consider very effective in lifting the spasm of the body's little canal).

Mercurius dulcis 5c medicine for inflammation and glandular suppuration which has been shown to be equally effective in lithiasis or narrowing of the tear duct. In general, lithiasis is evacuated in 2 to 5 days, and may be felt in the mouth when it is expelled. In case of persistent residual induration, Conium 7c 3 pellets 2x/D for 2 to 3 weeks can be prescribed [6,7].

Clinical Case Salivary Lithiasis

A 42 year old man consults for a significant swelling of the left parotid gland, installed in a few hours 3 days ago. He reports two episodes of short duration (a few hours), and of lesser importance in the last two years. This time the manifestation is painful, especially after eating. No temperature, but a very dirty tongue, bad breath, two enlarged and sensitive lymph nodes in the left jugular region. The diagnosis of parotid salivary lithiasis is not in doubt. We prescribed a dose of Calcarea carbonica 30c, 3 pellets 3x/D Mercurius dulcis 5c, and 3 pellets 3x/D Ignacia 4c. Three days later the gland has regained its normal volume, and meals are going on without any new problem. The patient did not report having noticed the passage of a stone, but the ultrasound performed 48 hours later was normal. There has been no recurrence to date. We have had six other similar cases in our practice, only one of which developed an infection and required an ENT surgeon. All the others have had their lithiasis resolved by this protocol.

Discussion and Conclusion

Uncomplicated hepatic colic attacks are in most cases calmed with a homeopathic approach (here also the drug Calcarea carbonica 30c is very effective in lifting the spasm). However, we have not had any results showing an evacuation of a stone following a homeopathic treatment. The basic treatments, often calling for Lycopodium, Berberis, Calcarea carbonica, Chelidonium, in particular, make it possible to space out greatly, or even to make the crises disappear and to make the lithiasis Silent, to decide calmly on a cholecystectomy if necessary.

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