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Research Article

Effectiveness of Homoeopathy in treatment of Urolithiasis with Special Emphasis to Miasmatic Analysis

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ABSTRACT

Urolithiasis is one of the most common conditions encountered in clinical practice with the prevalence increasing globally in the last few decades. Urolithiasis has been found to be more common in areas with a hot climate, such as Saudi Arabia, India etc. In homeopathy, understanding the underlying miasm (such as psora, syphilis, or sycosis) is crucial for effective treatment. When cases are treated homoeopathically based on the predominant miasm, rapid cure without disharmony and prevention of recurrence can be achieved. Homeopathy offers a safe alternative to surgical intervention, especially for smaller or staghorn calculi. By following the principles of similia, homeopathy demonstrates potential in managing challenging surgical cases.

Key words: Urolithiasis, Miasm, Renal Calculi , Psora, Syphilis, Sycosis

INTRODUCTION

Urolithiasis is a huge financial burden on the healthcare system, particularly in developing countries where, as a result of changes in lifestyle and diet, the incidence is likely to continue to rise. It is a longstanding health problem, known to exist since early age of civilization. Lower urinary (bladder and urethral) stones, are more common in developing countries, frequently composed of magnesium ammonium phosphate, which indicate a close association with urinary tract infections.[i]Renal calculi of more than 7 mm requires surgical intervention. Recurrence rate, which is much higher in males than in females, ranges from 31% to 75%, depending on the follow-up periods. Shock wave lithotripsy and laser lithotripsy are frequently used to treat urethral calculi. Also, these are not very cost effective and painful too. Moreover, conventional medicines do not consider hereditary, dietary, occupational, environmental and psychological factors. Symptomatic recurrence has been observed in 26% of people with calculi, while asymptomatic recurrence has been found in 28% of people. As a result, roughly 50% of individuals with a history of calculus production (symptomatic and asymptomatic) may produce future calculi over a 10-year period. Self-care and lifestyle changes are thought to lower the chances of recurrence.[ii]Records about symptoms, signs and treatment strategies of urinary stones diseases are found in the several ancient texts of traditional medicines such as Ayurveda, Traditional Chinese Medicine (TCM), Siddha and Unani. Recent pharmacological interventions accredited ancient antiurolithiatic claims to several plants and their formulations. The majority of antiurolithiatic plants were found to either dissolve the stones or inhibit the process of urinary stone formation. Present scientific studies provide scientific evidences for few of these claims however; they are insufficient to establish many of these plants and herbal formulations as therapeutic remedies for the treatment and management of urinary stones.[iii]

In Homoeopathy, renal calculi are treated not as local but as derangement in the dynamic vital force that are expressed out through signs and symptoms of pain, dysuria, haematuria and are to be corrected only by means of dynamic medicines, which are capable of producing cure in healthy individuals, in a safe, gentle and effective manner. It is simple to administer and also cost effective. Homoeopathic literature is rich in the therapeutics of renal calculi. Many authors have contributed to its enrichment. Yet the problem that the practitioner faces is in evolving standardized approach in the management of a case of urolithiasis.

According to a multicentre observational study conducted by CCRH from October 2005 to January 2010 the medicines found most useful were Lycopodium clavatum in 40.9% (n=90) cases; Sulphur in 12.3% (n=27) cases; Pulsatilla nigricans in 8.2% (n=18) cases; Nux vomica in 6.2% (n=14) cases and Cantharis vesicatoria in 5.9% (n=13) cases. The prevalence of a urinary tract stone is estimated to be 2%-3% and the likelihood that a man will develop since disease by the age of 70 is about 1 in 8. Approximately 50% of patients with previous urinary calculi have a recurrence within 10 years. In both sexes the peak age of onset is between 20 and 30 years, so most people are affected during the years of prime adult life. The majority of stones, (70%-80%) are composed mainly of calcium oxalate (magnesium, ammonium, and phosphate), or the amino acids cystine. Occasionally many patients with stones suffer from pain, urinary infection and bleeding and are a common cause of morbidity rather than of death. During the last three decades, significant advances have been made in the development of minimally invasive techniques virtually replacing traditionally open surgery as the mainstay of treating stone disease.

Table 1- Dietary Recommendations in management of Urolithiasis-

- NO! DIFFICULT TO SAY BUT MOST REWARDING WORD FOR THE PATIENTS OF RENAL CALCULI/THOSE AT RISK OF RENAL CALCULI DEVELOPMENT
- YES! EASY TO SAY, EASY TO FOLLOW FOR THOSE, WHO DESERVE THE HEALTHY KIDNEY
- NO to SPINACH and AMARANTHUS as they high oxalate content.
- YES to COCONUT WATER as it contains have dialyzable bio-molecules which not only can inhibit the initial mineral phase formation & subsequent growth but also stimulate Demineralization of performed mineral phase.
- NO to TOMATOES and ONIONS as they have high oxalate content.
- YES to BARLEY as it exerts diuretic action and has healing and fortifying properties. It is also rich in stone inhibitors.
- NO to INDIAN GOOSEBERRY as it has high oxalate content.
- YES to PINEAPPLE JUICE as it contains enzymes which breakdown fibrin thereby preventing renal stone formation. Dietary fibers reduce excretion of calcium in urine perhaps by 40%.
- YES to BANANAS as they are rich in Vitamin.B_6, which break down oxalic acid in the body, thereby, preventing stone formation.
- NO to CASHEW NUTS as they have high oxalate content.
- NO to CUCUMBER as it has high oxalate content.
- NO to BLACK GRAPES as it has high oxalate content.

MIASMATIC EVALUATION OF UROLITHIASIS

When there is any constant stress on the cell that can damage the cell, the cell has to alter its structure and function in order to survive. This alteration is seen in various form like deficiency, excess and perversion.

This can be formulated in various ways, but it encompasses all nutritional alteration, and what is true for cell is also true for whole organism. The nutritional alteration of the cell leads to its dysfunction, and this in turn leads to structural alteration or lesion. We accept this simplicity unquestionable because in it, we find the expression of entire organism's natural pathological state as well as those obtained from the pathogenesis of medicines. Psora corresponds to DEFICIENCY, sycosis to EXCESS and syphilis to PERVERSION.

Psora is the constitutional state of deficiency or lack, of inhibition. When the individual human, like the individual cell, is inhibited its mode of expression are reduced, it is poorly nourished and becomes debilitated. This deficiency or inhibition will bring on a disposition to various immediate disturbances such as excess, in an attempt to compensate for deficiency (SYCOSIS) and perversion intermingled with these alterations (SYPHILIS). That is why Hahnemann had every reason to assume that psora is the basic condition of all human pathology. The constitution of sycotic miasm represents a state of excess, of accumulation, of growth, of exuberance, of ostentation. Syphilis is the constitutional state engendering perversion, i.e. destruction, degeneration and aggressiveness.

Each human being is characterized by a miasmatic modulation through which his individuality is constantly trying to emerge. When the miasmatic obstacle over power the defense of vital force, abnormal sign and symptoms develop depending on the constitution of personality. Totality of these sign and symptoms represent disease and the lurking miasm which is to be treated in order to ascertain the cure.

The constitutional state of sycosis not only endows the person with exaggerated reserves but even prevents him from eliminating those substances which harm him, producing a lithic or uric diathesis along with retention and accumulation of other types. So the fundamental cause for urolithiasis is sycosis. This is undoubtedly the pathological condition of excess, exaggeration, tumor formation, hypertrophy, hyperplasia, ostentation, hastiness and also as Hahnemann indicated, the constitutional state resulting from the arbitrary and unnatural suppression of fluxes, catarrhal eliminative affections and abnormal secretions produced by excess and whose suppression take away from the natural healing power.

Psora and Urolithiasis:

Psora, considered the fundamental miasm, represents a state of chronic suppression or imbalance.
In urolithiasis cases with a psoric diathesis, patients may exhibit symptoms such as recurrent urinary tract infections, mild pain, and slow stone formation.
Syphilis and Renal Calculi:
The syphilitic miasm is associated with destructive processes and deep-seated pathology.
In severe or complicated urolithiasis cases, where stones cause significant damage or obstruction.
Sycosis and Stone Formation:
Sycosis, characterized by excess growth and proliferation, can relate to stone formation.
Patients with sycotic tendencies may experience rapid stone growth, frequent colicky pain, and urinary urgency.

HOMOEOPATHIC MANAGEMENT

Urolithiasis, characterized by the formation of kidney stones, presents an opportunity for homoeopathy to offer individualized and holistic care. By tailoring remedies to the patient's unique symptoms, miasmatic tendencies, and overall constitution, homoeopaths can address pain, prevent recurrence, and enhance the quality of life.
Homeopathy offers several remedies that have shown effectiveness in managing urolithiasis. Here are some key homeopathic remedies for kidney stones:

Berberis vulgaris:

Known for its action on the urinary system, especially when there is pain radiating from the kidneys to the bladder.
Indicated for renal colic with sharp, shooting pains, and discomfort in the loins.
Helps dissolve and expel stones.

Hydrangea Arborescens:

Effective for gravel-like deposits in the kidneys.
Relieves pain in the renal region and promotes the passage of stones.
Useful when there is a sensation of sand in the urine.

Lycopodium Clavatum:

Indicated for right-sided kidney stones.
Patients may experience bloating, flatulence, and discomfort after eating.
Helps prevent stone recurrence.

Sarsaparilla Officinalis:

Addresses burning pain during urination.
Useful for renal colic with pain extending from the right kidney to the bladder.
Supports kidney function.

Cantharis Vesicatoria:

Intense burning pain during urination.
May be used when there is blood in the urine (hematuria).
Facilitates stone passage.

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