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Prophylactic Effect Of Electrohomoeopathy Medicine In Renal Calculi

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Abstract:

Stones are mineral and acid salt deposits that clump together in concentrated urine. They can cause discomfort when passing through the urinary tract, but they rarely cause long-term harm. When chemicals in urine accumulate and form crystals in urinary tract, you have stone disease. About 5% of the world's population would need kidney stone care at some point in their lives. It is not a life-threatening condition if diagnosed early, as doctors and physicians recommend a variety of natural kidney stone removal remedies. However, if it is discovered too late, the patient will have to undergo a kidney stone removal procedure. In the conventional system there are no satisfactory medicinal approach available to cure or prevent kidney stone recurrences. Thus, further understanding of the how alternative system is helping and full filling the gap and showing the effect in urinary track disorder specially in the stone disease. Therefore, this article has intended to provide a compiled up-to-date information on case study details and role of Electrohomoeopathy medicine for the treatment of stone disease.

Keywords: *Electrohomoeopathy, Renal Calculi, Scrofoloso and Canceroso*

Objective:

To analyze the effect of Electrohomoeopathy medicine on Urinary stone with supporting case study.

Methods:

In this study, individual 1 patient with renal stone has been selected during the OPD duration was 01-Feb-2020to 14-Mar-2021. The patient was treated with Electrohomoeopathy medicine on the basis of the physical evaluation, pathological and ultra-zoography (USG) report, effectiveness of Electrohomoeopathy medicine showed excellent result and renal stone totally disappear in the specific period of time.

Introduction :

The prevention of recurrence of renal stones is still a major issue in human health. The prevention of stone recurrence necessitates a better knowledge of the mechanisms that lead to the creation of stones. Kidney stones are a common urinary problem, with an incidence of eight to twelve percent in community studies. This means that one out of every ten people will develop kidney stones at any point during their lives. Kidney stones form as a result of long-term biochemical changes in the body, and they are a common occurrence. It usually affects your kidneys, but it may also affect your bladder, ureters (tubes that bring urine from your kidneys to your bladder), and the tube that connects your bladder to the outside of your body (urethra). Chronic kidney disease, end-stage renal failure [1], cardiovascular disorders [2], diabetes, and hypertension [3] have all been linked to kidney stones. Kidney stones have been considered as a systemic illness associated to metabolic syndrome. If nephrocalcinosis is present, nephrolithiasis is responsible for 2 to 3% of end-stage renal disease [4].

If you have stone disease, you will most likely experience the following symptoms:

Urine with blood in it (also known as hematuria).

Having a strong need to urinate on a regular basis.

Urinary incontinence.

Vomiting and/or nausea.

Sharp pain in your lower abdomen or on one side of your back.

Related Conditions has been observed in the patients who has stone disease. During this study it was observed if patient has severe urinary tract infection, stone disease patient also complained shivers, fever, weakness and cloudy or foul-smelling urine. During clinical practice it was also observed that there's a chance patient doesn't have any symptoms. If patients are asymptomatic these kidney stones are referred to as "silent" stones by doctors. These crystals, also known as stones, can become lodged in any part of your urinary tract, causing extreme pain, blockage, and infection. Men are more likely than women to develop them, but several other causes, such as dehydration, obesity, and a family history of stone disease, can increase the risk. In India, KSD is common, with a 12%-point prevalence of urinary stones in a population that is susceptible to them. Renal injury affects 50% of this 12% of the population, with some also losing their kidneys[5].

Unlike in South India, where only a small percentage of the population is affected by Urolithiasis, in North India, KSD affects 15% of the population[6].

Kidney stones are formed when chemical compounds dissolved in urine clump together. These compounds crystallize into a permanent shape and form stones when their concentration exceeds a certain amount. Calcium is combined with either oxalate or phosphate in the most common form of stone. Urinary stones have troubled mankind over centuries, dating back to 4000 B.C and it is the most common disease of the urinary tract [7].In North India, urinary tract infection was discovered to be one of the leading causes of urinary stones. Up to 45.2 percent of stone formers have metabolic acidosis, compared to 10.8 percent of non-stone formers. Stone disease is the challenges of world wild in the developed and developing country and this incidence of urinary tract stone disease is increasing. As per the National Health and Nutrition Examination Survey, as of 2012, 7.1% of women and 10.6% of men in the United States are influenced by renal stone disease, compared to just 4.1% of women and 6.3% of men that were affected in 1994. [8]Further, in the affected population the gender gap has narrowed

significantly and the occurrence of stone disorder in pediatric urology sufferers remains at the rise. Multiple researches have proposed a cause of the evolving epidemiology of renal stone disorder. The purpose of this article is to discover the present literature with a purpose to perceive the capacity outcomes that modifications in diet, lifestyle and weight problems have had at the growing occurrence of nephrolithiasis[9].

This in turn may provide a better understanding of the extent to which modifiable risk factors play a role on stone formation and what measures may be undertaken for disease prevention in view of these changing trends.

Materials and methods

There are several case studies on the renal stone here patients who has been previous treated with conventional system of medicine started treatment with Electrohomoeopathy medicine. Calculi monitoring has been performed with the help for USG.

PRIOR ELECTROHOMOEOPATHY TREATMENT WITH CONVENTION AND OTHER ALTERNATIVE SYSTEM.

USG report on 13-Jul-2018.

KIDNEYS: They are normal in position, size and outline. Cortical echogenicity is normal. No calculus is seen in left kidney No hydronephrosis is seen.

There is a small calculus (measures 3.5mm) in upper Calyx of right kidney.

Right kidney: 102 mm Left kidney 109mun.

URINARY BLADDER: It is adequately distended Wall thickness is normal. No calculus or mass is seen Post void scan shows about 79ml of residual urine It is anteverted & normal in size (measures 87mm x 29mm x 51mm). It is normal in echotexture. The endometrial echoes are splits into two halves at fungal region suggestive of bicornuate septate uterus. Endometrial thickness at right half measures 9mm and endometrial thickness at le half measures 93mm.

USG report on 31-Jan-2020

KIDNEYS: They are normal in position, size and outline. Cortical echogenicity is normal. There is a small calculus (measuring about 4mm) in upper calyx of night kidney. No Calculos is seen in left kidney. No hydronephrosis is seen.

Right kidney: 103mm.

Left kidney: 107mm. Right ureter is not dilated. Left ureter is not dilated.

URINARY BLADDER: It is adequately distended. Wall thickness is normal. No calculus or mass. The endometrial echoes are splits into two halves at fundal region suggestive of septate uterus. It is anteverted and normal in size (measures 88mm x 34mm x 58mm). Endometrial thickness at right of measures 6 mm and endometrial thickness at left half measures 8mm.

Treatment protocol:

Approach-I

Treatment with the Electrohomoeopathy medicine started patient was given Scrofoloso group (S5) and Canceroso(C6) in dilution 4, each therapy given 5drop orally alternative 2hourly with 1 cup of cold water.

Approach-II

2nd approach included Febrifugo (F1), Angioticos (A3) and white electricity (W.E) dilution 4 dosage: 5 Drop orally with 100ML water and 1 table spoonful (TSF) hourly if pain aggravated.

Approach-III

3rdapproach included S6 and L1 in dilution 4. Dose included 5 drop orally with 100ML water and 1 table spoonful (TSF) hourly if pain aggravated.

Approach-III

4thtreatment approach included F2, S5 and W.E Lotion external use Lower abdomen.

This case was closely obverse during the OPD. There are 5 patients' data has been collected from the study center while induvial case report has been selected for this article. All the patient received controlled prophylactic treatment depend in the severity, symptoms, age group, body weight and clinical condition. Duration of the therapy included 3 days to 15 days depend on the severity. Below is the prophylactic therapy given to the all 5 patients while data has been excluded for four patients for further evaluation scope.

Primary Source	Self-reporting
Reporter information (Investigator)	Dr. Jayant Chowdhury
Patient Initial	Privacy
Date of birth (Age)	24 years
Patient weight	52 kg
Sex	Female
Patient medical history	Symptomatic (No comorbidity)
Family history	None
Any allergy	Unknown
Electrohomoeopathy Medicine	S5 and C6 in dilution 4 S6 and L1 in dilution 4 Dosage: 5drop alt 2hourly with 1 cup of cold water F1, A3 and W.E dilution 4 Dosage: 5 Drop with 100ML water and 1 TSF hourly if pain aggravated F2, S5 and WE Lotion external use Lower abdomen. All Medicine authentic source from Weho UK Lot no 179609.
Concomitant medication (drug with EH)	Regulated diet, No any conventional treatment
Diagnoses and symptoms	USG report and symptomatic examination

Lab report	Frequently ultra-sonography
Summary of patient, disease and drug	Having no any previous history of diseases excluding uncontrolled and unhealthy food and water intake.

AFTER ELECTROHOMOEOPATHY TREATMENT.

USG report on 14-Mar-2021

RIGHT KIDNEY: Right kidney is normal in size, position & cortical echotexture. No focal lesion seen. Nohydronephrosis is seen. Cortico medullary differentiation is well maintained.

LEFT KIDNEY: Left kidney is normal in size, position & cortical echotexture. No focal lesion seen. Nohydronephrosis is seen. Cortico medullary differentiation is well maintained.

URINARY BLADDER: Urinary bladder is normal in distension & wall thickness. There is no postvoid urine. No internal echoes are seen.

UTERUS: Uterus is normal in position and measures (8.9 X 3.3 X 3.9 cm), shows normal homogenous myometrial echotexture. Endometrial walls are well apposed.

RIGHT OVARY : Normal in shape and echotexture. (2.6 x 1.6 cm) in size.

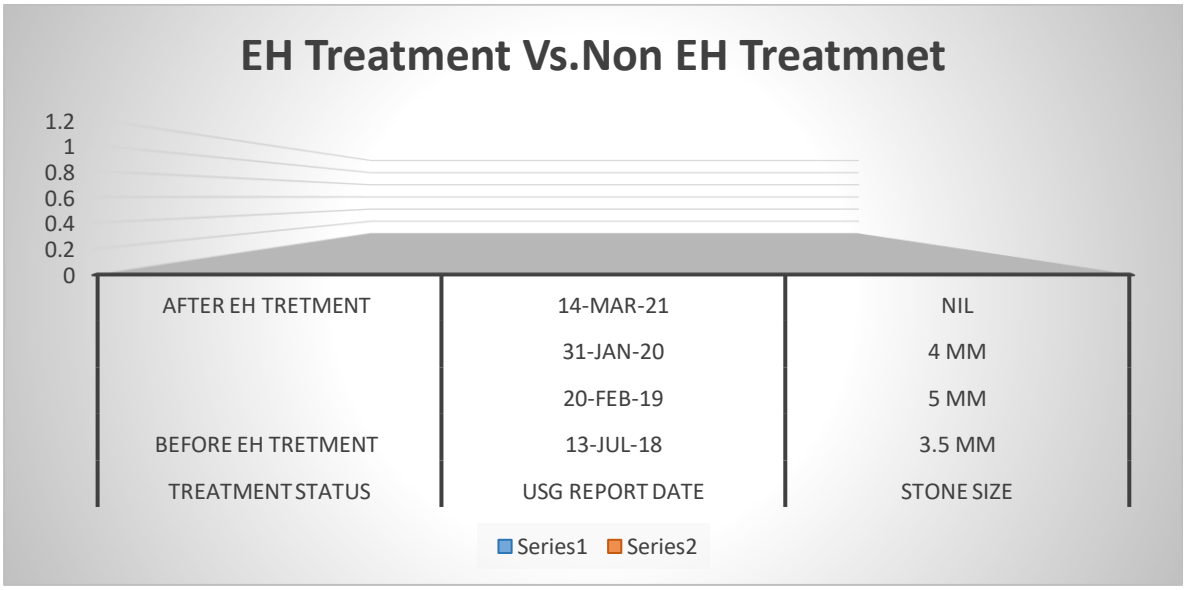
LEFT OVARY : Normal in shape and echotexture. (2.5 x 1.5 cm) in size.

POD :- No free fluid noticed.

IMPRESSION: - USG of whole abdomen reveals no obvious abnormality.

Comparison data before and after EH treatment:

Treatment status	USG report Date	Stone Size
Before EH Treatment	13-Jul-18	3.5 mm
	20-Feb-19	5 mm
	31-Jan-20	4 mm
After EH Treatment	14-Mar-21	Nil



General materials

In this study, individual 1 patient with renal stone has been selected during the OPD duration was 01-Feb-2020 to 14-Mar-2021. The patient was treated with Electrohomoeopathy medicine on the basis of the physical evaluation, pathological and ultra-sonography (USG) report, effectiveness of Electrohomoeopathy medicine showed excellent result and renal stone totally disappear in the specific period of time. The differences were statistically significant in the general material between the before the treatment and after the treatment with Electrohomoeopathy medicine.

Inclusion criteria

Patients with urinary track disorder mostly renal calculi diagnosed based on the scanning diagnostic criteria for renal disorder.

Exclusion criteria

Patient with severe organ dysfunction or require hospitalization for higher institution intervention.

Before the Electrohomoeopathy Treatment

The patient started conventional and other alternative treatment since diagnose with renal calculi in year 2018. She had continued pain and was treated by NSAID and other analgesic therapy. Later on, patient moved to the alternative and traditional treatment pain was gradually increasing along with other complication like vomiting, anorexia, giddiness and weakness. Frequency of conventional medicine increased and patients was advised for surgical process due to the worsening for symptomatic condition.

Observation parameters

The therapeutic effects and health safety was compared before and after the treatments per the patient symptomatic, pathological and scanning parameter actions as per the patient condition has been compared before and after treatment. The patient health safety of Electrohomoeopathy medicine were recorded by the clinical staff.

Results

A total of 4 approach of the treatment with S5 and C6, S6 and L1, F1, A3 and W.E induced internally while F2, S5 and W.E Lotion induced external were recorded in study area. Combination Electrohomoeopathy plants with the highest frequency of spagyric essence preparation included. Most of the Electrohomoeopathy medicine recommended by EH practitioners for the treatment of renal disorder. Initially,all the symptoms like pain, vomiting, weakness gradually decrease within 6 months of the treatment. Later, patient was ask for the ultra-sonography result indicated the size, location, and cortical echotexture of the right kidney are all common. There was no evidence of a focal lesion. There is no evidence of hydronephrosis. The cortico-medullary distinction is well preserved. There are no apparent abnormalities on a USG of the whole abdomen.

Discussion:

Electrohomoeopathy system is a novel combination plants therapy used in the treatment of acute and chronic disorder in the article we have included renal calculi. Electrohomoeopathy is effectively used for the treatment of various diseases due to its active medicinal constituents and basic principle. A wide variety of medicinal plants are used to treat renal stones in different parts of India and world.

The efficacy of various medicinal plants for the treating kidney stone and other kidney diseases has been investigated in different studies which showed the alternative therapy is very much effective. (E)The majority of the medicinal plants suggested in Electrohomoeopathy treatment have not been studied in animal or humane models of renal stone, which opens up a new field of research[10].

Limits of the study:

The study has several limitations: it's a retrospective study, the comparison of the treatment before and after is limited by the small sample. Further study requires on multiple centers on large group doe the establishment of Electrohomoeopathy medicinal protocol and clinical approach.

Conclusion:

The purpose of this article is to discover the present literature with a purpose to perceive the effectiveness of Electrohomoeopathy system of medicine in renal calculi, capacity outcomes that modifications in diet, lifestyle and weight problems have had at the growing occurrence of nephrolithiasis. This in flip may also offer a higher expertise of the volume to which modifiable threat elements play a position on stone formation and what measures can be undertaken for disorder prevention in view of those converting trends. Electrohomoeopathy medicine is a low-cost, herbal plant-based therapy that can be used as a prophylactic and treatment for Renal calculi. This pathy should be considered because of its immediate impact, ease of accessibility, and numerous advantages over other medical systems. The government should assist Electrohomoeopathy practitioners with adequate regulation so that they can better support society.

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