

A MULTICENTER CLINICAL OBSERVATIONAL STUDY OF ELECTRO HOMOEOPATHY MEDICINE IN KIDNEY STONE TREATMENT

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Abstract

Kidney stones are a serious issue in India and other developing nations. Kidney stones afflicted about 10% to 12% of the population in the developed world. A kidney stone develops in the majority of people later in age. Males and females alike are prone to kidney stones. Obesity is a leading cause of kidney stones. Crystals of calcium oxalate, a high quantity of uric acid, and a lack of citrate in the body are the most prevalent causes of kidney stones. Cucumber, green peppers, beetroot, and spinach are high in oxalate, which has been linked to a lower risk of calcium oxalate stones. Kidney stones most commonly damage the kidneys, ureters, and urethra. More importantly, kidney stones are a recurring condition with a lifetime recurrence risk of up to 50% according to calcium oxalate crystals. The most frequent stone recorded in India is calcium oxalate kidney stones. As a result of kidney stone illness, there is a larger risk of developing cardiac problems, which are now being discovered in India and the rest of the world. Kidney stones cause the body's minerals to be depleted, as well as an important ingredient for bone development. Patients with greater lipid levels in their blood may have a higher risk of developing kidney stones than healthy people. Patients should use a reduced diet of fat, fibre and herbal remedies in natural plants. The mixture of electro-homeopathic medications for kidney stone treatments has a good concept to clear your renal sound issues of any kind. The idea of electro-homeopathy is that more than one of the bodies impacted by or participating in the sickness happens when the body is diseased because it is associated with one another.

Keywords: Calciumoxalatecrystals,Electro-homeopathy,Kidney stones, Obesity, Urinary tract.

INTRODUCTION

The kidneys, ureters, bladder, and urethra are all part of the urinary system. These kidneys are bean-shaped and placed directly below the pairs of ribs in the centre of the back. Kidneys filter blood for water and waste, then convert it to urine (Manjula *et al.*, 2015). These can also be used to maintain a healthy balance of salts and other ions in the bloodstream. The urethras, which are narrow tubes, transfer the urine composition from the kidneys to the bladder, which is a triangle-shaped chamber. Pee is held in a bladder, which is an elastic, balloon-like chamber that flattens when urine is evacuated through the urethra and out the body (Guy's, St Thomas, 2014). The term Urolithiasis, also known as Nephrolithiasis or kidney stones, is a worldwide disease that has afflicted humans since the dawn of humanity. Urolithiasis is a disorder in which the urinary system is clogged by uroliths or stones. The yearly incidence of Urolithiasis in the Western world is around 0.5 percent, with a lifetime risk of 10-15 percent, while in the Middle East, it is growing by 20-25 percent. Urolithiasis is the development of uneven calculi or a disease that is associated with urinary calculi (Harika *et al.*, 2014). Uroliths, stones, and crystals are all terms that describe the state of calculi. Deposition of poly crystalline aggregates including various proportions of crystalloid and organic matrix results in these calculi/stones. These calculi vary in size and shape and can be discovered anywhere throughout the urinary system, from the kidneys to the bladder (Peachtree and Atlanta, 2011).

Composition of kidney stone

A kidney stone is a collection of crystals that have coalesced into a hard mass in one or both kidneys. They might be as little as a few millimetres or as large as several centimetres. The majority of stones will pass through the body unaided in the urine, but some will require medical attention to be removed. Phosphate, uric acid, magnesium ammonium phosphate, apatite, and struvite crystals have been used to make urinary stones (Callaghan and Bandyopadhyay, 2012). Calcium-containing stones make up roughly 75% of all urinary calculi, and they can come in the form of crystals of pure calcium oxalate (50%) or calcium phosphate (5%), or a combination of both (45 percent). Diet can alter the concentration of some chemicals in urine as well as urine acidity. Any of the following characteristics may have an elevated chance of producing a stone after a 24-hour urine collection (Kawano *et al.*, 2016):

- High calcium levels (hypercalciuria)
- High oxalate levels (hyperoxaluria)
- High uric acid levels (hyperuricaemia)
- Low citrate levels (hypocitraturia)

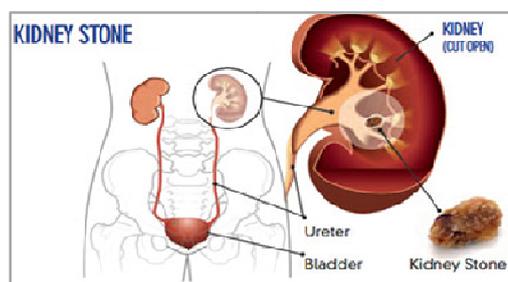


Fig. 1. Location of Kidney stone

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The blood contains typical components such as calcium, oxalate, uric acid, and citrate. Any liquid's acidity is measured in pH. Acidic is defined as a pH less than 7, whereas alkaline is defined as a pH more than 7. The pH of normal urine varies during the day depending on food, although it generally falls between 5 and 8. Calcium oxalate stones can form in urine of any pH. Uric acid stones develop more readily in acidic urine, whereas calcium phosphate stones form in more alkaline urine (Fig. 1) (Choubey *et al.*, 2010).

Types of kidney stones

Calcium (75–85%), struvite (2–15%), uric acid (6–10%), and cystine stones are the four primary kinds of stones that can be found in the kidneys (1 to 2 percent). The distribution and frequency of these stones are determined by the geographical location of the living person and population under investigation. Only approximately 1% of the time, long-term medication usage results in kidney stones (Stamatelou *et al.*, 2003).

Calciumstones: Hypercalciuria, which is induced by hyperparathyroidism, is linked to calcium oxalate, calcium urate, and calcium phosphate stones. Increased calcium absorption from the stomach leads to renal calcium or phosphate leak, hyper uricosuria, hyper oxaluria, hypo citraturia, and hypo magnesuria in disease-affected individuals (Soucie *et al.*, 1994).

Struvitestones: Struvite is made up of stones made of magnesium ammonium phosphate that grow to fill the collecting system (partial or complete staghorn calculi). Chronic urinary tract infections caused by Gram-negative urea-splitting rods such as *Proteus*, *Pseudomonas*, and *Klebsiella* species lead to this stage (Lee *et al.*, 2002).

Uricacidstones: The most common causes of uric acid stones are high purine consumption medications or high cell turnover (e.g. malignancy), both of which are common in gout patients. Uric acid stones are most commonly formed in urine that is somewhat acidic (pH 5.5). In nature, they are visible, and on X-ray film, they are generally radiolucent (Safarinejad, 2007).

Cystinestones: Cystine stones form as a result of cystinuria, a genetic intrinsic metabolic disease in which cystine re-absorption in the renal tubule is impeded. Because of the high sulphur concentration, these stones may be difficult to detect on X-rays. Several medications can contribute to the development of renal stones in drug-induced stones (Scales *et al.*, 2012).

Drug-inducedstones: Some medications play a role in the development of renal stones and can also be used to treat another illness. Indinavir, atazanavir, guaifenesin, triamterene, silicate (antacids), and sulfa medications are the medicines in question. On X-Rays, these stones are always visible (radiolucent) (Trinchieri *et al.*, 2000).

Sign & symptoms

The individual did not say if he had kidney stones or not, and without that information, no symptoms could be seen. After passing through the kidney, the stone was carried to the bladder by the ureters. Simultaneously, some stones stay in the ureters, blocking urine passage out of the kidneys and causing

it to enlarge; this is known as hydronephrosis. The kidneys were in a lot of discomfort as a result of this. The following are some of the most common kidney stone symptoms (Trinchieri *et al.*, 1999). A severe and wavy ache in the back and its entire side that might spread to the lower abdomen or vaginal region. Some of the female patients claim that the agony is worse than labour contractions during childbirth. It creates a state of intermittent pain and discomfort. The following are the signs and symptoms (Levy *et al.*, 1995):

- A sudden urge to urinate.
- Urination causes a burning sensation.
- Because of the blood particles in RBCs, the urine will be dark or crimson in colour. In certain situations, the blood colour is so faint that it cannot be seen with the naked eye.
- Nausea and vomiting are common side effects.
- Male patients have discomfort at the tip of their penis (Pak *et al.*, 1980).

Risk of factors

Dietary variables have a significant role in promoting or inhibiting kidney stone development. Other variables that might cause a stone to develop include the environment, body weight, DNA, and the amount of fluid consumed. The following are some of the variables that might enhance your chances of developing kidney stones (Su *et al.*, 1991).

- The body is dehydrated.
- Kidney stones can be passed down down the generations. Cystinuria is a hereditary condition that increases the chance of cystine stones.
- Eating a diet high in proteins, lipids, salt, and sugar may raise the risk of kidney stones.
- In comparison to other illnesses, people with kidney infections (particularly women) and urinary tract infections (UTIs) are more likely to acquire struvite stones.
- Kidney stones formed as a result of metabolic syndrome.
- Obesity has been linked to an increased incidence of kidney stones (Ettinger *et al.*, 1988).

Diagnosis

Blood tests detect an excessive amount of calcium or uric acid in the blood. The findings of a blood test can help doctors monitor the health of the kidneys and may prompt them to look for other medical issues (Pak *et al.*, 1986). Urine testing: A 24-hour urine collection test may reveal that the kidneys are excreting an excessive amount of stone-forming materials. For this test, the doctor may recommend that at least two urine samples be collected over two days (Coe *et al.*, 2001). Imaging examinations may reveal the presence of kidney stones in the urinary system. Simple abdominal X-rays, which can miss small kidney stones, are replaced with high-speed or dual-energy computed tomography, which can detect even minute stones (Dolin *et al.*, 2005). Another imaging option is an ultrasonography, which is a noninvasive test that involves injecting dye into an arm vein and capturing X-rays (intravenous pyelogram) or CT pictures (CT urogram) while the dye passes through the kidneys and bladder (Griffith *et al.*, 1988).

Patho-physiology of urinary stone

Urolithiasis pathogenesis is a complicated term that encompasses numerous physicochemical processes that occur sequentially or simultaneously. Despite a surge in research over the last decade, the processes by which calcium oxalate crystals are maintained in the kidney and produce renal stones are still unknown (Borghi *et al.*, 1999). Stone formation needs super-saturated ionic urine. The degree of super-saturation is further influenced by urinary pH, ionic strength, urine solute content, and problems. Struvite calculi can only develop if three criteria are met. The presence of urea or ammonia in the urine, as well as its alkaline PH, Urine contains a high quantity of minerals (Borghi *et al.*, 1993).

Electro homeopathy and its role in management of kidney stone

Materials and methods

The medication system of electro-homeopathy is used to treat a variety of illnesses and disorders. Because the entire body is linked and extremely complicated, the notion of electro-homeopathy is that when sickness develops in the body, more than one of the organs implicated or impacted by the condition happens. While data for particular instances was available, this prophylactic study was conducted throughout India by several Electro-homeopathy practitioners. This article's case study spans the years 2003 to 2017, including data from the Indian state of Rajasthan. Electro-homeopathy practitioners thoroughly examined the patients. Thousands of people across Rajasthan received preventive treatment as part of this research. This article includes a total of 24 individuals, all of whom had stone kidneys according to their sonographic findings. This research included people of all ages, as well as men and women of both genders.

Clinical source for data during study

Dr. Hemant Sethiya Herbal life Electro-homeopathy by (Rajasthan)

Treatment: Depending on the intensity, symptoms, age group, body weight, and clinical state, all of the patients got regulated preventive therapy. The therapy might last anywhere from 14 to 90 days, depending on the severity. The preventive treatment given to all 30 patients by various Electro-homeopathy practitioners is listed below. Electro-homeopathy therapy was given to all of the patients as a preventative measure.

Table 1. Treatment list given to 30 patients

Prophylactic electro homeopathy medicine	Doses
S6, C6, F1, C17	10 drops each three time in a day
S5, F1, C5	10 drops each three time in a day
S2,S5,S6, C17,C6,F1	10 drops each three time in a day
S5 OR S6,C5,L1Ver1	10 drops each three time in a day
S10	2 tablets two times in a day
C10, S lass, YE. Ver1	10 drops each three time in a day
S2,C2, VEN1	10 drops each three time in a day
P3, C5, BE	10 drops each three time in a day

RESULTS AND DISCUSSION

24 individuals have been in this research for a long period suffering from renal stone. Table 1 has treated all 24 patients for 14-90 days with electro-homeopathic medications and all of them. A sound monitoring reveals the size of patients before treatment and after treatment, further sonographic reports revealed that all kidneys of patients are normal in size, with kidney stones effectively eliminated. The findings of this investigation are presented in Table -3.

Limitations and challenges

Electro homeopathy is yet to be recognized as a new medicine system. The restricted resources are ideal for practitioners to achieve most of the sickness. For developing viable medication against kidney stones, a long-term investigation with bigger samples is necessary. Further study on the cure, antibacterial, antiviral, and anti-inflammatory effects of these medications should be done. Further research is required and efficient investigation is also needed under controlled conditions of additional herbal plants.

An increasing number should be performed to determine the effectiveness of the electro homeopathy clinical studies. Other physiological and metabolic consequences shooting electro homeopathy should be evaluated. Biochemistry and scanning are limited and have to be increased. It is a fully plant-based system in which medicines from all over the world, in particular India, search for a powerful alternative to the conventional system that leads to a grave health impact. Government, regulatory authorities and WHO should support alternative medical systems, in particular electro-hepatothy that is difficult to address, despite a great pathway to combat acute and chronic illnesses.

Table 2. Possible MOA of Electrohomeopathy medicine

Electro homeopathy medicine	Possible targeted organ and moa
Scrofoloso-1	Lymphatic, respiratory and metabolic and digestive remedy
Scrofoloso-10	Digestive and nervous system
Vermifugo-1	Anti-helminthic, anti-microbial and anti-allergic remedies.
Linfatico-1	lymphatic and glandular channel
Angiotico-1	Circulatory system mostly artery and components of blood
Angiotico-3	Circulatory system enhances the activity of heart
Febrifugo-1	Act on thermostat having anti pyretic and nerve action
Pettorale-4	Act on respiratory system, pneumogastric nerve, valgus nerve, arise from hypothalamus of brain
Pettorale-1	Act on respiratory system helpful in upper RTI in larynx, trachea, and bronchioles also alveoli
Canceroso-5	It acts on venous system, skin, glandular structures as liver, gall bladder and pancreas
Canceroso-13	Mucus membrane most in Upper respiratory track like throat, larynx, pharynx and vocal cord.
Red electricity	Nervous system stimulates the body functions and increase the body activities of body organs.
White Electricity	Also give strength to organs and systems
Blue electricity	Act on CNS control sympathetic and parasympathetic system
	Control circulatory system arterial nerves, capillaries and hear

Table 3. Observational data of patients

Patient	Observation Before Treatment	Date	Observation after treatment	Observation Date	Treatment Duration
1	Right kidney -4mm, 7mm, 9mm Left Kidney- 7.8 mm	20-04-2010	Normal	13-07-2010	83 days
2	Left Kidney – 4.7 mm	12-03-2010	Normal	08-04-2010	26 days
3	Right Kidney- 5mm	08-10-2009	Normal	18-11-2009	40days
4	Left Kidney – 4mm	23-01-2011	Normal	14-04-2011	81 days
5	Left Kidney- 3.6mm	26-05-2010	Normal	16-07-2010	50days
6	Left Kidney-11mm	21-01-2010	Normal	29-03-2010	68 days
7	Left Kidney -8.5 mm	13-07-2011	Normal	29-04-2011	70 days
8	Left Urethra -6.5mm	10-06-2010	Normal	10-08-2010	60days
9	Left Ureter- 5.4mm	11-10-2014	Normal	17-11-2014	36 days
10	Left Ureter-5 mm	24-07-2014	Normal	29-08-2014	35 days
11	Left kidney -5.5mm	17-01-2010	Normal	04-02-2010	18 days
12	Left kidney -6 mm	17-07-2009	Normal	28-08-2009	42 days
13	Left Ureter- 5.5mm	31-05-2007	Normal	27-06-2007	28 days
14	Rt kidney -10 mm	10-08-2010	Normal	27-08-2010	17 days
15	Rt kidney -6.2mm	23-02-2015	Normal	07-04-2015	45 days
16	Rt kidney -5.5 mm Lt kidney-4.4mm	28-06-2003	Normal	29-09-2003	90 days
17	Lt kidney- 5 mm	15-2014	Normal	17-10-2014	30days
18	Lt kidney-6 mm	09-09-2014	Normal	27-11-2014	75 days
19	Lt kidney-5.4mm	21-10-2014	Normal	27-11-2014	36 days
20	Rt kidney -7.6 mm	10-03-2012	Normal	29-04-2012	49 days
21	UV junction 6.8mm	12-09-2011	Normal	06-10-2011	24 days
22	Rt kidney -5mm	29-10-2015	Normal	09-01-2016	71 days
23	Lt Kidney -6.5mm	22-09-2014	Normal	25-10-2014	33 days
24	Lt Kidney -5mm Rt kidney -5mm	28-12-2016	Normal	12-01-2017	14 days

CONCLUSION

Renal stone is one of the most prevalent urinary system issues in developing and the rest of the world. Some conditions enhance the likelihood of difficulties with kidney stones, e.g. high fat diets, poor nutrition, oxalate-containing meals, high protein diet and post-operating abnormalities. These stones can be produced by common physiological activities such as improper para thyroid gland development that monitors calcium metabolism. This disease produces excessive calcium levels in the blood and urine, causing stones in the kidneys. The illness of kidney stone is an increasing concern. The production of kidney stone depends on numerous elements such as metabolism, environment and diet. Improved diagnostic methods have resulted in improved knowledge of the illness. There have lately been trends with certain techniques to cure kidney stone such as allopathic and herbal medicine or to remove stones via surgery. Most individuals choose herbal treatment, however, to remove kidney stone. These days electro homeopathy medication was also utilised to cure the stone kidney that is the safest and most cheap treatment ever.

Conflict of interests: The authors declared no conflicts of interest.

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