



## International Journal of Medical and Pharmaceutical Case Reports

10(4): 1-5, 2017; Article no.IJMPCR.39743  
ISSN: 2394-109X, NLM ID: 101648033

# Hydrangea arborescence and Berbaris vulgaris Ease Ureteric Calculi Emission: Single Case Report

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### Authors' contributions

This work was carried out in collaboration between all authors. Author NH designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors NH, MEK and MJA managed the analyses of the study. Author MKK managed the literature searches. All authors read and approved the final manuscript.

### Article Information

DOI: 10.9734/IJMPCR/2017/39743

#### Editor(s):

(1) Nurhan Cucer, Professor, Department of Medical Biology, Faculty of Medicine, Erciyes University, Turkey.

#### Reviewers:

(1) Sheikh Mohd Saleem, Government Medical College, India.

(2) Guven Aslan, Dokuz Eylul University, Turkey.

Complete Peer review History: <http://www.sciencedomain.org/review-history/23213>

Case Study

Received 29<sup>th</sup> November 2017  
Accepted 9<sup>th</sup> February 2018  
Published 15<sup>th</sup> February 2018

## ABSTRACT

Renal calculi or nephrolithiasis refers stone in the kidney-ureter-bladder (KUB) region. Calcium oxalate is the chief ingredient to form most of the calculi and kidney stone is one of the most common health problems in Bangladesh as well as in the world. Multiple risk factors play important role in the formation of stone including fatty foods, increased intake of NSAID, sedentary life and few chronic clinical conditions. Recurrent infection in the urinary tract and dull aching pain in the flank is a most common symptom along with difficulties in urine output and may lead to sudden obstruction of urine flow if not treated properly. Conventionally surgery is the most prescribed solution however, there are few tangles of this including fear to surgery, expenses, and recurrence. Therefore, finding an alternative, more beneficial and less expensive for patients is essential. The current case study involves a single case of ureteric calculi complicated with enlarged prostate, increased creatinine

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and previously diagnosed diabetes mellitus, where *Hydrangea arborescence* and *Berberis vulgaris* used with a positive outcome. The detailed mechanism of these two could be determined with extensive study along with new verge of research get opened.

**Keywords:** Renal calculi; ureteric calculi; hydrangea; berbaris.

## 1. INTRODUCTION

The term nephrolithiasis represents calculi or stone in KUB and ureteric calculi defines calculi in the ureter, the tube carries urine from kidney to the urinary bladder [1,2]. The abnormal concretion of various mineral salts including calcium oxalate, calcium phosphate, uric acid and struvite, where about 80% of kidney stone formed chiefly by calcium oxalate and grossly all originate attached to the interstitial plaque over renal papilla [3,4]. In major health problem index, it is in 3<sup>rd</sup> position due to its high prevalence and recurrence [5,6] though prevalence in Bangladesh is not known, yet it's a very common health complaint [7]. Multiple risk factors are involved in renal stone diseases including excessive use of NSAID, increased intake of fatty foods, Crohn's disease, adenine phosphoribosyltransferase deficiency, cystinuria, Dent disease, familial hypo-magnesemia with hyper-calciuria, reduced physical activity and nephron-calcinosis [8,9]. Although kidney stone disease may remain asymptomatic for years, features of recurrent infection in urinary tract along with frequent pain in lower abdomen and flank, nausea-vomiting and obstruction in renal flow are common [10,11]. Untreated patients may suffer sudden obstruction in renal output, however, surgery is widely prescribed treatment which is less eventful yet fever, hematuria, ileus, and urine leak are common complications [7,12]. Homeopathic medicine could be well accepted alternative treatment for renal calculi patients. Homeopathic medicine is based on symptom similarity, mostly depending on patient's mental and physical makeup, not only depending on clinical symptoms. Usually, it takes 12 weeks to 24 or more weeks to get a positive outcome in stone disease, depending on size-shape and position of stone. Sometimes patients become bored to take medicine due to this long period to respond and sometimes patient give up before the treatment has completed. So, it will be beneficial to the patients gets a positive result by consuming both less time and expenses. In this current study, we applied a combination of two different medicine, *Hydrangea arborescens*, and *Berberis vulgaris*, in a single ureteric calculi

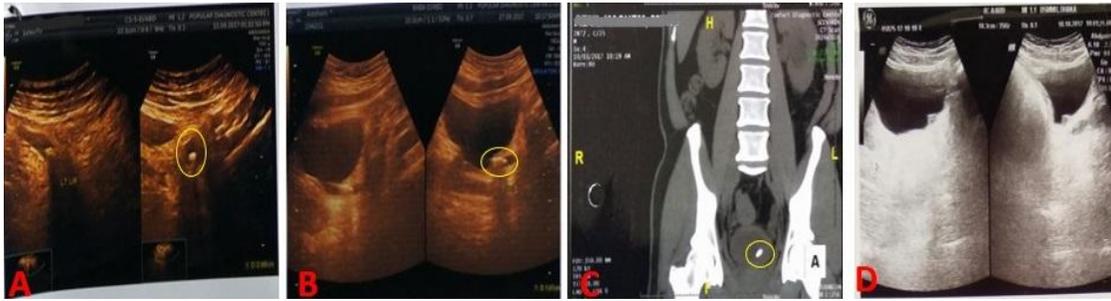
patient. The patient observed complete recovery of the condition with 4 weeks of consecutive treatment.

## 2. PRESENTATION OF CASE

Male, 52 years old, having known history of diabetes mellitus (DM) and hypertension (HTN) presented with low back pain, more on the left side which was radiating towards the groin, suffering from these for last 3-4 days. He had periods of moderate to severe spasms in the renal passages, which refers it as renal colic. The Patient was advised for some laboratory tests and with ultrasonogram diagnosed as a case of left ureteric calculi in the distal part measuring about 0.66 mm, along with mild left hydroureteronephrosis (Fig. 1A), along with enlarged prostate with post void residue (PVR) calculated 20.64 ml (Fig. 3), fatty liver change in grade-I. From the biochemical analysis of blood revealed that his prostate-specific antigen (PSA) was 0.74 ng/dl which suggest enlarged prostate is benign in nature; serum creatinine was 2.22 mg/dl (Fig. 4) and fasting blood glucose (FBS) was 10.4 mmol/L (Fig. 5). Due to fear to go to under surgery, the patient was inclined to take homeopathic medicine as a popular alternative choice in this locality.

## 3. MEDICINES AND DOSE

After being diagnosed the patient was advised to take *Hydrangea arborescence*, orally in tincture form, 60 ml distributed in 30 equal doses (2 ml each time, twice a day, before meal) and *Berberis vulgaris*, orally in 3X potency, 0.5 ml mixed with 60 ml distilled water, distributed in 30 equal doses (2 ml each time, twice a day, after meal) for 15 days. Evaluating the latest sonographic image found (Fig. 1B) and comparing biochemical report with previous reports (Figs. 3, 4 and 5) same medicines were prescribed for next 15 days in given order. Close image monitoring is done with computed tomography (Fig. 1C), and a final sonographic image was taken at the end of four weeks of treatment (Fig. 1D).



**Fig. 1. Follow-up images of calculi, marked in the yellow ring. A) Before starting treatment, calculi found in the distal part of the left ureter, B) Two weeks later, calculi in the left ureterovesicular junction C) Three weeks later, D) Four weeks later, calculi free sonographic image**

During this 4 weeks of a continuous period of treatment, use of other homeopathic or conventional medicine, topical or internal, were prohibited.

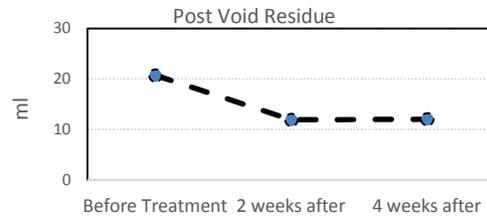
The patient was asked to take less quantity of water as he was taking earlier and advised to drink 2 L/24 hours along with maintaining personal hygiene and diabetic food chart strictly.

#### 4. RESULTS

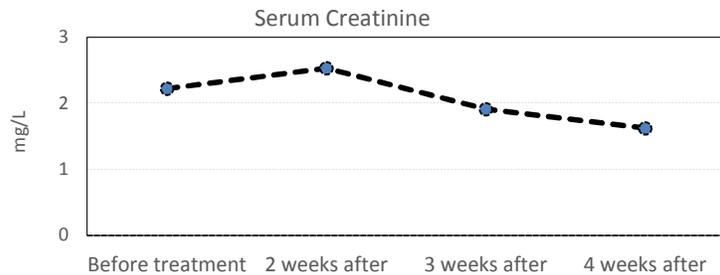
We observed that a large stone flowed out through urethra within 4 weeks (Fig. 2); PVR, elevated serum creatinine and FBS level started to reduce (Fig. 3, 4, and 5). A small ureterocele observed in the left bladder causing no significant complaints (Fig. 1D). The frequency of renal colic reduced within first 2 (two) weeks and lastly felt few hours prior to stone expulsion. No change found in the prostate status and remaining hydronephrosis condition needed no further treatment as it may resolve with the given advice.



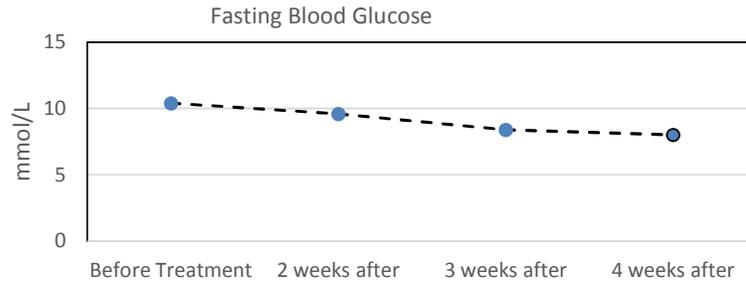
**Fig. 2. Flowed out calculi, length-18 mm, and width- 9 mm**



**Fig. 3. Post void residue (PVR) during the course of treatment. Initially, it was 20.64 ml, reduced to 11.87 ml after 2 weeks and 12 ml after 3 weeks of treatment**



**Fig. 4. Serum creatinine level during the treatment period. Before medication, it was 2.22 mg/dl, which moved to 2.53 mg/dl after 2 weeks of treatment. After 3 weeks it reduced to 1.93 mg/dl and after 4 weeks it was found at 1.62 mg/dl**



**Fig. 5. Fasting blood glucose level during the treatment period. Initially, it was 10.4 mmol/L, which 2 weeks later dropped to 9.6 mmol/L; after 3 weeks it was at 8.4 mmol/L and at the end of 4 weeks of treatment it moved to 8.0 mmol/L**

## 5. DISCUSSION

Among various available treatment options, homeopathy is one with non-invasive, cost-effective and without any known side effects. A number of homeopathic drugs including Benzoicum acidum, *Lycopodium clavatum*, Calcarea carbonicum, *Berberis vulgaris*, *Sarsaparilla officinalis* etc. are prescribed in treating nephrolithiasis [13]. According to homeopathic principles, the application of more than one drug is prohibited [14]. Now a day, in some particular clinical condition the application of two medicines at a time is practiced to reduce the duration of time to cure [15]. In our study, we treated with *Hydrangea arborescens* for its various properties including cracking stone in small pieces or leaching stone to softer and smaller, increases urinary outflow and reduces the prostate size [16-18]. Along with this, *Berberis vulgaris* was given for its known antibacterial activity, delays or prevent stone formation and has the affinity to help urinary tract health including stone expulsion [16,19,20]. After two weeks, the stone found in the left ureter-vesicular-junction, measuring 15 mm, which may miss interpreted that an increase of stone size, though it is the same stone in soft, flattened and elongated shape which justify the use of *Hydrangea arborescence* (Fig. 1B). We noticed that flowed out stone is almost 18 mm in length and 9 mm in width (Fig. 2), and the recovery time took significantly shorter than we usually find in using the single drug. Noticeably gradual reduction of PVR (Fig. 3) and FBS (Fig. 5) found; though after two weeks of treatment serum creatinine raised a little, which gradually reduced after three and four weeks respectively (Fig. 4). Recommended dilution in homeopathy is not fixed, could be given frequently according to individuals severity of illness, using various potencies including both higher and lower

potency is common [21]. In our study, we used the given potencies throughout the study with the significant outcome.

## 6. CONCLUSION

Findings of this case study may help to practice a new treatment option to reduce the curing time and expenses in the treatment of ureteric calculi and it's related complicity. Further study is needed to determine the possible correction of using both of these drugs and justification of this application.

## CONSENT

Authors declare that written informed consent was obtained from the patient for publication of this article and accompanying images. He was not against in taking homeopathic treatment as it is already famous in Bangladesh.

## ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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Peer-review history:

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