Stones in the Body

**Stones in the Body**

Kidney, Bladder, gall bladder stones, also called calculi, are solid concretions (crystal aggregations) of dissolved minerals in urine; calculi typically form inside the kidneys or bladder. The terms nephrolithiasis and urolithiasis refer to the presence of calculi in the kidneys and urinary tract, respectively.

Renal stone or calculus or lithiasis is one of the most common diseases of the urinary tract. It occurs more frequently in men than in women and in whites than in blacks. It is rare in children. It shows a familial predisposition.

Urinary calculus is a stone-like body composed of urinary salts bound together by a colloid matrix of organic materials. It consists of a nucleus around which concentric layers of urinary salts are deposited.

Renal calculi can vary in size from as small as grains of sand to as large as a golf ball. Most calculi originate within the kidney and proceed distally, creating various degrees of urinary obstruction as they become lodged in narrow areas, including the ureteropelvic junction, pelvic brim, and ureterovesical junction. Location and quality of pain are related to position of the stone within the urinary tract. Severity of pain is related to the degree of obstruction, presence of ureteral spasm, and presence of any associated infection.

- **Hyperexcretion of relatively insoluble urinary constituents** such as oxalates, calcium, uric acid, cystine and certain drugs (such as magnesium trisilicate in the treatment of peptic ulcer).
- **Physiological changes in urine** such as urinary pH (which is influenced by diet and medicines), Colloid content, Decreased concentration of crystalloids, Urinary magnesium/calcium ratio.
- **Altered urinary crystalloids and colloids.**
  1. Either there is an increase in the crystalloid level or a fall in the colloid level, urinary stones may be formed.
  2. If there is any modification of the colloids e. g. they lose their solvent action or adhesive property, urinary stones may develop.
- **Decreased urinary output of citrate.**
- VITAMIN A DEFICIENCY.
  1. The desquamated cells form nidus for stone formation. This is more applicable to bladder stones.
- URINARY INFECTION.
  1. Infection disturbs the colloid content of the urine, also causes abnormality in the colloids (which may cause the crystalloid to be precipitated).
  2. Infection also changes urinary pH and also causes increase in concentration of crystalloids.
- URINARY STASIS.
  1. It causes a shift of the pH of the urine to the alkaline side, predisposes urinary infection, and allows the crystalloids to precipitate.
- HYPERPARATHYROIDISM.
  1. Due to overproduction of parathormone the bones become decalcified and calcium concentration in the urine is increased. This extra calcium may be deposited in the renal tubules or in the pelvis to form renal calculus.
- PROLONGED IMMOBILISATION.
- NIDUS OF STONE FORMATION.

ENVIRONMENTAL AND DIETARY FACTORS
- Low urine volumes.
- High ambient temperatures.
- Low fluid intake.
- Diet.
- High protein intake.
- High sodium.
- Low calcium.
- High sodium excretion.
- High oxalate excretion.
- High urate excretion.
- Low citrate excretion.
- Hypercalcemia of any cause
- Ileal disease or resection (leading to increased oxalate absorption and urinary excretion)
- Renal tubular acidosis type I
- Familial hypercalciuria
- Medullary sponge kidney
- Cystinuria
- Renal tubular acidosis type I
- Primary hyperoxaluria

Basically the renal stones can be divided into two major groups
- Primary stones
- Secondary stones.

They appear in apparently healthy urinary tract without any antecedent inflammation.
  - Calcium oxalate.
  - Uric acid calculi.
  - Cystine calculi.
  - Xanthine calculi.
  - Indigo calculi.

SECONDARY STONES
They are usually formed as the result of inflammation.
- Triple phosphate calculus.
- Mixed stones.
  - Colicky pain: “loin to groin”. Often described as “the worst pain [...] ever experienced”.
· Hematuria: blood in the urine, due to minor damage to inside wall of kidney, ureter and/or urethra.
· Pyuria: pus (white blood cells) in the urine.
· Dysuria: burning on urination when passing stones (rare). More typical of infection.
· Oliguria: reduced urinary volume caused by obstruction of the bladder or urethra by stone, or extremely rarely, simultaneous obstruction of both ureters by a stone.
· Abdominal distension.
· Nausea/vomiting: embryological link with intestine – stimulates the vomiting center.
· Fever and chills.
· Hydronephrosis.
· Postrenal azotemia: when kidney stone blocks ureter.
· Frequency in micturation: Defined as an increase in number of voids per day (> than 5 times), but not an increase of total urine output per day (2500 ml). That would be called polyuria.
· loss of appetite.
· loss of weight.

**INVESTIGATIONS**

- Blood examination.
- Urinalysis.
- Radiography.
  1. Straight X-ray.
  2. Excretory urogram.
- Ultrasonography.
- Computed tomography.
- Renal Scan.
- Cystoscopy.
- Stone analysis.

The following investigations are appropriate in bilateral and recurrent stone formers:
- Serum calcium, measured fasting on three occasions to exclude hyperparathyroidism
- Serum uric acid
- Urinary urate, calcium and phosphate in a 24 hour collection. The urine should also be screened for cystine.
- Analysis of any stone passed.
Stones only form in a magnesium deficient body, give 50 to 200 mg of magnesium at a minimum per day, but to dissolve the stone take 10 oz of 1/3 apple juice, 1/3 weak lemon juice and 1/3 juniper tea 2 a day for a month, it works,

avoid spinach, coffee, rhubarb, artificial sweeteners, red meat, sardines, scallops, carbonated drinks, salt, all processed foods

Drink Nettles tea, lots of water, apple cider vinegar, dandelion tea and eat kidney beans

Easy Ayurvedic Treatment for Kidney Stones removal
ELIMINATE INFLAMMATION
- Nuts
- Avocado
- Spinach
- Tart Cherries
- Olive Oil
- Orange Vegetables & Fruits
- Pineapple
- Turmeric, Ginger, Onions and Garlic

CAUSE INFLAMMATION
- Gluten
- Casein
- Safflower, Sunflower, Soy, Corn
- Processed Meats
- Fried Food
- Meat & Dairy
- Syrup and Soft Drink
- Fast Foods
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<th>Magnesium Rich Foods</th>
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<td>Sesame Seeds</td>
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Home Remedies for Kidney Stones

General management
The general measures or advises which should be given to the patient regardless of the type of stone are:

- Fluid intake should he high at all times. Fluids should be taken at bed time so that nocturia will occur. This will prevent dehydration.
- Avoidance of milk, cheese and great deal of calcium should be advised. If renal function is satisfactory, sodium cellulose phosphate 5 g T.D.S. with meals should be prescribed to reduce calcium absorption.
- Urine should be kept acid all the time. Alkalies should be prohibited or used in lesser quantities in those patients who are suffering from peptic ulcer.
- Vitamin D should be stopped or used in very low quantity.
- Patients with hyperuricemia should avoid red meats, offal and fish, which are rich in purines, and should receive treatment with allopurinol.
- Eggs, meat and fish are high in sulphur containing proteins and should be restricted in patients with cystinuria.

Homeopathy treats the person as a whole. It means that homeopathic treatment focuses on the patient as a person, as well as his pathological condition. The homeopathic medicines are selected after a full individualizing examination and case-analysis, which includes the medical history of the patient, physical and mental constitution etc. A miasmatic tendency (predisposition/susceptibility) is also often taken into account for the treatment of chronic conditions. The medicines given below indicate the therapeutic affinity but this is not a
complete and definite guide to the treatment of this condition. The symptoms listed against each medicine may not be directly related to this disease because in homeopathy general symptoms and constitutional indications are also taken into account for selecting a remedy. To study any of the following remedies in more detail, please visit our Materia Medica section. None of these medicines should be taken without professional advice.

**Argentum nit.**
“Nephralgia from congestion of kidneys or passage of calculi.” Dull aching in small of back and over bladder. Urine dark, contains blood or deposit of renal epithelium and uric acid: passed often and little at a time, in drops (Nephritic colic.) Urine burns while passing and urethra feels swollen. Face dark: dried-up look. Arg. nit. craves sweets and sugar, which disagree. Suffers from anticipation: hurry. Flatulent dyspepsia.

**Belladonna**
Renal calculi with sharp, shooting pains. Come suddenly, crampy straining along ureter, during passage of calculus. Feverish and excitable. “Irritation and clutching and spasm where there are little circular fibres in small canals- as in gall-stones (which see) or in renal calculi.” Bell. is red, and hot, and dry: hypersensitive, especially to jarring. Bell. pains come and go suddenly.

**Benzoic acid**
Nephritic colic with offensive urine. Urine deep-red, of strong odour:--dark brown; smells cadaverous, putrid. Urine alternately thick like pea-soup, then clear like water. But patient feels better when urine is profuse, thick and offensive: suffers in joints-heart- when it is clear and scanty. Highly intensified urinous odour.

**Berberis**
“Excellent remedy for renal calculi.” Pains shoot: radiate from a point. Cannot make the least motion: sits over to painful side for relief. Sharp, darting pains following ureter and extending down into legs. Pains run up into kidneys and down into bladder. Formation of little calculi like pin-heads in pelvis of Kidney, start to go down to bladder, with great suffering. “You will be astonished to know how quickly Berberis will relieve this particular colic.” “Anything that is spasmodic can be relieved instantly.’-Kent. Burning and soreness, lumbar, in region of kidneys. Cannot bear any jar: has to step down carefully. Urine dark, turbid, with copious sediment: slow to flow: but constantly urging. May be associated with biliary calculi.

**Calcarea carb.**

**Cantharis**
One of the best remedies during the paroxysms of renal colic. Pain and excitement found in no other remedy. Pains lancinating, cutting, stabbing like knives, shoot off in different directions. Burning pain, with intolerable urging to urinate. Tenesmus. Sits and strains and gets no relief. “if he could only pass a few drops more urine (or a little more bloody stool) he would get relief: but no relief comes. Intolerable urging, before, with and after urination: violent pain in bladder” (Cystitis). Thirst, with aversion to all fluids. “The burning pain and intolerable urging to urinate point to Canth. in all inflammatory diseases of others parts.”

**Chimaphila umb.**

**Hydrangea**
Has been used for the intense pain of gravel and calculus. Relieves distress from renal calculus, with soreness kidney region and bloody urine. “The thirstiest plant known (diabetes).

**Hydrastis**
Dull aching in kidney region. Intense pain in left ureter. Frequent, scanty urination, with burning at the end of it. Thick, ropy, mucous sediment in urine.

**Ipomea nil.**
For the passage of stone from kidney to bladder: with severe cutting in either renal region, extending down ureter. Pains excite nausea.

**Lachesis**

**Lithium carb.**
Kent’s Repertory gives Lith. in black type for renal calculi. Curious symptom, “Pains in heart when urinating: when bending over.” Heavy deposits, urine; dark, reddish brown. Soreness and sharp sticking pain right side of bladder.

**Lycopodium**
Desire for sweets and hot drinks. All symptoms < 4-8 p.m. Hunger: but fullness after a little food. Distension, must loosen clothing.

**Nitric acid.**
Urinary calculi when the urine contains oxalic acid: and for oxalic acid calculi. Fetid urine of intolerable odour: or smells like horse’s urine. May feel cold as passed. Typical Nit. ac. craves salt and fats. Has “splinters” pains: < touch.

**Nux vomica**
Indicated in renal colic when one kidney (especially the right is the seat of the disease. Pains extend to genitalia and down leg, with nausea and vomiting. Renal colic, especially when each pain shoots to the rectum and urges to stool. “Must strain to urinate: bladder is full and urine dribbles away; yet when he strains it ceases to dribble.” “Renal colic is caused by a stone in the ureter, which by its irritation causes a spasmodic clutching of the little circular fibres of that canal; the proper medicine relaxes these fibres, and the pressure from behind forces these calculi out at once.”- Kent. The Nux patient is hypersensitive, mentally and physically: choleric; irascible: quick and active: generally lean. Chilly.

**Ocimum can**
Renal colic where there is considerable haemorrhage. Urine has brick-dust sediment and considerable blood. Clarke says, “Used in Brazil as a specific for diseases of kidneys, bladder, and urethra.” “Renal colic with violent vomiting every fifteen minutes: wrings the hands and moans all the time.” Urine “saffron colour; or thick purulent, with an intolerable smell of musk.”

**Pareira brava**
Renal colic. Excruciating pain radiates from left kidney to groin: follows course of ureter. Excessive pain in Kidneys, shoots down left ureter; urine passes drop by drop with violent tenesmus, nausea, vomiting of bile. Constant urging to urinate: pain extorts screams. Must go down on all fours to urinate. Almost touches floor with forehead in order to be able to pass urine. With tearing, burning pains at point of penis. Copious sediment of uric acid and blood. Thick, stringy, white mucus, or red sand.

**Phosphorus**

**Sarsaparilla**
Excruciating neuralgia of the kidneys. Renal colic. Passes gravel: vesical calculi. Tenesmus: extreme pain at conclusion of urination: yells with pain :-or urine passes
without sensation. “White sand in scanty, slimy or flaky urine, or red sand in clear urine”-Nash. Renal and vesical calculi. Kent says, “This medicine has many times dissolved a stone in the bladder; it so changes the character of the urine that it is no longer possible for the stone to build up, and it grows smaller by continually dissolving off from the surface.” Curious symptom, “Urine only passes freely when standing.” Hot food and drink aggravate all the complaints; but wants heat applied externally. After the remedy has been given there is a deposit of sand in the urine, which should not be stopped.

**Silicea**

**Tabacum**
Pains down the ureter, with deathly sickness and cold sweat. Nausea with burning heat in abdomen the rest of the body being cold. Patient persists in uncovering the abdomen. Such sickness suggests Tab. in renal colic.

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Desiré is the Professor Emeritus of IMUNE. IMUNE is an accredited and legally registered medical university in Europe.

Since 1995 IMUNE has been offering medical education in a variety of subjects to defend and perpetuate Natural Medicine. There are many small minded people being driven by the SINthetic chemical companies to destroy Natural Medicine as a viable choice in Medicine. IMUNE has offices in Switzerland, Mexico, Dubai, Budapest, England, and the British Virgin Islands. The small petty minded picayune minions of the chemical companies constantly attack with their anal retentive biased short sided views. We must fight for freedom of choice and especially freedom of choice on medicine.

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