

Efficacy of Acupuncture Treatment for Urolithiasis: A Case Report

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Abstract

Urolithiasis is characterised by the development of stones in the renal pelvis, ureter, bladder, or urethra. Giant ureteral calculi are ones with a circumference or length of more than 5 cm. If not treated in a timely manner, these massive calculi might result in ureter obstruction, renal dilatation, and impaired kidney function. The male patient in this report presented with complaints of unilateral episodic pain of the right lumbar region. During a Tran's abdominal ultrasound of the entire abdomen and pelvis, a big right ureteral stone measuring 11.3 * 6.6 mm in length was discovered. After that, acupuncture was used to treat the ureteric calculus successfully.

Keywords: Urolithiasis; Acupuncture; Giant ureteral calculi

Introduction

Stones in the renal pelvis, ureter, bladder, or urethra are the hallmark of the common urinary disease urolithiasis [1]. Recent epidemiological data show that nearly all nations now have significantly higher prevalence and incidence rates of urolithiasis [2]. A potential emergency condition called utolithiasis frequently causes severe abdomen, low back, flank, or groin pain. Ureteral stones are a common complaint in primary care centres. Most patients describe the pain as a downward-radiating flank pain that progresses anteriorly into the abdomen, pelvis and genitals as the calculus travels from the kidneys down the ureter and into the bladder [3].

The likelihood of spontaneous passage of the ureteral stones is associated with both location (proximal, mid, and distal ureter) and size of the stone [4]. Usually small, ureteric calculi have the potential to gradually enlarge in size. Nephrolithiasis and, in some circumstances, renal system blockage might develop as a result, leading to kidney failure. The following case describes a patient in which Urolithiasis resulted in occlusion of the renal system and nephro-lithiasis [5].

Renal enlargement and reduced kidney function can also result from ureter obstruction [6]. Ureteric stones larger than 5 cm in length, circumference, or weight are referred to as gaint ureteric calculi [7].

Based on the prior studies, the spontaneous passage rate as a function of stone size was 25% for stones larger than 9 mm. Additionally, stones in the distal and ureterovesical junction were more likely to spontaneously pass than stones in the proximal or mid-ureter [8]. In this study, we report a case of unilateral urolithiasis associated with right hydronephrosis due to pelvi-ureteric junction calculus obstruction with size of 11.3*6.6 mm (7.45 cm) along with peri-nephritic fat strands.

Case report

A 40-year-old male patient presented to the out-patient department of Government Yoga and Naturopathy Medical College and Hospital, Arumbakkam on November 11, 2021 with severe right flank pain radiating to right lower quadrant. His blood pressure was 120/70 mmHg, pulse rate was 76 bpm and temperature was 36.7°C. The pain was insidious in onset. His medical history included a similar pain in the right flank one month earlier which was diagnosed as large kidney stone. The history of his illness indicated that the patient did not use any medication to reduce his pain. No significant medical or family history was mentioned. His breathing and pulse rate were both within normal ranges. He had no symptoms of edoema, nausea, abdominal pain, or

indigestion. He had a soft, evenly distributed abdomen that was more so in the lower right quadrant. The patient was not currently taking any drugs and had no known chronic medical issues. He presented the transabdominal ultrasonography (USG) of whole abdomen and pelvis report while in OP consultation. The USG findings illustrated a huge calculus with a size of 11.3*6.6 mm (7.45 cm) length in pelvi-ureteric junction of right kidney (Table 1).

Although his right kidney's excretion was somewhat reduced, his total renal function was normal, and his left kidney's excretion was found to be acceptable. Since he had an intense fear of needles and surgery, he opted for Acupuncture treatment. After gaining informed consent, the patient undergone 15 sessions of Acupuncture treatment with points such as CV 3, 6; ST 28; SP 6, 9, 15; K 8; GB 25; and UB 23, 28 along with few dietary modifications as increased water intake (approximately), and plantain pith juice (200 ml, once daily in empty stomach). Sterile disposable acupuncture needles (length, 40 mm; diameter, 0.3 mm) were inserted at an angle of 90° and a depth of 0.5 cm (about 8-10 mm). Twirling, lifting, and thrusting (needle manipulation) were performed for at least 30 seconds per acupuncture point to reach De qi sensation (soreness, numbness, distention, and heaviness). These acupuncture points were developed from experience with clinical experts. The patient attended all the 15 sessions and a trans-abdominal ultrasonography was taken after a month as post assessment shows that

Table 1: Impression in transabdominal ultrasonography (USG) before and after Acupuncture treatment.

Pre-transabdominal ultrasonography Impression	Post-transabdominal ultrasonography Impression
Right hydronephrosis due to pelviuretric junction calculus measuring 11.3*6.6 mm obstruction. Right acute pyelonephritis	Right renal microliths in upper pole No evidence of pelvicalyceal dilatation Cortico medullary differentiation within normal limits

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a single large renal stone has been broken down into microliths and so the patient was advised to continue further treatments so as to remove entire renal stones.

Discussion

The theory of Traditional Chinese Medicine holds that heat-dampness accumulated in the body is frequently responsible for kidney stone production. The formation of the heat-dampness that accumulates in the lower body is due to several factors as eating spicy, greasy and fried food engaging in heavy drinking. Due to the heat-dampness, the fluid in the body is gradually depleted. Kidney stones will eventually occur as a result of it. Additionally, qi and blood stasis within the body may also contribute to kidney stone production. When qi and blood in the body cannot move freely, minerals and salts in the urine can quickly build up. Hence, kidney stones can form. "Clear heat, drain damp, expel the stones, and unblock painful urinary dysfunction" are the key components of the therapy strategy for stones. The way to form internal heat is thought energy imbalances caused by emotional issues such as excessive angry. This emotion can cause an increase in the Liver Yang energy, leading to Liver Fire, causing increase in the internal heat, leading in this case, and formation of kidney stones [9-10]. With increased consumption of acrid, hot, fatty, and sweet foods or excessive fondness of liquor, these can brew and form Damp-Heat, which accumulates in the Kidneys, streams downward into the Bladder, and boils the urine. If this continues for days and months, impurities within the urine can gradually accumulate and form stones [11].

Traditional Chinese medicine uses a variety of clinical therapy modalities, primarily heat-clearing and damp-discharging, Zhuangyao Jianshen, Wenshen Lishui, Yiqi, Yangyin, boosting blood circulation and removing blood stasis, and pain relief procedures [12]. The acupuncture points selected in this study may have its major role in clearing the stagnant heat, drain the damp which in turn destructed the renal stones into microliths. The treatment consisted of the dietary counselling of avoiding dairy products, raw foods, cold water, sweets, fried foods, melted cheese, chocolate, honey, coconut, alcoholic beverages. In the diagnosis of ureteral stones, the clinical diagnosis was supported by an appropriate imaging procedure the transabdominal ultrasonography (USG) study a procedure that assesses the organs of the urinary system as post assessment. The findings showed as right renal microliths.

Author contributions

All authors agreed to be responsible for all aspects of the project and participated in data analysis, drafting or revising the article. They also gave their final approval of the published version.

Disclosure

The authors report no conflict of interest.

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