A comprehensive review on kidney stones, its diagnosis and treatment with allopathic and ayurvedic medicines

Abstract

Kidney stone is a major problem in India as well as in developing countries. The kidney stone generally affected 10-12% of industrialized population. Most of the human beings develop kidney stone at later in their life. Kidney stones are the most commonly seen in both males and females. Obesity is one of the major risk factor for developing stones.

The common cause of kidney stones include the crystals of calcium oxalate, high level of uric acid and low amount of citrate in the body. A small reduction in urinary oxalate has been found to be associated with significant reduction in the formation of calcium oxalate crystals; hence, oxalate-rich foods like cucumber, green peppers, beetroot, spinach, soya bean, chocolate, rhubarb, popcorn, and sweet potato advised to avoid. Mostly kidney stone affect the parts of body like kidney ureters and urethra. More important, kidney stone is a recurrent disorder with life recurrence risk reported to be as high as 50% by calcium oxalate crystals. Calcium oxalate occurred kidney stones is the most common stone reported in India. Therefore, due to disease of kidney stones there is a higher chance of developing heart diseases which are now detected in India and the rest World. Kidney stones forms lower the minerals in the body as well as reduced the essential element for bone formation. The patients detects higher lipid level in the blood may have the tendency to develop kidneys stones as compared to normal individuals. The patients have advice to take low fat diet and fibers of natural occurring plants and its herbal medicines. The combination of herbal medicines with allopathic treatment have a great idea to get rid all the complications related to kidney stones.

Keywords: calcium oxalate crystals, thiazides, fenugreek seeds, shattavari root

Introduction

The urinary system is consists of two major bean shaped kidneys, ureters, bladder and urethra. These bean shaped kidneys located just middle of the back and below the pairs of ribs. Kidneys transport water and body wastes from the circulating blood and then converts it to form urine. These are also useful for making a equilibrium balance of salts and other ions in the blood. The acidity of any fluid are expressed as pH. The pH properties have increased risk of forming a stone:

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

Among the urinary stones, calcium- containing stones have been found to about 75% of all urinary calculi, which may be present in the form of crystals of pure calcium oxalate (50%), calcium phosphate (5%) and a mixture of both compounds (45%). The diet can affect the concentration of certain substances in the urine and can affect the acidity of urine. The 24 hour urine collection of urine may found any of the given properties have increased risk of forming a stone:

I. High levels of calcium (hypercalciuria)
II. High levels of oxalate (hyperoxaluria)
III. High levels of uric acid (hyperuricaemia)
IV. Low levels of citrate (hypocitraturia)

Composition of kidney stones

A kidney stone is a cluster of crystals when they formed together to create a hard lump in one or both kidneys. They can vary in size from a few millimeters to several centimeters. The majority of stones will pass out of the body in the urine without any help, but some will require intervention to remove them. The Urinary stone have been developed with the crystals of phosphate, uric acid, magnesium ammonium phosphate with apatite and struvite. Among the urinary stones, calcium- containing stones have been found to about 75% of all urinary calculi, which may be present in the form of crystals of pure calcium oxalate (50%), calcium phosphate (5%) and a mixture of both compounds (45%). The diet can affect the concentration of certain substances in the urine and can affect the acidity of urine. The 24 hour urine collection of urine may found any of the given properties have increased risk of forming a stone:
of less than 7 is called acidic while pH greater than 7 is belongs to alkaline. Normal urine pH will vary during the day depending on diet and will usually range between 5 and 8. Calcium oxalate stones can be found in any pH of urine. The formation of uric acid stones is more in acidic urine while calcium phosphate stones form in more alkaline urine (Figure 1).\(^7\)

**Types of kidney stones**

There are four major types of stone are deposit in kidneys which are- calcium (75 to 85%), struvite (2 to 15%), uric acid (6 to10%) and stones of cystine (1 to 2%). The distribution and frequency of these stones is depending upon the geographical location of living being and population studied. Rarely, the long term used of drugs causes the kidneys stones which are about 1%.\(^6\)

**Calcium stones**

The stones of calcium oxalate, calcium urate and calcium phosphate are associated with hypercalciuria which caused by hyperparathyroidism. People associated with disease, increased calcium absorption from the gut causes renal calcium or phosphate leak, hyperuricosuria, hyperoxaluria, hypocitraturia and hypomagnesuria developed.\(^9\)

**Struvite stones**

Struvite is composed of magnesium ammonium phosphate stones which grow to fill the collecting system (partial or complete staghorn calculi). This stage is developed due to chronic urinary tract infections which caused by Gram-negative urea-splitting rods including Proteus, Pseudomonas and Klebsiella species.\(^10\)

**Uric acid stones**

The formation of uric acid stones depend upon high purine intake drugs or high cell turnover (e.g. malignancy) which are mostly found in patients with gout. Uric acid stones mostly form in slightly acidic urine (pH 5.5). They are visible in nature and usually radiolucent on X-ray film.\(^11\)

**Cystine stones**

Cystine stones become due to having hereditary intrinsic metabolic disorder called cystinuria in which the re-absorption of cystine in the renal tubule is impaired. These stones could difficult to find on X-rays because of high sulphur content. In drug-induced stones, several drugs can participate in the formation of renal stones.\(^12\)

**Drug-induced stones**

Some drugs are also participating in the formation of renal stones which can be used for another disease. They are indinavir, atazanavir, guaifenesin, triamterene, silicate (antacids) and sulfa drugs. These stones are rare and are always seen on X-Rays (radiolucent).\(^13\)

**Sign & symptoms**

The subject did not identify weather he is suffering from kidney stones, it do not cause any symptoms to be observed without identification. After leaving the stone through kidney, it passed to the bladder through the help of ureters. At the same time some of the stones remain in the ureters, they block the urine flow out of the kidneys and make it to swell; this condition is called as hydronephrosis. This caused a lot of pain in the kidneys. Common symptoms of kidney stones are verified by.\(^14\)

I. An acute, sudden, sharp and wavy pain in the back and its whole side, which can be moved to the lower abdomen or genital space. Some of the women patients say the pain which is worse than childbirth labor pains. It makes a situation of come and go pain with discomfort. The sign and symptoms are-

II. A feeling of sudden urinate.\(^15\)

III. Burning feeling at urination.

IV. The color of the urine will be dark or red due to blood particles of RBCs. In some cases the color of the blood is very less that is not seen by naked eyes.

V. Feeling of nausea and vomiting.

VI. Male patients feel pain at the tip of their penis.\(^16\)

**Risk of factors**

Dietary factors are major key points to promote or inhibit kidney stone formation. The stone can be formed by other factors which include environment, body weight, genes and how much of fluid intake. The following of the factors which can increase the risk of promoting kidney stones.\(^17\)

I. Dehydration of the body

II. Kidney stones may be come by genetically. Cystinuria is a genetic disorder increased the risk of developing cystine stones

III. Taking more amounts of proteins, fats, sodium and sugar in the diet may increase the risk of kidney stones.

IV. People having kidney infections (especially women) and urinary tract infections (UTIs) can develop more easily struvite stones compare to other diseases

V. Metabolic syndrome developed kidney stones

VI. Obesity may increase risk of kidney stones.\(^18\)

**Diagnosis**

**Blood testing:** Blood tests measure too much of calcium or uric acid in the blood. Blood test results help monitor the health of the kidneys and may lead doctor to check for other medical conditions.\(^19\)

**Urine testing:** The 24-hour urine collection test may show that the kidneys excreting too many stone-forming minerals or too few stone-preventing substances. For this test, doctor may request that at least perform two urine collections over two consecutive days.\(^20\)
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Imaging: Imaging tests may show the availability of kidney stones in urinary tract. Options range from simple abdominal X-rays, which can miss small kidney stones, to high-speed or dual energy computed tomography (CT) that capture even tiny stones. Other imaging options include an ultrasound, a noninvasive test, and intravenous urography, which involves injecting dye into an arm vein and taking X-rays (intravenous pyelogram) or obtaining CT images (CT urogram) as the dye travels through the kidneys and bladder.

Pathophysiology of urinary stone

The pathogenesis of Urolithiasis is complex to describe it encompassing several physicochemical events occurring sequentially or concurrently. Despite increasing study in the last decade the mechanisms whereby calcium oxalate crystals are retained in the kidney and form renal stones remain incompletely understood. Formation of stone required supersaturated ionic urine. The level of super-saturation is also depends on urinary pH, ionic strength, solute concentration in the urine and complications. Three conditions must coexist for the formation of Struvite calculi.

I. Alkaline Ph of urine,
II. The availability of urea or ammonia in the urine
III. High amount of minerals in the urine.

Treatment of kidney/urinary stones

Small stones

The small stones do not require much treatment; they get off the body by drinking precise amount of water. Drinking plenty of water to about 4-5 lit/day helps to get rid of stones throughout the body through urine. The movement of stones creates pain; the moving pain can be treated with certain pain relievers.

Medical therapy for kidney stones: Usually doctors prescribe with alpha blockers; they relax the muscles in the ureters, which help to pass the kidney stone more quickly. Diuretics are also useful for increasing the urine flow to pull out the stone.

Large stones

Large stones are not easy to remove by drinking plenty of water they cannot pass out from the body due to stuck in the renal tube. These stones may harmful for body because they can damage the kidneys and cause internal bleeding, loss of Nephron or easy to get infected with some urinary tract infections. The larger stones cannot pass throughout from the kidneys because they are large in shape and are may be chances of break down. They also cause bleeding, UTIs and damage in kidneys.

Extracorporeal shock wave lithotripsy

In this process the large kidney stones are broken into small pieces by using sound waves or shock waves to create strong vibrations. The small pieces of broken stones can be flushed out of the body through urine (Figure 2).

Nephrolithotomy

If the doctors find the large stones in or near kidneys the Nephrolithotomy is one of the options. During this surgery the patient receives general anesthesia. The device contains a thin telescopic instrument which removes the kidney stones which is more than in 2 cm in size. This instrument is better used for the stones near the pelvic region.

Potassium citrate

Potassium citrate is used to make urine less acidic and useful for patients suffering from uric acid stones. The citrate level also increased in the urine, which helps to prevent formation of calcium stones.

Thiazide diuretics

Thiazides are useful for patients contain high amount of calcium in urine as well as calcium stones in the kidneys. These drugs help the kidneys to remove excessive calcium to out of the body and prevent formation of calcium stones (transport back into the blood stream). Thiazides are useful in low sodium diet intake, with measured quantity of salt used in the diet.

Allopurinol

Allopurinol is used in the treatment of gout, increases the amount of uric acid in the blood that deposits in the cavity of joints. Allopurinol is effective for patients suffering from gout.

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lowers the raised amount of uric acid in the blood and urine. It also prescribed to prevent the calcium and uric acid stones in the kidneys.34

Acetohydroxamic acid (AHA)

Acetohydroxamic acid is used for the patients having to produce struvite stone or infection in the UTIs. This type of stones can be formed due to repeat of urinary tract infections. AHA can dilute the urine and make it unfavorable for the formation of struvite stones. The inhibition of struvite stones is prevented by blocking the action of repeated UTIs which is caused by some specific types of bacteria. The stones can be completely removed by surgery.55

Herbal treatment of kidney stone

Herbs and herbal drugs are useful in the treatment of kidney stones. These drugs have created interest among the people by its clinically proven effects like immunomodulation, adaptogenic and antimutagenic effect. Also, the over use of synthetic drugs; results in higher incidence of adverse drug reactions, has motivated to humans for return to use of natural remedies.

Celosia argental (Viratavaradigana): Indian system of medicine is considered to be specific for the treatment of urinary stone. Its aqueous decoction is used for the dissolution and excretion of stones. Didymocarpus pedicellata, commonly known as Patharphodi or Shila pushp is useful for kidney and bladder stones.36

Fenugreek seed (Trigonella foenum-graecum): The seeds of this herb are commonly used in northern Africa to prevent and treat kidney stones. In an animal study it was found that Fenugreek seed significantly reduced calcification in the kidney and helped prevent kidney stones.37

Shatavari root (Asparagus racehorses): This important Ayurvedic Ramayana (rejuvenative remedy) was found to inhibit formation of calcium oxalate stones in test animals.38

Chanca piedra/Stonebreaker (Phyllanthus niruri): The Chanca stone breaker is may be used of tropics and has a long history of use for helping to prevent and pass kidney stones. In several in vitro and animal studies, daily intake of this herb helped to prevent the formation of kidney stones.39

Gokshura fruit/root (Trithubus terrestris): This herb is an Ayurvedic rassaya, nephroprotective agent, and is commonly used in India and China to treat urinary tract disease. In animal studies it prevented the formation of kidney stones and may have even helped to reverse early stage Urolithiasis. In vitro research supports the animal data and further suggests that Tibullus also protects against calcium oxalate induced renal injury.40

Origanum vulgare: This plant is widely used as spice and medicine; work as lithotripter, diuretic, Anti antispasmodic in nature. The crude aqueous metabolic extract of the aerial part of O. vulgare exhibited in vitro inhibitory activity in the nucleation and aggregation of calcium oxalate crystals, and also decreased the number of crystals produced in calcium oxalate detestable solutions.41

Barberry root bark (Berberis vulgaris): Barberry was found to inhibit calcium oxalate crystallization and prevent kidney damage caused by oxidative stress. The water extract was the most effective preparation.42

Chanca Piedra/Stonebreaker (Phyllanthus niruri): Is native to the tropics and has a long history of use for helping to prevent and pass kidney stones. In several in vitro and animal studies, daily intake of this herb helped to prevent the formation of kidney stones.39

Black cumin seed (Nigella sativa): In animal studies the use of this herb significantly protected test animals against experimentally induced formation of calcium oxalate stones.43

Punarnava herb (Boerhaavia diffusa): This common Indian weed is used as a kidney restorative and to help expel kidney stones. In an in vitro study it was able to inhibit formation of struvite stones; whether it can do this in vivo is unknown.45

Varuna bark (Crataeva nurvala): Daily intake of this Ayurvedic herb reduced urinary calcium excretion and kidney stone formation. This Ayurvedic herbs used to help prevent kidney stones (see page 5) and it also used with banana stem (Muse paradisical) for successfully treating kidney stones. In recent human study, the authors state that this formula “helped to dissolve renal calculi, facilitated their passage and reduced pain.46

Evening primrose seed oil (Oenothera biennis): In a human study, daily ingestion of EPO (1000 mg perday) significantly increased citruria (urinary citrate levels) while reducing urinary oxalate, calcium and the Tiselius risk index, which is a measurement of risk for Forming kidney stones.47

Rupture wort herb (Herniaria hirsuta): In animal studies this herb inhibited deposition of CAOx crystalline the test animals’ kidneys.48

Ammi visnaga: Different type of tea prepared from the fruits of Ammi visnaga have been traditionally used by patients with renal stones in Egypt as well as in the World.49 The aqueous extract of this fruit accelerated the dissolution of cystine stones in the kidneys. The fruit and its two major constituents, namely khellin and visnagin which showed beneficial effects in the management of kidney stone disease caused by hyperoxaluria.50

Hibiscus sabdariffa

This belongs to Thai traditional medicine, Hibiscus sabdariffa is used for the prophylaxis and treatment of urinary stones.51 A clinical trial done, which had tested a cup of tea made from 1.5 g of dry H. sabdariffa, which was taking two times daily on 18 patients for 15 days revealed uricosuric effect and significant increase in uric acid excretion and clearance from kidneys by urine.52

Conclusion

Kidney stone is one of most common problems in developing countries and rest of the World which affects urinary system. Some of the medical condition increase the risk of kidney stones problems such as high fat diet, inadequate nutrition, addition of food that contains oxalate crystals, high protein diet and post surgery defects. The stones can be developed by common physiological functions such as abnormal growth of Para thyroid glands, which controls the metabolism of calcium. This condition creates high level of calcium in the blood and urine which causes kidney stones. Kidney Stone disease continues to be a growing problem. Kidney Stone formation depends upon various factors such as like metabolic, environmental, and nutritional factors. Improvement of diagnostic modalities has led to a better understanding of the disease. Some technique for the treatment of kidney stone such as allopathic and herbal medication or removal of stones through surgery is now in trends. But most of the people preferred herbal therapy for removal of kidney stones.

Herbal treatment is the safest and inexpensive treatment ever but the treatment needs time for their effect.

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Conflict of Interest

Author having lots of interest regarding the public health issue, reporting possible or non-possible adverse drug reaction detect by allopathic and traditionally using medicines.

References

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