

## CARCINOSIN, A BOON FOR PEDIATRIC NEPHROLITHIASIS: CASE REPORTS

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### ABSTRACT

**Introduction:** There is an increasing trend for prevalence of kidney stone all over the world among all age group but especially in pediatric age group. With the use of individualized homoeopathic medicines, which is reported to be more beneficial than organ-specific homoeopathic medicines, the menace of pediatric nephrolithiasis can be curtailed. **Case profile:** Two cases of pediatric kidney stone having family history of complex diseases like pulmonary tuberculosis, rheumatoid arthritis, schizophrenia and PCOD. They were prescribed *Carcinosin*, considering their mental and physical symptoms; behavior pattern, personal history, as well as complex family disorders,

expulsion of stones was noticed in 4 to 5 months. **Conclusion:** *Carcinosin*, prescribed on the basis of individualization focusing certain presenting symptoms, family history, personal history and behavior pattern favoured expulsion of kidney stones in two children in optimal time. Further documentation of case reports is required to explore the unfathomed avenues of lesser known /partially proved homoeopathic medicines.

**KEYWORDS:** Nephrolithiasis; Individualised Homoeopathy; *Carcinosin*.

### INTRODUCTION

Over the past three decades, the prevalence rate of renal stone in the United States has doubled. Similar data from Southeast Asia and most European countries with increase in the prevalence of stone disease are found in the literature.<sup>[1]</sup> Overall incidence of pediatric

nephrolithiasis is estimated to be about 10% of the reported rate in adults. In children of industrialized countries, this incidence is about 5%.<sup>[2,3]</sup> In the era of minimally invasive techniques, more concern about management for urolithiasis in infants and children is observed. This might be due to the increase in the incidence of renal stones in this age group with added risk of higher recurrence and morbidity.<sup>[4]</sup>

Homoeopathy treats patients on individualistic approach, giving more stress to patient's characteristic symptoms rather than pathognomonic symptoms of the disease. This individualized approach is considered as the edifice of *classical homoeopathy* that has been reported to be beneficial.<sup>[5]</sup> Some authors have documented the scope of organ specific medicines also in the management of nephrolithiasis<sup>[6,7,8]</sup> but the case reports presented here reflects the role of homoeopathic medicines selected on the basis of individualization.

### CASE 1

A male 12 years old child, suffering from intermittent gripping pain in left lumbar region of abdomen for the last two years, reported to Homoeopathic Unit of Rajnagar Block Primary Health Centre, Murshidabad, West Bengal on 14.05.2013. Two days prior to his visit to the Homoeopathic Unit, he had an acute attack of abdominal colic for which he was admitted in the IPD of the Rajnagar Block Primary Health Centre. After conventional management of pain, he was advised for ultrasonography of whole abdomen.

Ultrasonographic imaging revealed 11 mm stone in midcalyx of left kidney with mild hydronephrosis (Fig. 1a). Routine blood and urine examination revealed no other abnormality.

### History of presenting complaints

Patient was having recurrent gripping pain in left lumbar region off and on for the last 2 years. Every episode of abdominal colic was accompanied by burning pain in urethra during micturation. Usually pain subsided spontaneously but sometimes he had to take over-the-counter available analgesic medicines.

### Family history

Patient's paternal grandfather was a known patient of *pulmonary tuberculosis*, whereas her maternal grandmother had *abdominal tumor* of which, no details could be elicited. Her elder sister was suffering from polycystic ovarian disease (PCOD).

**Mental symptoms**

Child was very meticulous and tidy. His father reported that he was very neat and particular about his belongings; even after whole year of study, his books were so neat and tidy that they looked like new. Child was very shy and introvert; he always preferred to be alone and responded to the queries very precisely. He was very mild and emotional, easily wept on least provocation. He preferred to put on mobile headphone over his ears and listen to music whole day.

**Physical generals**

Child's appetite was good with craving for sweets and candies. He was a hot patient; could not tolerate any sort of covering even in winter season. He enjoyed rainy season very much in comparison to the other seasons.

**First Prescription with justifications**

The medicine *Carcinosin* was selected based on the following points:

- Family history of variety of complex diseases like pulmonary tuberculosis, abdominal tumor and PCOD.
- Mental state: Patient was very meticulous, tidy and fastidious. He was very mild and timid. There was intense liking for music.
- Physical generals: There was craving for sweets and candies. He enjoyed rainy season very much.

On the basis of family history, physical generalities, and mental symptoms, the child was prescribed, *Carcinosin* 0/1 on 14.05.2013, [prepared by mixing 2 poppy sized globules in 100 ml distilled water and mixed with a few drops of 91.9% v/v alcohol], 16 doses, to be taken on every alternate day morning on empty stomach. Before consuming the medicine, he was advised to give ten uniform downward strokes to the bottle; then to mix 5-6 ml of this solution with 30 ml of water. After stirring it well, 10-12 ml of this solution was to be consumed and rest of the solution was to be discarded. Every time before consuming subsequent doses of the medicine, he was advised to repeat the same procedure.

**Follow-up and Outcomes**

Patient was followed up monthly for four months regularly [Table 1]. In a period of four months, there was only single episode of abdominal colic. The stone passed unnoticed and

ultrasonography done on 22.09.2013 revealed no stone in his left kidney but only calyceal dilatation was reported (Fig. 1b).

LIVER	±	Normal in size. Margin is smooth & regular. Parenchymal echotexture is within normal limits. No focal or calcification seen. IHBR'S are not dilated. IVC & hepatic veins are normal limits.
GALL BLADDER	±	Adequately distended. Wall thickness is normal. No obvious calculus is seen. No mass is seen.
C.B.D.	±	03 mm. Lumen is free traced upto head of pancreas.
PORTAL VEIN	±	At porta 9 mm
SPLEEN	±	Measures 10 mm. Parenchymal echotexture is within normal limit. No focal SOL or calcification is seen. Splenic hilum is within normal limit.
PANCREAS	±	Parenchymal echotexture is within normal limit. M.P.D. is not dilated. No focal SOL or calcification is seen.
KIDNEYS	±	Right kidney measures about 7.8 cm and is normal in contour & position. Parenchymal echotexture is within normal limit. Cortico-medullary differentiation is within normal limit. Left kidney measures about 8.7 cm with mild dilatation of pelvicalyceal system. A 1.1 cm calculus is noted in the mid calyx.
URETERS	±	Not dilated
U.B	±	Normally distended. Wall thickness is within normal limit. No focal SOL or calcification
No ascites or intra-abdominal lymphadenopathy is seen		
IMPRESSION	±	Mild hydronephrosis with 1.1cm calculus in midcalyx of left kidney

**a**

  

LIVER	±	Normal in size. Margin is smooth & regular. Parenchymal echotexture is within normal limits. No focal or calcification seen. IHBR'S are not dilated. IVC & hepatic veins are normal limits.
GALL BLADDER	±	Adequately distended. Wall thickness is normal. No obvious calculus is seen. No mass is seen.
C.B.D.	±	03 mm. Lumen is free traced upto head of pancreas
PORTAL VEIN	±	At porta 9 mm
SPLEEN	±	Measures 9.7 cm. Parenchymal echotexture is within normal limit. No focal SOL or calcification is seen. Splenic hilum is within normal limit.
PANCREAS	±	Parenchymal echotexture is within normal limit. M.P.D. is not dilated. No focal SOL or calcification is seen.
KIDNEYS	±	They are normal in position, size and outline. Cortical echogenicity are normal. No calculus is seen. No hydronephrosis is seen. Right kidney : 8.7 cm                      Left kidney : 9.7 cm
URETERS	±	Not dilated
U.B	±	Normally distended. Wall thickness is within normal limit. No focal SOL or calcification
No ascites or intra-abdominal lymphadenopathy is seen		
IMPRESSION	±	USG study whole abdomen is within normal limits

**b**

**Fig. 1: USG report. a. USG report dated 13.05.13 of case 1 before treatment, b. USG report dated 22.09.13 of case 1 after treatment.**

**Table 1: Follow-up and outcomes of Case 1.**

Date of reporting	Response	Prescription
24.06.2013	No episodes of pain in abdomen (lumbar region) or burning pain in urethra	<i>Carcinosin</i> 0/2, 16 doses, alternate morning for 32 days
16.07.2013	Episodes of slight pain in left lumbar region.	<i>Carcinosin</i> 0/3, 16 doses, alternate morning for 32 days
21.08.2013	No episode of pain in abdomen or burning pain in urethra	<i>Carcinosin</i> 0/4, 16 doses, alternate morning for 32 days
24.09.2013	No episode of pain in abdomen or burning pain in urethra. USG report showed no stone in left kidney; only calyceal dilatation was noted.	No medicine

**CASE 2**

A boy of 4 years old reported to Homoeopathic Unit of Rajnagar Block Primary Health Centre, Murshidabad, West Bengal on 22.05.2013 for recurrent pain in both flanks. During episodes of acute pain, patient was forced to bend double and press the flanks with some hard thing.

As because of recurrent abdominal pain, ultrasonography of abdomen of the patient was done which revealed calculi in both the kidneys. Right kidney showed one stone measuring 8 mm in midcalyx, whereas left kidney showed multiple gravels of less than 3 mm in midcalyx (Fig.2a).

**Family history**

His paternal uncle was a patient of *schizophrenia* and his maternal aunt (his father's sister) was a patient of rheumatoid arthritis.

**Mental symptoms**

Child was very active and jovial in nature. He was very audacious and always enjoyed adventurous excursion. A few days before his visit to the hospital, several episodes of tremors (mild earthquake) in West Bengal and adjoining areas were observed. His family members reported that the child rather enjoyed the whole episodes of earthquake. Upon enquiry, child narrated the story and events of earthquake with very lively and jovial expression. From his expressions, it seemed as if he was swinging in swing chair.

**Physical examination**

One notable feature was observed that child's sclera was greenish blue in colour.

**First Prescription and justifications**

The following points were taken for deciding the similimum, i.e. *Carcinosin*:

- Usually children of four years age-group are frightened during the natural calamities like earthquake, but this child not only tolerated but enjoyed it. Enjoyment of adventurous event is a very important indication of *Carcinosin*.
- Colour of child's sclera was greenish blue, which is also a strong indication in favor of *Carcinosin*.
- He had a family history of complex diseases like schizophrenia and rheumatoid arthritis.

On 22.05.2013, the child was prescribed *Carcinosin* 0/1, 16 doses, to be taken on every alternate day morning on empty stomach as mentioned above in case I.

### Follow-up and Outcomes

The patient was followed up monthly for five months regularly [Table 2]. During this period, there were repeated episodes of left sided pain in the abdomen of the patient. On 22.09.2013, there was sudden retention of urine with constant desire for urination and he was in agony with pain. Pain and desire for urine continued for about an hour which was abruptly relieved by expulsion of calculi. The expulsion of calculi was followed by slight bleeding per urethra. Ultrasonography of KUB (done on 06.10.2013) revealed no stone in either kidneys and no other abnormality were detected (Fig. 2b).

**Table 2: Follow-up and outcomes of Case 2.**

Date of reporting	Response	Prescription
25.06.2013	There was an episode of severe left sided renal colic in the intervening week which forced the child to bend double. Patient's attendant gave available over-the-counter analgesic tablet for relief of pain.	<i>Carcinosin</i> 0/2, 16 doses every alternate morning for 32 days. During episodes of acute attack, he was suggested to take a few doses of <i>Colocynthis</i> 30CH.
20.07.2013	There were again episodes of left sided renal colic which did not respond to <i>Colocynthis</i> 30CH.	<i>Carcinosin</i> 0/3, 16 doses, every alternate morning for 32 days. During episodes of acute attack, he was suggested to take 4 tablets of <i>Magnesia phosphoricum</i> 6x dissolved in luke warm water.
19.08.2013	There were a few episodes of mild left sided renal colic which responded to <i>Magnesia phosphoricum</i> 6x.	<i>Carcinosin</i> 0/4, 16 doses, every alternate morning for 32 days. During episodes of acute pain, he was suggested to take 4 tablets of <i>Magnesia phosphoricum</i> 6x dissolved in luke warm water.
23.09.2013	On 22.09.13 there was sudden retention of urine with constant desire for urination; child was in agony with pain. Pain and desire for urination continued for about an hour which was abruptly relieved by expulsion of calculi; it was followed by slight bleeding per urethra.	<i>Carcinosin</i> 0/5, 16 doses, every alternate morning for 32 days.
07.10.2013	No episodes of pain. USG report was within normal limits, no stones in kidneys found.	Advised to continue last given medicine till it exhausted and thereafter, no medicine was given.

LIVER	:	Normal in shape, size and shows homogenous echotexture. No SOL seen. Intrahepatic biliary radicles not dilated. Margin is smooth & regular. Parenchymal echotexture is within normal limits. No focal or calcification seen. IHBR'S are not dilated. IVC & hepatic veins are normal limits.
PORTAL VEIN	:	Not dilated
GALL BLADDER	:	Distended. Wall thickness is normal. No obvious calculus is seen. No mass is seen.
COMMON BILE DUCT	:	3.6 mm. Lumen is echo free. No intra luminal calculus is seen.
SPLEEN	:	Normal in shape, size and echo texture. No SOL seen.
PANCREAS	:	Normal in shape, size and echo texture. No SOL seen. Pancreatic duct not dilated.
KIDNEYS	:	Right kidney measures about 71 mm and shows 8 mm calculus in midcalyx. Parenchymal echotexture is within normal limit. Pelvi-calyceal system is dilated. Left kidney measures about 72 mm and shows multiple stone, largest one measuring less than 3 mm. There is mild dilatation of pelvicalyceal system.
URETERS	:	Not dilated
URINARY BLADDER	:	Normally distended. Wall thickness is within normal limit. Post void bladder shows insignificant amount of residual urine
No ascites or intra-abdominal lymphadenopathy is seen		
IMPRESSION	:	<b>Bilateral Nephrolithiasis</b> <b>Right kidney shows 8mm stone with mild hydronephrosis</b> <b>Left kidney shows multiple calculi of less than 3 mm with mild hydronephrosis</b>

**a**

  

LIVER	:	Normal in shape, size and shows homogenous echotexture. No SOL seen. Intrahepatic biliary radicles not dilated. Margin is smooth & regular. Parenchymal echotexture is within normal limits. No focal or calcification seen. IHBR'S are not dilated. IVC & hepatic veins are normal limits.
PORTAL VEIN	:	Not dilated
GALL BLADDER	:	Distended. Wall thickness is normal. No obvious calculus is seen. No mass is seen.
COMMON BILE DUCT	:	Not dilated and measures approx 2 mm in diameter at porta hepatis. Lumen is echo free. No intra luminal calculus is seen.
SPLEEN	:	Normal in shape, size and echo texture. No SOL seen.
PANCREAS	:	Normal in shape, size and echo texture. No SOL seen. Pancreatic duct not dilated.
KIDNEYS	:	Right kidney is normal in shape, size, position and echo texture. Cortico-medullary differentiation is normal. No calculi seen. Rt kidney measures 74mm. Left kidney is normal in shape, size, position and echo texture. Cortico-medullary differentiation is normal. No calculi seen. Rt kidney measures 72mm .
URETERS	:	Not dilated
URINARY BLADDER	:	Normally distended. Wall thickness is within normal limit. Post void bladder shows insignificant amount of residual urine
No ascites or intra-abdominal lymphadenopathy is seen		
IMPRESSION	:	<b>No abnormality detected</b>

Clinical correlation suggested

**b**

**Fig. 2: USG report. a. USG report dated 23.05.2013 of case 2 before treatment, b. report dated 06.10.2013 of case 2 after treatment.**

## DISCUSSION AND CONCLUSION

It is often considered that *Carcinosin* is a medicine which is prescribed to the patients suffering from carcinoma. In homoeopathic practice, *Carcinosin* is a commonly used drug for the treatment of cancer.<sup>[9,10,11]</sup> However, *Carcinosin* may be used as a constitutional medicine in array of other disease conditions, particularly during childhood.<sup>[12]</sup> Several clinical evidences suggest that *Carcinosin* is useful to treat variety of diseases.<sup>[13,14]</sup> In both the cases presented here, it was neither a case of carcinoma, nor there was any family history of carcinoma, yet *Carcinosin* worked remarkably.

Family history is very important aspect while prescribing *Carcinosin*. As Foubister<sup>[12]</sup> noted that *Carcinosin* is generally prescribed when there is poor inheritance or bad heredity, which implies family history of several chronic diseases. His observations report that it is not only family history of carcinoma that is important but patient may also present with combination of complex diseases like tuberculosis, diabetes and pernicious anaemia, or a combination of all these more strongly represented than in the average family.<sup>[12]</sup> Later, this catalog of family history has been further revised by Dey, incorporating leukemia, Hodgkin's disease, cirrhosis of liver, systemic lupus erythematosus, pseudo-hypertrophic muscular dystrophy, rheumatoid arthritis, spondylosis, insanity, schizophrenia, suicide or any other degenerative disease in the family.<sup>[15]</sup> In both the cases of the study, there was family history of combinations of complex diseases like tuberculosis, and schizophrenia, besides other mental and physical attributes which indicated *Carcinosin*.

Nephrolithiasis is a disease of older age group, and risk of developing renal stone increases with the increasing age.<sup>[1,16,17]</sup> It is mentioned in literature<sup>[18]</sup> that *Carcinosin* is indicated if childhood diseases are seen in adult persons. However, in the present study, we have witnessed the other side of panorama that *Carcinosin* acted well in diseases, such as nephrolithiasis in children, which are usually common in adults.

Homoeopathic prescription is based on several factors of patient's life, such as mental and physical characteristics, desires and aversions pertaining to foods and drinks, hobbies, behavior and reaction to his/her surrounding. These symptoms are regarded as 'Generalities' in Homoeopathy parlance. Homoeopathic literature lays greater value to these symptoms in comparison to symptoms that are directly related to some pathological conditions.<sup>[19]</sup> Two cases presented in this study are also in agreement with the above facts. Here the patients were prescribed on the basis of these 'Generalities', besides family history, which led to the expulsion of stone without any additional discomfort.

*Carcinosin* is a medicine which has not been thoroughly proved as per tenets of Homoeopathy, but its clinical implications have been recorded by a few homoeopaths.<sup>[12,15]</sup> Case reports like this will further enrich the symptomatology of *Carcinosin* and ultimately add to the armamentarium of homoeopathic literature which will aid classical prescribing. Documentation of case reports with lesser known or partially proved medicines in Homoeopathy is the contemporary need to unfold many unknown or partially known facets of homoeopathic materia medica.

**CONFLICT OF INTEREST:** None.

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