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Abstract

Nephrolithiasis specifically refers to calculi in the kidneys, but renal calculi and ureteral calculi are often discussed in conjunction. The majority of renal calculi contain calcium. The pain generated by renal colic is primarily caused by dilation, stretching, and spasm due to the acute ureteral obstruction. If stones grow to sufficient size (usually at least 3 millimeters) they can cause obstruction of the ureter. Ureteral obstruction causes post renal azotemia and hydronephrosis, as well as spasm of the ureter. This leads to pain, most commonly felt in the flank, lower abdomen, and groin. Renal colic can be associated with nausea, vomiting, fever, blood in the urine, pus in the urine, and painful urination. This paper presents a case report of 4mm calculus in right kidney and 7 mm calculus in left treated with several acupuncture points. (Baihui, Shenshu, Zhongji, Sanyinjiao, Zusanli, Weizhong, Taixi, Shuiquan, Pangguangshu, and ear kidney) Patient was a 35 years old Sri Lankan female who had one week history of bilateral nephrolithiasis with dysuria, colicky pain in lower abdomen nausea and vomiting. According to the request of the patient, acupuncture treatment was given without any other kind of medicine. Treatment was continued 30 days, following the 'mother son law' (Urinary bladder points were punctured while 4.30pm to 5.00pm and Kidney meridian was punctured at 5.00 pm to 5.30 pm). While the treatment her signs and symptoms were gradually reduced. After 30 days patient was referred to a radiologist for ultrasound scan in KUB. According to the results obtained the right nephrolithiasis was totally dissolved while the left was remained as 4mm in dissolving stage.

Key words: nephrolithiasis, calculi, kidney, ureter

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