

Original Article

PATIENTS PREFERENCE IN THE MANAGEMENT OF URINARY STONE DISEASE

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Objective: To assess patients' preference in choosing modality of treatment for the urinary stone disease.

Material & Methods: 100 consecutive patients with urinary stone disease were interviewed through self designed questionnaire. Following parameters were evaluated: presentation, biochemical & radiological investigations, previous treatment, patient's preference in choosing modality of treatment (hakeem, homeopathy, allopathy & spiritual treatment), duration of treatment and cost. Ultimate management of patients was also assessed.

Results: Mean age of the patients were 38.43 years. There were 61 males and 39 females. Mean duration of illness was 4.3 years. Mean stone size was 3.83 cm. Seventy six patients had kidney stones, four patients were with ureteric stones, eleven patients had bladder stones and twelve patients had bilateral renal stones. Seven patients were in renal failure due to stones. First priority was hakeem/ quacks in 45%, allopathic in 39%, homeopathic in 17% & spiritual treatment in 03% patients. Mean cost of treatment of different modalities was as follows: Allopathic Rs 4,530/-, Homeopathic Rs 2,747/-, Hakeem Rs 2,427- & Spiritual Rs 907/-. Fifty five patients underwent pyelolithotomy, 10 patients percutaneous nephrolithotomy (PNL), eleven patients Nephrectomy, 4 patients ureteroscopic removal of stone (URS), 11 patients Vesicolithotomy/ Litholapaxy and 4 patients extracorporeal shock wave lithotripsy (ESWL). Mean post-op stay was 10.5 days.

Conclusion: In spite of recent advances in medical science, allopathy is not the first choice for vast majority of the patients in the management of urinary calculi. Our population is still under the influence of hakeems, quacks and homeopaths. Reasons are illiteracy, poverty, fear of surgery and negative propaganda through media. Patients with small stones requiring ESWL end up with major surgical procedures, like pyelolithotmies and nephrectomies. Some of them develop renal failure because of inappropriate management.

Key Words: Urinary stones, allopathy, homeopathy, hikmat.

Introduction

Urinary stone disease is the commonest urological ailment in Pakistan and comprises more than 60% of urological disease burden in Urology centres.¹ Advent of extracorporeal shockwave lithotripsy (ESWL) in 1980s brought a revolution in the management of urinary stone disease. Success rate of ESWL for 1.5 cm kidney stones ranges from 80-90%.^{2,3} Minimally invasive procedures, like percutaneous nephro-lithotomy (PNL) are the management of choice for stones >2 cm.³ Ureterorenoscopy (URS) with lithoclast is treatment of choice in lower and mid-ureter stones. These procedures are associated with high success rate and minimal morbidity.^{4,5} In Pakistan, almost all modern urological facilities are available in bigger cities. The management of patients with urinary stone disease has changed dramatically over the last few years.⁶ Lack of awareness and medical facilities has made stone disease the leading cause of End Stage Renal Disease (ESRD) in our country. Overall proportion

of nephrolithiasis related ESRD was 0.63%.⁷ Unfortunately in our setup many patients with urinary stone disease are not getting benefit from these latest modalities of treatment. In Pakistan there are still many parallel conventional systems like homeopathy, hikmat, herbal and spiritual treatment. Moreover quackery is rampant even in big cities. In this modern era hakims and homeopaths are still treating larger number of patients with urinary stones. We conducted this study based on patients' interviews to assess their preference in selecting type of treatment for urinary stone disease.

Material & Methods

One hundred consecutive patients with urinary stones admitted in department of Urology, Services Hospital Lahore were interviewed with the help of a self designed questionnaire. Patients were inquired in detail about different modalities of treatment (hikmat, homeopathy, spiritual, quackery) tried in the past. In addition to physical examination following

Routine blood examination, blood urea, serum creatinine, blood sugar, ultrasound, plain x-ray and IVU (if feasible). Management and final outcome of all patients was also recorded. Cost of different modalities was calculated and compared.

Results

Mean age of the patients was 38.43 years. There were 61 males and 39 females. Most of the patients presented with lumbar pain & haematuria. Mean duration of illness was 4.3 years. Mean stone size was 3.83 cm. Seventy six patients had kidney stones, four patients ureteric stones, eleven patients presented with bladder stones and twelve patients had bilateral renal stones (Fig-1). Seven patients were in renal failure due to stones. First priority was hakeem/quacks in 45%, allopathy in 39%, homeopathy in 17 & spiritual treatment in 03% patients (Fig-2). Out of 39 patients who consulted allopathy, 13 patients reverted back to some other modality during the course of treatment. Mean cost of different treatment modalities was as follows: Allopathy Rs. 4530/-, Homeopathy Rs 2747/-, Hakeem Rs 2427/- & Spiritual Rs 907/-. Fifty five patients underwent pyelolithotomy, 10 patients PNL, eleven patients nephrectomy, 4 patients URS, 11 patients vesicolithotomy /Litholapaxy and only 4 patients ESWL (Fig-3). Mean post-op hospital stay was 10.5 days.

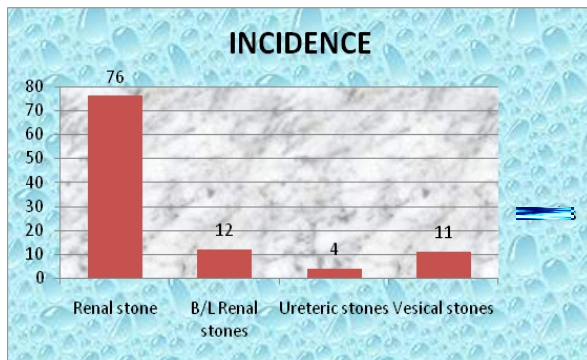


Fig-1: Incidence of urinary calculi.

Discussion

The results of this study have revealed that majority of our patients with urinary stones prefer hakims, homeopaths and quacks. Allopathic treatment is not the first choice for more than half of the patients. Some patients who report to allopaths first, later revert to homeopaths and hakims for fear of surgery and poverty. These patients keep on receiving treatment from hakims, quacks or homeopaths for

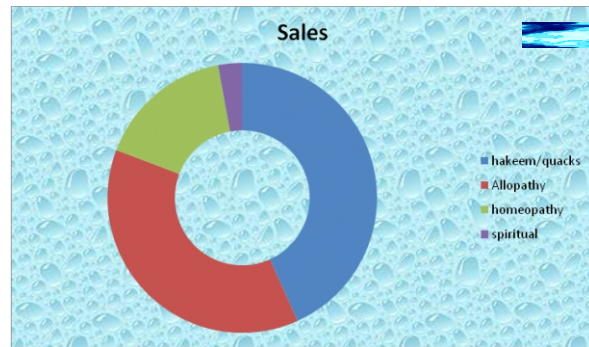


Fig-2: Patients' preference.

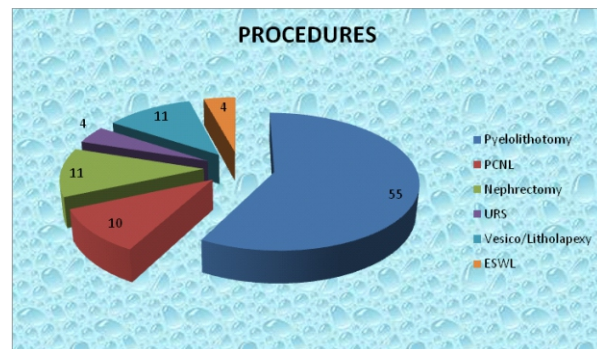


Fig-3: Surgical procedures.

months and years till disease is fairly advanced. Most of them present with very big calculi requiring major surgical procedures. Some of them develop pyonephrosis and lose their kidneys. Patients with bilateral disease may present with renal failure requiring dialysis and transplantation. Most of these patients could have been managed by less invasive modalities had they reported earlier. In our study 11% patients with urinary stones had non-functioning or pyonephrotic kidneys and underwent nephrectomies. Seven percent patients presented with calculus renal failure. In another local study incidence of calculus renal failure was 25% whereas incidence in some foreign studies is only 8-16%.¹

Hikmat and homeopathy have been very popular in the sub continent since long. They have deep roots in the society mainly in the rural areas. Uncontrolled advertisement in print and electronic media is another reason of their success as they promise miracles. Shortage of doctors in rural areas is also responsible for clientage of hakims and quacks. Quackery is widely practiced unchecked all over the country. Government has never seriously tried to eradicate menace of quackery.

Illiteracy also plays a significant role. Ignorant people easily fall prey to false promises of alternative systems

of treatment. Inconvenience at government hospitals like long waiting time, multiple visits and less availability of senior doctors are other reasons of patients opting for alternative medicines.

Currently hakims, homeopaths, quacks and traditional healers are not only minting money but also playing havoc with the health of innocent patients. To counter this alarming situation following measures are suggested.

Government needs to take some concrete steps at different levels. Improvement of the literacy rate can broaden peoples' views. Awareness programs should be launched through print and electronic media to change the trend of the general population. Conditions and services at public hospitals should be improved for the convenience of the patients. Last but not the least, crack down on the quacks should be carried out and they should be taken to

task.

Conclusion

In spite of recent advances in medical science, allopathy is not the first choice for vast majority of the patients in the management of urinary calculi. Our population is still under the influence of hakeems, quacks and homeopaths. Reasons are illiteracy, poverty, fear of surgery and negative propaganda through media. Patients with small stones requiring ESWL end up with major surgical procedures, like pyelolithotomies and nephrectomies. Some of them develop renal failure because of inappropriate management.

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