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Review Article

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HERBAL REMEDIES FOR UROLITHIASIS: A BRIEF REVIEW

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ABSTRACT

Urolithiasis has been a widespread issue for millennia, with a high occurrence rate. The purpose of this review is to reveal traditional antiurolithiatic herbs and their mechanisms of action. Chemical principles from herbal sources have become considerably simpler, greatly contributing to the development of novel medications derived from medicinal plants. Urolithiasis is a prevalent illness that affects around 12% of the population, with recurrence rates of 70-81% in men and 47-60% in women. It causes serious health concerns such extreme pain, urinary tract obstruction, and infection, all of which have a negative impact on people's well-being. Treatment options include surgery, ureteroscopy, percutaneous nephrolithotomy (PCNL), and open or laparoscopic stone removal, all of which are costly and uncomfortable. Many synthetic medications used, such as diuretics and opioid analgesics. Many synthetic medications, such as diuretics and narcotic analgesics, are used to treat kidney stones; however, misuse of drugs, which increases the incidence of harmful synthetic pharmacological effects, has prompted people to revert to nature for

safe herbal treatments. Conclusion: This review included all of the material on litholytic medicinal herbs. The use of herbal medicines for the prevention and treatment of diseases is gaining popularity due to the superiority and effectiveness of activity offered by natural elements in herbs and the negative effects of modern medication. Evidence shows that natural therapy is more helpful than other existing treatments since it has fewer side effects, is more cost effective, and has no danger of long-term fertility or re-occurrence. We examined all of the effective indigenous plants used to cure urolithiasis condition. This evaluation will provide chances for future research and the creation of new anti-urolithiatic substances.

INTRODUCTION

The two most ancient and painful urological illnesses are nephrolithiasis and urolithiasis. It is the third most common urinary system. It is anticipated that 12% of the population will experience it, with a recurrence rate of 47–60% in females and 70–81% in males. Any area of the urinary system, including the kidneys, ureters, bladder, and urethra, can develop stones. It causes major health issues that have a negative impact on people's well being, such as infection, urinary tract obstruction, and excruciating pain. Bacterial infections are typically the cause of urinary stones. physical, chemical, or genetic abnormalities that cause the urine to become supersaturated with salts that cause stones. Kidney stones result from repeated urinary tract infections caused by urease-producing bacteria such as Pseudomonas aeruginosa, Proteus vulgaris, Enterobacter spp., Serratia spp., Staphylococcus aureus, and Staphylococcus epidermatitis. A series of physiochemical events, including super saturation, nucleation, growth, aggregation, and retention inside the renal tubules, result in the complex process of stone formation.

CAUSES

Major causes include inadequate water intake, reduced urine output, deposition of calcium and other minerals in kidney and urethra, hereditary factors and some medications.

RISK FACTORS

Individual or family background, Metabolic diseases like gout, hyperthyroidism, renal tubular acidosis, and cystic renal disease, Dehydration, Diets high in animal protein, salt, and sugar, Urinary tract infections or obstructions, Digestive disorders and gastric surgery, Specific drugs and supplements.

SIGNS AND SYMPTOMS

Hematuria, back and upper abdominal pain, nausea, vomiting, urination difficulties, urine discoloration, foul smell of urine, decreased urine flow, burning sensations while urinating, fever, chills, urinary tract infection, and incontinence.

STONE TYPE	METABOLIC ABNORMALITY	CLINICAL SETTING	
Calcium oxalate	Hypercalciuria	Cushingsyndrome, sarcoidosis, hyperthyroidism, immobility, elevated vitamin D, elevated dietary sodium, and genetic predisposition	
	Hyperoxaluria	Primary hyperoxaluria, elevated dietary vitamin	

		C dosages, and increased oxalate absorption	
		(inflammatory bowel illness).	
Coloium	Hypocitraturia	Comparable to distal renal tubular acidosis,	
Calcium phosphate	Hypercalciuria	calcium oxalate, and the use of drugs that	
	High urine pH (>7)	impede carbonic anhydrous metabolism.	
Charryida	Highurinary ammonium	infection of the urinary tract caused by urease-	
Struvite	and bicarbonate level	splitting organisms.	
Uric Acid	Low urine pH (<5.5)	Metabolic disorders, insulin resistance, type 2	
	Hyperuricosuria	diabetes	
Cystine	Cystinuria	Hereditary disorder	

PATHOPHYSIOLOGY

Pathophysiology of kidney stone is a complicated biochemical process. The biological process of renal stone development includes urine supersaturation and physicochemical alterations. Supersaturation causes solutes to precipitate in urine, which triggers nucleation and the formation of crystals. The pH and particular quantities of excess chemicals results in a change from liquid to a solid phase. Risk factors for crystallization include low urine volume and the degree of urinary saturation with regard to the components that form stones, such as calcium, phosphorus, uric acid, oxalate, and cystine Therefore, the kinetics of a supersaturated solution which includes the rates of nucleation or crystal growth and thermodynamics, which causes nucleation, are what drive the crystallization process Therefore, avoiding supersaturation can help prevent lithiasis.

PREVENTION AND TREATMENT

DIET RECOMMENDATIONS

Drink plenty of fluid, Consumption of citrus fruits, limit foods with high oxalate content such as spinach, berries, chocolate, nuts, wheat bran, eat enough dietary calcium, avoid extra calcium and vitamin C supplements, high salt intake, moderate protein intake.

SURGICAL TREATMENT

When standard therapy fails to remove uroliths, surgical methods are used. Furthermore, it became an efficient management tool for breaking the stones, which subsequently pass naturally. Surgical methods for nephrolithiasis include extracorporeal shock wave lithotripsy (ESWL), percutaneous nephrolithotomy (PCNL), ureteroscopy, and open surgery. While laparoscopy equipment and apparatus are being clinically evaluated to evolve as a therapy alternative.

In ESWL a lithotripter, an external power source that produces low frequency acoustic waves and a high intensity shattering force. The body is subjected to high energy shock waves, which are utilized to fragment stones.

PNCL is performed when kidney stones measure more than 2 cm and lower pole stones measure more than 1.0 cm, this procedure is recommended for patients with staghorn calculi under radiological control.

Open surgery is recommended for patients who have non-functioning kidney, skeletal deformity, structural anomalies (such as stricture, PUJ blockage, and infundibular stenosis), obesity, and concomitant medical illnesses.

HERBAL THERAPY

Herbal medicine phytotherapy has been chosen as an alternate or supplementary therapy in the medical management of urolithiasis.

SL.No	BOTANICAL NAME	FAMILY	PART USED
1.	Abelmoschus moschatus	malvaceae	Herbs
2.	Abutilon indicum	euphorbiaceae	Leaf juice
3.	Acalypha indica linn	Euphorbiaceae	Whole plant
4.	Achyranthes aspera L	Amaranthaceae	Roots
5.	Achyranthes indica linn	Amaranthaceae	Roots
6.	Aegle maemelose L.Corr.	Rutaceae	Fruit pulp, leaf
7.	Aerva lanata	Amaranthacea	Whole plant
8.	Ageratum conzoides	Asteraceae	Whole plant
9.	Alhagi mannifera	Fabaceae	Roots
10.	Alismatis rhizome	Alismataceae	Whole plant
11.	Amaranthus caudatus	Amaranthaceae	Leaves
12.	Amaranthus spinosus	Amaranthacea	Root
13.	Amaranthus viridis	Amaranthacea	Whole part
14.	Ammannia baccifera	Lythraceae	Leaves
15.	Amni visnaga	Apeacea	Whole plant
16.	Apuim graveolens	Apiaceae	Flower
17.	Argemoni mexicana	Papavaraceae	Root
18.	Armoracia lopathifolia	Cruciferae	Seeds
19.	Asperagus recemosus	Asparagacea	Roots
20.	Asphodulus ternifolius	Liliacea	Leaves
21.	Avverhoa carambola	Avverrhoeaceae	Fruits
22.	Bambusa nutans	Poaceae	Shoot
23.	Barabarea vulgaris	Brassicaceae	Roots, leaves
24.	Bauhena acuminata	Caesalpiniaceae	Bark, leaves
25.	Benincasa hipsida	Cucurbitaceae	seed
26.	Berberis vulgaris	Berberidaceae	Root, bark

27.	Bergenia ciliata	Saxifragaceae	Rhizome
28.	Bergenia ligulata	Saxifragaceae	Rhizome
29.	Bombex ceiba	Bombacaceace	Stems, bark
30.		Nyctaginaceae	Root
31.	Boerrhavia diffusa		
	Bonnaya brachiata	Scrophulairacea	Whole plant
32.	Bridalia crenulata	Euphorbiacea	Stem, bark
33.	Bridolia montana	Euphorbiacea	Bark
34.	Bryophillum calycinum	Crassulacea	Leaves
35.	Bryophillum pinnatum	Crassulacea	Fresh leaf juice
36.	Caesalpinia huga	Caesalpiniacea	Root
37.	Capsella bursapastor	Brassicaceae	Entire herb
38.	Cassia fistula	Caesalpinioideae	Fruits
39.	Cardamine hirsute	Brassicaceae	Whole plant except root
40.	Carica papaya	Caricaceae	Young fruit
41.	Cedrus deodara	Pinaceae	Heart wood
42.	Celosia argentea	Amaranthaceae	Roots
43.	Celtis australis	Urticaceae	Leaves
44.	Ceropegia bulbosa	Aselepidaceae	Tubers
45.	Chenopdium album Linn	Chenopodiaceae	Leaves
46.	Citrus medica	Rutaceae	Unripe fruits
47.	Coleus aromaticus	Lamiaceae	Leaf
48.	Corbichonia decubens	Molluginaceace	Leaf
49.	Costus speciosus	Costaceae	Tubers
50.	Costus spiralis	Zingiberaceae	Whole plant
51.	Crateva magna	Capparidaceae	Bark
52.	Crateava nurvula	Capparidaceae	Bark
53.	Crinum asiaticum	Amaryllidacea	Bulb
54.	Cucumis sativus	Cucurbitaceae	Leaves
55.	Cucumis trigonus	Cicurbitacea	Fruit
56.	Curcuma angustifolia	Cucurbitacea	Whole plant
57.	Cuminum cyminum	Umbelliferae	Fruit
58.	Curculigo orchioides	Amaryllidaceae	Roots
59.	Cyclea peltata	Menispermaceae	Root
60.	Cymbopogon citrates	Poaceae	Whole plant
61.	Cynodon dactylon	poaceae	Root
62.	Dactus carota	Apiaceae	Gajar juice
63.	Desmodium styracifolium	Leguminosae	Whole plant
64.	Desmodium microphyllum	Papilionaceae	Whole plant
65.	Dichrostachys cinerea	Mimosaceae	Root
66.	Didymocarpus pedicellata	Gesneriaceae	Leaves
67.	Digera muricata	Amaranthaceae	Leaves
68.	Diospyros melaoxylon	Ebenaceace	Fruit, flower, bark
69.	Docynia indica	Rosaceae	Fruit
70.	Dolichos biflorus	Fabaceae	seeds
71.	Duchesnea indica	Rosaceae	Whole plant
72.	Eleusine coracana	Poaceae	Bark
73.	Embilica offinalis	Euphorbiaceae	Fruit
		*	
74.	Enhydra fluctuans	Asteraceae	Aerial parts

t
,wood
<u>,</u>
flowers

123.	Pavetta indica	Rubiaceae	Roots
124.	Pedalium murex	Pedalliaceae	Fruit
125.	Pergularia daemia	Asclepiadaceae	Whole plant
126.	Phyllanthus niruri	Euphorbeaceae	Whole plant
127.	Pimpinella anisum	Apiaceae	fruit
128.	Pinus eldarica	Pinaceae	Fruit
129.	Piper nigrum	Piperaceae	Seed
130.	Piper tongum	Piperaceae	Leaves
131.	Plantago major	Plantaginaceae	Whole plant
132.	Polygonatum multiflorum	Lilliaceae	Root
133.	Potentilla anscerine	Rosaceae	Whole plant
134.	Pyracantha crenulata	Rosaceae	Leaves
135.	Ranunculus sceleratus	Ranunculaceae	Whole plant
136.	Raphanus sativus	Cruciferae	Bark
137.	Rhus semialata	Anacardiaceae	Shoots,leaves,fruits
138.	Rhus succedanea	Anacardiaceae	The powder of the fruit
139.	Ricinus communis linn	Ephorbiaceae	Root
140.	Rosmarinus officinalis	Lamiaceae	Leaves
141.	Rotula aquatic	Boraginaceae	Roots
142.	Rubia cordifolia	Rubiaceae	Roots
143.	Rubus niveus	Rosaceae	Leaves
144.	Saccharum officinarum	Poaceae	Stem
145.	Santalum album	Santalaceae	Oil
146.	Sessamum indicum	Pedaliaceae	Seeds
147.	Sesbania grandiflora	Fabaceae	Leaf juice
148.	Sida acuta	Malvaceae	Root
149.	Smilax lanceaefolia	Lilliaceae	Rhizome
150.	Solanum indicum	Solanaceae	Root
151.	Solanum nigrum	Solanaceae	Seed
152.	Solanum surattence	Solanaceae	Root
153.	Solanum xanthocarpum	Solanaceae	Berries
154.	Swertia chyrata	Gentianaceae	Stem
155.	Syzygium aromaticum	Myrtaceae	Flower bud
156.	Tagetes erecta	Asteraceae	Leaves
157.	Tamarindus indica	Fabaceae	Fruit bulb
158.	Terminalia arjuna	Combrataceae	Bark
159.	Thunbergia alata	Acanthaceae	Leaves
160.	Tinospora cordiofolia	Menispermaceae	Stem
161.	Trachyspermum ammi	Umbilliferae	Seeds
162.	Trianthema portulacastrum	Ficoidae	Fresh leaf juice
163.	Tribulus terrestris	Zygophyllaceae	Fruits, roots
164.	Tridex procumbens	Asteraceae	Whole plant
165.	Tubiflora acaulis	Acanthaceae	Leaves
166.	Wedalia chinensis	Asteraceae	Whole plant
167.	Xanthium strumarium	Asteraceae	Root

CONCLUSION

The present review covered the information about litholytic medicinal plants. Due to the negative effects of modern medicine combined with the superiority and effectiveness of activity offered by natural ingredients in herbs, there is growing interest in the use of herbal treatments for the prevention and cure of illnesses. Research indicates that natural therapy is more beneficial than other treatments now in use since it has fewer side effects, is cost-effective, and carries no danger of long-term infertility or recurrence. Since modern medicine lacks appropriate medications, herbal therapies have been shown to be useful at various stages of the pathophysiology of stone disease. As an adjunctive treatment, plant-based therapy is utilized to provide greater comfort.

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