

AN EVIDENCE BASED CASE REPORT OF UROLITHIASIS TREATED WITH HOMOEOPATHY

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ABSTRACT

Urolithiasis is characterized by renal calculi (kidney stones) that form in the renal pelvis. There are four primary types of kidney stones, which are categorized according to the stone-forming substances: calcium, struvite (composed of magnesium, ammonium, and phosphate), uric acid, and cystine. *Case Summary:* A 24-year-old female presented with the complaint of pain in right lumbar region radiating to right hypochondriac region with burning in urine associated with nausea as soon as she drinks or eat and aggravation on sitting, before urination since one day. The patient was prescribed Lycopodium Clavatum 30 CH Potency/TDS and Berberis Vulgaris Mother Tincture/ 15 drops in ½ cup of water /TDS.

KEYWORDS: Urolithiasis, Homoeopathy, *Lycopodium Clavatum*, *Berberis Vulgaris Q.*

INTRODUCTION^[1]

Urolithiasis, which derives from the Greek words "ouron," which means "urine," and "lithos," which means "stone," is a disorder in which urinary calculi form in the kidneys, ureter, and bladder.

EPIDEMIOLOGY^[1]

The third most prevalent urinary system condition after benign prostate enlargement and urinary tract infections is urolithiasis, which is widespread throughout the world. According to global estimates, urinary tract stone disease affects at least 10% of people in the developed world. In developed countries, urinary stones are prevalent, occurring between 0.5% and 1.9% of the time. Recurrence is prevalent, with a 15% incidence at one year, a 30%–40% incidence at five years, and a 50% incidence at ten years. The peak age is the 20–30 age range. Men experience stones at a higher rate than women, 4:1.

ETIOLOGY^[2]

Urolithiasis has a complicated etiology that involves interactions between metabolic, nutritional, environmental, genetic, and urinary variables.

The formation of urinary stones begins with the supersaturation of certain substances in the urine. These substances include

- Calcium (calcium oxalate and calcium phosphate): The most common type of stone is calcium oxalate. Calcium can combine with oxalate, phosphate, and other ions to form crystals.
- Uric Acid: Uric acid stones form in an environment where the urine is excessively acidic.
- Struvite (Magnesium Ammonium Phosphate): Typically associated with urinary tract infections caused by urease-producing organisms (e.g., *Proteus*, *Klebsiella*, *Pseudomonas*).
- Cystine: A rare cause, occurring in individuals with cystinuria (a genetic disorder causing elevated cystine in the urine).

CLINICAL PRESENTATIONS^[3]

- Pain that starts in the flank area is later transferred to the genital areas.
- Nausea and vomiting may accompany pain.
- Hematuria can occasionally accompany renal discomfort.
- Dysuria may also occur after the stone has passed through the lower urinary system.

Differential Diagnosis^[4]

The following may present with similar symptoms to renal calculi

- Benign familial hematuria
- Cholecystitis

- Focal nephronia
- Glomerulonephritis
- Pelvic inflammatory disease
- Pyelonephritis

CASE REPORT

A 24-year-old female presented in OPD of Dr. M. P. K. Homoeopathic Medical College Hospital and Research Centre with complaint of pain in right lumbar region radiating to right hypochondriac region with burning in urine since one day. Associated with nausea as soon as she drinks and eat anything since one day. Aggravation on sitting, before urination.

History Of Presenting Complaints: The patient was apparently well one day before but gradually she developed pain in right lumbar region radiating to right hypochondriac region.

Family History: Father had a history of renal calculus.

Gynaecological History

- Menarche -13 years
- Menstrual cycle – 28-30 days/2-3days, Dark red with normal Primary dysmenorrhoea on 1st day of menses

Mental Generals

- Mild nature
- Weeping disposition
- Adjusting
- Desire company

Physical Generals

- Thermal – Hot
- Craving – Spicy
- Appetite – 2meal/day, 2chapati/ meal
- Thirst – 4-5glass/day, normal
- Stool – D₂N₀, Unsatisfactory stool, pain during defecation due to hard stool.
- Urine – D₇₋₈N₁₋₂, Burning during urination
- Perspiration – Normal, according to season and exertion
- Sleep – 7-8 hr., Refreshing and sound sleep but disturbed sometimes due to pain.

Investigations

- Pre-treatment: Ultrasonography whole abdomen dated 07/10/ 2024 – Right lower ureteric calculus of 6.7 mm.
- Post-treatment: Ultrasonography whole abdomen dated 03/12/ 2024 – normal study.

BEFORE TREATMENT USG ABDOMEN: 7-10-2024	AFTER TREATMENT USG ABDOMEN: 3-12-2024
 <p>लक्की हॉस्पिटल "लक्ष्म भवन", मुहाना, रांगलूर चौकईल : 9413194207 E-mail: luckyhospital@gmail.com</p> <p>Name Mrs. Pooja Jangid Age - 24 Years SEX- FEMALE Date: 07.10.2024</p> <p>USG WHOLE ABDOMEN</p> <p>LIVER : Normal in size normal in shape & echo texture. No focal pathology is seen. Intra-hepatic biliary channels are not dilated. Portal vein diameter is normal. C.B.D. is not dilated.</p> <p>Gallbladder: Normal in size shape. Wall thickness is normal. No calculus or mass lesion is seen.</p> <p>PANCREAS: Pancreas is normal in size shape & echo texture.</p> <p>SPLEEN: Spleen is normal in size shape & echo texture.</p> <p>KIDNEYS : Both kidneys are normal in size. The margins are regular. Cortical thickness & echogenicity are normal. Mild to moderate hydronephrosis is seen in right kidney.</p> <p>URETER Right ureter is dilated and a calculus measuring 6.7 mm is seen in right lower Ureter, left ureter is not dilated and appears normal.</p> <p>U. Bladder: does not show any mass lesion or calculus. Post void residual volume is not significant.</p> <p>UTERUS: Normal in size, Normal in shape & position. Endometrial thickness is normal. myometrium is homogenous.</p> <p>OVARY: Both ovaries are normal in size shape & echo texture.</p> <p>Minimal free fluid is seen in peritoneal cavity.</p> <p>IMPRESSION : Right lower ureteric calculus</p> <p>Dr Anil Jain M.B.B.S., P.G.D.U.S. RMC Reg No. 21452</p>	 <p>लक्की हॉस्पिटल "लक्ष्म भवन", मुहाना, रांगलूर चौकईल : 9413194207 E-mail: luckyhospital@gmail.com</p> <p>Name Mrs. Pooja Jangid Age - 24 Years SEX- FEMALE Date: 03.12.2024</p> <p>USG WHOLE ABDOMEN</p> <p>LIVER : Normal in size normal in shape & echo texture. No focal pathology is seen. Intra-hepatic biliary channels are not dilated. Portal vein diameter is normal. C.B.D. is not dilated.</p> <p>Gallbladder: Normal in size shape. Wall thickness is normal. No calculus or mass lesion is seen.</p> <p>PANCREAS: Pancreas is normal in size shape & echo texture.</p> <p>SPLEEN: Spleen is normal in size shape & echo texture.</p> <p>KIDNEYS : Both kidneys are normal in size. The margins are regular. Cortical thickness & echogenicity are normal.</p> <p>URETER Both the ureters are not dilated and are normal.</p> <p>U. Bladder: does not show any mass lesion or calculus. Post void residual volume is not significant.</p> <p>UTERUS: Normal in size, Normal in shape & position. Endometrial thickness is normal. myometrium is homogenous.</p> <p>OVARY: Both ovaries are normal in size shape & echo texture.</p> <p>Minimal free fluid is seen in peritoneal cavity.</p> <p>IMPRESSION : Normal Study</p> <p>Dr Anil Jain M.B.B.S., P.G.D.U.S. RMC Reg No. 21452</p>

Totality Of Symptoms

- Mild nature
- Weeping disposition
- Yielding disposition
- Desire company
- Desire for spicy
- Painful constipated stool
- Burning in urination
- Pain in right lumbar region radiating to right hypochondriac region.
- Pain with nausea as soon as she drinks and eat anything.
- Aggravation on sitting, before urination

Rubrics

- Mind- company- desire for
- Mind – conformism

- Mind-mildness
- Mind- weeping -sobbing; weeping with
- Generals-food and drinks-spices-desire
- Rectum-constipation-stool-painful
- Urine-burning
- Stomach-nausea-drinking-after-agg-eating
- Abdomen-pain-nausea; after
- Abdomen-pain-sitting-agg
- Abdomen-pain-urination-before
- Back-pain-lumbar region-extending to-hypochondriac

Repertorial Analysis

No.	Medicines Results	(rubric covered/total score)
1	Pulsatilla nigricans	13/7
2	Sulphur	13/7
3	Lycopodium clavatum	13/6
4	Nux vomica	13/6
5	Phosphorus	12/6

Prescription

First prescription was on 08/10/2024, *Lycopodium Clavatum*: 30/TDS 4 globules of size 30 with *Berberis Vulgaris*: Q / 15 drops/ TDS for 7 days was given.

Follow up

Date	Follow up	Prescription
16/10/2024	Better in pain, burning urination, nausea and vomiting	<i>Nihilium</i> 30/1dose/STAT <i>Lycopodium</i> 30/TDS <i>Berberis vulgaris</i> Q / 15 drops/ TDS for 7 days
22/10/2024	Better, no pain, no nausea and vomiting	<i>Sac lac</i> 200/1dose/STAT <i>Lycopodium</i> 30/TDS <i>Berberis vulgaris</i> Q / 15 drops/ TDS For 15 days
05/11/2024	Better++,lemon seed sized stone passed out duringurination	<i>Sac lac</i> 200/1dose/STAT <i>Lycopodium</i> 30/TDS <i>Berberis vulgaris</i> Q / 15 drops/ TDS For 15 days
19/11/2024	Better in pain, burning urination, nausea and vomiting	<i>Sac lac</i> 200/1dose/STAT <i>Lycopodium</i> 30/TDS <i>Berberis vulgaris</i> Q / 15 drops/ TDS for 15 days

26/11/2024	No pain and No burning	<i>Rubrum 30/1dose/STAT</i> <i>Phytum 30/TDS for 7 days</i>
03/12/2024	USG report-normal study	<i>Rubrum 30/1dose/STAT</i> <i>Phytum 30/TDS for 7 days</i>

DISCUSSION

This case report suggests the effectiveness of homoeopathic medicine in cases of urolithiasis. After thorough case processing and repertorisation *Lycopodium clavatum 30/TDS* was prescribed as totality of symptom was and *Berberis Vulgaris Mother Tincture* was given 15 drops TDS on therapeutic basis. There are various previous researches on nephrolithiasis, urolithiasis such as: “*Lycopodium clavatum* for the management of urolithiasis: A randomised double-blind placebo-controlled trial” by Bhalerao R and et al.^[11] another research is “To explore the utility of Homoeopathic medicine, ‘*Lycopodium clavatum*’ in Urinary calculi” by C.Nayak, and et al.etc.^[12] This shows *lycopodium clavatum 30 CH potency and berberis vulgaris mother tincture* is effective in cases of urolithiasis and its organ affinity to urinary system.

CONCLUSION

This case report shows that homoeopathic medicine is effective in case of urolithiasis. *Lycopodium Clavatum And Berberis Vulgaris* has organ affinity to urinary system and is effective in cases of urolithiasis but more researches in mass population has to be done to conclude it.

REFERENCES

1. Singh S, Singh P, Yadav K, Yadav S, Dixit R. Homoeopathic management of urolithiasis with lesser known medicines.
2. Coward, R. J., & Bultitude, M. (2014). Urolithiasis: A review of current concepts. *BJU International*, 114(5): 705-714. DOI: 10.1111/bju.12828
3. Abbas W, Akram M, Sharif A. Nephrolithiasis; prevalence, risk factors and therapeutic strategies: a review. *Madridge J. Intern. Emerg. Med.*, 2019 Jan 3; 3(3): 90-5.
4. Leslie SW, Sajjad H, Murphy PB. Renal Calculi, Nephrolithiasis. [Updated 2024 Apr 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK442014/>
5. RADAR 10. Archibel Homoeopathic Software. Belgium; c2009.
6. Boericke W. Boericke's New Manual of Homoeopathic Materia Medica with Repertory, Revised & Reaugmented Edition. B. Jain Publishers (P) Ltd. Noida. 2000, 2019.

7. S.R.Phatak, *Materia Medica of Homoeopathic Medicines*, New Delhi, B. Jain publishers(p) LTD, 2011.
8. Allen HC. *Keynotes and characteristics with comparisons of some of the leading remedies of the Materia medica with nosodes*. 2nd ed. (Noida, India: B. Jain Publishers), 2002.
9. Clarke JH. *A Dictionary of Practical Materia Medica*. B. Jain Publishers; 1998.
10. Kent JT. *Kent's Repertory of the Homoeopathic Materia Medica*. 6th ed. New Delhi: B. Jain Publishers; 1993.
11. Bhalerao R, Oberai P, Mehra P, Rai Y, Choubey G, Sahoo AR, et al. *Lycopodium clavatum for the management of urolithiasis: A randomised double blind placebo controlled trial*. *Indian J Res Homoeopathy*, 2019; 13: 139-49.
12. C. Nayak, & Singh, Vikram & Siddiqui, V. A. Siddiqui & Bhalerao, Rupali. (2010). To explore the utility of Homoeopathic medicine, 'Lycopodium clavatum' in Urinary calculi. *Indian Journal of Research in Homoeopathy*.