

Multiple Renal Calculi Expelled with Individualised Homoeopathic Medicine: A Case Report

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ABSTRACT:

Renal or ureteric colic is a sharp, sudden pain caused by obstruction in the ureter, usually occurring in its narrower regions. It is often associated with intense pain, nausea, vomiting, urinary infections, haematuria, and hydroureteronephrosis. A 30 years old male patient reported to the O.P.D of the Clinical Research Unit for *Homoeopathy* at Puducherry, with pain in both loin region since 15 days. On Ultrasonography of the Abdomen, a 9mm calculus was seen in the right ureter with mild hydroureteronephrosis, and two calculi of sizes 4mm and 5mm were seen in the upper and middle calyx of the right kidney respectively; and also 6 mm calculus was seen in middle calyx of the left kidney. After case taking and repertorization, individualised *Homoeopathic* medicine *Nux vomica* was prescribed in 30C potency. After 6 months follow up, the stones were expelled through urine. This case of kidney stones suggests that *Homoeopathic* medicine facilitates the expulsion of multiple stones which was confirmed by the report of Ultra sonogram of Abdomen and Pelvis.

KEYWORDS: *Homoeopathy*, *Nux vomica*, Renal calculi.

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INTRODUCTION:

Renal calculi are amongst the most prevalent urological issues.^[1] Approximately 2% of the population develops renal calculi at some point in their life, with a male-female ratio of 2:1. The highest occurrence is seen in people in their 20s and 30s.^[2] Urolithiasis occurs when urine solutes crystallise to form calculi due to factors such as low urine

output, urine stasis, dietary factors, infections, acidosis, medications, or genetic factors such as cystinuria. The main cause is inadequate hydration and low urine volume. Other common factors include Hypercalciuria, Hyperoxaluria, Hyperuricosuria and Hypocitraturia.^[3] During the present century, its prevalence has been drastically increased in all

industrialized countries. About 3–20% of the overall population of the world has the tendency to form one urinary stone during the life time of 70 years.^[4] In India, urolithiasis affects about 2 million people every year.^[5] About 75% of renal stone are composed of either calcium oxalate or calcium oxalate mixed with calcium phosphate. Another 15% are composed of magnesium, ammonium, phosphate and 10% are either uric acid or cysteine stones. In all cases, there is an organic matrix of muco-protein that makes up about 2.5% of the stone by weight.^[6] Calculi can be asymptomatic or cause haematuria; moreover, when they pass, they may cause severe pain radiating from the loin to the groin, accompanied by nausea, vomiting. Dietary patterns play a significant role in the formation of renal stones, and regulating food intake can help to manage the deposition of stone materials. Increased urinary calcium excretion is closely linked to the consumption of animal proteins, leading to a decrease in urinary pH and citrate excretion, which are key contributors to stone formation.^[7]

Homoeopathy, which takes a holistic approach to treating the individual as a whole, can play a significant role in effectively managing renal calculi. Remedies like Belladonna, Berberis Vulgaris, Cantharis, Lycopodium, Nitric acid, Nux Vomica, Sarsaparilla, etc. are useful in majority of renal calculi cases. While Nux vomica is indicated in renal calculus with right sided renal colic predominantly^[8]. Also, in a case reported by P. Paul Sumithran, Nux Vomica 30C was effective in expulsion of right side renal stone.^[9] In our case report, Nux vomica, selected after repertorization (Figure 1), was useful in expulsion of multiple renal calculi irrespective of side.

CASE HISTORY:

A Male patient of 30 years of age came to the OPD of Clinical Research Unit for *Homoeopathy*, Puducherry in August 2024. He presented with the complaints of pain in both loins since 15 days; also pain in lower abdomen with burning micturition, and burning and stitching sensation in both loin region. Pain worse during urination. Patient was undergoing allopathic conservative treatment before start of *Homoeopathic* medicine. No history of Diabetes Mellitus, Hypertension and Renal diseases. On the Physical sphere, he had a good Appetite with desire for spices and fried food; his thirst was adequate; he had pain during micturition; Bowel movements were regular and he was sensitive to cold weather. In regards to the aspects of his mind, patient was irritable and gets easily angered. Urine microscopic examination showed 1-2 epithelial cells and occasional presence of pus cells, No evidence of red blood cells and no growth of aerobic organism (Figure-2). Ultra-sonography report of Abdomen and Pelvis was done on 22nd August 2024 which showed one 9mm calculus in right ureter with mild hydroureteronephrosis. Two calculi of size 4 mm in upper calyx, and of size 5 mm in middle calyx of right kidney. One calculus measuring 6 mm was seen in middle calyx of left kidney (Figure-3).

Totality of Symptoms: After case taking, following totality was gathered:

- Anger and irritable easily
- Desire for spices and fried food
- Chilly patient
- Stitching pain and Burning sensation in both loin region
- Pain in loins, worse during urination
- Stitching pain in lower abdome

Table-1: Details of prescription and follow ups.

Date	Complaints	Prescribed Medicines
28.08.2024	Pain in the both loins since 15 days. Pain in lower abdomen with burning micturition, Burning and stitching sensation in both loin region. Pain worse during urination.	R _x 1. Nux vomica 30/Two times in a day X 3 days (30 size medicated globule given orally) before food. 2. Sac lac 30/ Once daily X 2 weeks
10/09/2024	Patient feels better. Complaints of pain in the loins reduced, pain in lower abdomen better. Generals good	R _x 1. Nux vomica 30/Two times in a day X 3 days (30 size medicated globule given orally) before food. 2.Sac lac 30/ Once daily X 2weeks
27/09/2024	Pain is better than before, mild pain in both loin region and lower abdomen, pain is worse in the evening. Generals good Urine Microscopy: Urine microscopic examination showed 1-2 epithelial cells and Occasional presence of pus Cells, No evidence of Red Blood Cell and no growth of aerobic organism (Figure-2).	R _x 1. Nux vomica 30/ Two times in a day X 3days (30 size medicated globule given orally) before food. 2.Sac lac 30/ Once daily X 2weeks
14/10/2024	Pain is better than before, only mild pain in both loin region and lower abdomen persisting. Generals good.	R _x 1.Sac lac 30/ Once daily X 2weeks
08/11/2024	Patient feels better, only mild pain persisting. Generals good.	R _x 1. Nux vomica 30/Two times in a day X 2 days (30 size medicated globule given orally) before food. 2.Sac lac 30/ Once daily X 2weeks
09/12/2024	Patient feels better. No pain, patient said, one stones passed while urination. Generals good. Advised USG Abdomen and Pelvis Urine Microscopy: Urine microscopic examination showed 1-2 epithelial cells and Occasional presence of pus Cells, No evidence of Red Blood Cell and no growth of aerobic organism (Figure-4).	R _x 1. Nux vomica 30/Two times in a day X 2 days (30 size medicated globule given orally) before food. 2.Sac lac 30/ Once daily X 2weeks
24/01/2025	Patient feels better, No pain. USG Abdomen and Pelvis on 09.01.2025 No calculus or calyceal dilatation in both kidneys, Visualised abdominal organs appear normal (Figure-5).	R _x 1.Sac lac 30/Once daily X 2 weeks

Table-2: Modified Naranjo Criteria Score:

S. No	Domain	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	0	0
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	0	0
3.	Was there an initial aggravation of symptoms?	0	0	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms ultimately improved or changed)?	+1	0	0
5.	Did overall well-being improve? (suggest using validated scale)	+1	0	0
6A.	Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	0	0	0
6B.	Direction of cure: did at least two of the following aspects apply to the order of improvement of symptoms: –from organs of more importance to those of less importance? –from deeper to more superficial aspects of the individual? –from the top downwards?	+1	0	0
7.	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	0	0	0
8.	Are there alternate causes (other than the medicine) that—with a high probability— could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	0	+1	0
9.	Was the health improvement confirmed by any objective evidence? (e.g., laboratory test, clinical observation, etc.)	+2	0	0
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

Note: maximum Score: 13, minimum Score: 6 Total score: 9

Repertorisation: Repertorisation was done with the help of Complete Repertory is shown in (Figure-1)

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The screenshot shows a software interface for a repertorial sheet. At the top, there are search filters for 'Symptoms' (7), 'Remedies' (785), and 'Filters' (Clipboard 1). Below this is a search bar with the text 'Type Keywords for Quick Repertorisation (Ctrl+F)'. The main area is a grid with 'Remedy' on the vertical axis and various symptoms on the horizontal axis. The symptoms listed include: Nux-v, Nat-m, Lyc, Phos, Chin, Puls, Sulph, Ars, Caps, Sep, Thuj, Calc, Cham, Graph, Tarent, Zinc, Nit-ac, Ph-ac, Sars, Bry, Conth, Carb-v, Chel, and Hep. The grid contains numerical values representing the frequency of each remedy for each symptom. For example, Nux-v has a value of 22 for 'Totally' and 6 for 'Symptoms Covered'. The bottom of the grid lists specific clinical conditions with their corresponding remedy counts, such as '[Complete] (Mind)ANGER.Easily: (135)' with a count of 4 for Nux-v and 3 for Nat-m.

Figure-1 :Repertorial sheet

CLINICAL RESEARCH UNIT FOR HOMOEOPATHY
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CLINICAL LAB REPORT

Name : <u>PERIYASAMY</u>		Age / Sex <u>30/m</u>	
OPD/R.C. No. <u>352024318685/911/24</u>		Date: <u>27/09/24</u>	
HAEMATOLOGY REPORT		Normal Range	URINE REPORT
HGB	gm%	11.0-16.0	Colour: <u>Pale yellow</u>
RBC Total	10 ¹² /uL	3.5-5.5	Reaction: <u>Acidic</u>
WBC Total	10 ⁹ /uL	4.0-10.0	Sp. Gravity:
WBC Neutrophils	%	50-70	Sugar <u>Nil</u>
Lymphocytes	%	20-40	Albumin: <u>Nil</u>
MID	%	1.0-15.0	Bile Pigments: <u>-</u>
Neutrophils #	10 ⁹ /L	2.0-7.8	Bile Salts: <u>-</u>
Lymphocytes #	10 ⁹ /L	0.6-4.1	Microscopy:
MID #	10 ⁹ /L	0.1-1.8	Pus Cells: <u>Occ / hpf</u>
HCT	%	36.0-48.0	R.B.C.: <u>- / hpf</u>
MCV	fL	80.0-99.0	Epith. Cell: <u>1-2 / hpf</u>
MCH	Pg	26.0-32.0	Casts: <u>-</u>
MCHC	g/L	320-360	Crystals: <u>-</u>
Platelets Count	10 ⁹ /L	100-300	
ESR	mm/hr	5-40	
GROUP & RH			STOOL
MP & MF			Oval/Cyst:
RBS	mg/dl		Occult Blood:
FBS/PPBS	mg/dl		Others

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 Dr. Sumit Kumar Roy, M.D. (Path.)
 लाइकार (पैथोलॉजिस्ट) / Consultant (Pathologist)
 एंजीक्यूम संस्था (Reg. No. TMMO 03100)

Figure-2: Urine Microscopy Before Treatment

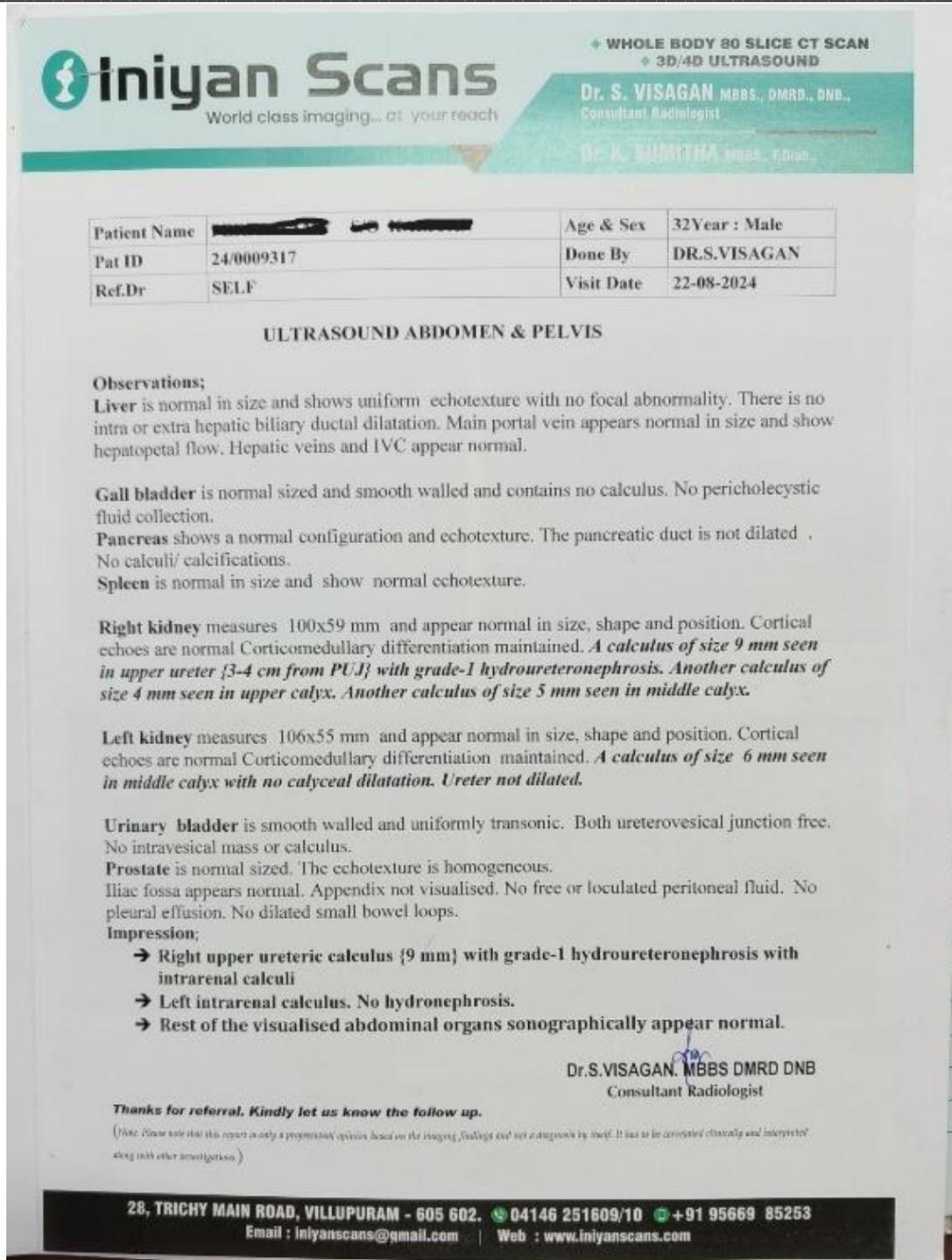


Figure-3: USG Abdomen & Pelvis Before Treatment

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CLINICAL LAB REPORT

Name : PERIYASAMY.K **Age / Sex** 30/m

OPD/R.C. No. 9U/24/352024318685 **Date:** 09/12/24

HAEMATOLOGY REPORT		Normal Range	URINE REPORT
HGB	gm%	11.0-16.0	Colour: Pale yellow
RBC Total	10 ¹² /uL	3.5-5.5	Reaction: Acidic
WBC Total	10 ⁹ /uL	4.0-10.0	Sp. Gravity: -
WBC Neutrophils	%	50-70	Sugar: Nil
Lymphocytes	%	20-40	Albumin: ML
MID	%	1.0-15.0	Bile Pigments: -
Neutrophils #	10 ⁹ /L	2.0-7.8	Bile Salts: -
Lymphocytes #	10 ⁹ /L	0.6-4.1	Microscopy:
MID #	10 ⁹ /L	0.1-1.8	Pus Cells: 1-2 / hpf
HCT	%	36.0-48.0	R.B.C.: - / hpf
MCV	fL	80.0-99.0	Epith. Cell: 1-2 / hpf
MCH	Pg	26.0-32.0	Casts: -
MCHC	g/L	320-360	Crystals: -
Platelets Count	10 ⁹ /L	100-300	
ESR	mm/hr	5-40	
GROUP & RH			STOOL
MP & MF			Ova/Cyst:
RBS	mg/dl		Occult Blood:
FBS/PPBS	mg/dl		Others

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Figure-4: Urine Microscopy After Treatment

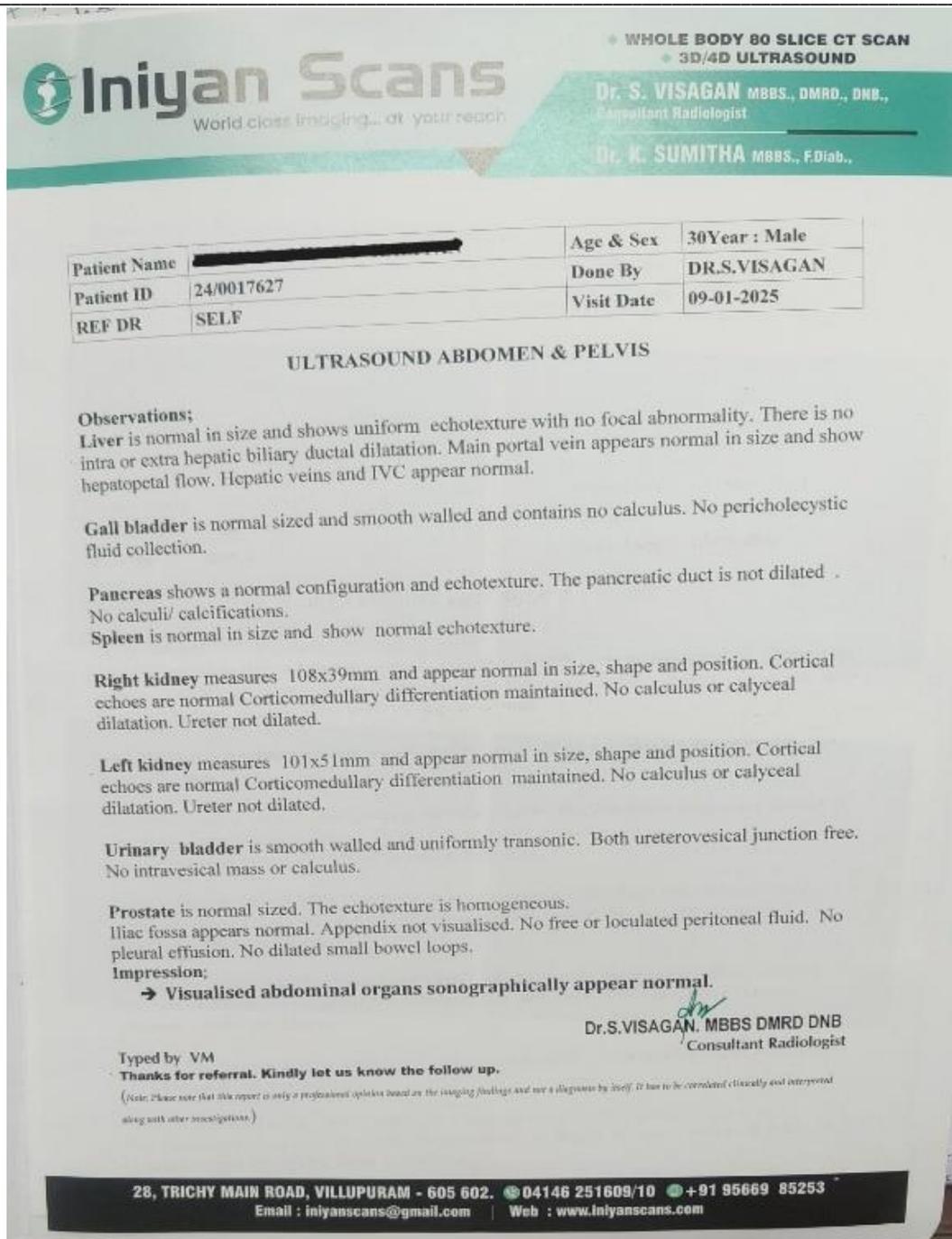


Figure-5 : USG Abdomen & Pelvis After Treatment

RESULTS:

In this case, Nux Vomica 30C was given based on the symptom similarity and totality of symptoms through individualisation. Patient was followed for a period of 6 months and the stones were found to be expelled in a period of 6 months as confirmed by Repeat USG Abdomen and Pelvis (Figure-5).

DISCUSSION:

Numerous studies have demonstrated the effectiveness of *Homeopathic* interventions in treating nephrolithiasis up to size of 11 mm including the dissolution and elimination of kidney stones through *Homeopathic* methods.^[10] Urolithiasis presents a considerable financial burden on healthcare

systems, particularly in developed nations, where shifts in lifestyle and diet have led to a continuous rise in kidney stone cases over the past several decades.^[11] The majority of the current treatments for urinary calculus involve medication and surgery, each of which has drawbacks and problems of its own. Internal injuries can also be caused by surgical procedures in particular.^[12] In addition to being holistic, the *homoeopathic* treatment of kidney stones also helps to avoid complications following surgery.^[13] Based on the Modified Naranjo Criteria^[14], the patient's improvement status was evaluated. Following therapy, the patient's total score was 9, which was near the maximum score of 13. Numerous urinary diseases have been successfully treated by the *Homoeopathic* medical system. As Dr. James Tyler Kent mentioned about the mechanism of action of *Nux vomica* is that, it relaxes the circular fibres of the canal of the ureter and the pressure from behind forces the calculus out at once.^[15] This *Homoeopathic* treated case of renal calculi demonstrates the critical role *Homoeopathy* plays in renal calculus management and evacuation.

Calculi of less than 5 mm diameter usually pass spontaneously.^[1] Calculi of size 5–7 mm have a 50% chance of passage and those >7 mm almost always require surgical intervention.^[16] In this case, there were multiple stones, one among them measured 9mm and is the largest in size. Hence, *Homoeopathy* plays a vital role in expulsion and prevention of recurrence of Renal Calculi.

CONCLUSION:

This case report clearly demonstrates the effectiveness of individualized *Homeopathic* treatment with *Nux vomica* 30, and other *Homoeopathic* remedies can also be tried

based on the concept of individualization, in managing multiple renal calculi. This case report also shows the potential of *Homoeopathy* in treating such difficult cases which recurs frequently and which at times, even requires surgical intervention.

Limitation of the study:

This was a case report. A large scale study may be needed for the generalization of the treatment.

Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

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