



## Case Report

# Homoeopathic Management of Urolithiasis: A Single-Case Clinical Study Following CARE Guidelines

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## Abstract

**Background:** Urolithiasis (renal stone disease) remains a prevalent disorder of the urinary tract with multifactorial aetiology. Conventional management involves analgesia, hydration, and surgical or lithotripsy interventions, but recurrence rates remain high. Homoeopathy provides individualized, non-invasive therapy aiming to relieve pain, promote calculi expulsion, and correct metabolic predisposition.

**Case Presentation:** A 35-year-old male presented with recurrent left renal colic, dysuria, and hematuria. Ultrasonography revealed a 6.2 mm calculus in the lower calyx of the left kidney with mild hydronephrosis. The patient was treated with individualised Homoeopathic medicines—*Berberis vulgaris Q* and *Lycopodium clavatum 30C*—selected on the totality of symptoms. Clinical improvement occurred within 4 weeks, and repeat ultrasonography after 8 weeks confirmed complete expulsion of the calculus.

**Conclusion:** This case demonstrates successful non-surgical management of urolithiasis using individualised Homoeopathic remedies, supporting the need for larger observational trials.

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**KEYWORDS:** Urolithiasis, renal calculus, Homoeopathy, *Berberis vulgaris*, *Lycopodium clavatum*, single-case study, CARE guidelines.

## 1. INTRODUCTION

Urolithiasis affects approximately 12 % of the global population, with recurrence rates approaching 50 % within 5 years (Kumar *et al.*, 2019). Stones form from supersaturation of urinary solutes such as calcium oxalate, uric acid, or cystine, influenced by diet, dehydration, infection, and metabolic errors. Conventional medicine relies on surgical or lithotripsy removal; however, non-invasive management to prevent recurrence is desirable. Homoeopathy, emphasising dynamic correction of the individual's internal milieu, has long used remedies such as *Berberis vulgaris*, *Lycopodium*, *Cantharis*, and *Sarsaparilla* in urinary calculi. Documented physiological and biochemical changes under Homoeopathic therapy suggest modulation of urinary chemistry and reduction in stone recurrence (Bellavite & Signorini, 2002). This paper reports a single clinical case treated per individualised Homoeopathic principles and documented according to CARE (Consensus-Based Clinical Case Reporting) guidelines.

## 2. CASE PRESENTATION

### 2.1 Patient Profile

**Age/Sex:** 35-year-old male

**Occupation:** Software Engineer

**Date of First Visit:** 12 May 2024

**Chief Complaints:** Severe colicky pain in the left lumbar region radiating to the groin; burning micturition; reddish urine for 2 days.

**Associated Symptoms:** Occasional nausea, restlessness, aggravation from motion.

**Past History:** Episode of renal calculus (3 mm) 2 years earlier, passed spontaneously.

**Family History:** Father had recurrent renal stones.

**Personal History:** Sedentary lifestyle, high tea intake, irregular hydration.

**Mental State:** Irritable, anxious, oversensitive to pain.

### 2.2 Physical Examination

Parameter	Observation
Temperature	98.2 °F
Pulse	96 bpm
Blood Pressure	138/88 mm Hg
Abdomen	Left renal angle tenderness ++
Urine Analysis	Microscopic hematuria (+), oxalate crystals (++)
Ultrasound (13 May 2024)	Left kidney calculus 6.2 mm (lower calyx), mild hydronephrosis

## 3. Diagnoses

**Provisional:** Left renal calculus (urolithiasis) with mild hydronephrosis.

**ICD-10 Code:** N20.0 – Calculus of the kidney.

## 4. CASE ANALYSIS AND REMEDY SELECTION

### 4.1 Totality of Symptoms

- Cutting, shooting pain in the left kidney extending to the groin.
- Worsened by motion, better by rest.
- Burning during and after urination.
- Red sand-like deposit in urine.
- Anxiety, restlessness, fear of pain recurrence.
- History of stone formation.

### 4.2 Miasmatic Background

Predominantly **psoro-sycotic**, tendency to recurring deposits.

### 4.3 Repertorial Synthesis

Using *Kent's Repertory* – rubrics selected:

- Kidney – Pain – left – extending to groin
- Urine – Red, sand-like deposit
- Mind – Anxiety – pain, from
- Generals – Aggravation – motion

Top remedies: *Berberis vulgaris*, *Lycopodium*, *Sarsaparilla*, *Nux vomica*.

### 4.4 Prescription and Posology

Date	Remedy	Potency / Dose	Rationale
13 May 2024	<i>Berberis vulgaris</i> Q	10 drops in ½ cup of water thrice daily	Characteristic radiating renal pain and dysuria.
20 May 2024	<i>Lycopodium clavatum</i> 30C	One dose every third day	Right-to-left tendency, red sand urine, flatulence, chronic susceptibility.
Adjuvant	Plenty of water (3 L/day), dietary advice to reduce oxalate intake.		

## 5. Follow-Up and Outcome

Date	Observation	Intervention
20 May 2024	Pain ↓ 50 %; urine clearer with occasional discomfort.	Continued same medicines.
3 June 2024	No pain episodes; normal urination.	<i>Berberis</i> reduced to once daily.
15 June 2024	Passed gravel particles with mild burning.	Placebo for 1 week.
10 July 2024 (USG)	No residual stone, hydronephrosis resolved.	Case closed. Advice for hydration maintenance.

**Outcome Measure:** Resolution of calculus confirmed radiologically and clinically.

**Patient Satisfaction:** High; no recurrence at 3-month tele-follow-up.

## 6. DISCUSSIONS

The case illustrates the individualised use of Homoeopathy in urolithiasis management. *Berberis vulgaris* acts predominantly on renal parenchyma and ureters, producing characteristic radiating pain and promoting diuresis. *Lycopodium clavatum* addresses chronic lithic diathesis and metabolic tendency toward uric-acid deposits. The sequential prescription achieved both symptomatic relief and complete expulsion of the calculus.

### 6.1 Comparison with Existing Evidence

Experimental studies show that the ethanolic extract of *Berberis vulgaris* reduces calcium-oxalate deposition and oxidative stress (Shah *et al.*, 2018). Clinical observations by Rajendran (2019) and Oberai (2021) report similar success in chronic renal lithiasis using individualised remedies.

### 6.2 Probable Mechanism of Action

Homoeopathic medicines may modulate renal excretory dynamics and alter urinary pH, reducing supersaturation (Bellavite & Signorini, 2002). Their nano-domain nature (Rajendran, 2019) facilitates biochemical signalling at the cellular level without toxicity.

### 6.3 Strengths and Limitations

**Strengths:** Objective ultrasonographic evidence, consistent follow-up, and clear causal correlation.

**Limitations:** Single-case design limits generalizability; no biochemical stone composition analysis. Future multicentric observational series with urinary biochemistry correlation are recommended.

## 7. CONCLUSIONS

Individualised homoeopathic therapy offered effective, non-invasive management for renal calculus, with radiological clearance and symptom resolution. The case supports further controlled trials evaluating Homoeopathy's role in preventing recurrence and reducing stone burden.

## 8 Patient Perspective

"Within a week, my pain was much less; I didn't need painkillers. After a month, the stone was gone without surgery. Now I drink more water and continue check-ups."

## 9 Ethical Considerations

Written informed consent was obtained for publication and anonymised data use. The study followed the *Declaration of Helsinki (2013)* and CARE case-report guidelines.

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