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## A case of renal stone treated with homoeopathic approach: A case report

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### Abstract

Research indicates that homoeopathic remedies are efficient in removing moderate-to large- sized kidney stones. This case study serves as another illustration of the value of customisation, & consequently, the effectiveness of homoeopathic remedies. A homoeopathic treatment called lycopodium has worked well and assisted in removing the kidney stone.

**Keywords:** Renal stones homoeopathic medicine lycopodium

### Introduction

Nephrolithiasis or kidney stone disease is a common painful and costly condition. Each year billion of dollars are spent on renal stone activity. While a stone may form due to crystallization of lithogenic factor in upper urinary tract, it can subsequently move into the ureter and cause renal colic. Although nephrolithiasis is rarely fatal, preventive treatment may be lifelong <sup>[1]</sup>.

### Epidemiology

Nephrolithiasis is a global disease. Data suggests an increasing prevalence likely due to Westernization of lifestyle habits. National health and nutritional examination survey data 2007-2010 indicate that up-to 19% men & 9% women will develop at least 1 stone during there life. Once an individual has had a stone, the prevention of a recurrence is essential. Published recurrence rate vary by the definition and diagnostic method used.

### Risk Factors

Dietary risk factors - Calcium, oxalate, other nutrients, fluid and beverages.

Non dietary risk factors - age, race, body size and environment are important risk factor.

Urinary risk factors- urine pH, uric acid, urine cit-rate.

Genetic risk factors- family history of stone.

### Types of renal stones

There are several types of renal stones. It is clinically important to identify the stone type which inform prognosis and selection of optimal and preventive regime.

Calcium oxalate stone are the most common~75% Calcium phosphate~15%

Uric acid~8% Struvite ~1% Cystine <1%.

Many stone are mixture of crystal types and also contain protein in the stone matrix. Rarely stone are composed of medication such as acyclovir, atazanavir, triamterene. Stones that form as result of an upper tract infection.

### Clinical Features

Severe pain that originates in the loin and frequently travels lower to the groin and testicle of the same location, occasionally accompanied by severe visceral symptoms (such as diaphoresis, nausea, vomiting, or lightheadedness).

### Haematuria Pyuria

An infection of the urinary tract Hydronephrosis is uncommon.

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## Investigation

Examinations The following kinds of studies are frequently recommended to find out whether stone is there, where it is, and whether it is obstructing anything.

An x-ray of the plain abdomen.

**CT kub:** The gold standard for kidney and ureter stone diagnosis. In some circumstances, an IVU may also be carried out.

## The USG.

Urine microscopy and routine.

RFT in situations where advanced symptoms are present.

## Case report

A 23 male old male presented in OPD with following complaints

Patients complaining of pain in LEFT flank region since 1 month along with burning and frequency of urination, pain extend to the ureter and complaints aggravated before urination and pain increase. He took allopathic medicine for pain relief. Patients was advice for USG whole abdomen with pelvis on 30/12/2024.

According to USG that showed 6 mm calculi seen in left kidney upper pole.

## History of Present Illness

As per Patients according - burning in urination for around 1 month followed by pain in left kidney region extending to ureter and urethra, pain is dull aching in nature.

## Past History- History of Bone Tuberculosis

**Family History** - Mother - Hyperthyroidism 10 Years  
Father - Healthy Brother -Healthy

## General Condtion

Appetite - Increased Thirst - Decreased

Thermal - Neither hot and chilly Tongue - Clear

Perspiration - Profuse offensive Desire - For oily spicy food

Urine - Burning pain in urethra during urination and frequent urging to urinate. Sleep - disturbed due to the pain

Stool - Clear

Dream - Gods and daily routing work

## Mental generals

Restless Anger

Forgets words while speaking riligious

Anxious about family

Overthinking

Desire for company Fear

## Predominant Miasm: Sycosis

## Analysis and Evaluation of Symptoms: Totality of Symptoms and Rubrrics Selection

Mind - Anger

Mind - Anxiety - family; about his

Mind Anxiety - health; about

Mind- Company - desire for

Mind - Fear

Mind - Forgetful - words while speaking of

Mind - Riligious Affection

Mind Restlessness

Kidney - Complaints of kidney left Kidney - Pain - ureters

Dreams - God; of

Remedies	Authors	Analysis	Delete	More
Symptom clipboard				
MIND				
1 MIND - ANGER				×
2 MIND - ANXIETY - family; about his				×
3 MIND - ANXIETY - health; about				×
4 MIND - COMPANY - desire for				×
5 MIND - FEAR				×
6 MIND - FORGETFUL - words while speaking; of				×
7 MIND - RELIGIOUS AFFECTIONS				×
8 MIND - RESTLESSNESS				×

Remedies	ΣSym	ΣDeg	Symptoms
lyc.	9	23	1, 2, 3, 4, 5, 6, 7, 8, 10
sulph.	9	15	1, 2, 3, 4, 5, 6, 7, 8, 10
ars.	8	18	1, 2, 3, 4, 5, 7, 8, 10
kali-c.	8	16	1, 3, 4, 5, 6, 8, 9, 10
phos.	8	16	1, 2, 3, 4, 5, 6, 8, 10
lach.	8	14	1, 3, 4, 5, 6, 7, 8, 10
puls.	8	13	1, 2, 3, 4, 5, 6, 7, 8

Repertorial Analysis Lycopodium - 9/23 Sulphur-9/15

Arsenic Alb-8/18 KALI C - 8/16

PHOS - 8/16

Remedy Selected - On The Basis Of Symptoms Totality,  
Lycopodium Was Prescribed

### Treatment Protocol

Date	Prescription
31/12/24	Lycopodium 200 Stat (One Day) Placebo 30 BD FOR 15 DAYS
15/1/25	Mild Relief-Urinary Complaints Better. Placebo 30 for 20 DAYS
30/1/25	Follow Up Decreased Pain & Burning Micturition. Lycopodium 200 STAT Placebo 30 for 20 DAYS
15/2/25	Same as Previous
05/3/25	Condition better Medicine Continue Lycopodium 200 Stat
3/4/25	All Complaints are Per Improved as Per Reports

### Conclusion

Homoeopathy treat the person as a whole thus following holistic approach in this case LYCOPODIUM 200 was selected remedy based on the similimum. Renal stone can

be treated with carefully selected homoeopathic medicine with out any surgeries.

### Patient's Initial Report

10/93

**Govt. JAI PRAKASH HOSPITAL**  
1250, Tulsi Nagar, BHOPAL (M.P.)

Name Aradh - Age/Sex 22 Date 30/1/25  
Ref. by Dr. A. Patel

### Report of Sonography

**LIVER** Liver is normal in size shape & echotexture. No evidence of focal or diffuse pathology seen. No sign of intra hepatic/extra hepatic biliary channels dilation seen. portal vein at the porta hepatis appears normal. Hepatic veins appear normal.

**GALLBLADDER** Gall bladder is well distended, walls are smooth no calculus or biliary studge seen Percholeystic area normal CBD is measuring mm,

**PANCREAS** Pancreas is normal in size shape & echotexture. No. cyst/mass seen.

**SPLEEN** Spleen is normal in size shape & echotexture

**KIDNEYS** RIGHT KIDNEY measuring.....with normal corticomedullary differentiation no ydrophrosis no cyst. no stones seen.  
LEFT KIDNEYS measuring.....with normal corticomedullary differentiation no stones. no cyst seen.

**URINARY BLADDER** Urinary bladder is normal in size shape & anechoic Lumen No mass/calculi seen.

**PROSTATE** Prostate is normal in size shape & echotexture. Seminal Vesicles Appear Normal in size and shape.

**UTERUS** With normal anteverted anteflexed Position. Endometrial echoes normal. Cervix and Vagina Appear to be normal.

**FREE FLUID** No free fluid seen in POD/Peritoneal cavity.

**ADENXAE** RT ovary No cyst/No mass seen.  
LT ovary No cyst/No mass seen.

**POSITIVE FINDINGS** USG - Abdomen Results:-

- Lt. Renal pelvis shows calculus of 6mm in size in upper pole

- Renal calculus Lt. kidney

Co-relate clinically

Note:-  
1. This report is not valid for medical legal purpose.  
2. Sonography is an interpretation drawn from images. It is not a final conclusion. In case of any discrepancy kindly report and/or co-relate clinically.



## Patient's report after treatment

**Govt. JAI PRAKASH HOSPITAL**  
1250, Tulsi Nagar, BHOPAL (M.P.)

Name Aradh - Age/Sex 22 - Date 31/4/2025  
Ref. by Dr. A. Agarwal

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**ADENXAE** RT ovary No cyst/No mass seen.  
LT ovary No cyst/No mass seen.

USG - Abd.

**POSITIVE FINDINGS**

NAD by USG

Note:-  
1. This report is not valid for medico legal purpose.  
2. Sonography is an interpretation drawn from images. It is not a final conclusion. In case of any discrepancy kindly report and/or co-relate clinically.

Adv. - correlate clinically

Dr. K P Yadav

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## Author's Contribution

Not available

## Conflict of Interest

Not available

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Not available

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