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Dr. Kommineni Nandini
Intern, BVVS Homoeopathic
Medical College and Hospital,
Bagalkot, Karnataka, India

Dr. Nusrat M Jamadar
Professor & HOD, Department
of Materia Medica, BVVS
Homoeopathic Medical College
and Hospital, Bagalkot,
Karnataka, India

Dr. Arun V Hooli
Professor & HOD, Department
of Anatomy, BVVS
Homoeopathic Medical College
and Hospital, Bagalkot,
Karnataka, India

Individualized homoeopathic management of renal calculi with *Lycopodium clavatum*: A case report

Kommineni Nandini, Nusrat M Jamadar and Arun V Hooli

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Abstract

Background: Renal calculi are one of the most frequent and painful urological disorders. They are associated with severe flank pain, haematuria, and urinary disturbances. Conventional management often includes analgesics, hydration, lithotripsy, or surgery. Homoeopathy provides an individualised, non-invasive approach.

Case Presentation: A 23-year-old female presented with burning micturition for 2 months and pain in the left flank radiating to the lumbar region. Ultrasonography confirmed left renal calculus. Based on the totality of symptoms and repertorisation, *Lycopodium clavatum* 1M was prescribed, followed by placebo.

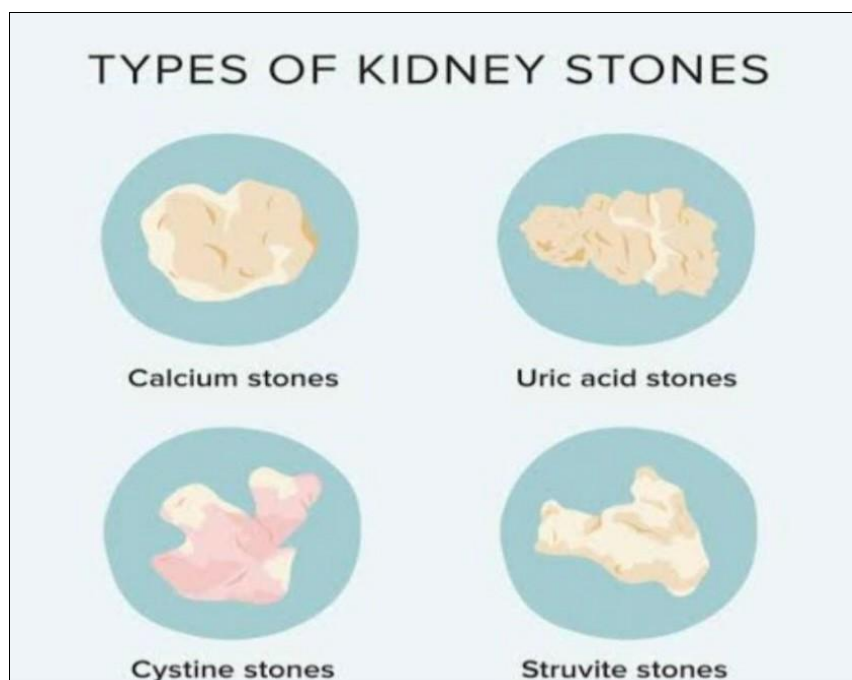
Outcome: After 1 month and 15 days of treatment, ultrasonography revealed removal of renal calculus with marked symptomatic relief.

Conclusion: This case highlights the efficacy of individualised homoeopathic remedy in expelling renal calculus safely and effectively.

Keywords: Renal calculus, homoeopathy, *Lycopodium clavatum*, case report

Introduction

Renal calculi (nephrolithiasis) are crystalline deposits formed in the kidneys or urinary tract. They are commonly composed of calcium oxalate, calcium phosphate, uric acid, struvite, or cystine. Risk factors include dehydration, dietary habits (high salt and protein intake), obesity, metabolic abnormalities, and family history. Clinical presentation may vary from asymptomatic microcalculi to severe renal colic, nausea, vomiting, haematuria, and urinary obstruction.



Corresponding Author:
Dr. Kommineni Nandini
Intern, BVVS Homoeopathic
Medical College and Hospital,
Bagalkot, Karnataka, India

Conventional treatment includes pain management, hydration, extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, and percutaneous nephrolithotomy. Despite these interventions, recurrence rates remain high. Homoeopathy offers a holistic and individualised approach aimed at relieving symptoms, aiding stone expulsion, and preventing recurrence. This case report documents successful management of left renal calculus with *Lycopodium clavatum* 1M.

Case Report

Patient details: Female, 23 years, reported at BVVS Homoeopathic Medical College and Hospital, Bagalkot on 23/06/2024.

Chief complaints

- Burning micturition for 2 months
- Left flank pain radiating to lumbar region

History of present illness: Pain aggravated during urination, associated with nausea and occasional vomiting. Burning present before, during, and after urination.

Past history: No significant history Family history: Father had renal calculi.

Physical generals: Appetite decreased, thirst 1-2 liters/day, desire for sweets, intolerance to hot weather, dry tongue, hard stool, excessive perspiration, disturbed sleep.

Mental generals: Timid, anxious, irritable, with weeping disposition.

Examination: Moderately built, vitals within normal limits, tenderness in left flank region. Ultrasonography (USG) confirmed left renal calculus.

Case Analysis & Prescription

Totality of symptoms:

- Burning micturition
- Pain in left flank radiating to lumbar region
- Desire for sweets
- Timid disposition
- Anxiety and irritability Repertorisation

Remedy	Lyc	Kali-c	Thuj	Canth	Nux-v	Sulph	Berb	Ars	Bell	Chin	Nat-m	Petr	Phos	Puls	Ran-b
Totality	12	10	10	9	9	9	8	8	8	8	8	8	8	8	8
Symptoms Covered	4	4	4	4	4	3	4	3	3	3	3	3	3	3	3
[Complete] [Kidneys] Pain:Left:	1	1	3	1	1	0	3	0	1	0	0	0	0	0	2
[Complete] [Bladder] Pain:Burning, smarting:Urination:During:	3	1	1	4	4	1	1	2	0	1	3	1	1	1	3
[Complete] [Kidneys] Pain:Radiating:	0	0	0	1	0	0	3	0	3	0	0	0	0	0	0
[Complete] [Mirilli's Themes]Timidity:	4	4	3	3	3	4	1	4	4	3	3	4	4	4	3
[Complete] [Generalities] Food and drinks:Sweets:Desires:	4	4	3	0	1	4	0	2	0	4	2	3	3	3	0

Remedies emerging: *Lycopodium*, Kali c, thuja.

Prescription: *Lycopodium clavatum* 1M, single dose, followed by Sac Lac 30, TDS for 15 days.

Table 1: Follow-up

Date	Symptoms	Prescription	Outcome
23/06/2024	Severe flank pain, burning urine	<i>Lycopodium</i> 1M	Pain reduced
15/07/2024	Burning less frequent, flank pain reduced	Placebo	50% improvement
01/08/2024	Occasional mild burning, no flank pain	Placebo	Marked improvement
10/08/2024	No pain, normal urine	Placebo	Near complete relief, USG clear

Results

Before treatment



HI-TECH SCANS & DIAGNOSTICS
A UNIT OF
TENTH AXIS IMAGING CENTRE (LLP)
Lions Club Building, Near Old Kerudi Hospital, BAGALKOT-587101, Cell : 8618815710

Pt. Name	1	[REDACTED]	Age/Sex	1	23 Yrs./F
Ref. By	1	Dr. [REDACTED]	Date	1	23-Jan-2024

Thanks for referral sir,

ABDOMINAL AND PELVIC ULTRASOUND EXAMINATION REPORT

- The liver is normal in size and echotexture, with span of 12.3cm in right I.A. The intra hepatic vascular and biliary channels are normal. The portal vein is normal in course and caliber. No evidence of any focal defect or mass lesion.
- The gall bladder is well distended with clear content. No peri-cholecystic collection noted. GB wall thickness normal. The biliary tree is normal in appearance. CBD (Dia-4mm) is normal.
- Pancreas is normal in size and appearance. Spleen is normal in size (8cm) and echotexture.
- Left VUJ obstructing calculus measuring 3.4x3.2mm causing ipsilateral moderate hydronephrosis.**
Both kidneys are normal in shape, size and echotexture without evidence of any focal defect, mass lesion. The renal cortical thickness and CHD well maintained on both sides.
The Right kidney measures 9.5x3.4cm. The Left kidney measures 9.7x2.2cm.
- The urinary bladder is normal in appearance.
- The uterus is normal in size, shape and echotexture without evidence of any mass lesion. It measures 6.8x3.2x4.7cm. The myometrial echogenicity is maintained. The endometrial myometrial interface is sharply demarcated. The endometrium measures 4mm.
- Both the ovaries are normal in size and echotexture.
- Both the adnexae are clear with no evidence of ovarian or adnexal mass.
- No free fluid is seen in the pouch of Douglas. There is no RPLN or ascites.
- RIF:** No free fluid collection/mass/lymphadenopathy seen.
Appendix not visualized, no deep probe tenderness noted.
- No pleural or pericardial effusion seen.

IMPRESSION:-

➤ **Left VUJ obstructing calculus causing ipsilateral moderate hydronephrosis.**

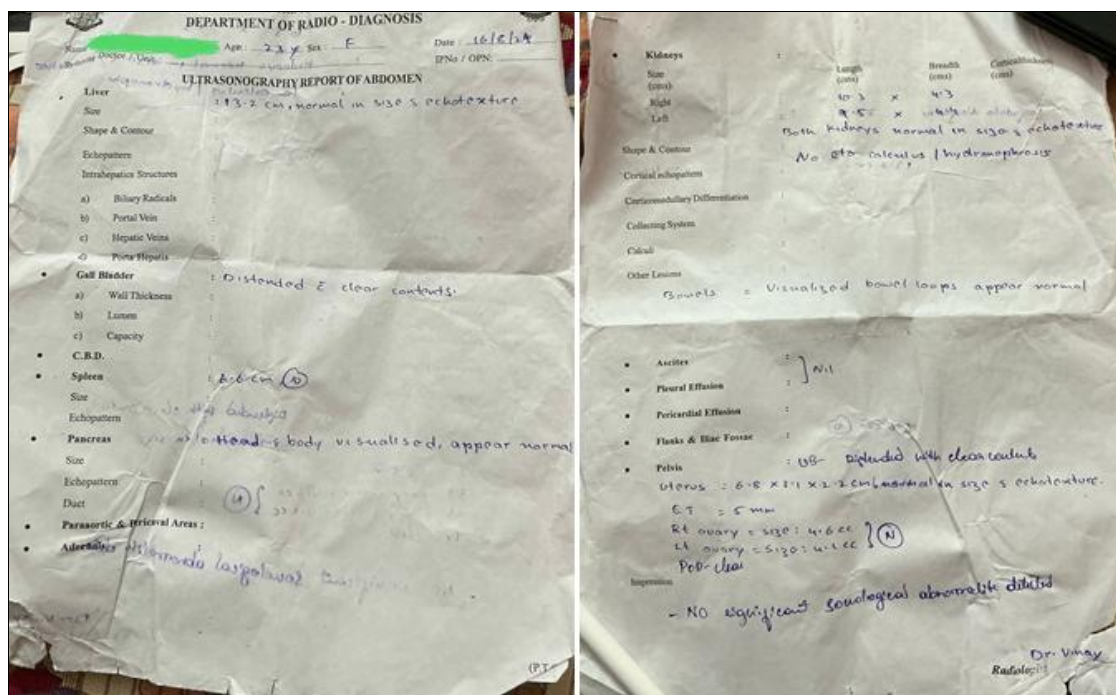
Suggest clinical correlation

Dr. Kiran Biradar
MBBS, DNB

Santosh C. Kulgod MBBS, DMRD | Dr. Rohini Pattanshetti (Tapashetti) MBBS, DNB, FMP | Dr. Rudresh Hal MBBS, MDR

■ CT Scan ■ MRI ■ Mammography ■ Digital X-Ray ■ Procedures ■ Laboratory

After treatment



Discussion

This case demonstrates *Lycopodium clavatum*'s effectiveness in left-sided renal calculus with flank pain radiating to the lumbar region and burning micturition. The individuality of symptoms such as desire for sweets, timid disposition, and aggravation during urination further confirmed *Lycopodium* as the simillimum. *Lycopodium* is well known for its action on the urinary tract, particularly in cases with burning before and after urination, red sand deposits, and radiating pain.

Recent evidence also supports this observation. Lamba & Gupta (2023) reported successful treatment of multiple renal calculi with *Lycopodium* 30C [7]. Similarly, Mahajan (2025) demonstrated expulsion of a 7.2 mm renal stone with *Lycopodium* [9]. Reports of *Berberis vulgaris* Q in renal calculi [8] confirm that different individualised remedies can be effective depending on symptom similarity. A case series published in Thieme (2025) further validated *Lycopodium* and other remedies in nephrolithiasis [6]. Thus, individualised homoeopathic prescription may provide a safe, non-invasive, and effective option for renal calculi management.

Conclusion

This case supports the role of individualized homoeopathic treatment in renal calculus. *Lycopodium clavatum* 1M demonstrated significant efficacy in relieving symptoms and aiding stone expulsion, providing a non-invasive alternative to conventional surgical management.

Acknowledgements

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