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A case report on right obstructive uropathy secondary to ureterolithiasis treated with homoeopathy

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Abstract

Obstructive uropathy results from impaired urine flow, leading to back-pressure changes and renal dysfunction, most commonly due to ureterolithiasis. This article presents a case of right obstructive uropathy secondary to ureterolithiasis and its homoeopathic management, highlighting the role of individualised remedy selection and the clinical outcome achieved.

A case of right obstructive uropathy secondary to ureterolithiasis in a 41-year-old male presented to the Government Homoeopathic Medical College and Hospital, Bengaluru, with complaints of right-sided abdominal pain radiating to the back, associated with burning and increased frequency of micturition, nausea, and vomiting. The case was analysed according to homoeopathic principles. Detailed case taking followed by repertorisation led to the prescription of *Lycopodium clavatum* 200 as the constitutional remedy, considering the characteristic right-sided symptoms and modalities. *Hydrangea arborescens* mother tincture was prescribed for its well-known “stone cutter” action. Treatment with homoeopathic medicines resulted in remarkable improvement within a short period with minimal dosing.

Keywords: Case report, homoeopathy, ureterolithiasis, lycopodium, hydrangea

Introduction

Ureterolithiasis is a common condition worldwide, affecting millions of individuals, leading to substantial healthcare costs and placing a heavy burden on healthcare systems globally^[1]. Calcium oxalate stones account for the majority of cases (75%–90%), followed by uric acid stones (5%–20%), calcium phosphate (6%–13%), struvite (2%–15%), apatite (1%), and cystine stones (0.5%–1%). The occurrence of urolithiasis is highest among individuals older than 30 years, and males are more frequently affected than females^[2].

Clinically, the condition commonly presents with severe flank pain that radiates toward the groin. This pain typically begins abruptly without any prior warning and may recur even after apparent resolution. In contrast to patients with an acute abdomen who prefer to remain motionless, individuals with ureterolithiasis often feel restless and continuously change positions, a hallmark of colicky pain. Nausea and vomiting frequently accompany acute episodes. As stones near the bladder, lower urinary tract symptoms may also be observed.

The likelihood of spontaneous stone passage depends on factors such as the stone’s size, shape, location, and the anatomical characteristics of the patient’s ureter. Most stones measuring 5 mm or less pass on their own, whereas stones larger than 7 mm or those that fail to progress within 4 to 6 weeks often require surgical management. The two most commonly used procedures for ureteral stone removal are ureteroscopy, typically combined with laser lithotripsy and stone retrieval using a basket, and extracorporeal shockwave lithotripsy, which fragments stones into smaller pieces that can be passed more easily^[1].

Investigations

Plain X-ray KUB – Used to detect radio-opaque calculi and assists in diagnosing up to 90% of stones. Enlargement of the renal shadow may also be observed.

CT scan – Useful for identifying small or missed stones and is particularly valuable in detecting non-opaque calculi.

USG – Considered a highly valuable tool for diagnosing stones, determining their size and location, and confirming the presence of renal enlargement^[3].

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Patient information

A 41-year-old married male patient, working as a car driver and belonging to a middle-class socioeconomic background, presented to the Out-Patient Department of Government Homoeopathic Medical College and Hospital, Bengaluru, on 10/10/2025 with complaints of pain in the right side of the abdomen radiating to the back for one week, associated with burning during urination, increased frequency of micturition, nausea, and one episode of vomiting since the last two days. The patient was apparently healthy one week before presentation, after which the pain started gradually, predominantly affecting the right side of the abdomen and radiating posteriorly, with aggravation during the evening and night hours and relief on taking rest.

He had a past surgical history of right-sided renal calculi for which lithotripsy was performed in 2014. His appetite had reduced since two days, his thirst had increased, he had a marked desire for sweets, and thermally he was a hot patient. Urinary symptoms included passing urine 5–7 times during the day and 1–2 times at night, with burning and increased frequency since two days. Sleep was reported to be good and refreshing. On mental and life-space evaluation, the patient was found to be anxious about his health, particularly worried about the possibility of worsening of his condition, the need for surgical intervention, and his ability to continue working as the sole earning member of his family. Even minor changes in symptoms increased his anxiety. He was sensitive regarding his capability, became irritable when advised excessively or contradicted, and disliked admonition, though he preferred not to express his fears openly and attempted to manage his concerns independently.

On general examination, gastrointestinal assessment revealed a soft abdomen with grade-2 tenderness. Ultrasonography of the abdomen and pelvis done on 07/10/2025 revealed moderate-grade hydronephrosis of the right kidney with hydroureter due to a lower ureteric calculus measuring 8.5 mm, leading to a provisional diagnosis of right obstructive uropathy secondary to ureterolithiasis.

The case was analyzed and evaluated according to Kent's philosophy, giving importance to mental generals such as anxiety about health and aggravation from admonition, along with physical generals like decreased appetite, increased thirst, desire for sweets, hot thermal reaction, and

characteristic particulars including right-sided abdominal pain radiating to the back, burning micturition, increased frequency of urination, generalized weakness, nausea, vomiting, aggravation in the evening and night, and relief from rest.



Fig 1: Repertorial totality / Selection of rubrics

Remedies	ΣSym	ΣDeg	Symptoms
lyc.	4	8	1, 2, 3, 4
nux-v.	3	6	1, 2, 4
phos.	3	6	1, 2, 4
calc.	3	5	1, 2, 4
kali-c.	3	5	1, 2, 4

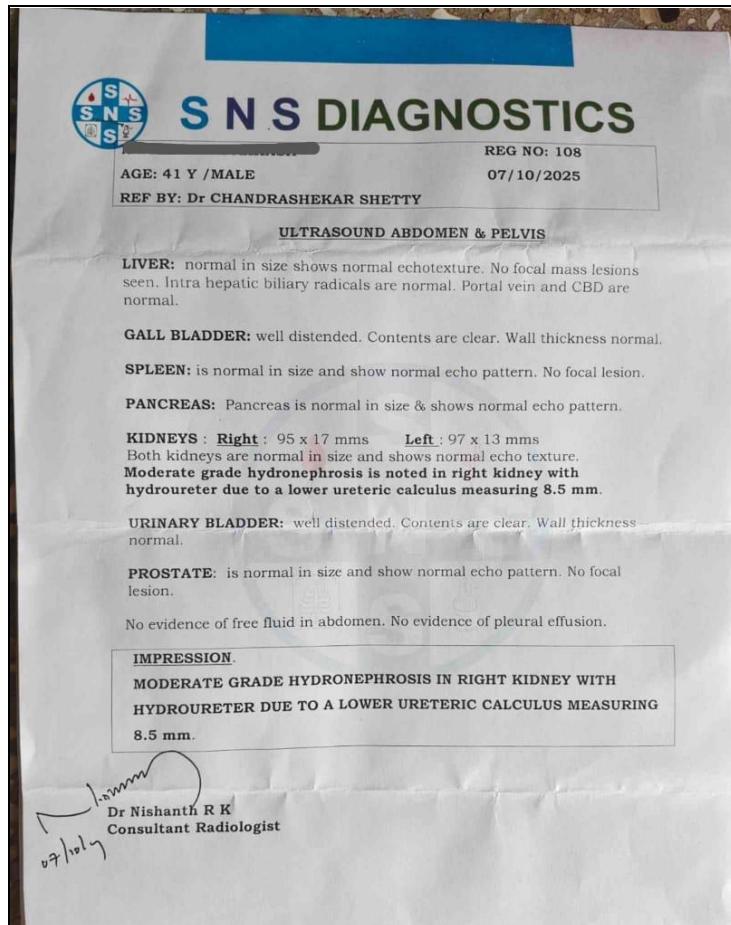
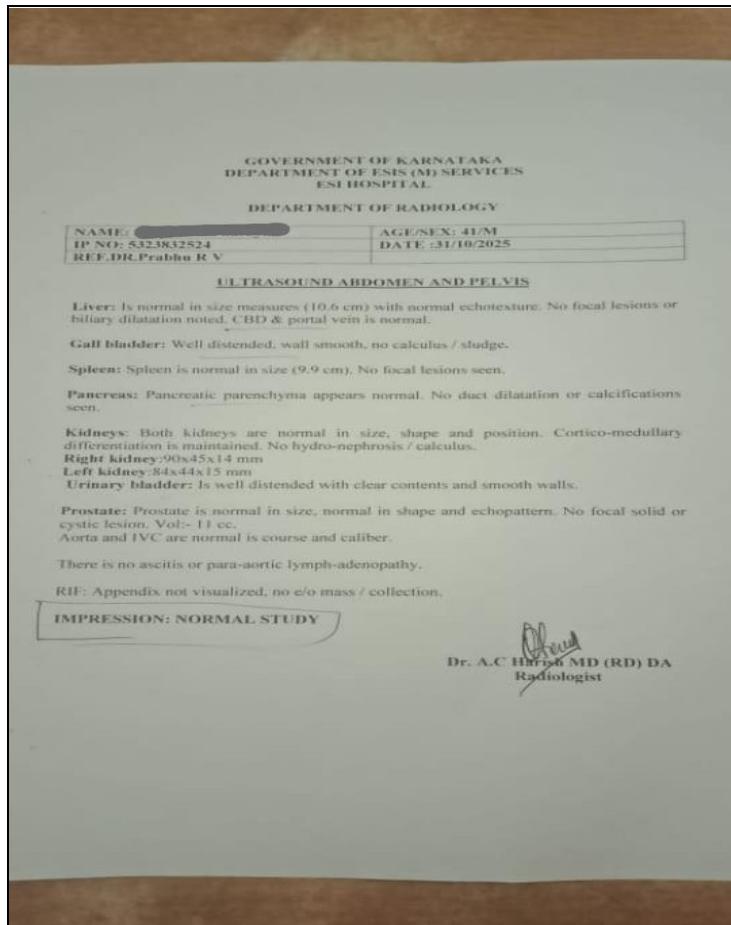
Fig 2: Repertorial result

First prescription

On dated 10/10/2025 - Lycopodium 200 twice a day for 3 days
Hydrangea arborescens Q for 15 days

Table 1: Follow-ups

Date of visit/follow-up	Observation /Signs and symptoms	Medicine with potency and doses
10/10/2025	Patient 1 st visit	Lycopodium 200 BD for 3days Hydrangea Q for 15 days
22/10/2025	Pain in the abdomen – 80% better Other complaints- Completely better	Hydrangea Q for 15 days
02/ 11/2025	Complaints- Completely better USG Abdomen and pelvis findings- Normal study	Rubrum for 15 days

**Fig 3:** Ultrasound Abdomen and pelvis (Before treatment)**Fig 3:** Ultrasound Abdomen and pelvis (After treatment)

Results and discussion

After the administration of Lycopodium 200 and Hydrangea arborescens Q, the patient showed progressive improvement in his urinary and abdominal symptoms. The pain in the right side of the abdomen radiating to the back gradually reduced in intensity and frequency. Burning during urination decreased, and the frequency of micturition returned to normal over the course of treatment. Nausea and generalised weakness also improved, and appetite normalised. Follow-up investigations, including ultrasound of the abdomen and pelvis, revealed that the right kidney and ureter appeared normal, with resolution of hydronephrosis and no evidence of residual ureteric calculi. Hydrangea arborescens mother tincture was prescribed for its well-known “stone cutter” action in renal calculi, which aided in relieving urinary symptoms and supporting the natural passage of calculi. The patient was able to resume his normal activities without discomfort or limitations, indicating complete recovery of the urinary system and overall physical health. The combined effect of Lycopodium 200 and Hydrangea arborescens Q resulted in restoration of normal urinary function and alleviation of associated symptoms.

Conclusion

This case demonstrates that individualised homoeopathic treatment can lead to complete resolution of symptoms in ureteric calculi with obstructive uropathy. The patient achieved full recovery, confirmed by follow-up ultrasound showing normal study findings, highlighting the effectiveness of non-invasive, supportive homoeopathic management, including the “stone cutter” action of Hydrangea arborescens, in calculous urinary disorders.

Conflict of Interest

There are no conflicts of interest related to this study.

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