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Role of *Lycopodium* as an expeller of kidney stone - two case reports

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Abstract

Introduction: Renal calculi, commonly known as kidney stones, are a prevalent and painful urological disorder affecting millions worldwide. Various studies were conducted to assess the efficacy of these individualized homoeopathic drugs in this disease. With proper selection of remedy based on totality of symptoms and constitutional approach renal calculi can be managed in homoeopathy. *Lycopodium* is frequently used homeopathic medicine in the cases of kidney stones.

Case summary: First case of 32 years old male patient presented with continuous severe pain in the left renal region for 1 month. Bilateral calculus was found and second case of 27 years old female reported with severe burning and aching in the left lumbar region since 3 months. Left sided calculus was found. According to symptoms similarity of both cases, homoeopathic medicine *Lycopodium* was prescribed. Subsequently, the stone was expelled through urine. The symptoms were completely relieved. These cases of renal stone suggests that homoeopathic medicine can enable expulsion of a relatively bigger renal stones. However, more conclusive researches are required.

Keywords: Homoeopathy, *Lycopodium*, non-surgical approach, renal calculi, urological disorder

Introduction

Renal stone or calculus or lithiasis is one of the most common diseases of urinary tract. It is becoming one of emerging challenges in the medical field because of modern life style changes, sedentary habits, an unhealthy dietary plan and overweight problems of the affluent societies emerge to be the important promoters of the “stone boom” in the new millennium both in developed and underdeveloped countries ^[1]. Kidney stones are common across the world, with a prevalence of about 12% worldwide. Their prevalence in India also reflect world-wide prevalence, stands at approximately 12% and is relatively more common in northern part of India, where it is 15% ^[2].

Renal stones are caused by Hyper excretion of relatively insoluble urinary constituents ^[1]. Physical changes in urine. Altered urinary crystalloids and colloids. Decreased urinary output of citrate. Vitamin A deficiency. Prolonged immobilisation. Renal infection ^[1]. Inadequate urinary drainage and urinary stasis ^[2]. Excessive intake of animal protein, diet high in red meat, hypercalciuria, hyperoxaluria ^[3]. There are 4 types of renal calculi which are Calcium Oxalate, Calcium Phosphate, Uric Acid, Cystine. ^[4] The mechanism of calcium stone formation is explained on the basis of imbalance between the degree of super saturation of the ions forming the stone and the concentration of inhibitors in the urine. Most likely site where the crystals of calcium oxalate or calcium phosphate are precipitated is the tubular acting as center of the stone. The stone grows, as more and more crystals are deposited around the center. A number of other predisposing factors contributing to formation of calcium stones are alkaline urinary pH, decreased urinary volume and increased excretion of oxalate and uric acid ^[5].

Symptoms are mainly divided into four groups

1. Quiescent calculus

A few stones particularly the phosphates stones may lie dormant for quite a long period. During this time the stones gradually increase in size with destruction of renal parenchyma. Such stones may be discovered accidentally in X-ray performed for some other reason or is first revealed with renal failure and uraemia. Sometimes such stones are also discovered due to symptoms of urinary infection.

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2. Pain

Pain is the leading symptom of renal calculus in majority of cases.

Three types of pain are usually noticed:

Fixed renal pain: This pain is situated in renal angle and anteriorly in the corresponding hypochondrium. This pain is worse in walking motion and jolting.

Ureteric colic: This is a characteristic pain of stone starting from loin extending to groin.

Referred pain: This is rarely found and the pain is referred to whole abdomen or to opposite kidney.

3. Hydronephrosis

Sometimes patient complaint of lump and ache in abdomen which is mainly due to hydronephrosis.

4. Haematuria

Occasionally it is the leading symptom^[1].

Surgical interventions for renal calculi, including ureteroscopy and laparoscopic surgery, carry risks of complications such as ureteral stricture, Bowel injuries, respiratory problems, bleeding and infections. In homoeopathy treatment any complications can be solved according to the whole symptoms of the patient. Detailed case taking and individualization helps to find the nearest similimum of each individual case by which alone the cure is to be accomplished. I here mention two cases which is treated with our homeopathic treatment. *Lycopodium* is a deep acting homeopathic medicine. It has power to stop the formation of kidney stones in case the symptoms of the medicine match with the patient^[6].

Patient information

A 32 years old male Businessman reported on 4th March, 2022 with pain in right lumbar region with frequent urge to urinate since 1 month. The pain started gradually 1 month back as dull aching sensation in right lumbar region which radiate to left side. Subsequently the pain increased with frequent urination. Burning in urethra while urinating. Patient having severe gripping pain with nausea and vomiting. Restless during pain. Pain ameliorated by eating.

Clinical findings general examination

The patient was well built and had a fair complexion. His blood pressure was 114/76 mmHg. His physical examination revealed no pallor, oedema, jaundice, cyanosis or lymphadenopathy.

The patient appeared Angry on contradiction, difficulty in concentration, forgetfulness, revengeful, Anxious for little matters and restless during pain. He had a good appetite but pace of eating is slow. His thirst was reduced since 1 month otherwise he is thirsty. He reported a moderate amount of sweat that did not leave any unpleasant odour or stains on the clothing. His bowel movements were regular, and his stools had a semisolid consistency. He had frequent urge to urination with burning in urethra while urination. His sleep was sound. His thermal reaction was hot.

Diagnostic assessment

The diagnosis of renal calculi was based on the Radiological findings following the guidelines of ICD-11, code GB70.0 [Figure 1]. Findings are few calculi in left kidney, avg. size 4 mm. Approx 9 mm calculus is seen in right lower ureter (approx 10 mm away from VUJ) with proximal mild hydronephrosis.

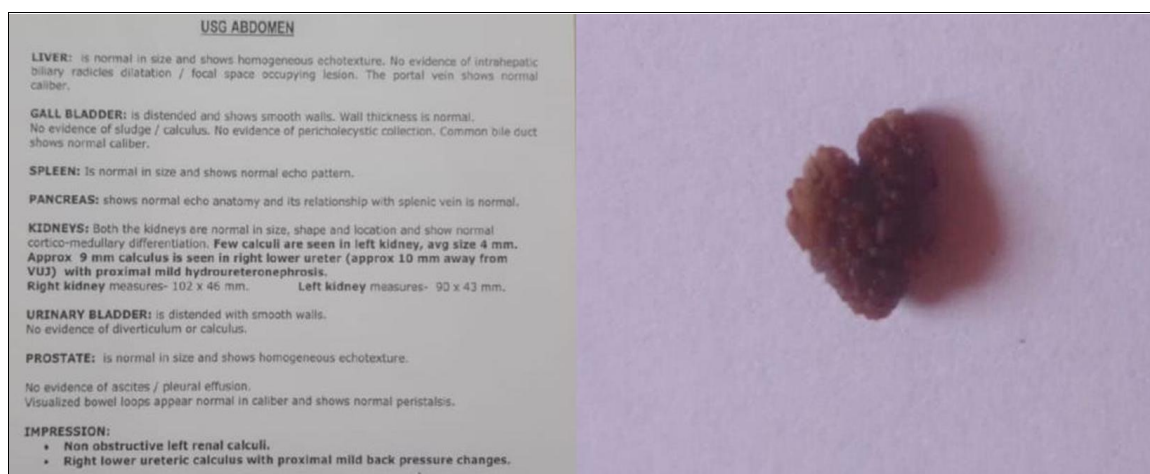


Fig 1: Radiological findings of renal calculi

Therapeutic intervention

Looking at case, we can get some direct rubrics, if we try to understand patient from his complain and observation. After

repertorisation with KENT Repertory and study with Materia medica, we selected *Lycopodium* 1M single dose orally given followed by placebo for 7 days in 04/03/2022.

Follow up and outcome

Date	Symptoms	Remedy
11/03/2022	Burning urination. Better in nausea and vomiting. Gripping pain slight decreased	Sac lac 4 pills BD for 7 days
18/03/2022	Decrease in the complains. No burning urination	sac lac 4 pills BD for 7 days
26/03/2022	No abdominal pain especially Decreasing pain in left lumbar region. Stone expelled out.	Sac lac 4 pills BD for 7 days
03/04/2022	Urinary normal, no other complain.	Sac lac 4 pills BD for 7 days

Mrs. HT age 27 years old reported with severe burning and aching in the left lumbar region since 3 months which extend to bladder since 3 weeks and took conventional medicine. There is burning sensation on the left lumbar region. The complain aggravated after taking water and ameliorated by urination. the intensity increased with difficulty in urination and burning sensation while urination. The urinary flow was interrupted and quantity of urine was reduced.

Clinical findings general examination

The patient was well lean and thin. Her blood pressure was 120/70 mmHg. Her physical examination revealed no pallor, oedema, jaundice, cyanosis or lymphadenopathy.

The patient was confused and distrustful. she had a past history of recurrent gastroenteritis before 1 year. Her appetite decreased since 2 months with desire of hot foods only. She was thirstless. Her bowel movements were regular, and his stools had a semisolid consistency. Her sleep was disturbed due to pain. Her thermal reaction was hot.

Diagnostic assessment

Diagnosis of renal calculi was based on the Radiological findings following the guidelines of ICD-11, code GB70.0 [Figure 2]. Findings are a calculus in left kidney present, avg. size 3mm without hydronephrosis.

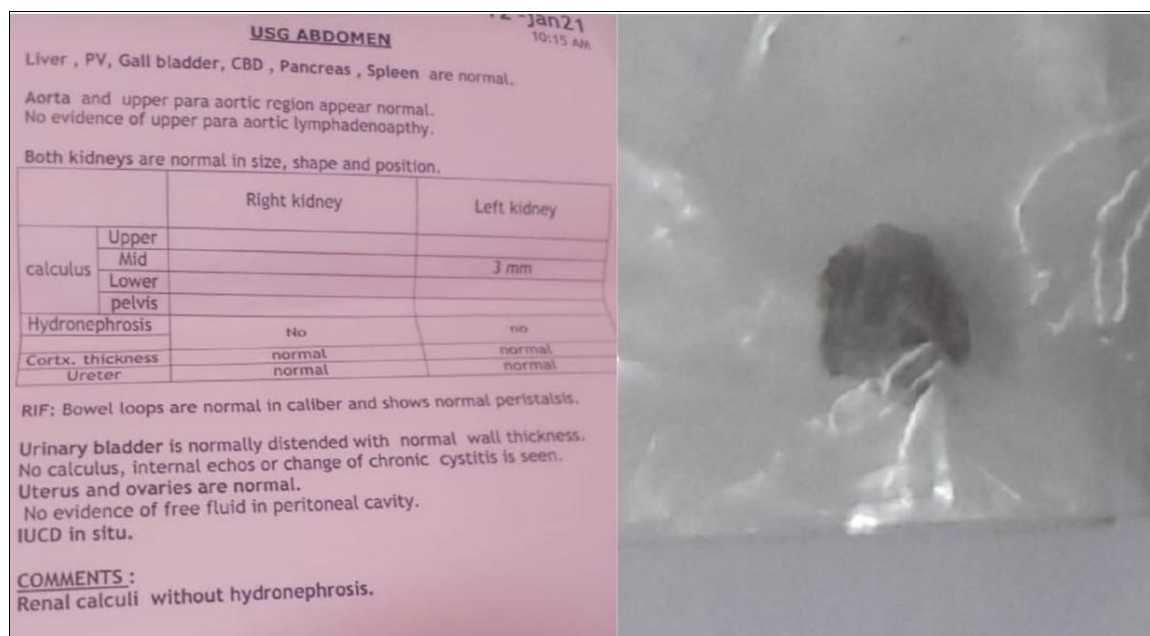


Fig 2: Radiological findings of left renal calculus

Therapeutic intervention

Looking at case, we can get some direct rubrics, after repertorisation with BBCR Repertory and study with Materia medica, we selected *Lycopodium* and *Lycopodium* 1M single dose was given followed by placebo for 7 days on 14/01/2021.

Follow-up and outcome

Date	Symptoms	Remedy
20/01/2021	Pain Decreased in left lumbar region. Urine Flow interrupted.	Sac lac 4 pills BD for 7 days
28/01/2021	No abdominal pain especially Decreasing pain in left lumbar region. Stone expelled out. Urinary flow normal	Sac lac pills
05/02/2021	No any complain.	Sac lac pills

Discussion

In both presented cases, the renal calculi's size was 9 mm and 3 mm respectively. Both calculi from each patient was expelled after administration of *Lycopodium*. Renal stone of more than 7 mm usually requires surgical intervention [8]. Homeopathic approach toward surgical diseases like renal stone is holistic and post-surgical complications can be avoided. ESWL usually results in Haematuria, perinephric

hematomas, while use of general anaesthesia during several sessions of ESWL, could result in increased serum creatinine and total homocysteine value, due to renal injury such as ischemia / reperfusion injury.

On the basis of the totality of the symptoms, similimum homeopathic medicine was needed. *Lycopodium* was prescribed in both the cases according to symptom similarity. After careful repertorization and final selection with the help of materia medica. The medicine thus selected in both the case was *Lycopodium* 1M and was prescribed. Both patients responded positively to the homeopathic treatment, both stones were expelled through the urethra during urination and the patient did not report any urinary complain thereafter.

The selection of remedy viz. *Lycopodium*, it was also verified with Kent's Materia Medica. Both the cases had different presentation but according to symptom similarity both cases were successfully treated with *Lycopodium*. Single dose of *Lycopodium* 1M was found to be effective in the expulsion of the stones and also in the marked improvement of

symptoms. Limitation of the study: As this is a case report, similar study may be carried out on a large sample size.

Conclusions

Homeopathic treatment can expel renal stone without aid of surgery and can provide alternative option for non-invasive treatment and it is economical friendly. Homeopathic is the best alternative for those people who have fear of surgeries,

to avoid any complications of surgical procedure and who are not compatible for surgery. In the above- mentioned cases we have seen that kidney stones are expelled out completely with the aid of homoeopathic remedies. These cases demonstrate the role of Homoeopathic remedy in minimum dose, selected on the concept of totality and prescribed on the principles of individualization in expulsion of renal calculi.

Declaration of patient's consent

The authors certify that they have obtained written, informed consent from the patient for using his images and other clinical information for reporting in a scientific journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

Conflict of interest

None declared.

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