

## CASE REPORT

# A case of Multiple Urinary Calculi

P. Paul Sumithran\*

### ABSTRACT

A patient with urinary calculi of sizes 16 mm in the right renal pelvis and 9 mm in the right mid-ureter, presenting with complaints of pain in right iliac region extending to genitals and legs with dribbling urine and painful micturition reported in the OPD of the Central Research Institute for Homoeopathy, Kottayam, Kerala. Patient had not undergone treatment before. Based on the presenting symptoms *Nux vomica* 30C was prescribed, which proved to be effective in the dissolution and expulsion of both the stones.

**Keywords:** Homoeopathy, *Nux vomica*, Urinary calculi

### INTRODUCTION

Urolithiasis is the process of forming stone in the urinary tract, that is, kidney, ureter and bladder (KUB). Urolithiasis affects 5–15% of the population worldwide.<sup>[1]</sup> In India, upper and lower urinary tract stones occur frequently but the incidence shows wide regional variation.<sup>[2]</sup> Stones of less than 5 mm diameter usually pass spontaneously.<sup>[3]</sup> Stones of size 5–7 mm have a 50% chance of passage and those >7 mm almost always require surgical intervention.<sup>[4]</sup> There is a large interest in alternative medical treatment modalities since noninterventional treatments are the most appealing to patients.<sup>[5]</sup>

Around 12.7% of India's population depends solely on Homoeopathy for their health care.<sup>[6]</sup> The usefulness of a single homoeopathic medicine in the treatment of multiple urinary calculi is highlighted in the present case.

### CASE REPORT

A 48-year-old housewife presented with acute pain in right iliac region extending to genitals

and legs, frequent and painful urination with pain and sensation of fullness in the lower abdomen. Patient also experienced urging to urinate frequently with pain in lower abdomen (Right side) aggravating during urination and straining to urinate. These complaints were there since 3 days but had worsened on the day of reporting to the OPD. Due to the acute pain and as per the above symptoms a dose of *Nux vomica* 30C was given.

**Family History:** No family history of urolithiasis.

**Personal History:** She had the dietary habit of taking oysters, rice, tapioca, milk, and drinking less quantity of liquids.

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**Totally of symptoms:** The totality of symptoms arrived were absent-mindedness, tendency to get angry easily, offended easily, aversion to mental work after getting angry, aversion for reading, aversion for coffee and drinks, aversion to food in general and loathing after eating little, also loathing with hunger, desires milk, urination dribbling by drops, frequent urination, dysuria, painful retention of urine, sensation of fullness of bladder, frequent morbid desire urging to urinate, pain in the right side of abdomen (area of) ureters and pain during urination.

**On Examination:** no abnormal finding

**Investigations done**

- Serum Calcium level- 11.1 mg/dl
- Urine Microscopy- Presence of Calcium oxalate crystals

**Ultrasonography-KUB [Figure 1]** revealed a 16 mm calculus in right renal pelvis along with 9 mm calculus in the right mid-ureter.

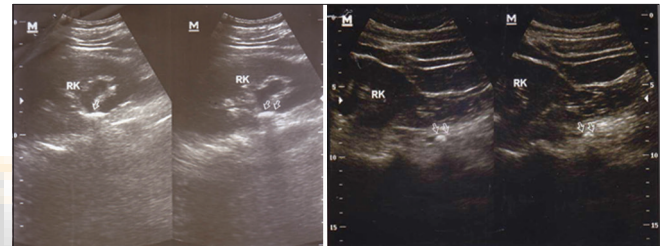
**Repertorisation:** The repertorisation was done using Hompath Classic 8.0 (Kent Repertory). *Nux vomica* was the highest scoring medicine by covering maximum rubrics (18) and also scoring highest points (48) [Figure 2].

**Prescription:** After case taking and repertorisation, two doses of *Nux vomica* 30C were prescribed on the day of visit along with placebo for 3 days since the pain was continuing.

**General Management:** The patient was advised to avoid oxalate foods such as spinach, chocolates, nuts, whole cereal flours, milk, oysters, tapioca, etc., She was also advised to avoid overeating and was asked to take plenty of water.

**Follow ups**

During the first follow-up the patient reported that a stone had passed in the evening on the next day after the first visit. On analysis it was found that the stone was almost entirely made up of calcium oxalate. This stone's measurement was 6.09 mm × 4.79 mm [Figure 3]. The pain was better but there was mild irritation in the



**Figure 1:** Ultrasonography-kidney, ureter and bladder (multiple stones): Stones in the right renal pelvis and right mid-ureter

**Repertorisation Table**

Patient Name : Mrs. LIZAMMA THOMAS - 4808/12 Reg. No. : 15 Rep. Date : 21/07/2012

Normal Repertorisation	Nux-v	Lyc	Puls	Sulph	Caust	Nat-m	Bell	Merc	Staph	Calc	Apis	Canth	Phos	Lach	Ars
<b>Symptoms Covered</b>	<b>48</b>	<b>29</b>	<b>27</b>	<b>25</b>	<b>24</b>	<b>23</b>	<b>22</b>	<b>21</b>	<b>21</b>	<b>20</b>	<b>20</b>	<b>20</b>	<b>19</b>	<b>19</b>	<b>18</b>
[C] [Mind]Absent-mindedness:	2	2	3	2	3	2	1	1	1	1	1	1	2	2	3
[C] [Mind]Anger, irascibility:Tendency Easily:	3	3	3	2	3	2	1	1	1	1	1	1	2	2	1
[C] [Mind]Offended easily:	3	3	2	2	3	2	2	1	3	3	2	1	1	2	3
[C] [Mind]Work:Aversion to mental:Anger, after:	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1
[C] [Mind]Reading:Aversion for:	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[C] [Generalities]Food and drinks:Coffee:Aversion:	3	2	1	2	2	2	2	1	3	3	2	1	2	2	1
[C] [Generalities]Food and drinks:Drinks:Aversion:	3	1	1	1	1	1	1	1	2	1	2	1	1	1	1
[C] [Generalities]Food and drinks:Food in general:Aversion to, loathing:	3	1	1	2	1	1	1	1	1	1	1	1	1	1	1
[C] [Generalities]Food and drinks:Food in general:Aversion to, loathing:	3	1	1	2	1	1	1	1	1	1	1	1	1	1	1
[C] [Generalities]Food and drinks:Milk:Desires:	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
[C] [Bladder]Urination:Dribbling by drops:	3	2	3	3	2	1	2	3	2	1	1	3	1	1	1
[C] [Bladder]Urination:Frequent:	3	3	3	3	3	2	2	3	3	3	3	3	1	3	1
[C] [Bladder]Urination:Dysuria:	3	2	3	3	1	2	3	1	1	1	2	3	1	1	2
[C] [Bladder]Retention of urine:Painful:	3	2	2	3	1	1	1	1	1	1	1	1	1	1	1
[C] [Bladder]Fullness, sensation of:	2	1	2	1	1	1	1	2	1	2	1	1	1	1	2
[C] [Bladder]Urging to urinate, morbid desire:Frequent:	3	3	3	3	3	3	3	3	3	2	3	3	2	2	1
[C] [Kidneys]Pain:General:Ureters:Right side:	2	3	3	3	3	3	3	3	3	1	1	1	1	1	1
[C] [Bladder]Pain:General:Urination:During:	2	1	2	1	1	1	2	1	1	2	1	1	1	1	1
[C] [Bladder]Pain:General:Straining, while:	2	1	2	1	1	1	2	1	1	2	1	1	1	1	1

Symptoms 1 to 19 Total Symptoms : 19 Remedies 1 to 15 Total Remedies : 433

page 1 of 1

Name : [Redacted]  
 Doctor : [Redacted]  
 Sc No : 13423 (Reg No-4808/12) Result Date: 21-07-12

**Usg KUB**  
 Mindray M7 - 3D/4D Colour Doppler Ultra Sound Scanner

**Kidneys** Normal size and echotexture bilaterally.  
 E/o 16mm calculus in right renal pelvis along with 9mm calculus in right mid ureter causing mild hydronephrosis proximally.  
 No e/o focal lesions bilaterally.  
 Left ureter is not dilated.

**Bladder** Distended. No e/o wall thickening /mass lesion/diverticuli/calculi.

Visualized small bowel loops are normal sized and show normal peristalsis.  
 No e/o mass / collection.  
 o e/o free fluid in pelvis.

**IMPRESSION**

1. 16mm calculus in right renal pelvis along with 9mm calculus in right mid ureter causing mild hydronephrosis proximally.

**Sugg: Clinical correlation**

Consultant Radiologist  
 Director, Reg. No. 27046  
Please note that the above is not the final diagnosis but a professional opinion based on imaging findings. Kindly correlate with clinical findings and lab parameters. A repeat assessment may be required if an alternate diagnosis is sought.

**Figure 2:** Repertorisation table: Repertorisation of homoeopathic medicines using Hompath Classic 8.0

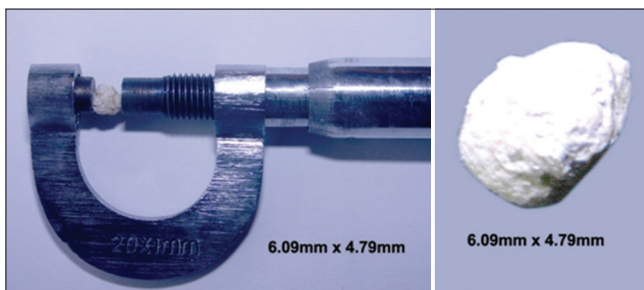
urethra at the time of passing stone. In the second follow-up, one dose of *Nux vomica* 30C was given as she complained of painful micturition. Placebo was also prescribed. In the third follow-up visit, the USG – KUB report revealed the presence of a 16 mm calculus in the right renal pelvis causing mild hydronephrosis proximally [Figure 4]. The serum calcium level was normal but the urine microscopy showed the presence of calcium oxalate crystals. In this visit she felt better and hence placebo was prescribed.

During the fourth follow-up, the patient complained of painful micturition. A dose of *Nux vomica* 30C was prescribed along with placebo for 15 days. In the fifth follow-up, she reported that a big stone was passed in the evening of the fourth follow-up visit. The patient experienced mild pain in the urethra at the time of expulsion of the stone. The stone's size was 15.4 mm × 4.35 mm [Figure 5] and was made up almost entirely of calcium oxalate. In the subsequent follow-up visits [Table 1] she said that she was feeling better. The subsequent ultrasound reports [Figures 6-9] confirmed that there was no stone in the KUB region. The serum calcium level was normal and there were no calcium oxalate crystals present. *Nux vomica* 200C was prescribed during the thirteenth follow-up visit because the patient complained of flatulence aggravating after eating. In the following six follow-ups, no new symptoms were reported.

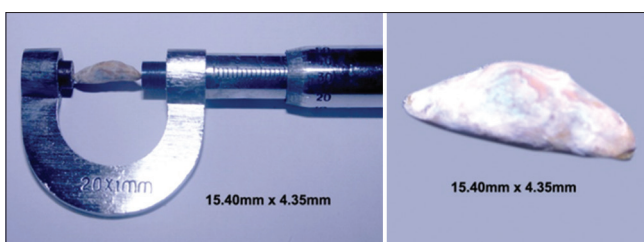
In the twentieth follow-up visit, *Nux vomica* 200C was prescribed because the patient complained of flatulence aggravating after eating. In the subsequent follow-ups, no stones were found in the USG of KUB region [Figures 10 and 11] and no new symptoms were reported. The clinical investigations also confirmed a normal study.

## DISCUSSION

This case highlights the usefulness of homoeopathic medicines in the expulsion of urolithiasis. The patient had not undergone any treatment before. The patient responded positively to the homoeopathic treatment and was relieved of her urinary calculi, with the dissolution and expulsion of the stones. Based on the presenting symptoms



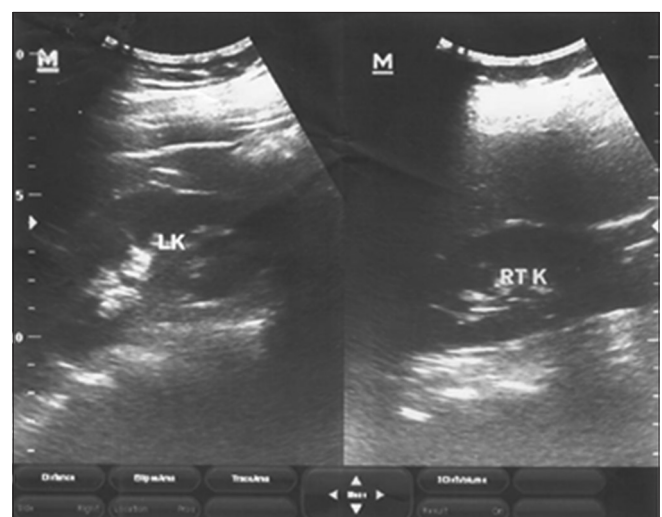
**Figure 3:** Stone measurement (6.09 mm × 4.79 mm): Measurement of the stone expelled from the right mid-ureter



**Figure 5:** Stone measurement (15.4 mm × 4.35 mm): measurement of the stone expelled from the right renal pelvis



**Figure 4:** Ultrasonography-kidney, ureter and bladder (16 mm stone in right renal pelvis): Stone in the right renal pelvis



**Figure 6:** Ultrasonography kidney, ureter and bladder on October 01, 2012: No stones in the right renal pelvis and right mid ureter

**Table 1: Follow-up – list of the follow-up visits with details about the main symptoms, ultrasound report and laboratory findings and the prescribed medicine**

Date	Main symptoms/findings	Ultrasound report and laboratory findings	Medicine prescribed
July 21, 2012 (first visit)	Pain in right iliac region extending to genitals and legs with dribbling urine by drops. Also pain in right ureter, urination frequent, painful micturition, retention of urine with pain in bladder aggravating during urination	USG-KUB report revealed 16 mm calculus in right renal pelvis along with 9 mm calculus in right mid ureter	<i>N. vomica</i> 30C two doses Placebo bd for 3 days
July 23, 2012 (first follow-up)	Pain is better, a stone passed on July 22, 2012 in the evening at 6 pm, mild irritation in the urethra at the time of urination. The stone was handed over for analysis	Urine microscopic examination Occasional pus cells, epithelial cells 0-2/hpf, RBC 1-2/hpf and calcium oxalate crystals Blood investigation Serum uric acid 5.3 mg/dl Serum calcium 11.1 mg/dl	Placebo
August 06, 2012 (second follow-up)	Painful micturition	Stone measurement: 6.09 mm×4.79 mm, the stone is made up almost entirely of calcium oxalate	<i>N. vomica</i> 30C one dose and placebo
August 17, 2012 (third follow-up)	Improvement in symptoms	USG-KUB report on August 06, 2012 revealed 16 mm calculus in right renal pelvis causing mild hydronephrosis proximally Urine microscopic examination Occasional pus cells, epithelial cells 0-2/hpf, RBC 0-2/hpf and calcium oxalate crystals Blood investigation Serum uric acid 5.2 mg/dl Serum calcium 9.4 mg/dl	Placebo
August 31, 2012 (fourth follow-up)	Painful micturition	-	<i>N. vomica</i> 30C one dose and placebo
September 14, 2012 (fifth follow-up)	A big size stone passed on August 31, 2012 evening 7 pm. Mild pain in urethra at the time of expulsion of stone	-	Placebo
October 01, 2012 (sixth follow-up)	Improvement in symptoms	Stone measurement is 15.4 mm×4.35 mm and the stone is made up of calcium oxalate	Placebo
October 15, 2012 (seventh follow-up)	Improvement in symptoms	USG-KUB report on October 01, 2012 revealed no stone in KUB Urine microscopic examination Occasional pus cells, epithelial cells 1-2/hpf, no RBC and no calcium oxalate crystals Blood investigation Serum uric acid 5.1 mg/dl Serum calcium 8.8 mg/dl	Placebo
October 30, 2012 (eighth follow-up)	No symptoms	-	Placebo
November 30, 2012 (ninth follow-up)	No symptoms	-	Placebo
December 28, 2012 (tenth follow-up)	No symptoms	-	Placebo
January 28, 2013 (eleventh follow-up)	No symptoms	USG-KUB on December 28, 2012 revealed normal study Urine microscopic examination Occasional pus cells and epithelial cells and no RBC and calcium oxalate crystals Blood investigation Serum uric acid 5.0 mg/dl Serum calcium 8.9 mg/dl	Placebo
February 27, 2013 (twelfth follow-up)	No symptoms	-	Placebo
March 28, 2013 (thirteenth follow-up)	Flatulence aggravating after eating	-	<i>N. vomica</i> 200C one dose and placebo
April 27, 2013 (fourteenth follow-up)	No symptoms	-	Placebo

Contd...



Table 1: Contd...

Date	Main symptom	Ultrasound report and laboratory findings	Medicine prescribed
May 27, 2013 (fifteenth follow-up)	No symptoms	USG-KUB on April 27, 2013 revealed normal study Urine microscopic examination No pus cells and RBC, occasional epithelial cells and no calcium oxalate crystals Blood investigation Serum uric acid 5.1 mg/dl Serum calcium 9.2 mg/dl	Placebo
June 26, 2013 (sixteenth follow-up)	No symptoms	-	Placebo
July 26, 2013 (seventeenth follow-up)	No symptoms	-	Placebo
August 26, 2013 (eighteenth follow-up)	No symptoms	-	Placebo
September 26, 2013 (nineteenth follow-up)	No symptoms	-	Placebo
October 26, 2013 (twentieth follow-up)	Flatulence aggravating after eating	USG-KUB on September 26, 2013 revealed normal study Urine microscopic examination No pus cells and RBC, occasional epithelial cells and no calcium oxalate crystals Blood investigation Serum uric acid 5.0 mg/dl Serum calcium 8.9 mg/dl	<i>N. vomica</i> 200C one dose and placebo
November 25, 2013 (twenty first follow-up)	No symptoms	-	Placebo
December 23, 2013 (twenty second follow-up)	No symptoms	-	Placebo
January 22, 2014 (twenty third follow-up)	No symptoms	-	Placebo
February 22, 2014 (twenty fourth follow-up)	No symptoms	USG-KUB on January 22, 2014 revealed normal study Urine microscopic examination No pus cells and RBC, occasional epithelial cells and no calcium oxalate crystals Blood investigation Serum uric acid 5.0 mg/dl Serum calcium 9.1 mg/dl	Placebo
March 22, 2014 (twenty fifth follow-up)	No symptoms	-	Placebo

*N. vomica*: *Nux vomica*; RBC: Red blood cell; USG-KUB: Ultrasonography-kidney, ureter and bladder

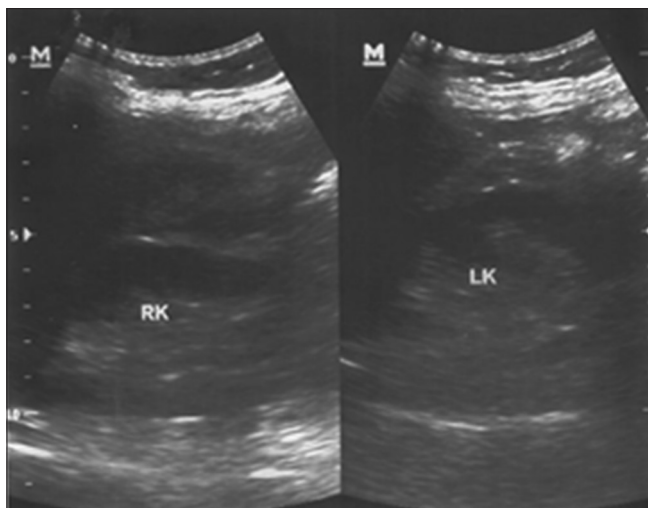
one dose of *Nux vomica* was prescribed. *Lycopodium clavatum*, *Pulsatilla nigricans*, *Sulphur*, *Causticum*, *Natrum muriaticum* and *Belladonna* were other high scoring medicines.

These drugs can be differentiated from *Nux vomica* are *Lycopodium clavatum*, *Pulsatilla nigricans*, *Sulphur*, *Causticum*, *Natrum muriaticum* and *Belladonna* on the basis of following rubrics (based on Repertorium Homeopathicum Syntheticum).<sup>[7]</sup>

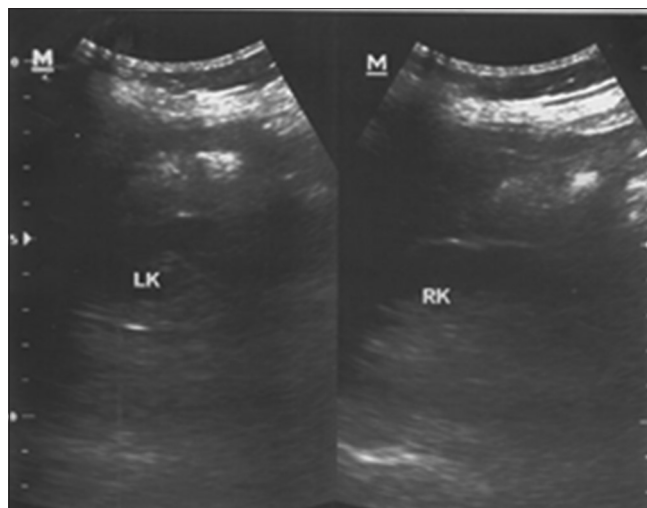
*Lycopodium clavatum*-reading desires-unable to read-written what he has; mental exertion-agg: Fatigues-impossible-aversion to; alcoholic drinks-agg, bread-agg, cabbage-agg, carrots-agg, beer-agg, and coffee-agg.

*Pulsatilla*-anger – answer, when obliged to; beside oneself, being; conversation, from; taciturnity, with; mental exertion-agg, aversion to, desire for: Evening; bread-agg, coffee-agg, eggs-agg, beer-agg desire, milk-agg; urination during, burning, sore, bruised, and restless sensation.

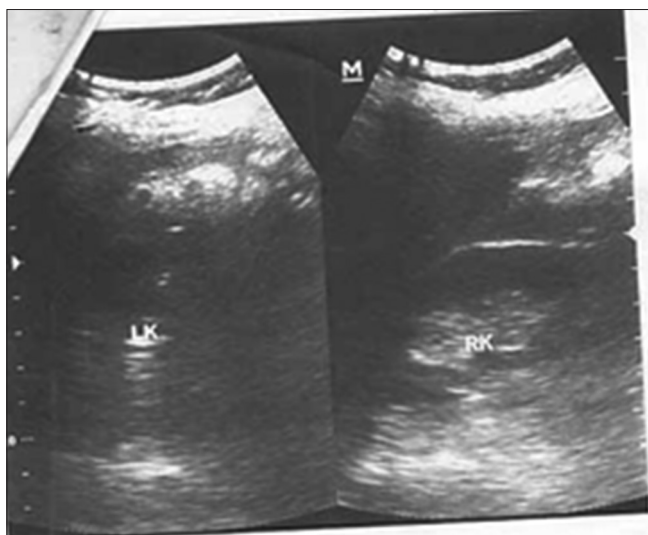
*Sulphur*-reading desires: Medical books, to read; mental exertion-agg. Fatigue, aversion to, desire for literary work; wine desire; anger – morning, waking-forenoon 11 h, alternating with repentance, quick, mistakes, about his, past events, about, violent; kidney-paroxymal, stooping: On, after long, drawing ureters, pulsation: Restless sensation; bladder-cold, from taking, pressing, pressure



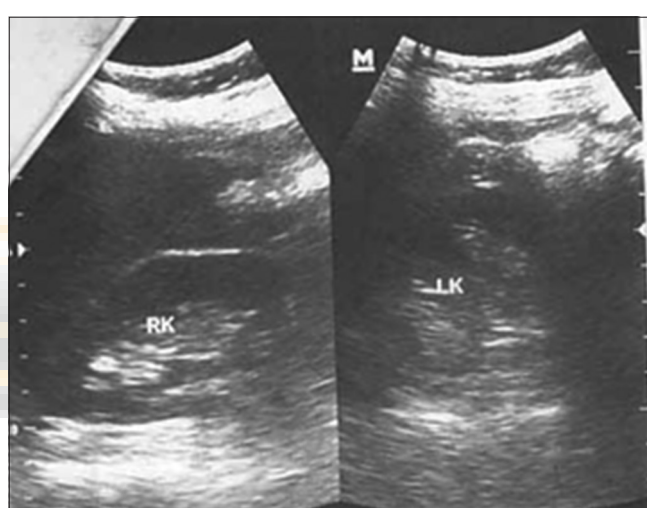
**Figure 7:** Ultrasonography kidney, ureter and bladder on December 28, 2012: No stones in the right renal pelvis and right mid ureter



**Figure 8:** Ultrasonography kidney, ureter and bladder on April 27, 2013: No stones in the right renal pelvis and right mid ureter



**Figure 9:** Ultrasonography kidney, ureter and bladder on September 26, 2013: No stones in the right renal pelvis and right mid ureter



**Figure 10:** Ultrasonography kidney, ureter and bladder January 22, 2014: No stones in the right renal pelvis and right mid ureter

in night, stool before, stitching, stinging, neck: Morning, afternoon, urination during.

*Causticum*-anger-alternating with; cheerfulness-beside oneself, being, violent, waking on; mental exertion-agg, impossible, aversion to; beer-agg desire, coffee-agg aversion, fruit agg, aversion, heavy food-agg; kidney-aching: Region of, cramping.

*Natrum muriaticum*-reading – unable to read; mental exertion – agg, impossible: Exertion, after; alcoholic drinks-agg, desire, beans, agg, bitter drink – agg, desire, bitter food, desire, bread-agg., butter-agg, chocolate desire, coffee-agg, smell of coffee, fish desire, honey-agg, salt. aversion; bladder-company, unable to pass urine in presence of; kidneys-burning

region of, drawing, ureters, stitching-extending to uterus; bladder-pressing, pressure in. stool: Before, urination during after during: Stitching, stinging, urination: During walking, while.

*Belladonna*-mental exertion-agg, aversion to, desire for; kidneys-pain: Morning, apyrexia, during-coughing, sneezing-agg, extending to bladder, tearing extending to downwards, ureters, extending downwards, touch motion and inspiration-agg, stones-suppression of urine-fever, with-perspiration, with; alcoholic drinks: Agg-bread desire-coffee, aversion.

Both the stones viz., the 16 mm stone in the right renal pelvis and the 9 mm stone in the right mid-ureter were dissolved and expelled with only four doses of *Nux vomica*. The repertorisation

Name : [REDACTED]	
Doctor : [REDACTED]	
Sc No : 15111 (Reg no- 4808/12)	Result Date: 22 -01-14
<b>Usg KUB</b>	
Mindray M7 - 3D/4D Colour Doppler Ultra Sound Scanner	
<b>Kidneys</b>	Normal size and echotexture bilaterally. No e/o hydronephrosis / calculi / focal lesions bilaterally. Both ureters are not dilated.
<b>Bladder</b>	Distended. No e/o wall thickening /mass lesion/diverticuli/calculi.
Visualized small bowel loops are normal sized and show normal peristalsis, No e/o mass / collection.	
No e/o free fluid in abdomen/ pelvis.	
<b>IMPRESSION</b>	
1. Normal study of KUB region. 2. No e/o renal calyceal / ureteric calculi. 3. No e/o hydroureteronephrosis bilaterally.	
Sugg: Clinical correlation	
Director, Reg. No. 27046	
Consultant Radiologist	
<small>Please note that the above is not the final diagnosis but a professional opinion based on imaging findings. Kindly correlate with clinical findings and lab parameters. A repeat assessment may be required if an alternate diagnosis is sought.</small>	

Figure 11: Ultrasonography report after treatment

clearly shows that total marks scored for *Nux vomica* was 48 whereas the next highest scoring medicine, *Lycopodium clavatum* only scored 29. In this case, *Nux vomica* covered the mental symptoms such as absent-mindedness, tendency to get angry easily, offended easily, aversion to mental work after getting angry, aversion for reading, aversion to food in general and loathing with hunger and desires milk which were not covered by *Lycopodium clavatum*. *Nux vomica* covered the mental symptoms which developed at the time of urolithic complaints.

In a Repertory of Urolithiasis with respect to kidneys, *Nux vomica* is a first grade medicine<sup>[8]</sup> and covered top marks for calculus in right kidney and is also second grade<sup>[9]</sup> for the right side of the ureter. *Nux vomica* has been identified to be one of the most useful medicines in the dissolution and expulsion of calculi in a multicentre observational study conducted by the CCRH, New Delhi.<sup>[10]</sup> The mechanism of action of *Nux vomica* is such that it relaxes the circular fibres of the canal of the ureter

and the pressure from behind forces the calculus out at once.<sup>[11]</sup>

The 30<sup>th</sup> potency was found to be useful in this case. Only four 30C doses were required for stone expulsion. Interestingly, in only a short period, that is, 1-month and 10 days of treatment, the ultrasound report revealed no stone in the KUB. Also, the patient showed significant improvement regarding mental symptoms.

From Miasmatic perspective, it has been reported that there are latent symptoms of all miasms throughout the whole urinary tract. Of the true chronic miasms, psora and sycosis take an active part in the production of diseases in these organs.<sup>[12]</sup> In *Miasmatic Prescribing*,<sup>[13]</sup> *Nux vomica* covers psoric (+++) and sycotic (++) miasm. This case also identifies usefulness of *Nux vomica* in psoric and sycotic miasmatic presentation.

This case assumes importance since there were multiple stones in the kidney and ureter, all of which dissolved and were eliminated. It also signifies the importance of individualisation in Homoeopathic prescription. However, it would not be appropriate to generalize on the basis of this study.

### Financial Support and Sponsorship

Nil.

### Conflicts of Interest

There are no conflicts of interest.

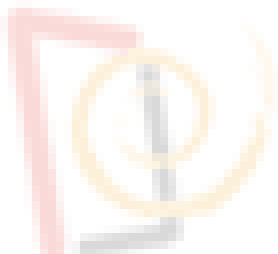
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### बहु मूत्र पथरी में होम्योपैथिक औषधियों की प्रभावशीलता

केरल के कोट्टायम में केन्द्रीय होम्योपैथी अनुसंधान संस्थान की ओपीडी में एक मरीज़ जिसके दायें गुर्दे की पेल्विस में 16 मिमी आकार की और मिड यूरेटर में 9 मिमी आकार की पथरी थी, उपचार के लिए आई। उसे पेट के दाये निचले हिस्से में दर्द था। जो कि टाँगों व जननांगों तक जा रहा था। उसे पेशाब करने में तकलीफ के साथ पेशाब बूँद-बूँद कर आ रहा था। मरीज़ ने पहले इलाज नहीं कराया था। वर्तमान लक्षणों के आधार पर नक्स वोमिका पथरी को घोलने और निस्तारित करने में प्रभावी साबित हुई। मूत्र मार्ग पथरी हेतु वैकल्पिक चिकित्सा उपचार में रूचि के संदर्भ में यह केस रिपोर्ट विशेष रूप से महत्व रखती है।



### Informe de caso clínico

#### Eficacia del medicamento homeopático en cálculos urinarios múltiples

#### RESUMEN

En el ambulatorio del CCRH (Central Research Institute for Homeopathy) de Kottayam en Kerala (India) se presenta un caso de cálculos urinarios múltiples con un tamaño de 16 mm en la pelvis renal derecha y de 9 mm en el uréter medio derecho; el paciente tiene molestias álgicas en la región ilíaca derecha que se extienden a genitales y extremidades inferiores con goteo de orina y micción dolorosa. El paciente no había recibido ningún tratamiento anterior. Sobre la base de los síntomas de presentación fue prescrito Nux 30C, que resultó ser eficaz en la disolución y expulsión de ambos las piedras. Este caso adquiere un significado especial en el contexto de interés en el tratamiento médico alternativo para los cálculos urinarios.