

# Management of urolithiasis with individualised homoeopathy – A case report

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## Abstract

**Introduction:** The population of the North-eastern region of India is prone to develop renal stones, and the prevalence and recurrence rate of renal stone disease is thus higher. A stone more than 0.5 cm diameter can cause painful ureteric obstruction. Stones of size more than 0.7 cm almost always require surgical intervention, as believed in conventional medicine. Repeated surgical interventions may remove obstruction but may not be a solution for altering the tendency for renal stone formation. Homoeopathy, an alternative system of medicine can offer holistic approach in treating such cases non-invasively. **Case Summary:** A 32 years old male patient presented with continuous severe pain in the left renal region for 15 days. A 1.0 × 0.4 cm calculus was found in the left distal ureter causing mild left-sided hydronephrosis as per computed tomography (CT) scan. According to symptoms similarity, homoeopathic medicine *Tabacum* was prescribed followed by *Belladonna*. Subsequently, the stone was expelled through urine. The pain was completely relieved, and the CT scan report showed no abnormality. On the basis of the patient's constitution *Calcarea carbonica* was prescribed to remove the tendency to form the renal stone. This case of renal stone suggests that homoeopathic medicine can enable expulsion of a relatively bigger renal stones and check recurrence. However, more conclusive researches are required.

**Keywords:** *Belladonna*, *Calcarea carbonica*, Renal stone, *Tabacum*

## INTRODUCTION

Renal stone disease belt in India is the region across the states of Maharashtra, Gujarat, Rajasthan, Punjab, Haryana, Delhi, Madhya Pradesh, Bihar, and West Bengal. In these regions, the frequency of the prevalence and recurrence rate of renal stone is high in most of the members of a family.<sup>[1]</sup> However, data for its prevalence in North-East are still under-researched. In the context of India, kidney stone disease is prevalent, with an expectancy of 12% in a total population reported to be prone to urinary stones.<sup>[1]</sup> In general practice, acute renal colic is a common presentation. Typical presentation of acute renal colic is intermittent, colicky flank pain that may radiate to the lower abdomen or groin, often associated with nausea and vomiting. As stone enters the ureter, the lower urinary tract symptoms occur such as dysuria, urgency, and frequency. Comorbid diseases, personal or family history of kidney stones, any anatomical defect or surgery of the urinary tract, are known to increase the risk of kidney stones. Urgent intervention is most often needed in acute obstruction. Once a stone passes into the ureter, the resultant obstruction may

cause reduced glomerular filtration rate and renal blood flow leading to hydronephrosis.

Parenteral narcotics have traditionally been prescribed for acute renal colic by modern medicine, and non-steroidal anti-inflammatory drugs (NSAIDs) are claimed to be equally effective in relieving pain in renal colic. NSAIDs, however, may create complications in patients with compromised renal function or a history of gastrointestinal bleeding. Steroidal drugs are recommend as medical expulsive therapy for distal ureteral calculi.<sup>[2]</sup> However, stones of less than 0.5 cm diameter may pass spontaneously without causing any symptoms, and those more than 0.5 cm diameter can cause ureteric obstruction and colic. Stones of 0.5–0.7 cm size have a 50% chance of

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passage but those larger than 0.7 cm almost always require surgical intervention.<sup>[3]</sup> In conventional medicine, ureteroscopy, percutaneous nephrolithotomy, and laparoscopy are some common approaches to deal with renal stone, and at present, extracorporeal shock wave lithotripsy (ESWL) is the first-line treatment modality. Some drawbacks of ESWL are: early haematuria, perinephric/nephric hematomas, use of general anaesthesia during several sessions of ESWL, increased susceptibility to radiation exposure in paediatric patients and long-term increase in serum creatinine and total homocysteine due to renal injury such as ischaemia/reperfusion injury after first-time ESWL.<sup>[4-6]</sup>

Homoeopathy has a holistic approach toward surgical diseases like renal stone. They are considered to be an affection of the constitution rather than a local problem. Homoeopathic treatment is based on same constitutional approach for management of any disease.<sup>[7-9]</sup> Recurrence of kidney stone is seen in maximum patients but recurrent surgery may not be the apt solution. Studies suggest that treatment with homoeopathic medicines has positive response in dissolution/expulsion of calculi. A prospective, multicentric observational study<sup>[10]</sup> on urolithiasis, was conducted by Central Council for Research in Homoeopathy (CCRH) in which 106 cases reported of expulsion of calculi out of 220 cases. The individualised homoeopathic medicines found beneficial in this study were *Lycopodium clavatum*; *Sulfur*; *Pulsatilla nigricans*; *Nux vomica* and *Cantharis*. A case series of five cases of urolithiasis shows that the constitutional medicine, *Lycopodium clavatum*, when followed by *Sarsaparilla*, as adjuvant supportive remedy with positive outcome.<sup>[11]</sup> Two cases of kidney stones in paediatric age group, were prescribed *Carcinosin* and expulsion of stones were observed in 4–5 months time.<sup>[12]</sup> A case of urethral calculus in prostatic urethra in a male patient was expelled in 8 days by the homoeopathic medicine *Lyssin*.<sup>[13]</sup> *Sarsaparilla* successfully expelled 16.9 mm urinary calculus, lodged close to the left ureterovesicular junction.<sup>[14]</sup> In another case report stated that *Nux vomica*, helped in the dissolution and expulsion of the stones.<sup>[15]</sup> Yet another case developed secondary to high serum uric acid levels, was relieved by *Lycopodium* which facilitated gradual decrease in serum uric acid after expulsion of stone.<sup>[16]</sup> The utility of homoeopathic medicines in urolithiasis with reduction of size of the renal stone by the dissolving property of *Sarsaparilla* has also been reported.<sup>[17]</sup> These published reports show that constitutional homoeopathic treatment has plenty of scope for the treatment of renal stone.<sup>[10-17]</sup> The present case also reports expulsion of a stone more than 0.7 cm diameter size with homoeopathic medicine.

## CASE REPORT

### Patient information

A male patient PS, aged 32 years, came to the OPD of Regional Research Institute for Homoeopathy, Guwahati on 15 June, 2019 with severe pain in the left flank.

### Clinical findings

The patient was suffering with severe pain in the left renal region for 15 days. Furthermore, there was cold perspiration

on face along with nausea and dysuria with haematuria. There was no pain on the right sided. There was a family history of renal stone also.

### Diagnostic assessment

Computed tomography scan (CT scan) of abdomen dated 12 June, 2019 showed 1.0 × 0.4 cm calculus in the left distal, ureter causing mild left-sided hydronephrosis and 1 × 0.6 cm non-obstructive right renal calculus. Urolithiasis symptoms score (USS) was used to evaluate the symptoms of the patient at the first visit and subsequently at each follow-up.<sup>[18]</sup> After evaluation on the first visit USS score was 17 which is categorised as severe [Table 1].

### Therapeutic intervention

The symptoms of patient which were taken into account for the prescription were tremendous pain in the left renal region with cold perspiration on face, with associated nausea and dysuria as narrated by the patient. The rubrics selected from Kent repertory were: As - Head perspiration forehead cold (p. 222), Stomach nausea (p. 504), Kidneys pain cutting ureters (p. 665) and Perspiration pains from (p. 1299) [Figure 1].<sup>[19]</sup> The medicine *Tabacum* covered all these symptoms. Furthermore, *Tabac.* is one of the three remedies mentioned in the repertory of O. E. Boericke for Urinary System > Kidneys > Calculi, Gravel (Nephrolithiasis), Colic > Worse left side, that is, *Berberis vulgaris*, *Cantharis.*, *Tabac.*<sup>[20]</sup> In Allen's key notes, the following symptoms are mentioned under *Tabac.*: "Renal colic: violent spasmodic pains along ureter left side (Berb.); deathly nausea and cold perspiration."<sup>[21]</sup> After analysing the symptoms of the case, the acute characteristic symptoms were considered for framing the totality. According to the result of reportorial totality–*Tabacum* was selected and prescribed.

On 15 June, 2019 *Tabac.*, 30 was prescribed as 1 drop of dilution in 30 ml aqua dist. with few drops of rectified spirit (R.S.) with the direction to take thrice a day for 2 days from this.

### Follow-up and outcome with further interventions

On 17 June, 2019, the patient reported with relief in pain in the left renal region. However, the pain shifted to the pubic region. The USS score was 11 [Table 1].

*Tabac.* 30 prescribed again for 2 days. Thereafter, *Tabac.* 200 was prescribed for 2 days and advised to report after 4 days. Patient reported on 20 June, 2019, with pain in urethra, but no pain in renal region or pubic region *Belladonna* 200 was prescribed for 2 days. USS Score was 10.

After that, patient came on the next day on 21 June, 2019 with apprehension of pain. Again, *Bell.* 200 was prescribed thrice a day for 2 days. After 2 days, a stone was expelled through urine [Figure 2]. Patient came on 25 June, 2019 with only a little soreness in urethra, and USS score was 7.

For the repair of injury and bleeding due to expulsion of stone from urethra, *Arnica montana* 200 was prescribed to be taken thrice a day for 2 days followed by placebo 30 for

**Table 1: Urolithiasis symptoms score during follow-ups**

Urolithiasis symptoms/Date of follow-up	Urolithiasis symptoms score								
	15 June, 2019	17 June, 2019	20 June, 2019	21 June, 2019	25 June, 2019	19 July, 2019	31 July, 2019	08 August, 2019	02 September, 2019
Pain/Colic	3	0	0	0	0	0	0	0	0
Haematuria	2	0	0	0	0	0	0	0	0
Dysuria	3	2	1	1	0	0	0	0	0
Stone	2	2	2	2	1	1	1	1	1
Size of stones	3	3	3	3	3	3	3	3	3
Position of stone in kidney	3	3	3	3	3	3	3	3	3
Position of stone in ureter	1	1	1	1	0	0	0	0	0
Position of stone in bladder	0	0	0	0	0	0	0	0	0
Symptoms Score/Total Score (22)	17/22	11/22	10/22	10/22	7/22	7/22	7/22	7/22	7/22

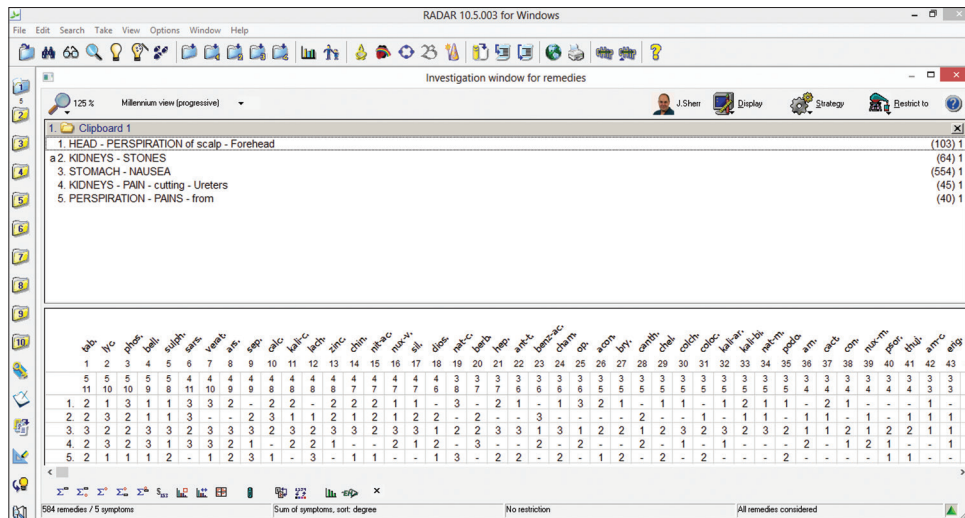


Figure 1: Acute presentation repertorisation

15 days. Thereafter, the patient came on 19 July, 2019 and he was completely relieved from soreness of urethrae and renal stone pain.

A stone in right kidney still remained, which was asymptomatic. On 31 July, 2019, a detailed case taking was done again and characteristics symptoms observed were: profuse, offensive perspiration in palm and soles, weakness, desire for meat, pungent, salty; stool was unsatisfactory, and offensive. Tongue was moist and trembling. Urine was offensive. On the basis of the constitution and repertorial totality *Calcarea carbonica* 200 was prescribed to be taken thrice a day for 2 days followed by placebo for 15 days [Figure 3]. CT scan of whole abdomen (plain) dated 07.08.19 showed: “Calculus of size approx 0.7 cm in right kidney middle calyx without any significant obstructive changes.” Size of the stone in right kidney reduced from (1 × 0.6 cm) to 0.7 cm diameter only and it had descended from the upper calyx to middle calyx of the kidney. The patient was contacted telephonically in March 2020 and reported no relapse of symptoms.



Figure 2: Stone expelled

### DISCUSSION

In the presented case, the renal stone of size 1 cm × 0.4 cm was expelled after individualised homoeopathic treatment, even though renal stone of more than 0.7 cm usually requires

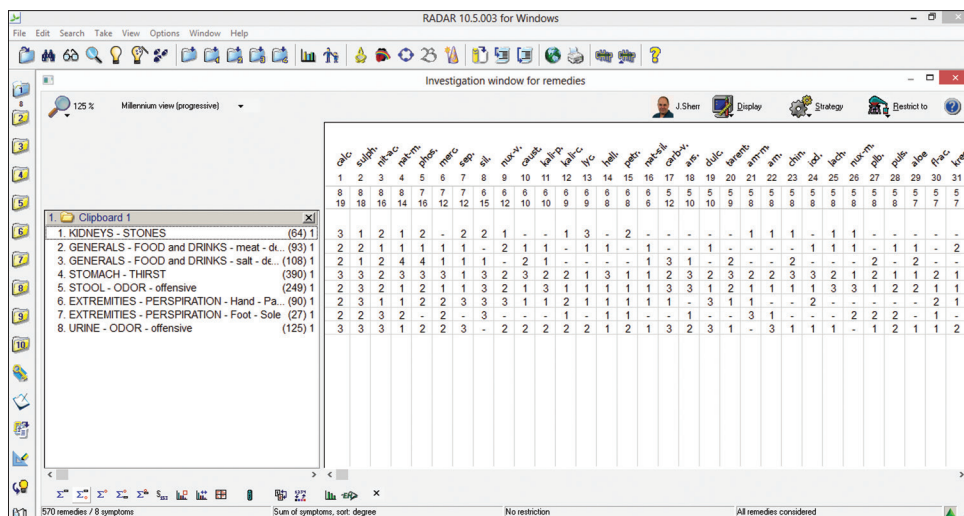


Figure 3: Constitutional symptoms repertorisation

surgical intervention.<sup>[3]</sup> Homoeopathic approach toward surgical diseases like renal stone is holistic and post-surgical complaints can be avoided.<sup>[10-17]</sup> ESWL usually results in haematuria, perinephric/nephric hematomas, while use of general anaesthesia during several sessions of ESWL, could result in increased serum creatinine and total homocysteine values, due to renal injury such as ischaemia/reperfusion injury.<sup>[4-6]</sup>

The patient presented with acute symptoms and on the basis of acute totality *Tabac.* was prescribed. *Tabac.* covered the symptoms: left sided renal colic, cold perspiration on face along with nausea tendency and dysuria. After 5 days, *Bell.* was prescribed for sudden and violent urethral pain. Pain in the urethra in case of renal calculi is due to spasm of circular muscle of the urethra. *Belladonna* has the affection on the circular muscle with the symptoms of general spasms and local spasms. It is indicated in conditions with spasms of little canals, of the circular fibres, of tubular organs.<sup>[22]</sup> By identifying the characteristics of a remedy present in the patient appropriate medicine was selected which resulted in expulsion of stone. Further, to cover the recurrent tendency and the silent stone in right kidney, a constitutional medicine *Calc. carb.* was prescribed. The constitutional medicine was in line of Dr. Hahnemann’s direction as mentioned in *Organon of medicine* § 171, which explains the need of successive homoeopathically chosen anti-miasmatic remedy in consonance with the group of symptoms remaining after the expiry of the action of the previous remedy.<sup>[23]</sup>

There was marked improvement in the patient also evident by the USS which reduced from 17 to 11 in 2 days. Further, successive medication reduced it to 10 in next 3 days and expulsion of the stone in 6 days since the first visit of the patient.

This case report demonstrates management of acute cases by the homoeopathic medicine, especially when recurrence is expected. It is though very important to strictly follow the

principles laying the foundation of homoeopathy, which are essential for the successful treatment. However, to further substantiate the role of homoeopathy in renal stone, clinical trials are warranted.

### CONCLUSION

Although North-eastern states of India are not included in the renal stone belt,<sup>[1]</sup> it is our observation that myriad of renal stone cases are found in our OPD. This case of renal stone shows that homoeopathic medicine when prescribed on the basis of keynote symptoms can remove the stone even more than 0.7 cm diameter size. In this context a survey on renal stone may be done including diet habit, hereditary tendency of the population, nature and composition of renal stone, along with assessment of using homoeopathy as a homoeopathic effectiveness for treatment modality in this region.

### Declaration of Patient’s Consent

The authors certify that they have obtained appropriate patient consent. In the consent form, the patient has given his consent for his images and other clinical information to be reported. 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.

### Conflicts of interest

None declared.

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### Manejo de la urolitiasis con homeopatía individualizada: reporte de un caso

**Introducción** - La población de la región noreste de la India es propensa a desarrollar cálculos renales y, por lo tanto, la prevalencia y la tasa de recurrencia de la enfermedad por cálculos renales es mayor. Un cálculo de más de 0,5 cm de diámetro puede causar una obstrucción ureteral dolorosa. Las piedras de tamaño superior a 0,7 cm casi siempre requieren una intervención quirúrgica, como se cree en la medicina convencional. Las intervenciones quirúrgicas repetidas pueden eliminar la obstrucción, pero pueden no ser una solución para alterar la tendencia a la formación de cálculos renales. La homeopatía, un sistema alternativo de medicina puede ofrecer un enfoque holístico en el tratamiento de estos casos de forma no invasiva. **Resumen del caso** - Un paciente masculino de 32 años presentó un dolor intenso continuo en la región renal izquierda durante 15 días. Se encontró un cálculo de 1.0 × 0.4 cm en el uréter distal izquierdo que causaba hidronefrosis leve del lado izquierdo según la tomografía computarizada. Según la similitud de síntomas, se prescribió el medicamento homeopático Tabacum seguido de Belladonna. Posteriormente, el cálculo fue expulsado a través de la orina. El dolor se alivió por completo; y el informe de la tomografía computarizada no mostró anomalías. Sobre la base de la constitución del paciente, se prescribió Calcarea carbonica para eliminar la tendencia a formar cálculos renales. Este caso de cálculo renal sugiere que la medicina homeopática puede permitir la expulsión de cálculos renales relativamente más grandes y controlar la recurrencia. Sin embargo, se requieren investigaciones más concluyentes.

### 个性化顺势疗法对尿石症的管理--一个案例报告

#### 简介-

印度东北部地区的人口容易发生肾结石，因此，肾结石病的发病率和复发率都比较高。直径超过0.5厘米的结石可引起疼痛的输尿管梗阻。传统医学认为，大小超过0.7厘米的结石几乎总是需要手术干预。反复的手术干预可能会消除梗阻，但不一定能改变肾结石的形成趋势。顺势疗法是一种替代性的医学体系，可以提供全面的方法来治疗这种情况，而不需要侵入性的治疗。

**案例摘要**一名32岁的男性患者因左肾区持续剧烈疼痛15天而就诊。根据CT扫描，在左侧输尿管远端发现一个1.0×0.4厘米的结石，造成左侧轻度肾积水。根据症状的相似性，开出了顺势疗法药物Tabacum，然后是贝拉多纳。随后，结石通过尿液被排出。疼痛完全得到了缓解；CT扫描报告显示没有异常。根据病人的体质，开出了碳酸钙，以消除形成肾结石的倾向。这个肾结石的案例表明，同济药可以使比较大的肾结石排出体外，并阻止复发。然而，还需要进行更多的研究。

## Behandlung von Urolithiasis mit Individualisierter Homöopathie - ein Fallbericht

**Einführung** - The population of North-eastern region of India is prone to develop renal stones and, the prevalence and recurrence rate of renal stone disease is thus higher. A stone more than 0.5 cm diameter can cause painful ureteric obstruction. Stones of size more than 0.7 cm almost always require surgical intervention, as believed in conventional medicine. Repeated surgical interventions may remove obstruction, but may not be a solution for altering the tendency for renal stone formation. Homoeopathy, an alternative system of medicine can offer holistic approach in treating such cases non-invasively. Die Bevölkerung in der nordöstlichen Region Indiens neigt zur Bildung von Nierensteinen, und die Prävalenz und Rezidivrate von Nierensteinerkrankungen ist daher höher. Ein Stein mit einem Durchmesser von mehr als 0,5 cm kann eine schmerzhaft Obstruktion des Harnleiters verursachen. Steine mit einer Größe von mehr als 0,7 cm erfordern fast immer einen chirurgischen Eingriff, wie in der Schulmedizin angenommen wird. Wiederholte chirurgische Eingriffe können zwar die Obstruktion beseitigen, sind aber keine Lösung, um die Neigung zur Nierensteinbildung zu ändern. Die Homöopathie, ein alternatives Medizinsystem, kann einen ganzheitlichen Ansatz für die nicht-invasive Behandlung solcher Fälle bieten. **Zusammenfassung des Falles** - Ein 32-jähriger männlicher Patient stellte sich mit anhaltenden starken Schmerzen in der linken Nierengegend seit 15 Tagen vor. Im CT-Scan wurde ein 1,0 × 0,4 cm großer Stein im linken distalen Ureter gefunden, der eine leichte linksseitige Hydronephrose verursachte. Entsprechend der Ähnlichkeit der Symptome wurde das homöopathische Arzneimittel Tabacum, gefolgt von Belladonna, verordnet. In der Folge wurde der Stein mit dem Urin ausgeschieden. Die Schmerzen wurden vollständig gelindert, und der CT-Scan-Bericht zeigte keine Anomalien. Aufgrund der Konstitution des Patienten wurde Calcarea carbonica verordnet, um die Tendenz zur Bildung des Nierensteins zu beseitigen. Dieser Fall eines Nierensteins deutet darauf hin, dass homöopathische Arzneimittel die Ausscheidung eines relativ großen Nierensteins ermöglichen und ein Wiederauftreten verhindern können. Es sind jedoch noch weitere Untersuchungen erforderlich.

## वैयक्तिपरक होम्योपैथी से यूरोलिथियसिस का प्रबंधन - एक मामला प्रतिवेदन

**प्रस्तावना:** भारत के पूर्वोत्तर राज्यों के लोगों में गुर्दे की पथरी होने की संभावनाएँ ज्यादा होती हैं तथा, गुर्दे की पथरी की बीमारी होने तथा उसके दोबारा होने की दर अतः उच्च है। एक 0.5 सेमी आकार से बड़ी पथरी दर्दनाक यूरेटरिक अवरोधक पैदा कर सकती है। जिन पथरियों का आकार 0.7 सेमी से बड़ा होता है उनके लिए प्रायः हमेशा सर्जिकल मध्यवर्तन अपेक्षित है, जैसा कि परंपरागत चिकित्सा में माना जाता है। बारंबार सर्जिकल मध्यवर्तनों से अवरोधकता को हटाया जा सकता है, मगर यह गुर्दे की पथरी बनने की प्रकृति को रोकने का समाधान नहीं हो सकता है। होम्योपैथी, जो कि एक वैकल्पिक चिकित्सा प्रणाली है वह ऐसे मामलों का गैर-आक्रामक तरीके से उपचार करने में सर्वांगीण दृष्टिकोण प्रदान कर सकती है।

**मामला सारांश:** एक 32 वर्षीय पुरुष मरीज़ को पिछले 15 दिनों से बायें गुर्दे में लगातार भयंकर दर्द हो रहा था। एक 1 ग 0.4 सेमी की पथरी बायें दूरवर्ती मूत्रवाहिनी में पाई गई थी जो सीटी स्कैन के अनुसार दायीं तरफ थोड़ा बहुत हाइड्रोनेफरोसिस पैदा कर रही थी। लक्षणों की समानता के आधार पर, टबाकम नामक होम्योपैथिक दवा के बाद बेल्लाडोना निर्धारित की गई थी। उसके बाद, पेशाब के रास्ते पथरी निकल गई थी। दर्द में पूरी तरह से राहत मिल गई थी; और सीटी स्कैन ने कोई समस्या नहीं दिखाई थी। गुर्दे की पथरी बनने की प्रकृति को खत्म करने हेतु मरीज के शरीरावस्था आधार पर कैल्सिएरिया कार्बोनििका निर्धारित की गई थी। गुर्दे की पथरी का यह मामला दर्शाता है कि होम्योपैथिक दवा से संभवतः गुर्दे की बड़ी पथरियों को निकाला जा सकता है तथा उनके दोबारा होने की संभावना को जांचा जा सकता है। हालांकि, अत्यधिक निर्णायक शोध अपेक्षित हैं।

### Gestion de l'urolithiase avec l'homéopathie individualisée - un rapport de cas

**Introduction-** La population de la région du nord-est de l'Inde est sujette à la formation de calculs rénaux et la prévalence et le taux de récurrence de la maladie sont donc plus élevés. Un calcul de plus de 0,5 cm de diamètre peut provoquer une obstruction urétérale douloureuse. Les calculs d'une taille supérieure à 0,7 cm nécessitent presque toujours une intervention chirurgicale, comme le croit la médecine conventionnelle. Des interventions chirurgicales répétées peuvent supprimer l'obstruction, mais ne constituent pas nécessairement une solution pour modifier la tendance à la formation de calculs rénaux. L'homéopathie, un système de médecine alternative, peut offrir une approche holistique pour traiter ces cas de manière non invasive. **Résumé du cas** - Un homme de 32 ans a présenté une douleur intense et continue dans la région rénale gauche depuis 15 jours. Un calcul de 1,0 × 0,4 cm a été trouvé dans l'uretère distal gauche, provoquant une légère hydronéphrose du côté gauche selon le scanner. Selon la similitude des symptômes, le médicament homéopathique *Tabacum* a été prescrit, suivi de *Belladonna*. Par la suite, le calcul a été expulsé par l'urine. La douleur a été complètement soulagée et le rapport du scanner n'a montré aucune anomalie. Sur la base de la constitution du patient, *Calcarea carbonica* a été prescrit pour éliminer la tendance à former le calcul rénal. Ce cas de calcul rénal suggère que la médecine homéopathique peut permettre l'expulsion d'un calcul rénal relativement important et empêcher sa récurrence. Cependant, des recherches plus concluantes sont nécessaires.