EFFICACY OF HOMOEOPATHIC MEDICINES IN RENAL CALCULI IN ADULT POPULATION A CASE SERIES STUDY

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ABSTRACT:

BACKGROUND / RATIONALE: Renal calculi are solid deposits in the urinary tract that may cause renal colic, loin pain, burning micturition, urinary frequency and haematuria. Their clinical course varies according to stone size, number and location. This case series describes the clinical profile and documented outcomes of adults with renal calculi receiving individualized homoeopathic care.

OBJECTIVE: To describe the demographic and clinical profile of adult patients with renal calculi, document the individualized homoeopathic medicines prescribed, and summarize the clinical and radiological outcomes recorded during follow-up.

METHODS: A prospective case series was conducted at Dhanwantari Homoeopathic Medical College and Hospital and Research Centre, Nashik. Thirty adults aged 21–70 years with clinically and/or radiologically diagnosed renal calculi were included using purposive sampling. Individualized medicines were selected according to the totality of symptoms. Clinical observations included pain and urinary symptoms, while radiological outcomes were documented from follow-up ultrasonography where available. Results were summarized using descriptive frequencies and percentages. There was no contemporaneous control group.

RESULTS: Of the 30 participants, 22 (73.33%) were male and 8 (26.67%) were female. The largest age group was 31–40 years, comprising 14 participants (46.67%). Lycopodium clavatum was the most frequently documented medicine (5 cases; 16.67%), followed by Pulsatilla (4 cases; 13.33%). Follow-up records documented complete sonographic clearance in 17 cases (56.67%), stone passage in 6 (20.00%), reduction in stone size in 2 (6.67%), and fragmentation/expulsion in 2 (6.67%). Three cases (10.00%) were recorded as not improved and were referred for further conventional management.

A total of 30 cases were analysed using descriptive statistics. Of these, 27 cases (90%) showed improvement, while 3 cases (10%) did not improve and were referred for further urological management. A t-test and p-

value could not be calculated because paired pre-treatment and post-treatment numerical data were unavailable. Therefore, the findings were interpreted descriptively, without claiming statistical significance.

CONCLUSION: This case series provides a descriptive account of 30 adults with renal calculi and the outcomes documented during individualized homoeopathic care. Although radiological changes were recorded in several cases, the absence of a control group and the possibility of spontaneous stone passage and other contributing factors mean that treatment efficacy or causation cannot be established. Larger, well-designed comparative studies with standardized imaging and longer follow-up are needed.

I. INTRODUCTION

Renal calculi, commonly known as kidney stones, are solid crystalline deposits that develop when minerals and salts in urine become sufficiently concentrated to precipitate and aggregate. Stones may remain within the kidney or move into the ureter and other parts of the urinary tract. Their clinical significance varies with their size, number, composition and anatomical location. Some calculi are detected incidentally, whereas others produce severe renal colic, flank or loin pain, haematuria, dysuria, urinary frequency, nausea or vomiting. When urinary drainage is impaired, obstruction and hydronephrosis may occur; infection in an obstructed urinary system can become a serious clinical emergency.

The development of urinary stones is multifactorial. Low urine volume, inadequate fluid intake, high ambient temperature and occupational heat exposure may increase urinary concentration. Dietary patterns, urinary pH, metabolic abnormalities, family history, previous stone episodes and certain medical conditions can also influence stone formation. Calcium oxalate, calcium phosphate, uric acid, struvite and cystine are among the recognised stone types, and each may have different underlying risk factors. Because the tendency to form stones may persist after an individual episode, evaluation of contributing factors and prevention of recurrence are important aspects of long-term care.

Renal calculi affect people across different age groups, including adults in economically productive years. The presentation and clinical course are not uniform: a small stone may pass spontaneously, while a larger or strategically located stone may cause persistent pain or obstruction. Clinical assessment therefore requires attention to symptom severity, duration, associated fever or urinary symptoms, relevant medical history and examination findings. Urinalysis, renal function testing and imaging may be indicated according to the presentation. Ultrasonography is commonly used to identify calculi and assess features such as hydronephrosis, while computed tomography may provide more detailed information when clinically necessary.

Management depends on the patient’s condition and on stone size, location, obstruction, infection and likelihood of spontaneous passage. Appropriate analgesia, hydration advice and observation may be suitable in selected uncomplicated cases; other patients require urological assessment or procedures. Fever, chills,

reduced urine output, uncontrolled pain, persistent vomiting or suspected obstruction with infection warrant urgent medical evaluation. Follow-up imaging can help document whether a stone remains present, has changed in size or has passed. These clinical considerations are important when interpreting any reported improvement because symptom relief alone does not necessarily confirm stone clearance.

Within homoeopathic practice, prescriptions are described as individualized according to the totality of the patient's symptoms, including characteristic complaints, modalities, concomitant symptoms and individual features. The present study documents this approach in adults with renal calculi by recording the clinical presentation, medicines prescribed and changes noted during follow-up. However, an observational case series cannot determine whether any change occurred because of the prescribed treatment. Spontaneous stone passage, baseline stone characteristics, concurrent advice or care and the natural course of the condition may also influence outcomes.

The rationale for reporting this series is to provide a structured description of the patients seen in the study setting and the outcomes recorded in their case files. The study summarizes demographic characteristics, individualized prescriptions and clinical and radiological observations, including follow-up ultrasonography where available. The findings are intended as preliminary descriptive data that may help identify questions for future research; they should not be interpreted as proof of efficacy or as a substitute for established diagnostic assessment and indicated urological care.

II. AIM AND OBJECTIVES

The aim was to study the efficacy of individualized homoeopathic medicines in adults with renal calculi.

The study assessed patients' demographic profiles and clinical presentations.

It documented the location and size of renal calculi.

It evaluated changes in pain and urinary symptoms following treatment.

It also recorded commonly prescribed medicines and follow-up ultrasonography findings.

III. MATERIALS AND METHODS

Study design and setting: The dissertation specifies a descriptive, prospective case series. The study population consisted of patients attending the outpatient and inpatient departments of Dhanwantari Homoeopathic Medical College and Hospital and Research Centre, Nashik.

Participants: Thirty adults aged 21 to 70 years, of either sex, with clinically and/or radiologically diagnosed renal calculi were included. Patients with severe obstruction, uncontrolled infection, severe renal impairment, serious complications requiring urgent conventional intervention, severe immunocompromised conditions, inadequate case information or inability to attend follow-up were excluded.

Sampling: Purposive sampling was used. Written informed consent was obtained according to the dissertation protocol.

Case assessment and intervention: Detailed individualized case taking included presenting complaints, history, mental generals, physical generals, particulars, modalities, concomitants, relevant examination findings and investigations. Medicines were selected according to the totality of symptoms. The dissertation records 200C as the standard potency used for most cases, with repetition individualized according to clinical response.

Outcome assessment: Pain was assessed using a 0 to 10 visual analogue scale. Clinical parameters included renal colic or loin pain, burning micturition, urinary frequency or urgency, haematuria, passage of gravel or stone, associated symptoms, need for analgesia or emergency intervention and overall clinical improvement. Radiological assessment included stone size, number, location, passage or clearance and associated hydronephrosis where documented.

Follow-up: Follow-up assessments were planned at regular intervals, including approximately 2, 4, 8 and 12 weeks. The dissertation also contains case-specific follow-up documentation. The present article reports the documented final outcomes available in the study records.

Data analysis: The results presented here are descriptive frequencies and percentages. No inferential statistical comparison or p-value is reported because the documented study design and available results do not provide a valid basis for such a comparison.

IV. RESULTS

Age group (years)	**n**	**%**
<30	4	13.33
31–40	14	46.67
41–50	8	26.67
51–60	3	10.00
>60	1	3.33
Total	30	100.00

The largest proportion of participants was in the 31–40 year age group (46.67%), followed by 41–50 years (26.67%).

Sex	**n**	**%**
Male	22	73.33
Female	8	26.67
Total	30	100.00

Males constituted 73.33% of the study population, giving a male-to-female ratio of approximately 2.75:1.

Lycopodium clavatum was the most frequently documented medicine (16.67%), followed by Pulsatilla (13.33%). Cantharis, Berberis vulgaris, Calcarea carbonica, Pareira brava, Nux vomica and Sarsaparilla were each used in two cases.

Radiological outcome	**n**	**%**
Complete USG clearance	17	56.67
Stone passed	6	20.00
Size reduced	2	6.67
Fragmentation / expulsion	2	6.67
Not improved	3	10.00
Total	30	100.00

On follow-up ultrasonography, complete sonographic clearance was documented in 17 cases (56.67%). Stone passage was documented in 6 cases (20.00%), reduction in calculus size in 2 cases (6.67%), and fragmentation or expulsion in 2 cases (6.67%). Three cases (10.00%) were recorded as not improved and were referred for further conventional management. Overall, 27 of 30 cases (90.00%) had a documented radiological outcome other than no improvement.

Graphs summarizing the study results

Figure 1. Age Distribution of Participants (n=30)

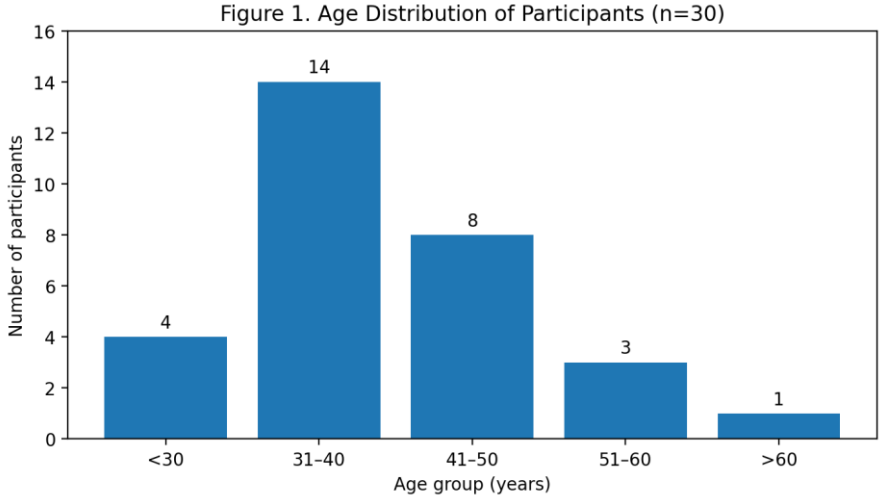


Figure 2. Sex Distribution of Participants (n=30)

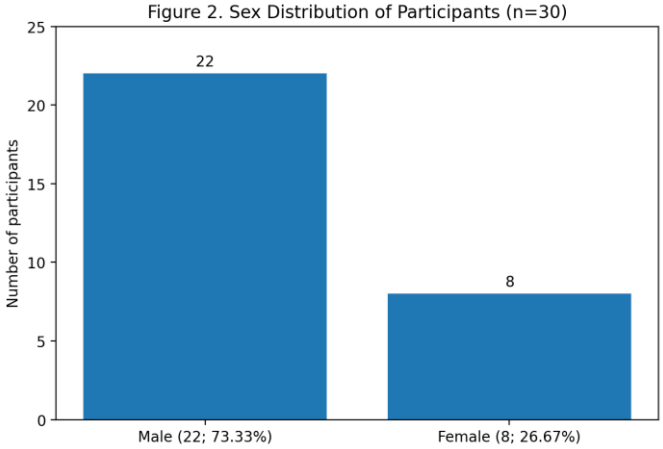


Figure 3. Documented Radiological Outcomes (n=30)

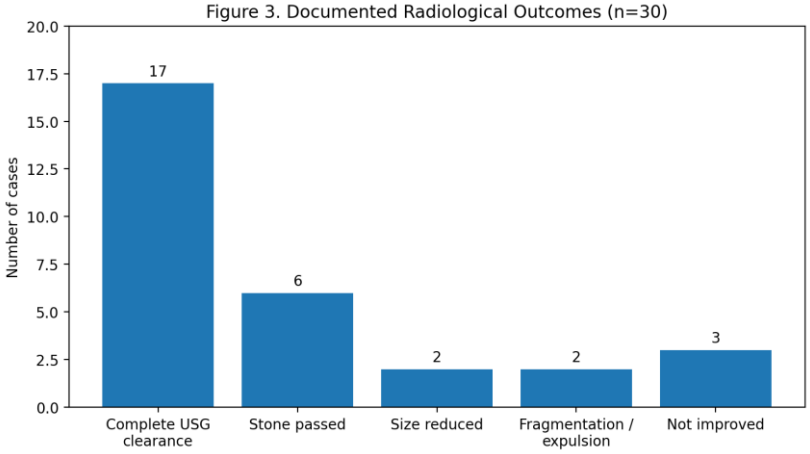


Figure 4. Sex Distribution of Participants (n=30)

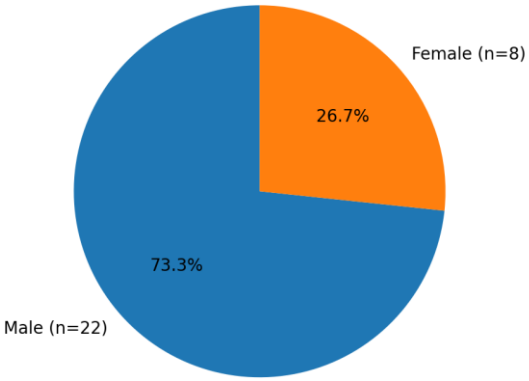
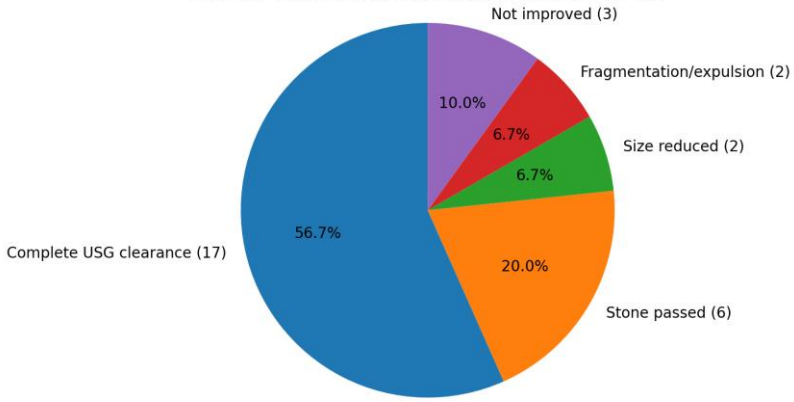


Figure 5. Documented Radiological Outcomes (n=30)



V. DISCUSSION

This prospective case series describes 30 adults aged 21–70 years with clinically and/or radiologically diagnosed renal or urinary calculi who received individualized homoeopathic prescriptions in a single hospital setting. The principal observations concern the demographic profile of the participants, the distribution of prescribed medicines and the outcomes recorded at follow-up. Since the study used purposive sampling and had no contemporaneous control group, the results are descriptive. They characterize this particular group of patients and cannot establish comparative effectiveness or be generalized to all people with renal calculi.

The demographic distribution showed that 22 participants (73.33%) were male and 8 (26.67%) were female, corresponding to a male-to-female ratio of approximately 2.75:1. The largest age group was 31–40 years, comprising 14 participants (46.67%); the 41–50-year group included 8 participants (26.67%). These findings indicate that, in this clinical series, presentations were concentrated among adults in the third and fourth decades of life, particularly men. The pattern is broadly compatible with the recognition of urinary stone disease as a condition commonly encountered in adulthood. Nevertheless, the small sample, single-centre setting and purposive selection mean that the observed proportions should not be treated as estimates of prevalence or as evidence of sex- or age-specific risk in the wider population.

The prescription profile illustrates the individualized method described in the study protocol. Lycopodium clavatum was recorded in 5 cases (16.67%), followed by Pulsatilla in 4 cases (13.33%). Cantharis, Berberis vulgaris, Calcarea carbonica, Pareira brava, Nux vomica and Sarsaparilla were each recorded in 2 cases (6.67%), while other medicines accounted for 9 cases (30.00%). No single medicine dominated the series. As prescriptions were selected on the basis of the totality of symptoms and individual case features, this distribution reflects prescribing decisions in the study group rather than a direct comparison of the medicines. The data do not allow conclusions about the relative efficacy of one remedy over another.

The main reported outcome was complete sonographic clearance in 17 cases (56.67%). Stone passage was documented in 6 cases (20.00%), reduction in calculus size in 2 cases (6.67%), and fragmentation or expulsion in 2 cases (6.67%). Three cases (10.00%) were recorded as not improved and were referred for further conventional management. Thus, 27 of 30 cases (90.00%) had a recorded outcome other than ‘not improved’. This figure must be interpreted carefully: the categories include different types of outcomes and should not be presented as if all 27 cases had confirmed complete clearance. Complete sonographic clearance was specifically recorded in 17 cases, while the other categories describe passage, size reduction or fragmentation/expulsion.

Radiological documentation is a useful feature of the case series because imaging can provide information beyond subjective symptom improvement. At the same time, interpretation depends on the timing and completeness of follow-up scans, the initial stone size and location, the number of stones, and whether the same imaging method was used at each assessment. These details can affect the likelihood of detecting a stone and interpreting apparent change. The manuscript reports final documented outcomes, but the available summary does not provide a controlled comparison or enough standardized information to attribute the observed changes to a particular intervention.

Several factors other than the prescribed medicine may have contributed to the outcomes. Some urinary stones pass spontaneously, particularly when their size and location make passage more likely. Changes in fluid intake, dietary measures, concurrent symptomatic treatment, clinical monitoring and the natural course of the condition may also affect symptoms or follow-up findings. Without a comparison group receiving

otherwise similar care, it is not possible to separate these influences from the effect of individualized homoeopathic treatment. Accordingly, the observations can be described as outcomes occurring during the study period, but they do not demonstrate that homoeopathy caused stone passage, size reduction or sonographic clearance.

The series has practical strengths. It includes a defined group of adult patients, describes individualized case-taking and prescribing, records a range of medicines and summarizes follow-up outcomes. The inclusion of ultrasonography findings where available also provides an objective clinical measure. The report additionally records that patients without satisfactory improvement were referred for conventional management, an important point when discussing patient safety and the need for further assessment.

Important limitations should also be acknowledged. The sample comprised only 30 patients and was recruited from one centre using purposive sampling, creating a risk of selection bias. Stone characteristics were heterogeneous, and the prescriptions and repetition schedules were individualized rather than standardized. The study had no contemporaneous control group, blinding or random allocation under the case-series methodology reported here. Follow-up was limited for assessing recurrence, and the summary does not provide complete standardized patient-level data for every clinical and radiological measure. The manuscript notes that some dissertation descriptions refer to a randomized controlled design; however, the stated Materials and Methods and the results presented for this article identify a prospective case series. The interpretation should therefore follow the case-series design unless the original study records establish otherwise.

Future studies should use a clearly defined prospective protocol, a sufficiently large sample, explicit eligibility criteria and standardized recording of stone size, number, location and relevant clinical risk factors. Outcomes should distinguish complete radiological clearance from spontaneous passage, partial reduction and symptom relief. Follow-up imaging should be scheduled consistently, and recurrence, adverse events, analgesic use, emergency visits and need for urological intervention should be documented. Where the aim is to evaluate treatment efficacy, an appropriate comparison group and a prespecified analysis plan are essential. Such methods would help distinguish the natural course of stone disease from any treatment-associated effect.

Overall, this case series provides a descriptive account of 30 adults with renal calculi and the outcomes documented during individualized homoeopathic care. The recorded findings justify further systematic investigation, but the absence of a control group and the possibility of spontaneous passage and other contributing factors prevent causal conclusions. Homoeopathic treatment should not delay urgent assessment or evidence-based management when obstruction, infection, impaired renal function or uncontrolled symptoms are suspected.

VI. CONCLUSION

In this 30-case prospective series of adults with renal calculi, individualized homoeopathic treatment was associated with documented symptomatic and radiological improvement in several patients. Complete sonographic clearance was recorded in 17 cases and stone passage in 6 cases. The findings provide preliminary observational data but do not establish treatment efficacy or causation. Larger, prospectively registered comparative studies with standardized outcome measures, serial imaging and longer follow-up are required before firm conclusions can be drawn.

VII. LIMITATIONS

• Small sample size of 30 cases.

• Single-centre study with purposive sampling.

• Heterogeneity in stone size, number and anatomical location.

• Individualized prescriptions and non-uniform repetition schedules.

• Limited ability to assess long-term recurrence.

• No contemporaneous control group in the documented case-series methodology.

• Potential influence of spontaneous stone passage and other conservative measures.

VIII. ACKNOWLEDGMENT

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