An Integrative Approach to Nephrolithiasis: Evidence-Based Case Report of Nephrolithiasis Treated with Homoeopathic Medicine Leading to Effective Resolution

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Abstract: Nephrolithiasis, or renal calculi, is a common and painful urinary disorder affecting millions worldwide. Conventional management typically focuses on pain relief and stone removal; however, recurrence remains a significant concern, prompting interest in alternative therapies. Homoeopathy, a holistic system of medicine, offers a potential individualized approach for managing renal calculi. We report the case of a 24-year-old male MSc Biochemistry student presenting with intermittent, intense right loin pain associated with nausea, vomiting during pain episodes, burning micturition, and strongly odorous urine over a two-week period. Ultrasonography revealed a **5.8 mm calculus** in the upper ureter with right-sided hydroureteronephrosis. The patient was treated with ***Ocimum canum,*** selected based on the totality of symptoms. The patient showed complete symptom relief and stone expulsion without adverse effects, highlighting the potential efficacy of individualized homoeopathic treatment in nephrolithiasis. Large-scale randomized trials are warranted to further evaluate the role of homoeopathy in the management of renal calculi.

Keywords: Nephrolithiasis, Renal calculi, Calcium oxalate crystals, homoeopathy Treatment, case report.

Abbreviations: UTI: Urinary Tract Infection
BUN: blood urea nitrogen
MRI: Magnetic Resonance Imaging
IVP: Intravenous Pyelogram
CMD: Cortico-Medullary Differentiation

INTRODUCTION

Kidney stones, also known as renal calculi, are firm, crystalline mineral deposits that form within the kidney or anywhere in the urinary tract. These calculi can grow large enough to impair normal renal function and cause significant morbidity. Stone formation is influenced by a delicate balance between urine volume and solute concentration; dehydration or increased mineral concentration can disrupt this balance, promoting crystallization. Metabolic changes, urinary tract infections, and the accumulation of sloughed-off cells, bacteria, or tiny blood clots may serve as niduses for stone formation.

As stones enlarge, their surface area increases, allowing further deposition of urinary minerals. Clinically, nephrolithiasis commonly presents with hematuria and severe pain in the flank, abdomen, or groin. Epidemiological studies indicate associations between kidney stones and systemic conditions such as type 2 diabetes mellitus, obesity, dyslipidemia, and

hypertension. Lifestyle and environmental factors, including diet, fluid intake, and occupational exposure, also play a significant role in stone formation.

Nephrolithiasis is an increasingly common disease with a prevalence of 2–15% worldwide. Country-based differences in nephrolithiasis prevalence have been noticed. More specifically nephrolithiasis rates are about 13% in North America, 5–9% in Europe, and 1–5% in Asia. Nephrolithiasis incidence has increased dramatically over the past 30 years due to environmental changes, including inadequate diet and restricted physical activity. The prevalence of kidney stone disease is generally higher in males than females. However, nephrolithiasis is becoming more and more common in women than men causing a reduction of the male to female ratio as proved by the increasing number of annual visits for urinary stones in women at emergency departments.

Homoeopathy approaches nephrolithiasis through an individualized and holistic therapeutic framework, aiming not only at symptomatic relief but also at correcting the underlying predisposition to stone formation. Remedies are selected based on the totality of symptoms, including the nature of pain, urinary characteristics, associated systemic features, and the patient's constitutional makeup.

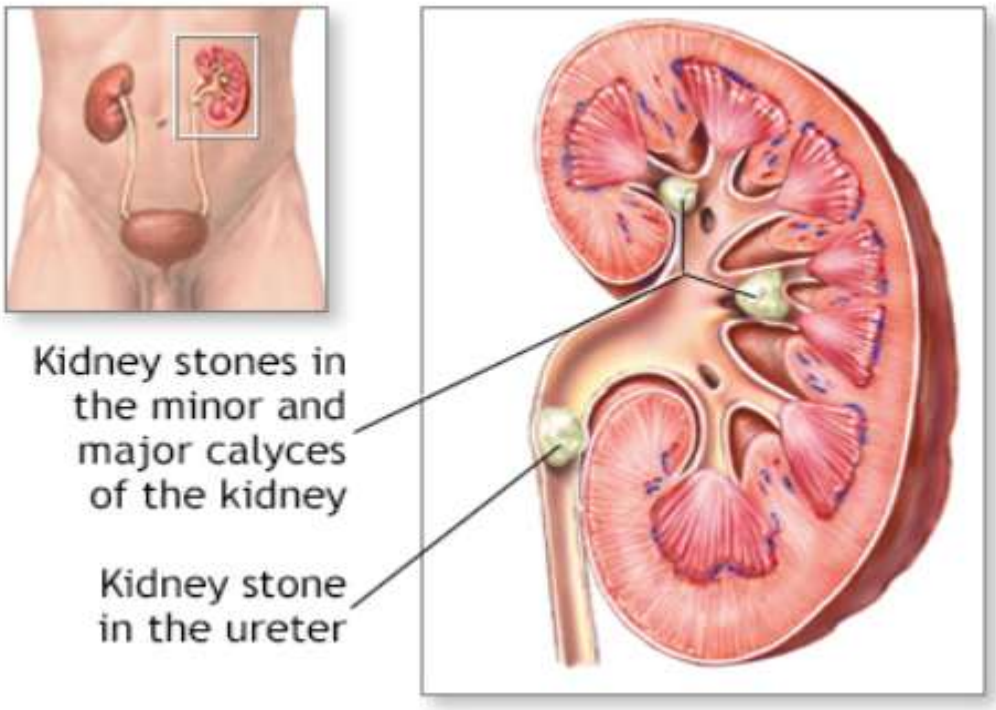


Fig. 1: Renal calculi in minor and major calyces and ureter

EPIDEMIOLOGY & RISK FACTORS

Overall, urinary stone prevalence in the United States (US) has increased from 3.8% in 1970 to 8.8% in 2010. This rate has continued to increase and was last reported as 10.1% in 2016. Men have a higher rate of stone disease than women, roughly now at 2:1, although the rate of increase among women is increasing faster than among men.

Kidney stone risk increases with age. The highest incidence is in men aged older than 80 years. The increase in incidence in children and adolescents is rising faster than the general population. Unlike adults, in the paediatric age group, the highest incidence of

nephrolithiasis is among female adolescents. Black and Hispanic populations have the lowest incidence of nephrolithiasis.
A recent comprehensive meta-analysis identified risk factors that increased the likelihood of a kidney stone recurrence. These risk factors were the following:

- Diabetes
- Family history of nephrolithiasis
- Hypertension
- Obesity (higher body mass index)
- Prior personal history of urolithiasis
- Surgical intervention associated with the first or earlier stones
- Uric acid urolithiasis
- White race
- Younger age when diagnosed with nephrolithiasis

AETIOLOGY OF NEPHROLITHIASIS

Most patients with Nephrolithiasis form calcium stones [80%], most of which are composed primarily of calcium oxalate or calcium phosphate. The other main types include uric acid, struvite [Magnesium ammonium phosphate, and cystine stones. Of note, one patient, may have a stone that contains more than one type of crystal.

- Idiopathic
- Concentrated Urine
  - Hot climate
  - Decreased fluid intake
  - Chronic diarrhoea
- Urinary Stasis
  - Urinary tract obstruction
  - Prolonged recumbency
- Recurrent urinary tract infection.
- Polycystic kidney diseases.
- Vitamin A Deficiency
- Foreign body.
- Hypercalcaemia
  - Hyperparathyroidism
  - Vitamin D deficiency
  - Excessive intake of calcium, e.g. milk, cheese, eggs.
- Hyperoxaluria

- Excessive intake of oxalate, e.g., tomato, radish, spinach, strawberry, tea, chocolate, cold drinks.
- Crohn's diseases.
- Hyperuricemia
- Gout
- Myeloproliferative disorders.
- Excessive intake of purine rich foods. Eg red meat, fish.
- AGE: peak incidence between 30-50 years.
- SEX: common in males.

TYPES OF NEPHROLITHIASIS

The majority of kidney stones are composed of calcium salts, predominantly calcium oxalate, and are commonly associated with metabolic abnormalities such as hypercalciuria and hyperoxaluria.

1. Hypercalciuria

Hypercalciuria refers to excessive urinary calcium excretion and is commonly observed in individuals consuming a high-sodium diet or receiving loop diuretic therapy. It may also be associated with conditions such as renal tubular acidosis, sarcoidosis, Cushing's syndrome, aldosterone excess, and disorders associated with hypercalcemia.

2. Hyperoxaluria

Hyperoxaluria is frequently seen in patients with intestinal malabsorption syndromes, including inflammatory bowel disease and chronic pancreatitis. Reduced intestinal calcium availability leads to increased absorption of free oxalate in the bowel lumen, resulting in elevated urinary oxalate levels and an increased risk of stone formation.

3. Calcium Oxalate Stones

Calcium oxalate stones are the most common type of renal calculi. Their formation may be facilitated by a deficiency of urinary citrate, a natural inhibitor of stone formation, particularly in states of metabolic acidosis or hyperuricosuria.

4. Calcium Phosphate Stones

Calcium phosphate stones are relatively uncommon and tend to form in environments with abnormally elevated urinary pH, often associated with renal tubular disorders.

5. Struvite Stones

Struvite stones develop in the renal collecting system in the presence of urinary tract infections caused by urease-producing organisms. These stones are commonly components of staghorn calculi. Risk factors include recurrent urinary tract infections, long-term urinary catheterization, and structural abnormalities of the urinary tract.

6. Uric Acid Stones

Uric acid stones account for approximately 5–10% of all renal calculi and are commonly associated with obesity and metabolic abnormalities. They occur in conditions characterized by hyperuricosuria, with or without hyperuricemia, and are frequently linked to disorders of acid–base metabolism resulting in persistently acidic urine. These stones are radiolucent and may be diagnosed by identifying uric acid crystals in freshly voided urine samples.

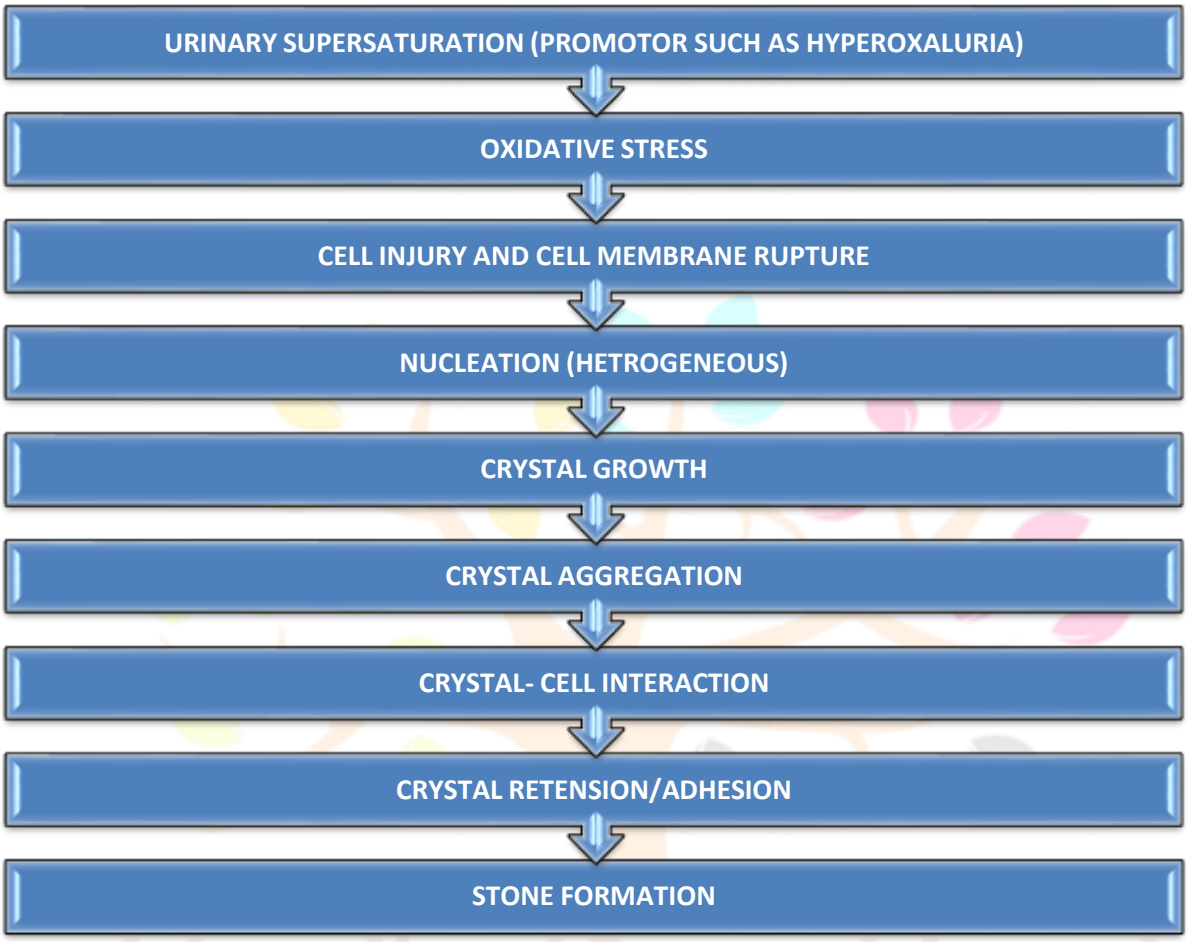
7. Cystine Stones

Cystine stones occur in individuals with rare inherited metabolic disorders such as cystinuria, cystinosis, and Fanconi syndrome, which result in excessive urinary excretion of cystine. These stones are relatively rare and often require urine alkalinization as part of management to enhance cystine solubility.

8 **Xanthine Stones** Xanthine stones are rare and occur in individuals with xanthinuria, a hereditary disorder of purine metabolism characterized by deficient xanthine oxidase activity. As a result, xanthine accumulates in the urine, leading to the formation of poorly soluble xanthine calculi.

Stone Composition	Primary Etiology / Causative Factors	Frequency (%)
Calcium oxalate ± calcium phosphate	Idiopathic hypercalciuria, hyperoxaluria, hypocitraturia, metabolic abnormalities	60–80
Struvite (magnesium ammonium phosphate)	Urinary tract infection with urease-producing organisms	10–15
Uric acid	Hyperuricosuria with or without hyperuricemia; acidic urinary pH; metabolic syndrome	5–10
Cystine	Inherited renal tubular defect (cystinuria)	~1
Other stones (xanthine, indigo, triamterene, indinavir, etc.)	Rare metabolic disorders or drug-induced crystallization	<1

PATHOLOGY OF NEPHROLITHIASIS



1. **Formation of crystals in urine**

- Urine contains soluble salts (calcium, oxalate, phosphate, uric acid, etc.).
- Under certain conditions (supersaturation, low fluid intake, pH changes), these salts precipitate.

2. **Aggregation of crystals (Matrix-mediated)**

- Crystals combine with non-crystalline protein matrix.
- This aggregation allows crystals to grow into larger masses.
- Result: Formation of clinically significant stones causing symptoms like pain, hematuria, obstruction.

3. **Deposition on Randall's plaque (specific to calcium oxalate stones)**

- Small calcium phosphate deposits form on the renal papillae → called Randall's plaque.

- Calcium oxalate crystals deposit on this nidus, forming stones.
- Randall's plaque always consists of calcium phosphate.

4. Growth of stone

- Crystals continue to aggregate and enlarge either via the matrix mechanism or deposition on plaques.
- Stone composition is usually:
  - Majority: Calcium salts (calcium oxalate, calcium phosphate)
  - Minority: Uric acid, cystine, magnesium ammonium phosphate (struvite)

CLINICAL FEATURES OF NEPHROLITHIASIS

Renal calculi are known to cause severe pain and symptoms of renal calculi may occur only when the stone begins to move towards the ureters. This severe pain is termed as renal colic, seen only on one side of your abdomen and in men, pain may radiate to the groin region.

A.) RENAL CALCULUS

- Pain in flank
- Dull aching
- Pain worse on- movement, changing position, walking upstairs.
- Haematuria

SIGNS:

- Tenderness of renal angle.

B.) URETERIC CALCULUS

SYMPTOMS

- Pain

- onset: sudden
- sharp, excruciating.
- radiates from loin to groin
- patient draws up his knees and rolls
- vomiting
- strangury
- haematuria.

SIGNS

- Restlessness.
- Pallor
- Profuse sweating
- Pulse fast
- Rigidity of lateral abdominal muscles

- Percussion over kidney produces sharp stab of pain.

C.) VESICAL CALCULUS

SYMPTOMS

- Frequent unsatisfactory urination
- Pain at the end of micturition

  -worse during exertion, jolting movements.
  - better by lying
  - radiates to tip of penis
- Interruption of urinary stream (stone blocking internal meatus)
- Haematuria

SIGNS

- Tenderness over suprapubic region may be present.

In some cases, when the stone descends from the kidney into the ureters. Ureters are small, too delicate, and too large to move down the ureter into the bladder. Passage of stones down through the ureters can cause spasms and irritation of the ureters can cause spasms and irritation of the ureters which causes blood to appear in the urine. In some cases, stones obstruct the urine flow. It is said to be as urinary obstruction which can lead to kidney infection (pyelonephritis) and kidney damage.

DIFFERENTIAL DIAGNOSIS OF NEPHROLITHIASIS

1. Acute Pyelonephritis
2. Urinary Tract Infection (UTI) / Cystitis
3. Pyelonephritis
4. Hydronephrosis (non-calculous)
5. Renal / Ureteric Tumours
6. Musculoskeletal / Rib Pain
7. Gallstones / Biliary Colic
8. Appendicitis (Retrocecal)
9. Ectopic Pregnancy
10. Ovarian Cyst / Torsion

INVESTIGATIONS OF NEPHROLITHIASIS

Diagnostic test for renal calculus requires a complete urine examination, health assessment, and a physical examination. Other tests include:

- Blood tests for calcium, phosphorus, uric acid, and electrolytes etc.
- Blood urea nitrogen (BUN) and creatinine levels for assessing kidney functioning.
- Urinalysis to check for bacteria, blood, crystals, casts, and white cells.
- Examination of stone type in determination of type renal calculi.

THE FOLLOWING TESTS CAN RULE OUT OBSTRUCTION:

ABDOMINAL X – RAYS: An abdominal x- ray is a picture of the abdomen that uses low levels of radiation recorded on film or a computer. Abdominal x – rays is used to detect the location of kidney stones in the urinary tract. Not all types of stones are visible through abdominal x – ray.

ULTRASOUND OF THE KIDNEY: Ultrasound is a non – invasive test used in diagnosing the renal calculi. By using sound waves we can detect kidney stones without exposure to radiation or to any contrast dye. Ureteral stones cannot be detected by using ultrasound, unless the stone is situated at the junction of the ureters and the bladder.

MRI OF THE ABDOMEN AND KIDNEYS: Magnetic Resonance Imaging (MRI) is a test done with the help of a magnetic field and radio wave energy to make images of organs and structures inside the abdomen. When compared to x – ray, ultrasound and MRI ultrasound gives the complete information regarding the presence of stones.

INTRAVENOUS PYELOGRAM (IVP): In this diagnostic test done with the help of a dye injected intravenously. This dye is relatively dense and is excreted through the kidneys and can be diagnosed by using x – rays. The dye is excreted through the kidneys appears in the collecting ducts and then moves down into the ureters. In the presence of blockage it takes long time for the dye to be excreted. IVP is a reliable test for Renal / Ureteral stones, but it has a few drawbacks like radiation exposure, intravenous dye may cause some adverse reaction. Intravenous pyelogram is not a reliable test to diagnose other conditions.

RETROGRADE PYELOGRAM: The retrograde pyelogram is a diagnostic test done with the help of a dye to find out obstruction in the urinary tract. During this test, a thin tube (Cystoscopy) into the urethra, which carries urine out of the body through bladder. Physician will then put a catheter through the cystoscope and into a ureter. Dye is injected with the help of catheter, and x – rays imaging technique should be used.

PROGNOSIS

- Calculi <5mm are passed spontaneously.
- Good, if infection and obstruction are prevented.
- Recurrences are common

GENERAL MANGEMENT

By increasing fluid intake for more than 2 liters per day.

- Increasing citric acid intake.
- Moderate intake of calcium.
- Limited sodium intake.
- Avoiding supplemental vitamin C.
- Avoiding oxalate rich foods.
- Limiting animal protein.

- Limited consumption of soft drinks containing phosphoric acid.
- Magnesium intake reduces the symptomatic effect of nephrolithiasis.

HOMOEOPATHIC MANAGEMENT

Homeopathy is a natural healing science that offers amazing treatment for cases of kidney stones. Homeopathic medicines effectively manage its symptoms along with breaking down and dissolving the kidney stones. These also help them pass out by stimulating the body's self – healing system that helps relax the muscles in the urinary tract for easy passage of stone. Homeopathic medicines are undoubtedly safe and natural medicines that along with proper diet management, increased fluid intake yield positive long-term results in these cases. Homeopathic medicines for kidney stones are selected after an in-depth analysis of every individual case, mainly keeping in mind the side of the kidney stone (right or left) in the body and its attending signs and symptoms.

1. Berberis Vulgaris – For Kidney Stones of Left Side
Berberis Vulgaris is one of the top-listed medicines for **kidney stones formed on the left side.** This is often the first line of treatment used by most of the homeopathic physicians to treat kidney stones. A unique symptom guiding the use of Berberis Vulgaris is pain in the left kidney that radiates down the ureter and into the urinary bladder. The pain can be shooting, stitching, cutting, or stinging in nature. The pain may worsen by any kind of movement, especially jarring movement. Urine may be yellow and may contain slimy sediments. The area around the kidneys is sensitive to touch.

2. Lycopodium Clavatum – For Right Side Kidney Stone
Lycopodium Clavatum is an outstanding medicine for treating **kidney stones on the right side**. It is indicated when there is pain in right kidney and right ureter. The pain gets worse before urination; there is forceful straining to pass urine and urine is scanty. The kidney pain subsides after urination. The urine may contain red sediments. Also, the urine may be purulent (containing pus), turbid or pale in some cases.

3. Hydrangea Arborescens – For Kidney Stone with White or Yellow Sand in Urine
Hydrangea Arborescens is popularly known as the **stone breaker remedy**. Hydrangea Arborescens is used to crush kidney stones, stones in the ureter as well as bladder. If one notices white or yellow sand deposits, then Hydrangea Arborescens is well indicated. Soreness in the kidney region may also be felt in such cases. In some cases, blood may appear in urine.

4. Cantharis Vesicatoria – For Kidney Stone with Burning Urination
Cantharis Vesicatoria is of great help in kidney stones where there is **intense burning on passing urine.** The burning sensation may also be felt before urine is passed and may continue after urination. Another attending feature is kidney pain with frequent urge to pass urine. Tenesmus of the bladder may also be marked where the urge to pass urine is almost constant, along with unsatisfactory urination. Urine may contain jelly-like mucus.

5. Sarsaparilla – For Kidney Stone with Burning at Close of Urination

Sarsaparilla Officinalis is the medicine that you can count on in case of kidney stones with **excessive burning at the end of urination**. The urine passed is scanty and may contain slimy or sandy particles. Sarsaparilla Officinalis is also prescribed for right-sided kidney stones.

6. Ocimum canum

Burning, cutting pain in the kidneys or ureters
Pain may radiate to the bladder or groin
Sometimes associated with urinary urgency or scanty urine
May have restlessness or aggravation from cold

7 Nux vomica

- Indications:
  - Stones associated with frequent urging, incomplete urination
  - Burning or cutting pain in urethra
  - Constipation and irritability often present
  - Often after overwork, rich food, or alcohol

8 Pareira brava

- Indications:
  - Frequent urging with scanty urine
  - Pain along urinary tract
  - Often better by lying quietly

Evidence-Based Case Report of Nephrolithiasis Treated with Homoeopathic Medicine

Personal data of the patient:

NAME – Mr. XXXX

AGE – 24 YEARS

NAME OF FATHER – XXXXX

Gender – MALE

SOCIO-ECONOMIC STATUS – MIDDLE CLASS

MARITAL STATUS – UNMARRIED

EDUCATIONAL STATUS – MSc Biochemistry Student (Final Year)

RELIGION – HINDU

OCCUPATION – STUDENT

ADDRESS – JAIPUR, RAJASTHAN

MOBILE NO.-XXXXXXXXXX

NATIONALITY – INDIAN

1st D.O.V. – 18TH May, 2025

INTERROGATION PRESENTING COMPLAINTS:

A 24 years old male of well-built musculature and proportionate body frame, Perusing MSc Biochemistry Student (Final Year) came to OPD with On and off intense pain in right Loin region, associated with nausea and vomiting (during pain episode) burning during micturition in the past two weeks with Strong smelling urine.

HISTORY OF PRESENT COMPLAINTS:

❖ The patient complains of having a sudden severe pain on the right side of his lower back, around the kidney area.

❖ The pain was very strong and comes like waves or cramps. It becomes so unbearable that he keeps twisting, turning, and even cries because of it. The pain sometimes spreads towards groin.

❖ He said I feel a gripping pain in my lower back, near kidney.

❖ During the pain, he starts vomiting. He said I cannot sit still, keep twisting, squeezing my hands, cry and moaning because of the pain. The pain was worst in the early morning and even wakes him from sleep.

❖ He noticed that his urine looks cloudy and thick, sometimes leaving red brick powder-like sediment at the bottom. The urine had a very strong, sweet-pungent neither foul nor rotten, but a warm, strong odor (like musk). He also feels burning and smarting during passing urine.

❖ Because of his science background, he suspected it might be a kidney stone. Have not taken any treatment yet.

❖ The pain was unbearable from past 07 days, so he took painkillers for few days.

PAST HISTORY:

The patient did not suffer from any other major illness in the past

Family History:

No family history of kidney stones

- Mother- Healthy & Alive
- Father- Healthy & Alive
- Siblings: 1 brother and 1 sister- healthy and alive

PERSONAL HISTORY:

- **Food habits**: Vegetarian
- **Habits & addiction**: Nothing Specific
- **Developmental Milestones:** on time
- **Surroundings at home:** well ventilated
- **Vaccination (reaction, if any):** on time
- **Sexual history:** The patient is not giving any significant about his sexual history
- **History of contraception:** none
- **History of contact with a sick person:** no

General symptoms (Patients as a whole)
A. PHYSICAL GENERALS:

- THERMAL REACTION: Hot
- (He wore minimal wool during winter and bathed in cold water throughout the winter.)
- FOOD AND DRINKS
- CRAVINGS: nothing specific
- AVERSIONS: Nothing specific
- AGGRAVATIONS: Spicy
- APPETITE: 2-3chapati/meal, 2meals/day
- THIRST: 2-3lit/day ((drinking less quantity of water)
- STOOL: 1-2/day, soft stool, satisfactory

- URINE: Urine- 5-6 times/day, He noticed that his urine looks cloudy and thick, sometimes leaving brick red dust powder-like sediment at the bottom. The urine had a very strong, sweet-pungent neither foul nor rotten, but a warm, strong odor (like musk) He also feels burning when passing urine.
- PERSPIRATION: moderate, no Odor, no staining
- SLEEP: normal, 6-7 hours/day, adequate, refreshing with non-specific sleep posture.
- DREAMS: N/S

B. MENTAL SYMPTOMS

- There was a lot of anxiety and fear, that something terrible would be happening. He was also afraid that the pain will come back, constantly worried about the next attack of kidney stone pain.

GENERAL EXAMINATION:

Built: MESOMORPHIC

Decubitus/attitude: Normal

Facies: Normal

Gait: Normal

Deformity: Not present

Cachexia/emaciation: Not seen

Nutrition: Adequate

Anemia/pallor: Not seen

Icterus: Not seen

Cyanosis: Not seen

Oedema: Not present

Obesity: Not present

Clubbing: Not present

Lymphadenopathy: No LN palpable

Oral-teeth/tongue/gums: NAD (Nothing abnormality detected)

Skin/hair/nails: NAD In Hairs and Nails

- Height: 165 cm

- Weight: 76 kgs
- Temperature: 98.6°F
- Pulse: 76/min
- Respiratory rate: 18/ min
- Blood pressure: 124/80 mm hg
- SPO2: 98%

ABDOMINAL EXAMINATION:

1 INSPECTION:

- no visible swelling or redness.
- Patient appears to be in obvious pain especially during an episode.

2 PALPATION:

- Tenderness in right loin (i.e., right renal angle)
- no guarding or rigidity unless severe inflammation.
- No mass felt.

3 PERCUSSIONS:

- Tenderness over right Costo- vertebral angle (CVA tenderness +ve).
- No fluid thrill.

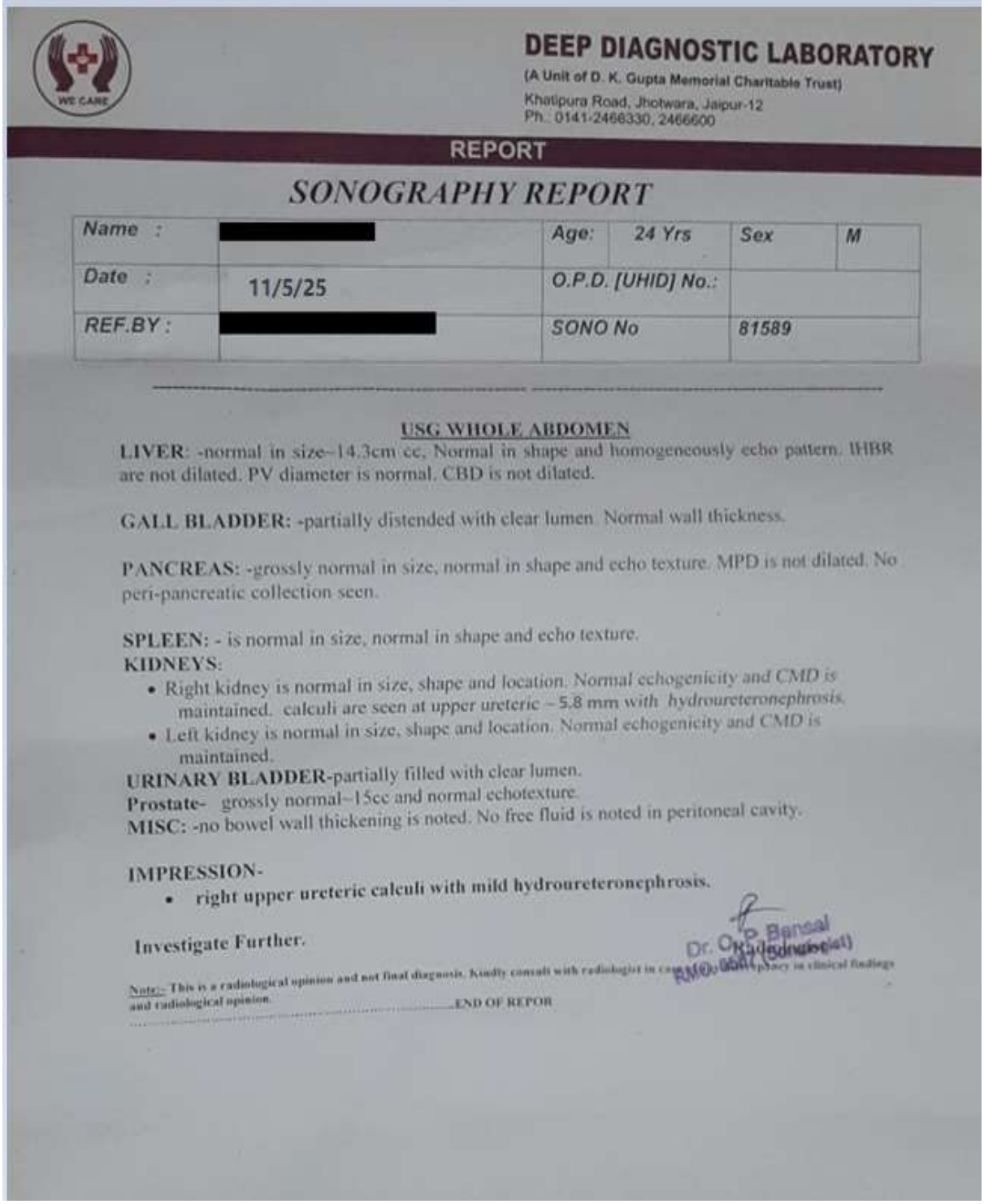
4 Auscultation:

- Normal bowel sounds.

LABORATORY FINDINGS:

- **Ultrasonography (W/A):**

- Right Kidney: Right kidney is normal in size, shape, and location. Normal echogenicity and Cortico-Medullary Differentiation (CMD) is maintained. Calculi is seen at upper ureteric – 5.8 mm with HYDROURETRONEPHROSIS.
- - Left Kidney: Normal in Shape and Size and location. Normal echogenicity and CMD is maintained.



DEEP DIAGNOSTIC LABORATORY
(A Unit of D. K. Gupta Memorial Charitable Trust)
Khatipura Road, Jhotwara, Jaipur-12
Ph.: 0141-2466330, 2466600

REPORT

SONOGRAPHY REPORT

Name :	[redacted]	Age:	24 Yrs	Sex	M
Date :	11/5/25	O.P.D. [UHID] No.:			
REF.BY :	[redacted]	SONO No	81589		

USG WHOLE ABDOMEN

LIVER: -normal in size–14.3cm cc. Normal in shape and homogeneously echo pattern. IHBR are not dilated. PV diameter is normal. CBD is not dilated.

GALL BLADDER: -partially distended with clear lumen. Normal wall thickness.

PANCREAS: -grossly normal in size, normal in shape and echo texture. MPD is not dilated. No peri-pancreatic collection seen.

SPLEEN: - is normal in size, normal in shape and echo texture.

KIDNEYS:

- Right kidney is normal in size, shape and location. Normal echogenicity and CMD is maintained. calculi are seen at upper ureteric – 5.8 mm with hydroureteronephrosis.
- Left kidney is normal in size, shape and location. Normal echogenicity and CMD is maintained.

URINARY BLADDER-partially filled with clear lumen.
Prostate- grossly normal–15cc and normal echotexture.
MISC: -no bowel wall thickening is noted. No free fluid is noted in peritoneal cavity.

IMPRESSION-

- **right upper ureteric calculi with mild hydroureteronephrosis.**

Investigate Further.

Dr. O.P. Bansal (Radiologist)

Note:- This is a radiological opinion and not final diagnosis. Kindly consult with radiologist in case of discrepancy in clinical findings and radiological opinion.

END OF REPOR

Analysis of symptoms:

GENERALS		PARTICULAR	COMMON
MENTALS	PHYSICALS		
anxiety and fear	Thermal reaction: Hot	Intense, unbearable colicky pain, causing screaming, crying out loud.	On and off cramping pain in the Loin Region
	Urine: increased frequency, pain in back, burning during micturition	During urination Burning and smarting	- Nausea and vomiting. - Reduced urine o/p. - Restlessness,
		Urine had a very strong, sweet-pungent neither foul nor rotten, but a warm, strong odor(like musk)	Frequent urine (5–6 times/day)

Evaluation of symptoms:

1. Pain in the right Loin Region.
2. Intense, unbearable colicky pain, causing screaming, crying out loud.
3. Urine: Cloudy, thick, with brick-red dust sediment at the bottom
4. Urine had a very strong musk like odor.
5. During urination burning and smarting.

Miasmatic analysis:

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
Intense, unbearable colicky pain, causing screaming, crying out loud.	*		
During urination Burning and smarting	*		
Urine had a very strong, sweet-pungent neither foul nor rotten, but a warm, strong odor(like musk)		*	
Right-sided renal colic		*	
Urine: Cloudy, thick, with brick-red dust sediment at the bottom			*

Totality of symptoms:

1 Pain in the right Loin Region.

2 Intense, unbearable colicky pain, causing screaming, crying out loud.

3 Urine: Cloudy, thick, with brick-red dust sediment at the bottom

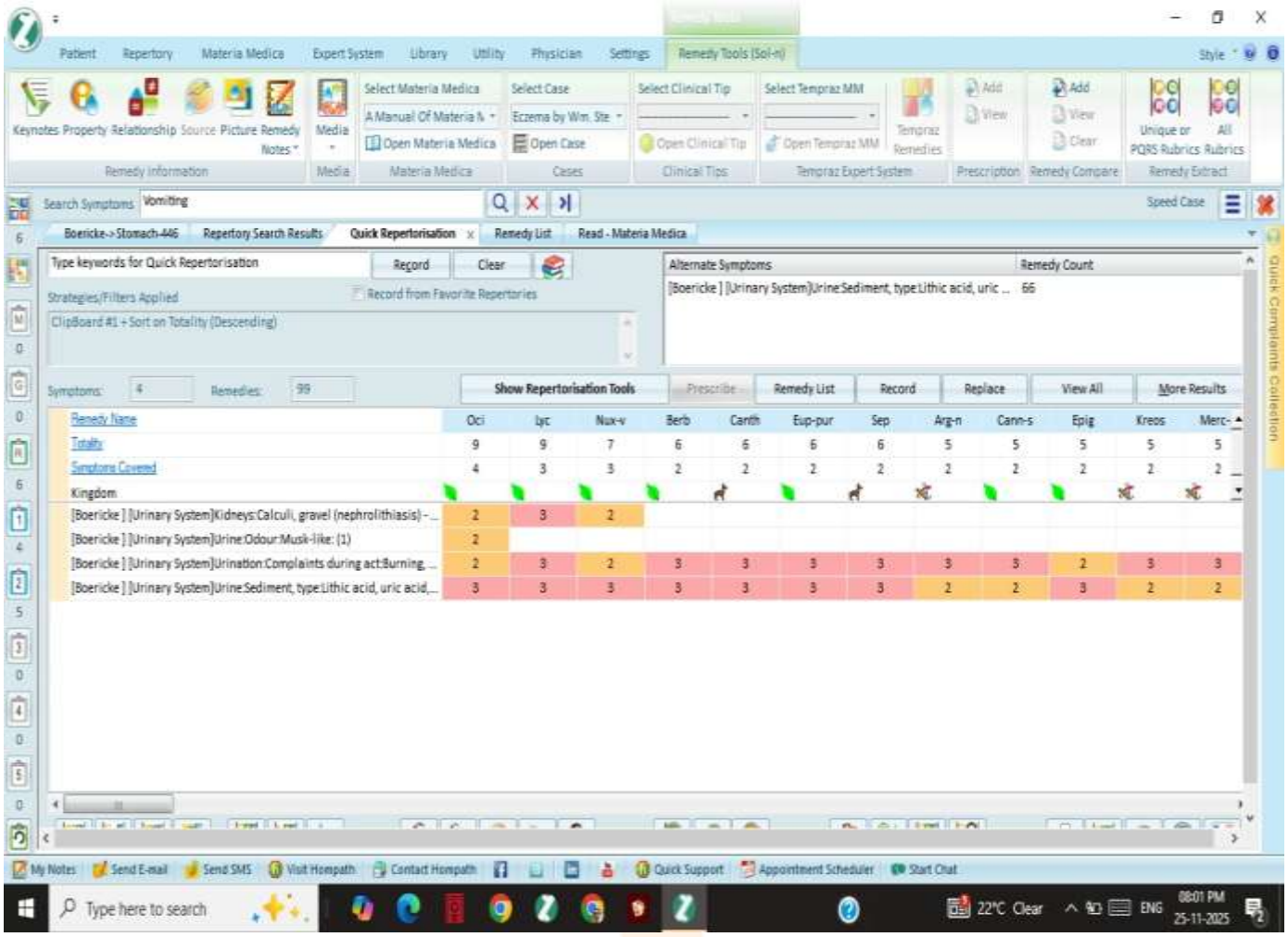
4 Urine had a very strong musk like odor.

5 During urination burning and smarting

REPERTORY USED:

William Boericke's Repertory HOMPATH ZOMEO on the basis of prominent PARTICULARS

REPERTORIAL ANALYSIS:



Justification of the remedy:

REMEDY/FEATURES	OCIMUM CANUM	LYCOPODIUM	NUX VOMICA	BERBERIS VULGARIA
SIDE	Right sided	Right - Left	Mostly right	Left sided but can be either
TYPE OF PAIN	Violent renal colic, Twisting; radiating to groin.	Pain before urination; Relieved after	Spasmodic, cramping with constant urging	Sharp, shooting, stitching pain radiating to all directions from kidney
URINE APPEARANCE	Deep red (brick like) bloody, thick; strong odor(musk lke)	Red sand; uric acid crystals	Dark, scanty	Turbid, mucus, slimy sediment
CHARACTERISTIC URINARY SYMPTOM & Keynote	Brick red, sand like sediments - Right renal colic with red sand &strong Musk like odor	Red sand in urine (classic). - Right-> left pain+ red sand.	Constant urging; tenesmus - Renal spasm with constant urging.	Pain during and after urination, sensation of urine remaining. - Radiating kidney pains in every direction.
RADIATION OF PAIN	Right kidney-> ureter-> bladder	Right kidney-> bladder-left side	Kidney-> bladder	Kidney-> bladder, groin, thighs; radiates in multiple direction.

OCIMUM CANUM covered highest marks

Remedy selected & management:

OCIMUM CANUM 30/ TDS/15DAYS was prescribed on the basis of reportorial analysis.

-The patient was advised to increase the intake of fluids and avoid oxalate foods such as raw tomatoes, spinach, sweet potatoes, chocolates, nuts, milk, Shellfish, etc.
-Avoid fatty and oily food.

DIET AND REGIMEN:
The patient was advised to take 1. Kulthi Dal (Horse Gram Soup) and 2. Gokshura (Tribulus terrestris) Soup 3 times a day because they both help in dissolving kidney stones and Promotes urine flow and soothes urinary tract.

Follow up

Visit date	SYMPTOMS	dose and potency
Initial Visit (Day 0) 18/5/2025	Colic: intensity, vomiting, urine sediment/odor, burning during micturition.	OCIMUM CANUM 30/tds prescribed for 15days. Sac lac 200/ 3dose
Day 1 3/6/25	Patient feel relief in colic, vomiting and burning during micturition and odor/urine sediment not visible	Sac lac 200/ tds prescribed for 15days
Day 2 18/6/25	Patient feel relief in colic, vomiting and burning during micturition and odor/urine sediment not visible	Sac lac 200/ tds prescribed for 15days

Visit date	SYMPTOMS	dose and potency
Day 3 4/7/2025	- Pain in right loin region increased - Burning and smarting during urination	OCIMUM CANUM 30/tds prescribed for 15days
Day 4 19/7/25	- Mild pain observed occasionally in right loin. - Advise USG w/a	Sac lac 200/ tds prescribed for 7days
Day 5 28/7/25	- USG W/A shows no calculus in the right kidney - The patient had no other complaint - Complete restoration of health in duration of approx. 03 months.	

Reports

DEEP DIAGNOSTIC LABORATORY
(A Unit of D. K. Gupta Memorial Charitable Trust)
Khatipura Road, Jhotwara, Jaipur-12
Ph.: 0141-2466330, 2466600

REPORT

SONOGRAPHY REPORT

Name :	[redacted]	Age:	24 Yrs	Sex	M
Date :	28/7/25	O.P.D. [UHID] No.:			
REF.BY :	[redacted]	SONO No	81525		

USG WHOLE ABDOMEN

LIVER: -normal in size–12.3cm cc. Normal in shape and homogeneously echo pattern. IHBR are not dilated. PV diameter is normal. CBD is not dilated.

GALL BLADDER: -partially distended with clear lumen. Normal wall thickness.

PANCREAS: -grossly normal in size, normal in shape and echo texture. MPD is not dilated. No peri-pancreatic collection seen.

SPLEEN: - is normal in size, normal in shape and echo texture.

KIDNEYS:
- Right kidney is normal in size, shape and location. Normal echogenicity and CMD is maintained.
- Left kidney is normal in size, shape and location. Normal echogenicity and CMD is maintained.

URINARY BLADDER-partially filled with clear lumen.
Prostate- grossly normal–17cc and normal echotexture.
MISC: -no bowel wall thickening is noted. No free fluid is noted in peritoneal cavity.

IMPRESSION-
- NORMAL STUDY

Investigate Further.

Note:- This is a radiological opinion and not final diagnosis. Kindly consult with radiologist in case of any [illegible] and radiological opinion.

Dr. [illegible] Bansal
RMC. 8587 (Sonologist)

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