INTERNATIONAL JOURNAL OF NOVEL RESEARCH AND DEVELOPMENT (IJNRD)
© 2026 IJNRD | Volume 11, Issue 1, January 2026 | ISSN: 2456-4184 | IJNRD.ORG

A RETROSPECTIVE STUDYON EFFICACY OF HOMOEOPATHIC TREATMENT IN RENAL CALCULI

Rukshana Begam L[1*] Sathish Kumar V[2 *] Vinita K.S[3*]

[1*]**Rukshana Begam L** PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India.

[2*]**Vinita K.S** PG Scholar, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India.

[3*]**Sathish Kumar. V** Ph.D Guide, Department of Repertory, Sarada Krishna Homoeopathic Medical College (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai), Kulasekharam, Kanniyakumari District, Tamil Nadu, India.

ABSTRACT

Background: Nephrolithiasis is the most frequent chronic kidney ailment. In India, almost 50% of the population is affected by renal calculi, which can result in renal damage or loss of kidney function. The primary cause of all stones is the supersaturation of urine with respect to the stone components; variables affecting solubility include urine volume, pH, and total solute excretion. In the absence of prophylactic treatment, recurrence is the norm after the first stone. The likelihood of recurrence for idiopathic calcium stones after the initial incident is 40–50% after 5 years and 50–60% after 10 years. While there is a broad range of potential uses for homoeopathy in treating nephrolithiasis, this is to emphasize the need for further research on nephrolithiasis, highlighting the paucity of the current homeopathic literature.

Objective: To assess the usefulness of homeopathic medicine in renal calculi.

Materials and method: A total of 15 patients have been shortlisted with renal calculi. The medicines have been selected on the basis of principle of homeopathy. The size of renal calculi on ultrasonography was assessed before and after treatment.

Results: After comparing pre and post treatment results, the difference in size of renal calculi respectively.

Keywords: Homeopathy, renal calculi, retrospective study

INTRODUCTION

When a person becomes a physician, the most distressing and restless, confusing, anxious or sometimes fearful situation is when a patient who develop an acute, sudden, terrible agonizing pain in front of him. Here the investigator selected a disease named ‘Renal calculi’ which produce a severe pain and create a most annoying situation to patient, sometimes make the patient mad. And it is very challenging situation for younger physician, to improve his correct and fast decision-making capacity in order to select a homeopathic remedy in suitable potency.

Renal stone was well known in older times in Ayurveda. Ashmari was correlated to urolithiasis, Sushurta, the father of Indian surgery, has elaborately described the aetiopathogenesis, symptomatology, and management of ashmari by drugs, paramedical therapy and surgery. Kukattha, Varun, Sighru are among the drugs which were used by ancient and recent practitioners in ayurvedic medicine .Researches and Ayurvedic practitioners have proposed that these ayurvedic preparation have litholytic and litho preventive properties.[1]

Around 1 % of emergency admissions are caused by renal colic and complication of renal stones [2]. Kidney stones are common across the world wide, a prevalence of about 12%worldwide [3]. Their prevalence in India also reflects worldwide prevalence and stands at approximately 12%and is relatively more common in the northern part of India, where it is 15%. [4]

Before the advent of contemporary urologic procedures, 27% of patients died from untreated staghorn (infection) calculi. Although the death rate from stone illness is currently very low, 28% of cases of stone-related renal impairment still occur, especially in cases with staghorn (struvite or infection) stone.

REVIEW OF LITERATURE

EPIDEMOMOLOGY

Nephrolithiasis affects all geographical, cultural, and radical groups. The lifetime risk about 10-15%in the developed world, but can be high as high as 20 -25%in the Middle East. The increased risk of dehydration in hot climates, coupled with a diet 50% lower in calcium and 250% higher in oxalates compared to western diets, accounts for the higher net risk in the middle East.

In the middle East, uric acid stones are more common than calcium containing stones .The number of deaths due to kidney stones is estimated at 19,000per year being fairly consistent between 1990 and 2010 .In India it is estimated that at least 10% of the population in the industrialized part of the world is afflicted by urinary tract stone disease .Kidney stones are common in industrialized nations with an annual incidence of 0.5%to 19% .In India upper and lower urinary tract stones occur frequently but the incidence shows wide regional variation. The incidence of renal calculi is comparatively low in the southern part of country compared to other parts. [5]

According to WHO classification of disease, renal calculi disease has been classified under international classification of disease 10th revised edition ICD-10, N20.0-N23. [6]

EITOLOGY AND RISK FACTOR

Low fluid intake, family history, Cohn's, primary hyperparathyroidism, gout, diabetes mellitus, obesity, renal tubular acidosis, Cushing syndrome, sarcoidosis, vitamin D intoxication, rapid progressive bone disease, Paget's disease.

TYPES OF STONES

1. CALCIUM OXALATE AND CALCIUM PHOSPHATE stones account for 75 to 85% of the total and can coexist in the same stone. In most cases, calcium phosphate in stones is hydroxy apatite [Ca5 (PO4)3OH] or, less typically, brushite (CaHPO4H2O) [7]

Calcium stones are frequent in men, with an average onset age of the third to fourth decade. Within the next ten years, approximately 50% of persons who produce a single calcium stone will eventually form another. In recurrent stone formers, the average rate of fresh stone formation is roughly one stone every two or three years. Calcium stone disease is usually inherited. [7]

2. URIC ACID STONES are radiolucent and are also more common in men. Half of patient with uric acid stones have gout, uric acid lithiasis is usually familial whether or not gout is present. [7]

3. CYSTINE STONE are uncommon their radio opacity is due to the sulphur content. Cystine crystals appear in the urine as flat, hexagonal plates. [7]

4. STUVITE STONES are common and potentially dangerous. These stones occur. Mainly in women or patient who require chronic bladder catheterization and result from urinary tract infection with urease producing bacteria, usually proteus species. The stones can grow Via a large size and fill the renal pelvis and calyces to produce a stag horn appearance. They are radio-opaque and have a variable internal density. In urine, structure crystals are rectangular Prisma said to resemble coffin lids [7]

INFLUENCE OF CALCIUM METABOLISN ON STONE FORMATION

Despite the lack of convincing days that a low calcium diet alone reduces the risk for the renal stone recurrence, all too often this is still recommended. Notably low calcium diet may in fact be harmful by increasing oxalate absorption from intestine and also leading to negative calcium balance and bone mineral loss. A five-year randomised trial of recurrent calcium oxalate stone formers found that individuals assigned to a low calcium diet. [7]

No clear-cut disease due to calcium deficiency has ever been observed even under condition of low intake. It has been established that if intake of vitamin D is adequate, the problem of tickets and osteomalacia do arise even with low calcium diet. On the other hand, no deterious effects have been observed in a man as a result of prolonged intake of large amounts of dietary calcium, neither have any benefits been demonstrated.

MANIFESTATION OF STONES

As stones grow on the surface of renal papillae or within the collecting system, they need not produce symptoms. Asymptomatic stones may be discovered during the course of radiographic studies undertaken for unrelated reasons. Strong rank, along with bending and malignant neoplasm, and renal cysts, among the common of isolate the haematuria. Much of the time, however, stones break loose and enter the ureter or occlude the ureteropelvic junction, causing pain and obstruction. [7]

STONE PASSAGE

A stone transverse the ureter without symptoms, but passage usually produces pain and bleeding .The pain begins gradually, usually in the flank ,but increase over the next 20 to 69 min to become so severe .The pain may remain in the flank or spread downward and anteriorly toward the ipsilateral loin, testes, or vulva .Pain that migrates downward indicates that the stone has passed to the lower third of the ureter ,but if the pain does not migrate ,the position of the stone cannot be predicted. A stone in the portion of the ureter within the bladder wall causes frequency, urgency, and dysuria that may be confused with urinary tract infection. The vast majority of urethral stones less than 0.5 cm in diameter will pass spontaneously. [8]

OTHERS SYNDROMES

Stag horn calculi -Struvite, cystine and uric acid stones often grow too large to enter the ureter. They gradually fill the renal pelvis and may extend outward through the infundibular to the calyces themselves

Nephrocalcinosis -Calcium stones grow on the papillae. Most of them break and cause colic, buttheyremain in place so that multiple papillary calcifications are found by x ray, a condition termed nephrocalcinosis. Papillary nephrocalcinosis is common in hereditary distal renal tubular acidosis and in other types of sever hypercalciuria .In medullary sponge kidney disease; classification may occur in distal collecting ducts. [7]

Sludge -Sufficient uric acid or cystine in the urine may plug bit ureters with precipitate. Calcium oxalate crystals do not do this because less than 100 mg oxalate usually is excreted daily in the urine even in severe hyperoxaluric states, compared with 1000 mg uric acid in patients with hyperuricosuria and 400 to 800 mg cystine in patient with cystinuria. Calcium phosphate crystals can render the urine milky but do not plug the urinary tract.[7]

Infection-Infection-although urinary tract infection is not a direct consequence of stone disease, it can occur after instrumentation and surgery of the urinary tract, which are frequent. Nephrolithiasis and UTI can enhance their respective seriousness and interfere with treatment. Obstruction of a kidney by a stone may lead to sepsis and extensive damage of renal tissues, since it converts the urinary tract proximal to the instruction into a closed, or partially closed, space that can become an access. Stones may have bacteria in the stone matrix, leading to recurrent UTI. On the other hand, infection due to bacteria that possess the enzyme urease can cause stones composed of struvite.[7]

PATHOGENESIS OF STONES

Urinary stones usually arise because of the breakdown of a delicate balance. The kidney must conserve water, but they must excrete materials that have allowed solubility. These two opposing requirements must be balanced during adaptation to diet, climate, and activity. The problems is migrated to some extent by the fact urine contains substances that inhibit crystallization of calcium salts and others that bind calcium in soluble complexes. These protective mechanisms are less than perfect. When the urine excessive becomes supersaturated with insoluble materials, because excretion rates are excessive and or because water conservation is extreme, crystals from and may grow and aggregate to form a stone. [7]

SUPERSATURATION

In a solution in equilibrium with crystals of calcium oxalate, the product of the chemical activities of the calcium and oxalate ions in the solution is termed the equilibrium solubility products.

If crystals are removed and if either calcium or oxalate ions are added to the solution, the activity product increases but no new crystals form. Such a solution is meta stably supersaturated.

If new calcium oxalate seed crystals are now added, they will grow in size. Ultimately as calcium or oxalates are added to the solution, the activity product reaches a critical value at which a solid phase begins to develop spontaneously. This value is called the upper limit of meta stability.

Stone growth in the urinary tract, an average is above the equilibrium solubility product . Excessive super saturation is common in stone formation .calcium oxalate and phosphate form many stable as citrate .As a result their free ion activities are below their chemical concentration and can be measured only by indirect techniques .reduction in ligands such as citrate can increase ion activity ,and therefore super saturation without changing total urinary calcium .urine super saturation can be increased by dehydration or by over excretion of calcium ,oxalate, phosphate, cystine or uric acid.

Urine PH is also important; phosphate and uric acid are weak acids that dissociate readily over the physiologic range of urine PH. Alkaline urine contains more dibasic phosphate, favouring deposits of brushite and apatite. Below a urine PH of 5.5, uric acid crystals (PH 5.47) predominate, whereas phosphate crystals are rare. The solubility of calcium oxalate, on the other hand, is not influenced by changes in urine PH. Measurements of super saturation is pooled 24 h urine sample probably underestimate the risk of precipitation. Transient dehydration, variation of urine PH, postprandial outbursts of over excretion may cause values considerably above average. [7]

APHORISM RELATED TO CONDITION

Hahnemann Said in aphorism 7and its footnote, that

“Now as in a disease, from which no manifest exciting or maintaining cause (causa occasionalis) has to be removed…….”

“..crush the vesical calculus “….it has been said that calculi can act as a maintaining cause, so it has been removed or crushed surgically in order to prevent kidney dysfunction .

He classified renal calculi under miasm psora. And it was mentioned in aphorism 80 “…. The psora, the only real fundamental cause and producer of all other numerous, I may say innumerable, forms of disease, which under the name of nervous debility …urinary calculus …”.[9]

PREVIOUS STUDY RELATED TO RENAL CALCULI AND HOMEOPATHY

1.In an article, tittled “A big urinary calculus expelled with homeopathic medicine “in Indian journal of research in homeopathy/2008 October –December /1/4/50-55

It was that urinary stones of up to 5 mm of diameter are known to pass spontaneously through the urinary tract, whereas those exceeding 7 mm of diameter almost always require surgical intervention. A case of 16.9 mm calculus, lodged close to left urethra-vesicular junction, presented with severe cramping pain in left lumbar region, which radiates downwards to groin region. Patient also had severe pain at the end of urination .after

analysing the totality of symptoms presented by the patient ,sarsaparilla 30C was prescribed Three dose of this homeopathic medicine could expel the stone, without causing considerable discomfort or bleeding .This shows the efficacy of homeopathy in such large stone[10]

2. Another study tittled "A multicentre observational study to ascertain the role of homeopathic therapy in urolithiasis" published in Indian journal of research in homeopathy /2011/vol5/no 2, April June/30-39.

In this study was aimed to ascertain the role of homeopathic medicines in urolithiasis. Prior to this, no systematic study or research work has been conducted on urolithiasis in the homeopathic field. A prospective, multicentre observational study was conducted by central council for research in homeopathy (CCRH) from October 2005 to January 2010 to find the usefulness of homeopathic medicines in cases of urolithiasis .901 cases were screened, out of which 311 cases were enrolled and 220 cases were analysed in this study.

Out of 220 cases, there was expulsion of calculi in 106 cases (single calculus in 76 cases, multiple calculi in 30 cases) and in 114 cases, calculi remained but the symptom score reduced, indicating improvement in the case and found statistically significant ($P<0.005$).[11]

3.Another article conducted by department of surgery, university of British Columbia, Vancouver, Canada, regarding renal calculi are an infrequent but significant management problem during pregnancy like urological or obstetrical intervention included persistent pain, sepsis, progressive hydronephrosis, solitary kidney or high-grade obstruction, this explains the high risk of renal calculi during pregnancy [12]

4. Next article by "World journal of urology" August 2007, volume25, issues4, pp 415-421, tittled.

Type of renal calculi variation with age and sex". It was found that calcium oxalate dehydrates calculi decreased with age, but only in men. The calculi were also clearly predominated in menhydroxyapatite calculi decreased with age in both men and women, but they were prominent in women. Uric acid calculi increased with age in both men and women, but were predominant in men. Finally, it was found that calcium oxalate monohydrate unattached calculi increased with age in both men and women. [13]

5.**Another article warns us dangerous prognosis of staghorn calculi, article first published online:26 November 2008 by British journal** of urology, tittled staghorn calculi-long term results of management they have treated 167 patients with staghorn .conservative therapy was used in 161 patient who have been followed up for 1 to 18 years .Chronic renal failure occurred in 22 of these patient and 7 died from uraemia .The causes of chronic renal failure were bilateral staghorn calculi, staghorn and contra lateral urinary calculi, and chronic pyelonephritis of the contra lateral kidney. The morbidity and mortality rates following conservative treatment were higher than those following surgical management. The pathological finding in 47 kidneys after nephrectomy showed severe hydronephrosis, renal abscess and xanthogranulomatous pyelonephritis. These results indicated that staghorn calculi destroyed the kidney and early complete removal of these stones is advisable [14]

6. Another study conducted for the recurrence of renal calculi, published in journal of urology tittled "a prospective study of recurrence rate and risk factor for recurrence after a first renal stone "they investigated further the recurrence rate and risk factor for recurrence in 300consective patients who presented to our stone clinic after a first stone episode 7 to 17 years ago. A total of 195 patient were followed successfully, of whom 52 (27) experienced symptomatic stone recurrence after a mean plus or minus standard deviation of 7.5+/-5.9 years. However, ultrasound examination of 36 symptom free patient showed recurrent stones in 28 percent [15]

7. Another research shows the relationship between quality of water intake and formation of renal calculi tittled "the influence of calcium content of water, intake of vegetables and fruit and other food factors upon the incidence of renal calculi " and conducted an enquiry into regional variations in diet reveals that a high intake of water, fruit and vegetables may protect against the renal calculi .which was published in the journal "urological research "August 8,1975,volume 3,issuse2,pp 61-66 [16]

RUBRICS RELATED TO RENAL CALCULI

Kidney-Calculi-Right

Kidney-Inflammation-calculus from

Kidney - pain - left

Kidney - pain- region of kidney

Kidney - pain- right

Kidney pain agg before urination.

Kidney - pain-urination - after - amel

Kidney - pain extending to bladder

Kidney - bubbling sensation in region of

Kidney - pain-night

Kidney- pain motion agg

Urine-sediment –renal calculi

Urine burning before and after etc.,

MATERIALS AND METHODS

SAMPLING: Simple random sampling

SOURCE OF DATA

15 selected cases of renal calculi from the patients attending OPD, IPD and peripheral centres of Sarada Krishana homeopathic medical college and hospital.

METHODS OF COLLECTION OF DATA

Data was obtained from the patient, bystanders, physician observation, physical examination and laboratory investigation

METHODOLOGY

Detailed case study was done with the help of SKHMC case record, appropriate investigation and diagnosis was made.

Prescription was done according to symptom similarity.

INCULSION CRITERIA

- Patient within the age group of 20 -60 years
- Both sexes
- Patient with prominent diagnostic evidence

EXCLUSION CRITERIA

- Large stone (STAG HORN) Impacted in urethra
- Calculi along with systemic illness like tumour, renal failure etc
- Pregnancy women

STUDY AND DESIGN

- The study will be carried out at Sarada krishana Homeopathic Medical College and Hospital.
- Data will collect according to the pre-structured SKHMC chronic case format
- Retrospective study

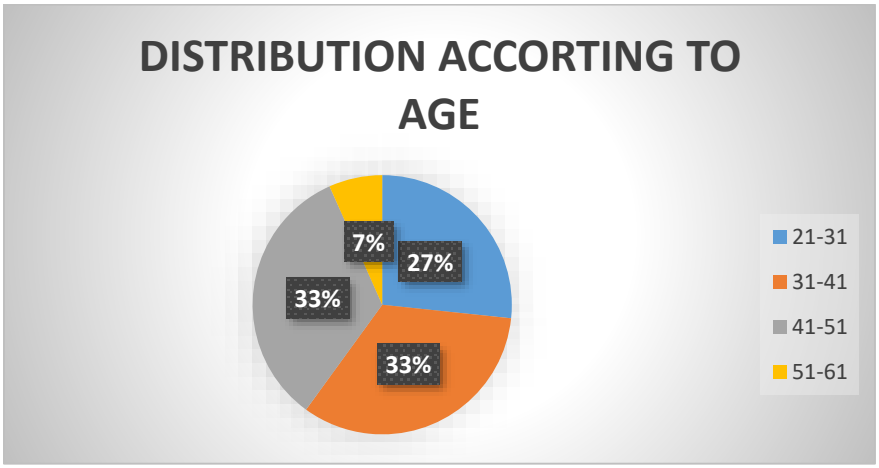
SELECTION OF TOOL

Pre-structured SKHMC case format, Urine routine formation.

OBSERVATION AND RESULTS

1. DISTRIBUTION OF THE CASE ACCORDING TO AGE

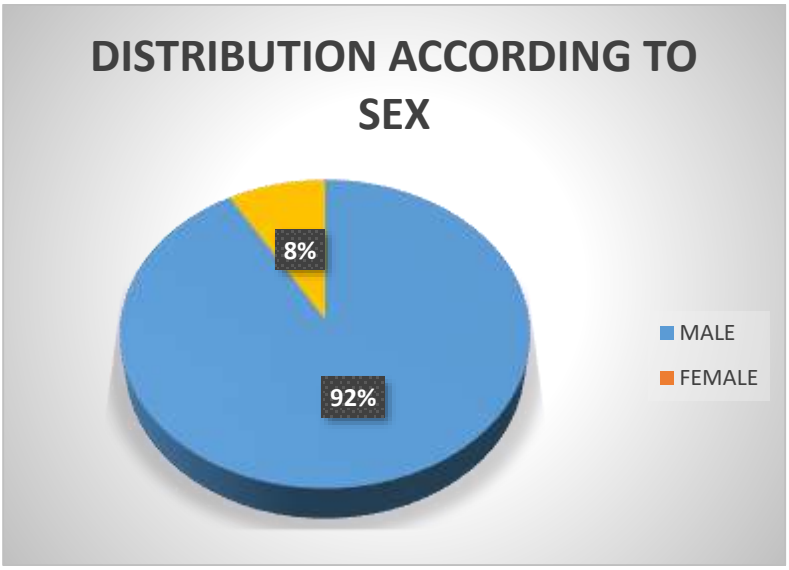
AGE	NO OF PATIENTS
21-31	4
31-41	5
41-51	5
51-61	1



According to socio demographic factors, related to age group 4 patients (27%) belonged to 21-14 years of age, 5 patient (33%) belonged to 31-41 years of age ,5 patients (33%) belong to 41-51 years of age ,1 patient (7%) belonged to 51-61 years of age

2.DISTRIBUTION OF CASE ACCORDING TO SEX

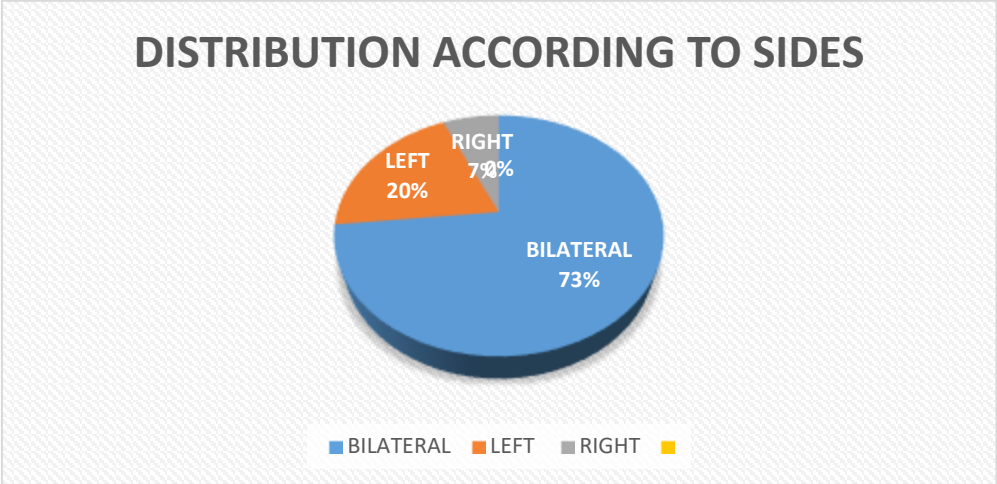
SEX OF PATIENT	MALE	FEMALE
NO OF PATIENT	13	2
N%	92%	8%



Among the 15 cases assigned for the study, maximum number of cases comes male gender i.e., 13 out of 15 with 92%. Among 15 cases 2 cases comes under the female gender with 8%.

3. DISTRIBUTION ACCORDING TO SIDES AFFECTED

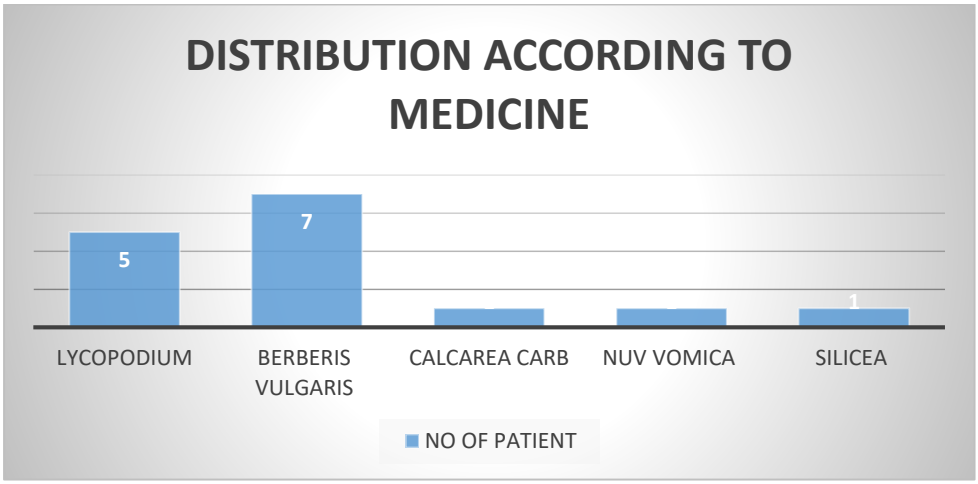
SIDE AFFECTED	NO OF PATIENT
BILATERAL	11
LEFT	3
RIGHT	1



Among the 15 cases assigned for the study, maximum number sides are 11cases comes bilateral side with 73%, left side 3 out of 15 with 20%. Among 15 cases 21cases comes right side.

4. DISTRIBUTION ACCORDING TO MEDICINES

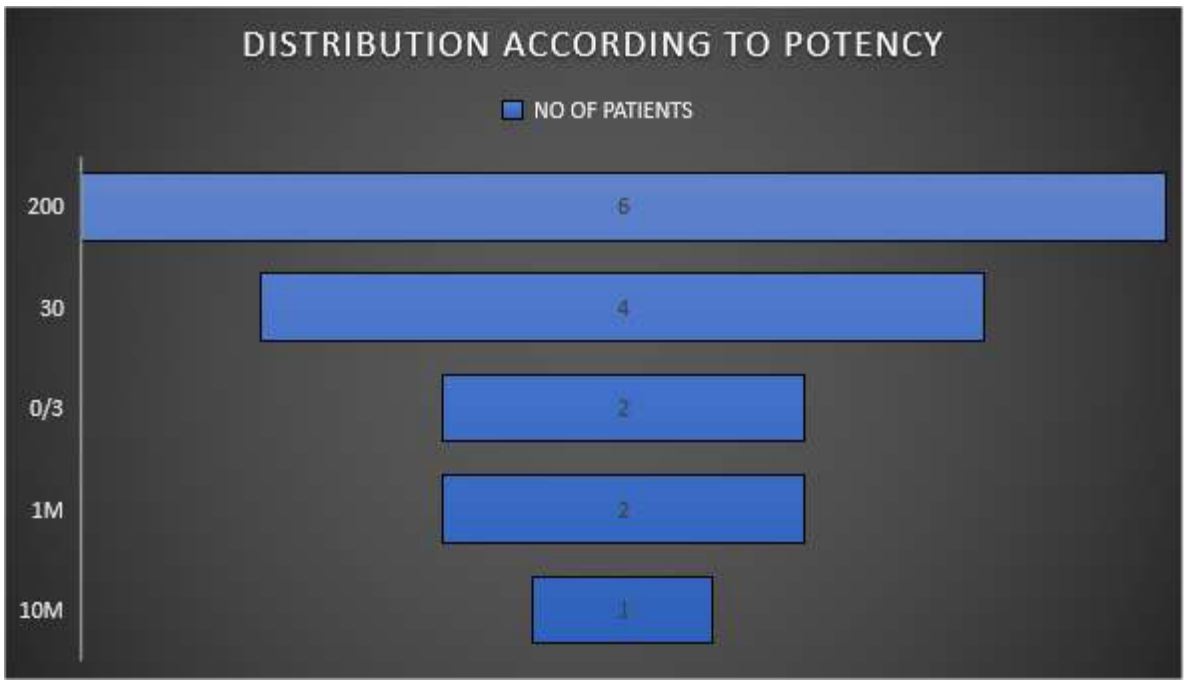
MEDICINE	NO OF PATIENTS
LYCOPODIUM	5
BERBERIS VULGARIS	7
CALCAREA CARBONICA	1
NUX VOMICA	1
SILICEA	1



Among the 15 cases assigned for the study, maximum number of medicine prescribed was berberis vulgaris i, e.,7 out of 15 cases, lycopodium was used 5 out of 15 cases, Calcarea carbonica was used 1 out of 15 cases ,nux vomica was used 1 out of 15 cases ,Silicea was used 1 out of 15 cases .

5. DISTRIBUTIONS ACCORDING TO POTENCY

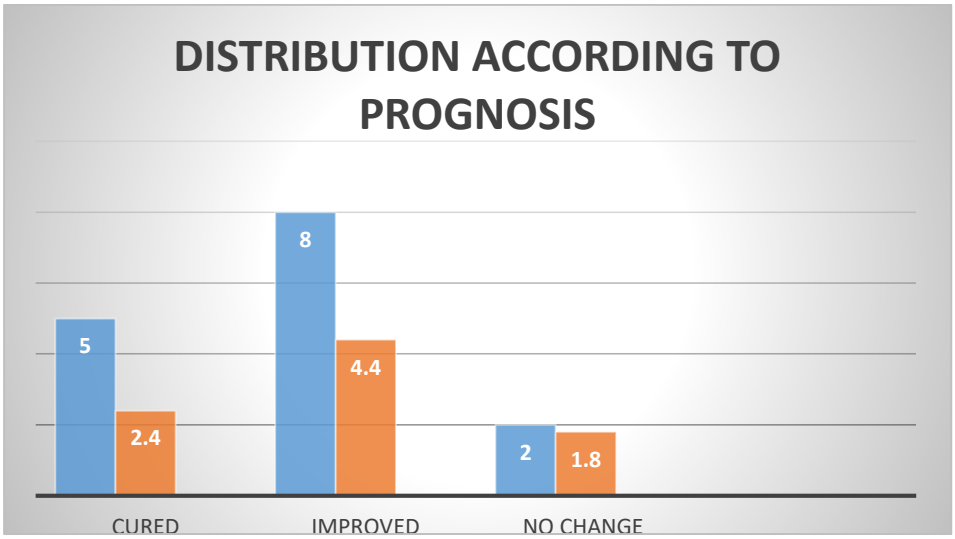
POTENCY	NO OF PATIENT
200	6
30	4
1M	2
10M	1
0/3	2



Among the 15 cases assigned for the study, maximum number of potency prescribed was used 200 i, e.,6 out of 15 cases, 30 was used 4 out of 15 cases,0/3 was used 2 out of 15 cases ,1Mwas used 2 out of 15 cases ,10M was used 1 out of 15 cases.

6. DISTRIBUTION ACCORDING TO PROGNOSIS

PROGNOSIS	GOOD	IMPROVED	NOT IMPROVED
NO OF PATIENT	5	8	2



Among the 15 cases assigned for the study, maximum 8improved cases out of 15, good prognosis seen in 5 out of 15 cases, not improved in 2 cases out of 15.

DISCUSSION

Urolithiasis is a global issue. About 35% of people have a recurrence of calculus formation in their kidneys, although the majority of people only have one episode of calculus formation. Open surgery was the standard of care for urinary stone disease until the 20th century. However, in the last 30 years, newer methods of treating the condition have been developed, including conservative, ESWL, endoscopic, and open surgical techniques, depending on the size and location of the stone. Internal damage to the urinary system may appear to occur during a surgical procedure. Therefore, alternative therapy—homeopathy—is required, in which the patient's vital force is activated in order to heal them.

This was a retrospective study which has shown positive results in nephrolithiasis. This study reported about 90% are affected males and 10% affected females. The effectiveness of homoeopathic remedies selection is based on chronic totality and constitutionally adopted.

The most frequently useful medicine is Berberis vulgaris and Lycopodium which are common to the constitutional and pathological medicines. This study finding the medicines produces better response to treatment of nephrolithiasis and also preventing the recurrence of renal calculi.

Hahnemann, in his lesser writings, emphasized that modern lifestyle factors significantly influence the development and persistence of chronic diseases. In the Organon of Medicine (aphorisms 259–264), he highlighted the importance of proper diet and regimen, stating that adherence to suitable dietary and lifestyle measures is essential for the complete and effective action of homoeopathic medicines. Further, in the footnote to aphorism 81, Hahnemann explained that factors such as climate, living conditions, and improper physical and mental habits play a modifying role in the transformation of psora into chronic diseases. These principles underline the importance of regulating diet, habits, and lifestyle, which was also observed in the present study of fifteen cases.

AGE: In the present retrospective study, renal calculi were observed predominantly in the middle-aged group, with the majority of cases occurring between 31–51 years of age, indicating a higher prevalence during the

most active years of life. This suggests that age-related metabolic and lifestyle factors may play an important role in stone formation.

Similar findings have been reported in other studies. The prospective study on renal calculi and its metabolic evaluation demonstrated that individuals with metabolic abnormalities are at increased risk of developing stones in one or both kidneys and reported that renal stone disease was more common in the 30–60 years age group, with the mean age falling within this range. [17] .These observations closely correspond with the age distribution noted in the present study.

SEX: In the present retrospective study, a clear male predominance was observed, with 13 out of 15 cases (92%) occurring in males and 2 cases (8%) in females. This finding indicates that renal calculi were significantly more common in males than in females in the study population.

These results are consistent with findings from other studies. In a prospective study on renal calculi and metabolic evaluation conducted at MNRMCH, out of 70 patients, 55 were males (78%) and 15 were females (22%), again demonstrating a higher incidence of urolithiasis among males. Although the proportion of male patients was slightly lower compared to the present study, both studies clearly show male predominance[17].

Similarly, previous epidemiological studies have reported that men are more frequently affected by renal calculi in men than women, possibly due to differences in dietary habits, occupational exposure, fluid intake, and lifestyle factors.

Thus, when comparing the present study with other studies, the pattern of male predominance in renal calculi is consistent, reinforcing the observation that males are at a higher risk of developing urolithiasis.

SIDE AFFINITY: In the present retrospective study, bilateral renal involvement was observed in the majority of cases, accounting for 11 out of 15 cases (73%), followed by left-sided calculi in 3 cases (20%), while right-sided involvement was least common. This indicates a predominance of bilateral renal calculi among the study population.

Similar observations have been reported in other studies. Clinical and metabolic evaluation studies on renal calculi have also noted that bilateral involvement is common, particularly in patients with metabolic abnormalities, suggesting a systemic predisposition rather than a localized renal pathology. These studies indicate that metabolic and constitutional factors may contribute to stone formation affecting one or both kidneys [17].

Thus, comparison of side affinity between the present study and other studies shows a consistent pattern of predominant bilateral involvement, reinforcing the role of systemic and metabolic factors in the pathogenesis of nephrolithiasis.

MEDICINES: In the present study, Berberis vulgaris was the most frequently prescribed medicine, being indicated in 7 out of 15 cases, followed by Lycopodium clavatum in 5 cases. Other remedies such as Calcarea carbonica, Nux vomica, and Silicea were prescribed in individual cases based on constitutional totality.

These findings are comparable with observations from other studies. Rathore's study also reported Berberis vulgaris and Lycopodium clavatum as the most commonly indicated medicines in the management of renal calculi, highlighting their strong organ affinity for the urinary system and their constitutional relevance [18].

Similarly, Sumithran's study demonstrated effective dissolution or expulsion of multiple renal calculi using Nux vomica as an individualized remedy, which correlates with the present study where Nux vomica was prescribed in constitutionally suitable cases [19].

In another reported case study by Pandit, the individualized remedy Tuberculinum was found effective in a patient with multiple renal calculi, further emphasizing the importance of individualized constitutional prescribing rather than reliance on a single pathological remedy[20].

Thus, when compared with previous studies, the present study supports the consistent usefulness of Berberis vulgaris and Lycopodium clavatum as frequently indicated remedies in nephrolithiasis, while also reinforcing the homoeopathic principle that remedy selection must be individualized, allowing other medicines such as

Nux vomica, Calcarea carbonica, Silicea, or Tuberculinum to be effective when indicated by the totality of symptoms.

POTENCY: Among the 15 cases assigned for the study, maximum number of potencies prescribed was used 200 i,e.,6 out of 15 cases, 30 was used 4 out of 15 cases, 0/3 was used 2 out of 15 cases ,1M was used 2 out of 15 cases ,10M was used 1 out of 15 cases.

PROGNOSIS: Among the 15 cases assigned for the study, maximum 8 improved cases out of 15, good prognosis seen in 5 out of 15 cases, not improved in 2 cases out of 15.

"These findings suggest that individualized homoeopathic treatment may play a supportive role in the management and prevention of renal calculi."

CONCLUSION

In conclusion, this retrospective study of renal calculi has provided valuable insights into the epidemiology, risk factors, and management of this common urological condition. The findings from this study underscore the importance of early diagnosis and timely intervention in preventing complications and improving patient outcomes. Furthermore, the data presented here shed light on the changing trends in renal calculi prevalence and composition, highlighting the need for ongoing research and adaptation of clinical guidelines.

While this study has its limitations, such as the reliance on historical medical records and potential selection bias, it serves as a critical foundation for future research in the field of urology. The comprehensive analysis of patient demographics, stone characteristics, and treatment outcomes offers a basis for further investigations into optimal treatment strategies, preventative measures, and patient education.

In the ever-evolving landscape of medical science, the insights gained from this retrospective study will be valuable for healthcare professionals and researchers as they work towards improving the diagnosis, management, and prevention of renal calculi. By continuing to build on these findings and employing a multidisciplinary approach, we can enhance the quality of care for patients with renal calculi and ultimately reduce the burden of this condition on individuals and healthcare systems alike.

BIBILOGRAPHY

1.IJA-CARE (international Quarterly Journal of Research in Ayurveda case reports) [Internet]. www.ijacare.in. 2017 [cited 2023 Oct 17]. Available from: http://www.ijacare.in

2. A 13-yearhospital-based study on the trend of urinary stone disease in Uttarakhand, India. Kakkar M, Kakkar R. *Nepal J Epidemiol.* 2021;11:949–958.

3. Nojaba L, Guzman N. *Stat Pearls.* Treasure Island, FL: Stat Pearls Publishing; 2022. Nephrolithiasis.

4. The demographic diversity of food intake and prevalence of kidney stone diseases in the Indian continent. Guha M, Banerjee H, Mitra P, Das M. *Foods.* 2019;8:37.

5. IJA-CARE (international Quarterly Journal of Research in Ayurveda case reports) [Internet]. www.ijacare.in. 2017 [cited 2023 Oct 17]. Available from: http://www.ijacare.in

6.http;//en.wikipedia.org/wiki/Kidney stone.

7.Dennis. L.Kasper, Eugenebraunwald, Antony.SFauci, Stephan.L. Hauser, Dan.Long, J. LarryJamson, Tubo interstitial disease of kidney, Harrison'sprinciples of internal medicine ,16thedition, volume2, page no 170-714.

8.Stanlry Goldfard, m.d.Fuad N. Ziyadeh, m.d. American college of physician medicine, volume1, 2006.Chapter12, nephrology, nephrolithiasis page no 1978.

9.Hahnemann Samuel, Organon of medicine ,5 th and 6 th edition, new Delhi, Jain publisher,2005.

10.http://ayushportal.ap.nic.in/showDefault.aspx?IDD=226

11.http://ayushportal.ap.nic.in/showDefault.aspx?IDD=13349

12.http://europepmc.org/abstract/MED/1433534/reload=0;jessionid=x1fw 7RFxWWWvk9Ez4MRL.28.

13.http://link.springer.com/article/10.1007/s00345-007-0177-4

14.http://0nlinelibrary,wiley.com/doi/10.1111/j.1464-410X.1991.tb15278l.x/abstract.

15.http://www,sciencedirect.com/science/article/pii/S0022534705686806.

16.http://link,springer.com/article/10.1007/BF00256183.

17. T. Rudra Prasad Reddy, R V Bhosle. A prospective study of renal calculi and its metabolic evaluation. International Journal of Contemporary Medicine Surgery and Radiology. 2018;3(3):C143-C145.

18. Rathore RS, Aggarwal A, Reddy ES, Sharma P, Singh C, Chakraborty PK. A study to ascertain the effect of berberis vulgaris, hydrangea, cantharis, lycopodium clavatum and staphysagria in renal calculi. Int J Hom Sci. 2021;5(1):25-8.

19.Sumithran P. A case of multiple urinary calculi. Indian J Res Homoeopathy 2016;10:142-149. doi: 10.4103/0974-7168.176164

20. Pandit RK, Pandey S. Individualized homeopathic approach in a case of multiple renal calculi. AYUHOM. 2019 Jul 1;6(2):80-4.

MASTER CHART

S.no	OP.NO	Name	Age	Before	After	Medicine	Potency dose	Inference	Occupation And place
1.	1217/12	Ashok Raja	34, M	1/3/21 Right kidney 4.6mm in upper pole Left kidney 10mmin lower pole	22/7/21 Right lower pole 4mm Left kidney no calculus 20/11/21 Both kidney normal no calculus.	Berberis vulgaris	200/ 6D	Good	Business, unnakulam
2.	.5900/21	Arul Shivam	42, M	27/5/23 Left kidney lower pole 12mm Right kidney 9mm	16/9/23 Left kidney lower pole 4mm Right kidney 9mm in lower pole	Lycopodium	10M/ 1D	Improvement	Business ,vellimalai
3.	1701/21	Daniel	46, M	11/6/21 Right kidney 12mm at PUJ,7mm in upper pole Left kidney nearly 5mmlower pole	15/4/23 Right kidney less the 11 mm in lower pole and 6mm in upper pole Left kidney lower pole	Lycopodium	30/7 D	Improvement	Priest Mukkamala , Suruldhi.

					less than 5mm				
4.	5467/21	Sasikumar	47, M	6/11/21 Right kidney 5mm in upper pole Left kidney 5mm in mid and lower pole	17/9/22 Right kidney -no calculus Left kidney 5mm in lower pole	Calcarea carbonica	30/7 D	Improved	Working At Dubai Kumaragur an
5.	2898/21	Joshura	43, M	16.10.21 Right kidney 13mm in upper and lower pole Left kidney 8mm in mid lower pole	17/9/22 Right kidney less then 30mm Left kidney nearly 10mm	Lycopodium	1m/1 D	Not improved	Workshop Pacode
6.	5009/23	Sandeep	37, M	29/11/21 Left kidney 3,8 mm	7/9/23 Left kidney no calculus	Lycopodium	0/3, 7 D	Good	Driver Kattathura
7.	1875/21	Suresh Kumar	45, M	18/9/20 Left kidney 13mm 7/8/21 Left kidney 13 mm	1/12/21 Left kidney 15mm	Berberis vulgaris	200/ 7D	Not improved	Painter Pacode
8.		Karthikeyan	32, M	2/6/21 Right kidney 3.7 mm in mid pole Left kidney 3.7 mm in mid pole	24/6/21 Right kidney 2mm Left kidney 2mm	Berberis vulgaris	30/4 D	Improved	Teacher
9.	.2640/21	Samjiyaraj	34, M	12/6/21 Right kidney 5mm midpole Left kidney 4.6 mm lower	17/9/21 No calculus found	Lycopodium	1M/2 D	GOOD	Pharmacist Arumanai
10.	4900/22	Vishnu	21, M	23/12/22 Right kidney 5mm	23/7/23 No calculus	Berberis vulgaris	200/ 6D	GOOD	B.Sc Student
11.	7093	Paul Raj	21, M	24/7/21 Right kidney 5,0mm Left kidney 4.8 mm	10/6/23 Right kidney 4mm Left kidney 5mm	Nux vomica	200/ 1D	IMPROVED	Student
12.	8546/22	Sasidharan	56, M	11/8/22 Left kidney 28mm	10/12/22 Left kidney 17mm	Berberis vulgaris	200	IMPROVED	RTO
13.	7528/18	Jesorajan	36, M	11/11/22 Bilateral calculi	25/3/23 Right kidney 4mm	Silicea terra	0/3	IMPROVED	Business

14.	2565/21	Soumya	24, F	4/6/26 Right kidney 12mm Left kidney 14mm	20/2/23 Right kidney 8.7 mm Left kidney 3mm	Berberis vulgaris	200	IMPROVED	IT Company
15.	.6726/21	Anushya	23, F	17/12/22 Left kidney 4mm	5/2/22 No calculus seen	Berberis vulgaris	200	GOOD	Housewife