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EVIDENCE-BASED HOMOEOPATHIC MANAGEMENT OF RENAL CALCULUS IN A FEMALE PATIENT: A CASE REPORT

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ABSTRACT

Introduction: Renal calculi are a common disorder of the urinary tract characterized by significant recurrence and morbidity. Despite advances in conventional management, recurrence and associated discomfort remain major concerns. Homoeopathy, through its individualized and holistic approach, aims to address both the pathological condition and the constitutional background of the patient. **Case summary:** A 37-year-old female patient presented to the Repertory OPD of North Eastern Institute of Ayurveda and Homoeopathy, Shillong with complaints of right-sided low back ache associated with burning sensation during urination, increased frequency of urination, epigastric burning, abdominal fullness, and facial hyperpigmentation. Ultrasonography of the whole abdomen revealed a 3 mm renal calculus in the middle calyx of the right kidney. Repertorial analysis was performed using the Synthesis Repertory through RADAR Opus version 4.1.11, in which Sepia emerged as the leading remedy. Based on repertorial evaluation, Materia Medica correlation, and miasmatic understanding, Sepia 200C was prescribed. Gradual improvement was observed in low back ache, urinary symptoms, gastric complaints, and facial hyperpigmentation during follow-up. Repeat ultrasonography performed after nine months showed no evidence of renal calculus. The case scored +9 on the Modified Naranjo Criteria for Homoeopathy (MONARCH inventory), suggesting a positive causal relationship between the homoeopathic intervention and clinical outcome. **Conclusion:** The present case demonstrates the potential role of individualized homoeopathic management in renal calculi through repertorial and miasmatic approach. Symptomatic relief supported by objective ultrasonographic evidence emphasizes the clinical significance of homoeopathy in the management of renal calculi.

KEYWORDS: Homoeopathy, Individualized treatment, MONARCH inventory, Renal calculi, Repertorization, Ultrasonography.

INTRODUCTION

Renal calculi, also known as nephrolithiasis, refer to the formation of stones within the kidney due to supersaturation and crystallization of urinary solutes. It is one of the most common disorders of the urinary tract and is characterized by a high tendency for recurrence.[1,2] Nephrolithiasis constitutes a major health burden worldwide, with India being one of the high-prevalence regions. Approximately 12% of the Indian population is estimated to develop urinary calculi during their lifetime, with a comparatively higher prevalence reported in the northern and north-eastern parts of the country, commonly referred to as the “stone belt” regions.[3,4] Environmental factors, dietary habits, dehydration, and metabolic abnormalities are considered important contributors to the disease burden.[5] Clinically, renal calculi commonly present with flank or low back pain, burning micturition, increased frequency of urination, nausea, vomiting, hematuria, and abdominal discomfort.[1] Diagnosis is established through clinical evaluation and imaging techniques such as ultrasonography (USG), X-ray kidney-ureter-bladder (KUB), and non-contrast computed tomography (NCCT), which is regarded as the most sensitive

diagnostic modality.[6] If not managed appropriately, renal calculi may lead to complications such as urinary tract infection, hydronephrosis, obstruction, and renal impairment.[2] Conventional management includes hydration, analgesics, medical expulsive therapy, extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, and surgical intervention depending upon the size and location of the stone.[7] However, recurrence and associated morbidity continue to remain a challenge.[1]

Homoeopathy adopts an individualized and holistic approach in the management of renal calculi by considering the characteristic mental and physical symptoms of the patient along with constitutional predisposition. Miasmatic understanding also plays an important role in homoeopathic prescribing. Urinary disorders may manifest through different miasmatic expressions, with renal calculi commonly showing predominant sycotic manifestations characterized by calculi formation, urinary irritation, and wandering renal pains.[8] Remedies such as *Berberis vulgaris*, *Hydrangea arborescens*, *Lycopodium clavatum*, *Cantharis*, and *Sarsaparilla* are commonly indicated according to symptom similarity and clinical presentation.[9,10]

CASE PRESENTATION

A 37-year-old female patient attended the Repertory Outpatient Department of North Eastern Institute of Ayurveda and Homoeopathy on 26 February 2025 with complaints of pain in the lower back on the right side. The pain was particularly aggravated on rising from a sitting or lying position and was worse after movement, while amelioration was noticed during rest.

Along with the musculoskeletal complaints, the patient also presented with gastric disturbances characterized by burning pain in the epigastric region and a sensation of fullness throughout the abdomen. Urinary symptoms included increased frequency of urination and burning sensation in the urethra during micturition.

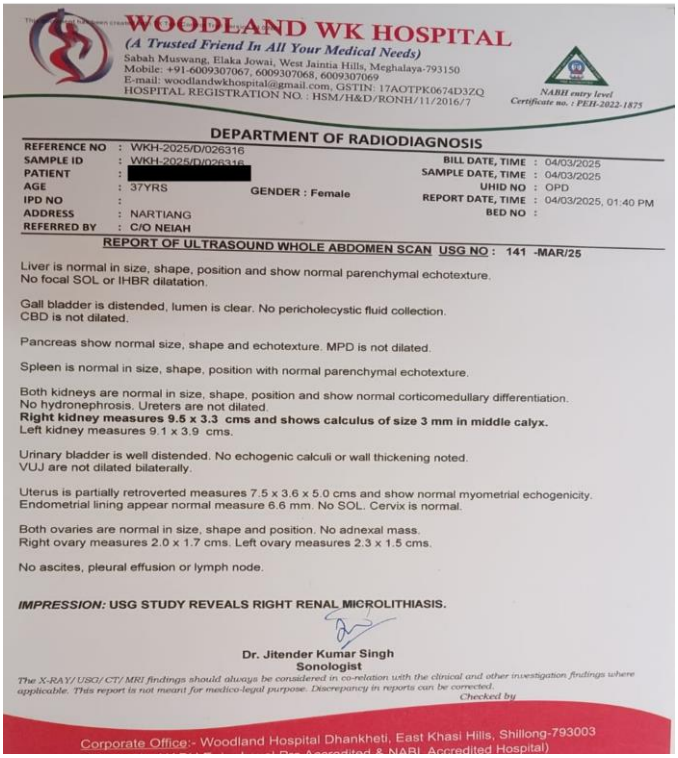
On mental and emotional assessment, the patient was found to be irritable by nature and preferred solitude most of the time. Her appetite was diminished, though thirst was increased. She had a marked desire for sour food items. Sleep was disturbed, and thermally she was chilly. On observation, brownish discoloration was noted over the face.

Considering the presenting complaints and the need for further evaluation, the patient was advised to undergo ultrasonography (USG) of the whole abdomen.The patient underwent ultrasonography (USG) of the whole abdomen on 4 March 2025, which revealed a renal calculus measuring 3 mm in the middle calyx of the right kidney (Figure- 1). She subsequently reported for follow-up on 12 March 2025.

Diagnostic Assessment

Clinical evaluation along with ultrasonography (USG) findings confirmed the diagnosis of right renal calculi measuring 3 mm in the middle calyx of the right kidney (Figure- 1).

Figure-1: USG Whole Abdomen dated on 04/03/2025



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NABH entry level Certificate no. : PEH-2022-1875

DEPARTMENT OF RADIODIAGNOSIS

REFERENCE NO : WKH-2025/D/026316
SAMPLE ID : WKH-2025/D/026316
PATIENT : [redacted]
AGE : 37YRS GENDER : Female
IPD NO :
ADDRESS : NARTIANG
REFERRED BY : C/O NEIAH
BILL DATE, TIME : 04/03/2025
SAMPLE DATE, TIME : 04/03/2025
UHID NO : OPD
REPORT DATE, TIME : 04/03/2025, 01:40 PM
BED NO :

REPORT OF ULTRASOUND WHOLE ABDOMEN SCAN USG NO : 141 -MAR/25

Liver is normal in size, shape, position and show normal parenchymal echotexture. No focal SOL or IHBR dilatation.

Gall bladder is distended, lumen is clear. No pericholecystic fluid collection. CBD is not dilated.

Pancreas show normal size, shape and echotexture. MPD is not dilated.

Spleen is normal in size, shape, position with normal parenchymal echotexture.

Both kidneys are normal in size, shape, position and show normal corticomedullary differentiation. No hydronephrosis. Ureters are not dilated.
Right kidney measures 9.5 x 3.3 cms and shows calculus of size 3 mm in middle calyx.
Left kidney measures 9.1 x 3.9 cms.

Urinary bladder is well distended. No echogenic calculi or wall thickening noted. VUJ are not dilated bilaterally.

Uterus is partially retroverted measures 7.5 x 3.6 x 5.0 cms and show normal myometrial echogenicity. Endometrial lining appear normal measure 6.6 mm. No SOL. Cervix is normal.

Both ovaries are normal in size, shape and position. No adnexal mass. Right ovary measures 2.0 x 1.7 cms. Left ovary measures 2.3 x 1.5 cms.

No ascites, pleural effusion or lymph node.

IMPRESSION: **USG STUDY REVEALS RIGHT RENAL MICROLITHIASIS.**

Dr. Jitender Kumar Singh
Sonologist

The X-RAY/ USG/ CT/ MRI findings should always be considered in co-relation with the clinical and other investigation findings where applicable. This report is not meant for medico-legal purpose. Discrepancy in reports can be corrected.
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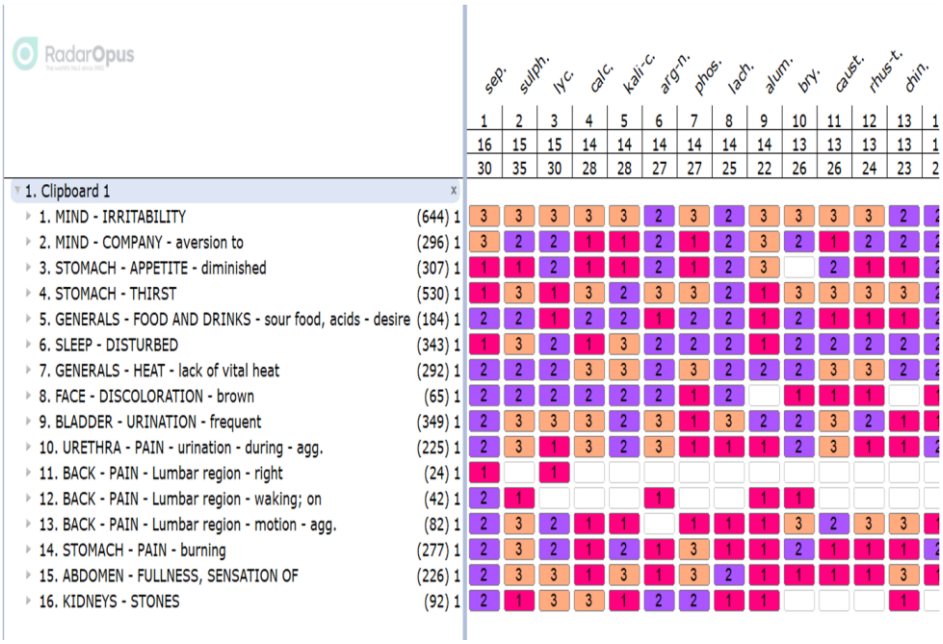
CASE ANALYSIS

Totality of Symptoms: The characteristic symptoms obtained after case taking were considered for the selection of the similimum. The totality of symptoms was as follows:

- Irritable disposition
- Desire for solitude
- Decreased appetite
- Thirst increased
- Desire for sour food
- Chilly patient
- Disturbed sleep
- Brownish discoloration in face
- Frequent urination
- Burning in urethra during urination
- Right-sided low back pain
- Pain aggravated on rising from sitting or lying position
- Pain worse from motion
- Burning pain in epigastrium
- Fullness sensation in abdomen

Repertorial Analysis: As the case was rich in generals and particulars, repertorization was carried out using the Synthesis Repertory through RADAR Opus software version 4.1.11. A total of 17 symptoms were considered for repertorial analysis (Figure-2).

Figure-2: Repertorization done with RADAR Opus software



Among the remedies, Sepia covered the maximum number of symptoms and secured the first position with a score of 26/14, followed by Sulphur and Lycopodium.

Selection of Remedy & Therapeutic intervention: Considering the repertorial result and subsequent consultation with the homoeopathic Materia Medica, Sepia was selected as the similimum and prescribed in 200C potency in single dose.

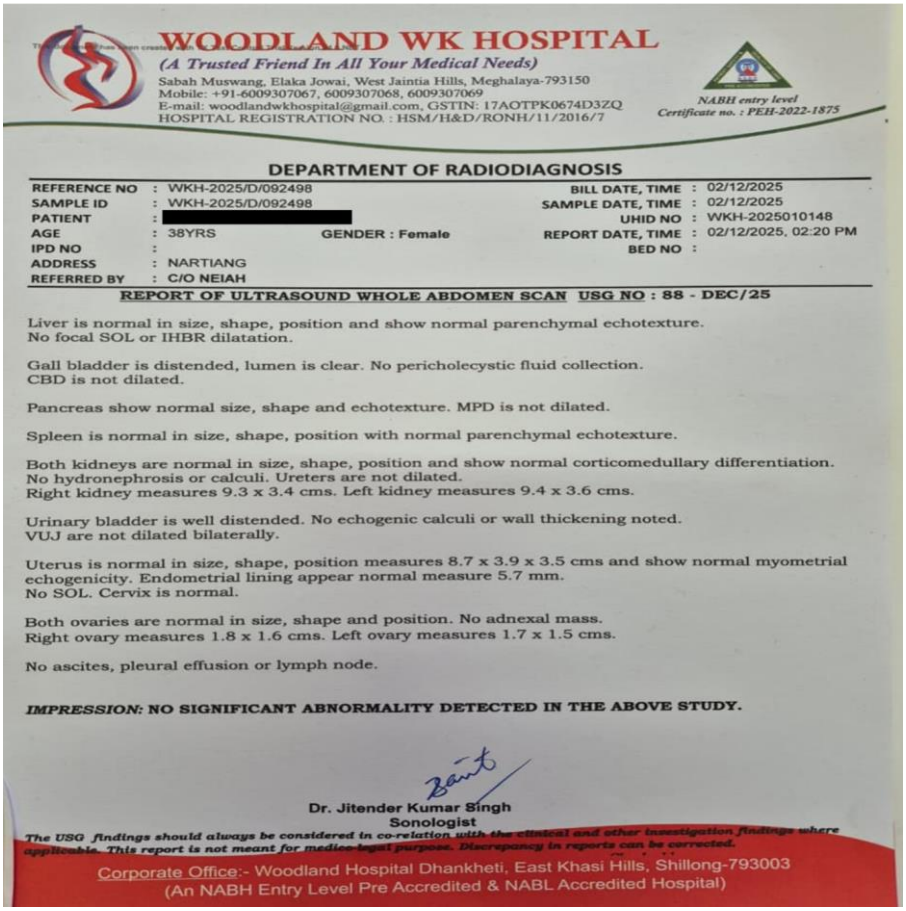
Follow up and Outcomes

Table 1: Follow up and outcomes.

Date	Symptoms and Findings	Medicine and Prescription Details
12 March 2025	Right-sided low back pain (aggravated on rising and movement, relieved by rest), burning epigastric pain with abdominal fullness, increased frequency of urination, and burning during micturition. Hyperpigmentation on face.	Sepia 200/ 1 dose in sac lac
26 March 2025	Mild reduction in low back ache and urinary complaints. Burning in urethra during urination reduced slightly. Gastric complaints such as burning in epigastrium and abdominal fullness persisted. Hyperpigmentation over face unchanged.	Sepia 200/ 1 dose in sac lac

23 April 2025	Further improvement in low back ache and urinary frequency. Burning during urination reduced. Burning in epigastrium less intense	Sepia 200/ 1 dose in sac lac
28 May 2025	Marked reduction in low back ache. Gastric fullness and epigastric burning improved. Urinary complaints minimal. Hyperpigmentation over face slightly reduced.	Sepia 200/ 1 dose in sac lac
25 June 2025	Occasional mild low back ache present. Burning micturition absent. Abdominal fullness relieved. Facial hyperpigmentation reducing gradually.	Sepia 200/ 1 dose in sac lac
30 July 2025	Significant improvement in all presenting complaints. No urinary burning or frequency. Gastric complaints absent.	Sepia 200/ 1 dose in sac lac
28 August 2025	Patient stable with no recurrence of urinary complaints or gastric symptoms. Facial hyperpigmentation reduced further.	Sepia 200/ 1 dose in sac lac
24 September 2025	No significant low back ache or urinary complaints. General condition satisfactory.Repeat ultrasonography (USG) was advised; however, the patient was unable to undergo the investigation at that time due to personal reasons.	Sepia 200/ 1 dose in sac lac
26 November 2025	Patient asymptomatic. Hyperpigmentation markedly reduced. Advised repeat ultrasonography (USG) of whole abdomen.Repeat USG was advised again.	Sepia 200/ 0 one dose in sac lac
3 December 2025	Repeat USG showed normal study with no evidence of renal calculus. Patient symptomatically improved (Figure-3).	Sepia 200/ 0 one dose in sac lac

Figure-3: USG Whole Abdomen dated on 02/12/2025



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Certificate no. : PEH-2022-1875

DEPARTMENT OF RADIODIAGNOSIS

REFERENCE NO : WKH-2025/D/092498
SAMPLE ID : WKH-2025/D/092498
PATIENT : [redacted]
AGE : 38YRS GENDER : Female
IPD NO :
ADDRESS : NARTIANG
REFERRED BY : C/O NEIAH

BILL DATE, TIME : 02/12/2025
SAMPLE DATE, TIME : 02/12/2025
UHID NO : WKH-2025010148
REPORT DATE, TIME : 02/12/2025, 02:20 PM
BED NO :

REPORT OF ULTRASOUND WHOLE ABDOMEN SCAN USG NO : 88 - DEC/25

Liver is normal in size, shape, position and show normal parenchymal echotexture.
No focal SOL or IHBR dilatation.

Gall bladder is distended, lumen is clear. No pericholecystic fluid collection.
CBD is not dilated.

Pancreas show normal size, shape and echotexture. MPD is not dilated.

Spleen is normal in size, shape, position with normal parenchymal echotexture.

Both kidneys are normal in size, shape, position and show normal corticomedullary differentiation.
No hydronephrosis or calculi. Ureters are not dilated.
Right kidney measures 9.3 x 3.4 cms. Left kidney measures 9.4 x 3.6 cms.

Urinary bladder is well distended. No echogenic calculi or wall thickening noted.
VUJ are not dilated bilaterally.

Uterus is normal in size, shape, position measures 8.7 x 3.9 x 3.5 cms and show normal myometrial echogenicity. Endometrial lining appear normal measure 5.7 mm.
No SOL. Cervix is normal.

Both ovaries are normal in size, shape and position. No adnexal mass.
Right ovary measures 1.8 x 1.6 cms. Left ovary measures 1.7 x 1.5 cms.

No ascites, pleural effusion or lymph node.

IMPRESSION: **NO SIGNIFICANT ABNORMALITY DETECTED IN THE ABOVE STUDY.**

Dr. Jitender Kumar Singh
Sonologist

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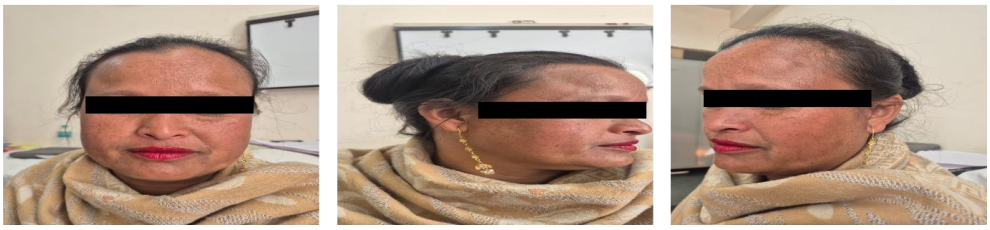
RESULTS

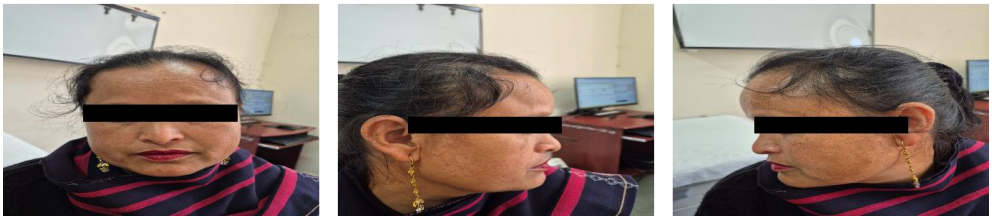
The patient showed gradual improvement in low back ache, urinary complaints, and gastric symptoms during follow-up. Facial hyperpigmentation also reduced progressively (Figure-4). Repeat ultrasonography performed in December 2025 revealed no evidence of renal calculus, indicating favourable clinical and pathological improvement following individualized homoeopathic treatment.

Figure-4: Showing reduced facial hyperpigmentation

BEFORE



AFTER



DISCUSSION

The present case highlights the role of individualized homoeopathic management in a diagnosed case of right renal calculus. The selection of Sepia was based on the characteristic mental and physical generals, along with particular urinary symptoms and facial hyperpigmentation, which closely corresponded with the remedy picture described in Materia Medica.[9] Repertorial analysis using the Synthesis Repertory facilitated systematic evaluation of the case and helped identify the most suitable similimum while minimizing subjective bias in prescription. The gradual improvement observed in low back ache, urinary complaints, gastric symptoms, and facial discoloration further supported the appropriateness of the selected remedy.

Although *Sepia officinalis* is not commonly regarded as a principal remedy for renal calculi, homoeopathic prescribing is based on the totality of symptoms rather than the pathological diagnosis alone. In the present case, the constitutional characteristics and symptom profile closely corresponded with the Sepia picture, leading to a favourable clinical outcome. The subsequent disappearance of the renal calculus on ultrasonography further emphasizes the value of individualized constitutional prescribing over routine disease-based prescribing in homoeopathic practice.

Findings of the present case are comparable with previously published homoeopathic literature on renal calculi management. Lamba and Gupta reported successful management of multiple renal calculi with individualized homoeopathy and demonstrated symptomatic as well as ultrasonographic improvement.[11] Similarly, Kommineni et al. documented expulsion of renal calculus following individualized prescription of *Lycopodium clavatum* based on repertorial analysis.[12] Sonny also reported passage of renal calculus after individualized homoeopathic treatment supported by miasmatic consideration and follow-up ultrasonography.[13] These studies support the importance of constitutional prescribing, repertorial approach, and objective assessment in the management of renal calculi through homoeopathy.

Regular follow-up and objective investigations were important in assessing treatment response in the present case. Repeat ultrasonography performed in December 2025 revealed absence of renal calculus, which correlated with the clinical improvement observed during follow-up. Such objective evidence strengthens the clinical significance of individualized homoeopathic intervention in renal calculi management.

The outcome of the present case was further evaluated using the Modified Naranjo Criteria for Homoeopathy (MONARCH inventory), in which the case scored +9, indicating a positive causal relationship between the homoeopathic intervention and the clinical outcome.[14] The severity of low back ache was also assessed using the Visual Analogue Scale (VAS). The patient's pain score reduced from 7/10 at the initial visit to 1/10 during the final follow-up, indicating marked symptomatic improvement following homoeopathic intervention.

Table 2: Follow-up assessment using MONARCH inventory guidelines.

Domain	Question	Answer	Score
1	Was there an improvement in the main symptom or condition for which homoeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3	Was there a homoeopathic aggravation of symptoms?	No	0

4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)?	Yes	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioural elements)	Yes	+1
6A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
6B	Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: – From organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downwards?	Yes	+1
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8	Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Not sure	0
	Total score obtained		+9

CONCLUSION

The present case demonstrates the beneficial role of individualized homoeopathic management in a case of right renal calculus. Repertorial analysis, miasmatic understanding, and constitutional prescribing helped in the selection of the similimum, resulting in marked symptomatic improvement along with objective ultrasonographic evidence of resolution of the renal calculus. The case also highlights the importance of regular follow-up and evidence-based assessment in homoeopathic clinical practice.

Informed consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying images, with concealment of name and personal details.

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