

Managing uncomplicated nephrolithiasis with individualized homeopathic intervention; a case-series of twenty-three cases

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Abstract

Background: Nephrolithiasis, or kidney stone disease, affects about 12% of the Indian population, causing significant morbidity from acute abdominal pain and complications. Standard care includes observation, medical expulsive therapy, and surgery, but many patients choose homeopathy for its perceived safety and accessibility. Evidence for individualized homeopathic treatment in nephrolithiasis remains unexplored.

Objectives: To describe clinical outcomes and safety of individualized homeopathic treatment in patients with nephrolithiasis across different practice settings in West Bengal.

Methods: This multi-centre, retrospective, non-consecutive case series selectively reported successful cases of nephrolithiasis managed by qualified homoeopathic physicians. Patients with stones ≥ 5 mm were included. Remedies were prescribed individually in centesimal or fifty millesimal potencies, based on holistic assessment. Follow-up ranged from 43 to 1359 days, with ultrasonography confirming stone expulsion. Data on demographics, stone features, prescriptions, and adverse events were analysed descriptively.

Results: Twenty-three patients (mean age 38.5 years; 78% male) were included. Stones were most commonly in the right kidney (47.8%) and ureters (39.1%), with a median size of 9.26 mm (range 5–22 mm). Median expulsion time was 152 days (range 43–1359). Frequently prescribed remedies were *Lycopodium clavatum*, *Calcarea carbonica*, *Natrum muriaticum*, *Nux vomica*, and *Pulsatilla nigricans*. No serious adverse events occurred. Mild hydronephrosis and transient hematuria resolved spontaneously. Pain during expulsion was effectively managed with remedies.

Conclusion: Individualized homoeopathic treatment may support spontaneous expulsion of renal calculi, even > 5 mm, with good safety outcomes. Larger prospective studies are needed to validate these findings.

Highlights:

- Global Burden of Nephrolithiasis is a rising concern for the health care providers as it covers 1% of hospital administration due to acute emergencies.
- ESWL is largely opted mode of intervention which is harmful and has long term negative impact on the kidney health.
- Homeopathy has been a trusted alternative to promote the expulsion of renal calculi.
- Pre-clinical and clinical studies suggest its' efficacy to prevent aggregation of calcium oxalate crystals.
- This case series reports expulsion of a calculus having a diameter of 22 mm through homeopathic interventions without causing any complication.

Key-words: Nephrolithiasis, Case-series, Homoeopathy, Primary care, Evidence based medicine

How to cite this article: Misra A, Misra T, Gorang K, Bhattacharjee B, Manna A, Mondal TS, Singha D, Ghosh R, Das S, Parvez SS, Ghosh S, Goswami P. Managing Uncomplicated Nephrolithiasis with Individualized Homeopathic

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Intervention: A Case-Series of Twenty-Three Cases. *Int J Drug Deliv Technol.* 2026;16(24s): 18-28. DOI: 10.25258/ijddt.16.24s.4

Introduction

Nephrolithiasis, commonly known as kidney stone disease, occurs when tiny crystals gather and harden within the urinary tract, most often forming in the kidneys as minerals in the urine solidify. These stones are made up of substances like calcium oxalates, phosphates, uric acid, and cysteine [1]. In India, about 12% of people are affected, with even higher numbers in certain northern regions and among adults aged 20 to 40 years [2,3]. While many stones exit the body on their own, a significant portion—between 7% and 40%—need medical procedures such as PCNL, URSL, ESWL, or open surgery, depending on the stone's size, location, and complexity [4]. Stones smaller than 5 mm have a good chance of passing naturally, with about 60% doing so, though even stones up to 9 mm have sometimes been reported to pass without intervention, influenced by their size, position, and which side of the body they are on [5,6].

Complementary and alternative medicines (CAM), including homeopathy, are often chosen by patients because of challenges with conventional treatment, as well as safety and cost-effectiveness. CAM use in nephrolithiasis is reported at around 40-50%, though many authorities question the evidence for their efficacy as primary treatment. Previous clinical studies, including trials, observational studies, case series, and case reports, have shown that homeopathic remedies can help expel calculi, reduce stone size, and relieve symptoms, improving patient quality of life. Despite existing literature, including clinical trials this case series aimed at reporting new clinical insights into the primary treatment of renal calculi in different settings in West Bengal. This expanded dataset can help generate hypotheses, identify trends, and offer stronger evidence for clinical decision-making. The following series is reported according to the consensus guideline on preferred items for reporting case series in Homeopathy (PITCH statement).

Methods

Objectives: The main objective of the study is to demonstrate the different clinical insights and outcomes in treating nephrolithiasis. The study examines these aspects in various clinical settings in West Bengal.

Study Design: This study is a multicenter, retrospective, non-consecutive case series. It selectively reports successful cases of nephrolithiasis by homeopathic physicians. Only descriptive aspects of the cases are presented.

Participants: This case series included patients clinically diagnosed with nephrolithiasis, presenting with calculi located in the kidneys, ureters, or bladder, and without significant comorbidities, except for one patient with an associated diagnosis of dilated

cardiomyopathy. All participants had chosen homeopathy as their primary modality of treatment for renal stones. Only calculi with a minimum diameter of >5 mm were considered eligible, as smaller stones are frequently expelled spontaneously. Verbal informed consent was obtained from all participants for the anonymous use of their clinical data, and those who declined participation were excluded. All investigators involved in the study were professionally qualified in homeopathy and had a minimum of three years of clinical experience.

Interventions: Participants in this study were prescribed individualized homeopathic medicines in centesimal and fifty millesimal potencies. A detailed history was taken, including physical and emotional symptoms, to select the remedy. Remedy choice was at the physician's discretion and could involve repertorization, keynote, totality, miasmatic, or other common homeopathic methods. Each physician selected a single remedy and determined dosage and frequency. Centesimal potencies were dispensed in cane sugar globules or purified water. Fifty millesimal potencies were given by dissolving one globule in purified water. Each participant was followed for 3 to 12 months. Visits were fortnightly or monthly until calculus expulsion was confirmed by imaging. At each follow-up, a repeat history was taken. Remedy was changed if the symptoms changed. All participants were also advised on general measures: maintain urine output of 2 to 2.5 litres/day, consume citrate drinks, limit sodium, calcium, and oxalate intake, reduce animal protein, increase fruits and vegetables, avoid vitamin C and D supplements, exercise regularly, and limit alcohol and tobacco.

Outcomes: The primary outcome measure of the study was the descriptive characterization of the cases. Ultrasonography imaging was utilized to evaluate the status of renal or urinary calculi following treatment. Causal attribution to homeopathic medicines was assessed using the MONARCH criteria [17].

Results

In this series, we looked at 23 patients suffering from kidney stones (nephrolithiasis) who came from a mix of places — private clinics, homeopathic hospitals, primary health centric, district hospitals, and research institutions. On average, the patients were about 38 years old (38.48 ± 14.28 years), and most of them were men (18 out of 23, or 78.3%). A large proportion were Hindu (87%) and followed a non-vegetarian diet (87%). When first examined, imaging showed that the stones were most often located in the right kidney (47.8%), followed by the ureters (39.1%), the left kidney (30.4%), and occasionally the urinary bladder

(4.3%). The stones had a median size of 9.26 mm, with the largest one reaching 22 mm in diameter. The details

are presented in Table 1.

Table 1: Demographic details of the participants

Demographic variables	Frequency	Percentage (%)
Age groups		
Less than 20 years	2	8.7
21 – 30 years	5	21.7
31 – 40 years	6	26.1
41 – 50 years	4	17.4
51 – 60 years	5	21.7
More than 60 years	1	4.3
Sex		
Male	18	78.3
Female	5	21.7
Religion		
Hindu	20	87.0
Muslim	3	13.0
Dietary patterns		
Vegetarian	3	13.0
Non-vegetarian	20	87.0
Location of the stone on initial visit		
Right kidney	11	47.83
Left kidney	7	30.43
Ureters	9	39.13
Urinary bladder	1	4.3
Potency prescribed		
Centesimal	15	65.2
Fifty millesimal	8	34.8
Time to recovery		
Less than 100 days	6	26.1
101 to 200 days	10	43.5
201 to 300 days	3	13.0
More than 300 days	4	17.4

During treatment, the time required for stone expulsion varied considerably. The median expulsion time was 152 days, with the earliest passage observed at 43 days and the longest at 1,359 days (over three years). The patient with coexisting dilated cardiomyopathy experienced the longest recovery time. The largest proportion of participants (n = 10; 43.5%) expelled their stones within 101–200 days of treatment. Every patient was given an individualized homeopathic prescription. Most (65.2%) received medicines in the centesimal scale of potency, while the remaining (34.8%) were prescribed remedies in the fifty millesimal scale. The remedies most frequently used were *Lycopodium clavatum*, *Calcarea carbonica*,

Natrum muriaticum, *Nux vomica*, *Pulsatilla nigricans*, and *Tabacum*.

Adverse events: During the course of treatment, no adverse events such as obstructive uropathy, severe hydronephrosis, or severe hematuria were observed. Mild hydronephrosis associated with the presence of calculi was noted in some cases; however, this did not impair renal function and was not considered clinically significant. Pain during stone expulsion was reported by several patients but was effectively managed with homeopathic remedies. Two patients experienced mild hematuria during expulsion, which resolved with minimal intervention. Causal attribution to Homeopathic treatment: Causal attribution to homeopathic treatment, assessed using the

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MONARCH criteria, yielded a mean score of 7.48 ± 1.03 (range: 5–9), indicating a positive causal relationship between the clinical outcomes and the homeopathic intervention.

Follow-up: Given the retrospective nature of this case series, no standardized follow-up period was

established for the participants. Follow-up visits to the treating physicians occurred at variable intervals, ranging from weekly to monthly, over a duration spanning 43 to 1359 days. A brief description about the timeline and follow-up has been mentioned in Table-2

Table 2: Brief description about the time-line and follow-up of the all the cases

Case no: 1		Duration of illness: 105 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single stone in the left kidney with severe pain at the closure of urination. Sensation as of urine trickling in urethra, after urinating. • Chilly patient with chronic catarrh. • Recurrence of constipation with violent pain in the anus during defecation. 	<ol style="list-style-type: none"> 1. <i>Thuja occidentalis</i> 200, 3 doses, OD X 3 days, once/month for 2 months, 4-5 medicated globules of size 10 for each dose. 2. <i>Thuja occidentalis</i> 1M, 1 dose, OD X 1 day, once/month for 1 month, 4-5 medicated globules of size 10 for each dose. 	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • No pain during or after micturition. • Bowel movements regular. Pain during defecation reduced.
Case no: 2		Duration of illness: 69 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single stone in the right kidney. • Severe pain in the back before urination> after micturition. • Has to strain before passing urine. Flow is slow. Sensation of incomplete urination. 	<ol style="list-style-type: none"> 1. <i>Lycopodium clavatum</i> 200, 3 doses, OD X 3 days, once/month for 1 month, 4-5 medicated globules of size 10 for each dose. 2. <i>Belladonna</i> 30, 4 doses, BD X 2 days, for 2 days, 4-5 medicated globules of size 10. 3. <i>Lycopodium clavatum</i> 1M, 2 doses, OD X 2 days, once/month for 1 month, 4-5 medicated globules of size 10 for each dose. 	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • No pain before or during urination. • No abnormal sensation during or after micturition.
Case no: 3		Duration of illness: 186 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single stone in the left kidney with severe pain at the closure of urination. • Frequent urination with burning in the urethra during urination. • Sensation as of urine trickling in urethra, after urinating. 	<ol style="list-style-type: none"> 1. <i>Thuja occidentalis</i> 1M, 2 doses, OD X 2 days, once/month for 1 month in a span of 3 months, 4-5 medicated globules of size 10 for each dose. 2. <i>Berberis vulgaris</i> 200, 4 doses, BD X 2 days, once/month for 2 months, 4-5 medicated globules of size 10 for each dose. 3. <i>Thuja occidentalis</i> 1M, 1 dose, OD X 1 day, once/month for 1 month, 4-5 medicated globules of size 10 for each dose. 	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • Clear urine with no burning sensation and pain. • No abnormal sensation during or after micturition.
Case no: 4		Duration of illness: 1186 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms

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<ul style="list-style-type: none"> • Two large stones in the right kidney and bladder respectively, involuntary micturition during coughing and passing flatus. Spasmodic pain in the bladder after urination. • Burning pain in the urethra during and after urination. • Has to strain to urinate. Pain in the back before urination which is > after the act. • Bladder tender to pressure. Pain radiates from right kidney downwards. Pain at the tip of the urethra. • Retention of urine. Very slow flow. Involuntary when coughing and sneezing. • Frequent urination. Burning in the urethra lasts long after urination. • Involuntary when coughing and sneezing. Loss of sensation on passing urine. 	<p>Dosage, Repetition</p> <ol style="list-style-type: none"> 1. <i>Pulsatilla nigricans</i> 200, 4 doses, BD X 2 days, once/ month for 2 months, 4-5 medicated globules of size 10 for each dose. 2. <i>Thuja occidentalis</i> 200, 4 doses, OD X 4 days, once/ month for 2 months, 4-5 medicated globules of size 10 for each dose. 3. <i>Lycopodium clavatum</i> 200, 2 doses, OD X 2 days, once/ month for 3 months, 4-5 medicated globules of size 10 for each dose. 4. <i>Sarsaparilla</i> 200, 4 doses, BD X 2 days, once/ month for 2 months, 4-5 medicated globules of size 10 for each dose. 5. <i>Causticum</i> 200, 4 doses, BD X 2 days, 3-4 times/year, 4-5 medicated globules of size 10 for each dose. 6. <i>Lycopodium clavatum</i> 200, 4 doses, BD X 2 days, once/ month for 3 months, 4-5 medicated globules of size 10 for each dose. 7. <i>Sulphur</i> 200, 2 doses, OD x 2 days, once/ month for 2 months, 4-5 medicated globules of size 10 for each dose. 8. <i>Causticum</i> 1M, 4 doses, OD x 4 days, 3-4 times/year, 4-5 medicated globules of size 10 for each dose. 	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • No abnormal sensation during or after micturition. • No pain before or during urination. • Can feel the urge to urinate. • Can control the urge to urinate.
Case no: 5		Duration of illness: 147 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Stone in the ureter causing severe pain at the end of urination. • Pain extends from right side in the back downwards. 	<ol style="list-style-type: none"> 1. <i>Sarsaparilla</i> 200, 4 doses, BD X 2 days, once/ month for 3 months, 4-5 medicated globules of size 10 for each dose. 2. <i>Lycopodium clavatum</i> 200, 4 doses, BD X 2 days, once/ month for 2 months, 4-5 medicated globules of size 10 for each dose. 	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • No pain during urination.
Case no: 6		Duration of illness: 58 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single stone in the right kidney causing 	<ol style="list-style-type: none"> 1. <i>Lycopodium clavatum</i> 	<ul style="list-style-type: none"> • USG findings of KUB are within

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pain in the back before urination that > on urinating. • Has to strain to urinate.	200, 6 doses, BD X 3 days, once in 2 months, 4-5 medicated globules of size 10 for each dose.	normal limits. • Stone expelled during urination. • No abnormality during the act of urination.
Case no: 7 Duration of illness: 47 days		
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
• Single large stone in the left kidney causing pain in the abdomen. • Weakness, cannot control the urge to urinate. • Urine scanty and burning. • Prostration after urinating.	1. <i>Arsenic alba</i> 200, 2 doses, OD X 2 days, once in 2 months, 4-5 medicated globules of size 10 for each dose	• USG findings of KUB are within normal limits. • No burning present during urination. • Relief from prostration. • Urine clear, can control the urge to urinate.
Case no: 8 Duration of illness: 56 days		
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
• Stones of equal measurements in both kidneys causing pain in the back before urination. • Increased frequency of urination at night. • Requires straining to urinate.	1. <i>Lycopodium clavatum</i> 200, 2 doses, OD X 2 days, once in 2 months, 4-5 medicated globules of size 10 for each dose.	• USG findings of KUB are within normal limits. • No pain before or during micturition. • No straining at urination required.
Case no: 9 Duration of illness: 212 days		
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
• A very large stone in the right kidney causing intermittent colic in the left side of the abdomen. • The pain travels along the ureter in the left side. • Nausea and cold sweat accompanies the pain.	1. <i>Tabacum</i> 200, 2 doses, OD X 2 days, 2 times/year, 4-5 medicated globules of size 10 for each dose.	• USG findings of KUB are within normal limits. • Pain and nausea relieved.
Case no: 10 Duration of illness: 152 days		
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
• Stone in the right kidney, involuntary micturition during coughing and passing flatus. • Increased desire to urinate when lying down. • Burning in urethra during and after micturition.	1. <i>Pulsatilla nigricans</i> 0/1-0/6, AD X 16 days for 5 months, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	• USG findings of KUB are within normal limits. • Can control the urge to urinate. • No burning present.
Case no: 11 Duration of illness: 197 days		
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
• Stones in both kidneys causing tenesmus and pain while urinating. • Nocturnal enuresis. • Offensive urine. • Prostration and shivering after urination.	1. <i>Medorrhinum</i> 0/1-0/6, AD X 16 days for 6 months, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	• USG findings of KUB are within normal limits. • Tenesmus and pain relieved. Prostration after urination relieved. • Nocturnal enuresis absent. • Offensiveness of urine reduced.
Case no: 12 Duration of illness: 1359 days		
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms

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<ul style="list-style-type: none"> • Large stone in the ureter causing throbbing pain at the region of bladder during straining at urination. • Great urge to urinate but urine dribbles and has to strain. Constant urging with scanty discharge. • After micturition burning in the urethra. 	1. <i>Digitalis</i> 0/1-0/6, AD X 16 days, 2-3 times/year, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • The quantity of urine increased gradually. • Pain and burning relieved.
Case no: 13	Duration of illness: 578 days	
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Large stone in the ureter causing pain from the right kidney to the urethra during micturition. • Constant urging for urination accompanied by ineffectual urging for stool. • Increased ineffectual urging for urination at night. 	1. <i>Nux vomica</i> 0/1-0/22, AD X 16 days for 21 months, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • No abnormality during urination.
Case no: 14	Duration of illness: 130 days	
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single large stone in the left kidney causing pain in the kidney region before urination and > afterwards. • Pain in the left kidney region traveling along the ureter. • Frequency of urination increased at night. • Burning in the palms and soles. 	1. <i>Lycopodium clavatum</i> 0/1-0/10, OD X 16 days for 5 months, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • Pain and burning relieved. • Nocturnal frequency of urging reduced.
Case no: 15	Duration of illness: 200 days	
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single large stone in the ureter causing pressing pain in the back. • Cutting stitching pain in the urethra with ineffectual urging. • Suddenly has to run to urinate when occupied with work. • Burning before urination. • Sour smelling urine. 	1. <i>Calcarea Carbonica</i> 0/1-0/7, AD X 16 days for 7 months, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • Pain and burning relieved. • No urgency to urinate.
Case no: 16	Duration of illness: 362 days	
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Stone in the ureter causing contraction of urethra and rectum before urination. • Cutting and burning pain in the urethra during and after urination. • Has to wait long for urine to pass in a public toilet. • Excessive desire for salt. 	1. <i>Natrum muriaticum</i> 0/1-0/12, AD X 16 days for 1 year, Mft. mist 1 medicated globule no. 10 in 100 ml aqua dist. + 10 drops of R.S.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • Pain and burning relieved.
Case no: 17	Duration of illness: 43 days	

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Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Large stone in the right kidney causing cramps. • Musky odor of urine. • Pain in the back. 	1. <i>Ocimum can</i> 200/4D once weekly for 4 weeks, 4-5 medicated globules of size 10 for each dose.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • Cramps relieved. • No musky odor present.
Case no: 18		Duration of illness: 382 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Single stone in the right kidney and multiple stones in the left kidney. • Frequent painful micturition. • Incomplete sensation after urination. • Increased urgency to urinate. • Offensive urine, with itching in the groin, after urination. 	1. <i>Thuja occidentalis</i> 200, 3 doses, OD X 3 days, once/ 2 month for 6 months, 4-5 medicated globules of size 10 for each dose. 2. <i>Kreosote</i> 200, 4 doses, BD X 2 days, once/ 2 months for 4 months, 4-5 medicated globules of size 10 for each dose.	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits. • Urgency reduced. • Itching relieved. • No abnormal sensation present after urination.
Case no: 19		Duration of illness: 168 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> • Patient experienced sudden onset of acute renal colic with violent, throbbing pain radiating from the kidney region to the ureter and bladder, accompanied by restlessness, red congested face, and high sensitivity to touch and jarring. • Stone in the right kidney 	1. <i>Belladonna</i> 200, 3 doses, TDS X 2 days, followed by placebo for 2 months. 2. <i>Belladonna</i> 1M/1Dose were prescribed for next 2 months. 3. Placebo for next month and advised for Ultrasonography	<ul style="list-style-type: none"> • USG findings of KUB are within normal limits.
Case no: 20		Duration of illness: 1359 days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms

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<ul style="list-style-type: none"> <input type="checkbox"/> Dull, pressing pain in the renal region with urging to urinate but the patient was passing only a few drops; <input type="checkbox"/> Renal complaints often accompanied by cardiac weakness as the patient were suffering from Dilated cardiomyopathy. 	<ol style="list-style-type: none"> 1. Digitalis 200/4D once weekly for 4 weeks, 4-5 medicated globules of size 10 for each dose 2. Thuja occidentalis 200, 3 doses, OD X 3 days, once/ 2 month for 6 months, 4-5 medicated globules of size 10 for each dose. 	<p>Marked reductions in the symptoms of the renal colic were observed despite of having a calculus of 13.5 mm.</p> <p>On USG no evidence of Calculus was seen.</p>
Case no: 21		Duration of illness: 129 Days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> <input type="checkbox"/> Constant urging to urinate with difficulty in passing urine; urine scanty, offensive, or containing mucus and sediments. Burning and cutting pain during and after urination. <input type="checkbox"/> Renal colic with sensation of heaviness and pressure in the bladder; pain may extend to urethra with formation of calculi (8 mm) with gritty deposits in urine. 	<ol style="list-style-type: none"> 1. Petroleum 200/4D once weekly for 4 days followed by placebo for 4 weeks, medicated globules. 2. Further follow up Petroleum 200/2D were given along with placebo. 	<p>Initially patient improved with occasional recurrence. Further repetition after 2 months markedly improved the symptoms. On USG expulsion of calculus was confirmed.</p>
Case no: 22		Duration of illness: 136 Days
Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> <input type="checkbox"/> burning and smarting urethral pain during urination, dark scanty urine containing red brick-dust sediment, stitching pain in the right kidney, and renal colic marked by cutting pains radiating down the ureters to the bladder. <input type="checkbox"/> USG revealed presence of calculi in both the kidney, where in Right Kidney 6.4mm and in left kidney the diameter was 7.6 mm. 	<ol style="list-style-type: none"> 1. Natrum muriaticm 200/4D twice daily for 2 consecutive days followed by placebo were prescribed for 2 months. 2. Natrum Mur 1M/1D was given followed by Placebo for 2 months. 	<p>Marked improvements in the severity of the symptoms were observed.</p> <p>Considering the improvement same medicine higher potency was prescribed and instructed to go for USG, which revealed no visible calculi in the kidneys.</p>
Case no: 23		Duration of illness: 94 Days

Prescribing symptoms	Medication, Potency, Dosage, Repetition	Change of symptoms
<ul style="list-style-type: none"> □ Sudden onset violent colicky pains in the abdomen and kidney associated with nausea, cold sweat and relief from uncovering the abdomen or exposure to cool air. □ USG revealed presence of a 8 mm Stone in Ureter 	<ol style="list-style-type: none"> 1. Tabacum 200/4D twice daily for 2 consecutive days followed by placebo was prescribed for 2 months. 2. Placebo was prescribed for one month. 	<p>Significant improvement in the symptoms along with non-recurrence of colicky pain, patient was prescribed Placebo for 1 month and further USG evaluation showed absence of calculus in the urinary bladder.</p>

Discussion

Our case series of 23 patients treated with individualized homeopathic remedies for nephrolithiasis highlights demographic, clinical, and safety outcomes that parallel established urological findings, while also pointing to areas warranting further investigation. The mean patient age was 38.5 years, with a marked male predominance (78%), mirroring global epidemiological data where nephrolithiasis is more frequent in men and tends to occur in early to middle adulthood. Sorokin et al. have similarly documented the rising global incidence of kidney stone disease, noting a narrowing gender gap but persistence of male preponderance in many regions [18]. Dietary patterns in our series—87% non-vegetarian—also resonate with existing evidence implicating animal protein intake in stone formation through effects on urinary calcium, citrate, pH, and acid load [19,20]. Stone characteristics in our cohort showed right kidney involvement in ~48% of cases and ureteral stones in ~39%, with a median size of 9.26 mm (maximum 22 mm). Such dimensions are clinically relevant, as spontaneous passage rates decline significantly once stones exceed 5–6 mm. Literature such as “Size matters: The width and location of ureteral stones” emphasizes that stone size and site critically influence spontaneous expulsion [21]. European Association of Urology guidelines similarly recommend active interventions such as ureteroscopy or shock-wave lithotripsy for stones between 10–20 mm when spontaneous passage is unlikely.

A particularly distinctive finding was the wide variation in stone expulsion times. While the median was 152 days, cases ranged from 43 days to as long as 1,359 days. Such prolonged trajectories are rarely captured in contemporary studies of medical expulsive therapy (MET), which typically monitor outcomes over weeks to months. Erdoğan et al. (2024), for instance, evaluated MET efficacy within shorter follow-up

periods [22]. Conventional urological data also suggest that spontaneous passage of stones >10 mm is uncommon. Coll et al. reported no spontaneous passage of ureteral stones beyond 10 mm under routine observation [23]. In our series, the longest expulsion time occurred in a patient with dilated cardiomyopathy, where fluid restriction likely impeded urinary flow. These findings raise the possibility that individualized homeopathic care may support expulsion of even larger stones, albeit over extended timelines.

The therapeutic approach adhered strictly to homeopathic principles of individualized prescription. Most patients (65.2%) received centesimal potencies, while 34.8% were treated with fifty millesimal potencies, selected according to symptom profiles. Common remedies included *Lycopodium clavatum*, *Calcarea carbonica*, *Natrum muriaticum*, *Nux vomica*, *Pulsatilla nigricans*, and *Tabacum*. These medicines are well-documented in the materia medica for urinary calculi and colic (Table-3). The clinical alignment was notable: *Lycopodium* for right-sided renal colic corresponds with the predominance of right-sided stones in our cohort, while *Nux vomica* addressed colicky pain linked to dietary triggers, and *Calcarea carbonica* and *Natrum muriaticum* were employed in constitutional cases predisposed to crystalluria and recurrence. Equally important were the safety outcomes. No major adverse events such as obstructive uropathy, severe hydronephrosis, or significant hematuria occurred during treatment. Mild hydronephrosis was observed in some cases without compromise of renal function. Pain, though frequent, was managed effectively with homeopathic remedies, avoiding opioid analgesics or invasive decompression. Only two patients developed mild hematuria, which resolved with minimal intervention. The absence of major complications despite the presence of clinically significant stones underscores the potential safety of this conservative approach.

Table 3: Indication of commonly prescribed medicines

Table 3

Lycopodium clavatum	<ul style="list-style-type: none"> - Ineffectual urging to urinate - Pain in flanks relieved by urinating - Pain in flanks aggravated by lying on painful side - Pain in flanks running down the course of ureter - Reddish urine
Nux vomica	<ul style="list-style-type: none"> - Ineffectual urging to urinate, vomit and defaecate
Berberis vulgaris	<ul style="list-style-type: none"> - Severe backache during acute renal colic - Pain aggravated by slightest motion - Pain in flanks running down the thighs
Tabacum	<ul style="list-style-type: none"> - Profuse perspiration on forehead - Constant nausea
Ocimum can	<ul style="list-style-type: none"> - Ureteric stone - Frequent vomiting - Reddish stone or haematuria
Belladonna	<ul style="list-style-type: none"> - Severe agonizing pain in loin - Pain aggravated by slightest touch or motion
Calcarea carb	<ul style="list-style-type: none"> - Pain relieved by pressure or lying on painful side - History of reccurent renal stone
Sarsaparilla	<ul style="list-style-type: none"> - Very offensive urine - White sediment in urine
Thuja occidentalis	<ul style="list-style-type: none"> - Not finish sensation of urine - Increased frequency of urination - Urinary symptoms aggravated by motion

Nevertheless, several limitations warrant caution. The observational design, small sample size, lack of controls, and long, variable follow-up limits causal inference. Spontaneous stone passage independent of treatment cannot be excluded. Additionally, stone composition and metabolic parameters (urine pH, calcium excretion, hydration status) were not systematically evaluated, restricting mechanistic insights. Future studies should employ larger cohorts or randomized controlled designs, incorporate standardized imaging, metabolic profiling, dietary and fluid intake monitoring, and compare outcomes with standard conservative and interventional treatments. If these findings are replicated, individualized homeopathy may emerge as a safe adjunct or alternative in resource-limited settings or for patients seeking non-surgical options, potentially reducing healthcare burden while enhancing patient satisfaction. Conclusion: This case series highlights the potential role of individualized homoeopathic prescriptions in supporting the passage of renal and urinary calculi, even in cases involving stones of clinically significant size. The findings suggest that homoeopathy may offer a safe, non-invasive, and patient-centred alternative for individuals seeking to avoid surgical interventions. At the same time, the observational nature, selective reporting, and lack of comparator groups limit definitive conclusions about causality. Future prospective, controlled studies are required to evaluate

the efficacy and mechanisms of homoeopathy in nephrolithiasis. If validated, such an approach could become a valuable adjunct in the broader armamentarium of conservative kidney stone management, particularly in resource-constrained settings or among patients with strong preferences for integrative care.

Statements

Acknowledgement (optional)

None to acknowledge

Statement of Ethics

None

Conflict of Interest Statement

None to declare.

Funding Sources

The study didn't receive any external funding.

Author Contributions

Data Availability Statement

Already made available

Generative A.I. Related Declaration:

The authors hereby declare that no AI assisted technical tools like LLMs, Chatbots or Image creators was used in the preparation of the manuscript.

Supplementary Files: All the reports are attached here in the supplementsry file S1

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