

# Homoeopathic Intervention in the Expulsion of an 8mm Urinary Calculus: An Evidence-Based Case Report

Dr. Sufiya Shahid Mulla

Assistant Professor Department of Human Physiology & Biochemistry, Dr. D.Y. Patil Homoeopathic Medical College & Research Centre,  
Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune, Maharashtra, India  
Email: [sufiya.mulla\[at\]dpu.edu.in](mailto:sufiya.mulla[at]dpu.edu.in)

**Abstract:** Renal or ureteric colic is characterized by abrupt and intense pain produced by an obstruction in ureter. It typically happens in the ureter's confined sections. Severe pain, nausea, vomiting, urinary tract infections, hematuria, hydronephrosis, and other symptoms may be indicative of it. *Case summary:* The patient presented with acute cutting pain that extended from the right lumbar region to the right groin area. The patient had an 8 mm calculus in the right upper ureter, about 48 mm from the PUJ, which caused hydronephrosis. The patient experienced excruciating pain, nausea, and vomiting, and had trouble while urinating. Another 2.5 mm calculus in the left kidney's middle pole calyx. The homeopathic remedy Nux Vomica followed by Hydrangea Q was administered for 3 days based on the severity and totality of the symptoms. After 3 days, the agony subsided, and on the 12<sup>th</sup> day, the 8mm stone was expelled out after some bleeding and severe colicky pain. This case study demonstrates the potential of homoeopathy in treating large urinary calculi.

**Keywords:** Urolithiasis, Homoeopathy, Nux Vomica, Hydrangea arborescens, Nephrolithiasis

## 1. Introduction

Urolithiasis stands third amongst urinary tract disorders, following prostatic hyperplasia and urinary tract infections. Urolithiasis affects about 12% of the world population at some stage in their lifetime<sup>[1]</sup>. In light of the higher temperatures in South Asia, where males are more susceptible to urolithiasis than females, the disease is much more common there. In most parts of the world, calcium oxalate (75% to 90%) and calcium phosphate (6% to 13%) are the most common components of renal calculi.<sup>[2]</sup> Nephrolithiasis is regarded as a risk factor for chronic renal disease in addition to the typical possible side effects of kidney stones, including pain, infection, and obstruction.<sup>[3]</sup> Extracorporeal shock wave lithotripsy, percutaneous nephrolithotomy, retrograde intrarenal surgery, and laparoscopic ureterolithotomy are illustrations of current conventional therapy methods.<sup>[4]</sup>

Urolithiasis instances can be effectively treated using homoeopathic literature, which also helps to prevent recurrence. In this case, an immense urinary calculus (8mm) that would normally require surgery was successfully expelled with homoeopathic treatment. The patient experienced mild to moderate pain and discomfort throughout the incident. After receiving homoeopathic treatment, the case also demonstrates a slight decrease in the size of the other calculi that were present, aside from the 8 mm calculus.

## 2. Case Report

A male patient, age 35yrs, came to the outpatient department to complain of severe abdominal pain especially in loin region, sharp pain with burning urination, urge to pass urine frequently, pain while urination, hematuria intermittently. Pain started gradually 3 month back with dull aching sensation in right lumbar region. Patient felt intermittent

pain for month but ignored pain as it was not serious. Later that, the pain got worse along with the yellowish urine and dysuria. Urination was occurring more frequently and with greater urgency. The pain increased towards the end of micturition, and there was a sensation of burning while urinating. Within four days before to the first presentation, the pain had abruptly gotten worse and spread to the lower abdomen. Because of the pain, the patient was very despondent. The stream of urine was decreased, and the urinary flow was disrupted. He had taken analgesics a couple of times.

## 3. Clinical Findings

### General Examination

The patient was average in built without any signs of clubbing, jaundice, cyanosis, or anemia.

Blood pressure: 140/100 mmhg

Pulse: 90/min

Weight: 60 kg

Temperature: Afebrile

**Physical examination:** deep palpation revealed tenderness in right lumbar region.

**Diagnostic assessment:**

# ULTRASOUND OF ABDOMEN AND PELVIS

## Limited CT cuts taken.

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is collapsed.

Pancreas appears normal in size and echotexture. No focal lesion is seen.

Spleen appears normal in size and echotexture. No focal lesion is seen.

Right kidney measures 9.9x4.4cms. Left kidney measures 10.7x5.0cms. Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter seen on left side. 8.1x5.1 mm (787 HU) size calculus seen in right upper ureter approximately 48 mm away from PUJ causing proximal hydroureter with hydronephrosis with pelvis AP diameter of 9.6 mm. Mild periureteric fat stranding noted.

2.5 mm size calculus at middle pole calyx of left kidney.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen. Prostate is normal in size, shape and echotexture. No obvious focal lesion is seen on present transabdominal study.

Visualised bowel loops are non-dilated and show normal peristalsis. There is no ascites or significant lymphadenopathy seen.

## IMPRESSION :

8.1x5.1 mm (787 HU) size calculus seen in right upper ureter approximately 48 mm away from PUJ causing proximal hydroureter with hydronephrosis with pelvis AP diameter of 9.6 mm. Mild periureteric fat stranding noted.

2.5 mm size calculus at middle pole calyx of left kidney.

Figure 1

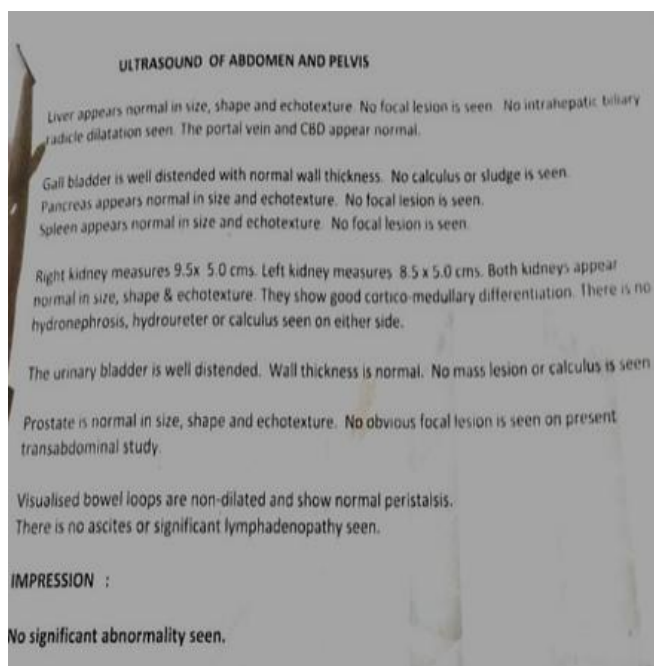


Figure 2

Normal ranges were found for routine hemograms, blood calcium levels, and renal function tests like serum urea, creatinine, uric acid, and albumin levels. Urine examined routinely and under a microscope revealed yellowish Urine with 4 and 5 red blood cells.

Ultrasound (USG) revealed a 8.1 x 5.1mm size calculus seen in right upper ureter approximately 48mm away from PUJ causing proximal hydroureter with hydronephrosis and 2.5mm calculus at middle pole calyx of left kidney. (Fig. 1)

At the first consultation and then at each follow-up visit, the severity of the disease state was assessed. The five considerations on the baseline assessment scoring forms are pain, haematuria, dysuria, stone size, and the location of the stone in the kidney, ureter, or bladder.

Based on the intensity of the symptoms, these were scored on a 4-point scale, where "0" denoted "absent" and "3" denoted "severe." The overall score for these symptoms was once more divided into three groups: mild (scores 1–7), moderate (scores 8–14), and severe (scores 15–23).<sup>[5]</sup>

**Therapeutic intervention** - The whole spectrum of the patient's symptoms was framed using this specific clinical picture, and the patient's susceptibility to the individualized homeopathic medication Nux Vomica 200 followed by Hydrangea Q was determined. Repertorization was carried out using repertorization software [Firefly-Homeopathy Software].

**The remedial analysis:** The medications in the highest gradation were Nux vomica (11/5), Sepia officinalis (11/4), Cantharis (10/4), Sarasaparilla (10/4), Aconite (9/3), and Hydrangea (8/4). The greatest number of symptoms—5 out of 11 with the highest gradation—were covered by Nux Vomica.

## Repertorization sheet-

Repertorisation						
Symptoms: 7 Remedies: 127   Applied Filter						
Remedy Name	Nux-v	Sep	Canth	Sars	Acon	Hydrang
Totality / Symptom Covered	11 / 5	11 / 4	10 / 4	10 / 4	9 / 3	8 / 4
[Boericke ] [Urinary System]Urinary flow:Frequent desire: (80)	3	3	3	3	3	2
[Boericke ] [Urinary System]Urethra:Stricture:Spasmodic: (8)	2		2		3	2
[Boericke ] [Urinary System]Urinary flow:Dysuria:Difficult, slow, painful: (69)	2	3	3	3	3	2
[Boericke ] [Urinary System]Kidneys:Calculi, gravel (nephrolithiasis) - Colic:Worse right s...	2			2		
[Boericke ] [Urinary System]Kidneys:Calculi, gravel (nephrolithiasis) - Colic:Inter-naroxys...	2	3				2

Figure 3

Intervention and follow-up: (Table 1)

Follow up dates	Complaints	Findings from the investigation	Treatment
28/11/2022	Dull lumbar pain in the right side of the body. Having yellowish urine and mild dysuria	Ultrasound (USG) revealed a 8.1 x 5.1mm size calculus seen in right upper ureter approximately 48mm away from PUJ causing proximal hydroureter with hydronephrosis and 2.5mm calculus at middle pole calyx of left kidney.	Hydrangea Q 10-10-10 drops TDS
2/12/2022	Mild discomfort in the lumbar area on the right side. Slightly yellowish urine	-	Rubrum Hydrangea Q 10-10-10 drops TDS
6/12/2022	Dull aching pain in right lumbar region with slight burning after urination with mild hematuria	Stone was expelled	Rubrum TDS x 3 days Hydrangea Q 10-10 drops BD
10/12/2022	Slight burning after urination with great thirst.	Another 2.5 mm calculus in the left kidney's middle pole calyx was also expelled out.	Rubrum TDS x 3 days Hydrangea Q 10 drops OD
14/12/2022	No pain or urinary complaints.	USG- No evidence of calculi. No significant abnormality	Rubrum BD x 3days

**Follow ups and outcomes-**

On the day of case taking, Nux Vomica 200 (single dose) was prescribed. During the second visit, the patient reported dull lumbar pain on the right side of the body, along with yellowish urine and mild dysuria. These symptoms indicated that the pain had reduced to a moderate level, though it still persisted. Hydrangea Q was then prescribed for three days and continued during follow-up visits [Table 1]. On the eighth day, the patient experienced acute colicky pain with hematuria, during which the urinary calculus was expelled. The patient brought the expelled stone to the OPD for examination. A follow-up ultrasonography (USG) of the abdomen, performed one month later, confirmed no residual calculus in the ureter. Subsequent follow-ups revealed that the patient remained asymptomatic, with no recurrence of pain or discomfort, while continuing to adhere to the recommended dietary restrictions.

**4. Discussion**

This case report presents the spontaneous expulsion of a 8 mm urinary calculus following homeopathic treatment, primarily with *Nux Vomica 200* and later *Hydrangea Q*. According to the report, the patient experienced significant symptomatic relief and passed the stone without requiring surgical intervention or analgesics. The authors highlight the potential of individualized homeopathic remedies, selected based on the totality of symptoms, in managing urolithiasis, especially in chronic cases. While this outcome appears remarkable, it must be interpreted with caution. In conventional urology, stones larger than 5-7 mm are considered unlikely to pass spontaneously, and are typically managed with active interventions such as extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, or percutaneous nephrolithotomy. The reported expulsion of a 8 mm stone without surgical aid is highly uncommon and raises questions regarding the accuracy of the stone size, the

natural course of the condition, and potential misinterpretation of imaging findings.<sup>[6]</sup>

Furthermore, the proposed mechanism of action of homeopathic remedies in expelling renal calculi remains unclear. The remedies used in this case, particularly in high dilutions such as 200C, are unlikely to contain any pharmacologically active molecules, and there is no established scientific evidence supporting their ability to dissolve or facilitate the expulsion of large urinary stones. Additionally, the case report lacks critical elements of scientific rigor, including a control group, blinding, and objective verification of results, limiting its generalizability. It is important to recognize that isolated case reports, while valuable for generating hypotheses, do not constitute high-quality evidence. Promoting homeopathy as a substitute for evidence-based interventions in potentially serious conditions such as urolithiasis could result in delayed treatment and increased risk of complications, including infection, hydronephrosis, or renal impairment.<sup>[7]</sup>

Current clinical guidelines strongly recommend timely surgical consultation for ureteric stones larger than 7 mm. While homeopathy may offer supportive care for minor symptoms or in smaller, non-obstructive stones, its role as a primary treatment modality for large calculi remains unsubstantiated. Therefore, while this report may suggest an unusual clinical outcome, it should not be interpreted as conclusive evidence of the efficacy of homeopathy in managing complex urological conditions. Further well-designed randomized controlled trials are essential to evaluate the true therapeutic potential of homeopathy in nephrolithiasis.

## 5. Conclusion

This case report demonstrates that a condition typically requiring surgical intervention—namely, urinary calculus—may be effectively managed with individualized homeopathic treatment. The successful expulsion of a large stone and the observed reduction in the size of other calculi highlight the potential role of homeopathic medicines in the management of urolithiasis. Notably, the remedy *Nux Vomica* and *Hydrangea* appeared to contribute to the resolution of symptoms and may possess properties that support stone dissolution. While the findings are promising, they underscore the need for further systematic research to scientifically evaluate and validate the stone-dissolving capabilities of homeopathic remedies. Rigorous clinical trials would help establish the efficacy, safety, and scope of homeopathy as a complementary or alternative approach in the treatment of urinary calculi.

**Consent-** Written consent was obtained from the patient.

**Patient consent declaration:** The authors confirm that they have obtained all required patient consent forms. On the form, the patient gave permission for his reports and other clinical data to be used for journal reporting. The patient is aware that although every attempt would be made to hide his identity, anonymity cannot be ensured. We won't disclose his name or initials.

**Funding and sponsorship:** none

**A conflict of interest:** None

## References

- [1] Chauhan CK, Joshi MJ, Vaidya AD. Growth inhibition of struvite crystals in the presence of herbal extract *Commiphora wightii*. *Journal of Materials Science: Materials in Medicine*. 2009 Dec;20(Suppl 1):85-92.
- [2] Aggarwal KP, Narula S, Kakkar M, Tandon C. Nephrolithiasis: molecular mechanism of renal stone formation and the critical role played by modulators. *BioMed research international*. 2013;2013(1):292953.
- [3] Gambaro G, Croppi E, Coe F, Lingeman J, Moe O, Worcester E, Buchholz N, Bushinsky D, Curhan GC, Ferraro PM, Fuster D. Metabolic diagnosis and medical prevention of calcium nephrolithiasis and its systemic manifestations: a consensus statement. *Journal of nephrology*. 2016 Dec;29(6):715-34.
- [4] Rai S, Vineetha K. A 15-mm urinary calculus expelled with homeopathic medicine-A case report. *Indian Journal of Research in Homoeopathy*. 2021;15(2):155-61.
- [5] Siddiqui V, Singh H, Gupta J, Nayak C, Singh V, Sinha M, Gupta A, Sumithran P, Rai M. A multicentre observational study to ascertain the role of homeopathic therapy in Urolithiasis. *Indian Journal of Research in Homoeopathy*. 2011;5(2):30-9.
- [6] Chintamani N, Ratna SA, Chaturbhuj N, Umakanta P, Kumar HA, Biswaranjan P. A case report of ureteric calculus treated with homeopathic medicine, *Hydrangea arborescens* 30. *Indo American Journal of Pharmaceutical Sciences*. 2018 Jan 1;5(1):627-33.
- [7] Gupta G, Acharya A, Nayak C. Urolithiasis and homoeopathy: a case series. *World J Pharm Res*. 2018 May 8; 7: 908-31.