

To Compare the Utility of Therapeutic Approach and Individualized Homeopathic Medicines in Cases of Renal Calculi- A Clinical Study

Dr. Poonam Sharma¹, Prof.(Dr.) Sudhir Sharma², Dr. Narender Kumar³

¹Assistant Professor, Department of Organon of Medicine, Biyani Homoeopathic Medical College & Hospital, Jaipur

²Principal & Professor, Department of Organon of Medicine, Biyani Homoeopathic Medical College & Hospital, Jaipur

³Associate Professor, Department of Anatomy, Biyani Homoeopathic Medical College & Hospital, Jaipur

ABSTRACT

Background: Renal calculi (urolithiasis) present a widespread clinical challenge globally, particularly in arid geographical environments such as Rajasthan, India. While conventional management ranges from conservative fluid therapy to invasive interventions like Extra-Corporeal Shock Wave Lithotripsy (ESWL) or surgery, homeopathy offers non-invasive therapeutic options.

Objective: To evaluate and compare the therapeutic utility of specific (lesser-known/therapeutic) homeopathic medicines versus individualized homeopathic approaches in cases of renal calculi, alongside assessing the underlying miasmatic influences driving the disease process.

Methods: A prospective clinical study was conducted on 100 patients diagnosed with renal calculi (≤ 8 mm) at the outpatient department of Mangilal Nirban Homoeopathic Medical College and Research Institute, Bikaner. Ten therapeutic homeopathic remedies—*Calcarea Renalis*, *Coccus Cacti*, *Epigea Repens*, *Eryngium Aquaticum*, *Fabiana Imbricata*, *Galium Aparine*, *Physalis Alkekengi*, *Stigmata Maydis*, *Triticum Repens*, and *Uva Ursi*—were administered to groups of 10 patients each based on specific keynote symptoms. Patients were monitored over a 6 to 12-month follow-up period using clinical evaluation and radiological/laboratory investigations.

Results: Out of 100 cases, 19% achieved complete cure (stone evacuation), 21% showed marked symptomatic improvement, 22% showed slight improvement, 22% exhibited no improvement, and 16% were lost to follow-up. Among the 10 therapeutic remedies tested, *Calcarea Renalis* and *Eryngium Aquaticum* demonstrated the highest efficacy (40% complete stone evacuation each), followed by *Physalis Alkekengi* (30%), *Triticum Repens* (20%), and *Galium Aparine* (20%). Miasmatic analysis revealed a strong predominance of the Sycosis miasm (41% purely Sycotic; 30% Psora-Sycotic).

Conclusion: While specific therapeutic homeopathic medicines exhibit distinct utility in palliation and stone expulsion in select cases, overall cure rates remain limited when relying solely on short or lesser-known remedies without addressing constitutional totality. Comprehensive management of renal lithiasis necessitates an individualized, miasmatically grounded constitutional approach.

Keywords: Renal Calculi, Homeopathy, Calcareo Renalis, Eryngium Aquaticum, Sycosis, Urolithiasis, Organon of Medicine.

Introduction

Renal calculi (urolithiasis) are solid crystalline aggregations formed within the kidneys or ureters when urinary solutes exceed their saturation threshold. Globally, renal stone disease affects 5% to 10% of the population, with a peak incidence occurring between 20 and 40 years of age and a recognized male-to-female predominance of approximately 2:1 to 2.4:1. In India, arid regions like Rajasthan exhibit a higher incidence, largely attributable to chronic mild dehydration, exposure to sandy environments, hard water consumption, and dietary factors.

While conventional medicine relies on analgesia, alpha-blockers, ESWL, ureteroscopy, or open surgery for stone removal, recurrence rates remain high (>50% within 10 years). Homeopathy approaches disease through the fundamental law of similars (*Similia Similibus Curentur*). In clinical practice, two main strategies are utilized:

- **The Individualized/Constitutional Approach:** Addressing the full mental, physical, and miasmatic totality of the patient.
- **The Therapeutic/Organotropic Approach:** Utilizing specific remedies target-focused on renal tissue or distinct local keynote symptoms (often using lesser-known or organ-specific drugs).

This clinical trial investigates the efficacy and limits of ten specific therapeutic remedies in managing renal calculi and analyzes the disease's miasmatic foundation.

2. Aims and Objectives

1. To compare the utility of therapeutic approach and individualized homeopathic medicines in cases of renal calculi. a clinical study
2. To assess the influence of Miasm in the cases of renal calculi

3. Materials and Methods

3.1 Study Setting & Selection Criteria

The study was carried out over a 12-month period at the Outpatient Department (OPD) of Mangilal Nirban Homoeopathic Medical College and Research Institute, Bikaner, Rajasthan. A sample size of 100 patients presenting with clinical and radiologically verified renal calculi was selected.

1. Inclusion Criteria: - The patient were either previously diagnosed or else diagnosed in O.P.D. by the help of various presenting symptoms, case taking and investigation.
2. Exclusion Criteria: The patient who did not continue the treatment up to 4 weeks were excluded from the study. The cases which have more than 8 mm. size of calculus..

3.2 Diagnostic & Remedy Selection Protocols

Patients were evaluated using a structured case-taking proforma detailing location, sensation, radiation of pain, urinary characteristics, past/family history, and systemic examination. Objective diagnostics included Ultrasonography (USG) KUB region, X-Ray KUB, routine and microscopic urinalysis, and serum biochemical profiles (calcium, uric acid, urea, creatinine).

Ten therapeutic/lesser-known homeopathic remedies were evaluated, each assigned to a cohort of 10 patients matching its prominent local symptoms:

Remedy Name	Primary Keynote Indications
<i>Calcarea Renalis</i>	Intense renal colic with passage of uric acid stones; high recurrence tendency; associated joint stiffness/arthritis nodosities.
<i>Coccus Cacti</i>	Lancinating pain extending from kidneys to bladder; dysuria; region sensitive to pressure; brick-red urinary sediment.
<i>Epigea Repens</i>	Chronic cystitis with intense dysuria; tenesmus post-micturition; fine brown sandy deposit in urine; muco-pus.
<i>Eryngium Aquaticum</i>	Severe renal colic; tenesmus; stinging/burning behind glans during urination; constant dribbling like fire.
<i>Fabiana Imbricata</i>	Burning and violent vesical tenesmus after urination; excoriating urine; post-gonorrheal cystitis/prostatitis.
<i>Galium Aparine</i>	Irritable bladder; dysuria; gravel/calculi associated with inveterate skin affections or scurvy.
<i>Physalis Alkekengi</i>	Marked Calculi; polyuria with acrid/foul urine; sudden enuresis or nocturnal incontinence.
<i>Stigmata Maydis</i>	Renal calculi with hematuria ('red sand'); tenesmus of bladder neck post-urination; organic heart disease with edema.
<i>Triticum Repens</i>	Marked vesical irritability; dysuria; burning/straining in urethra; dense, gravel-laden urine.
<i>Uva Ursi</i>	Severe vesical spasms; burning dysuria; urine containing tenacious mucus, blood clots, or greenish hue.

4. Observations and Results

4.1 Demographic & Clinical Characteristics

The age incidence peaked significantly in the 21–40 years group (59%), followed by 41–60 years (22%) and 1–20 years (19%). Males constituted 71% of the cohort, yielding a Male:Female ratio of approximately 2.4:1. Urban residents represented 61% of cases while rural residents comprised 39%. A positive family history (genetic predisposition) of renal calculi was identified in 16% of patients.

4.2 Symptom Frequency & Associated Conditions

The most common clinical presentations included Renal Colic (75%), Dysuria (60%), Burning Micturition (48%), Frequent Urging (38%), Reflex Vomiting (21%), Interrupted Urinary Flow (19%), and Scanty Urination (15%). Associated non-renal conditions included Fever (18%), Hypotension (18%), Gouty Arthritis (12%), Benign Prostatic Hyperplasia (8%), and Generalized Weakness (7%).

4.3 Miasmatic Analysis

Miasmatic breakdown of the 100 cases demonstrated a clear predominance of Sycosis: Pure Sycosis (41%), Mixed Psora-Sycosis (30%), Pure Psora (22%), Syphilis (4%), and Tubercular miasm (3%).

4.4 Clinical Outcomes

The overall response across all 100 patients managed with therapeutic homeopathic remedies showed: 19% Cured (complete stone evacuation), 21% Symptomatic Improvement, 22% Slight Improvement, 22% No Improvement, and 16% Lost to Follow-up.

Table 2: Treatment Response Breakdown by Therapeutic Remedy (n=10 per remedy)

Medicine	Cured Passed)	(Stone Symptomatic Relief	Slight Relief	No Change	Dropouts
Calcarea Renalis	4 (40%)	2 (20%)	4 (40%)	0 (0%)	0 (0%)
Coccus Cacti	1 (10%)	3 (30%)	3 (30%)	2 (20%)	1 (10%)
Epigea Repens	1 (10%)	3 (30%)	2 (20%)	2 (20%)	2 (20%)
Eryngium Aquaticum	4 (40%)	2 (20%)	2 (20%)	1 (10%)	1 (10%)
Fabiana Imbricata	0 (0%)	2 (20%)	3 (30%)	4 (40%)	1 (10%)
Galium Aparine	2 (20%)	3 (30%)	0 (0%)	2 (20%)	3 (30%)
Physalis Alkekengi	3 (30%)	1 (10%)	2 (20%)	2 (20%)	2 (20%)
Stigmata Maydis	1 (10%)	1 (10%)	1 (10%)	4 (40%)	3 (30%)
Triticum Repens	2 (20%)	3 (30%)	2 (20%)	2 (20%)	1 (10%)
Uva Ursi	1 (10%)	1 (10%)	3 (30%)	3 (30%)	2 (20%)
Total (n=100)	19 (19%)	21 (21%)	22 (22%)	22 (22%)	16 (16%)

5. Discussion

This study highlights both the utility and clear limitations of relying strictly on organotropic or therapeutic homeopathic remedies for renal calculi. The demographic patterns observed—peak occurrence in young-to-middle-aged adults (21–40 years, 59%) and a marked male bias (71%)—mirror international epidemiological literature, which attributes these patterns to higher metabolic activity, occupational dehydration, and androgen-mediated urinary stone risk.

5.1 Miasmatic Perspectives

According to Hahnemannian miasmatic theory, renal stone formation involves abnormal accumulation, retention, and structural alteration—cardinal hallmarks of Sycosis. In this cohort, 71% of patients presented with either pure Sycosis or a mixed Psora-Sycotic background. Psora initiates the underlying metabolic disharmony (functional alteration in urinary solute filtration), while Sycosis drives the physical crystallization and deposition of mineral salts into stones.

5.2 Comparative Remedy Efficacy

Calcarea Renalis and Eryngium Aquaticum demonstrated the highest efficacy among the ten drugs evaluated, each achieving a 40% stone evacuation rate. Calcarea Renalis was particularly effective in recurrent stone formers and patients with co-existing arthritic joint stiffness or gouty diathesis. Eryngium

Aquaticum showed strong action in acute spasmodic states marked by intense urethral burning and severe tenesmus.

Physalis Alkekengi (30% cure), Triticum Repens (20% cure), and Galium Aparine (20% cure) provided moderate organotropic benefit, particularly in palliating severe bladder neck irritation and acrid polyuria. Conversely, Fabiana Imbricata failed to evacuate stones in any patient (0% cure), providing only mild symptomatic relief. Remedies such as Uva Ursi, Coccus Cacti, and Stigmata Maydis alleviated local catarrhal or hemorrhagic distress (e.g., muco-pus, brick-red sand) but exhibited low stone expulsion capacity when prescribed in isolation.

It has been observed that overall response of 10 Therapeutic Homoeopathic Medicines in the treatment of renal calculi was not good. The study among 100 patients of renal calculi who were treated by the help of 10 Therapeutic Homoeopathic Medicine revealed that 19 (19%) cases were cured (stone evacuated), 21 (21 %) cases showed symptomatic improvement, 22 (22%) cases showed slight improvement, 22 (22%) cases showed no improvement & 16 (16%) cases did not return.

5.3 Therapeutic vs. Constitutional Homeopathy

The overall stone expulsion rate using strictly therapeutic/lesser-known medicines was 19%. While these remedies provide useful palliatives during acute renal colic or local tissue irritation, relying solely on local symptom alignment without addressing the patient's constitutional totality and underlying miasm yields sub-optimal cure rates and fails to prevent stone recurrence.

Conclusion

- **Efficacy of Therapeutic Remedies:** Organotropic remedies like Calcarea Renalis and Eryngium Aquaticum possess valuable anti-lithic and spasmolytic properties, achieving stone expulsion in up to 40% of selected small-calculus cases (≤ 8 mm).
- **Miasmatic Insight:** Renal calculi is primarily a Sycotic disorder, characterized by tissue accretion and metabolic retention.
- **Core Clinical Takeaway:** Therapeutic homeopathic medicines serve as useful adjuncts for acute colic relief or local organ stimulation. However, permanent clinical resolution and prevention of stone recurrence require an individualized, constitutional homeopathic approach targeting the patient's full dynamic totality.
- This is evident from the study that Therapeutic drugs can help in the treatment of renal calculi up to some extent but cannot cure the condition which can only be obtained with the help of constitutional medicines. In the study, it was observed that out of 100 patients:-
 - 19 (19%) Patients were cured (Stone Evacuated)
 - 21(21%) Patients got Symptomatic Improvement
 - 22(22%) Patients showed slight improvement
 - 22(22%) Patients had no improvement
 - 16(16%) Patients did not return.

Following medicines were found more effective out of 10 Therapeutic Homoeopathic medicines:-

- Calcarea Renalis was found to be effective in 40% cases, i.e. 4 patients were cured (stone evacuated), 2 patients got symptomatic improvement & 4 patients showed slight improvement.

- Eryngium Aquaticum was found to be effective in 40% cases, i.e. 4 patients were cured (stone evacuated), 2 patients got symptomatic improvement, 2 patients showed slight improvement, 1 patient had no improvement & 1 patient did not return.

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