



Pathophysiology Of Renal Calculi And Its Individualized Management In Homoeopathy - A Case Report

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ABSTRACT

Kidney stones are different types of mineral salts that mix with the organic matrix that forms in the urinary tract. When stones move from the kidneys to the ureters, symptoms of renal colic can occur and lead to urinary tract infections and/or infections. In fact, renal stone pain is one of the leading causes of emergency room visits. Incidence of kidney stones has more than doubled in the United States (and many developed countries) in the past four years; about 11% of men and 7% of women have kidney stones. Unless the underlying cause of the stone formation is adequately addressed, the recurrence rate of kidney stones is about 50%. Most kidney stones consist of calcium (calcium oxalate and/or calcium phosphate), either pure or combined with uric acid. Pure uric acid stones account for 8% to 10% of all stones, but are more common in older stones with type 2 diabetes and/or metabolic disease. Uric acid stones are usually caused by too much acid in the urine. Cystine stones are caused by inactivating mutations in genes that code for tubular transporters that reabsorb the amino acid cysteine. Lifestyle changes (increased fluid intake, decreased salt intake, increased calcium and animal protein intake) as well as drug therapy for metabolic abnormalities may cause severe symptoms and side effects. Stones that form in the urine, kidneys, ureters, and bladder are called urolithiasis. Urinary stones are quite common. Approximately 5-15% of the population is affected by urinary stones, so its occurrence is higher than the above stone formation. The treatment of renal stones with *Lycopodium Clavatum* in homoeopathy is described in this succinct case report. According to homeopathic principles, the remedy was chosen based on the patient's particular symptoms and unique constitution. *Lycopodium Clavatum*, when used in low doses, significantly reduced pain, elevated wellbeing, and improved urine function. This instance highlights the effectiveness of homoeopathy as a non-invasive, individualized strategy for managing kidney stones, promoting more research in this area and emphasizing its potential.

KEYWORDS: Renal calculi, Pathophysiology, Homoeopathy, *Lycopodium*, Renal colic, individualization.

INTRODUCTION: Nephrolithiasis is the third most common disorder of the urinary tract after urinary tract infection and prostatic hyperplasia. Nephrolithiasis affects about 12% of the world population at some stage in their lifetime. It affects all ages, sex and races but occurs more frequently in men than in women within the age of 20–49 years. In addition to the common potential sequelae associated with kidney stones, such as pain, infection and obstruction, nephrolithiasis is also considered a risk factor for chronic kidney disease.

Globally, kidney stone disease prevalence and recurrence rates are increasing, with limited options of effective drugs. The high prevalence and recurrent nature of kidney stones contribute to the large economic burden on society related to stone disease. Current conventional treatment options include extracorporeal shock wave lithotripsy, percutaneous nephrolithotomy, retrograde intrarenal surgery and laparoscopic uretero lithotomy.

Homoeopathic literature provides a good scope for treating cases of nephrolithiasis and at the same time prevents recurrence. The presenting case shows the efficacy of *Lycopodium Clavatum* in expulsion of a renal calculus (5 mm) which is otherwise considered to be a surgical case. There was moderate pain and discomfort to the patient during the episode.

ETIOLOGY

Nephrolithiasis occurs when solutes in urine crystallize to form stones. Urinary stones may form due to anatomic selective causes of urinary incontinence, low urine output, nutritional factors (such as salt or sodium), systemic diseases, general diseases, medications, or rare genetic conditions (such as cystinuria). The most common cause of stone disease is poor connectivity and low urine output. The four most common causes of urinary stones are hypercalciuria, hyperoxaluria, hyperuricosuria, and hypocitraturia. The four major kinds of excretory organ calculi embody.

- Calcium stones (due to gland disease, excretory organ metallic element leak, hyperoxaluria, hypomagnesemia and hypocitraturia).
- Uric acid stones are related to pH but five, high intake of purine foods (fish, legumes, meat), or cancer. These stones may additionally be related to arthritis.
- Struvite stones (caused by gram negative-urease positive organisms that breakdown organic compound into ammonia. Common organisms embody *Pseudomonas*, *proteus*, and enteric bacteria. *E coli* isn't related to struvite stones).
- Cystine stones are because of associate degree intrinsic metabolic defect inflicting the failure of the excretory organ tubules to absorb amino acid, lysine, ornithine, and essential amino acid.

PATHOPHYSIOLOGY

Most urinary stones begin as Randall's plaques at the junction between the nephron-like structure and the papilla lumen. The plaques begin to form the suburothelial layer and gradually grow until they penetrate the lumen. As urination continues, a layer of salts usually begins to form in the phosphate bed (all Randall's plaques are made of iron phosphates). When urine pH is below 7.2, iron salts tend to form, while inorganic phosphates form in more alkaline urine. Glandular diseases and similar diseases (such as body diseases) often lead to stone formation or a preponderance of inorganic phosphates. The main cause of acid stones (not hyperuricosuria) is aciduria.

Most excretory stones are made of iron, followed by urea crystals. Super saturation of urine is a common denominator in all cases of body stones in the excretory system. Iron salts may sometimes accumulate in the papillae of the excretory system. Inorganic phosphate rock sometimes precipitates at the base of the loops of Henry and may damage the stroma. Sometimes swelling and pain are caused by expansion and spasm of the canal.

The exact reason for nephrolithiasis is not noted never the less now a days. However, the foremost common factors related to the formation of stone are as follows:

Hyperexcretion of comparatively insoluble urinary constituents :

1. **Oxalate:** Although salt is the major part of seventieth of all excretory organ stones, nevertheless hyperoxaluria as a reason for formation of such stone is comparatively rare. Cabbage, rhubarb, spinach, tomato, tea etc. contain great deal of salt. uptake of excessive amounts of water-soluble vitamin and fruit crush additionally increase urinary salt excretion. however dietary salt is sometimes poorly absorbed and doesn't play major role in formation of salt stones. In fact, restriction of those foods has restricted impact in hindrance of salt stones.
2. **Calcium:** On regular diets traditional urinary excretion of metallic element ranges between 200-300 mg. per day. the key metallic element in foods is in milk and cheese. Milk and dietary supermolecule additionally cause inflated absorption of metallic element from the gut. In these cases, metallic element excretion might increase up to 450 mg. or a lot of per day.
3. **Uric acid:** Many patients with arthritis kind acid calculi notably once below treatment. If the pee is created alkaline and diluted whereas treating this malady probability of acid stone formation is a smaller amount administration of Zylorprim additionally decreases stone formation.
4. **Cystine:** Cystinuria may be a genetic defect that is a lot of common in infants and youngsters. solely a tiny low share of patients with cystinuria kind stone.
5. **Struvite:** Mg ammonia phosphates 10-20 you look after urinary stones changing into enlarged and branched, they're referred to as staghorn stones. Caused by bacterium proteus enterobacteria and bacteria genus.
6. **Drug evoked stone:** In rare cases the long-run use of Mg trisilicate within the treatment of ulceration has made radiopaque Si stone.
7. **Xanthene's stone:** Very rare ensuing from congenital disease of xanthene enzyme accelerator deficiency which ends up within the production of xanthene and hydro organic compound as an upshot of purine metabolism.

Physical changes within the urine :

1. **Urinary hydrogen ion concentration:** The mean urinary pH is five.85. it's influenced by diet and medicines. If the we becomes infected with organic compound rending bacterium e.g., proteus bacterium. It makes the we powerfully alkalic by liberating ammonia. The inorganic salts that are less soluble in alkalic medium e.g., phosphate and triple phosphate can type urinary stone.
2. **Colloid content:** As mentioned higher than its long been claimed that the colloids within the permit the crystalloid to be command in an exceedingly saturated state. however, the importance of this theory has been questioned recently.
3. **Decreased concentration of crystalloids:** This could flow from to low fluid intake excessive water losses in feverish diseases and in hot climates thanks to excessive perspiration or thanks to excessive water loss from regurgitation and diarrhea.
4. **Urinary Mg/calcium ration:** This in all probability has notable influence on stone formation.
 - 1) Altered urinary crystalloids and colloids.
 - 2) Belittled urinary output of change state.
 - 3) Vitamin-a deficiency.
 - 4) Urinary infection.
 - 5) Urinary stasis.
 - 6) Hyperparathyroidism

Clinical features : Symptoms of kidney stones include sudden intense pain in the back and side, burning during urination, and dark or red urine. Nausea and vomiting can also occur.

CASE REPORT

Mr. pankaj 35 years old Married man bussinessman By profession.

Chief Complaints: 35 Yr. old male presented with complaint of stitching Pain in both flank region since

last 4-5 months. Pain more in the left flank region. Pain in the flank region extending to the ureter.

Associated Complaints:

- Complain of Itching whole body since last 4-5 year. Itching starts at night, especially after going to bed.
- Complain of heaviness and bloated abdomen. The passing of flatus ameliorates heaviness in the abdomen. Fasting causes gas formation. After eating cabbage aggravated complaints.

Physical General:

Appetite: Satisfactory

Thirst: 12-13glass/ Day

Desire: sweet+++

Aversion: Notspecific

Bowel: 1T/day satisfactory

Urine:3-4T /day, 1T/night

Perspiration: Moderate

Sleep: sound

Mental Symptoms:

- He wants to be a leader at the state level but is afraid that his opponent will not achieve that position.
- He cannot tolerate contradiction and reacts angrily when anyone contradicts him.
- Often, he is anxious to use wrong words in place of right in talking as well as writing.

Menstrual History: Not applicable

Obs. History: Not applicable

Past History:

- Jaundice before 10 years ago
- Renal calculi before 8 years ago

Family History:

Mother– Alive and k/c/o/ Hypotension

Father– Gastritis

Physical Examination:

Pulse Rate: 80/ min.

Bloodpressure:132/80 mm of hg

Temperature: 98.4f

Weight:70kg

Diagnosis: Renal & Ureteric Calculi.

Totality of symptoms:

1. Become Angry from contradiction
2. Making mistakes writing in words
3. Making mistakes while talking
4. Fear of not reach to the political position by others
5. Easily offended
6. Cabbage aggravated complaints
7. Desire for sweet
8. Stitching pain at flank region
9. Stitching pain extending to ureter region

10. Heaviness of abdomen
11. Distension of abdomen
12. Abdomen distension ameliorated by passing flatus
13. Itching at the whole body at night
14. Itching aggravated from the warmth of the bed

Repertorial Analysis- Repertorization done with the help of Zomeo Software, Kent Repertory.

Remedy	Ly c.	Sulp h.	Se p.	Cal c.	Na t- m.	Pu ls.	Nu x- v.	Gr aph .	Ca rb- v.	Stap h.	Si l.	Ch am	Ch in.	La ch.	Th uj
Totality	52	40	30	30	29	29	27	27	25	25	24	24	23	22	22
Symptoms Covered	14	12	11	10	11	8	10	8	9	9	9	7	10	9	9
[Complete][Mind] Anger:Contradictio n, from:	4	3	4	0	1	0	3	0	0	1	3	4	0	0	3
[Complete][Mind] Mistakes, making: Writing, in: Words:	4	3	1	3	0	0	1	3	0	0	0	3	1	1	3
[Complete][Mind] Mistakes, making: Talking,in:	4	4	4	4	4	3	3	3	1	3	3	4	4	3	3
[Complete] [Mind]Fear: Destination, of being unable to reach his:	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Complete][Mind] Offended easily:	4	3	3	4	3	4	4	3	3	4	3	3	3	3	1
[Complete][Gen eralities]Food and drinks: Cabbage: Agg.:	4	1	2	1	1	3	0	0	1	0	1	0	3	0	0
[Complete][Gene ralities] Food and drinks: Sweets: Desires:	4	4	3	4	1	3	1	4	3	3	1	0	4	1	3
[Complete][Kidn eys]Pain:Stitchin g:	4	3	1	0	4	0	3	0	0	3	0	0	1	3	1
[Complete][Kidn eys]Pain:Extendi ng:Ureters,along:	3	0	0	0	0	0	0	0	0	0	0	0	0	1	0
[Complete][Abd omen]Heaviness as fromalodor weight:	4	4	4	3	4	4	4	4	3	4	3	3	1	3	0
[Complete][Abd omen]Distension :	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4

[Complete][Abdomen]Distension: Flatus:Amel.:	4	3	0	1	1	0	0	0	3	0	0	0	0	0	0
[Complete][Skin]Itching: Night:	3	4	1	3	3	4	3	3	3	3	3	3	1	3	3
[Complete][Skin]Itching: Warmth:Agg.:Bed, of:	3	4	3	3	3	4	1	3	4	1	3	0	1	0	1

Prescription: 20/09/2025

Lycopodium Clavatum 30CH × 4pills × OD × 3days

Phytum30CH × 4pills × OD × 10 days

Plan of follow-up after 10 days.

Follow up:

Date	Complaints	Prescription
30/09/25	Improvement in itching of skin. The pain of calculi reduced markedly. Bloating of abdomen relieved.	Phytum30CH × 4pills × BD × 30days Saclac30CH×4pills×HS×30days
31/10/25	Itching of the whole body increased significantly. Severe pain of calculi appear Bloated abdomen for last 2-3 days. Flatus increased.	Lycopodium200×4pills one dose given stat. Phytum30CH×4pills×BD×30 days
01/12/25	Itching relived significantly. Abdominal bloating reduced. Feeling better.	Phytum30CH×4pills×BD×15days Saclac30CH×4pills×HS×15days
16/12/25	No any complaints at present. Mild skin itching in between but didn't needed medicine.	Phytum30CH×4pills×BD×15days Saclac30CH×4pills×HS×15days
31/12/25	Mild skin itching in between but didn't needed medicine No bloating. No Pain , Advice USG	Phytum30CH×4pills×BD×15days Saclac30CH×4pills×HS×15days
12/01/26	No renal calculi pain present itching relieved	Advised for plenty of liquids orally

Before USG Report

Dr. Iqbal Ahmed
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SIGMA DIAGNOSTIC CENTRE
Near Sangam Hero Agency H.P. Petrol Pump, Osa Road, Manjhanpur - Kaushambi

PCPMD Reg. No. 022

Name: PANKAJ
Ref By: DR VIKASH CHANDRA
Age/Sex: 35yr/M
Date: 20/09/25

ULTRASOUND ABDOMEN

LIVER- appears normal in size and appears normal in shape and echotexture. No e/o any focal lesion noted. No IHBR dilatation noted.

GALL BLADDER- distended and appears normal in echotexture. No calculus seen. Wall thickness appears normal. No pericholecystic fluid seen.

COMMON BILE DUCT- normal in diameter. No e/o any calculus noted.

PORTAL VEIN- appears normal in caliber and course. Shows normal colour flow. No e/o any intraluminal thrombus noted. No e/o any periportal collaterals noted.

PANCREAS- appears normal in morphology and echotexture. No e/o any peripancreatic collection noted.

SPLEEN- appears normal in size, shape and echotexture. No e/o any focal lesion.

RIGHT KIDNEY- appears normal in size and echotexture. Corticomedullary differentiation is maintained. No e/o any hydronephrosis noted. **A calculus ~5.0mm seen at upper pole.**

LEFT KIDNEY- appears normal in size and echotexture. Corticomedullary differentiation is maintained. No e/o any calculus /hydronephrosis noted.

URINARY BLADDER- distended and appears normal.

PROSTATE- appears normal-16gm.

Impression:
USG abdomen reveals-
➔ **SMALL RIGHT RENAL CALCULUS.**

Dr IQBAL AHMED
MBBS, MD (RADIO DIAGNOSIS).

Not valid for medicolegal purpose
Typological error to be reported within 7 days. No compensation liability stands



After USG Report

Iqbal Ahmed
MD (RADIO DIAGNOSIS)
Mob.: 9519027178, 8601300469
9793860586, 9936729916

SIGMA DIAGNOSTIC CENTRE
Near Sangam Hero Agency H.P. Petrol Pump, Osa Road, Manjhanpur - Kaushambi

PCPMD Reg. No. 022

Name: PANKAJ KUMAR
Ref By: SELF
Age/Sex: 35yr/M
Date: 12/01/26

ULTRASOUND ABDOMEN

LIVER- appears normal in size and appears normal in shape and echotexture. No e/o any focal lesion noted. No IHBR dilatation noted.

GALL BLADDER- distended and appears normal in echotexture. No calculus seen. Wall thickness appears normal. No pericholecystic fluid seen.

COMMON BILE DUCT- normal in diameter. No e/o any calculus noted.

PORTAL VEIN- appears normal in caliber and course. Shows normal colour flow. No e/o any intraluminal thrombus noted. No e/o any periportal collaterals noted.

PANCREAS- appears normal in morphology and echotexture. No e/o any peripancreatic collection noted.

SPLEEN- appears normal in size, shape and echotexture. No e/o any focal lesion.

RIGHT KIDNEY- appears normal in size and echotexture. Corticomedullary differentiation is maintained. No e/o any calculus /hydronephrosis noted.

LEFT KIDNEY- appears normal in size and echotexture. Corticomedullary differentiation is maintained. No e/o any calculus /hydronephrosis noted.

URINARY BLADDER- distended and appears normal.

PROSTATE- appears normal.

Impression:
USG abdomen reveals -**NORMAL STUDY** of liver, GB, spleen, pancreas, kidneys as described.

Dr IQBAL AHMED
MBBS, MD (RADIO DIAGNOSIS).

Not valid for medicolegal purpose
Typological error to be reported within 7 days. No compensation liability stands



DISCUSSION

This case study illustrates how homoeopathy can effectively treat each patient's specific symptoms to treat renal calculi. The USG abdomen performed on September 20, 2025, confirmed the patient's right-sided calculi measuring 5mm seen at upper pole.

Lycopodium Clavatum was chosen after thorough repertorization and materia medica study, which is a case study that homoeopathy is specific and individualized.

The final USG and subsequent follow-up would give important information about the effectiveness of the treatment and the possibility for the renal calculi to be destroyed. The comprehensive and individualized approach of homoeopathy, which takes into account the patient's mental and emotional well-being in addition to their physical symptoms, is best demonstrated by this example.

Declaration by Authors

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