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CASE-REPORT

Title: To evaluate the effectiveness of nux vomica and berberis vulgaris in the management of renal calculi- An evidence-based case report

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ABSTRACT

Renal calculi, or kidney stones, is a common urological disorder affecting approximately 1% of the population, with a high recurrence rate. Modern treatment often involves pain management, lithotripsy, or surgical intervention, Homeopathy provides a holistic approach designed to lessen symptoms while helping the body naturally eliminate stones. Homoeopathic treatment shows excellent results presenting a case of right renal calculi of a 25-year-old male suffering from renal calculi. In this article, a case of renal calculi was treated with well-selected homoeopathic Similimum along with therapeutic remedy after detail case taking and repertorization. The patient recovered within 45 days of homeopathic treatment.

Keywords: *Renal calculi, homeopathy, Nux Vomica, Berberis Vulgaris, kidney stone expulsion, case report, Similimum.*

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INTRODUCTION

Kidney stones are prevalent, affecting 1% of the population, and more than half of those will have repeat episodes. Stones form when urine becomes supersaturated with insoluble substances due to (1) less urine volume, (2) more or less excretion of certain compounds, or (3) other factors like urine pH that reduce solubility. 75% of these stones are calcium-based, with the majority being calcium oxalate, calcium phosphate, and other mixed stones. Struvite stones (magnesium-ammonium-phosphate) account for 15%, uric acid stones 5%, and cystine stones 1%. This is reflective of the underlying metabolic disturbances that cause them.[1]

CLINICAL FEATURE

The clinical presentation varies based on the size, position, and type of stone. Large staghorn stones often do not cause any symptoms. A common presentation includes renal or ureteric colic, characterized by acute loin pain that radiates to the groin, often accompanied by nausea and vomiting. Hematuria, whether microscopic or macroscopic, is typically present. When a stone moves down the ureter, it can lead to intermittent ureteric obstruction, resulting in acute colicky pain. If the stone is located at the ureterovesical junction, symptoms such as urgency, frequency, and strangury may occur, and the presence of fever can indicate an infection. Ureteric stones in a single kidney or bilateral stones can lead to complete anuria and a rapid decline in renal function.[2]

Homoeopathic approach on renal calculi

Homeopathy offers a holistic approach to treating renal calculi (kidney stones) by considering the individual's overall health, lifestyle, and symptoms.[3] Here are some commonly used homeopathic remedies for renal calculi, along with their indications:

1. **Berberis vulgaris:**

Old gouty constitutions. The pain in the region of the kidneys is most marked; hence, it is used in renal and vesical troubles, gallstones, and vesical catarrh. It leads to inflammation of the kidneys with hematuria. Pain might be felt throughout the body, coming from the lower back. It also has a noticeable impact on the liver, encouraging bile flow. Commonly indicated in arthritic affections having urinary disturbances. Wandering, radiating pains. Well in fleshy men, good liver, but little continuance. Spinal irritation. All the pains of Berberis radiate, are not aggravated by pressure but are < in various attitudes, especially while standing and during active exercise.

2. Hydrangea: A medicine for gravel is a copious deposit of white amorphous salts in urine. Calculus, renal colic, blood in urine. Acts on ureter. Pain in the lumbar region. Light-headedness. Oppression of chest.

3. Sarsaparilla: Urine scanty, slimy, flaky, sandy, bloody. Gravel, renal colic, and pain after urination. Urinary dribbling while sitting; the bladder is distended and tender. The child cries before and during urination, and sand is noted in the diaper.

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4. Pareira brava: Urine scanty, slimy, flaky, sandy, bloody. There is gravel, renal colic, and very severe pain after urination. The urine dribbles when she sits and the bladder is enlarged [4]

Case profile
Name: A.M.P
Age: 25 years
Sex: Male
Address: Manmad
Occupation: Student
M.S.: Unmarried
S.E.S: Middle-class family
Religion: Hindu
Presenting complaint:
Pain in the right lumbar region for 7 days
History of presenting complaint:
Pain in the right lumbar region for 7 days

Table-1: Presenting complaint

Location	Sensation	Modality	Associated complaint
Back ↓ Right lumbar region	Cutting pain	<standing <During micturition >on lying down >bending double >rest	Painful burning micturition <During micturition

Onset: Sudden
Duration: 7 days
Progress: Rapid
Past history: Typhoid 4 years back
Family history:
Mother -Hyperthyroidism
No any major illness in family
Personal history:
Appetite: Decreased
Food habit: Mixed
Desire: Spicy food
Aversion: sweet
Thermal: Chilly
Thirst: 1- 2 liter/day
Perspiration: on exertion
Bowel habit: once/day
Micturition: painful burning micturition 4/times/day
Sleep: Disturbed
Mental general
1. Irritable because of pain
2. Aversion to work because of complaints
3. Anger easily
4. Little things annoy him
Physical examination
Built- Avg
Height-5'8"
Weight -64 Kg
B.P.-120 MMHG
RR- 18 /min
Temp.-Afebrile
Pallor-Absent
Conjunctiva- Pink
Cyanosis-Absent
Oedema-Absent
Tongue -Moist and clean
Speech-Clear
Systemic Examination
RS: A E B E
CVS: S1 & S2 Heard N
GIT: Soft And Non-Tender
CNS: Conscious & well Oriented
Local Examination:
O/E
Inspection: No Any scar Mark/discoloration is seen
Palpation: Tenderness over right lumbar region
Investigation:
USG Abdomen & Pelvis
Right Proximal Ureteric calculus (8.2 mm)

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Right Renal Calculus (4 mm)

Probable Diagnosis:

1. Renal Calculi
2. Gallstone colic
3. Urinary tract infection
4. Pyelonephritis

Final diagnosis: Right Renal Calculi

Table-2: Analysis and Evaluation of Case

Location	Sensation	Modality	Associated complaint
Back ↓ Right lumbar region	Cutting pain++	<standing++ <During micturition+++ >on lying down+ >bending double++ >rest +	Painful burning micturition ++ <During micturition+

MENTAL GENERAL SYMPTOMS

1. Irritable because of pain++
2. Aversion to work because of complaint+
3. Anger easily+
4. Little things annoy him+

PHYSICAL GENERAL SYMPTOMS

1. Decreased appetite++
2. Sleep disturbed++
3. Thermal chilly+
4. Reduced thirst+

TOTALITY OF SYMPTOMS

1. Pain in right lumbar region
2. Cutting pain
3. <standing, During micturition
4. > On lying down, bending double, rest
5. Decreased appetite
6. Sleep disturbed
7. Thermal chilly
8. Reduced thirst
9. Irritable because of pain
10. Aversion to work because of complaints
11. Anger easily
12. Little things annoy him

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REPERTORIZATION

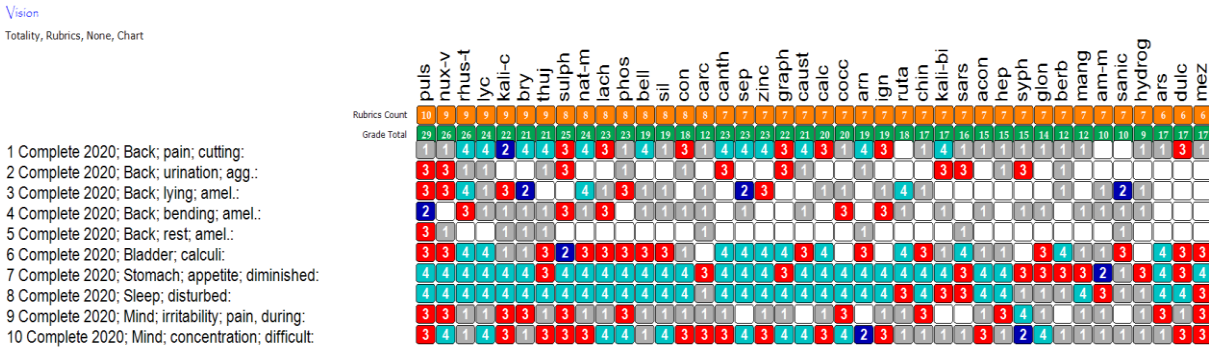

Figure-1: Repertorization Sheet

PROBABLE MEDICINE

1. Pulsatilla
2. Nux vomica
3. Rhus tox
4. Lycopodium
5. Berberis vulg

Final Medicine: Nux Vomica, Berb.vulg Q

Prescription: Date:25/04/2023

Rx

Nux vomica 1 M SD stat

Berb Vulg Q 10-10-10 Drop + Half cup water x 15 days

Table-3: Follow Up

Date	Complaint	Prescription
11/05/2023	Lumbar pain reduced by 60% No tenderness Appetite improves Urination:3/ 4 times/day no burning Generals are better	Berb.Vulg Q 10 -10 -10 TDS X 15 days

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11/06/2023	Slight Lumbar pain No tenderness Appetite improves Urination:3/ 4 times/day no burning Generals are better	Berb.Vulg Q 10 -10 -10 TDS X 30 days
11/07/2023	No pain Patient feels better generally	Saclac BD x 15 days
26/07/2023	Reports are normal stone expelled successfully Generals are better	Nux Vomica 1 M SD stat

JUSTIFICATION

In the above case, I prescribed Nux vomica for Similimum as it covers the totality. I also prescribed Berberis vulgaris mother tincture as a therapeutic intervention. Berberis vulgaris has marked action on the genitourinary system. It acts as a natural pain reliever and helps soothe deep pains, especially those associated with renal calculi.

DISCUSSION

Renal calculi, or kidney stones, is a common and painful urological condition that can lead to recurrent episodes of discomfort, sometimes necessitating surgical intervention. Traditional treatments often focus on pain management or the mechanical removal of the stones. However, a holistic approach, such as homeopathy, offers an alternative that addresses the acute symptoms and supports the body's natural healing and expulsion processes.

In this case, a 25-year-old male patient presented with right lumbar pain, painful urination, and confirmed renal calculi via ultrasound. The treatment plan included Nux Vomica 1M and Berberis Vulgaris Q. Nux Vomica was chosen based on the patient's general irritability, digestive disturbances, chilly thermals, and mental state, which matched the remedy's profile.

Berberis vulgaris shows a progressive result for the easy expulsion of stone and renal colic.

In a similar reported case, Calcarea Carbonicum was prescribed as the constitutional homoeopathic medicine for a patient with renal calculi, followed by Berberis vulgaris mother tincture, which led to a rapid expulsion of the stone.[6] A similar approach was applied in the present case, where a constitutional remedy was first administered and then followed by Berberis vulgaris mother tincture, producing similarly encouraging results. However, comprehensive clinical trials or larger case series evaluating the sequential use of a constitutional medicine followed by Berberis vulgaris mother tincture are currently absent. Further well-designed studies are needed to confirm these findings and potentially establish this method as a recommended treatment for renal calculi.

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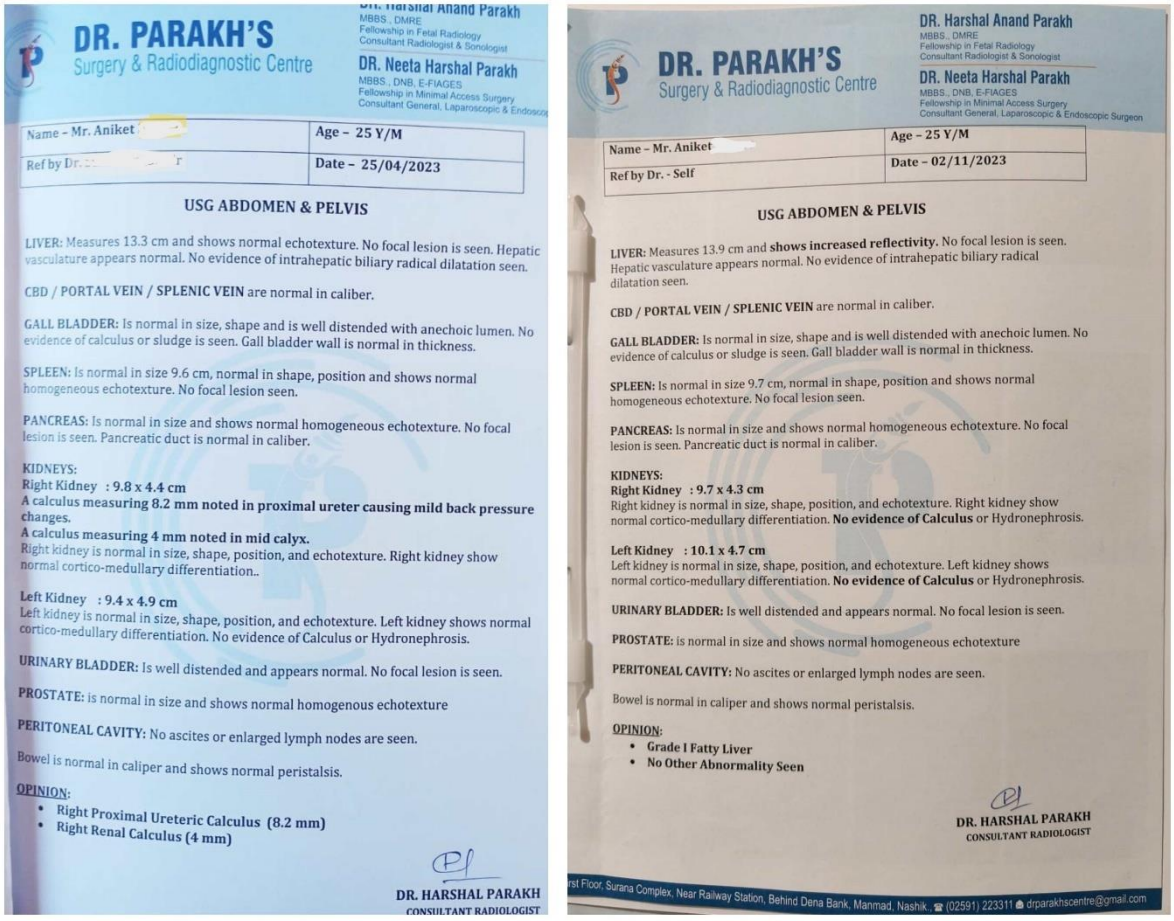
CONCLUSION

This case report of right renal calculi shows that with the help of Similimum and therapeutic medicine, we can treat patients in a very rapid and gentle manner. Nux vomica and Berberis vulgaris show how to use both medicines in the treatment of renal colic. In such cases we can address the holistic approach and therapeutic medicine for rapid management of cure.

Figure-2: Report Before and After Treatment



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Name – Mr. Aniket	Age – 25 Y/M
Ref by Dr. - Self	Date – 02/11/2023

USG ABDOMEN & PELVIS

LIVER: Measures 13.9 cm and **shows increased reflectivity.** No focal lesion is seen. Hepatic vasculature appears normal. No evidence of intrahepatic biliary radical dilatation seen.

CBD / PORTAL VEIN / SPLENIC VEIN are normal in caliber.

GALL BLADDER: Is normal in size, shape and is well distended with anechoic lumen. No evidence of calculus or sludge is seen. Gall bladder wall is normal in thickness.

SPLEEN: Is normal in size 9.7 cm, normal in shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Is normal in size and shows normal homogeneous echotexture. No focal lesion is seen. Pancreatic duct is normal in caliber.

KIDNEYS:
Right Kidney : 9.7 x 4.3 cm
Right kidney is normal in size, shape, position, and echotexture. Right kidney show normal cortico-medullary differentiation. **No evidence of Calculus** or Hydronephrosis.

Left Kidney : 10.1 x 4.7 cm
Left kidney is normal in size, shape, position, and echotexture. Left kidney shows normal cortico-medullary differentiation. **No evidence of Calculus** or Hydronephrosis.

URINARY BLADDER: Is well distended and appears normal. No focal lesion is seen.

PROSTATE: is normal in size and shows normal homogeneous echotexture

PERITONEAL CAVITY: No ascites or enlarged lymph nodes are seen.

Bowel is normal in caliper and shows normal peristalsis.

OPINION:
- **Grade I Fatty Liver**
- **No Other Abnormality Seen**

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Name – Mr. Aniket	Age – 25 Y/M
Ref by Dr.	Date – 25/04/2023

USG ABDOMEN & PELVIS

LIVER: Measures 13.3 cm and shows normal echotexture. No focal lesion is seen. Hepatic vasculature appears normal. No evidence of intrahepatic biliary radical dilatation seen.

CBD / PORTAL VEIN / SPLENIC VEIN are normal in caliber.

GALL BLADDER: Is normal in size, shape and is well distended with anechoic lumen. No evidence of calculus or sludge is seen. Gall bladder wall is normal in thickness.

SPLEEN: Is normal in size 9.6 cm, normal in shape, position and shows normal homogeneous echotexture. No focal lesion seen.

PANCREAS: Is normal in size and shows normal homogeneous echotexture. No focal lesion is seen. Pancreatic duct is normal in caliber.

KIDNEYS:
Right Kidney : 9.8 x 4.4 cm
A calculus measuring 8.2 mm noted in proximal ureter causing mild back pressure changes.
A calculus measuring 4 mm noted in mid calyx.
Right kidney is normal in size, shape, position, and echotexture. Right kidney show normal cortico-medullary differentiation..

Left Kidney : 9.4 x 4.9 cm
Left kidney is normal in size, shape, position, and echotexture. Left kidney shows normal cortico-medullary differentiation. No evidence of Calculus or Hydronephrosis.

URINARY BLADDER: Is well distended and appears normal. No focal lesion is seen.

PROSTATE: is normal in size and shows normal homogenous echotexture

PERITONEAL CAVITY: No ascites or enlarged lymph nodes are seen.

Bowel is normal in caliper and shows normal peristalsis.

OPINION:
- **Right Proximal Ureteric Calculus (8.2 mm)**
- **Right Renal Calculus (4 mm)**

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ABBREVIATION:

SD	Single dose
BD	Twice a day
Q	Mother tincture
Stat	Immediate
<	Aggravation
>	Amelioration