



## Renal calculi with homoeopathic management

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### ABSTRACT :

In this article we study briefly study about the renal stone, incidence, epidemiology, causes, risk factors, types of stone, clinical features, complications, investigations, management and few important homoeopathic medicines.

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### Introduction

Nowadays renal calculi is a threatening problem for people, because the recurrent attack of renal calculi may damage the renal tubules and leads to renal infection, excruciating pain burning micturition, and renal failure. In ancient medical record books mention the kidney stone disease. Hippocrates describes the symptoms of renal stone. Renal stone typically occurs between the ages of 20 to 60. It is more prevalent in hot climates. In developed countries the incidence rate is increased. The man is affected more than female.

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### Patho physiology

The calcium oxalate, calcium phosphate, uric acid and other minerals are deposited and form crystal like structure, the crystal is adhere to the tubules and erode the tubules.

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### Risk factors

#### Low fluid intake

If the person takes small quantity of water intake leads to concentrated urine, low urine output causing supersaturating of urine and deposition of salts and minerals as crystal like structure.

#### Hyper calciuria

About 80% of stones are calcium stones, in this 70% are calcium oxalate, 10% are calcium phosphates. High urine calcium, this may due to failure of renal tubules absorption, bone calcium destruction.

Increased calcium excretion through urine may be increased gastrointestinal absorption, increased bone resorption, increased renal tubular resorption. About 97% of filtered calcium is reabsorbed. The calcium reabsorption is influenced by PTH and vitamin D. high sodium chloride intake also reduces the calcium reabsorption.

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### Primary hyperparathyroidism

In primary hyperparathyroidism, the increased secretion of PTH activates the extracellular-sensing receptors causing urinary dilution and urinary acidification. Due to urinary dilution the salts are not deposited. They are excreted through the urine. So there is no formation of stone.

#### High salt intake

A salt intake causes high urine output. If a person takes high salt diet means water intake also increased, that produces high urine output.

#### High urine oxalate

In urinary stone 70% of the stone are calcium oxalate stones. High oxalate may be due to high intake of oxalate diet, failure of renal tubular absorption. Low intake of calcium also limits the absorption of calcium oxalates. Animal protein like meat, fish, and chicken metabolized to oxalate and uric acid. If person reduces intake of animal protein lowers urine oxalate and increases urinary PH level. This will reduces the risk of oxalate and uric acid stone formation.

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### Types of stone

#### Oxalate stones

This is the most common renal stone. It is also known as mulberry stone, it is brown in colour, irregular in shape, and has sharp projections which may damage the renal tubules and causes bleeding.

#### **Phosphate stones**

It is either calcium, or magnesium, or ammonium phosphates. This type of stone is smooth, round and dirty yellow in color. It forms mostly on the renal pelvis and grows rapidly in alkaline medium and fills the major and minor calyces and slowly forms stag horn calculi.

#### **Uric acid stones**

Uric acid stones are multiple, smooth, small and multifaceted. Color is reddish brown. This type of stone is seen in gout, hyperuricosuria, and altered purine metabolism.

#### **Cystine stones**

This type of stone occurs in acidic urine. This type stone develops due to cystinuria. It is multiple and yellow in color. The yellow color may change into greenish when exposure.

#### **Xanthine stones**

These stones are very rare. This type of stone develops due to altered xanthine metabolism.

#### **Clinical features**

The symptoms may vary according to size, number and position of the calculi.

#### **Renal pain**

Renal pain occurs in the renal angle and radiates downwards along the ureter and ends in scrotum in male. Excruciating type of pain will occur. The pain is aggravated by movement and climbing stairs. When the calculi are impacted in the pelvic-ureteric junction means, it affects the flow of urine drains into the bladder from the kidney. It causes hydronephrosis so pain will produce by the congestion of kidney and the pain radiates from loin to groin.

#### **Haematuria**

Haematuria is common in oxalate stones; the amount of bleeding is small.

Vomiting, and renal infection, mild fever is common in renal stone patients.

#### **Complications**

Recurrent attack of renal stone may complicate renal infection, fever, renal damage and renal failure.

#### **Investigations**

X-ray –renal stone can be visualized as opacity which overlies the urinary tract and renal pelvis.

Intravenous pyelography or excretory urography

A radiolucent stone can be seen, hydronephrosis also seen.

Urine culture

Examination of urine for RBC, WBC, micro organism

CT scan

It will identify even the small size calculus.

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## **Management**

Advice to take plenty of water, avoid taking dairy products. Persons should avoid spinach, rhubarb, strawberries, and plums. Persons with hyperuricemia should avoid meat, fish, and eggs.

#### **Homoeopathic management**

Homoeopathy treats the patient not the disease. Detail history of patients and collect the totality of symptoms including mental general, physical general, mental constitution, physical constitution, chief complaints, peculiar rare symptoms and modality of symptoms. Based on the totality of symptoms we find similar medicine and treat the patient. In this some of most common renal stone medicines are briefly described.

#### **Berberes vulgaris**

This is one of top most remedies for renal calculi. In this medicine the pain is found on the left side of the renal region. Burning and soreness in region of kidneys. The pain stitching and cutting pain from left renal region to radiates along the ureter and end in groin. Pain in small of back and sensitive to touch when sitting and lying. Bubbling sensation in kidney region urine is greenish, blood red with slimy mucus, and jelly like sediment.

#### **Cantharis**

It is prescribed when there is constant urge to urinate, but passing few drops at a time. Intolerable urging before, during and after micturition. Violent paroxysm of cutting and burning pain in renal region. In urine membranous scales look like bran in water. Drinking even small quantities of water increase pain in bladder.

#### **Lycopodium clavatum**

It is a right sided remedy. Shooting type pain across the abdomen from right to left. Red sand in urine. Pain aches, drawing < 4 to 8 pm. Excessive accumulation of flatulence, lower abdomen > warm food and drinks.

#### **Sarsaparilla**

Passage of small calculi or gravel in the urine. Stone in the bladder. Excruciating pains from right kidney downwards to groin. Unbearable pain at conclusion of urination. Urine is bloody, scanty, slimy, flaky, copious, passed without sensation deposits white sand in urine. Painful distension and tenderness in bladder. Urine dribbles while sitting.

#### **Nux vomica**

This is the right sided remedy. The pain extends from the loin to the genitals and right thigh. Frequent ineffectual urging of urine, dribbling of urine. Haematuria, strangury. While urinating itching in the urethra and pain in the neck of the bladder. The nux vomica patient is thin, irritable, zealous,

nervous, literary, studious person.

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## Conclusion

Renal stones, while often painful and disruptive, renal stone can be effectively managed with appropriate diagnosis, diet, and proper homoeopathic treatment for successful outcome and also avoid to recurrence of renal stone.

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