
INDIVIDUALIZED HOMOEOPATHIC MANAGEMENT OF RENAL CALCULI USING MEDORRHINUM: A CASE REPORT

Dr Krithika G^{}, Dr Sherin Sheeba², Dr Manoj Narayan V³, Dr M. MURUGAN⁴*

¹PG Scholar; Dept of Organon of Medicine and Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 629161.

²Associate Professor of Dept of Practice of Medicine, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 629161.

³Prof., Dept of Organon of Medicine and Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr. M.G.R. Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 629161. Email:

⁴PG & Ph.D. Guide, Department of Organon of Medicine, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr M.G.R. Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 629161.

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*Corresponding Author: Dr Krithika G

PG Scholar; Dept of Organon of Medicine and Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College and Hospital, (Affiliated to The Tamil Nadu Dr. M.G.R Medical University) Kulasekharam, Kanyakumari district, Tamil Nadu – 629161.

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ABSTRACT

Renal calculi (urolithiasis) is a common urological disorder characterized by severe pain and a high tendency for recurrence, with conventional management typically involving analgesics, lithotripsy, and surgical interventions that may carry risks of complications and recurrence. This case report presents a 53-year-old female patient who reported burning micturition with right-sided loin-to-groin pain suggestive of ureteric involvement, along with radiating pain, frequent and painful urging to urinate, and a persistent sensation of bladder fullness. The clinical picture indicated inflammatory and obstructive urinary pathology, supported by an underlying uric acid diathesis predisposing to calculus formation. Individualization of the case was guided by characteristic general symptoms, including a

marked desire for cold drinks and cold extremities. Following individualized homoeopathic treatment, the patient experienced significant symptomatic relief, with normalization of urinary findings. Post-treatment investigations revealed improved renal parameters and absence of active pathology. This case highlights that individualized homoeopathic management may serve as a safe and effective non-invasive alternative in the treatment of renal calculi, with the potential to reduce the need for surgical intervention.

KEYWORDS: Renal calculi, Urolithiasis, Medorrhinum, Homoeopathy, Individualization, Case report.

1. INTRODUCTION

Renal calculi, or urolithiasis, refers to the formation of stones within the urinary tract due to crystallization of urinary solutes such as calcium, oxalate, and uric acid. It is a highly prevalent condition with recurrence rates reported up to 50% within 5 years^[1]. The incidence of renal calculi has been increasing over time, mainly due to changes in diet, sedentary lifestyle, and rising obesity. According to the 2012 National Health and Nutrition Examination Survey, the prevalence was 10.6% in men and 7.1% in women, compared to 6.3% and 4.1% respectively in 1994. Obesity is a significant risk factor, with women having a BMI >32 kg/m² showing a 1.76-fold increased risk and men a 1.38-fold increase compared to those with normal BMI. The male-to-female ratio has declined from 3.4 to 1.3, indicating a relative rise among women. Dietary factors also contribute, with higher risk observed in women consuming more than eight portions of spinach per month (1.34 ratio), along with increased intake of caffeinated and sugar-rich beverages^[2].

Clinically, patients present with renal colic, burning micturition, hematuria, and pain radiating from loin to groin. Conventional treatment includes analgesics, hydration, extracorporeal shock wave lithotripsy (ESWL), and surgical procedures. However, recurrence, cost, and procedural risks remain challenges.

Homoeopathy, based on the principle of *Similia Similibus Curentur*, emphasizes individualized treatment targeting the patient's susceptibility rather than the pathology alone. Homoeopathic Miasmatic analysis plays an important role in the appropriate selection of remedy and in understanding the nature of chronic disease. In this case the fundamental cause behind the formation of renal calculi is the sycotic miasm^[3]. Here in this case Medorrhinum was selected mainly due to the predominant sycotic miasm in this patient. The history of recurrent renal calculi, repeated surgeries, and persistence of symptoms clearly indicates a

sycotic tendency, where there are excess formation and recurrence of pathology. *Medorrhinum* acts as a deep anti-sycotic remedy, helping to reduce the tendency for repeated stone formation and chronic urinary irritation^[4]. In this case, it not only relieved symptoms like burning and pain but also promoted natural expulsion of calculi and reduced recurrence.

2. OBJECTIVE

- To evaluate the effectiveness of individualized homoeopathic medicine in renal calculi
- To assess symptomatic and pathological improvement following treatment
- To explore the role of *Medorrhinum* in urolithiasis

3. MATERIALS AND METHODS

This is a single case study conducted at the Rural Health Centre

Case Definition

A diagnosed case of renal calculi based on clinical presentation and laboratory findings.

Case Taking

Detailed homoeopathic case-taking including:

- Mental generals
- Physical generals
- Particular symptoms
- Miasmatic analysis

Prescription

Remedy selected based on totality of symptoms and repertorization.

Follow-up

Patient was followed up monthly for 3 months.

4. CASE PRESENTATION

A 53-year-old female patient visited the OPD on 20/12/2024 with complaints of burning sensation during urination along with pain in the right lower back, which radiated from the loin to the groin. The pain was more on the right side and had a spreading nature, suggesting ureteric involvement. She also complained of frequent and painful urging to pass urine, along with a constant feeling of incomplete emptying of the bladder.

The patient had a past history of recurrent kidney stones and had undergone surgical interventions twice before seeking homoeopathic treatment but not relieved permanently. Despite these procedures, her uretric colic persisted. The generals of patient, involves strong desire for cold drinks and had noticeable coldness of extremities, especially in the fingers.

Investigations done a day before consultation (19/12/2024) showed increased pus cells (20–22/HPF) and epithelial cells (6–8/HPF), indicating infection or inflammation.

Based on the totality of symptoms, the patient was prescribed Medorrhinum 1M in weekly doses. A repeat urine test on 22/01/2025 showed improvement, with pus cells reduced to 6–8/HPF. During the course of treatment, the patient showed steady improvement. Her pain and burning sensation gradually reduced, and urinary symptoms became less frequent. A notable finding was the repeated passage of small calcium stones in urine during the treatment period. Several episodes of stone expulsion were observed over six months. Still the treatment is continuing for further avoiding recurrence of renal calculi.

INVESTIGATIONS (19.12.2024)

USG ABDOMEN:

IMPRESSION:

- Multiple right renal calculi, largest measuring 14 × 8 mm in renal pelvis
- Mild right-sided hydronephrosis
- Mild cystitis changes

Urine Routine

- Albumin: Trace
- Sugar: Nil

Urine Microscopy

- Pus cells: 20–22/HPF
- RBC: Nil
- Epithelial cells: 6–8/HPF
- Cast: Nil
- Crystals: Nil

TOTALITY OF SYMPTOMS

- Burning sensation during urination
- Severe pain in right lumbar region

- Pain radiating from loin to groin (downward extension)
- Bladder fullness with frequent urging
- Painful urination with tenesmus
- Uric acid diathesis
- Desire for cold drinks
- Coldness of fingers (peripheral chilliness)

MIASMATIC ANALYSIS

SYMPTOMS	PSORA	SYCOSIS	SYPHILIS
Burning sensation during urination	✓		-
Frequent urging with tenesmus (incomplete emptying)	✓	✓	-
Loin to groin pain (ureteric colic)	✓	✓	-
Passage of multiple small calculi		✓	-
Desire for cold drinks		✓	-
Coldness of extremities	✓		-

REPERTORIAL ANALYSIS

Remedy	Med	Calc	Acon	Apis	Bry	Tarent	Nat-c	Am-c	Petr	Op	Iod
Totality	19	16	19	19	19	13	11	7	5	8	1
Symptoms Covered	9	8	6	6	6	6	6	6	5	4	1
[Complete] [Back]Pain:Dorsal region:Scapulae:Below:Right:	1	1	0	0	3	0	0	0	0	0	0
[Complete] [Back]Pain:Right:	3	3	3	0	3	1	1	0	1	0	1
[Complete] [Back]Pain:Extending to:Downward:	3	0	1	0	3	1	1	1	0	0	0
[Complete] [Extremities]Coldness, chilliness:Fingers:	1	3	3	3	0	0	0	1	1	0	0
[Complete] [Blood]Uric acid diathesis, lithemia:	3	3	0	3	3	1	1	1	1	0	0
[Complete] [Bladder]Fullness:	1	1	0	3	0	0	0	0	1	3	0
[Complete] [Urine]Burning, hot:	3	1	4	4	3	3	4	1	1	1	0
[Complete] [Generalities]Food and drinks:Cold:Drinks:Desires:	1	3	4	3	4	3	3	1	0	1	0
[Complete] [Bladder]Pain:Tenesmus, painful urging:	3	1	4	3	0	4	1	2	0	3	0

PRESCRIPTION

Rx

MEDORRHINUM 1M/ 1 DOSE (H.S) x 2WEEKS (ONE DOSE FOR 14 DAYS)

FOLLOW UP

S NO	DATE	PATIENT HISTORY	PRESCRIPTION
1	20/12/2024	Severe right lumbar pain radiating to groin, burning micturition, tenesmus present. VAS: 7/10	Rx Medorrhinum 1M/1 dose

2	03/01/2025	Slight reduction in burning, pain persists but less intense. Urging still present. VAS: 5/10	Rx Medorrhinum 1M/1 dose
3	17/01/2025	Pain reduced, occasional burning, first episode of stone expulsion noted. VAS: 2/10	Rx Medorrhinum 1M/1 dose
4	31/01/2025	Burning decreased, frequency reduced, second stone expulsion. VAS: 2/10	Rx Medorrhinum 1M/1 dose
5	14/02/2025	Mild pain, less tenesmus, improved urine flow, stone expulsion continues. VAS: 2/10	Rx Medorrhinum 1M/1 dose
6	28/02/2025	Occasional discomfort only, burning minimal, repeated stone passage. VAS: 2/10	Rx Medorrhinum 1M/1 dose
7	14/03/2025	Marked improvement, rare pain episodes, better general condition. VAS: 2/10	Rx Medorrhinum 1M/1 dose
8	28/03/2025	No burning, occasional mild discomfort, continued stone expulsion. VAS: 2/10	Rx Medorrhinum 1M/1 dose
9	11/04/2025	Patient comfortable, no major complaints, urine normal. VAS: 1/10	Rx Medorrhinum 1M/1 dose
10	25/04/2025	Asymptomatic, occasional minor discomfort, stone passage reported. VAS: 1/10	Rx Medorrhinum 1M/1 dose
11	09/05/2025	No pain, no burning, general well-being improved. VAS: 1/10	Rx Medorrhinum 1M/1 dose

5. OBSERVATION

During follow-ups:

- Gradual reduction in burning sensation
- Decrease in pain intensity
- Improved urinary flow
- Expulsion of **calcium stones** without surgical intervention

INVESTIGATIONS AFTER 1 MONTH - 22.01.2025

Urine Routine

- Albumin: Nil
- Sugar: Nil

Urine Microscopy

- Pus cells: 6-8/HPF

- RBC: Nil
- Epithelial cells: 12–15/HPF (as a result of **urothelial shedding** [5,8].)
- Cast: Nil
- Crystals: Nil

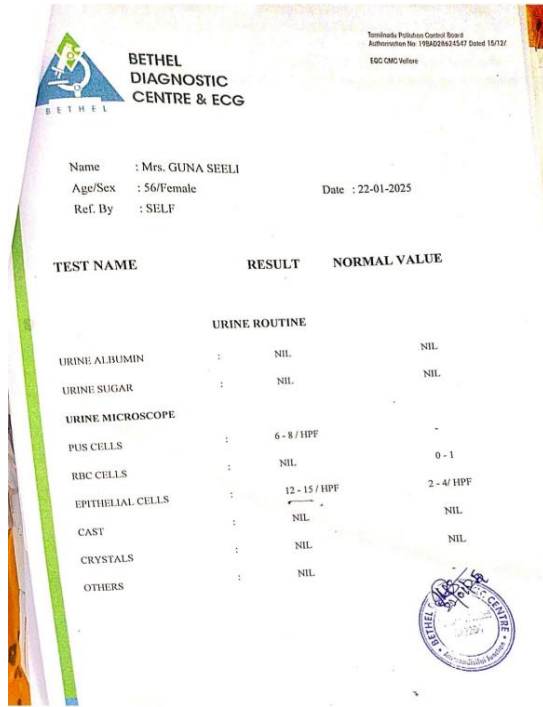


FIGURE 1: INVESTIGATION REPORT TAKEN ON 19.12.2024 .

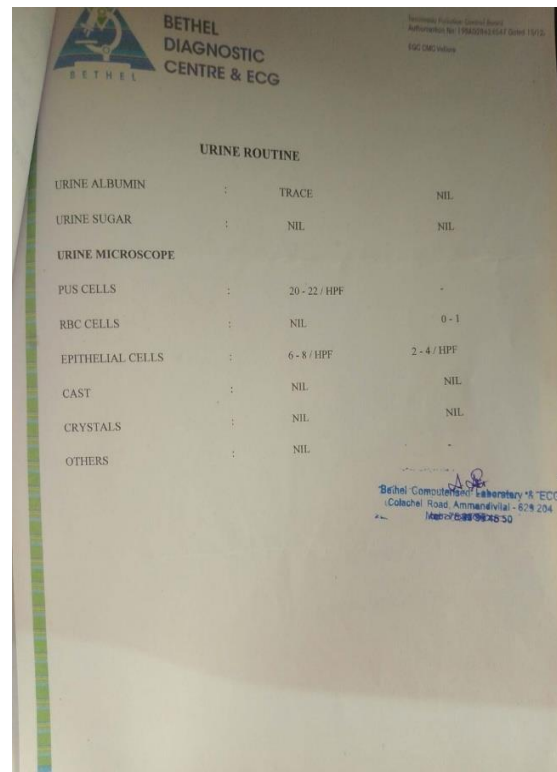


FIGURE 2: INVESTIGATION REPORT TAKEN ON 22.01.2025.



FIGURE 3: RENAL CALCULI REPORTED BY PATIENT.

6. RESULTS

The results of the case were highly significant both clinically and pathologically. The patient exhibited a marked reduction in the intensity and frequency of symptoms over the six-month treatment period. Initially, the pain was severe (VAS 7/10), with intense burning micturition

and persistent urinary urging. However, with continued administration of the indicated remedy, a gradual and consistent improvement was observed. By the end of the treatment period, the patient became completely asymptomatic, with the Visual Analogue Scale (VAS) score reducing to 0/10.

One of the most important outcomes in this case was the repeated and spontaneous expulsion of renal calculi. The patient passed small calcium stones approximately twice monthly. This indicates that the remedy not only alleviated symptoms but also facilitated the elimination of the underlying pathology.

Objective findings further supported clinical improvement. The urine routine examination showed a significant reduction in pus cells from 20–22/HPF before treatment to 6–8/HPF after treatment, reflecting a decrease in urinary tract inflammation. The improvement in laboratory parameters correlated well with the patient's symptomatic relief.

Additionally, no recurrent episodes of ureteric coli and recurrence of other severe symptoms was noted during the follow-up period. The patient's general well-being improved, with normalization of urinary habits and absence of discomfort. Importantly, this entire recovery occurred without the need for further surgical procedures, highlighting the effectiveness of homoeopathic management in this case.

7. DISCUSSION

Renal calculi management in conventional medicine primarily focuses on symptomatic relief and mechanical removal. Procedures such as ESWL and ureteroscopy are widely used but are associated with high recurrence rates, procedural complications, cost burden ^[5]. Studies suggest that even after surgical removal, metabolic predisposition remains unaddressed, leading to recurrence ^[6]. In this case there was increase in epithelial cells in the post-treatment urine microscopy. This finding may be interpreted as a result of urothelial shedding during the process of stone passage. As calculi move along the urinary tract, they can cause mild mechanical irritation to the lining epithelium, leading to desquamation of epithelial cells into the urine. This phenomenon is considered a transient and benign response associated with the natural expulsion of stones rather than an indicator of worsening pathology ^[6,9]. In contrast, homoeopathy addresses the underlying susceptibility. Remedies like *Berberis vulgaris*, *Lycopodium*, and *Cantharis* are frequently used in renal calculi ^[7]. However, constitutional remedies such as *Medorrhinum* act at a deeper level by correcting the miasmatic dyscrasia.

A study by Oberai et al. demonstrated improvement in urolithiasis cases with individualized homoeopathic treatment, showing reduced recurrence and symptomatic relief ^[8].

Compared to surgical management:

- Homoeopathy is non-invasive
- Cost-effective
- Addresses constitutional and miasmatic factors

In this case, *Medorrhinum* appeared to act on the underlying sycotic tendency, leading to the gradual breakdown and natural expulsion of the stones without the need for any surgical intervention. This suggests that a well-selected deep-acting remedy can play a role in correcting internal imbalances and may help the body restore its normal metabolic functions.

CONCLUSION

This case shows that individualized homoeopathic treatment can effectively manage renal calculi without the need for repeated surgical procedures. With the use of *Medorrhinum*, the patient experienced gradual relief in symptoms along with natural expulsion of stones over time, still the treatment is continuing for further avoiding recurrence of renal calculi. The treatment not only helped in reducing pain and urinary complaints but also appeared to address the underlying tendency for stone formation. The findings suggest that homoeopathy may serve as a safe, holistic, and cost-effective alternative, especially in rural healthcare settings. Further large-scale studies are required to validate these results.

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