A Case Report on Nephrolithiasis treated with Similimum
Rajendra Acharya1, Neeta Sharma2, Rashmi Agarwal3, Zunnun Ali4, Iitika Khatri5*

1Medical Superintendent, University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India. 2Associate Professor and HOD, Dept. of
Surgery, University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India. 3Associate professor and HOD, Department of
Gynaecology and Obstetrics, University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India. 4Associate Professor and HOD, Dept.
of Materia Medica, University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India. Assistant Professor, Dept. of Materia Medica,
University College of Homoeopathy, Kekri, Ajmer, Rajasthan, India. *Corresponding Author's Email: khatriiitika@gmail.com

ABSTRACT
A crystal concretion called a renal stone normally forms inside the kidneys. It is a growing urological condition that has
an impact on human health and affects 12% of the global population. End-stage renal failure has been linked to an
increased risk of it. According to the ultrasonography results used in the case report here, the patient had right renal
calculi. The homoeopathic similimum prescribed after careful case taking, in-depth analysis, evaluation, and
repertorisation, was successful in treating the patient.

Keywords: Renal Calculi, Homoeopathy, Phosphorus.

Introduction
Hematuria (blood in the urine) and pain in the
belly, flank, or groin are symptoms frequently
associated with renal calculi. Stone development is
correlated with lower urine output or increased
excretion of substances that contribute to the
formation of stones, including calcium, oxalate,
uric acid, cystine, xanthine, and phosphate. Calculi
can also result from high urine acidity or low
urinary citrate levels (1). Conventional treatment
primarily includes surgical intervention.
Homoeopathic literature has shown the
importance of individualization in homoeopathic
prescription and the efficacy of homoeopathic
medicines in eliminating renal calculi (2,3). The
most natural method of treating kidney stones is
Homoeopathy, which also treats the problem’s
root cause.
In Homoeopathy, kidney stone treatment has a
twofold action and are secure and natural. Initially,
they aid in the removal of stones that are present
in the urinary tract by either reducing them to tiny
sand-like particles or, in a few instances, leaving
them intact. Second, they provide the hope of
eventually eliminating the propensity for stone
production (4).

Case Study
The reported case is 35 years old, hindu,
vegetarian, male engineer by profession, belonging
to a middle socio-economic family, residing in
rural area who came to our OPD (12598) of on
20/10/2021 with the complaints as follows:
1. Stitching pain in right lumbar region > pressure
2. Nausea < morning > eating after
3. Stitching pain with intermittent urination < after urination

History of Presenting Complaints-
Patient as suffering from pain in right lumbar region for 15 days after which nausea and stitching pain
during urination started. He has been having a
problem of intermittent urination for the last 5
days.

Treatment History - He took allopathic
treatment for 4 days, but temporary relief was obtained.

Family History - Father suffering from asthma
for the last 5 years. Mother and all siblings are
healthy.
Patient as whole
- Appetite: Adequate, 3 meals/ day and 4 chapati/ meal.
- Thirst: Thirsty, drinks 7-8 glasses / day.
- Desire: Adds extra raw salt.
- Aversion: Pumpkin
- Stool: once a day, satisfactory, hard solid.
- Urine: D3, pale yellow, non-offensive, stitching pain, intermittent.
- Perspiration: Profuse, Generalized, non-offensive, non-staining.
- Thermal reaction: Chilly.

Mentals
Likes to be around people and going to parties, avoids being alone. Irritability was observed during case taking. Anger expressive and violent.

She could say anything to anyone in anger and she did not care about what she said to the person.

General examination
Patient was apparently healthy looking, decubitus/attitude on back, Anaemia/pallor-Absent, facies absent, cyanosis- absent, deformity- absent, oedema absent, skin- dry, cachexia/ emaciation-absent, weight – 65 kg, Sp02- 97%, temperature – afebrile, height – 166cm, built – ectomorphic, blood pressure- 130/80 mm Hg, respiratory rate - 18/ min, tongue – clean, pulse-80/min.

Local examination
Tenderess in right lumbar region.

Provisional diagnosis
Renal calculi present in right ureter-5.8mm and right kidney-4mm (Figure 1)

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![Figure 1: USG before Treatment](image-url)
Case Processing

**Table 1: Evaluation and Miasmatic Analysis of Mental Symptoms**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Evaluation</th>
<th>Miasmatic analysis (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger violent</td>
<td>3+</td>
<td>Psora</td>
</tr>
<tr>
<td>Irritability</td>
<td>3+</td>
<td>Psora</td>
</tr>
<tr>
<td>Desire company</td>
<td>2+</td>
<td>Psora</td>
</tr>
</tbody>
</table>

**Table 2: Evaluation and Miasmatic Analysis of Physical Symptoms**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Evaluation</th>
<th>Miasmatic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thirst - Thirsty</td>
<td>1+</td>
<td>Syco-Syphilis</td>
</tr>
<tr>
<td>Desire - Raw salt</td>
<td>2+</td>
<td>Psora-syphilis</td>
</tr>
<tr>
<td>Aversion - Pumpkin</td>
<td>1+</td>
<td>Psora</td>
</tr>
<tr>
<td>Stool - Satisfactory, Hard</td>
<td>2+</td>
<td>Psora</td>
</tr>
<tr>
<td>Urine - stitching pain after urination, intermittent.</td>
<td>2+</td>
<td>Syco-Syphilis</td>
</tr>
</tbody>
</table>

**Table 3: Evaluation and Miasmatic Analysis of Particular Symptoms**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Evaluation</th>
<th>Miasmatic analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stitching pain in right lumbar region &gt; pressure</td>
<td>2+</td>
<td>Psora - Sycosis</td>
</tr>
<tr>
<td>Nausea &lt; morning</td>
<td>2+</td>
<td>Sycosis</td>
</tr>
<tr>
<td>Nausea &gt; eating after</td>
<td>2+</td>
<td>Sycosis</td>
</tr>
</tbody>
</table>

Miasm - Mix miasm but predominantly Psora (5)

**Repertorisation** - As the generals were marked, this case was repertorised with the help of the Synthesis Repertory from RADAR 10.0 version. (Figure 2)

**Selection of remedy** - *Phosphorus* was selected on the basis of repertorisation (Figure 2) and after the consultation of materia medica, considering the symptom similarity (6, 7).

**Selection of potency and dose** - 1 dose of *Phosphorus* 200, 4 globules were prescribed. 20/10/21: *Phosphorus* 200/1 dose of, Rubrum 30/TDS for 7 days

**General Management** (8)
- Drink 4-5 L of water every day.
- Avoid consuming seedy vegetables and fruits.
- Avoid milk products.

![Figure 2: Repertorisation Sheet](image-url)
Table 4: Follow Ups during treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes in symptoms</th>
<th>Prescription</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/10/2021</td>
<td>&gt; Stitching Pain in right lumbar region</td>
<td>Phytum 200/ 1 dose Rubrum 30/ TDS X 14 days</td>
<td>Improvement was observed so no change of medicine and placebo was given.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/11/2021</td>
<td>&gt; Stitching pain in right lumbar region on and off, nausea persisting.</td>
<td>Phosphoros 200 / 1 dose Rubrum 30 / TDS X 14 days</td>
<td>Same symptoms recurring so same medicine repeated for more stable relief</td>
</tr>
<tr>
<td>20/11/2021</td>
<td>&gt; Pain, nausea, intermittent urination.</td>
<td>Phytum 200/ 1 dose Rubrum 30/ TDS X 14 days</td>
<td>Improvement was observed in urinary symptom as well so placebo was given.</td>
</tr>
<tr>
<td>6/12/2021</td>
<td>No pain, nausea, intermittent urination</td>
<td>Phytum 200/ 1 dose Rubrum 30/ TDS X 14 days</td>
<td>Marked improvement was observed so no need to change or repeat the medicine and only placebo was given.</td>
</tr>
<tr>
<td>20/12/2021</td>
<td>No pain and nausea. Patient felt something passed while urinating. Patient as advised to get sonography.</td>
<td>Phytum 200/ 1 dose Rubrum 30/ TDS X 14 days</td>
<td>No recurrence of any symptom so placebo was given.</td>
</tr>
<tr>
<td>4/1/2022</td>
<td>No symptoms. USG showed no stone.</td>
<td>No prescription</td>
<td>No calculi seen in sonography.</td>
</tr>
</tbody>
</table>

Figure 3: USG after treatment
Discussion and Conclusion
In cases of surgical illnesses like nephrolithiasis, homoeopathy offers a secure and efficient option, according to this case study. We also found that a similimum medicine provided individually and based on totality can work in this situation. Here Phosphorus being the similimum cured the patient. Some symptoms for considering Phosphorus as given in literature are - Congestive and inflammatory symptoms in renal calculi with purulent, chalky, or sandy deposits. Dull discomfort near the kidneys and tension in the bladder area. Urination without pain. Urine contains albumin and exudation cells (9).

This case report promotes homoeopathic treatment as a possible complementary or alternative therapy, as well as emphasizing the importance of repertorisation in individualized homoeopathic prescription. Further analysis of the constitutional approach requires investigation into related cases.

Acknowledgement
We are heartily thankful to University College of Homoeopathy, Kekri, Ajmer for providing us the finances and instruments helpful to accomplish our case study.

Conflict of Interest
The authors declare that there is no conflict of interest regarding the study or this article.

Abbreviations
Outpatient department (O.P.D.), thrice a day (T.D.S.)

Adverse Drug Reaction
Not reported

Limitations
- Nephrolithiasis cases complicated with other renal disease requiring urgency should not be treated with Homoeopathy.
- Large Staghorn calculi obstructing urinary passage may require emergency treatment.
- This is a single case report. In future case series can be recorded on effectiveness of individualized homoeopathic medicine in renal stones.

Funding
Nil

References
5. Patel R. Chronic miasms in Homoeopathy & their cure with classification of their rubrics/ symptoms in Dr. Kent's repertory (Repertory of miasms). New delhi: B. Jain; 1996