Homeopathy360

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WEBINAR SERIES

Topic: "Role of Homoeopathic Medicines in Removal of Renal Calculi without Surgery"

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Dr R. R. Karthikeyan
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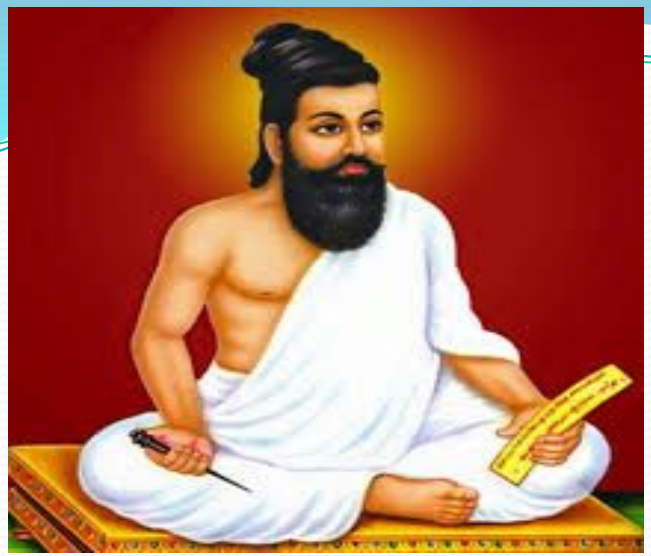
November 16, 2025

08 PM – 09 PM

Remembering our Father



குறள் 396
தொட்டனைத் தூறும் மணற்கேணி
மாந்தர்க்குக்
கற்றனைத் தூறும் அறிவு

Thiruvalluvar: (Divine poet)
Knowledge is no treasure to hoard—
it is a living spring that must be drawn
daily, with humility, practice and sharing or
it will vanish into the sands of forgetfulness.

- Purpose of This Kural

In today’s age of fast-changing knowledge, this kural is a call to lifelong learning and intellectual humility. Just as the sand well demands constant digging, professionals, leaders, and citizens alike must keep updating, questioning, and sharing knowledge to remain relevant.

Introduction:

- The process of forming stone in urinary tract i.e. kidney, bladder and ureter is referred to as ‘Urolithiasis’. Urinary calculi are one of the most common diseases of the urinary tract.
- Urolithiasis (ICD-10 code N-20-23) is a condition characterized by the formation of mineral concretions or stones within the urinary system.

- Urolithiasis affects about 12% of the world population at some stage in their life time.
- Urolithiasis or urinary tract stones are among the most common and painful diseases of human beings. This is the third most common urinary tract disease that may lead to renal failure.

- The overall probability of forming calculi varies in different parts of the world.
- The risk of developing urolithiasis in normal adults appears to be lower in Asia (1 to 5%)
- than in Europe (5 to 9%) and
- in North America (12% in Canada, 13% in the U.S.).
- The highest risk was reported in Saudi Arabia (20.1%).
- Racial differentials are also noted; blacks appear to suffer less frequently than whites

- In Indian population, about 12% of them are expected to have urinary stones, out of which, 50% may end up with loss of kidney functions.
- In India, approximately 5–7 million patients suffer from kidney stone disease, and at least 1/1000 of the Indian population need hospitalisation due to kidney stone diseases.

- In the geographical region of India, two distinct ‘stone belts’ have been identified:
- North India forms the ‘First Stone’ belt and parts of Maharashtra,
- Gujarat and
- Jabalpur in Madhya Pradesh form the ‘Second Stone’ belt

- The structure and composition of urinary stone in India vary from that of the Western world. Calcium oxalate monohydrate stones predominate in India.
- Calcium stones are predominant renal stones comprising about 80% of all urinary calculi.
- In India, upper and lower urinary tract stones occur frequently but the incidence shows wide regional variation. The incidence of urinary calculi is comparatively low in the southern parts of the country compared to other parts.

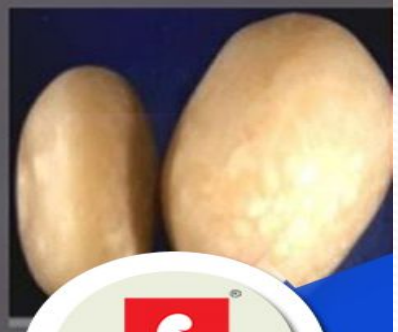
- With its multifactorial etiology and high rate of recurrence, urolithiasis remains a medical challenge. Various studies from India have also documented that calcium oxalate forms the major constituent of urinary calculi in India

- The proportion of calcium stones may account for pure Calcium oxalate (CaOx, 50%),
- Calcium phosphate (termed as apatite, 5%) and
- a mixture of both (45%).
- Calcium oxalate monohydrate (COM) is the most thermodynamically stable form of stone.
- COM is more frequently observed than Calcium oxalate dihydrate in clinical stones.

Different Types of Kidney Stones

- CYSTINE STONES
- CALCIUM STONES
- URIC ACID STONES
- STRUVITE STONES



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- The chemical composition of urinary stones includes calcium oxalate (60%),
- calcium phosphate (15%),
- uric acid –(10%),
- magnesium ammonium phosphate/ struvite (15%),
- cysteine, and
- others (1%).

- Age and sex differentials in urinary stone formers are substantial: more common in males of 30-40 years of age in the industrialized countries and in children under 10 years in the developing countries.

CAUSES

- Dehydration,
- hypercalcemia,
- hypercalciuria,
- hyperparathyroidism,
- hyperuricemia,
- hyperuricosuria,
- hyperoxaluria,
- infection, cystinuria, renal tubular acidosis, polycystic kidneys, medullary sponge kidneys, etc., are some of the known reasons for the formation of stones.

- Renal calculi often associated with recurrent urinary tract infections are staghorn calculi which are branched kidney stones extending into multiple renal calyces. In many patient's metabolic defects are not found usually; such are known as 'idiopathic stone-formers'

- When urine becomes supersaturated with insoluble materials, because excretion rates are excessive or because water conservation is extreme, crystals form and may grow and aggregate to form calculi.
- Urine supersaturation can be increased by dehydration or by over excretion of calcium oxalate, calcium phosphate, cystine or uric acid.

SYMPTOMS

- The symptoms of kidney stone are related to their location, whether it is in the
- kidney,
- ureter or
- urinary bladder.

- The signs and symptoms of the stone disease comprise
- renal colic,
- flank pain,
- haematuria,
- obstructive uropathy,
- urinary tract infections,
- blockage of urine flow and hydronephrosis.
- These conditions may result in nausea and vomiting with associated suffering from the stone event.

- In general practice, acute renal colic is a common presentation.
- Typical presentation of acute renal colic is intermittent, colicky flank pain that may radiate to the lower abdomen or groin, often associated with nausea and vomiting.

- Once a stone passes into the ureter, the resultant obstruction may cause reduced glomerular filtration rate and renal blood flow leading to hydronephrosis.
- As stone enters the ureter, the lower urinary tract symptoms occur such as dysuria, urgency, and frequency. Comorbid diseases, personal or family history of kidney stones, any anatomical defect or surgery of the urinary tract, are known to increase the risk of kidney stones. Urgent intervention is most often needed in acute obstruction.

INVESTIGATIONS

- A plain X-ray of the kidney, ureter, and bladder region, ultrasonography (USG) of the abdomen, and computed tomography scan diagnose urinary stones


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VITA SCAN CENTRE, R.S.PURAM, CBE, M : 98422 06348.
DR.C.RAVINDR

TREATMENT

- Stones of less than 5 mm diameter usually pass spontaneously.
- Stones of size 5-7 mm have a modest chance (50%) of passage and
- those greater than 7 mm almost always require surgical intervention

- 9–10 mm stones are relatively large, may not pass spontaneously, and cause symptoms such as pain, hematuria, difficulty in passing urine, or urinary tract infections. These usually require surgical interventions.

- Once the presence of urinary stones is confirmed and their
- location,
- size and
- type are established,
- medical intervention comes into play that includes treatment by drug therapy or
- surgical removal of the stones.

- Parenteral narcotics have traditionally been prescribed for acute renal colic by modern medicine

- The intervention includes non-steroidal anti-inflammatory drugs (NSAIDs) and opioids for relieving pain associated with urolithiasis.
- Both the categories of drugs have been found to be equally effective although NSAIDs are known to cause potential gastrointestinal and renal side effects, whereas opioid analgesics require administration of antiemetic agents as they are known to cause nausea and vomiting along with urinary retention, constipation and respiratory depression.

- Steroidal drugs are recommend as medical expulsive therapy for distal ureteral calculi.

- In conventional medicine,
- ureteroscopy,
- percutaneous nephrolithotomy, and
- laparoscopy are some common approaches to deal with renal stone, and
- at present, extra- corporeal shock wave lithotripsy (ESWL) is the first-line treatment modality.

- Some drawbacks of ESWL are:
- early haematuria,
- perinephric/nephric hematomas,
- use of general anaesthesia during several sessions of ESWL,
- increased susceptibility to radiation exposure in paediatric patients and
- long-term increase in serum creatinine and total homocysteine due to renal injury such as ischaemia/reperfusion injury after first-time ESWL

- Medical expulsive therapy is used to allow spontaneous expulsion of moderately sized distal ureteral calculi from the urinary tract.

- laparoscopic surgery and open surgery.

- The limitations in the conventional system of medicine for treating this condition are the cost involved in the diagnosis with regard to the type of stone, metabolic disorder, invasive procedures and side effects of the medicines.

HOMOEOPATHY

- Homoeopathy can be used as a safe alternative to surgical intervention.

- Homoeopathy has a holistic approach toward surgical diseases like renal stone. They are considered to be an affection of the constitution rather than a local problem.
- Homoeopathy treats the chronic cases including urolithiasis with the holistic approach where we follow the principle of law of similia.
- Besides the constitutional or individualized treatment, appropriate homoeopathic organ-specific medicines selected on the basis of the important particular symptoms can also be effective.

- The method assumes that certain remedies have a specific affinity for certain organs; there are patients in whom it is desirable or necessary to treat specific organs or system in order that the whole person may be properly cured.
- Organopathic prescriptions are made based on the Paracelsus principle that the given drugs affect given organs (parts) by self-elective preference.
- Many doctors have given in their experiences on the importance of selection of organopathic remedies

- Many homoeopathic remedies such as
- Hydrangea arborescens,
- Berberis vulgaris,
- Ocimum canum,
- Lycopodium clavatum and
- Sarsaparilla are well-known medicines for treatment of calculus.

CURED CASES

- Studies suggest that treatment with homoeopathic medicines has positive response in dissolution/expulsion of calculi.

Case Report

A 15-mm urinary calculus expelled with homoeopathic medicine - A case report

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Abstract

Introduction: Renal or ureteric colic is an acute and severe pain caused by obstruction in the ureter. It usually occurs in the narrower areas of the ureter. It can be associated with severe pain, nausea, vomiting, urinary infections, haematuria, hydronephrosis, etc. **Case Summary:** A case of 15-mm calculus, lodged at the right ureterovesicular junction, presented with severe cutting pain extending downwards from the right lumbar region to the right groin area. The patient had severe pain at the conclusion of urination. Another calculus of size 10 mm in the lower calyx of the left kidney and 3.4-mm concretion in the right kidney was also detected. The homoeopathic medicine *Sarsaparilla* was given on the basis of totality of symptoms for 3 days. The pain reduced in 3 days and subsequent to an acute colicky pain and some bleeding, on the 11th day, the stone was expelled. This case report shows the potential of Homoeopathy in cases of large urinary calculi.

Keywords: Homoeopathy, Nephrolithiasis, *Sarsaparilla,* Ureterovesicular junction, Urinary calculi, Urolithiasis

Introduction

Nephrolithiasis is the third most common disorder of the urinary tract after urinary tract infection and prostatic hyperplasia. Urolithiasis affects about 12% of the world

medicine in expulsion of a large urinary calculus (15 mm) which is otherwise considered to be a surgical case. There was moderate pain and discomfort to the patient during the episode. The case also shows some reduction in size of other

Original Article

Lycopodium clavatum for the management of urolithiasis: A randomised double blind placebo controlled trial

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Abstract

Background: Urolithiasis is the most common disease of urinary tract found worldwide. There are several approaches for the treatment of urolithiasis that include the use of various synthetic and natural drugs and/or surgery in the conventional system of medicine. **Objective:** This study was taken up to evaluate the efficacy of *Lycopodium clavatum* in the management of urolithiasis. **Materials and Methods:** A multicentric, randomised, double-blind, placebo-controlled trial was conducted. Patients having symptomatology like *Lycopodium clavatum* were enrolled after screening and repertorisation as per the inclusion and exclusion criteria. During acute renal colic, despite group allocation, the patients were either prescribed the indicated homoeopathic medicines or conventional medicine. The analysis was carried out with an intention-to-treat approach, and missing values were handled using Last Observation Carry Forward method. **Results:** There was no statistical significance between the groups ($P = 0.31$) in reference to the number of cases in which stones expelled during the trial. The mean size of single stone expelled was 9.4 ± 4.9 and 13.9 ± 2.2 in Verum and Placebo groups, respectively ($P = 0.12$). There was also no significant difference in the mean size of mean size of multiple stones; in Verum group (10.1 ± 5.3) and Placebo group (16.1 ± 9.1) ($P = 0.11$). For assessment of pain and dysuria, Visual Analogue Scale was used, and a statistically significant difference was found between the groups ($P = 0.039$) for pain, and positive trend for Homoeopathy was noted for dysuria. A verified symptom syndrome of *Lycopodium clavatum* has been observed. **Conclusion:** Future studies with pragmatic study design and individualistic Homoeopathy can be undertaken to assess the effectiveness of treatment in urolithiasis.

Keywords: Calculi, Colic, Homoeopathy, *Lycopodium clavatum*, Non-steroidal anti-inflammatory drug, Urolithiasis

Introduction

Humankind has been afflicted by urinary stones dating back to 4000 BC, and it is the most common disease of urinary tract.[1] Urolithiasis is a problem found worldwide in every culture, racial group and geographic location. The incidence and prevalence rates of kidney stones may be affected by genetic, nutritional and environmental factors.[2] Globally, the prevalence and recurrence rates of kidney stone disease are increasing, with limited options of effective drugs. Urolithiasis affects about 12% of the world population at some stage in their lifetime. In Indian population, about 12% of them are expected 'stone belts' have been identified: North India forms the 'First Stone' belt and parts of Maharashtra, Gujarat and Jabalpur in Madhya Pradesh form the 'Second Stone' belt.[4]

The symptoms of kidney stone are related to their location, whether it is in the kidney, ureter or urinary bladder. The signs

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CASE REPORT

A Case of Multiple Urinary Calculi treated with Homoeopathy

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A case of multiple urinary calculi, with size varying from five to seven millimeters in the left kidney and four to six millimeters in the right kidney, a thirteen millimeter stone in the left lower part of the ureter and a 20 x 13 millimeter stone in the base of the urinary bladder presenting complaints of burning micturition and pain in the lumbar region reported at the O.P.D of the Central Research Institute for Homoeopathy at Kottayam, Kerala. Patient was having urolithiasis complaints since four years and had undergone both allopathic and ayurvedic treatment, but the response was not satisfactory. After repertorisation, Nitric acid 30C was prescribed. Two doses of this homoeopathic medicine proved to be effective.

Keywords: Homoeopathy; Nitric acid; Urinary calculi

INTRODUCTION

Urolithiasis affects 5-15% of the population worldwide.[1] One of the important phenomena that characterize urolithiasis is its high recurrence.[2] Recurrence rates are close to 50%[3], and the cost of treatment of urolithiasis to individuals and society is high. Shock wave lithotripsy and ureteroscopy are effective instrumental treatments for ureteral stones. However, the possible morbidity, significant cost and the need for highly specialized equipment and special expertise raise the question whether these treatments are indeed the most attractive options to meet the increasing demand.[4] Although shock wave lithotripsy is the most common treatment for urolithiasis, it can cause acute renal injury.[5] Computed tomography and magnetic resonance imaging have demonstrated renal injury in 63-85% of patients treated with shock wave lithotripsy.[6] A retrospective study showed that ureteroscopy is useful when lithotripsy fails; when complex or lower pole renal calculi are present.[7] Ureteroscopy is less expensive than Extracorporeal

highlighted in the present case. This case assumes a great deal of significance especially in the context of a large interest in alternative medical treatment modalities in recent times. This case would help to sustain this interest and also contribute towards encouraging researchers to undertake similar studies to highlight the usefulness of homoeopathic medicines in urolithiasis.

CASE PRESENTATION

A thirty six year old housewife presented with burning micturition and pain in the lumbar region. She was diagnosed to have urolithiasis since four years and was under allopathic and ayurvedic treatment, *(Sodium Acid Citrate liquid for one year and Cystone tablets for three years)*, but with unsatisfactory response. No known family history of urolithiasis. The dietary habit was mostly rice, tapioca and dried fish.

The totality of symptoms arrived were pain in the iliac region, pain in the kidney region, frequent urge to urinate at night, painful urination, slow urination

Case Report

Urinary bladder and bilateral renal calculi expelled through the homoeopathic medicine *Nux vomica* – A case report

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Abstract

Introduction: Urolithiasis is one of the most common urological problems that one comes across in a general outpatient clinic. The usefulness of homoeopathic medicines in the expulsion of urinary calculus is well-reported. However, this case is unique due to an advanced case of urolithiasis, where complications had begun to appear, as also the expulsion of all calculi using the homoeopathic medicines. **Case Summary:** A 34-year-old male patient was diagnosed with a large, mobile urinary bladder calculus and small bilateral renal calculi, with hydronephrosis, hydroureter, and mild oedema at ureterovesical (U-V) junction. He presented with recurrent episodes of mild to moderate dull aching pain, as well as sudden onset of severe, sharp pain on both sides of the flank and in the back. He also experienced the urge to urinate frequently. Based on the characteristic symptoms, repertorial analysis, and individualisation, *Nux vomica* 30C and 200C were prescribed. The treatment proved effective in facilitating the expulsion of all calculi and reducing oedema at the U-V junction. The Modified Naranjo Criteria for Homeopathy, a tool for causal attribution, was used to assess the relationship between the homoeopathic treatment and the outcome. The MONARCH score for this case was +8. This case demonstrates that a single medicine prescribed based on symptom totality was successful in the expulsion of large urinary bladder calculi which may not pass spontaneously and usually require surgical intervention. The bilateral renal calculi were expelled, and pathological changes in the urinary system were also resolved. The patient showed significant improvement in mental and physical symptoms as well.

Keywords: Homoeopathy, *Nux vomica,* Renal calculi, Urinary bladder calculi, Urolithiasis

Introduction

Urolithiasis (ICD-10 code N-20-23) is a condition characterized by the formation of mineral concretions or stones within the urinary system.[1] The chemical composition of urinary stones includes calcium oxalate (60%), calcium phosphate (15%), uric acid –(10%), magnesium ammonium phosphate/ struvite (15%), cysteine, and others (1%).[2] Dehydration, hypercalcemia, hypercalciuria, hyperparathyroidism, hyperuricemia, hyperuricosuria, hyperoxaluria, infection, States, and other Southeast Asian countries. Male–female ratio of occurrence of calculi is 2:1. Incidence is observed to peak in 2nd – 3rd decade of life. The structure and composition of urinary stone in India vary from that of the Western world. Calcium oxalate monohydrate stones predominate in India.[3]

A plain X-ray of the kidney, ureter, and bladder region, ultrasonography (USG) of the abdomen, and computed tomography scan diagnose urinary stones.[4] Small stones (<5 mm) often pass on their own. 9–10 mm stones are relatively large, may not pass spontaneously, and cause symptoms such as pain

I J R H

CASE REPORT

Experience with homoeopathy in a case of large urethral calculus

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ABSTRACT

Calculus in the male urethra is a rare clinical presentation and case reports of urethral calculi in the medical literature are likewise scant. We report a case of a 33-year-old male who presented at Delhi Govt Homoeopathic Dispensary at Aali Village with intense pain and scanty urination. Ultrasonography confirmed the diagnosis of urethral calculus in prostatic part of urethra. On the basis of keynotes, *Lyssin* prescribed in LM potencies improved urinary flow immediately and provided pain relief, which were objectively assessed as per pre-defined scales, and the 11 mm calculus was expelled in 8 days. No complication was observed during the following 6 months with after expulsion of a large calculus.

Keywords: Homoeopathy, Keynote prescribing, Lyssin, Urethral calculus

INTRODUCTION

Urethral calculi are a rare occurrence in the industrialised world, accounting for 0.3-2% of all urinary tract stones.[1-3] Their occurrence is almost exclusively in men, in whom the urethra is longer and more tortuous (hence predisposed to stagnation and infection), although few cases in women and children have also been reported in literature.[4-7] Urethral calculi are preponderantly found in the prostatic urethra

The clinical presentation includes irritative and obstructive urinary symptoms, as well as severe pain, which may be localised or referred to the perineum. In order to cause obstruction, the stones generally have to be larger than 1 cm in diameter.[1] The most common presentation of an impacted urethral calculus is acute urinary retention.[4,11] Failure to recognise and to remove an obstructing urethral stone can lead to a host of complications, such as post-obstructive renal failure, long-term urethral

CLINICAL RESEARCH

A multicentre observational study to ascertain the role of homoeopathic therapy in Urolithiasis

V. A. Siddiqui[1*], Hari Singh[1], Jaya Gupta[1], C. Nayak[1], Vikram Singh[1], M. N. Sinha[2], A. K. Gupta[3], Paul Sumithran[4], Yogander Rai[5], Rajakumar[6], Rupali Dixit[1], Deepti Dewan[2].

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Abstract : Study was aimed to ascertain the role of homoeopathic medicines in Urolithiasis. A prospective, multicentre observational study was conducted by Central Council for Research in Homoeopathy (CCRH) from October 2005 to January 2010 to find the usefulness of homoeopathic medicines in cases of Urolithiasis. 901 cases were screened, out of which 311 cases were enrolled and 220 cases were analyzed in this study. The symptoms pertaining to urolithiasis were assessed before and after treatment. Pain, Dysuria and Haematuria were graded from 0-3 as per severity of complaints. Calculi were graded as per Number, Size and Position of calculi. The difference between the scores was assessed by using 'Wilcoxon sign rank test' in SPSS software (ver. 16). Out of 220 cases, there was expulsion of calculi in 106 cases (single calculus in 76 cases, multiple calculi in 30 cases) and in 114 cases, calculi remained but the symptom score reduced, indicating improvement in the case. The symptom score at baseline and after treatment was analysed and found statistically significant (P<0.005). The medicines found most useful were *Lycopodium clavatum* in *40.9% (n=90)* cases*; Sulphur in 12.3% (n=27)* cases*; Pulsatilla nigricans in 8.2% (n=18)* cases*; Nux vomica in 6.2% (n=14)* cases *and Cantharis vesicatoria in 5.9% (n=13)* cases. Treatment with homoeopathic medicines showed positive response in dissolution/expulsion of calculi. Further validation of these results is needed by conducting randomized clinical trial.

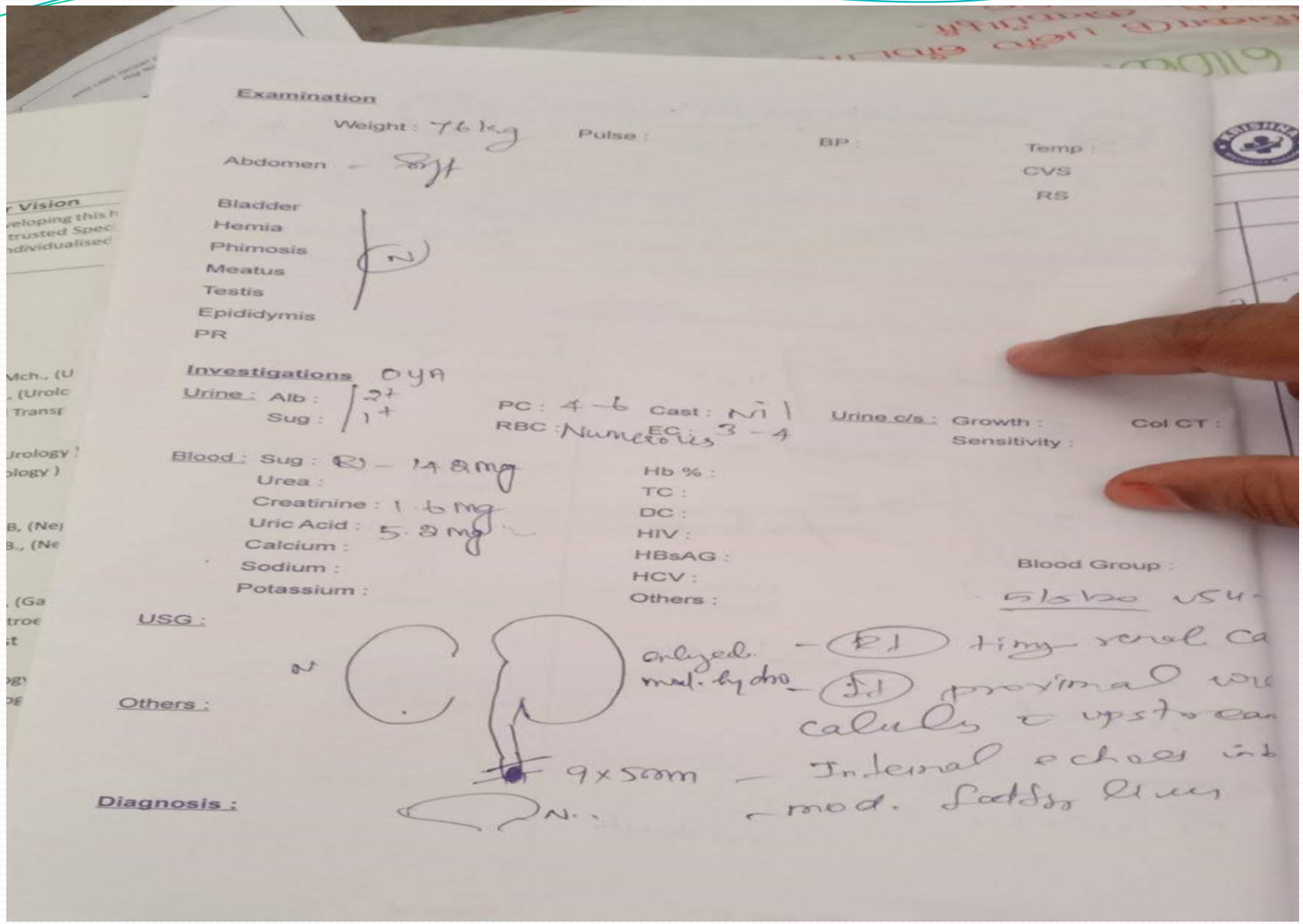
Keywords: homoeopathy; urolithiasis; lycopodium clavatum; cantharis vesicatoria; multicentre.

Introduction

The process of forming stone in urinary tract i.e. kidney, bladder and ureter is referred to as 'Urolithiasis'. Urinary calculi are one of the most common diseases

acid. Stones of less than 5 mm diameter usually pass spontaneously.[1] Stones of size 5-7 mm have a modest chance (50%) of passage and those greater than 7 mm almost always require surgical intervention.[2]

My Personal experience:



Examination

Weight : 76 kg Pulse : BP : Temp :

Abdomen – Soft CVS

RS

Bladder
Hemia
Phimosis
Meatus
Testis
Epididymis
PR

Investigations DYA

Urine : Alb : 2+
Sug : 1+
PC : 4–6 Cast : Nil
RBC : Numerous EC : 3–4
Urine c/s : Growth : Col CT :
Sensitivity :

Blood : Sug : R – 148 mg
Urea :
Creatinine : 1.6 mg
Uric Acid : 5.2 mg
Calcium :
Sodium :
Potassium :

Hb % :
TC :
DC :
HIV :
HBsAG :
HCV :
Others :

Blood Group :

USG :

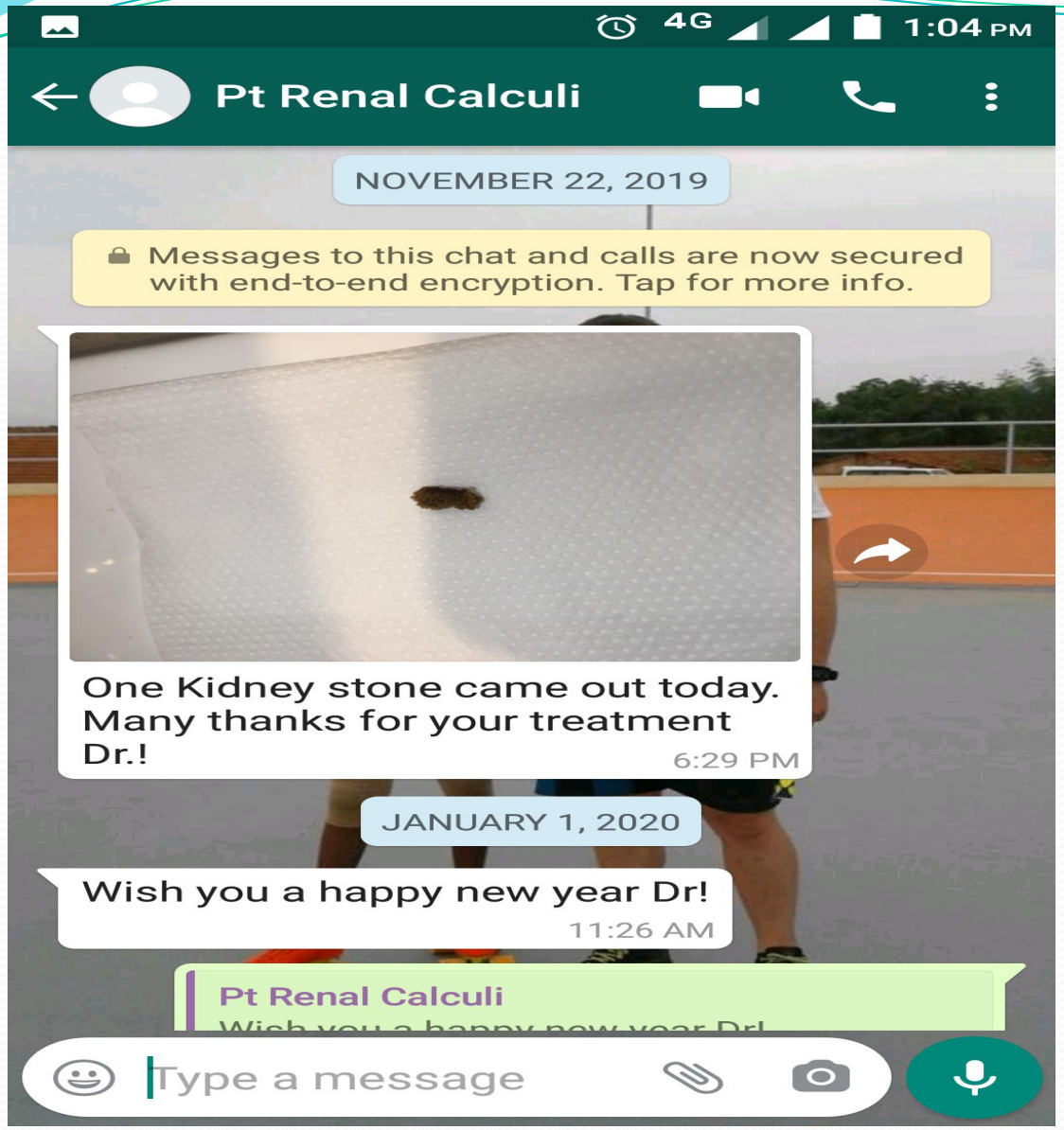
N

dilated. – Rt. 11mm renal ca
mod. hydro – Lt. proximal ure
calculus c upstream
9 x 5mm – Internal echoes in
– mod. Left
N.

Others :

Diagnosis :


Shot on Y15
Vivo AI camera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Pt Renal Calculi
NOVEMBER 22, 2019
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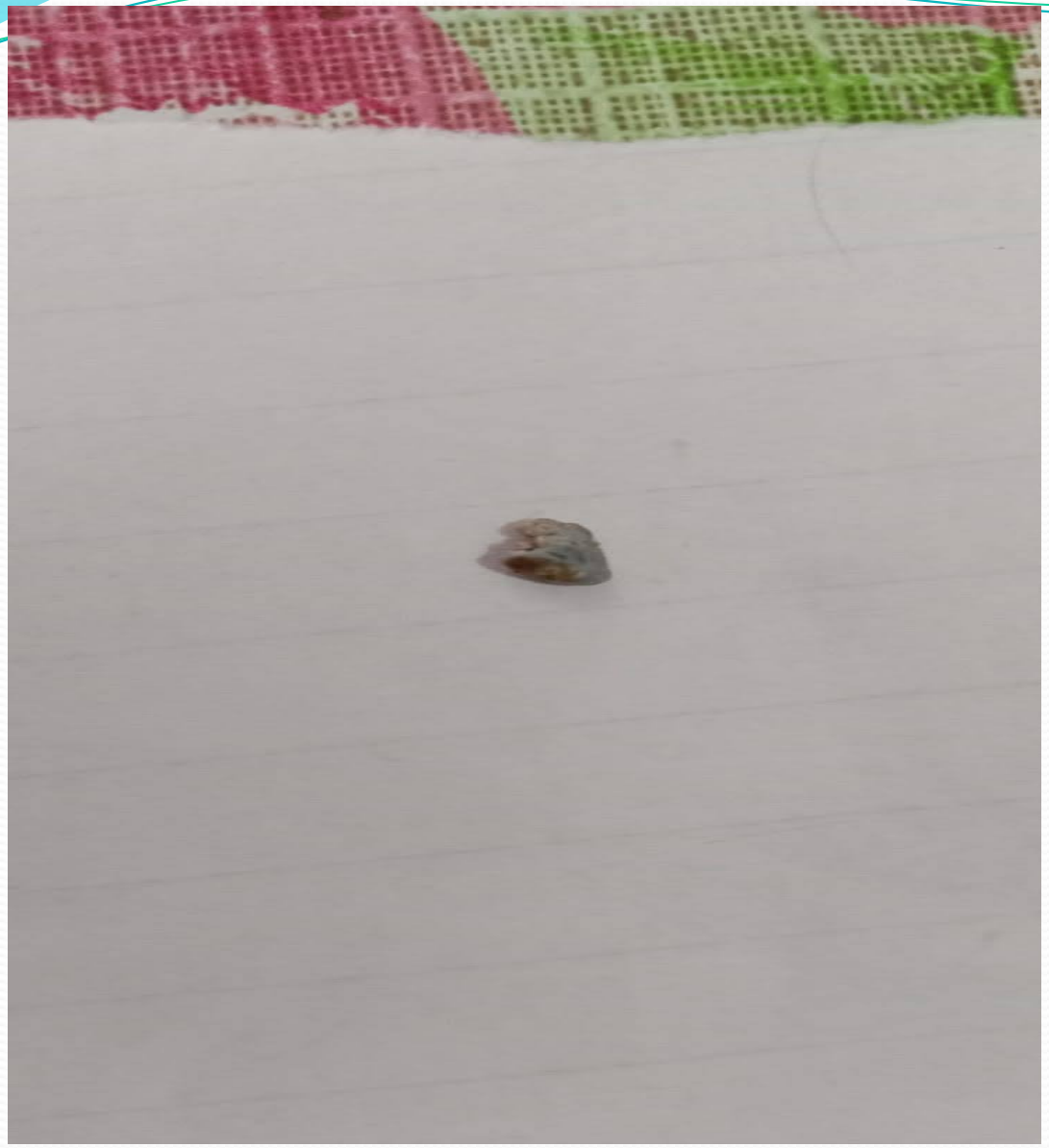
One Kidney stone came out today. Many thanks for your treatment Dr.!
6:29 PM
JANUARY 1, 2020
Wish you a happy new year Dr!
11:26 AM
Pt Renal Calculi
Type a message

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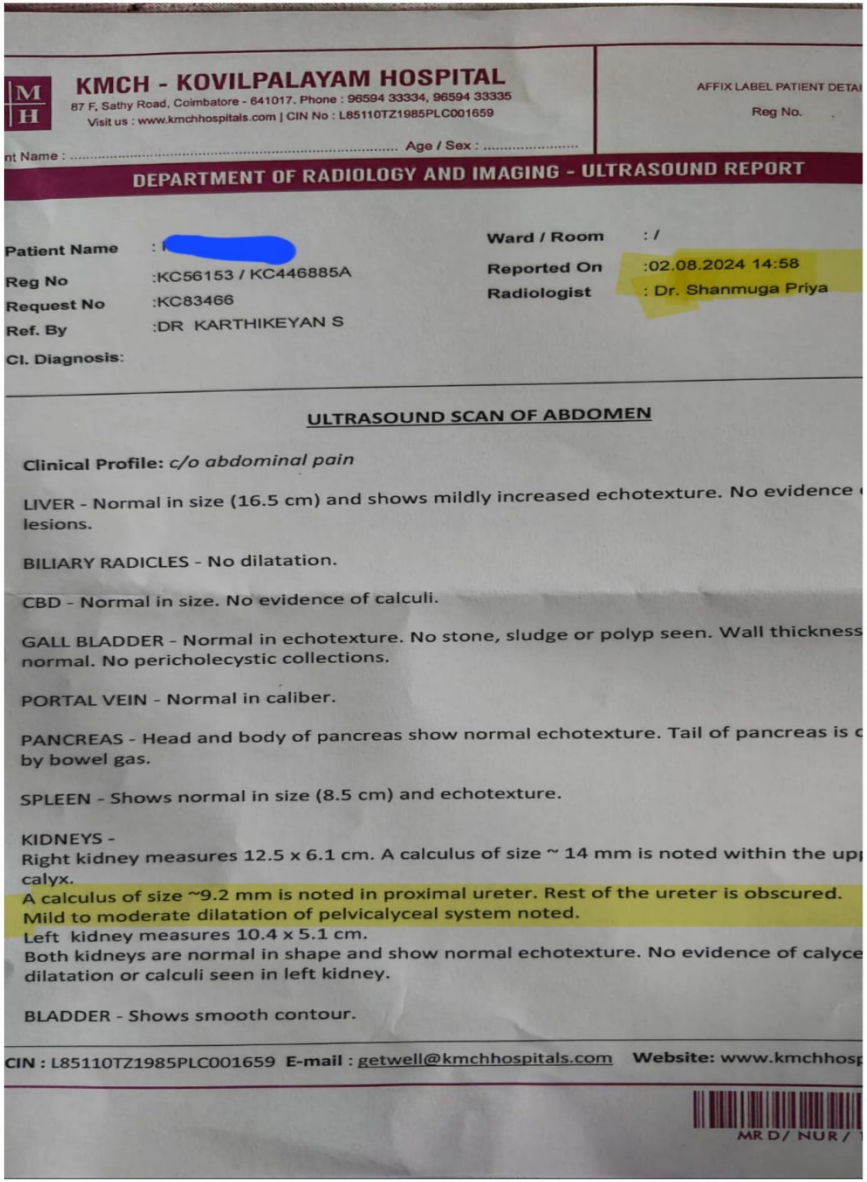

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AFFIX LABEL PATIENT DETAI
Reg No.

nt Name : ..... Age / Sex : .....

DEPARTMENT OF RADIOLOGY AND IMAGING - ULTRASOUND REPORT

Patient Name : [redacted]
Reg No :KC56153 / KC446885A
Request No :KC83466
Ref. By :DR KARTHIKEYAN S
Cl. Diagnosis:

Ward / Room : /
Reported On :02.08.2024 14:58
Radiologist : Dr. Shanmuga Priya

ULTRASOUND SCAN OF ABDOMEN

Clinical Profile: *c/o abdominal pain*

LIVER - Normal in size (16.5 cm) and shows mildly increased echotexture. No evidence lesions.

BILIARY RADICLES - No dilatation.

CBD - Normal in size. No evidence of calculi.

GALL BLADDER - Normal in echotexture. No stone, sludge or polyp seen. Wall thickness normal. No pericholecystic collections.

PORTAL VEIN - Normal in caliber.

PANCREAS - Head and body of pancreas show normal echotexture. Tail of pancreas is by bowel gas.

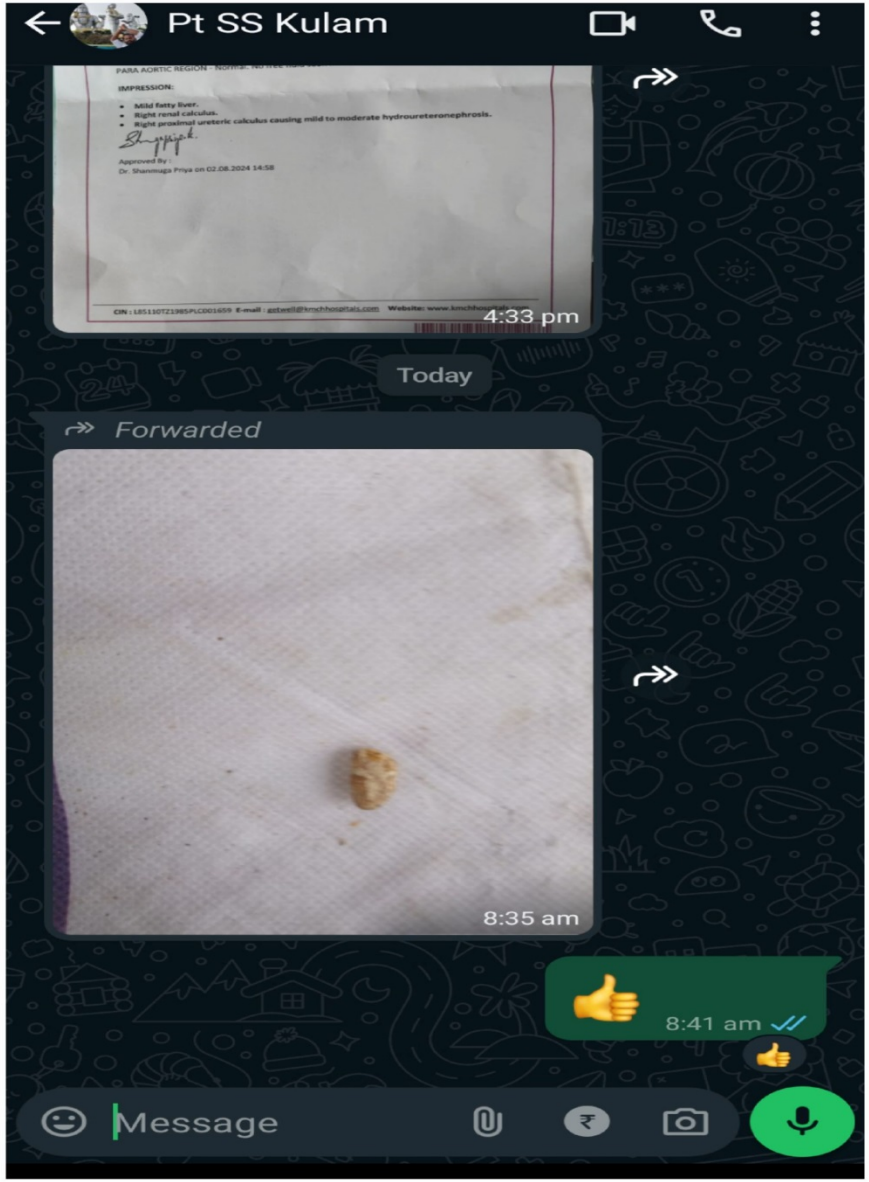
SPLEEN - Shows normal in size (8.5 cm) and echotexture.

KIDNEYS -
Right kidney measures 12.5 x 6.1 cm. A calculus of size ~ 14 mm is noted within the up calyx.
A calculus of size ~9.2 mm is noted in proximal ureter. Rest of the ureter is obscured.
Mild to moderate dilatation of pelvicalyceal system noted.
Left kidney measures 10.4 x 5.1 cm.
Both kidneys are normal in shape and show normal echotexture. No evidence of calyce dilatation or calculi seen in left kidney.

BLADDER - Shows smooth contour.

CIN : L85110TZ1985PLC001659 **E-mail :** getwell@kmchhospitals.com **Website:** www.kmchhosp

MR D/ NUR /



VEDANAYAGAM HOSPITAL PVT LTD

52, East Bashyakaralu Road, R.S Puram, Coimbatore - 641 002
Phone No : 0422 4354455, 2540066 Fax No : 4366506
Email Id : veda.office@gmail.com, Website : www.vnh-uro.com
CIN : U58110TZ1985PLC001577

Patient name	Mr. RAJKUMAR.R	**Age/Sex**	34 Years / Male
Patient ID	19/7001	**Visit No**	1
Referred by	Dr. KANDASAMI S.V. MS.,M.Ch.,	**Visit Date**	29/05/2020

KUB Report

Real time B-mode Ultrasonography of KUB done

KUB

Right Kidney

Normal in Size
Corticomedullary differentiation is maintained.
No evidence of calculus or hydronephrosis.

Left Kidney

Normal in Size
Corticomedullary differentiation is maintained.
8mm lower ureteric calculus with mild hydroureteronephrosis.

Bladder

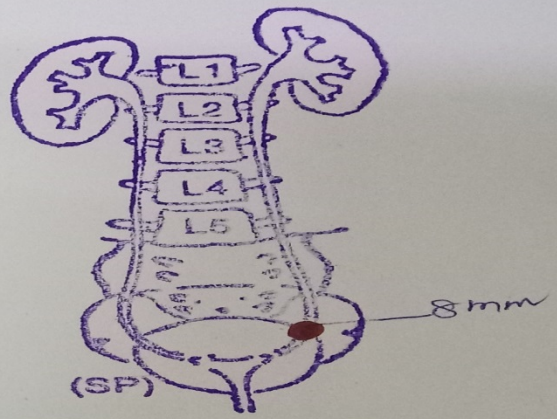
Bladder appears normal

Prostate

Prostate appears normal

Impression

Left lower ureteric calculus with mild hydroureteronephrosis.



DR.Shiv Ram

KMCH – KOVILPALAYAM HOSPITAL

87 F, Sathy Road, Coimbatore – 641 107. Phone : 0422 – 2654278 / 2653833
Visit us : www.kmchhospitals.com | CIN No : L85110TZ1985PLC001659

Patient Name : ..... Age / Sex .....

AFFIX LABEL PATIENT DETAILS HERE
Reg No.

DEPARTMENT OF RADIOLOGY AND IMAGING – ULTRASOUND REPORT

Name : Mr. Moorthy **Date : 5.5.2020**	**Age : 43Years**
S/O : Mr. Velusamy	**Sex : Male**
Ref By : Dr.Emr physician	**OP No : 51066**

Clinical profile : C/o abdominal pain
Past history of surgery : Nil relevant .

Liver is normal in size (14.2 cm) and shows moderate increase in echoes. No IHBR dilatation. No focal lesion.
Portal vein and common bile duct are normal.

Gall bladder - Normal. No calculus/sludge/polyp is seen. Wall thickness is normal. No pericholecystic collections noted.

Pancreas – Head and body show normal echotexture. Tail is obscured by bowel gas.
Spleen is normal in size (11.1 cm) and normal in echoes.

Right Kidney is normal in size (10.6 x 5.4 cm, cortical thickness is 1.0 cm).
Left kidney is normal in size (10.2 x 5.1 cm, cortical thickness is 0.9 cm).

Tiny calculus measuring 1.5 mm is noted the lower pole of right kidney. Calculus measuring 6.3 mm is noted in the left proximal ureter about 2.8 cm from the left pelvi ureteric junction with mild upstream hydroureteronephrosis.

Both kidneys show normal echoes with maintained corticomedullary differentiation.

Urinary bladder is distended with internal echoes. No calculus is seen.

Prostate : Normal in size and normal echoes. Volume – 17.8 cc.
No free fluid in abdomen.

IMPRESSION:

- **Right tiny renal calculus**
- **Left proximal ureteric calculus with upstream HUN**
- **Internal echoes in bladder, suggested clinical/ /urine analysis correlation**
- **Moderate fatty liver**

Dr. Ezhilmathi

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87 F, Sathy Road, Coimbatore - 641017. Phone : 96594 33334, 96594 33335
Visit us : www.kmchhospitals.com | CIN No : L85110TZ1985PLC001659

AFFIX LABEL PATIENT DETAILS HERE
Reg No.

Patient Name : ..... Age / Sex : .....

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BLADDER - Shows smooth contour.

Recent case

BEST SCAN CENTRE

Imaging illustrated

NAME: MR. SHARATH. P.S.	AGE: 23 YEARS SEX: MALE
REF DR: R.R. KARTHIKEYAN, BHMS, MD,	DATE: 08.10.2025

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

Real time 2D ultrasound was done with transabdominal approach. The Study reveals the following:

PERITONEUM :

Liver size is normal and shows normal echo pattern. IHBR and CBD are normal. Portal vein is normal.

Gall bladder is moderately distended, with regular walls.

Spleen is normal in size and echo pattern.

RETROPERITONEUM:

Pancreas shows normal echo pattern.

Kidneys : Both kidneys are normal in size and shows normal echo pattern.

Pelvicalyceal systems are normal.

Calculus of 3mm seen in lower pole of left kidney.

PELVIS:

Urinary bladder is distended with regular walls.

Prostate is normal in size and echo pattern.

IMPRESSION :

- ***Small left renal calculus.***

DR.V. PRABAKARAKUMAR, MBBS, DMRD,
RADIOLOGIST.

1332, Thadagam Road, R.S.Puram, Coimbatore - 641 002.
Phone : 0422 - 2549922, 2549944, 95000 24767 E-mail : bestscancbe@gmail.com

BEST SCAN CENTRE

Imaging illustrated

NAME: MR. SHARATH. P. S	AGE: 23 YEARS SEX : MALE
REF DR : R. R. KARTHIKEYAN. BHMS	DATE: 22.10.2025

ULTRASOUND SCAN OF ABDOMEN AND PELVIS

Real time 2D ultrasound was done with transabdominal approach.
The Study reveals the following:

PERITONEUM :

Liver size is normal and shows normal echo pattern. IHBR and CBD are normal.
Portal vein is normal.

Gall bladder is moderately distended, with regular walls.

Spleen is normal in size and echo pattern.

RETROPERITONEUM:

Pancreas shows normal echo pattern.

Kidneys : Both kidneys are normal in size and shows normal echo pattern.

Pelvicalyceal systems are normal.

PELVIS:

Urinary bladder is distended with regular walls.

Prostate is normal in size and echo pattern.

IMPRESSION :

- **Normal scan of abdomen.**

DR.V. PRABAKARAKUMAR, MBBS, DMRD,
RADIOLOGIST.

STAG HORN

Serenity
nurturing womanhood

ULTRA SOUND REPORT

January 29, 2025.

Mrs. Shobana Joseph / 51 yrs
Dr. Ashlesha Sankhe

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER :- Liver is normal in size and echotexture. No focal mass lesion seen. The intrahepatic biliary & portal radicles appear normal. Portal vein & CBD appear normal.

GALL BLADDER :- Gall bladder is physiologically distended. It `s wall is normal in thickness. No calculi seen in the gall bladder.

PANCREAS :- Pancreas is normal in size and echotexture.

SPLEEN :- Spleen is normal in size and echotexture. No focal lesion seen.

KIDNEYS :- Both kidneys are normal in echotexture.
Right kidney measures 9.1 x 4.1 cms.
Left kidney measures 8.7 x 3.9 cms.
The corticomedullary differentiation is maintained.
Moderate hydronephrosis and dilated upper ureter seen on right.
Parenchymal thickness of right kidney measures 12 – 14 mm.
A calculus, 11 – 12 mm in size, is seen in the right upper ureter.
About 3 – 4 calculi, 4 – 7 mm in size, are seen in the dilated right pelvicalyceal system.
About 3 – 4 calculi, 5 – 6 mm in size / staghorn calculus are seen in the upper calyces of left kidney.
Minimal fullness of the left upper calyces noted.

Para-aortic area appears normal. No free fluid in the abdomen.
No mass lesion seen in the iliac fossae

URINARY BLADDER :- Urinary bladder is well distended (358 cc). No intravesical mass or calculus seen. Bladder wall appears normal in thickness. Bilateral ureteric jets seen.

UTERUS :- Uterus is normal in size & echotexture. It measures 4.8 x 2.4 x 3.8 cms. No uterine mass lesion seen. The endometrial echocomplex measures 0.7 mm in thickness.

VID	45233180017	Regn Center	
Ref.By	SELF	Client Name	

128 SLI CE - CT KUB

OBSERVATION: -

Two non obstructive calculi are seen in lower pole calyx of right kidney measuring 8.7 mm and 2.
mm with average attenuation of 320 HU and 300 HU respectively.

Mild hydronephrosis and dilated renal pelvis is seen on right side due to calculus in pelviureteri
junction extending into the proximal ureter. It measures 11.4 x 7 mm with average attenuation c
950 HU. Renal pelvis diameter is 18 mm.

Tiny 1-2 mm sized renal concretion in mid and lower pole calyx of left kidney with averag
attenuation of 70 HU. Non obstructive calculus in left renal mid pole calyx measuring 5.7 mm wi
average attenuation of 1100 HU. Focal caliectasis is seen in upper pole with multiple (atleast
calculi ranging in size from 3.2 mm to 11 mm with average attenuation of 270 HU to 1400 H
respectively. A calculus is seen in left renal upper pole calyx extending into the renal pelv
measuring 11 x 8 mm with average attenuation of 1400 HU.

Both kidneys are normal in size, shape, position and axis with preserved cortico-medulla
differentiation.

Right kidney measures 8.3 x 4.5 cms.
Left kidney measures 8.5 x 4.1 cms.

Rest of the both ureters and vesico-ureteric junction are normal.

Bladder is partially distended. No obvious calculus. The perivesicular fat planes are preserved. T
rest of the pelvic organs appear normal.

Borderline hepatomegaly is seen with fatty liver. Degenerative changes are seen in visuali
vertebrae.

MEENAKSHI MISSION HOSPITAL & RESEARCH CENTRE

DEPARTMENT OF IMAGING & INTERVENTIONAL RADIOLOGY

Registration Number : 1226609
Request Number : 107542
Requested on : 22-05-2025 10
Reported on : 22-05-2025 13

CT UROGRAM (KUB)

TECHNIQUE :
Multislice helical section taken from dome of diaphragm to pubic symphysis without IV Contrast.

OBSERVATIONS:

Right kidney measures 9.2 x 3.5cm, shows normal size
Moderate hydroureteronephrosis with subtle perinephric fat stranding noted.
Few calculi noted, largest in upper pole measuring about 13 x 7mm (HU+800)
Proximal ureteric calculus measuring about 3cm from PUJ measuring about 1.7 x 6mm (HU+1300) noted,

Left kidney measures 9.2 x 4.4cm, shows normal size
No pelvicalyceal system dilatation.
Partial staghorn calculus noted involving left upper calyx measuring about 2 x 1.2cm (HU+1660)
Left ureter appears normal.

Urinary bladder appears normal.

Uterus and Ovaries appear normal,No evidence of mass lesion in adnexa

Both adrenal glands appear normal.

Liver, Gall bladder, Spleen and Pancreas appear normal.

No free fluid in abdomen

No significant abdominal lymphadenopathy

No evidence of small / large bowel wall thickening

Screening chest shows lung fields are clear, No signs of active infection
No evidence of pleural effusion
No significant enlarged lymphnodes in mediastinum

Visualized bony parts show minimal osteopenia

Dr. NANCY

PREVENTION OF RECURRENCE

- Recurrence rates are estimated at about 10% per year, totaling 50% over a 5-10 year period and above 75% over 20 years.

I J R H

ORIGINAL ARTICLE

Homoeopathic preparation of *Berberis vulgaris* as an inhibitor of Calcium oxalate crystallization: An *in vitro* evidence

Thellamudhu Ganesan, Divya Bhavani Ravi, Jyothilakshmi Vasavan, Anil Khurana[1], Debadatta Nayak[1], Kalaiselvi Periandavan

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Quick Response Code:

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E-mail: pkalaiselvi2011@gmail.com

Received: 09-10-2014
Accepted: 06-07-2015

ABSTRACT

Background: *Berberis vulgaris* is the most widely used drug in Homoeopathy for treating urolithiasis. However, its mechanism of action in alleviating its consequences remains uncertain.

Objective: To explicate the potential role of Homoeopathic preparation of *B. vulgaris* on *in vitro* Calcium oxalate (CaOx) crystallization.

Materials and Methods: Spectrophotometric crystallization assay was carried out, and the slopes of the nucleation (till the maximum) and aggregation (after the peak) phases were calculated using linear regression analysis, and the percentage inhibition exerted by the modifiers was calculated. Light microscopic observation of CaOx crystals formed in the presence or absence of modifiers was carried out to support the outcome with spectrophotometric crystallization assays and to ascertain the potential role of *B. vulgaris* in CaOx crystallization.

Results: The crystallization studies performed so far signifies *B. vulgaris* to be a potent drug against CaOx crystallization both at the level of nucleation and aggregation.

Conclusion: Our present findings add up to the experimental evidence to support the efficacy of the homeopathic preparation of the *B. vulgaris* in modulating the primary events of stone formation.

Keywords: *Berberis vulgaris*, Calcium oxalate crystals, Crystallization, Urolithiasis, Anti-urolithic agent

DIET AND KIDNEY STONES

HAVE


Green tea


Water with lemon, lime or orange slices or juice


Low-fat yogurt, kefir or milk


Broccoli


Bok choy


Kale


Coffee


Bananas


Papaya


Cantalopes


Raw red and yellow pepper

AVOID


More than 500 mg of calcium, 2000 IU of vitamin D, and 500 mg of vitamin C supplement a day


Salty and sugary foods


Cold cuts and other processed meats


Grapefruit juice


Swiss chard


Spinach


Rhubarb


Potatoes and yams


Beets


Raspberries

HIGH-OXALATE FOODS


Tofu, miso and other soya foods


Dark chocolate and cocoa powder


Nuts and seeds


Beans


Wheat bran


Buckwheat


Black tea

END CARD

- According to a survey conducted in India, 62% of the current Homoeopathy users have never tried conventional medicines for day-to-day health problems and 82% would not switch to conventional treatments, unless it is an emergency. Presently, Homoeopathy is accepted as a system of gentle healing. The inherent strength of the system makes it a safe therapy, eco friendly and free from adverse side effects.


Thank you!
VERY MUCH