

Clinical Outcome of Urolithiasis Managed with Medorrhinum: A Case Report

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ABSTRACT

Urolithiasis is a frequently encountered clinical problem affecting both the sexes of various age groups and even children. Its prevalence is increasing globally. The treatment for kidney stones usually depends on their size, site and composition. This case report explores the potential of homoeopathy in the treatment of urinary calculus. A patient of urolithiasis reported in a clinical setting. Detailed case taking of the patient was done and individualized homoeopathic medicine was prescribed on the basis of totality of symptoms after repertorization done by Homoeopathic Medical Repertory by Dr. Robin Murphy. Medorrhinum was prescribed as the individualized medicine. The clinical status of the patient was analyzed by ultrasonography imaging. Constitutional approach of yielded encouraging results. There was symptomatic relief of the patient and post-treatment ultrasonography showed no calculus after homoeopathic interventions. Individualized medicine, Medorrhinum found effective in speedy removal of the calculus. Medorrhinum, prescribed in this case, has limited documentation in the homoeopathic literature regarding its clinical utility in urolithiasis, yet, this constitutional medicine acted favourably in alleviating the morbidity.

Introduction:

“The basis of the Homoeopathic prescription is the totality of the symptoms which represent the functional disorder- the abnormal process of the disease itself, not its ultimate or end-products.”⁽¹⁾

-By Stuart Close (The Genius of Homoeopathy)

As per study by the World Health Organization (WHO), it is estimated that 11 % of the Global Burden on Diseases (GBD) can be treated with surgery. In Homoeopathy, Master Hahnemann has broadly classifies disease as dynamic disease, among them local maladies are a part of dynamic disease. Surgical conditions are a part of the local maladies in which surgical intervention may be essential in conditions such as congenital deformities, structural problems, severe injuries or life-threatening pathological conditions these are true surgical diseases, rest of all falls into category of pseudo-surgical or dynamic diseases.⁽²⁾

Homoeopathy considers disease primarily as a disturbance in the *vital force (life*

force). If this disturbance persists for long and the body is not able to overcome the condition then it creates disease products such as over growth, tumors, cysts, prolapse and stones and so on. In such cases, surgical removal doesn't change underlying pathological process and people tend to get recurrence of their ailments.⁽²⁾

Urolithiasis is highly prevalent condition, in Asia about 1-19 % of population, in India about 7.6 % of population with recurrence rate 26-53 % (10 years) and the incidence reaches its peak in population over 30 years of age that has a large impact on quality of life of those affected. It also imposes a great financial burden on society.⁽³⁾

Approximate 2 million people in India are affected with Urolithiasis every year and some parts of country has name denoted as a "Stone belt" that is Gujarat, Maharashtra, Punjab, Rajasthan, Delhi, Haryana and part of state on North East side. The Kachchh and Saurashtra region of Gujarat also has higher prevalence of renal calculi. In India, approximate 50 % of cases of renal calculi may end up to renal damage or loss of kidney function.⁽⁴⁾

Diet is an integral part of renal accumulation and thus filtration, which in turn affects the absorption and bodily homeostasis of renal stone occurrence. The epidemiology differs in accordance with different geographical regions and social constructs.⁽⁴⁾

In Organon of medicine, Master Hahnemann has introduced the causes of disease were exciting or maintaining and fundamental causes. Thus, Master Hahnemann contends that the fundamental causes are miasms that attack and derange the central life force, make organism susceptible to many other exciting or maintaining agents to develop functional and structural changes in individual tissues or organs producing diverse naming of diseased conditions corresponding to diverse tissues or organs predominantly damaged.⁽⁵⁾ That's why; despite of living in same locality, all persons are not developing same disease.

In Modern medicine, Urolithiasis is managed with conservative and surgical measures, which gives temporary relief and sometimes leads to side effects. Recent decades have witnessed great advances in surgical treatment of urinary stones. But following Extracorporeal Shockwave Lithotripsy (ESWL) about 63-85 % of acute renal injury may be noticed in patients as demonstrated by CT scan and MRI.⁽⁶⁾ Recurrence of the diseases, incomplete cure, with side effects and expensive treatment of the conventional medical science needs an alternative therapy such as Homoeopathy for treatment of urolithiasis, which is cost-effective, gentle, safe and risk-free and has been demonstrated to be effective both in removing the stone as well as significantly decreasing recurrence. So surgery may be avoided in most of cases through Homoeopathic interventions and lifestyle changes.⁽⁷⁾

Surgical removal of urinary stone did not change their tendency of recurrence. Tendency to relapse which is not surgical but in fact it is a constitutional problem.⁽²⁾ That's why Homoeopathic Constitutional Medicine is directed towards the patient as a whole which is not only help to remove specific disease (stone) but general morbid state is also improved along with prevention of recurrence by correction of internal derangement of life force.⁽⁷⁾

However, if urinary stone is too large and there is progressive increase in obstruction which may lead to irreversible kidney damage and deterioration of health, then patient may be referred to surgical intervention. Here the role of constitutional medicine helps in pre-surgical and post-surgical conditions.

It is a common belief in the conventional system in medical science that stones greater than 7 mm usually need to be removed surgically. Surgical intervention is not always mandatory, because there is evidence-based documentations are available where Homoeopathy act marvelously in dissolution and expulsion of bigger stones.⁽⁶⁾

Case report

A 38-year-old married businessman from Rajkot, Gujarat presented to the outpatient department of Sainath Homoeopathic Hospital on 2nd April 2024 with following complaints.

History of present illness:

Patient was well before 2 days and he had sudden stitching pain (+3) at bilateral renal region at yesterday night (at 11 pm) lasts for 25-30 minutes. He was unable to sit or lie down and became restless with profuse sweating due to pain, which was < touch and > after urination. Pain was subsided by painkiller injection within 15 minutes. On next morning he had intense pain (+3) at left inguinal region (groin) with sensation as if passing of stone which was lasts for 10 minutes and subsided by itself.

Location	Sensation	Modalities	Concomitants
Bilateral Renal Region (loin)	Stitching pain (+3) (lasts for 25-30 minutes)	< at last night, touch > After urination	-
Left Inguinal Region (groin)	Intense pain (+3) with sensation as if passing of stone		

Associated complaints:

Patient had constant dull aching pain in back (lower back) along with renal colic which was > after urination (+1).

Physiological functions:

1. **Appetite:** Adequate, hasty eating (finished within 5 minutes), 3 times /day (2 roti, sabji, dal-rice, etc.).
2. **Thirst:** Thirsty (+2) (approx. 4-5 liter/day), prefers cold water.
3. **Urine:** Dark yellow, Normal flow. No frequency / urgency / burning / haematuria or any other complaints before /during / after urination.
4. **Stool:** Once a day in a morning, No any complaints before / during /after stool.
5. **Cravings / desires (+), aversion (-), agg. & amel:** Desire: Spicy (+3),Lemon (+3) and Brinjal (+2).
6. **Disagree / allergy:** No.
7. **Thermic reaction:** Towards Hot (prefers winter season, bathing with cold water, wants fanning, no covering).
8. **Sleep:** Sound sleep at night (11 pm to 6 am), on back, no any complaints before / during / after sleep.
9. **Dreams:** Any troublesome or persistent dreams.
10. **Perspiration:** Profuse on whole body on exertion, no offensiveness / staining.
11. **Addiction:** Tobacco chewing (Mawa: 10-12 / day) since 20 years.
12. **Mile stones:** All were at a proper time.

13.Tendencies: No.

14.Vaccination: All vaccination has done without any adverse reactions.

Female history (Menstrual history, Leucorrhoea, Obstetrics history): Not applicable

Past history:

H/o similar complaints of urolithiasis with any treatment taken for it / any accidents / injuries / operations / blood-transfusion /other illness: Yes

No.	Disease	Affected system	Age (year)	Duration	Treatment	Result
1.	Fracture	Bone-femur	30	1 month	Orthopedic	Improved

Family history:

H/o similar complaints of urolithiasis with any treatment taken for it: No

No.	Person	Healthy	Disease	Alive	Dead
1.	Father	Yes	BPH	Yes	
2.	Mother			Yes	

Mental – Emotional status: Patient was very angry (+3) by nature when things was not done according to him or someone contradicts him; express his anger by shouting on others; after that he was absolutely normal with that person. He was always in hurry (+3) (eating, doing his work, almost in everything) and become impatient (+3) in every matters. He had habit of nail biting since childhood. He had no fear of anything. Hobbies: He likes travelling, enjoyment and outing with friends. He doesn't have any major life events in past that affect him.

General examination:

Temperature: 98.6 F	Teeth: white
Pulse: 78/min	Hair: no any complain of it.
Blood pressure: 130/90 mm of Hg	Nails: no any complain of it.
SpO ₂ : 98%	Oedema: no
Weight / height: 70 kg / 160 cm	Tongue: Clean
Eyes: No Icterus	Lymphadenopathy: no
Ear: clear	Skin: dark colour
Nose: Clear	Joints: No any complain of it.
Throat: Clear	Spine: No any complain of it.

Systemic examination:

RS: No physical abnormality of thorax, normal bilateral airway entry.

CVS: Normal S₁, S₂ Sounds. No S₃/ Murmurs.

P/A:

Inspection: distension of abdomen.

Palpation and percussion: Tenderness at left renal angle. No any swelling or tender renal lump or any other abdominal abnormalities.

Auscultation: Diminished bowel sounds.

CNS: Well-orientation regarding time, space and person. No abnormality in behaviour. No sensory or motor ataxia.

Investigations / Suggested investigations:

Laboratorial investigations: CBC, Blood urea, S.Creatinine, Urine routine and microscopic examination: within normal limits.

Radiological Investigation: USG – KUB Region:

Approx 4 mm sized right renal calculi; approx. 3-4 mm sized two left renal calculi.

Clinical Diagnosis of disease: Renal colic due to renal calculi.

Diagnosis of phase of disease: Acute episode of chronic disease.

Miasmatic diagnosis

- **Dominant:** Psora
- **Fundamental:** Sycotic
- **Assessment of miasm:**
 1. System in which the disease is present: Genito-urinary system.
 2. Other affected systems: No.
 3. Actively involved system: Urinary system.
 - a. Pace of disease development: Rapid.
 - b. Actively involved organ or tissue: Kidney, Ureter.
 - c. Pathological changes: Renal calculi.
 - d. Affected functions: Extra-deposition of urinary salts in kidney.
 - e. Expression of affected parts: Pain.

Case processing:

Enumeration and Analysis of symptoms:

1. Stitching pain (+3) at bilateral renal region (loin) < night, touch and > after urination. Intense pain (+3) at left inguinal region (groin) with sensation as if passing of stone. Dull aching pain (+1) in back which was > after urination. (Physical particular symptom with location, sensation, modalities and associated symptom).
2. Dark yellow urine (Physical particular sign) (+2).
3. Thirsty (+2) (Physical general symptom).
4. Desire: spices (+3), brinjal (+3), lemon (+3), Tobacco chewing (Mawa)(+3) (Physical general symptom).
5. Hot patient (Physical general symptom).
6. Perspiration: profuse (Physical general symptom).
7. He gets anger from contradiction (+3) (Mental general symptom, will and emotion).
8. He was always in hurry while eating, doing his work or in everything(+3) (Mental general symptom, will and emotion).
9. He was impatient in every matter (+3) (Mental general symptom, will and emotion).
10. He had habit of nail biting (+3) (Mental general symptom, will and emotion).

Evaluation and Totality of symptoms:

1. He gets anger from contradiction (+3).
2. He was always in hurry while eating, doing his work or in everything(+3).
3. He was impatient in every matters (+3).
4. He had habit of nail biting (+3).
5. Desire: spices (+3), brinjal (+3), lemon (+3), tobacco chewing (+3).
6. Thirsty (+2).
7. Stitching pain (+3) at bilateral renal region (loin) < night, touch and >after urination. Intense pain (+3) at left inguinal region (groin) with sensation as if passing of stone. Dull aching pain (+1) in back which was > after urination.
8. Dark yellow urine (+2).

Repertorial totality^{(8),(9)}:

<p>On 07/05/2024 (After 20 days): No pain at bilateral renal region and in back. Urine: pale yellow. Mentally and physically feels much better. Anger (+1) and Tobacco chewing (+1) (Mawa: 2-3/day) was reduced. No passage of any stone. No any other complaints.</p>	6	<p>Repeat Medorrhinum 1M dose SOS, SL 5 pills BD for 30 days and SL in liquid form BD 3 days</p> <p>Moderate Improvement</p>
<p>On 26/06/2024 (After 50 days): Patient was out of town so late he had come for follow up. No any complaints. Much better. He was not aware about passage of any stone. Advise to repeat USG- KUB region</p>	6	<p>Repeat Medorrhinum 1M dose SOS and SL 5 pills BD for 30 days</p> <p>Moderate Improvement</p>
<p>On 26/07/2024 (After 30 days): No any complaints. He was not aware about passage of any stone. In USG- KUB region: No significant abnormality detected. Advised him to visit if any complaints occur in future.</p>	0	<p>No medications.</p> <p>Significant improvement</p>

USS (Urolithiasis symptom score) scale:

1. Pre-treatment: **10**
2. Post-treatment: **0**

Discussion

The above case report shows that homoeopathic medicines are effective in the treatment of urolithiasis. In this case, Medorrhinum was prescribed which covered the totality of symptoms of the patient and it has shown positive results with cure of the patient. The general concept in Homoeopathy towards treatment of the sick is ‘Treat the patient not the disease.’⁽¹³⁾ The followers of Homoeopathy today, widely vary in their approaches for case-taking, analysis and prescribing. Different approaches have been developed which differ from Hahnemann’s classical approach.⁽¹⁴⁾

Conclusion

The present case report advocates the potential of Homoeopathy in treating the cases of urolithiasis, where Medorrhinum prescribed as constitutional medicine showed positive results. The outcome of this case report will improve the knowledge of the clinicians, which will benefit the patients suffering from urolithiasis, particularly those who want to avoid the risk of surgical interventions.

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Author Contributions-

Hiral T: Concepts, Definition and Introduction of Content, Literature review, data analysis, manuscript preparation

Jignesh P: Concept, Data Analysis and Manuscript Review, Project administration

Ethics Approval- The author certify that they have obtained verbal consent for publishing his reports.

Data Availability- Due to Patient privacy consideration the raw data cannot be made publically available however deidentified summary data and analysis code are available from the corresponding author upon reasonable request, we are committed to supporting legitimate ethics-aligned inquiries.

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Patient Name: Mahesh Katra Age: 38 Dr. S. N. Patel
Referring Dr: Dr. ramani ar Ser: m Date: 22-Apr-24 D.M.R.D. (Radiologist)

U.S.G. Screening of abdomen

- * LIVER: Shows normal size and echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D. and portal vein appears normal in calibre.
- * GALL BLADDER: Appear normal in size and shape. No evidence of gallstones or cholecystitis changes.
- * PANCREAS & SPLEEN: Appears normal. No focal lesion noted.
- * KIDNEYS: Both kidneys are normal in size, shape and echotexture. No focal lesion noted.
- * BOTH KIDNEY SHOWS 3-4MM SIZE CONCRETIONS IN MID AND LOWER CALICE WITHOUT OBSTRUCTION. RIGHT KIDNEY SHOWS MILD HYDRONEPHROSIS AND HYDROURETER WITH 4MM SIZE STONE, LEFT KIDNEY 3-4MM SIZE STONE
- * URINARY BLADDER: Appears normal. No evidence of calculus or growth in it.
- * PROSTATE: Normal in size and echotexture. No focal lesion.
- * No evidence of ascitis.

Thanks for reference.

CONSULTANT RADIOLOGIST

Note: This above results are subject to variation due to technical limitations, hence correlation with clinical findings and other investigations should be done.

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Patient Name: Mahesh Katra Age: 38 Dr. S. N. Patel
Referring Dr: SANKAT HOSPITAL - DR. HIRAL Ser: M Date: 26-July-24 D.M.R.D. (Radiologist)

U.S.G. Screening of abdomen AND PELVIS

- * LIVER: Shows normal size and echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D. and portal vein appears normal in calibre.
- * GALL BLADDER: Appear normal in size and shape. No evidence of gallstones or cholecystitis changes.
- * PANCREAS & SPLEEN: Appears normal. No focal lesion noted.
- * KIDNEYS: Both kidneys are normal in size, shape and echotexture. No focal lesion noted. No evidence of calculus or hydronephrosis on either side.
- * URINARY BLADDER: Appears normal. No evidence of calculus or growth in it.
- * PROSTATE: Normal in size and echotexture. No focal lesion.
- * No evidence of ascitis.

CONCLUSION: NORMAL APPEARANCE OF LIVER, GALL BLADDER, PANCREAS, SPLEEN, BOTH KIDNEY, URINARY BLADDER AND PROSTATE.

Thanks for reference.

CONSULTANT RADIOLOGIST

Note: This above results are subject to variation due to technical limitations, hence correlation with clinical findings and other investigations should be done.