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

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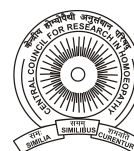
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## Abstract

**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.

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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.<sup>[1]</sup> 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%).<sup>[2]</sup> 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'. Urinary calculi are one of the most common urological problems distributed worldwide, commonly found in India, South Africa, the United

States, and other Southeast Asian countries. Male–female ratio of occurrence of calculi is 2:1. Incidence is observed to peak in 2<sup>nd</sup> – 3<sup>rd</sup> 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.<sup>[3]</sup>

A plain X-ray of the kidney, ureter, and bladder region, ultrasonography (USG) of the abdomen, and computed tomography scan diagnose urinary stones.<sup>[4]</sup> 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, hematuria, difficulty in passing urine, or urinary tract infections. These usually require surgical interventions. Homoeopathy can be used as a safe alternative to surgical intervention.<sup>[5]</sup>

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While several small clinical trials have investigated homoeopathic remedies for conditions such as kidney stones,<sup>[6]</sup> research specifically on bladder calculi (9–10 mm size) is rare.

This case of urolithiasis has been reported according to homoeopathic clinical case reports guidelines<sup>[7]</sup> and adds to the evidence of the usefulness of homoeopathic intervention in urological disorders.

## PATIENT INFORMATION

A 34-year-old male from New Sangvi, Pune, Maharashtra, India with a moderate build and working as a shopkeeper in the shop of garments presented to the outpatient department (OPD) of Dr. D.Y. Patil Homoeopathic Medical College and Research Centre, Pimpri, Pune with recurrent episodes of mild to moderate dull aching pain in the back on 16 July 2017. Over the last 2–3 days, the pain was reported to have intensified and appeared suddenly. It was localized on both sides of the flank area. Pain worsened with walking, standing, urination, and straining to urinate, while it eased with rest. The patient also reported a frequent urge to urinate, accompanied by burning pain during urination. Despite being on allopathic medication (tablet *Nurofen*), his symptoms did not improve. He suffered from typhoid at the age of 14 years, took conventional treatment, and recovered well without any complications. No family history of calculi or any other medical or surgical illness was reported.

## Clinical findings

The patient had an average built, dark complexion, was 5 feet 3 inches tall, and weighed 65 kg. No specific abnormalities were found in systemic and local examinations. No tenderness was found on superficial and deep palpation during abdominal examination.

## Generalities

The patient usually maintained strong relationships with his family members. He was a workaholic, hardworking, but extremely irritable due to his complaints. He was impatient and sensitive to even the slightest stimuli. He preferred to stay occupied with work and strived for perfection in everything he did. He did not have any specific dreams. He had a craving for spicy food and an aversion to sugar. He experienced very little thirst but perspired profusely all across his body on the slightest exertion, with sweat staining yellow but no odor. He also suffered from constipation. The patient was thermally hot with tolerance to cold.

## Diagnostic assessment

The prevoid USG of abdomen and pelvis (on 11 July 2017) areas revealed a mobile urinary bladder calculus of size 9–10 mm size, with bilateral renal calculi (3.8 mm in lower pole of right kidney, 4.2 mm in upper pole of left kidney), minimal hydronephrosis (HN) and hydroureter (HU) in the right kidney with mild edema at right ureterovesical (U-V) junction.

## Case analysis and repertorisation

The following characteristic symptoms were taken into consideration for totality of symptoms and repertorization after analysis and evaluation:

- Bladder calculi
- Renal calculi
- Pain aggravated on walking, standing
- Pain ameliorated on rest
- Pain appeared suddenly and disappeared gradually
- Burning pain in the urethra
- Intoxication after medicaments
- Desires spicy
- Aversion to sugar
- Profuse perspiration on the slightest aggravation

The above symptoms were converted into rubrics and the case was repertorised using Complete Repertory from Homopath Zomoeo LAN version software.<sup>[8]</sup> *Nux vomica* was the highest-scoring medicine by covering maximum rubrics (11) and scoring the highest points (31) [Figure 1]. *Pulsatilla* and *Phosphorus* covered 10 symptoms each, *Sepia* covered 9 symptoms and *Calc. carb.* covered 8 symptoms.

## Therapeutic intervention

All significant mental and physical general symptoms, as well as particular symptoms were classified, analyzed, and evaluated after the detailed case-taking. Considering the totality of symptoms, homoeopathic medicine, *Nux vomica* was selected as an individualised homoeopathic medicine and prescribed in 30C potency. *Nux vomica* 30C potency was selected because the patient was in an acute condition with severe pain. This potency allows repetition of the medicine. The medicine was manufactured by a pharmaceutical company certified in Good Manufacturing Practices and was prescribed in 30-sized globules.

*Nux vomica* 30C was prescribed on the first visit on 16 July 2017. The patient was asked to take the medicine orally twice daily for consecutively three days. Doses were repeated based on frequent intense pain. Each dose consisted of two medicated globules. The patient was advised to take plenty of fluids and avoid oxalate-rich foods such as milk and milk products, colocalasia, tomatoes, nuts, chocolates, spinach, etc.

## Follow-up and outcomes

The patient was followed up monthly and, if required, bimonthly. The change of potency and repetition of doses was done as per the guidelines of homoeopathic philosophy. The changes in sign and symptoms, as well as the medicine prescribed in every follow-up, are provided in Table 1.

The Modified Naranjo Criteria for Homeopathy (MONARCH), a tool for causal attribution, was used to assess the relationship between homoeopathic treatment and the outcome.<sup>[9]</sup> MONARCH score was +8 (on a scale of –6+13), suggesting that patient's improvement was likely due to the homeopathic intervention [Table 2].

The patient felt better, with no pain or bleeding per urethra. His general condition also got better and stable. The ultrasound

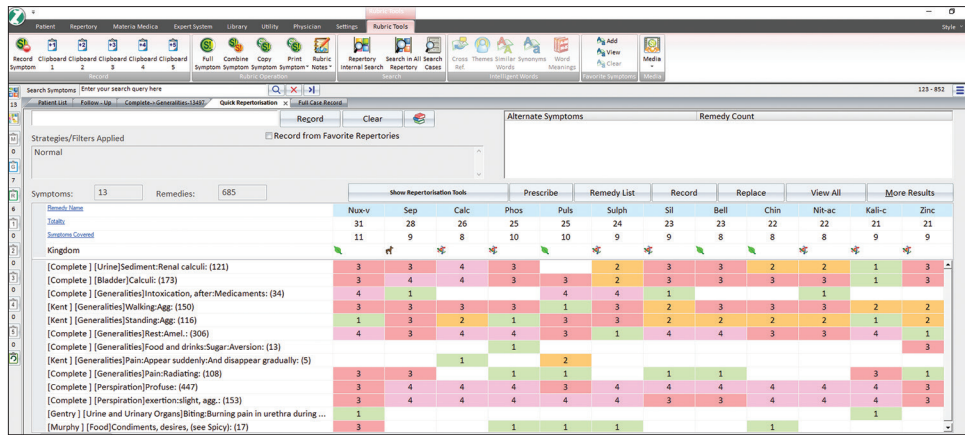


Figure 1: Repertorial result from hompath zomoeo LAN version software

Table 1: Follow-up

Date	Sign and symptoms	Prescription
16 July 2017 (Baseline Visit)	<ul style="list-style-type: none"> <li>Recurrent episodes of mild to moderate dull aching pain in the back</li> <li>Over the last 2–3 days, the pain intensified and appeared suddenly</li> <li>Localised on both sides of the flank area. Pain worsened with walking, standing, urination, and straining to urinate, while it eased with rest</li> <li>Frequent urge to urinate, accompanied by burning pain during urination</li> </ul>	<i>Nux vomica</i> 30C was prescribed on the first visit. The patient was asked to take the medicine orally twice daily for consecutively 3 days. He was advised to take plenty of fluids and avoid oxalate-rich foods such as milk and milk products, colocalasia, tomatoes, nuts, chocolates, spinach, etc.
01 August 2017 (1 <sup>st</sup> Follow up)	<ul style="list-style-type: none"> <li>Intensity of pain reduced with no new complaints</li> <li>Dysuria still present</li> <li>Irritability reduced to some extent</li> </ul>	No medicine was prescribed as improvement continued
16 August 2017 (2 <sup>nd</sup> Follow up)	<ul style="list-style-type: none"> <li>Intensity and recurrence of pain reduced but still troublesome</li> <li>Dysuria still present</li> </ul>	A single dose of <i>Nux vomica</i> 200C was prescribed, as the patient's condition remained unchanged since the previous follow-up
18 September 2017 (3 <sup>rd</sup> Follow up)	<ul style="list-style-type: none"> <li>Pain reduced</li> <li>General condition better</li> <li>Mentally stable and improved</li> </ul>	No medicine was prescribed as improvement continued
03 October 2017 (4 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>Red-colored urine since last day with increased pain in right loin area &lt;motion</li> </ul>	No medicine was prescribed
30 October 2017 (5 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>Severe cutting pain in hypogastric region, drops of blood at termination of urination since 2 days.</li> </ul>	<i>Nux vomica</i> 200C, 3 doses –once in a day at night before bedtime for 3 days. Each dose consisted of two medicated globules
06 December 2017 (6 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>Small stone fragments passed out of the urethra while urinating 2 days back</li> <li>No pain and bleeding per urethra</li> <li>General condition was better</li> </ul>	No medicine was prescribed as improvement continued
06 January 2018 (7 <sup>th</sup> Follow up)	<ul style="list-style-type: none"> <li>Patient came with USG report with no abnormalities (on 12 December 2017)</li> <li>Mentally: stable and improved</li> </ul>	No medicine was prescribed as improvement continued

report revealed no calculi in the bladder or kidneys, with no HN and HU in the right kidney.

## DISCUSSION

In this complex case of urolithiasis, *Nux vomica* covered many constitutional symptoms, such as perfectionist, workaholic, extremely irritable, and sensitive, as well as pathological symptoms, such as irritable bladder, frequent urge for urine, hematuria, renal colic, which were not covered by *Sepia*,

*Pulsatilla*, *Calc. carb.*, and *Phosphorus*.<sup>[10]</sup> *Nux vomica* was found to be useful in 30C and 200C potencies in this case. After prescribing the 30<sup>th</sup> potency, the intensity of the pain was reported to have reduced, but the symptoms became stagnant after a few more prescriptions. A single dose of *Nux vomica* 200C was then administered, further accelerating the patient’s improvement. However, when the case again became stagnant, three doses of 200C potency were prescribed on three consecutive days. Following this, the patient felt better, with

**Table 2: Assessment of treatment outcomes in homeopathy using the modified naranjo criteria (MONARCH)**

S. No	Criteria	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3.	Was there a homeopathic aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition, i.e., were other symptoms, not related to main presenting complaint, improved or changed?	+1		
5.	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1		
6A.	<i>Direction of cure:</i> Did some symptoms improve in the opposite order of the development of symptoms of the disease?			0
6B.	<i>Direction of cure:</i> Did at least one of the following aspects apply to the order of improvement in symptoms: - from organs of more importance to those of less importance? - from deeper to more superficial aspects of the individual? - from the top downwards?			0
7.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?			0
8.	Are there alternative causes (i.e., other than the medicine) that – with a high probability – could have caused the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)		+1	
9.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?			0
<b>Total score=+8</b>				
Maximum score=+13, minimum score=-6				
N/A=Not available				

no pain or bleeding per urethra. His general condition also got better and stable. The ultrasound report revealed no calculi in the bladder or kidneys, with no HN and HU in the right kidney.

The prevalence and recurrence rates of renal and urinary bladder calculi are increasing worldwide due to various factors. Repeated surgical interventions may remove the obstruction, but it may not be a solution for changing the tendency of the formation of urinary calculi.<sup>[11]</sup> The homoeopathic system of medicine can provide a holistic approach to managing such cases non-invasively.<sup>[12]</sup> A prospective, multicentric observational study investigated urolithiasis, wherein 106 out of 220 cases reported the expulsion of calculi, with concomitant resolution of pathological changes in the kidney. The most commonly used medicines were *Lycopodium*, *Sulphur*, *Pulsatilla*, *Nux vomica*, *Cantharis*, *Calc. carb.*, *Berberis vulgaris*, *Phos.*, *Belladonna*, *Ars alb.*, *Arg nit.*, *Apis*, *Sepia*, and *Sarsaparilla*.<sup>[13]</sup> *Sarsaparilla* effectively expelled 16.9 mm urinary calculus located proximate to the left U-V junction.<sup>[14]</sup> *Lycopodium* demonstrated usefulness in resolving urolithiasis secondary to elevated serum uric acid levels, facilitating a gradual decrease in serum uric acid post-expulsion.<sup>[15]</sup> In a male patient presenting with a urethral calculus in the prostatic urethra, *Lyssin*. was administered, resulting in the expulsion of calculus.<sup>[16]</sup> The dissolving property of *Sarsaparilla*. showcased its utility in reducing the size of renal stones.<sup>[17]</sup> Furthermore, *Nux vomica* was reported to aid in the dissolution and expulsion of stones.<sup>[18]</sup>

The strength of this case is that a single medicine prescribed based on symptom totality, which includes prominent mental

generals, physical generals, particulars, and pathological symptoms was successful in the expulsion of calculi as well as clearing pathology developing in the urinary system, without any surgical intervention. The patient also showed significant improvement in the mental and physical symptoms during the treatment.

This case suggests that Homoeopathy can be used as a safe alternative to surgical intervention in cases of urolithiasis. However, more prospective research studies on large sample sizes are suggested for scientific validation.

## CONCLUSION

In the homoeopathic treatment, underlying cause and individual susceptibility are addressed, which not only helped in the expulsion of urinary calculi but also checks its recurrence, cured pathological changes, and provided an enhanced quality of life of the patient.

## Declaration of the patient

The patient has given written consent for reporting his clinical information. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity but anonymity cannot be guaranteed.

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Nil

## Conflict of interest

None declared.

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**Expulsion de calculs vésicaux et rénaux bilatéraux grâce au médicament homéopathique *Nux vomica* - Rapport de cas**

**Introduction:** La lithiase urinaire est l'un des problèmes urologiques les plus fréquents rencontrés en consultation externe. L'efficacité des médicaments homéopathiques dans l'expulsion des calculs urinaires est bien documentée. Cependant, ce cas est unique en raison d'un cas avancé de lithiase urinaire, où des complications ont commencé à apparaître, ainsi que de l'expulsion de tous les calculs grâce aux médicaments homéopathiques. **Résumé du cas:** Un patient de 34 ans a été diagnostiqué avec un calcul vésical mobile volumineux et de petits calculs rénaux bilatéraux, avec hydronéphrose, hydro-uretère et léger œdème à la jonction urétéro-vésicale (U-V). Il présentait des épisodes récurrents de douleurs sourdes, légères à modérées, ainsi que l'apparition soudaine de douleurs aiguës et intenses des deux côtés du flanc et dans le dos. Il ressentait également des envies fréquentes d'uriner. Sur la base des symptômes caractéristiques, de l'analyse répertorielle et de l'individualisation, *Nux vomica* 30 CH et 200 CH lui ont été prescrits. Le traitement s'est avéré efficace pour faciliter l'expulsion de tous les calculs et réduire l'œdème à la jonction U-V. Les critères Naranjo modifiés pour l'homéopathie, un outil d'attribution causale, ont été utilisés pour évaluer la relation entre le traitement homéopathique et l'issue. Le score MONARCH pour ce cas était de +8. Ce cas démontre qu'un seul médicament prescrit sur la base de l'ensemble des symptômes a permis l'expulsion de calculs vésicaux volumineux, qui peuvent ne pas disparaître spontanément et nécessitent généralement une intervention chirurgicale. Les calculs rénaux bilatéraux ont été expulsés et les modifications pathologiques du système urinaire ont également été résolues. Le patient a également présenté une amélioration significative de ses symptômes mentaux et physiques.

**Ausscheidung von Harnblasen- und beidseitigen Nierensteinen durch das homöopathische Mittel *Nux vomica* – Ein Fallbericht**

**Einleitung:** Urolithiasis ist eines der häufigsten urologischen Probleme in der Allgemeinambulanz. Der Nutzen homöopathischer Mittel bei der Ausscheidung von Harnsteinen ist gut dokumentiert. Dieser Fall ist jedoch einzigartig, da es sich um einen fortgeschrittenen Fall von Urolithiasis handelte, bei dem Komplikationen auftraten und alle Steine mithilfe der homöopathischen Mittel ausgeschieden wurden. **Fallzusammenfassung:** Bei einem 34-jährigen männlichen Patienten wurden ein großer, beweglicher Harnblasenstein und kleine beidseitige Nierensteine diagnostiziert. Hinzu kamen Hydronephrose, Hydroureter und ein leichtes Ödem am ureterovesikalen (U-V) Übergang. Er litt unter wiederkehrenden Episoden leichter bis mittelschwerer dumpfer Schmerzen sowie plötzlich einsetzenden starken, stechenden Schmerzen in beiden Flanken und im Rücken. Er verspürte auch häufigen Harndrang. Aufgrund der charakteristischen Symptome, einer Repertoriumsanalyse und einer individuellen Abklärung wurden ihm *Nux vomica* C30 und C200 verschrieben. Die Behandlung erwies sich als wirksam, da sie die Ausscheidung aller Steine erleichterte und das Ödem an der U-V-Verbindung reduzierte. Die modifizierten Naranjo-Kriterien für Homöopathie, ein Instrument zur Kausalzuordnung, wurden herangezogen, um die Beziehung zwischen der homöopathischen Behandlung und dem Ergebnis zu beurteilen. Der MONARCH-Score für diesen Fall lag bei +8. Dieser Fall zeigt, dass ein einziges, aufgrund der Gesamtheit der Symptome verschriebenes Arzneimittel bei der Ausscheidung großer Harnblasensteine erfolgreich war, die nicht immer spontan abgehen und in der Regel einen chirurgischen Eingriff erfordern. Die beidseitigen Nierensteine wurden ausgeschieden und auch pathologische Veränderungen der Harnwege bildeten sich zurück. Der Patient zeigte auch eine deutliche Verbesserung seiner geistigen und körperlichen Symptome.

**होम्योपैथिक दवा नक्स वोमिका के माध्यम से मूत्राशय और द्विपक्षीय गुर्दे की पथरी को बाहर निकाला गया - एक केस रिपोर्ट**

**परिचय:** यूरोलियासिस सबसे आम मूत्र संबंधी समस्याओं में से एक है, जो सामान्यतः बाह्य रोगी क्लिनिक में देखी जाती है। मूत्र पथरी को बाहर निकालने में होम्योपैथिक दवाओं की उपयोगिता अच्छी तरह से रिपोर्ट की गई है। हालांकि, यह मामला विशेष रूप से उल्लेखनीय है क्योंकि यह यूरोलियासिस की एक उन्नत अवस्था से संबंधित है, जिसमें जटिलताएं उभरने लगी थीं, फिर भी सभी पथरियों का सफल निष्कासन केवल होम्योपैथिक उपचार से किया गया। **केस सारांश:** एक 34 वर्षीय पुरुष रोगी का निदान एक बड़ी, गतिशील मूत्राशय पथरी, छोटी द्विपक्षीय गुर्दे की पथरी, हाइड्रोनेफ्रोसिस, हाइड्रोयूरेटर तथा यूरेटेरो-व्हेसिकल (यू-वी) जंक्शन पर हल्की सूजन के साथ किया गया। रोगी ने दोनों पार्श्वों और पीठ में हल्के से मध्यम सुस्त दर्द के आवर्ती एपिसोड तथा अचानक प्रारंभ होने वाले तीव्र, तेज दर्द की शिकायत के साथ चिकित्सा सहायता प्राप्त की। उसे बार-बार पेशाब करने की इच्छा भी रही। विशिष्ट लक्षणों, रिपोर्टरी विश्लेषण और व्यक्तिकरण के आधार पर, *नक्स वोमिका* 30C और 200C निर्धारित किया गया। यह उपचार सभी पथरी को बाहर निकालने और U - V जंक्शन पर सूजन को कम करने में कारगर साबित हुआ। होम्योपैथी के लिए संशोधित नारंजो मानदंड, कारण निर्धारण के लिए एक उपकरण, का उपयोग होम्योपैथिक उपचार और परिणाम के बीच संबंध का आँकलन करने के लिए किया गया। इस केस में MONARCH स्कोर +8 पाया गया। यह मामला दर्शाता है कि लक्षणों की समग्रता के आधार पर निर्धारित एक ही दवा मूत्राशय की बड़ी पथरी को बाहर निकालने में सफल रही, जो अपने आप नहीं निकल सकती और आमतौर पर शल्य चिकित्सा हस्तक्षेप की आवश्यकता होती है। द्विपक्षीय गुर्दे की पथरी को बाहर निकाल दिया, और मूत्र प्रणाली में रोग संबंधी परिवर्तन भी ठीक हो गए। रोगी ने मानसिक और शारीरिक लक्षणों में भी महत्वपूर्ण सुधार दिखाया।

## Vejiga urinaria y cálculos renales bilaterales expulsados mediante el medicamento homeopático *Nux vomica* - Reporte de un caso

**Introducción:** La litiasis urinaria es uno de los problemas urológicos más comunes que se presentan en una consulta externa general. La utilidad de los medicamentos homeopáticos para la expulsión de cálculos urinarios está bien documentada. Sin embargo, este caso es único debido a que se trataba de un caso avanzado de litiasis urinaria, donde habían comenzado a aparecer complicaciones, así como la expulsión de todos los cálculos mediante medicamentos homeopáticos. **Resumen del caso:** Paciente masculino de 34 años, diagnosticado con un cálculo vesical grande y móvil y cálculos renales bilaterales pequeños, con hidronefrosis, hidrouréter y edema leve en la unión ureterovesical (U-V). Presentó episodios recurrentes de dolor sordo de leve a moderado, así como la aparición repentina de dolor intenso y agudo en ambos flancos y en la espalda. También experimentó la necesidad de orinar con frecuencia. Con base en los síntomas característicos, el análisis repertorial y la individualización, se prescribió *Nux vomica* 30C y 200C. El tratamiento demostró ser efectivo para facilitar la expulsión de todos los cálculos y reducir el edema en la unión U-V. Se utilizaron los Criterios de Naranjo Modificados para Homeopatía, una herramienta para la atribución causal, para evaluar la relación entre el tratamiento homeopático y el resultado. La puntuación MONARCH para este caso fue de +8. Este caso demuestra que un solo medicamento prescrito con base en la totalidad de los síntomas fue exitoso en la expulsión de grandes cálculos de la vejiga urinaria que pueden no expulsarse espontáneamente y generalmente requieren intervención quirúrgica. Se expulsaron los cálculos renales bilaterales y también se resolvieron los cambios patológicos en el sistema urinario. El paciente también mostró una mejoría significativa en los síntomas mentales y físicos.

### 使用顺势疗法药物马钱子排出膀胱结石和双侧肾结石——病例报告

**引言:** 尿石症是普通门诊最常见的泌尿系统疾病之一。顺势疗法药物在排出尿石症方面的作用已得到广泛报道。然而，本例病例较为特殊，因为该病例为晚期尿石症，并发症已开始出现，且使用顺势疗法药物已排出所有结石。

**病例摘要:** 一名34岁的男性患者被诊断患有较大的、可移动的膀胱结石和较小的双侧肾结石，并伴有肾积水、输尿管积水以及输尿管膀胱（U-V）连接处轻度水肿。他表现为反复发作的轻度至中度钝痛，以及突然发作的腰部两侧和背部剧烈刺痛。他还感到尿频。根据特征性症状、区域分析和个体化治疗，医生开了马钱子 30C 和 200C。这种治疗被证明能有效地促进所有结石的排出，并减少 U - V 交界处的水肿。使用因果归因工具——改良的 Naranjo 顺势疗法标准来评估顺势疗法与结果之间的关系。该病例的 MONARCH 评分为 +8。该病例表明，根据症状整体性开出的单一药物可成功排出大型膀胱结石，这种结石可能不会自行排出，通常需要手术干预。双侧肾结石均已排出，泌尿系统的病理改变也得到了解决。患者的精神和身体症状也显示出明显改善。