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ROLE OF HOMOEOPATHY IN THE MANAGEMENT OF UROLITHIASIS WITH HYPERURICEMIA- AN EVIDENCE BASED CASE REPORT

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ABSTRACT: Introduction: Urolithiasis is one of the most common urologic diseases worldwide, with an estimated prevalence ranging from 1% to 13% across the globe. It's increasing prevalence can be attributed to the westernization of lifestyle habits. The homoeopathic system of medicine offers a positive scope in the management of urolithiasis with hyperuricemia, prevent to undergo in surgical interventions and also prevents recurrence. **Case Summary:** The presented case involved a patient experiencing continuous severe pain in the right renal region for the past ten days, along with elevated uric acid levels. *Bryophyllum pinnatum* mother tincture was prescribed based on the acute presentation, followed by *Lycopodium clavatum* considering the chronic totality. This treatment approach resulted in a significant improvement in the patient's presenting complaints. Objectively, the treatment led to a gradual decrease in serum uric acid levels, elimination the kidney calculus as observed in ultrasonography and reduced propensity for recurrent renal calculus formation. Additionally, the liver's echo texture remained normal throughout the treatment. The modified Naranjo Criteria score (MONARCH) post treatment was +8, strongly suggesting that the improvement was likely attributable to the homoeopathic treatment. This evidence-based case study highlights a positive causal relationship between homoeopathy and the management of urolithiasis with hyperuricemia. Based on the favourable and significant potential results observed in this case study, homoeopathic treatment has demonstrated a promising ability to effectively manage urolithiasis with hyperuricemia. Homoeopathic treatment provides an attractive alternative to non-invasive treatment options.

INTRODUCTION: Urolithiasis, the formation of calculi in urinary tract (including the kidney, bladder and ureter), is a global health issue affecting people in various geographical regions. It ranks as the third most common disorder of urinary tract system, with its incidence and prevalence rates on the rise worldwide with limited drugs and procedures¹.

Urolithiasis affects approximately 12% of the global population and its prevalence is higher among individuals aged 20 to 49 years, with men being more commonly affected than women ratio 2:1. The increasing prevalence of urolithiasis can be attributed to changes in social condition, dietary habits, climate and lifestyle disorders.

This rise in cases places a significant disease burden, leading to high costs associated with diagnosis, treatment and major surgical interventions, resulting in an economic burden due to complications³. The recurrence rates of urolithiasis are estimated to be around 10% per year, with a cumulative total of 50% over a 5–10-year period and over 75% over 20 years⁴.

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There are several types of calculus, and it is important to identify the type of calculus to determine the prognosis and select the appropriate preventive regimen. Uric acid calculi account for about 5 to 40% of all calculus cases globally. They may develop in the kidneys due to high acidic urine, and purine-rich diet can lead to this type of renal calculi¹. Uric acid is the end product of purine metabolism and patient with gout have a higher chance of developing uric acid calculi in the renal system. Risk factors for urolithiasis can be dietary, nondietary or urinary factors⁵.

The common potential consequence associated with renal calculi are considered a urologic emergency, such as severe agonizing pain, acute renal obstruction, and sign of urinary tract infection. Urolithiasis is also considered a major complication of chronic kidney disease⁶. Conventional line of treatment options include new technological innovations like open urinary stone surgery and minimally invasive surgery (MIS) such as extracorporeal shockwave lithotripsy (ESWL), ureteroscopy (URS), retrograde intrarenal surgery (RIRS) and percutaneous nephrolithotomy (PCNL)⁷. Although these current surgical interventions minimize the complications of open surgery, there are still risk of perioperative and postoperative complications with economic cost burden.

Classical Homoeopathy, based upon the holistic approach; addresses the underlying cause and individual susceptibility of the patient. Homoeopathic science is based on the principles of symptom similarity and individualization. Homoeopathy not only treats urolithiasis and hyperuricemia but also addresses their underlying causes and individual susceptibilities⁸. Around 12.7% of India's population depends solely on homoeopathy for their health care.

Homoeopathy has proved to be a boon for patients for whom surgery is a risk, such as the elderly or those with lifestyle disorders like diabetes, hypertension, *etc.*, or those seeking an alternative to surgery⁹. Several studies had been conducted highlighting Homoeopathy and Urolithiasis. In a recent prospective, multicentre observational study by CCRH, homoeopathic remedies such as *Lycopodium clavatum*, Sulphur, Pulsatilla Nigricans, Nux Vomica and Cantharis Vesicatoria

were found to be useful in the treatment of urolithiasis¹⁰. A study was conducted in 105 cases of urolithiasis. this study demonstrates that Individualised Homoeopathic Medicines *Lycopodium*, *Phosphorus*, *Calcarea carbonicum*, *Sulphur*, *Natrum muriaticum*, *Argentum nitricum*, *Silicea terra*, *Thuja occidentalis*, *Medorrhinum*, *Arsenicum album*, *Acidicum nitricum* exhibits significant effectiveness in treating Urolithiasis when compared to *Epigea repens* and *Uva ursi* interventions. The results suggest the potential of homoeopathic treatment as a valuable approach for managing Urolithiasis¹¹.

The study evaluated the efficacy of *Thlaspi bursa pastoris* (TBP), a homeopathic remedy, in managing urinary stones leading to ureteral obstruction. Five patients were administered TBP (30C and/or 200C) based on their specific symptoms, including dysuria and haematuria. All patients achieved complete recovery within six months, and post-treatment ultrasonography indicated the absence of stones. This suggests TBP's potential effectiveness in promptly resolving renal stones, offering a promising treatment avenue¹².

In this review article, remedies like *Lobelia inflata*, *Rubia tinctoria*, *Ammi wisnaga*, *Eupatohum purpureum*, *Aesculus hippocastanum*, *Zea mays*, *Taraxacum officinale*, *Solidago canadensis*, *Hydrangea arborescens*, *Equisetum arvense*, *Agropyron repens*, *Serenoa serrulate etc.*, were found to be effective in the management of urinary stones¹³.

This case was treated with individualized homoeopathic medicine, *Lycopodium clavatum* and *Bryophyllum pinnatum* mother tincture, which are useful in dissolving renal calculi and facilitating the easy elimination of calculi through the urinary tract. The presenting case demonstrates the effectiveness of homoeopathic medicine in the expulsion of calculi from both kidneys, managing increased uric acid levels, and removing the propensity for calculi formation by regulating lithic acid diathesis, which otherwise would have required repetitive surgical management.

Case Presentation: A 30-year-old male patient presented with severe cramping pain in the lower

abdomen and around the cost vertebral angle, as well as severe cramping pain in the lumbar region and right groin area, along with discomfort in the last seven days. The pain worsen after eating, especially in the evening hours and slightly improves after urination.

The patient also experienced a burning sensation at the epigastrium and a feeling of fullness in the abdomen after eating, leading to reduced appetite in the past five days, accompanied by sour eructation. Additionally, he reported a burning pain in the urethra after urination if he constantly engaged in his work and drank less water.

Patient's Past History: Patient had a history of excessive intake of protein supplements, steroids and multivitamins intake for bodybuilding five years ago, but he stopped using them in the year 2020 when his complaints began. He was diagnosed with a 23mm calculus and was hospitalized for acute urinary retention and haematuria. The patient underwent surgery for a 23mm stone in the left upper ureteric calculus with vesical calculus (Left DJ stenting was done on 5th May 2020).

During his operative management, he developed AKI (acute kidney injury) with a creatinine level of 3mg/dl, but later recovered from AKI and urinary retention.

Personal History: The patient's appetite had reduced due to gastric complaints and pain. After the surgery, he was advised to drink 4 to 5 liters of water per day as his water intake was previously only up to 2.5 liters per day. He had a habit of consuming sweets after dinner daily. The patient was thermally chilly, and he perspired only during physical exertion.

Mental Symptoms: The patient, a lawyer by profession, approaches his work with dedication. However, he encounters a great deal of anxiety about his health and frequently feels confusion of mind, occasional spells, and difficulty in articulating words while presenting his case in court.

Additionally, he becomes irritable, angry, and sad whenever anything wrong or unjust happens to him at his workplace.

Clinical Findings: A thorough physical examination of the patient revealed tenderness in the right costovertebral angle and at epigastrium. The patient's general condition was stable.

Diagnostic Assessment: The results of the diagnostic tests showed that the complete blood count, serum calcium, serum albumin and serum urea were found to be within the normal range.

However, the serum uric acid level was elevated (7.6 mm%). The urine routine and microscopic examination indicated yellowish urine with an acidic reaction and 4-5 pus cells.

Ultrasonography revealed 'a calculus measure of 7mm in the upper pole and a 4mm calculus in the lower pole calyx region of the right kidney, as well as 6mm calculus in the upper and a 4 mm in the lower pole calyx region of the left kidney **Fig. 2**.

Totality of Symptoms: After considering the acute manifestation of patient's symptoms, which included severe cramping pain in the lower abdomen and around the costovertebral angle, severe cramping pain in the lumbar region and right groin region with discomfort, *Bryophyllum pinnatum* mother tincture (Q) 10 drops thrice a day with a cup of lukewarm water was prescribed at the beginning of the treatment as an organ remedy.

Repertorial Approach: As the acute presentation of pain improved, and the patient become comfortable enough to give a detailed history, the totality of symptoms was compiled, and repertorial totality was built using Kent's approach.

The case was repertorized using the complete repertory and Zomeo software. After considering the totality of symptoms and repertorization, the selected remedy was *Lycopodium clavatum* **Fig. 1**.

Intervention: *Lycopodium clavatum* was prescribed in various ascending potencies (30C, 200C, 1M, 10M) during subsequent follow-ups, based on totality of symptoms.

The repetition of doses was determined by the patient's susceptibility. Additionally, the patient was advised to follow dietary management and increase their intake of plenty of water.

Remedy	Lyc	Puls	Caus	Calc	Nux-v	Bell	Sulph	Merc	Arg-n	Ars	Lach	Nat-c	Phos	Thuj	Ign
Totality	35	33	31	29	29	28	28	27	25	25	25	24	24	24	24
Symptoms Covered	10	9	9	9	9	10	10	10	8	8	8	9	8	8	7
[Complete] [Mind] Anxiety:Health, about:	3	4	1	4	4	1	2	1	3	4	4	3	3	1	3
[Complete] [Mind] Confusion of mind:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Mind] Contradict, disposition to:	3	0	4	0	2	1	1	3	1	3	4	1	1	0	3
[Complete] [Stomach]Sweets, after:	3	3	3	1	0	3	4	3	3	0	0	1	0	0	3
[Complete] [Urethra] Pain:Urination:After:	3	4	3	3	3	3	3	4	3	1	1	4	3	4	0
[Complete] [Stomach] Appetite:Diminished:	4	4	4	4	4	4	4	4	4	4	4	3	4	3	4
[Complete] [Abdomen]Pain:Sides:	4	3	4	4	4	4	4	2	3	4	3	3	4	4	3
[Complete] [Abdomen] Pain:Cramping, gripping:	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
[Complete] [Back] Pain:Cramping:Lumbar region:	3	3	4	3	3	3	1	1	0	0	0	0	0	3	0
[Complete] [Stomach] Pain:Evening:Agg.:	4	4	0	2	1	1	1	1	0	1	1	1	1	1	0

FIG. 1: REPERTORIAL TOTALITY

Follow-up and Outcomes: The detailed medical case history was taken and based on the analysis and repertorization of the presenting totality, the remedy *Lycopodium clavatum* was prescribed. Subsequently, there was constant improvement observed for a duration of five months. Even after the waiting period of six months, no negative findings were found, no negative findings were found in the USG report **Fig. 5**. Duration subsequent follow-ups, objective assessments of the affected region were conducted, and a substantial reduction in the calculi was noted, along

with the regulation of uric acid level **Fig. 2** to **Fig. 5**. The case was also assessed with the help of the Modified Naranjo Criteria to ascertain the causal attribution between the homoeopathic medicine applied and the positive changes in the ultrasonography report findings, as well as the experienced improvement in the general well-being of the patient. The total MONARCH score of the outcome is ⁸ **Table 2**.

The subsequent follow-ups of the patient are discussed in **Table 1**.

TABLE 1: FOLLOW-UP AND OUTCOMES

Date	Presenting symptoms	Laboratory findings	Medicine prescribed	Basis of prescription
25 th October 2021 (1 st follow-up)	Pain in right costochondral angle. Severe cramping pain in lumbar region. Cramping pain in lumbar region. Indigestion with fullness at epigastrium. Dysuria after urination	USG- a calculus measuring 7mm in the upper pole and 5mm in the lower pole calyx region of right kidney, and 6mm in the upper and 4mm in the lower pole calyx region of left kidney. Serum uric acid level-7.6mm%	<i>Bryophyllum pinnatum Q</i> 10 drops with cup of lukewarm water, thrice a day for three days.	Based on acute totality
28 th October 2021 (2 nd follow-up)	Mild pain in the right costochondral angle. Pain in the lumbar region still present. Indigestion with fullness at the epigastrium. Dysuria with pain after urination	-	<i>Lycopodium clavatum 30C4</i> - 0-4 x 7 days.	Reportorial analysis of the totality of symptoms and understanding of homoeopathic materia medica
8 th November 2021 (3 rd follow-up)	Mild pain in right costochondral angle. Gastric trouble slightly better. Dysuria with pain after urination.	-	<i>Lycopodium clavatum 200C4</i> pills stat. <i>Placebo</i> 4-0-4 x 15 days.	Symptoms slight better but persisting.

23 th November 2021 (4 th follow-up)	Slight cutting pain in the urethra after urination. Hyperacidity with severe burning sensation at epigastric region. Patient had a Sensation of something moving down from the abdomen.	Passed two stones during micturition in the evening, after 4 days of the last visit	<i>Lycopodium clavatum 200C4</i> pills stat. <i>Placebo 4-0-4 x 15 days.</i>	Symptoms appears due to pass of stone. Had history of spicy meal intake late night.
8 th December 2021 (5 th follow-up)	Dysuria with cutting pain in the urethra. Fullness of abdomen. Patient had a sensation of something moving down from the abdomen.	Passed one stone during micturition in the evening, after 8th days of the last visit.	<i>Lycopodium Clavatum 1M</i> 4 pills stat. <i>Placebo 4-0-4 x 15 days.</i>	Relief to the patient after expulsion of stone. Asked to report after USG (A+P) and uric acid report
27 th December 2021 (6 th follow-up)	Dysuria with cutting pain in the urethra. Patient had a Sensation of something with slight crampy pain. Gastric complaints better.	USG-calculus measures 5mm upper pole calyx of right kidney, minimal dilatation of left pelvic calyceal region. Uric acid level-6.7mm%	<i>Placebo 4-0-4 x 15 days.</i>	No acute symptoms or discomfort to the patient. Showing marked improvement in generals
12 th January 2022 (7 th follow-up)	Slight pain and burning in the urethra after micturition.	-	<i>Lycopodium clavatum 10M</i> 4 pills stat. <i>Placebo 4-0-4 x 15 days</i>	Symptoms better but persisting, in USG small calculi were found in the right kidney and uric acid level was raised
28 th January 2022 (8 th follow-up)	Fullness at epigastrium with bloating sensation.	Passed small yellow colour stone during micturition. uric acid level- 4.77mm%	<i>Placebo 4-0-4 x 15 days</i>	Symptom due to fasting for a day
17 th February 2022 (9 th follow-up)	No pain or no other complaints	Blood report and urine report normal. USG suggestive of grade I fatty liver changes. Both kidneys: normal size, shape and no evidence of calculus seen.	<i>Placebo 4-0-4 x 15 days.</i>	Relief to the patient
10 th September 2022 (10 th follow-up)	No fresh complaints noted.	Blood report and urine report normal. USG- no definite abnormality is seen	<i>Placebo 4-0-4 x 15 days.</i>	Relief to the patient

USG- KUB: ultrasound-kidneys, ureters, and bladder; Q- Mother Tincture.

The case was also assessed by Modified Naranjo criteria, as shown in **Table 2**.

TABLE 2: MODIFIED NARANJO CRITERIA SCORE

Content	Yes	No	Not sure
Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2	-	-
Did the clinical improvement occur within a plausible time frame relative to the drug taken?	+1	-	-
Was there an initial aggravation of symptom?	-	-	-
Did the effect encompass more than the main symptom or condition, i.e., where other symptoms ultimately improve or changed.	+1	-	-
Did overall wellbeing improve?	+1	-	-
Did the course of improvement follow the Hering's rule?	-	-	0
Did old symptoms (non-seasonal or no cyclical symptoms that were previously thought to have resolved) reappear temporary during improvement?	-	-	0
Are there alternate causes that with a high probability could have caused the improvement?	-	-	-
Was the effect confirmed by objective evidence as measured by external observation.	+2	-	0
Did repeat dosing, if conducted, create similar clinical improvement?	+1	-	-
Total- 8			



FIG. 2: (PRE-TREATMENT)



FIG. 3: (IN THE COURSE OF TREATMENT)



FIG. 4: (POST TREATMENT)



FIG. 5: (SUBSEQUENTLY SIX MONTH)

DISCUSSION: Homoeopathy is a unique science and philosophy, a therapeutic system of medicine that embraces a holistic approach in the management of illness. In homoeopathy, the similimum can be achieved by an appropriate selection of a remedy that covers the totality of symptoms. The case discussed above is an example of improvement achieved after a Homoeopathic prescription of *Bryophyllum pinnatum* and *Lycopodium clavatum* in the management of urolithiasis with hyperuricemia. Upon exploring the

patient’s history and routine blood investigations, it was found that the serum uric acid level was raised. The alteration of purine metabolism could be due to excessive intake of protein supplements, before patient’s the complaints started, which may be a suggestive of cause behind the recurrent formation of renal calculus. In the first instance, the patient was suffering from severe pain and discomfort. To provide immediate relief to the unendurable suffering, *Bryophyllum pinnatum* mother tincture was prescribed. Afterwards, a detailed case-taking

was conducted to illuminate the individuality of the patient, and a totality of symptoms was erected for repertorization. Differential remedies were compared in the group of remedies consisting of *Lycopodium clavatum*, *Pulsatilla*, *causticum*, Calcarea, Nux Vomica, Belladonna, and Sulphur. After remedy differentiation, *Lycopodium clavatum* was selected on the knowledge of Homoeopathic Materia Medica. *Lycopodium* was prescribed in ascending potencies (30C, 200C, 1M and 10M), and significant improvement were noted, re-establishing homoeostasis in purine metabolism.

This improvement was evident in gradually lowering serum uric acid levels, dispersing the calculus, and preventing the repetitive formation of calculus. The treatment also helped in reducing fat deposition in the liver and maintaining a bright echotexture, resulting in the reversal of grade 2 fatty liver to a normal echotexture, and a reduction in gastric complaints.

The study of *Lycopodium Clavatum* shows that it balances the lithic diathesis, enhances protein metabolism, and reduces the formation of urates, ultimately lowering the risk of renal calculus formation^{14, 15, 16}. *Lycopodium* also acts upon the digestive system and its accessory organs, including the liver and liver tissue¹⁷. On the other hand, *Bryophyllum pinnatum* leaves are widely used for treatment of calculus and have antilithiatic effects. *Bryophyllum pinnatum* leaves are widely used for the treatment of calculus and have antilithiatic effects, specific action upon the renal system, helped in breakdown and to pass calculus easily via the urinary tract¹⁸.

The patient's improvement was consistent, as evident from normal findings in ultrasonography and serum uric acid levels, followed up for a duration of six months. This provides that homoeopathy is an evident-based science, and this case report highlights the use of homoeopathy in preventing surgical interventions and recurrences in repetitive surgical conditions. In this case of urolithiasis with hyperuricemia, *Bryophyllum pinnatum* and *Lycopodium clavatum* were found useful in the treatment. Thus, this case report reemphasises the effectiveness of individualized Homoeopathic treatment in the management of urolithiasis with hyperuricemia.

CONCLUSION: The case report provides clinical verification of the application of holistic approach of homoeopathy in the management of urolithiasis with hyperuricemia. It demonstrates that the recurrency of renal calculi, even after the surgical interventions, can be well managed under homoeopathic treatment. Homoeopathy has the potential to manage such recurrent cases without surgical intervention and helps in the management of hyperuricaemia and its related complications. This suggests a logical use of causal relationship between the case and the prescribed homoeopathic medicine, which proved to be fruitful.

Understanding the action of the medicine and its depth of action from the study of homoeopathic pharmacy, along with the guidelines given by Organon, helped to providing proper treatment in this obstinate case of urolithiasis with hyperuricemia. The study of the repertorial totality also provided the guidance for the prescription. However, to further substantiate the role of homoeopathy in urolithiasis, clinical trials of the efficacy of *Bryophyllum pinnatum* in cases of urolithiasis are warranted.

Declaration of Patient Consent: The patient provided consent for the dissemination of their clinical information and display of images on a scientific platform.

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