

## UROLITHIASIS AND HOMOEOPATHY: A CASE SERIES

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**ABSTRACT**

**Background:** Urolithiasis is considered as a multifactorial recurrent disease, distributed worldwide in urban, rural, non-industrial and industrial regions with different chemical composition of analysed stones in context to various risk factors. The conventional treatment along with shock wave lithotripsy has proved to be quite expensive with increase in stone recurrences and complications. Homoeopathy has emerged as an evidence-based medicine (EBM) that requires strong clinical evidences to prove its plausibility. The aim of the study was to assess of the clinical effectiveness of homoeopathic remedies in Lucknow, Uttar Pradesh the treatment of urolithiasis in a typical clinical setting. **Methods:** A India. retrospective study of five patients

of urolithiasis was performed in a clinical setting. The clinical status of each patient, supported by the ultrasonography imaging was done as per the outcome assessment criteria. *Lycopodium clavatum* was given as an individualised medicine followed by *Sarasaparilla* as an organ specific medication, based on the totality of each patient's symptoms. **Results:** There was symptomatic relief of all the patients and the post-treatment ultrasonography showed no calculi after the homoeopathic interventions. *Lycopodium clavatum* followed by *Sarsaparilla* was effective in removal of the calculi from right kidney (20%), left kidney (40%) and both the kidneys (40%). **Conclusions:** Though medicines like *Lycopodium clavatum* and *Sarsaparilla* have been documented in homoeopathic literature to be useful for right -sided urolithiasis, yet in the cases included in the present case series, both these medicines have acted favourably in left- sided as well as right- sided urolithiasis. Besides

treating with individualised medicines as per classical homoeopathy, there are other approaches to get the desired results, as evident from this study, where the constitutional medicine, *Lycopodium clavatum* was supported by another organ/disease specific medicine, i.e. Sarsaparilla, following the concept of clinical homoeopathy. However, further research studies with larger sample size and better outcome assessment tools are suggested.

**KEYWORDS:** Urolithiasis; homoeopathy; *Lycopodium clavatum*; *Sarsaparilla*.

## INTRODUCTION

Urolithiasis is a term originated from three Greek words, “ouron” for urine, “oros” for flow, and “lithos” for stone. It is the process of forming stones in the kidneys, ureters, bladder and/or urethra. It is considered to be one of the most common urological disorders all over the world. Epidemiological studies indicate that many factors like age, sex, industrialization, socio-economic status, diet and environment etc. influence the formation of urolithiasis.<sup>[1]</sup> It is estimated that approximately 2% of the population experiences renal stone disease at some time in their life with male – female ratio of 2:1. The peak incidence is observed in 2nd to 3rd decade of life. Calcium salts, uric acid, cystine and struvite are the basic constituents of most kidney stones.<sup>[2]</sup>

Urolithiasis places a significant economic burden on the healthcare system, especially in industrialized countries where, owing to changes in lifestyle and diet, the incidence will probably continue to increase for a number of reasons, one of which is global warming.<sup>[3]</sup> According to the conventional medicine it is said that renal calculus more than 7mm requires surgical intervention.<sup>[4]</sup> Ureteral calculi are often managed with interventions such as shockwave lithotripsy or laser lithotripsy. Twenty-six percent of individuals with calculi have been shown to recur symptomatically, while 28% have been found in asymptomatic individuals. Hence, approximately 50% of individuals (symptomatic and asymptomatic) with a history of calculus formation may develop subsequent calculi over a period of 10 year. Selfcare and lifestyle modifications are thought to help reduce the risk of recurrence.<sup>[5]</sup>

Homoeopathy treats the chronic cases including urolithiasis with the holistic approach where we follow the principle of law of similia. In the context of the urolithiasis, there are different approaches in homoeopathy for effective prescribing. Some follow the Hahnemannian constitutional approach<sup>[6,7]</sup> and some the Burnett’s way of organopathic prescribing, that can be attributed as therapeutic or nosological approach<sup>[8]</sup> Meanwhile the clinical

homoeopathy<sup>[9,10]</sup> and complex homoeopathy<sup>[11,12]</sup> are being practiced, all over the world including India. The more a prescription is suited to the individual patient, better are the results, as reported by Ellis Barker and J H Clarke and quoted by I. Watson in his book, “A guide to the methodologies of homoeopathy”.<sup>[12]</sup> Several studies have shown the effectiveness of the homoeopathic interventions prescribed in different ways in cases of nephrolithiasis.<sup>[7,13,14,15,16,17]</sup>

The aim of the study was to explore the effectiveness of two most commonly prescribed homoeopathic medicines, i.e. *Lycopodium clavatum* and *Sarsaparilla* for removal of the calculi in the shortest duration, in cases of urolithiasis.

## MATERIALS AND METHODS

### Study setting

This is a retrospective case series of five patients with the symptoms of urolithiasis, who visited the Gaurang Clinic and Centre for Homoeopathic Research, Lucknow, Uttar Pradesh, India. These patients visited the clinic because they suffered from acute renal colic and a few with the recurrences of urolithiasis. The patients opted for homoeopathy as an alternative therapy in order to avoid the complications of surgery and secondly, the medicines were cost-effective.

### Study timeline

The study took place in the clinical setting between 2016-2017 and five cases of urolithiasis were enrolled. On the first visit, after the enrolment of the patients, a thorough case taking was done. Based on the physical generals mental as well as characteristic particular symptoms, the indicated medicine was prescribed to each patient. Ultrasound imaging was advised to fulfil the diagnostic criteria. During the next follow -up visit, after confirming the diagnosis, as per the ultrasonography report, the medicines were prescribed and the patients were advised to report at required intervals. However, in cases of acute emergencies, they were informed to report immediately.

### Homoeopathic interventions

The prescriptions were made according to the totality of the symptoms of the patient. If all symptoms of a patient were covered by a single remedy, then the same remedy was prescribed. In all the five cases more than one remedy was prescribed, one constitutional remedy followed by an organopathic remedy, to cover the entire symptoms picture of the

patients suffering from urolithiasis. Homoeopathic medicine was administered according to the symptomatology of the case, pills of 10 size, 2-3 globules to be administered orally on clean tongue, as advised by the physician. The Homoeopathic preparations was procured from the standard Homoeopathic Laboratory/Pharmacy prepared as per Homoeopathic Pharmacopoeia of India (HPI) and Good manufacturing practices of India.

**Evaluation and outcomes:** All patients who visited the clinic were advised to get the Ultrasonography (KUB) done on the second visits. The investigation was repeated every three months in case of recurrence of the presenting complaints. Cases with symptomatic relief of the complaints and the ultrasonography images showing no calculus were considered to be cured.

## CASE REPORTS

### Case 01

A 35 year old male presented with recurrent pain in left flank with burning micturition since three days. He had a history of similar pain two years back in the right flank and took allopathic medication to alleviate the pain.

The patient often used to lose temper at trifles, though being coward in expressing it in public. He was cross on least contradiction. Company was desirable for him though he suspected those near to him.

On first visit (18/09/2016), *Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Placebo*, 2-3 globules twice daily for fifteen days. The patient was advised to submit the ultrasonography report during the next visit.

On second visit (05/10/2016), the ultrasonography imaging showed bilateral renal calculi; no change in pain in left flank while burning micturition was slightly better. *Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Sarsaparilla 30C* twice a day, for a month. (Fig. 1A1 & 1A2)

On third visit (15/11/2016), burning micturition and the pain in the flank were better.

*Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Sarsaparilla 30C* twice a day, for a month.

On fourth visit (30/12/2016), the patient was asymptomatic with relief of the pain. On ultrasound imaging, no evidence of ureteric and renal calculus was observed. (Fig. 1B1 & 1B2) The patient was not given any medicine. However, he was advised to follow certain auxiliary measures to prevent the recurrence of urolithiasis.

### Case 02

A 38 year old male presented with severe pain in the right flank with dysuria. The patient was a business man with a family history of hypertension. He was also suffering from azoospermia. He had flatulence of lower abdomen, which used to aggravate from eating spicy foods; that did not relieve with eructation.

He had recurrent right -sided headache with weakness of vision. Patient was dreaming of frightful deaths of relatives and being pursued by snakes. He used to easily get angry at least contradiction. He was afraid of the narrow places.

On first visit (08/03/16), *Lycopodium clavatum 200C*, one dose, was given to take next morning, followed by *Placebo*, 2-3 globules twice daily, for one month. The patient was advised to submit the ultrasonography report during the next visit.

On second visit (14/04/16), there was no change in the urinary complaint, though flatulence was slightly better. Ultrasonography imaging showed mild hydronephrosis of right kidney with hydroureter with right utero-vesical junction calculus and tiny calculus of right kidney. *Lycopodium clavatum 200C*, one dose given once, followed by *Sarsaparilla 30C*, twice daily, for one month. (Fig. 2A1 & 2A2).

On third visit (08/05/16), there was slight relief in the pain. *Lycopodium clavatum 200C*, one dose was prescribed, followed by *Sarsaparilla 30C* two doses twice daily, for one month.

On fourth visit (23/05/16), the patient was asymptomatic. On ultrasound imaging, no evidence of ureteric and renal calculus was observed. *Placebo*, 2-3 globules were given twice daily, for one month along with advice to follow general measures to prevent recurrence of calculus. (Fig. 2B1 & 2B2)

### Case 03

A 44 year old male, a known diabetic, presented with pain in urethra and burning pain during micturition since four days. There was mild aching pain in right lumbar region, two years

back. The patient had undergone cholecystectomy 05 years back. He had a family history of cholecystitis, had undertaken allopathic treatment for acute ailments.

The patient was a farmer with irritable temperament. He used to get angry very easily when contradicted. He was afraid of going to the narrow places. He was suspicious to all those around him. His appetite was diminished and was thirstless.

On first visit (16/02/16), *Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Placebo*, 2-3 globules, twice daily for one month. Patient was advised to get the ultrasonography report during the next visit.

On second visit (07/03/16), pain in urethra was diminished; appetite was better, but his temperament remained unchanged. The ultrasonography report showed calculus of left vesico-ureteric junction with minimum back pressure changes. *Lycopodium clavatum 200C*, one dose, was prescribed to be taken next morning, followed by *Sarsaparilla 30C*, twice daily, for fifteen days. (Fig.3A1 & 3A2).

On third visit (22/03/16), slight relief in the pain was reported; appetite was normal. *Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Sarsaparilla 30C* twice daily, for fifteen days.

On fourth visit (15/04/16), pain in urethra and burning micturition decreased. Same prescription, i.e. *Lycopodium clavatum 200C*, one dose, followed by *Sarsaparilla 30C* was repeated as before.

On fifth visit (01/05/16,) burning micturition was better. *Placebo*, 2-3 globules was given twice daily for fifteen days.

On sixth visit (16/05/16), ultrasound report showed no evidence of calculus. The patient was asymptomatic. His appetite became normal. *Placebo*, 2-3 globules were given twice daily and the patient was advised not to visit further unless there was recurrence of complaints. (Fig 3B1 & 3B2)

#### Case 04

A 24 year old male with a history of recurrent pain in right flank presented with mild pain in the right flank. The patient earlier took allopathic medications for getting relief of pain.

The patient was unmarried and had a very irritable temperament. He was very obstinate in performing his daily activities. He used to yell to his parents on trifling matters but when confronted by some outsiders he rarely showed temper. He had desire for meat.

On first visit (25/01/2017), *Lycopodium clavatum 200C*, one dose was prescribed to take next morning, followed by *Placebo*, 2-3 globules, twice daily, for one month. The patient was advised to come with the ultrasonography reports on the next visit.

On second visit (24 /02/2017), there was no change in the complaints. Ultrasonography report showed calculi in right kidney. *Lycopodium clavatum 200C*, one dose, was given to take next morning, followed by *Sarsaparilla 30C*, twice a day, for one month. (Fig. 4A1 & 4A2)

On third visit (30 /03/2017), there was slight relief in the pain. *Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Sarsaparilla 30C* twice a day, for one month.

On fourth visit (27/04/2017), the patient was asymptomatic. In ultrasound image, no evidence of ureteric and renal calculus was observed. *Placebo* was given twice daily, for one month, along with advice to follow general measures to prevent recurrence of calculus. (Fig 4B1 & 4B2)

#### Case 05

A 25 year old male presented with burning pain in the left iliac region since five days. The pain started in right side and gradually progressed to left side. He also gave a history of moderate pain in the right lumbar region before four months. The patient was a student, with a history of epistaxis since five days. He had history of renal calculus seven years back. He took allopathic medication for his acute ailments. He used to get angry easily on trifling matters. He had a habit of biting nails. He was a chilly patient and took cold easily; company was highly desirable to him, yet he was critical to his inmates.

On first visit (22/01/17), *Lycopodium clavatum 200C*, one dose, was given to take next morning followed by *Placebo* for one month; patient was advised to get the ultrasonography reports on the next visit.



On second visit (02/02/17), there was no significant relief in the complaints; burning micturition remained same. Ultrasound report showed Hydronephrotic grade I in left kidney with large 12mm calculus in left lower ureter. A small calculus of 5.6 mm seen in superior calyceal system. *Lycopodium clavatum 200C*, one dose, was given to take next morning, followed by *Sarsaparilla 30C*, twice daily for one month. (Fig.5A1 & 5A2)

On third visit (27/02/17), the patient did not turn up; his attendant told that there was relief of symptoms. *Lycopodium clavatum 200C*, one dose, was given to take next morning, followed by *Sarsaparilla 30C*, twice daily for fifteen days.

On fourth visit (15/03/17), there was no change in burning pain in the left iliac region; *Lycopodium clavatum 200C* one dose, followed by *Sarsaparilla 30C* were prescribed as before for two months.

On fifth visit (30/5/17), burning in micturition was slightly better. Ultrasound report showed left kidney hydronephrosis with left lower ureter dilated with 8 mm calculus. *Lycopodium clavatum 200C*, one dose, was given to take next morning, followed by *Sarsaparilla 30C*, twice daily, for two months.

On sixth visit (04/07/17), there was mild pain in pubic region with burning pain during micturition. Ultrasound report showed multiple fine floating echoes. *Lycopodium clavatum 200C*, one dose, was given to take next morning, followed by *Sarsaparilla 30C*, twice daily for two months.

On seventh visit (08/09/17), all the complaints were better. *Lycopodium clavatum 200C*, one dose was given to take next morning, followed by *Sarsaparilla 30C* twice a day, for one month.

On eighth visit (16/10/17), ultrasound report showed no hydronephrosis and calculus. The patient had no complaints. *Placebo* was given once daily, for one month, along with advice to follow general measures to prevent recurrence. (Fig. 5B1 & 5B2)



**Table 01: Symptoms of patients of Urolithiasis at the inclusion, homoeopathic medicines prescribed and results.**

| Patient/Age | Prescription   | Follow-up duration (months) | Clinical status | USG Report   |   |
|-------------|--|-----------------------------|-----------------|--|---|
|             |  |                             |                 | Pre-treatment  | Post-treatment                          |
| 01/ 35 yrs  | <i>Lycopodium clavatum 200C</i><br><i>Sarsaparilla 30C</i> | 03                          | Cured           | Bilateral renal calculus of 5 mm size each; calculus of 6mm at lowerend of left UVJ; minimal hydro-ureteronephrosis                            | No hydronephrosis and no calculus seen. |
| 02/ 38 yrs  | <i>Lycopodium Clavatum 200C</i><br><i>Sarsaparilla 30C</i> | 03                          | Cured           | Right upper and middle calyx Calculus of 4 mm each; 7 mm size calculus at right UVJ.   | No calculus                             |
| 03/ 44 yrs  | <i>Lycopodium Clavatum 200C</i><br><i>Sarsaparilla 30C</i> | 03                          | Cured           | Mild hydronephrosis of left kidney; left UVJ calculus with 10×5mm size   | No hydronephrosis and no calculus seen  |
| 04/ 24 yrs. | <i>Lycopodium clavatum 200C</i><br><i>Sarsaparilla30C</i>  | 03                          | Cured           | Right mid-pole calyx 08mm size   | No calculus                             |
| 05/ 25 yrs  | <i>Lycopodium Clavatum 200C</i><br><i>Sarsaparilla 30C</i> | 03                          | Cured           | Hydronephrotic (Grade I )left kidney with large 12mm calculus in left lower ureter. A small calculus of 5.6mm seen in superior calyceal system | No hydronephrosis and no calculus seen  |

### OBSERVATIONS AND RESULTS

All the five patients of urolithiasis who visited the clinic between 2016 to 2017 were males of age group 24 to 58 years. Out of them, 40% cases had the recurrence of right-sided renal calculi while remaining 60% cases had aching pain in the right flank previously. In the present study, 20% cases were asymptomatic, 20% cases presented with burning micturition with no pain in lumbar region, 20% cases had mild pain in right lumbar region and the remaining 40% cases had aching pain in left lumbar region followed by pain in right lumbar region. (Table 01)

**Duration of treatment:** All the patients were cured, considering their clinical status as well as the ultrasound imaging, with the treatment duration between 03 to 09 months based on the sizes of the calculi. Out of five patients, four patients (80%) were cured in 03 months. The duration of the treatment was nine months including removal of the calculus in one patient, in view of big size of the calculus (Table 01).

### Homoeopathic medication

For five patients of urolithiasis, the constitutional medicine, *Lycopodium clavatum* was prescribed followed by *Sarsaparilla*, as adjuvant supportive remedy.

*Lycopodium clavatum 200C* was prescribed to all the five patients of urolithiasis as patient specific remedy, considering totality of symptoms, which included, painful micturition, mild to severe pain in the lumbar regions, diminished appetite as physical complaints and easily angered, obstinate, cowardice and claustrophobia as mental symptoms. In all the above cases, right -sided pain was predominant though in two cases the ultrasonography findings showed left -side calculi. Still then, *Lycopodium clavatum* was considered to be more appropriate in the selection of remedy, based on the concept of patient as a person.

*Sarsaparilla 30C* was prescribed in all the five cases as an organ/ disease specific medicine for severe pain in the lumbar region accompanied with burning pain during micturition.

### DISCUSSION

In the retrospective study of five cases of urolithiasis, it is observed that homoeopathic medicines are effective in the treatment of urolithiasis. Homoeopathic therapy focuses on a holistic approach towards understanding and treating the patient with the individualised medicines.<sup>[18]</sup> Other than the constitutional medicine, organopathic prescription was made that enabled to alleviate the symptoms more quickly.

The most frequently prescribed homoeopathic medicine was *Lycopodium clavatum* given in all five cases, which covered the totality of symptoms of the patients whereas *Sarsaparilla* was selected for each case, following organopathic approach.

*Lycopodium clavatum* is a leading medicine for the treatment of the urinary complaints including symptoms pertaining to urolithiasis.<sup>[19,20]</sup> However, as per the homoeopathic literature, it mostly acts for the right-sided complaints or for the ailments extending from

right to left side.<sup>[21,22,23,24]</sup> But, in the present case series, it is found effective in nephrolithiasis of either side.

The second common prescribed medicine is *Sarsaparilla* which has known action on renal calculi as given in homoeopathic literature.<sup>[21,23,25,26,27]</sup> Although the literature sources suggest its right-sided affinity for calculi<sup>[28,29]</sup>, yet, in this study, it has shown remarkable improvement in left- sided calculus also, and such observation is similar to a previous study.<sup>[15]</sup>

The study is in support of the earlier studies that showed effectiveness of homoeopathic intervention in urolithiasis cases,<sup>[7,13,14,15,16,17]</sup> but earlier studies focussed on the constitutional treatment of the cases. Organopathic medicine has also proved to be effective in treatment of urolithiasis that goes in accordance with the outcome of the present study.<sup>[17]</sup> The application of constitutional medicine followed by organ specific medicine in the treatment of Benign Prostate Hyperplasia<sup>[30]</sup> has been reported, which supports the outcomes of our study on urolithiasis.

## CONCLUSIONS

The present case series reflect the homoeopathic approach in treating the cases of urolithiasis, where *Lycopodium clavatum* as a constitutional medicine followed by *Sarsaparilla* as an organopathic remedy gave good results. The outcome of this case series may improve the knowledge of the clinicians which will ultimately benefit the patients suffering from urolithiasis. This was a retrospective study involving only five male cases. So, a prospective research study with randomised controlled trial (RCT) study design and a larger sample size is suggested for scientific validation.

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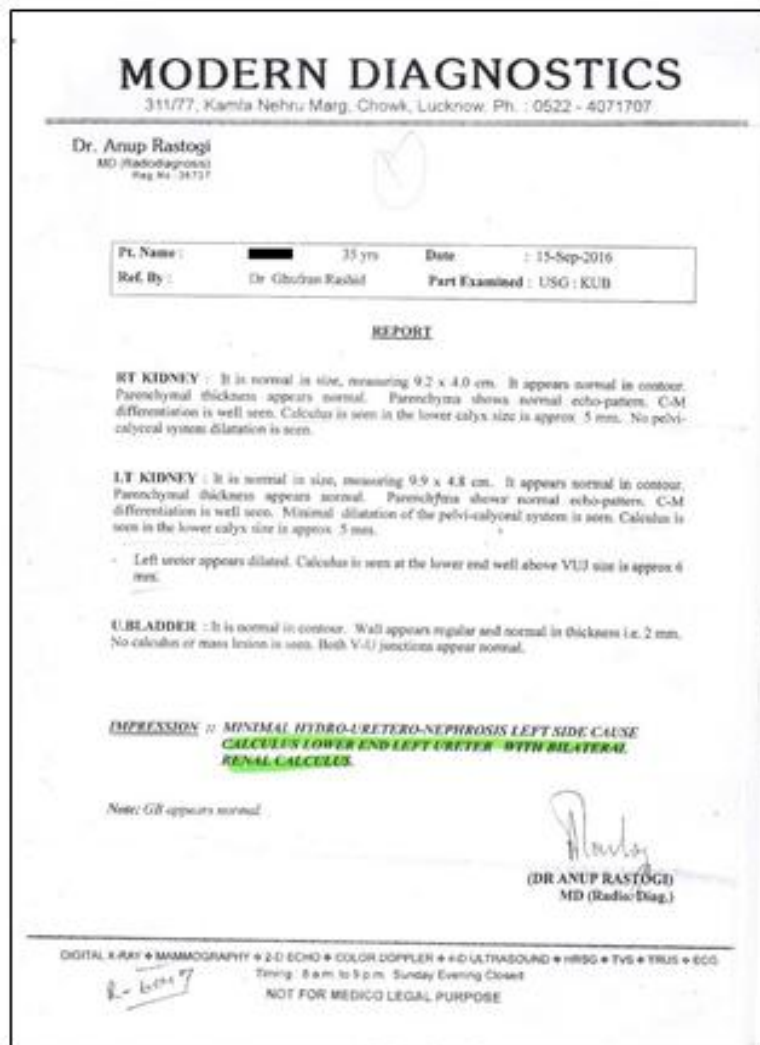


Figure 1A1: Ultrasonography Report before treatment.



Figure 1A2: Ultrasonography Report after treatment.



Figure 1B1: Ultrasonography Image before treatment.

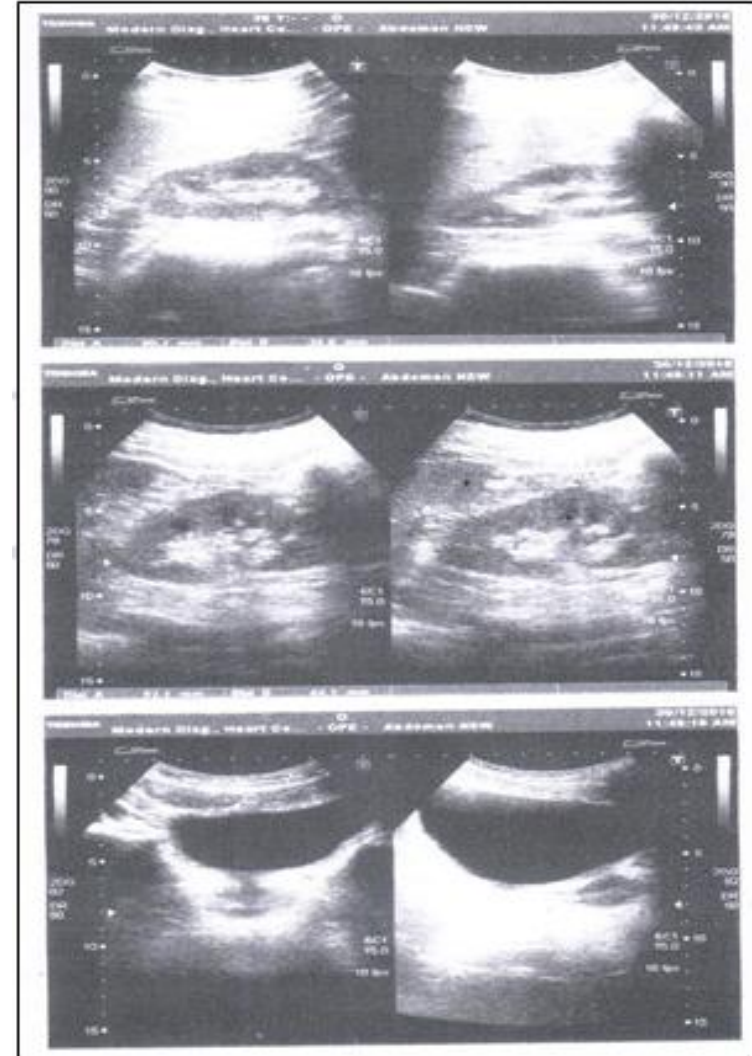


Figure 1B2: Ultrasonography Image after treatment.



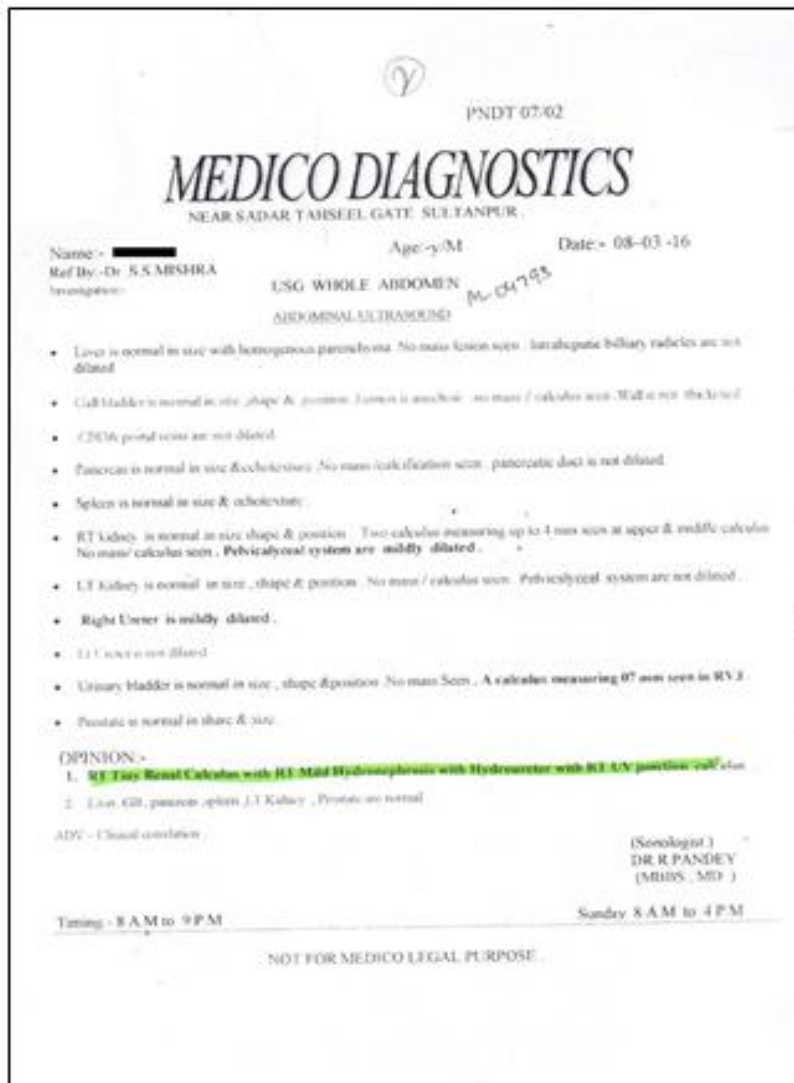


Figure 2A1: Ultrasonography Report before treatment.



Figure 2A2: Ultrasonography Report after treatment.

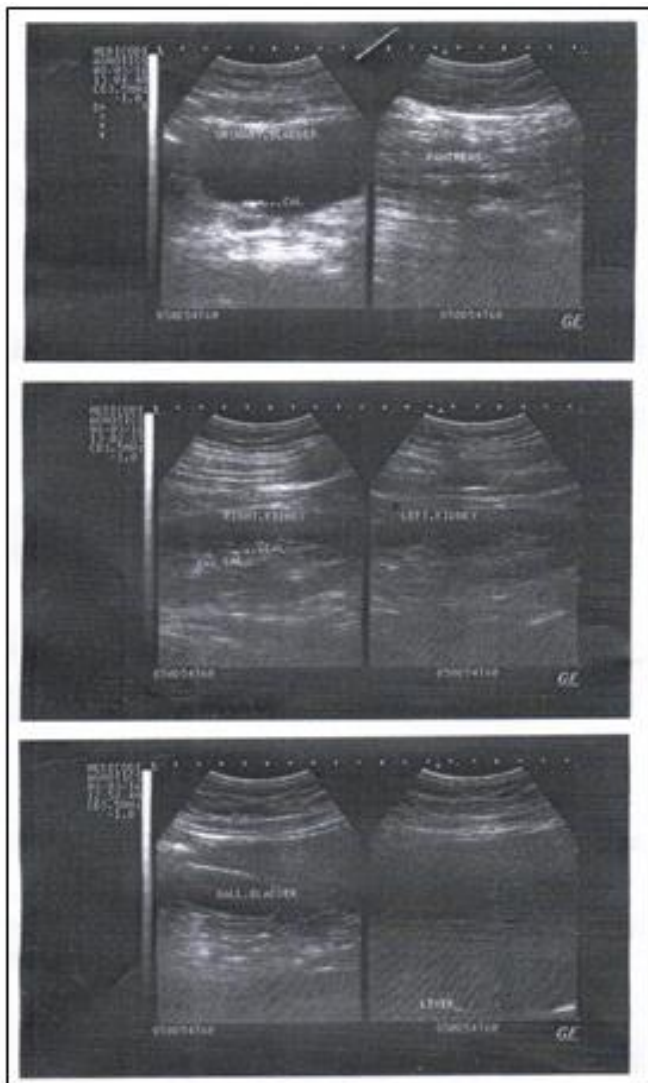


Figure 2B1: Ultrasonography Image before treatment.

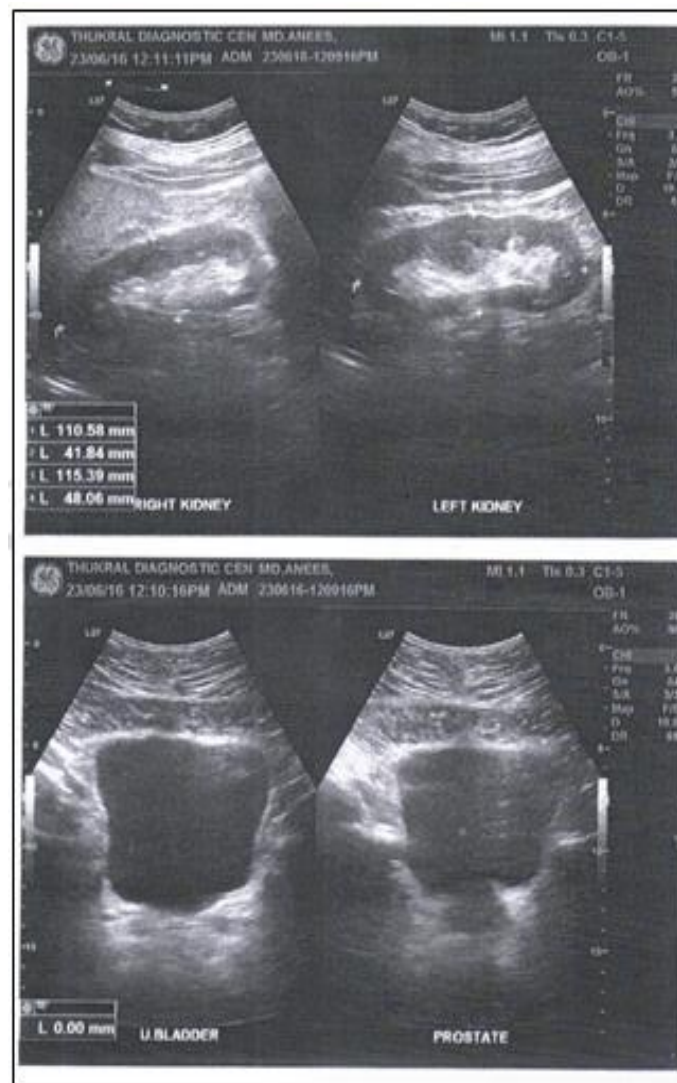


Figure 2B2: Ultrasonography Image after treatment.





Figure 3A1: Ultrasonography Report before treatment.

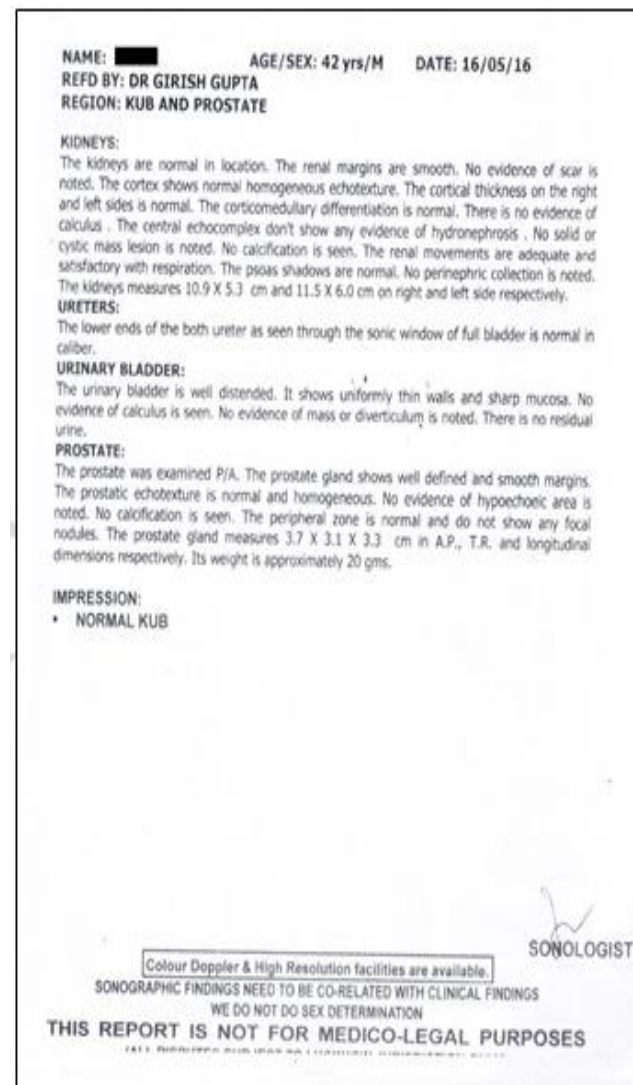


Figure 3A2: Ultrasonography Report after treatment.

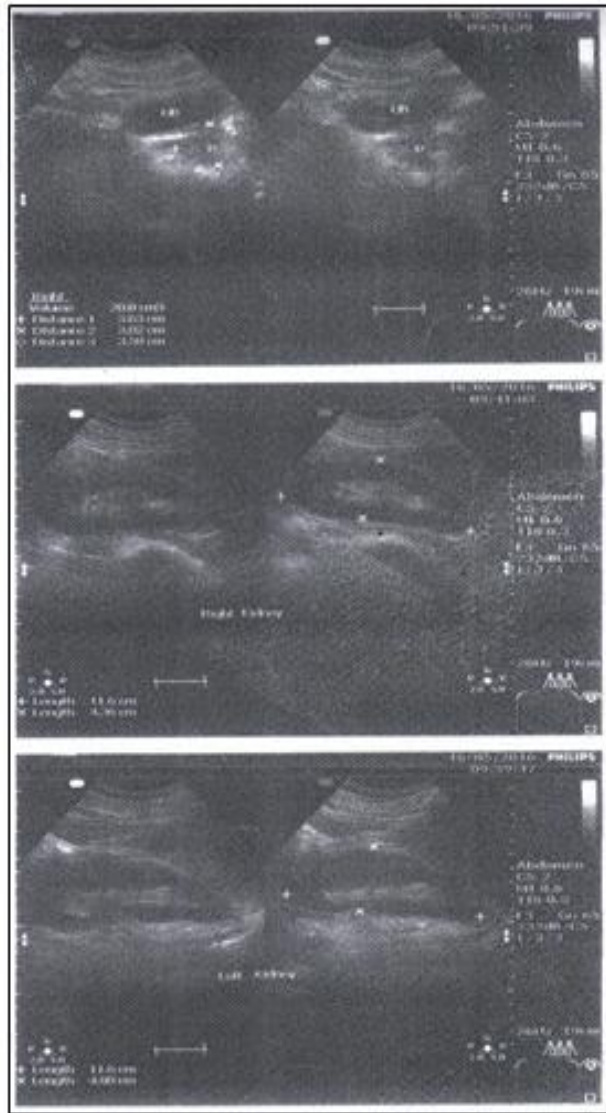


Figure 3B1: Ultrasonography Image before treatment.



Figure 3B2: Ultrasonography Image after treatment.



Figure 4A1: Ultrasonography Report before treatment.



Figure 4A2: Ultrasonography Report after treatment.



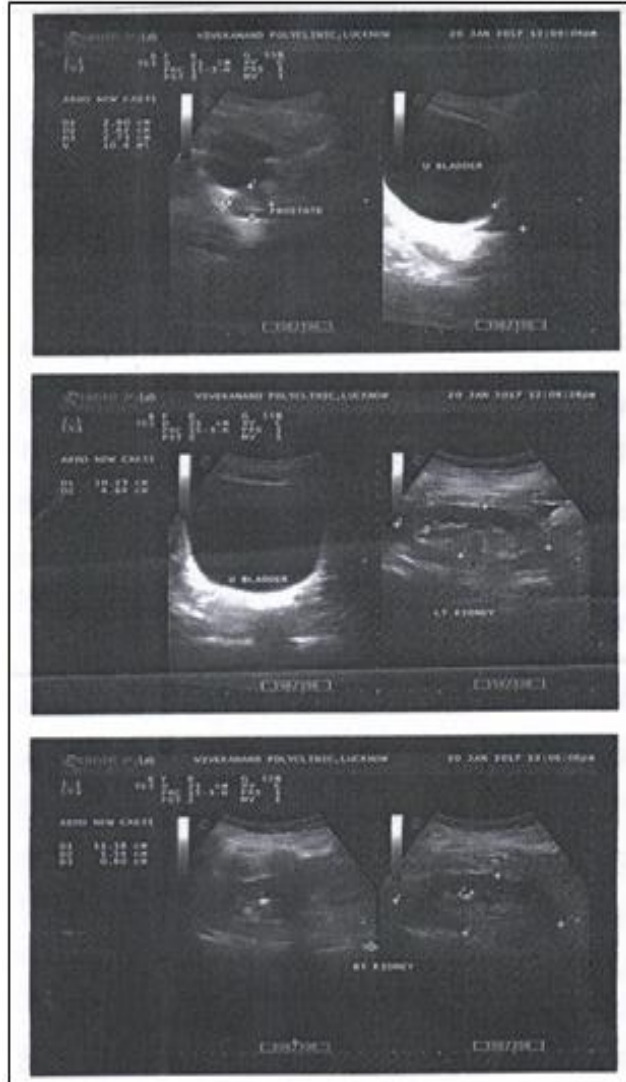


Figure 4B1: Ultrasonography Image before treatment.

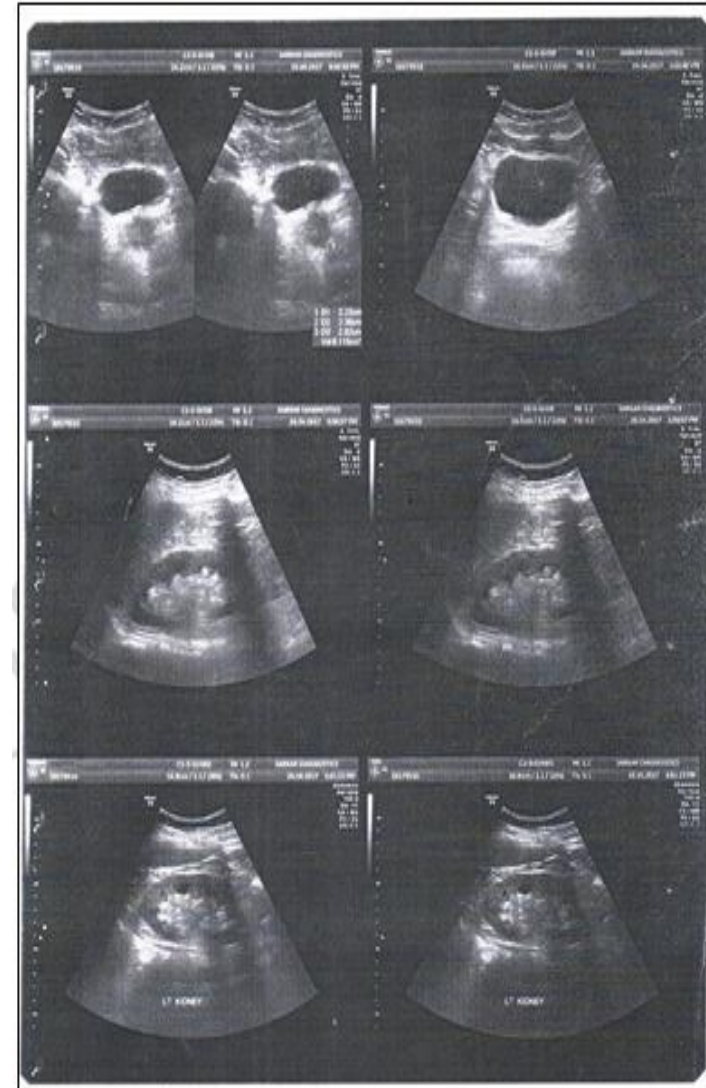


Figure 4B2: Ultrasonography Image after treatment.

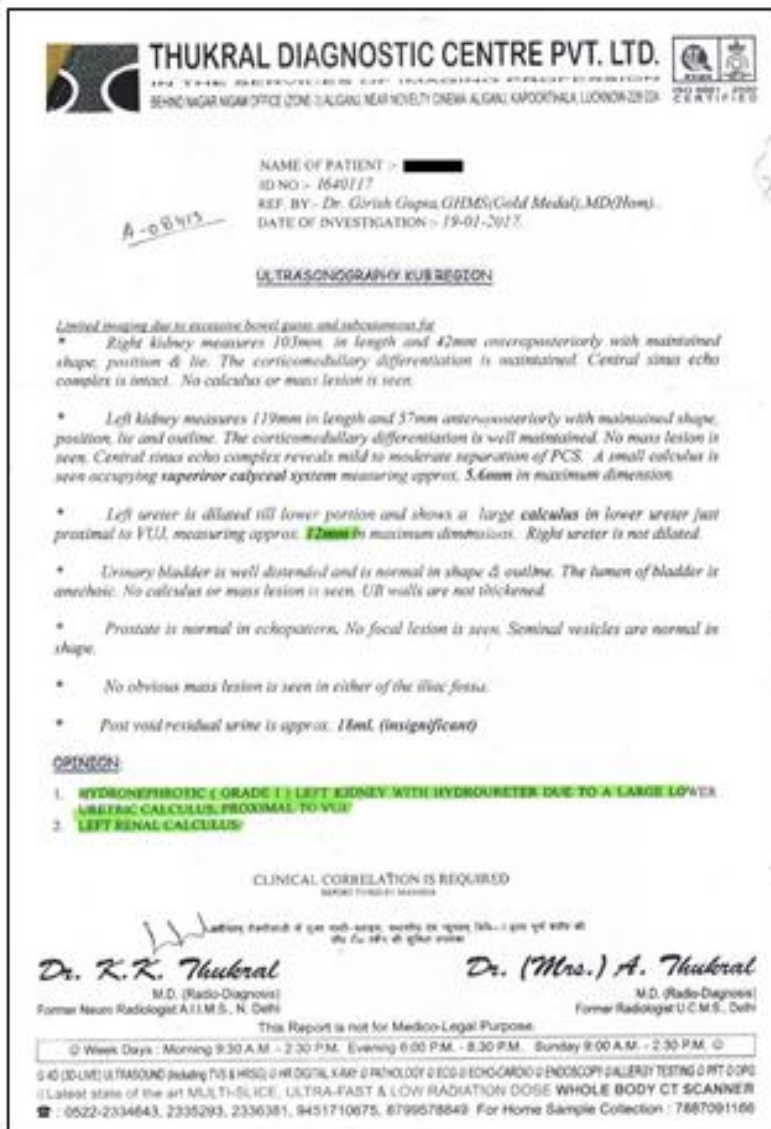


Figure 5A1: Ultrasonography Report before treatment.



Figure 5A2: Ultrasonography Report after treatment.



Figure 5B1: Ultrasonography Image before treatment.

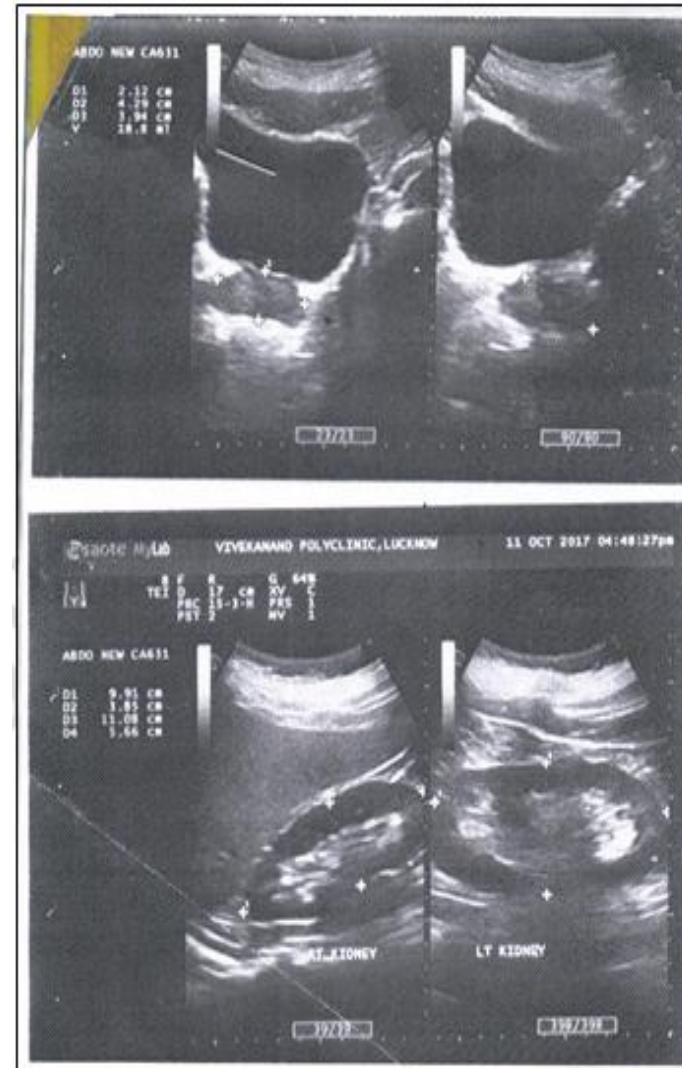


Figure 5B2: Ultrasonography Image after treatment.

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