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Promising Homoeopathic Interventions In The Management Of Kidney Stones: A Narrative Overview

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ABSTRACT

Renal calculus, commonly known as kidney stones, represents a significant health concern due to its prevalence and the discomfort it causes. While conventional treatments, including medications and surgical interventions, are effective, they often come with limitations and potential side effects. This review explores the role of homoeopathy as an alternative and complementary therapy for the management of renal calculus. It provides an overview of the types and causes of kidney stones, discusses the principles and historical development of homoeopathy, and highlights commonly used homoeopathic remedies. The review examines the proposed mechanisms of action of these remedies and compares them to conventional treatments. It synthesizes clinical evidence from trials, studies, and meta-analyses to evaluate the efficacy of homoeopathy in treating renal calculus. The integration of homoeopathic remedies with conventional treatments is considered, along with safety and interaction concerns. The review addresses the challenges and controversies surrounding homoeopathy, particularly in terms of regulatory and ethical issues. Finally, it identifies gaps in current knowledge and suggests directions for future research. This comprehensive review aims to inform healthcare providers and patients about the potential benefits and limitations of homoeopathic approaches to managing renal calculus, ultimately contributing to improved patient care and outcomes.

Keywords: *Nephrolithiasis; Renal calculi; Urolithiasis; Homoeopathy; Complementary medicine; Kidney stones; Materia Medica; Holistic treatment*

INTRODUCTION

Background on renal calculus

Every year, over 500,000 individuals visit emergency rooms due to issues with kidney stones (1). It is estimated that one out of every ten people will experience a kidney stone at some point in their lifetime (2). In the United States, the prevalence of kidney stones has risen from 3.8% in the late 1970s to 8.8% in the late 2000s and was at 10% during 2013–2014 (3). The

likelihood of developing kidney stones is approximately 11% for men and 9% for women, and individuals with conditions like high blood pressure, diabetes, or obesity may be at a higher risk (4,5).

Kidney stones are solid objects formed from chemicals found in urine, with four main types being calcium oxalate, uric acid, struvite, and cystine (6). Treatment options include shockwave lithotripsy, ureteroscopy, and percutaneous nephrolithotomy or nephrolithotripsy (7). Common symptoms may include intense lower back pain, blood in urine, nausea, vomiting, fever and chills, or discolored or odorous urine (8,9).

Urine contains various waste products that can form crystals when there is an imbalance between waste and liquid levels (10). These crystals can then attract other substances and merge into a larger solid that can continue to grow unless passed out of the body through urine (11). Normally, the kidneys eliminate these chemicals through urine production (12). However, a lack of fluids or certain compounds in the urine can prevent the formation of kidney stones (13). These compounds include calcium, oxalate, urate, cystine, xanthine, and phosphate. Once formed, a kidney stone may remain within the kidney or move down the urinary tract into the ureter (14). In some cases, small stones can pass through without causing much discomfort. However, larger stones that do not move can cause blockages and backups within the urinary system, leading to pain (15).

Importance of alternative and complementary therapies

Complementary and alternative medicine (CAM) is often used in kidney stone patients (16). It consists of preparations containing various ingredients such as herbs, probiotics, and vitamins, often with alkalis, which are classified as dietary supplements (17). Most supplements that claim to treat or prevent kidney stones contain ingredients with conflicting or no scientific evidence to support their claims (18). Doctors should inform stone-forming patients that the effects of most supplements in humans are unknown or unstudied and that a lack of evidence does not mean an absence of potential harm (19).

Unfortunately, a CAM preparation often consists of a mixture of different molecules (often alkalis) with different possible mechanisms of action, and although positive results have been reported, the role of individual molecules cannot be evaluated. Despite these concerns, CAM products are still quite popular among kidney stone patients. Lack of knowledge in this area prevents the recommendation of CAM products in daily clinical practice; only a weak recommendation for their use in patients with kidney stones can be considered reasonable (20).

UNDERSTANDING RENAL CALCULUS

Definition and types of kidney stones

Kidney stones (also called nephrolithiasis or urolithiasis) are hard deposits of minerals and salts that form in the kidneys. Diet, being overweight, certain illnesses, and certain supplements and medications are among the many causes of kidney stones. It can affect any part of the urinary tract, from the kidneys to the bladder. Stones often form when urine becomes concentrated, causing minerals to crystallize and stick together (21).

Types

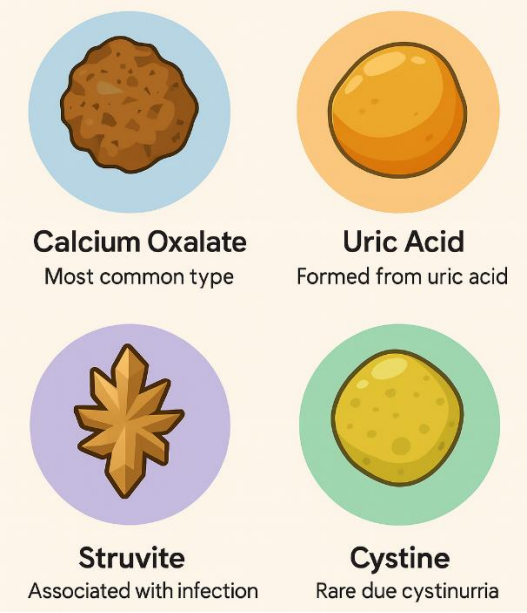

Figure 1: Types of Kidney Stones

Calcium stones:

The most prevalent forms of kidney stones are calcium stones, which consist of calcium oxalate and calcium phosphate. Of the two, calcium oxalate stones are more frequently encountered. It is a misconception that consuming calcium-rich foods can lead to these types of stones. Typically, any surplus calcium in the body that is not utilized by the bones and muscles is filtered through the kidneys and eliminated in the urine. However, if this process fails, the excess calcium can accumulate in the kidneys and mix with other waste materials to create kidney stones (22).

Uric acid stones:

An excess of acid in the urine can lead to the development of a uric acid stone. Consumption of large quantities of fish, shellfish, and meat, particularly organ meat, can raise the levels of uric acid in the urine (23).

Struvite stones:

Struvite stones can occur following a urinary tract infection (UTI), appearing suddenly and rapidly increasing in size (21).

Cystine stones:

Cystine stones are caused by a hereditary condition known as cystinuria. This disorder leads to the leakage of the amino acid cystine from the kidneys into the urine (24).

Etiology and risk factors

Some potential reasons for kidney stone development may include inadequate hydration, excessive or insufficient physical activity, being overweight, undergoing weight loss surgery, or consuming foods high in salt or sugar. In addition, infections and a family history of kidney stones may be significant factors for certain individuals. Eating excessive amounts of fructose has been linked to a higher likelihood of developing kidney stones. Fructose is commonly found in table sugar and high-fructose corn syrup (25,26).

Table 1: Risk Factors and Etiology of Kidney Stones (27,28)

Category	Etiological Factors / Risk Factors	Description
Dietary	High salt intake, high animal protein, high oxalate (spinach, nuts), fructose-rich foods	Promote urinary calcium and oxalate excretion, leading to stone formation
Hydration	Inadequate water intake	Leads to concentrated urine and crystallization of solutes
Medical Conditions	Hypercalciuria, Hyperoxaluria, Hyperuricosuria, Cystinuria, Gout, Hyperparathyroidism	Increase supersaturation of stone-forming substances
Urinary Tract Issues	Recurrent urinary tract infections, Urinary stasis, Obstruction	Favor struvite stone formation and crystal retention
Genetic Factors	Family history of nephrolithiasis	Increases lifetime risk of stone development
Metabolic Disorders	Obesity, Type 2 Diabetes, Metabolic syndrome	Associated with changes in urine composition and stone formation
Surgical History	Bariatric surgery, GI malabsorption syndromes	Increase intestinal oxalate absorption and decrease citrate excretion
Lifestyle Factors	Sedentary behavior, physical inactivity	May promote urinary stasis and reduce calcium reabsorption in bones
Medications	Diuretics, calcium/vitamin D supplements, antacids (calcium-based), protease inhibitors	Alter calcium and oxalate levels in urine
Environmental	Hot climates, high temperature occupations	Promote dehydration and concentrated urine

Risk factors for kidney stone formation include several medical conditions and inherited disorders. Obstruction of the urinary system and long-term inflammation of the digestive tract are known contributors. Polycystic kidney disease, characterized by fluid-filled sacs on the kidneys, and cystinuria, a condition marked by high levels of cystine in the urine, also increase the risk. A family history of kidney stones significantly elevates susceptibility. Gout, which causes painful joint inflammation, and a history of gastrointestinal surgery are further risk factors. Inherited metabolic conditions such as hypercalciuria (elevated urinary calcium), hyperoxaluria (excess oxalate in the urine), and hyperuricosuria (increased uric acid levels) contribute to stone formation. Additionally, hyperparathyroidism, involving excessive calcium due to overactive parathyroid glands, and renal tubular acidosis, where the kidneys fail to properly filter acids leading to imbalanced blood and urine pH levels, are notable risk factors (29).

Pathophysiology and symptoms

Pathophysiology:

The initial stage of stone formation involves the creation of crystals in the urine that are overly concentrated, which then stick to the lining of the urinary tract and serve as a base for future stone growth. The exact biological mechanisms involved in attaching crystals to the urinary tract are not fully understood. While most calcium oxalate stones form on Randall's plaques made of calcium phosphate (30) crystals, not all do. Some newer theories suggest that certain molecules on the surface of cells may either promote or hinder crystal adhesion. After a stone episode, damage and repair to the urinary tract may increase the presence of these molecules, leading to more crystal attachment and the potential for further stones. This perpetuating cycle highlights the importance of identifying and addressing risk factors for crystal formation to prevent stone recurrence (31).

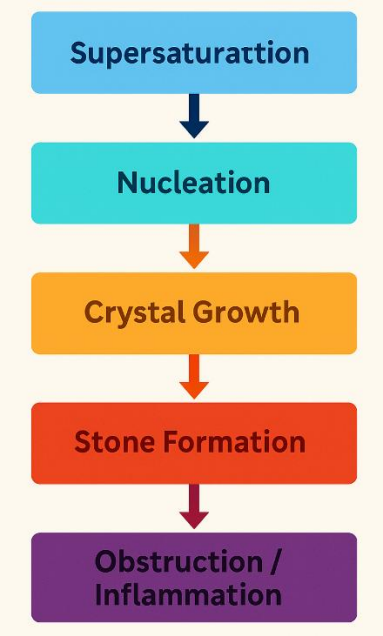

Figure 2: Pathophysiology of Kidney Stone Formation (32)

Symptoms: A major sign of kidney stones is a feeling of intense discomfort in the lower back, abdomen, or side (known as flank pain) that may spread toward the groin. This pain can be either a dull ache or a sharp, colicky pain that fluctuates in intensity. Other symptoms that may accompany kidney stones include nausea and vomiting, blood in the urine, painful urination, difficulty urinating, a frequent urge to urinate, fever or chills, and cloudy or foul-smelling urine (33).

Conventional Management of Renal Calculus

Standard medical and surgical treatments

In cases where kidney stones cannot be fragmented sufficiently to pass through the urine, a stent may be inserted in the ureter by a doctor to facilitate the passage of urine and stones. In certain situations, other methods such as ureteroscopy or percutaneous nephrolithotomy may be required after shockwave lithotripsy (34). When kidney stones are too large to pass on their own or cause complications, they may require interventions such as extracorporeal shock wave lithotripsy (ESWL), surgical removal of larger stones, or using a scope to remove smaller ones. ESWL involves breaking up stones with sound waves, which may cause some discomfort and side effects. Surgery may be needed for exceptionally large

stones (35).

In certain instances, kidney stones can be caused by hyperactive parathyroid glands, resulting in high levels of calcium. This can be addressed by surgically removing a growth from the gland or by treating the underlying condition causing the overproduction of parathyroid hormone. Overall, the approach to treating kidney stones depends on their size and location, as well as the underlying cause. Procedures like ESWL, percutaneous nephrolithotomy, or ureteroscopy may be utilized to effectively remove stones and prevent complications. Surgery may be required in cases where the stones are particularly large or when other treatments have been unsuccessful (36,37).

Limitations and side effects

Side effects of medications: Emetic treatments and stone-dissolving medications can cause dizziness or lightheadedness, nasal congestion, or a runny nose. Stone-dissolving medications can also cause temporary changes in ejaculation in men. If a patient experiences a high fever or chills, severe pain, inability to tolerate food or fluids, and a large amount of blood in the urine (or blood clots), they should contact a doctor immediately. These symptoms may indicate an infection or kidney stones causing significant problems that require prompt treatment (38,39).

Surgical treatments: Procedures to treat kidney stones can have temporary side effects such as a burning sensation during urination, bladder discomfort, and blood in the urine. Complications may include urinary infections, sepsis, kidney or ureteral damage, scarring, bleeding, and blockages. In some cases, repeat surgery may be needed for large stones or recurrent stones. Rarely, patients may experience symptoms like fever, nausea, chest pain, difficulty urinating, or excessive blood in the urine, indicating a need to return to the hospital. It is essential to be aware of these potential side effects and complications and seek medical attention if any concerning symptoms arise after surgery (40).

Overview of Homoeopathy

Principles of homoeopathy

a) Law of Simila: Early physicians like Hippocrates and Paracelsus understood the concept of similars before Hahnemann rediscovered it and built an entire therapeutic system upon it. Hahnemann believed that the cure of disease depended on the law of similars , which is the basis of homoeopathy (41,42). The term homeopathy comes from the Greek homoeo ("similar") and pathos ("suffering"), indicating that homeopathy is a form of analogical medicine. According to this law, a weaker dynamic illness can be cured by a stronger one if the latter produces similar symptoms to the former. This is expressed by "Similia Similibus Curantur" ("like cures like"). Hahnemann held that a homoeopathic physician should prescribe a remedy that produces symptoms similar to those of the disease in order to achieve a cure, a concept that can also be observed in nature (43).

b) Law of Simplex: Hahnemann emphasized using only one remedy at a time to treat a patient effectively. He argued that administering multiple treatments simultaneously makes it difficult to discern which remedy is producing the curative effect and could lead to harmful side effects. This principle of simplicity is central in homoeopathy (44).

c) Law of Minimum: The curative effect of a homoeopathic medicine depends on selecting a similar remedy and administering the minimum dose. Homoeopathic medicines act at a dynamic level, requiring only a minute quantity to stimulate the vital force for healing. This principle is implemented through potentization, the process of serial dilution and succussion, which avoids unwanted drug aggravations and organ damage. The French mathematician Maupertuis noted that only the smallest necessary action is needed to effect change in nature (45).

d) Doctrine of Drug Proving: Drug proving is the systematic study of a substance's effects by testing it on healthy volunteers (called "provers"). The substance is administered and any physical or mental symptoms that arise are carefully observed and recorded. These symptoms are compiled and organized into a reference called the Materia Medica of that substance, which guides its use in patients with similar symptom profiles. It is crucial to conduct drug provings on healthy individuals to ensure that observed symptoms are not confounded by an existing illness (46). Moreover, humans can articulate and describe subjective sensations and mental states accurately, providing detailed information that is essential for finding the right remedy. Unlike animal experiments, human provings yield precise insights into the remedy's effects. Conducting provings exclusively on humans has allowed practitioners to discover the curative properties of many substances and continually expand the Materia Medica (47).

e) Theory of Chronic Diseases (miasms): After 30 years of practicing homoeopathy, Hahnemann realized some diseases were not being permanently cured. He noticed that symptoms often improved temporarily only to return later. Investigating this, he considered reasons such as limitations of the Law of Similars, improper application of the law, lack of sufficient remedies, diagnostic errors, or persistent obstacles to cure. Hahnemann concluded that many chronic diseases are driven by underlying chronic miasms (fundamental disease causes) – namely Psora, Sycosis, and Syphilis. Psora, considered the mother of chronic diseases, accounts for roughly 80% of chronic conditions and often has internal manifestations without visible skin eruptions; it must be treated internally rather than just palliated externally. Sycosis, stemming from suppressed

gonorrheal infection, can lead to issues like suspicion, jealousy, and physical ailments such as warts (48). Syphilis, from syphilitic infection, is a destructive miasm attacking tissues and bones and is associated with despair, violence, and ulcerative lesions. Each miasm has specific remedies (e.g., Psorinum and Sulphur for Psora; Thuja and Medorrhinum for Sycosis; Syphilinum and Mercurius solubilis for Syphilis). Addressing these miasms became critical for true cure in chronic cases (49).

f) Theory of Chronic Diseases (vital force): The vital force is the invisible energy that animates living organisms, considered the essence of life in homoeopathic philosophy. The material body cannot function without this vital force, which governs all sensations and bodily functions in health and disease. Illness is seen as a disturbance in this vital force, leading to a dynamic imbalance and the appearance of disease symptoms. In his Organon of Medicine , Hahnemann described the vital force as the spiritual life energy maintaining the body's harmony and vitality. The vital force is responsible for all sensations and life functions, guiding the body to maintain equilibrium and to respond to internal and external factors (49,50).

g) Doctrine of Drug Dynamisation: Hahnemann discovered the process of potentization, which involves systematically diluting and succussing (shaking) a substance to enhance its therapeutic potency. This dynamization process is used to extract the medicinal properties from otherwise inert substances. There are two methods: insoluble substances are ground with lactose (trituration), and soluble substances are vigorously shaken in solution (succussion). Potentization makes substances that are inert or toxic in crude form therapeutically active and gentle in effect. The benefits include deeper and longer-lasting curative effects, neutralization of toxicity, and enhancement of a remedy's healing power. By increasing potency (through serial dilution and succussion), homoeopaths can minimize side effects while maximizing therapeutic efficacy. Additionally, Hahnemann noted that using high potencies during drug provings elicited more subtle and precise symptoms, especially mental symptoms, improving the accuracy of remedy profiles (51).

History and development of homoeopathic medicine

Hahnemann criticized the conventional medicine of his time (late 18th to early 19th century) as often ineffective and harmful. Homeopathy was introduced to America in 1825 by Hans Birch Gram, a student of Hahnemann, and the first U.S. homeopathic medical school opened in 1835. The American Institute of Homeopathy was founded in 1844 (52,53). The success of homeopathy in the 19th century contributed to the abandonment of some harmful practices like bloodletting and purging, as homeopathic hospitals showed lower mortality (for example, during 19th-century cholera epidemics) compared to mainstream hospitals where aggressive treatments often did more harm. In the United States, the Food, Drug, and Cosmetic Act of 1938 (sponsored by Senator Royal Copeland, himself a homeopathic physician) legally recognized homeopathic preparations as medicines. By the 1950s, however, there were only about 75 homeopathic practitioners remaining in the U.S (54).

In 2015, the National Health and Medical Research Council of Australia stated that there are no health conditions with reliable evidence of homeopathy's efficacy. The Australian government, following a 2018 review of Pharmacy Remuneration and Regulation, accepted only 3 of 45 recommendations related to homeopathy. In the United States, the Food and Drug Administration (FDA) held a hearing in 2015–2017 and in 2017 announced plans to strengthen regulation of homeopathic products (55).

The Center for Inquiry (CFI), a U.S. non-profit organization, filed a lawsuit in 2018 against CVS Pharmacy for consumer fraud in the sale of homeopathic medicines, claiming CVS presented homeopathic products as easier-to-obtain alternatives to proven treatments. In 2019, CFI filed a similar lawsuit against Walmart for "committing wide-scale consumer fraud and endangering the health of its customers" through the marketing of homeopathic remedies. A survey conducted by CFI found that consumers felt misled when informed of the lack of evidence for the efficacy of homeopathic products sold at these stores. In 2016, the University of Barcelona in Spain canceled its Master's program in Homeopathy due to "lack of scientific basis," following advice from the Spanish Ministry of Health (56).

Homoeopathic Remedies for Renal Calculus

Commonly used homoeopathic medicines

a) Berberis vulgaris: In cases of left-sided kidney stones, Berberis vulgaris is a very popular homoeopathic remedy. The guiding symptom for Berberis is pain radiating from the left kidney down to the ureter, bladder, and urethra. Berberis is also known to help with gallstones by addressing green or red, thick, mucous-laden urine. Kidney pain calling for Berberis is worsened by movement and often accompanied by shooting spasmodic pains (57).

b) Lycopodium: For right-sided kidney stones, Lycopodium clavatum is one of the most trusted homoeopathic remedies. Patients needing Lycopodium often report urgency and frequent urination at night, or an inability to completely void (urinary retention). In severe right kidney stone cases, Lycopodium is indispensable as it is the most suitable remedy. Abdominal bloating may accompany right-sided kidney stones in such patients (58).

c) Hydrangea ("the stone breaker"): Homoeopathic remedies like Hydrangea arborescens – one of the most popular "stone-breaking" remedies – have been used when the urine contains abundant white amorphous sediment or small gravel. Hydrangea is known to help dissolve kidney stones, especially when there is white sand or gravel in urine (59,60).

d) Cantharis: Cantharis vesicatoria is an excellent homoeopathic medicine for kidney stones accompanied by intense burning during urination. In one study of 220 kidney stone cases, significant improvement was observed in a majority of patients, and stone size was reduced in many cases. Cantharis is considered the most effective remedy when kidney stones cause severe burning pain in the urethra. It is useful for both oxalate and uric acid stones, but it is especially indicated when burning pain is the predominant symptom (61).

e) Pareira brava: The homoeopathic medicine Pareira brava is prescribed in cases of kidney stones with intense pain radiating to the thighs and urinary retention (where passing urine is extremely difficult and painful). Patients needing Pareira have to strain hard to urinate, and they may need to get on their hands- and-knees or apply pressure to be able to void. This remedy is often called for in cases of unbearable pain with scanty urine (62).

f) Urtica urens: This remedy (from the stinging nettle) is very effective for kidney stones associated with high uric acid levels (uric acid stones, as seen in gouty patients). Urtica urens acts as a natural diuretic and stone dissolver; it helps expel uric acid gravel and can prevent the formation of urate stones by metabolizing uric acid efficiently (63).

g) Ocimum canum: Ocimum canum (also known as Ocimum sanctum or holy basil) is a commonly used remedy for kidney stones, especially when the stones are associated with nausea or vomiting. It is particularly effective for kidney stone colic on either side (right or left) that is accompanied by vomiting. It's often considered the remedy of choice for bilateral kidney stone pain with gastric upset (64).

h) Phosphorus: Phosphorus 30C and 200C are frequently mentioned as effective remedies for kidney stones. Some practitioners claim that regular doses of Phosphorus (in 30C or 200C potency) can help dissolve even relatively large stones (up to 12 mm) within a month. Phosphorus is generally indicated for patients with a tendency to form stones along with other constitutional symptoms like craving for cold drinks and foods, and it may be especially useful if blood is noted in the urine (63).

Table 2: Homoeopathic Remedies and Their Indications in Renal Calculus (65,66)

Remedy	Side Specificity	Urinary Symptoms	Stone Type	Remarks
Berberis vulgaris	Left-sided	Radiating pain from kidney to ureter and bladder; greenish or thick urine	Oxalate or mixed	Pain worsens with motion; useful for gallstones too
Lycopodium clavatum	Right-sided	Urinary retention, nocturia, bloating	Oxalate or uric acid	Incomplete urination; excellent for right kidney stones
Hydrangea arborescens	Bilateral	Gravel or white sand in urine; dull aching pain	Phosphate or oxalate	"Stone breaker"; relieves sediment-related symptoms
Cantharis vesicatoria	Non-specific	Intense burning during and after urination	Uric acid and oxalate	Very effective in acute pain with burning; also in UTIs
Pareira brava	Radiating to thighs	Intense straining to urinate; scanty urine	Oxalate	Pain relieved in kneeling position; urinary retention cases
Urtica urens	Non-specific	Uric acid gravel in urine; burning pain	Uric acid	Useful in patients with gout or hyperuricemia
Ocimum canum	Both sides	Colic with nausea or vomiting; frequent urging	Oxalate or mixed	Preferred in bilateral pain with gastric upset
Phosphorus	Non-specific	Hematuria; thirst for cold drinks; sharp pain	Moderate-to-large stones	Believed to dissolve larger stones; good constitutional remedy

Mechanism of Action

Homoeopathic treatments are thought to activate the body's innate healing mechanisms. The approach is based on the concept of "like cures like," meaning a substance that can induce certain symptoms in a healthy person might be used in extremely small doses to treat similar symptoms in a sick person. For example, if someone has a cold characterized by a runny nose and watery, irritated eyes, a homoeopath might prescribe Allium cepa (red onion), which in a healthy person can cause similar symptoms (tearing eyes and nasal discharge). The idea is that the diluted remedy stimulates the body's defenses to relieve the cold symptoms (67).

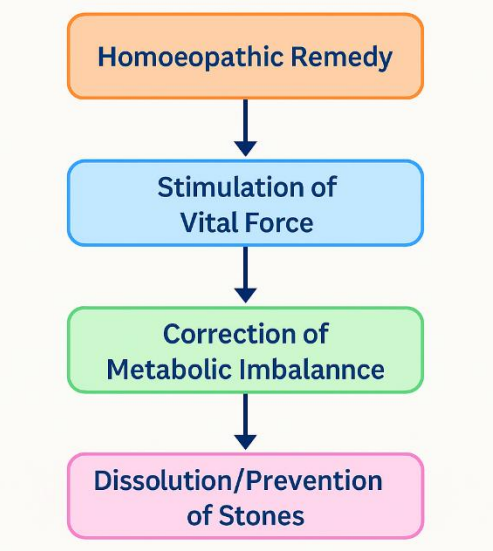

Figure 3: Proposed Mechanism of Action of Homoeopathy in Kidney Stone Management (68)

The preparation of homoeopathic remedies involves serial dilution and succussion (vigorous shaking) of the original substance—a process known as potentization. Homoeopaths believe that after sufficient dilution (often beyond Avogadro's number) and succussion, the solution retains a "memory" or imprint of the original substance's energy. When a person takes a homoeopathic remedy, this energized solution is believed to stimulate the body's vital force or healing energy, nudging the body toward self-healing (2).

In the context of kidney stones, homoeopathy aims to address the underlying disposition that leads to stone formation. Remedies are chosen not only to relieve acute pain but also to correct metabolic tendencies that cause stones. Homoeopathic treatment is said to have a dual effect: breaking down existing stones (aiding their dissolution or passage) and preventing the formation of new stones by correcting underlying imbalances. For example, some remedies may alter the urine chemistry or improve kidney function in subtle ways. Homoeopaths also pay attention to details like the color and type of urinary sediment when choosing a remedy, as these can guide a more targeted approach (2).

Remedies like Berberis vulgaris, Hydrangea, and Cantharis are believed to act specifically on the kidneys and urinary tract, aiding in the disintegration of stones, reducing inflammation, and promoting the smooth passage of calculi. Furthermore, homoeopathy considers the miasmatic background and constitutional disposition of each patient, aiming not just for symptomatic relief but for long-term prevention of recurrence by correcting internal imbalances at a deeper level. While the exact biological mechanism remains controversial in conventional science, many homoeopaths assert that the dynamic and individualized nature of treatment contributes significantly to improved patient outcomes in nephrolithiasis (27).

CONCLUSION

Renal calculus, or kidney stone disease, represents a significant and increasingly prevalent public health concern due to its painful symptomatology, high recurrence rates, and the limitations associated with conventional medical and surgical management. While modern interventions such as extracorporeal shock wave lithotripsy (ESWL), ureteroscopy, and pharmacotherapy are effective in many cases, they often come with side effects, financial burden, and a risk of complications. In this context, homoeopathy emerges as a potentially valuable complementary and integrative approach, offering individualized treatment with minimal risk of adverse effects (69).

This narrative review has systematically explored the underlying mechanisms of kidney stone formation, key risk factors, and the symptomatic presentation of the disease, while highlighting the therapeutic scope of classical homoeopathic remedies. Remedies such as Berberis vulgaris, Lycopodium clavatum, Hydrangea arborescens, Cantharis vesicatoria, and

others have shown traditional and anecdotal efficacy in relieving renal colic, promoting the expulsion of calculi, and preventing recurrence. These medicines, selected on the basis of the totality of symptoms and miasmatic background, are believed to work by stimulating the vital force, correcting underlying metabolic imbalances, and thereby facilitating the natural dissolution or elimination of stones (70).

Furthermore, homoeopathy's holistic framework—incorporating physical, emotional, and constitutional dimensions—makes it uniquely positioned to offer personalized care. While evidence from clinical trials remains limited and often methodologically heterogeneous, preliminary data and long-standing empirical use suggest that homoeopathy can serve as an adjunct to conventional therapy in both acute and chronic settings of nephrolithiasis.

However, more robust, large-scale, and well-designed clinical studies are needed to scientifically validate the therapeutic claims and delineate the exact role of homoeopathy in renal calculus management. Interdisciplinary collaboration, pharmacological standardization, and regulatory oversight will be crucial to establishing its evidence base. In conclusion, while not a replacement for emergency interventions or complex surgical cases, homoeopathy holds promise as a safe, effective, and holistic modality in the prevention, palliation, and management of kidney stones, contributing to a more integrative and patient-centered model of care (71).

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