



**NON-SURGICAL EXPULSION OF RENAL STONES (CALCULI) WITH HOMEOPATHIC REMEDIES:
A DEPENDABLE ALTERNATIVE OPTION**

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ABSTRACT

Background: Urinary stones measuring less than 5 mm in size generally pass out spontaneously with urine but only 50% of stones measuring between 5 and 7 mm can do so. Stones measuring more than 7 mm generally need some expensive medical intervention like shock wave lithotripsy and/or surgery for removal.

Aims: To examine if renal stones of all sizes can be successfully expelled through homeopathic remedies without surgical intervention.

Materials and methods: Homeopathic remedies were selected on the basis of “totality of symptoms” according to “similia principle” and by consulting rubrics obtained from repertory of Kent. Patients were screened for symptoms indicating possible presence of renal calculi and advised USG test. Selected homeopathic drugs were administered and change of symptoms periodically monitored.

Results: All 9 patients (5 male and 4 female) detected with renal calculi measuring between 5 and 7 mm expelled their stones through urine after homeopathic treatment as confirmed by USG. Similarly, 4 out of 5 patients with stones measuring more than 7 mm also expelled their stones successfully with homeopathic remedies; one patient with the largest stone (16 mm) was greatly ameliorated with the stone size reduced (9 mm).

Conclusion: Homeopathic treatment can remove renal stones without surgery and can provide an alternative option for non-invasive treatment.

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INTRODUCTION

Urolithiasis, the process of forming renal stones, generally begins when urine becomes supersaturated with insoluble materials like Calcium oxalate (major player), Uric acid and Urates, etc. (Parmer 2004; Gupta *et al.*, 2008) resulting in deposition and formation of crystals (also known as renal calculi) at various places of the urinary system- in kidney, or in distal or proximal parts of ureter. Urinary stones are one of the most common renal problems, affecting about 5% of the world population (Parmer 2004) and about 12.7% of human population in India (Gupta *et al.*, 2008), apart from the more common pathological infections of the urinary tract (UTI) (Siddiqui *et al.*, 2017). Stones are more commonly found in the upper and lower urinary tracts. Renal calculi can form at any age, but males of 30-40 years of age are more at risk of developing stones in the industrialized countries while children

under 10 years of age in the developing countries are at more risk (Asplin *et al.* 2004).

Generally patients with renal calculi opt for the Western or orthodox medicines, partly because they feel unsure about if homeopathy, that uses micro doses of ultra-highly diluted and agitated (dynamized) medicines, can be able to remove the stones successfully although this mode of treatment is otherwise quite popular for treatment of other general diseases like fever, diarrhea, rhinitis etc. However, there are a few records of removal of renal stones by homeopathic remedies earlier (Parmer 2004; Gupta *et al.*, 2008; Siddiqui *et al.*, 2017). The results of this study would further help those patients who do not like to undergo surgery for some other physical reasons like old age, or any other disease condition, and to give an alternative option of an economically affordable treatment.

In larger controlled trials with some Western medicines, renal stones (or calculi) of up to 5 mm size had been reported generally to pass off spontaneously through natural process (Asplin *et al.*, 2004). However, only about 50% stones of size 5 to 7 mm can do so spontaneously albeit with some degree of

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difficulty and sometimes with severe pain in the abdominal or hip region (Tolley Anagnostou *et al*, 2004) while the other 50% get lodged somewhere in the urinary system and increase in size. Therefore, stones of larger size exceeding 7 mm generally need medical intervention such as Shock Wave Lithotripsy (SWL) and/or surgery. SWL is done to shatter or fragment the larger stones breaking them into smaller pieces, facilitating expulsion. Though this method is used more commonly in the US and some European countries as a first line of treatment for bigger stones, it involves more cost to the patient and is not without risk of damaging kidney or contributing to other form of renal injury, depending on the condition of the patient (Zarse *et al.*, 2004). Stones situated at or near the uretero-vesical junction often cause dysuria and/or results in frequent urination, which may conceal the real cause and mislead diagnosis of the patients to have urinary tract infection. But not much studies on successful removal of larger renal calculi have so far been published other than some individual case reports to suggest that homeopathic remedies selected properly in consultation with Repertory as well as based on the guiding symptoms also can effectively remove a substantial percentage of renal calculi, at least equally effective if not more effective than some of the existing medical systems (Parmer 2004; Gupta *et al.*, 2008; Siddiqui *et al.*, 2017).

Homeopathy is a popular holistic method of treatment, only second in popularity to the Western orthodox medicines in many countries including in India. In homeopathy, there is no specific remedy that can be prescribed in all cases of renal calculi as the “standard medicine” (Kulkarni 2010). According to the homeopathic principles, selection of remedy must be on the basis of individualization of cases, and guided by the totality of symptoms present in each case (Boericke 2002; Kent 1983). The doctor has a choice of several drugs depending strictly on the condition and symptoms of the individual patient to get the best results. Accordingly, quite a few remedies like *Berberis Vulgaris*, *Sarsaparilla Officinalis*, *Nux Vomica*, *Lycopodium Clavatum*, *Ocimum Canadensis*, *Thuja Occidentalis* etc have been claimed to have ability to dissolve/expel renal calculi (Boericke 2002; Kent 1983), but only few cases have been properly documented (Siddiqui *et al.*, 2017; Tolley Anagnostou, *et al*, 2004). In this study, the successful removal of stones from 15 out of 16 different patients along with great amelioration of associated symptoms is intended to be recorded. Most of the patients were from the economically weaker section.

Thus, the primary objectives of the study were to test the hypothesis i) if homeopathic mode of treatment can be accepted as a viable and dependable alternative for patients with renal stones, particularly for those who cannot undergo surgery of ESWL for medical/economic reasons; ii) if homeopathic remedies could ensure 100% expulsion of renal stones of size between 5 and 7 mm, and iii) if it was possible to expel stones larger than 7 mm without taking recourse to surgery and if possible, iv) to indicate the possible time and chances of removal in respect of the size of the stones, that is, if the expected frequency of removal of stones of different size and degree of amelioration of associated symptoms.

MATERIAL AND METHODS

Inclusion Criteria

Guiding symptoms of renal calculi

Kidney stones do not always produce any typical symptom(s) of excruciating pains and stress in the patients, but when the stone proceeds towards the ureter from the kidney or from the ureter into the urinary bladder or when it passes down from the urinary bladder to the urethra, or the stone size is big enough, severe pain, mainly in the flanks (outer side of lower abdomen) and lower back of the abdomen follows. The pain often extends to the groin area or to genitals. In some cases, urine may contain blood or pus accompanied with painful urination or urgency to urinate. In some cases, patients complain nausea and vomiting. Presence of renal calculi can be ascertained with X-rays, USG imaging, or scanning computed tomography (CT scan), of which USG is often advised because of its greater availability even in small towns and cheaper cost than that of CT scan, a facility which can only be available in big cities in India and other developing countries. Routine urine and culture sensitivity test (RE/CS) were also advised, particularly to exclude the possibility of urinary tract infection (UTI).

Exclusion Criteria

Patients with history of acute and chronic renal failure, pregnancy, presence of renal lump or any other life-threatening, systemic diseases were excluded. Also excluded from the study were those testing positive for UTI by RE/CS.

Selection of the Homeopathic Remedies

The detailed case taking was conducted for each patient and individualization of the case was made in accordance with the totality of symptoms and repertorization by consulting Boericke, Kent and the computer software ((Boericke 2002; Kent 1983; Hompath Neometal).

The patients were advised to undergo abdominal X-rays initially, and those suspected with renal calculi were further advised to undergo USG of the abdominal region for detection of the size of the stone before administering the homeopathic remedies. Incidentally although the computed tomography (CT) is considered a more precise method for the detection of renal stones and their size, because of its much higher cost and unavailability except in big cities, and also because of relative abundance of the USG facility even in small towns, USG was preferred for this study in view of the economic condition of the patients. The patients were also advised to get their urine tested for RE/CS for excluding the possibility of presence of UTI from this study.

RESULTS AND DISCUSSION

A total number of 16 patients had been detected with renal stones and they were administered different personalized homeopathic remedies depending on individualization of cases, as per the standard homeopathic principle of practice following the computerized Repertory [Hompath Neometal; Tables 2 A-D]. . Of them, all 10 patients (6 male and 4 female) having their stone size lying between 5 and 7 mm successfully expelled their renal stones on homeopathic medication (Table 1; Figs 1-2) for varying periods of time ranging mostly from 1 month through 6 months with two patients taking a little longer time for expulsion.

Table 1 List of patients suffering from renal colic with renal stone and their treatment modalities.

Sl. No.	Name Age/ Sex	Before Medicine-Ultra-sonography findings	Presenting symptoms,(represented only renal symptoms here)	Date of 1 st Visit and medicine given	Date of intermediate visit/Visits	Date of final/last visit	After medicine
1	UB-31/M	Rt. hydronephrosis, Rt. renal stone 7.6mm, Rt. hydro ureter PUJ dilatation Rt. ureteric calculus - 11mm	Patient felt pain in right kidney/ renal regions more before urination, backache, few episodes of red colored urine, cold drinks not tolerated; craving for everything warm. Pain ceases after flow; slow in coming, must strain patient feels accumulation/retention of urine in bladder. Frequency of micturition increased during the night.	26/04/2016 LYCO-30/ 14doses, BDAC X 7 Days Placebo30-BDAC x 7 Days	12/05/2016- PL 30,for 14 days 30/05/2016-Lyco-200, 4 doses BDAC X 2 Days, PL 30 28/06/2016-Lyco 200, 4 doses again 25/07/2016-PL 30 30/08/2016-Lyco 1M 2 Doses 04/10/2016- PL 30, Advised for USG	10/11/2016	totally normal USG, with complete amelioration of symptoms ...10/11/2016
2.	S R-38/F	lt. ureteric calculus 7.4mm Rt. nephrolithiasis and left hydro-ureterolithiasis , bulky uterus	Patient feels pain in region of kidneys Wandering, radiating pains, renal and vesical troubles, difficulty in micturition with urinary disturbances, burning sensation of pain during passing out urine as if small amount of urine remained after urinating, one episode of red colored hæmaturia mucus. Pains felt all over the body, particularly in the thighs and loins on urinating, Pain also in bladder region. Frequent urination; urethra burns when not urinating. Patient's pain not aggravated by pressure but pain aggravated in various postures, especially on standing and on active exercise.	20/12/2015 BERBERIS VUL 30, 14 doses, BDAC X 7 days , Placebo30-BDAC x 7 Days	05/01/2016, BER VUL200,4 doses, BDAC X 2 days 10/02/2016, Ber Vul 200, 6 doses, BDAC X 3days 06/03/2016, PL 30 16/04/2016, BER VUL 1M , 4 doses, BDAC X 2 days	28/5/2016	Expelled ureteric stone renal stone remains, with complete amelioration of other symptoms28/5/2016
3.	N S 45/M	Left renal stone - 5.5mm. Vesico-ureteric junction calculus - 12.6mm.....	Urinary pain with stream split and small. Sensation of trickling after urinating. Severe cutting pain after urination. Frequent micturition accompanying pains. Desire sudden and urgent, but cannot be controlled. Modalities. Worse, at night, from heat of bed; at 3 am and 3 pm; from cold, damp air;. Better, left side; while drawing up a limb.	12/2/2017 THUJA 30, 14 doses , BDAC X 7 days, PL 30	27/02/2017,Thuja 1M ,2 doses ODAC X 1 day 02/03/2017 Thuja 10 M , 1 dose	19/3/2017	renal stone – remain but 12.6mm stone ves-uret stone,,expelled with complete amelioration of other symptoms.
4.	S K-16/F	9.5mm Rt. renal Stone ,	Urine scanty, slimy, flaky, bloody. Renal colic. Painful micturition Patient felt severe pain at the end of urination. Urine dribbles while sitting. Bladder distended and tender/pain on touch .Pain from right kidney downward. Tenesmus of bladder; urine passes in thin, feeble stream. Pain at meatus.Worse after urinating, when yawning, before menses. Pain in urinary system. Trickle sensation after urinating. Severe cutting pain. Frequent micturition accompanying pains. Desire sudden and urgent, but cannot be controlled. Aggravated at night, from heat of bed; at 3 am and 3 pm; from cold, damp air;. Better, left side; while drawing up leg	19/11/2016 SARSA-30,14 doses , BDAC X 7 days, PL 30	20/12/2016 - SARSA-200,6 doses 24/01/2017,- PL 30 19/02/2017, SARSA-1M, 2 doses 19/03/2017, SARSA-1M, 2 doses	14/4/2017	14/4/2017, No stone found, with complete amelioration of symptoms
5.	R K-21/M	Left renal stone 9.1mm, Hydro ureter, 21/4/2017	Urine scanty, slimy, flaky, bloody. Renal colic. Painful micturition Patient felt severe pain at the end of urination. Urine dribbles while sitting. Bladder distended and tender/pain on touch .Pain from right kidney downward. Tenesmus of bladder; urine passes in thin, feeble stream. Pain at meatus.Worse after urinating, when yawning, before menses. Pain in urinary system. Trickle sensation after urinating. Severe cutting pain. Frequent micturition accompanying pains. Desire sudden and urgent, but cannot be controlled. Aggravated at night, from heat of bed; at 3 am and 3 pm; from cold, damp air;. Better, left side; while drawing up leg	24/04/2017 THUJA 30, 14 doses , BDAC X 7 days, PL 30	10/05/2017 THUJA 1M, 4 doses , BDAC X 2days,	15/06/2017	15/6/2017, no stone found with complete amelioration of symptoms
6	P P-34/F	Left renal calculus,5mm (aprox)	Urinary pain. Stream split and small. Sensation of trickling after urinating. Severe painful frequent micturition, Desire sudden and urgent, but cannot be controlled. Pain aggravated at night, from heat of bed;	15/09/2016 THUJA 30, 14 doses , BDAC X 7 days, PL 30	30/09/2016, THUJA 200,4 doses , BDAC X 2 days, 28/10/2016, THUJA 200, 4 doses , BDAC X 2 days, 25/11/2016,THUJA1M,2d, BDAC X 1 day, 20/12/2016 THUJA1M,2d,BDAC X 1 day, 10/02/2015, BER VUL 200,4 doses, BDAC X 2 days	10/01/2017	No calculus with complete amelioration of symptoms
7.	S B-62/M	Rt. Kidney Calculus 6mm. left kidney 3mm stone and SOL(34.3mmX24.9 mm) on mid pole of polar region of Rt. kidney	Pain in region of kidneys and bladder. Wandering, radiating pains, difficulty in micturition, urinary disturbances , burning pain during passing urine, sensation as if small amount of urine remained after urinating , Pains felt all over the body , Pain in the thighs and inguinal region when urinating, Frequent urination; urethra burns when not urinating. Aggravated pain when standing and in motion.	23/01/2015 BERBERIS VUL 30, 14 doses, BDAC X 7 days , Placebo30-BDAC x 7 Days	09/03/2015, PL 30 15/04/2015, BER VUL 200, 4 doses, BDAC X 2 days 25/05/2015, BER VUL 1M,2 doses, BDAC X 1 day 05/07/2015, BER VUL 10M,1 dose, ODAC X 1 day 10/08/2015, PL30 15/09/2015, PL 30	04/11/2015	Total normal USG with complete amelioration of symptoms
8	S M-46/M	Left kidney hydronephrosis. Rt. Kidney ureteric stone (5.1mm) causing hydro-nephrosis, dilated ureter	Difficulty in micturition with urinary disturbances. Burning pain during urination, sensation as if a little amount of urine remained after urinating, one episode of red colored hæmaturia with mucus. Pains felt all over the body, Pain in lower part of body on urinating, Pain in bladder region. Frequent urination; urethra burnings. Patient's pain not aggravated by pressure but pain aggravated in various postures, especially on standing and during active exercise.	25/08/2016 BERBERIS VUL 30, 14 doses, BDAC X 7 days , Placebo30-BDAC x 7 Days	11/09/2016, BERBERIS VUL 30, 14 doses, BDAC X 7 days , 28/09/2016, PL 30 25/10/2016, BER VUL 200,4 doses, BDAC X 2 days 24/11/2016, BER VUL 1M,2 doses, BDAC X 1 day 05/01/2017, PL30	17/02/2017	USG WNL with complete amelioration of symptoms

9.	SkSZ-80/M	Rt. renal stone 23mm, 07/03/2017 5mm	Patient felt pain more before urination, patient cannot tolerate of cold drinks; wants everything warm. Frequency of micturition increased during the night. Pain ceases after flow; slow in coming, must strain patient feels accumulation/retention of urine in bladder. Patient felt pain in the right kidney/ renal regions; backache, patient felt pain more before urination, one episode of blood in urine, patient cannot tolerate cold drinks; wants everything warm. Pain relieved after flow; drop-like appearance, patient feels accumulation of urine in bladder. Frequency of micturition increased during the night.	07/03/2017 LYCO-30/ 14doses, BDAC X 7 Days Placebo30-BDAC x 7 Days	22/03/2017, Lyco-200, 4 doses BDAC X 2 Days 20/04/2017, Lyco-1M, 1 dose ODAC X 1 Day 05/05/2017, PL 30	12/06/2017	Stone expelled with complete amelioration of symptoms
10.	N P-21/F	Bi Lat stone, 6mm lower calyx Rt. kidney 7.2mm	Backache, patient felt pain more before urination, few episodes of red colored urine, patient cannot tolerate cold drinks; wants everything warm. Frequency of micturition increased at cold area. Pain ceases after flow; slow in coming, must strain patient feels accumulation/retention of urine in bladder.	29/01/2015 LYCO-30/ 14doses, BDAC X 7 Days	14/02/2015, Lyco-200, 4 doses BDAC X 2 Days 28/02/2015, PL 30 25/06/2015, Lyco-1M,2doses BDAC X1D 29/07/2015,Lyco-1M,2dosesBDACX1 D	22/08/2015	Stone expelled with complete amelioration of symptoms
11.	JN-50/F	Rt. kidney upper calyx6.33mm and lower calyx 6.4mm	Pain in renal regions, backache, patient felt pain more before urination, few episodes of red colored urine, patient cannot tolerate cold drinks; wants everything warm. Pain ceases after flow; slow in coming, must strain patient feels accumulation/retention of urine in bladder.	31/07/2016 LYCO-30/ 14doses, BDAC X 7 Days	15/08/2016, Lyco-200, 4 doses BDAC X 2 Days 16/09/2016,PL 30 18/09/2016 Lyco-1M, 2 doses BDAC X 1 Day 15/10/2016, PL30 20/11/2016 Lyco-10M, 1dose ODAC X 1 Day 10/08/2014, Lyco-200, 4 doses BDAC X 2 Days 09/09/2014, Lyco-200, 4 doses BDAC X 2 Days 10/10/2014,PL30 10/11/2014, Lyco-1M, 2 doses BDAC X 1 Day 15/12/2014 PL30	25/12/16	USG normal with complete amelioration of symptoms
12.	R S-25/M	Rt. kidney stone 5.9 mm, Fatty liver....	Patient had difficulty in micturition with urinary disturbances, burning pain during urination. Patient feels pain in region of kidneys Wandering, radiating pains, and one episode of red colored haematuria with mucus. Pains felt all over the body. Pain in the thighs and loins on urinating. Patient's pain not aggravated by pressure but pain aggravated in various postures, especially on standing and active exercise. Pain in bladder region. Frequent urination; urethra burns when not urinating. Patient felt pain in right kidney/ renal regions ,backache, patient felt pain more before urination, few episodes of red colored urine, patient cannot tolerate cold drinks; wants everything warm. Pain ceases after flow; slow in coming, must strain patient feels accumulation/retention of urine in bladder. Frequency of micturition increased during the night.	21/7/2014 LYCO-30/ 14doses, BDAC X 7 Days	25/11/2015, BER VUL 30, 14 doses, BDAC X 7 days , 20/12/2015 , Ber Vul 200,4 doses, BDAC X2 days 19/01/2016, BER VUL 1M,2 doses, BDAC X 1 day 25/02/2016 BER VUL 1M,2 doses, BDAC X 1 day 29/03/2016, PL 30	25/01/2015	No stone with complete amelioration of symptoms
13.	CS-22/F	5.5mm Rt. ureter stone...	Urinary pain, stream split and small. Sensation of trickling after urinating. Severe cutting pain after urination. Frequent micturition accompanying pains. Desire sudden and urgent, but cannot be controlled. Modalities.--Worse, at night, from heat of bed; at 3 am and 3 pm; from cold, damp air; . Better, left side; while drawing up a limb.	10/11/2015 BERBERIS VUL 30, 14 doses, BDAC X 7 days , Placebo30-BDAC x 7 Days	25/11/2015, BER VUL 30, 14 doses, BDAC X 7 days , 20/12/2015 , Ber Vul 200,4 doses, BDAC X2 days 19/01/2016, BER VUL 1M,2 doses, BDAC X 1 day 25/02/2016 BER VUL 1M,2 doses, BDAC X 1 day 29/03/2016, PL 30	27/04/2016	No stone found with complete amelioration of symptoms
14.	BM-22/M	5mm renal stone Rt.	Pain ceases after flow of urine; slow in coming, patient feels accumulation of urine in bladder. Frequency of micturition increased during the night.	30/03/2017 LYCO-30/ 14doses, BDAC X 7 Days	16/04/2017, Lyco 200, 4 doses, BDAC X 2 days 30/04/2017, Lyco 1M 1 dose, ODAC X 1 day	21/05/2017	USG within normal limit with complete amelioration of symptoms
15.	DS-45/M	6.3 mm Left VUJ stone	Pain ceases after flow of urine; slow in coming, patient feels accumulation of urine in bladder. Frequency of micturition increased during the night. Patient felt pain in right kidney/ renal regions , backache, patient felt pain more before urination, few episodes of red colored urine, patient cannot tolerate cold drinks; wants everything warm.	15/07/2016 THUJA 30, 14 doses , BDAC X 7 days, PL 30	30/07/2016 THUJA 200,4 doses , BDAC X 2 days, 28/08/2016, PL 30 25/09/2016, THUJA 1M, 2 doses, BDAC X 1 day, 31/10/2016 THUJA 1M,2 doses , BDAC X 1 day, 25/11/2016, PL 30	23/12/2016	No stone found, other symptoms ameliorated
16.	S B-50/M	Rt. Kidney stone 16mm... and multiple cortical cyst noted in both kidney		7/05/2016 LYCO-30/ 14doses, BDAC X 7 Days	23/05/2016, Lyco 200, 4 doses, BDAC X 2 days 25/06/2016, Lyco 1M 2 doses, BDAC X 1 day	26/07/2016	Rt. kidney stone 9.4mm(reducing) all cysts resolved and other symptoms ameliorated

PUJ- pelvic ureteric junction, stone =calculus= lithiasis, SOL- space occupying lesion, WNL –within normal limit, PL = Placebo, ODAC once daily before meal/ empty stomach, BDAC = twice daily before meal/ empty stomach, d- dose, D =day
 ** Placebo had been given to the patients after every medicinal dose administered

Table 2A

Repertorisation Sheet - Hompath NeoMetal															
Patient Name : MS. Chumki Sarkar 22/F															
Remedy	Berb	Nit-ac	Calc	Nux-v	Sulph	Nat-m	Chel	Phos	Puls	Cann-i	Merc	Sep	Canth	Nat-c	Apis
Totality	21	14	13	13	13	12	11	11	11	11	11	11	11	11	10
Symptoms Covered	11	7	7	7	5	5	6	6	6	5	5	5	4	4	6
[Kent] [Mind] Indifference,apathy etc.:	1	2	2	1	2	3	2	3	3	1	2	3	0	3	3
[Kent] [Stomach] Nausea:Breakfast:Before:	2	2	2	0	0	0	0	0	0	0	0	3	0	0	0
[Kent] [Generalities]Motion :Agg:	2	2	1	3	3	2	3	2	1	1	3	2	2	0	2
[Kent] [Urethra] Pain: Burning: Urination:Before:	2	2	2	2	2	0	1	1	2	3	2	0	3	2	2
[Kent] [Urethra] Pain: Burning:Urination:During:	2	3	3	3	3	2	2	2	2	3	2	2	3	3	1
[Kent] [Urethra] Pain: Burning:Urination:After:	2	2	1	1	0	3	2	2	2	3	2	0	3	3	1

[Kent] [Urethra]Pain: Burning:Meatus:	2	1	2	0	3	2	1	1	1	0	0	1	0	0	1
[Kent] [Kidney]Pain:Motion :Agg:	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Kidney]Pain:Radiating:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Kidney]Pain:Region of:Extending :Downward:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Kidney]Pain:Region of:Extending :Thighs:	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Urine]Bloody:Last part:Violent pain in the bladder,with:	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table-2B

Repertorisation Sheet - Hompath NeoMetal																
Patient Name : Sonali Khatun 16/F																
Remedy	Sars	Berb	Lyc	Bell	Canth	Apis	Cann-s	Nux-v	Puls	Sulph	Chel	Con	Phos	Sep	Arg-n	
Totality	25	19	18	17	17	14	14	14	13	13	11	11	11	10	10	
Symptoms Covered	16	11	9	8	8	9	9	9	7	6	7	7	6	7	6	
[Kent] [Mind]Indifference,apathy etc.:	1	1	2	2	0	3	1	1	3	2	2	2	3	3	2	
[Kent] [Mind]Indifference,apathy etc.:Forenoon:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Mind]Sadness,mental depression:Forenoon:Amel:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Urethra]Pain: Burning: Urination:During:	2	2	2	3	3	1	3	3	2	3	2	2	2	2	3	
[Kent] [Urethra]Pain: Burning: Urination:After:	1	2	2	0	3	1	2	1	2	0	2	2	2	0	1	
[Kent] [Urethra]Pain: Burning: Meatus:	0	2	1	0	0	1	2	0	1	3	1	0	1	1	0	
[Kent] [Kidney]Pain: Radiating:	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Kidney]Pain: Region of:Extending :Downward:	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Urine]Bloody:Last part: Violent pain in the bladder,with:	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Stomach]Nausea:Breakfast:After:	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	
[Kent] [Abdomen] Pain:Cutting:Stool:During:	1	0	0	0	2	0	0	0	0	3	1	0	0	0	0	
[Kent] [Kidney]Pain:Bladder:	2	1	2	1	1	0	0	0	0	0	1	0	0	0	1	
[Kent] [Kidney] Pain:Ureters: Right side:	2	1	3	0	1	1	1	2	0	0	0	0	0	0	0	
[Kent] [Kidney]Pain:Ureters:Extending to :Right thigh:	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	
[Kent] [Kidney] Pain:Cutting:Ureters:	3	3	3	3	2	2	1	2	0	0	0	1	2	1	2	
[Kent] [Kidney] Pain:Tearing:Extending :Downwards:	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
[Kent] [Bladder]Pain:	2	2	2	3	3	2	1	1	2	1	2	2	1	1	0	
[Kent] [Bladder]Pain:Neck:	1	2	1	3	2	1	2	2	1	1	0	1	0	1	0	
[Kent] [Bladder] Pain:Neck:Urination:After:	1	0	0	0	0	2	1	1	2	0	0	1	0	1	0	

Table 2C

Repertorisation Sheet - Hompath NeoMetal																
Patient Name : Mr Uttam Biswas 31/M																
Remedy	Lyc	Nat-m	Nux-v	Sulph	Berb	Canth	Ars	Sep	Bell	Staph	Arg-n	Chel	Ph-ac	Ign	Graph	
Totality	41	27	27	25	24	21	20	20	19	19	18	18	18	18	17	
Symptoms Covered	20	13	13	12	12	10	11	11	10	9	11	11	10	9	10	
[Kent] [Mind] Indifference,apathy etc.:	2	3	1	2	1	0	2	3	2	3	2	2	3	2	2	
[Kent] [Mind]Restlessness, nervousness:	3	2	2	3	0	1	3	3	3	3	3	2	2	2	2	
[Kent] [Mind] Restlessness, nervousness: Morning:	2	1	0	1	0	0	0	0	0	0	0	0	1	0	0	
[Kent] [Mind]Grief:	2	3	2	0	0	0	1	1	0	2	0	0	2	3	2	
[Kent] [Mind]Grief:Ailments,from:	1	3	2	0	0	0	1	0	0	3	0	0	3	3	2	
[Kent] [Mind]Company:Aversion to:Amel, when alone:	2	2	0	1	0	0	0	3	0	1	0	0	0	0	0	
[Kent] [Stomach]Appetite:Easy satiety:	3	2	2	2	0	0	1	2	0	0	1	0	0	2	0	
[Kent] [Generalities]Food:Cold drinks :Agg:	2	0	2	2	0	3	0	0	2	0	1	2	2	2	2	
[Kent] [Generalities]Food:Warm drinks :Amel:	2	0	3	2	0	0	3	0	0	0	1	2	0	0	2	
[Kent] [Urethra] Pain: Burning:Urination:During:	2	2	3	3	2	3	1	2	3	2	3	2	1	2	1	
[Kent] [Urethra]Pain: Burning: Meatus:	1	2	0	3	2	0	0	1	0	1	0	1	1	0	1	
[Kent] [Kidney]Pain:Radiating:	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	
[Kent] [Kidney]Pain:Region of:Extending :Downward:	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	

[Kent] [Kidney]Pain:Bladder:	2	0	0	0	1	1	1	0	1	0	1	1	0	0	0
[Kent] [Kidney]Pain:Ureters:Right side:	3	0	2	0	1	1	0	0	0	0	0	0	0	0	0
[Kent] [Kidney] Pain: Ureters:Extending to :Right thigh:	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Kidney]Pain:Cutting:Ureters:	3	0	2	0	3	2	2	1	3	0	2	0	0	0	0
[Kent] [Kidney] Pain:Tearing:Extending :Downwards:	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
[Kent] [Urethra]Constriction:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Urethra] Pain:Bitng:Urination:During:	1	1	0	0	0	2	0	1	0	0	0	0	0	1	2
[Kent] [Urethra]Pain:Burning:	2	1	3	3	3	3	3	2	1	2	2	1	2	1	1
[Kent] [Urethra] Pain:Cutting:Urination:After:	2	3	0	2	2	3	0	0	0	0	0	1	0	0	0
[Kent] [Kidney] Pain:Stitching, stinging,stickng:Extending to :Down ureters:	3	0	0	0	3	0	0	0	1	0	1	2	0	0	0
[Kent] [Kidney] Pain:Stitching,stinging,stickng:	2	2	2	1	3	2	2	1	2	2	0	2	1	0	0

Table-2D

Patient Name : Mr.Netai Saha 45/M															
Remedy	ThuJ	Puls	Nux-v	Lyc	Canth	Sulph	Ph-ac	Nat-m	Calc	Kali-c	Nit-ac	Cham	Sep	Lach	Phos
Totality	28	19	19	17	17	16	15	15	14	14	14	14	13	13	12
Symptoms Covered	16	11	10	9	7	8	10	8	8	8	8	7	9	6	8
[Kent] [Sleep]Dreams: Anxious:	3	3	3	3	2	3	2	3	3	3	3	2	2	2	3
[Kent] [Mind]Mistakes :Writing,in:	3	1	1	3	0	1	0	2	0	0	0	2	1	3	1
[Kent] [Mind]Excitement, excitable:	2	3	3	2	1	2	3	3	2	1	3	3	2	3	3
[Kent] [Mind]Forgetful (see memory):Morning:In:	2	0	0	0	0	0	1	0	0	0	0	0	0	0	1
[Kent] [Generalities]Warm :Room agg:	2	3	0	3	0	3	1	1	1	1	1	0	0	0	1
[Kent] [Generalities]Food: Coffee :Agg:	2	2	3	1	3	1	2	1	1	0	1	3	1	0	0
[Kent] [Generalities] Night:3 a.m.:	2	0	1	0	0	0	0	0	1	3	0	0	1	0	0
[Kent] [Urethra]Pain: Cutting:	1	1	1	2	3	2	1	1	2	2	2	0	2	2	0
[Kent] [Urethra]Pain: Burning:Meatus:	2	1	0	1	0	3	1	2	2	1	1	0	1	0	1
[Kent] [Urethra]Pain: Drawing:	2	1	0	1	0	0	1	0	0	1	0	0	1	0	1
[Kent] [Urethra]Pain: Pressing:	1	1	1	0	0	0	2	0	0	0	0	0	0	2	0
[Kent] [Kidney]Pain: Burning :Urination:Before:	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
[Kent] [Kidney]Pain: Drawing:Ureters:	1	0	0	0	0	1	0	2	0	0	0	1	0	0	0
[Kent] [Kidney]Pain: Pressing:	2	0	2	0	2	0	0	0	2	2	2	0	0	0	0
[Kent] [Bladder]Pain: Burning:	1	2	1	1	3	0	0	0	0	0	1	1	2	1	1
[Kent] [Bladder]Pain: Burning:Neck:Urination:During:	1	1	3	0	3	0	1	0	0	0	0	2	0	0	0

Apparently, the time taken for expulsion could not always be properly correlated with the size of the stone. All 4 patients (2 male and 2 female) having their stone size lying between 7 and 12.6 mm could also successfully expel out their stones (Figs. 1-3) but of the two patients, the one having the largest huge stone measuring 23.mm in size could expel the stone completely (Fig.1, Pt. 9), the other one having 16 mm stone (Pt.16) has not yet been able to eliminate the stone; however, his stone size has been reduced to 9.4 mm after 2 months of treatment with great relief of his accompanying symptoms including pain. Incidentally, Paul Sumithran (2016) and

Chakma (2015) also reported a case each to have successfully removed a stone measuring over 16 mm by administering Nux Vom-30 and Phosphorus 30, respectively. Therefore, hopefully the big stone, the size of which is getting reduced in our study, will also be successfully expelled in near future, since the patient is hopeful and undergoing treatment as his ailing symptoms have already been abated.

Stones located in the kidney are very difficult to get removed with oral medicines and generally need surgery. In the single case encountered by us, the stones located in lower part of calyx could be successfully removed by the homeopathic drug

administered (Table-1). This can be considered quite as an achievement as these multiple stones were no more visible in the USG image (Fig. 2) and the corresponding report (Fig. 1. Table-1).

Mitali Memorial Polyclinic
 4-BK/7/151, Kalyani - 741233 (Adjacent to Kalyani Bus & Station)
 Ph: 2562 8132, M: 94322 52863

Patient Name: **UTTAM BISWAS**
 Ref. by Dr. : **M. O. J. N. M. HOSPITAL**
 Part of Exam. : **USG OF WHOLE ABDOMEN**

Date: 26.04.2016
 Ref No: 1755
 Dr. Santanu T. Pal, M.D.
 (Radio-Diagnosis)

SONOLOGICAL FINDINGS

LIVER: Liver is normal in size, shape and outline, showing homogeneous parenchymal echotexture. No sizeable focal lesion seen. Intrahepatic biliary radicles are not dilated.

GALL BLADDERS: Gall bladder is normal in size and wall thickness with anechoic lumen. No calculi or mass seen.

PORTAL VEIN: Portal vein at porta measures: 9.2 mm in diameter.

COMMON BILE DUCT: Common Bile Duct (Diameter: 4.9 mm) is not dilated. No calculi or mass could be demonstrated in the visualized portion of the common bile duct.

PANCREAS: Pancreas is normal in size and shape. Parenchymal echotexture is homogeneous. No focal abnormal echoes seen. Pancreatic duct is not dilated. Peripancreatic regions appear normal.

SPLEEN (101.3mm): Normal in shape and size with homogeneous parenchymal echotexture. No focal lesion is seen. Spleenic vein and hilum are normal.

KIDNEYS: Rt. Kid.: 93.4 mm and Lt. Kid.: 99.3 mm in length. Both the kidneys appear normal in size, shape and outline and position maintaining normal cortico medullary differentiation. Cortical thickness is normal. Hydronephrotic change seen in right kidney. Multiple echo reflective calculi are seen in right kidney. The largest one measuring 7.6mm in diameter is seen in middle major calyx of it. No cyst or mass seen in either kidney.

RIGHT URETER: Right ureter is dilated proximally with dilatation of pelvi-ureteric junction. One echo reflective calculus seen in proximal ureter.

LEFT URETER: Not dilated.

PROSTATE: 27.0 x 37.3 x 33.4 mm. Volume of prostate: 17.6 ml. Prostate is normal in shape, size and echotexture. No intravesical bulging is seen. Prostatic urethral wall appears uniform and smooth.

URINARY BLADDER: Urinary bladder contour and walls are normal with anechoic lumen. No calculi or S.O.L. seen. Post void contains insignificant residual urine.

✓ No free fluid is present in abdomen and pelvis.
 ✓ There are no peri-aortic, atherosclerotic and pelvic lymphadenopathy.

IMPRESSION

1. RIGHT SIDED HYDRONEPHROSIS AND NEPHROLITHIASIS.
2. RIGHT SIDED PROXIMAL HYDROURETER WITH PUJ DILATATION AND PROXIMAL URETERIC CALCULUS.

Suggested clinical correlation and other relevant investigations for further evaluation

CBDA POLYCLINIC & DIAGNOSTIC CENTRE

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REFR. NO. : 11/USG/135
 NAME : MR. UTTAM BISWAS
 SEX / AGE : Male / 31 Year
 REFR. BY : DR. SAIFUL HAQUE, BHMS

EXAM. DATE : 10/11/2016
 REPORT DATE : 10/11/2016

USG OF WHOLE ABDOMEN

URETERS: Both are not visualised, hence not dilated. No focal SOL/Calculus is noted in ureteric lines.

URINARY BLADDER: It is optimally distended with shape, size, contour and wall thickness is within normal limit. No intraluminal SOL / Cal is seen.

PROSTATE: Normal in size with homogeneous parenchymal echotexture. No focal SOL is seen. Calcification is seen within the prostatic parenchyma. Prostatic urethra is not dilated. No evidence of disproportionate enlargement of the median lobe is seen. Its volume is 16.78 gm.

PERITONEAL CAVITY: No free or localized fluid collection is seen in peritoneal cavity.

Impression : 1. Normal size prostate shows intraprostatic calcification.
 2. Otherwise normal study.
 Please correlate clinically.

Dr. Santanu T. Pal
 MD(Radio Diagnosis)
 Honorary Consultant

Dr. Srijit Mukherjee
 MBBS, DMRD (Cal)

Dr. Biswadip Mukhopadhyay
 MBBS (Cal), DMRD (Cal)

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Patient No. 3, NS

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 (AN ISO 9001:2008 CERTIFIED ORGANISATION)

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 Ranaghat - 741201, Nadia, W.B.
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 Telefax: 03473 - 251743
 M: 93237 97883, 83730 91222

Patient No. 53085/16-17
 Patient Name: **NITAI SAHA**
 Referred By Dr. **DEBANSI DAS, BHMS, MD(HOM.)**

Report No. 14393-MC-16-17
 Age / Sex: 45 Years/M
 Report Dt. 12/02/17

USG OF K.U.B. & PROSTATE

KIDNEYS: Both the kidneys are normal in size shape and echo-texture. No SOL is seen. Right kidney shows mild hydronephrosis. No evidence of right renal calculus is seen. The middle calyx of left kidney contains a tiny (5.5mm.) calculus. No evidence of hydronephrosis is seen in left kidney.
 Right kidney measures 98.4mm.
 Left kidney measures 90.2mm.

URETERS: Left ureter is not dilated. Right ureter is dilated & contains a small (12.6mm.) calculus at vesico-ureteric junction.

U. BLADDER: Urinary bladder is adequately distended with urine having regular wall. Lumen is echo free. Post void residual urine volume is significant. The amount is about 86cc.

PROSTATE: Prostate is enlarged in size. No SOL is seen. Capsule is intact. It's weight - 25.2grms.

IMPRESSION:

- Left sided nephrolithiasis.
- Right vesico-ureteric junction calculus with back pressure effect.
- Mild prostatomegaly with significant residual urine.

Dr. MIR HASSAN
 DMRD, M.D.
 (Consultant-Radiologist)

RANAGHAT UNIT MONORAMA CHAKDAHA UNIT
Ultrascan Pvt. Ltd.
 (AN ISO 9001:2008 CERTIFIED ORGANISATION)

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 M: 93237 97883, 83730 91222

Patient No. 59174/16-17
 Patient Name: **NITAI SAHA**
 Referred By Dr. **ANUP KUMAR KUNDU, MS, MCH.**

Report No. 15956-MC-16-17
 Age / Sex: 44 Years/M
 Report Dt. 19/03/17

USG OF K.U.B. & PROSTATE

KIDNEYS: Both the kidneys are normal in size shape and echo-texture. No SOL is seen. Right kidney shows mild hydronephrosis. No evidence of right renal calculus is seen. The lower calyx of left kidney contains a tiny (4.6mm.) calculus. No evidence of hydronephrosis is seen in left kidney.
 Right kidney measures 93.2mm.
 Left kidney measures 96.5mm.

URETERS: Left ureter is not dilated. Right ureter is dilated. No calculus is seen.

U. BLADDER: Urinary bladder is adequately distended with urine having regular wall. Lumen is echo free. Post void residual urine volume is significant. The amount is about 162.9cc.

PROSTATE: Prostate is enlarged in size. No calcification/SOL is seen. Capsule is intact. It's weight - 30.9grms.

IMPRESSION :

- Right sided hydronephrosis & hydronephrosis.
- Left sided nephrolithiasis.
- Prostatomegaly with significant residual urine.

Dr. MIR HASSAN
 DMRD, M.D.
 (Consultant-Radiologist)

Patient No. 6, P P

Doctor's Laboratories & Imaging Centre
A Modern Computerized Pathology
S.T.K.K. Road, Kalna (New Bus Stand), Dist. : Burdwan | Room No. 39-40 & 43 to 48
Phone : +91 86705 04735 | +91 94744 88285

PATIENT'S NAME: Papiya Pal **AGE:** 34 Yrs. **SEX :** F

URETER:-
Ureters are not dilated.

URINARY BLADDER:-
It is normal in contour and wall thickness. No stone/SOL/diverticulum seen.

UTERUS :-
Uterus is anteverted and normal in size measuring 8.0 cm X 4.1 cm X 3.5 cm. Myometrial Echotexture is homogenous. No SOL seen. Endometrium is central. ET - 07 mm. Cavity is empty. No cyst/SOL seen in cervix.

OVARIES:-
Both the ovaries are of normal size and echogenicity without any cystic or solid mass. Right ovary measures: 2.3 cm X 1.8 cm. Left ovary measures: 2.8 cm X 2.5 cm

ADNEXAE:-
No cyst/SOL seen adnexa.

POD :- Clear.

RETROPERITONEUM:-
No enlarged lymphnodes seen.

PERITONEAL CAVITY:-
No free fluid seen.
No detectable pleural effusion seen.

RIF: No collection seen.

IMPRESSION:-

- Solitary tiny left renal calculus.
- Hepatomegaly with Grade-II fatty liver.

Correlate clinically.

Dr. A. K. Das
MD (Radio Diagnosis) KOL
Consultant Radiologist
Asstt. Professor (WBMES)

Dr. N. Mishra
MBBS (DIPLOMA),
Radiologist.

AMRITA SINHA
M.Sc. (Bio-Chemistry)

Dr. S. K. Pattnai
MD Path. (PG Chondriog)

Dr. Sarbanu Barik
MBBS (DIPLOMA)
Asstt. Professor (WBMES)

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Phone : +91 86705 04735 | +91 94744 88285

PATIENT'S NAME: Papiya Pal **AGE:** 34 Yrs. **SEX :** F

URETER:-
Ureters are not dilated.

URINARY BLADDER:-
It is normal in contour and wall thickness. No stone/SOL/diverticulum seen.

UTERUS :-
Uterus is anteverted and normal in size measuring 7.5 cm X 4.3 cm X 3.2 cm. Myometrial Echotexture is homogenous. No SOL seen. Endometrium is central. Cavity is empty. No cyst/SOL seen in cervix.

OVARIES:-
Both the ovaries are of normal size and echogenicity without any cystic or solid mass. Right ovary measures: 1.7 cm X 1.4 cm. Left ovary measures: 1.8 cm X 1.4 cm.

ADNEXAE:-
No cyst/SOL seen adnexa.

POD :- Clear.

RETROPERITONEUM:-
No enlarged lymphnodes seen.

PERITONEAL CAVITY:-
No free fluid seen.
No detectable pleural effusion seen.

IMPRESSION:-

Study is within normal limits.

St. X-Ray KUB suggested.

Dr. A. K. Das
MD (Radio Diagnosis) KOL
Consultant Radiologist
Asstt. Professor (WBMES)

AMRITA SINHA
M.Sc. (Bio-Chemistry)

Dr. S. K. Pattnai
MD Path. (PG Chondriog)

Dr. Sarbanu Barik
MBBS (DIPLOMA)
Asstt. Professor (WBMES)

Enzyme Immuno Assay | Haematology | Microbiology | Biochemistry | All type of X-ray & OPG. (Digital)
FNAC | ECG | USG High End Colour Doppler with Live-4D | Echo-Cardiography Colour Doppler

Patient No. 8 SM

LABORATORY REPORT
This laboratory findings, only for reference purposes, are dependent on assay procedure, equipment used & quality of sample as applicable. The final diagnosis should be made with the co-relation of other clinical findings. For any kind of technical queries related to this report, address contact to correspondence.

Diagnostic Division

NEW POLYCLINIC
Bagbazar (Kalbari more), Chandernagore - 712 136
Ph : 2683 8053 Service Helpline : 94339 19099

Name : Mr. SAMIR MAJHI Sex : M Age : 46Yrs.
Refd. by : Dr. P. K SINHA MBBS Date : 25/08/16

USG OF KUB & PROSTATE

RIGHT KIDNEY:
Right kidney is normal in size, shape, outline, position and show normal corticomedullary differentiation, maintaining a normal cortical thickness. No evidence of any hydronephrosis, renal calculi or mass lesion is seen.
Right kidney = 113.4mm.

LEFT KIDNEY:
Left kidney is normal in size, shape, outline, position and show normal corticomedullary differentiation maintaining a normal cortical thickness. No evidence of any mass lesion is seen. A mild Hydronephrotic change is seen. A tiny calculus is seen.
Left kidney = 107.5 mm.

URETERS:
Right Ureter is not visualized, hence not dilated. Upper part of left ureter is dilated, a calculus measuring (approx : 5.1 mm) is seen at its lower 1/3 rd.

URINARY BLADDER:
Urinary bladder is seen normal in size., Wall appears mildly thickened -? Cystitis.No intraluminal lesion is seen.

POST VOID STUDY
Insignificant in amount

PROSTATE:
Prostate is mildly enlarged in size with homogeneous echopattern. Capsule appear intact. Prostate measures = 32.9 X 34.5 X 39.5 mm. =23.49 cc [Approx : 23 gm]

IMPRESSION:

- Cystitis .
- Tiny calculus in left kidney.
- Left ureteric calculus causing left sided hydronephrosis with hydroureter.
- Mild Prostatomegaly.

Suggestion :- Other investigations and clinical correlation including IVU.

Dr. P. Ghosh
M.B.B.S., D.M.M.D (KOL)
Assistant Radiologist

Dr. (Mrs.) L. Chatterjee
M.B.B.S., D.C.P.
Consultant Radiologist

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M. 9433181877, e-mail : ddatta197@rediffmail.com

Associate Code : D1 Received On : 17/02/2017
Patient's Name : MR SAMIR KR MAJHI Reported On : 17/02/2017
ID Number : DDC/1918/B-1918 Age/Sex/Wt/Ht: 46Y/MALE
Referred By : DR DEBARI DAS Sample Source :

USG OF KUB REGION

KIDNEYS Both the kidneys are normal in size shape margin showing normal parenchymal echotexture Cortical thickness appears normal. Normal corticomedullary differentiation is well maintained. No obvious calcular pathology, hydronephrosis or focal SOL seen.
Rt kidney measuring 115 mm Lt kidney measuring 120 mm

Both the ureters are not visualized , hence not dilated.

URINARY BLADDER appears distended showing echo free lumen. Wall appears normal. Post void shows insignificant amount of residual urine (17 ml).

PROSTATE— is normal in size showing normal parenchymal echo texture. Capsule appears intact. Pr measures 39 x 55 x 30 mm- 21 ml

IMPRESSION: Normal study.

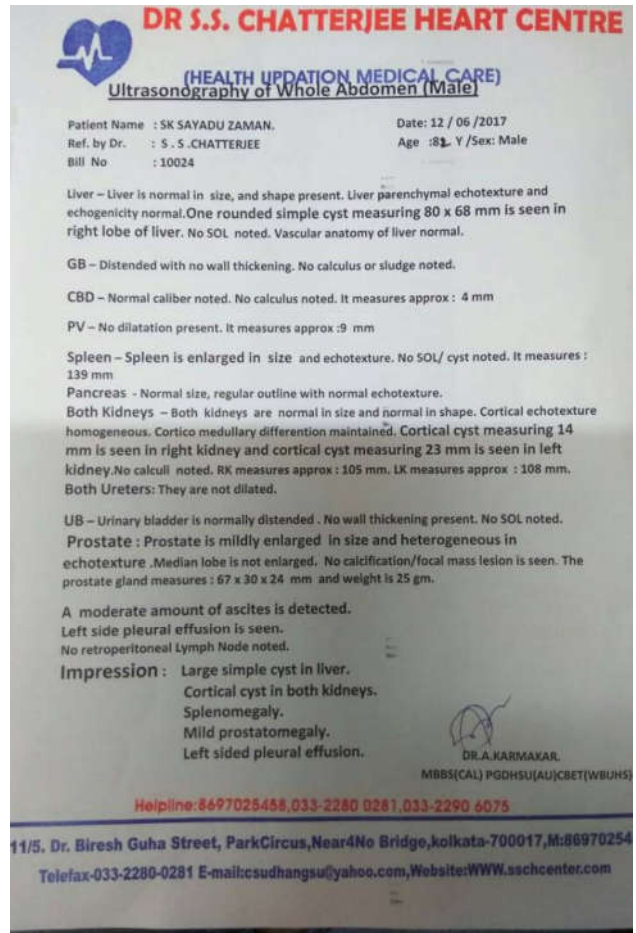
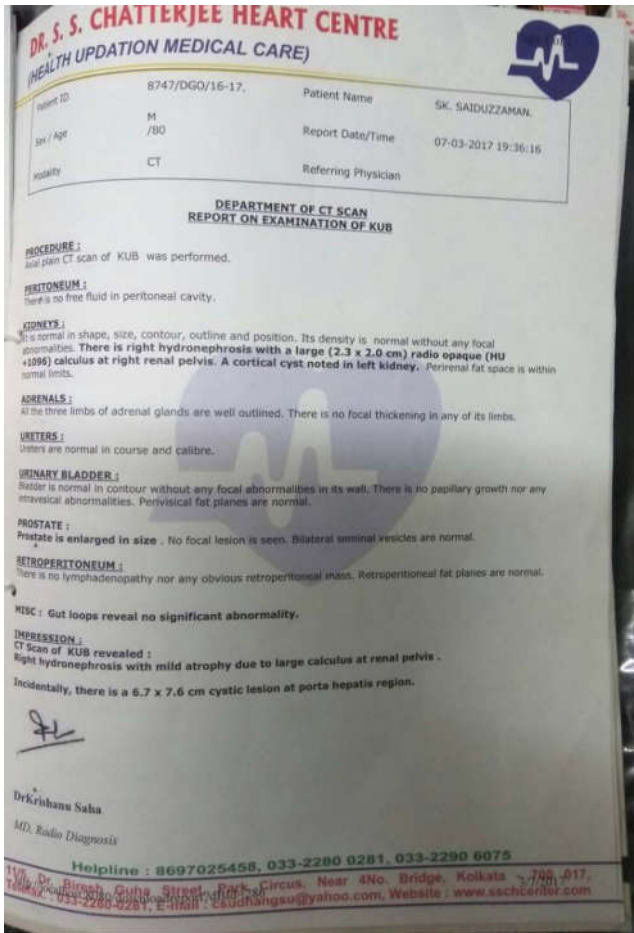
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Dr. Koushik Bose
MD Path
Consultant Pathologist

Dr. Arghya Bandyopadhyay
MD Path
Consultant Pathologist

Dr. Shantanu Das
MBBS, MD, DCC, DNB (KOL)
Consultant Radiologist

Patient No.9 S Z



Patient No. 15 D S

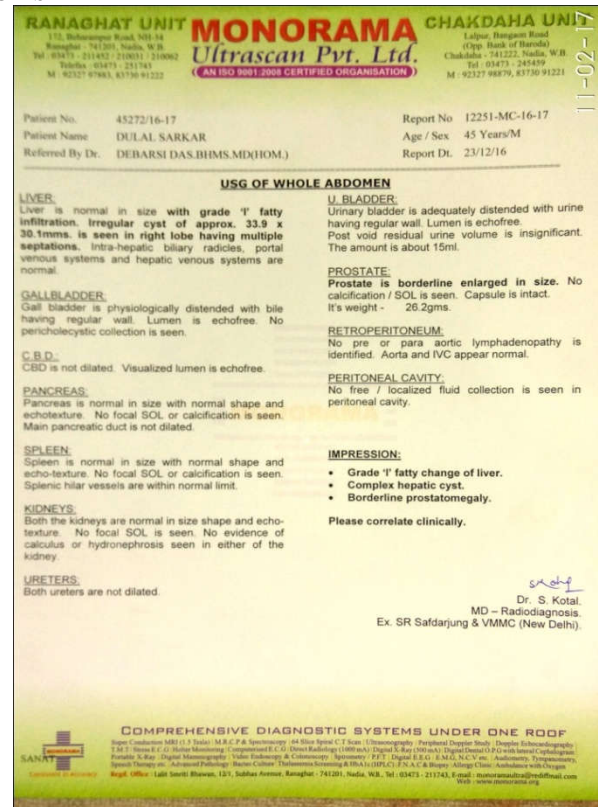
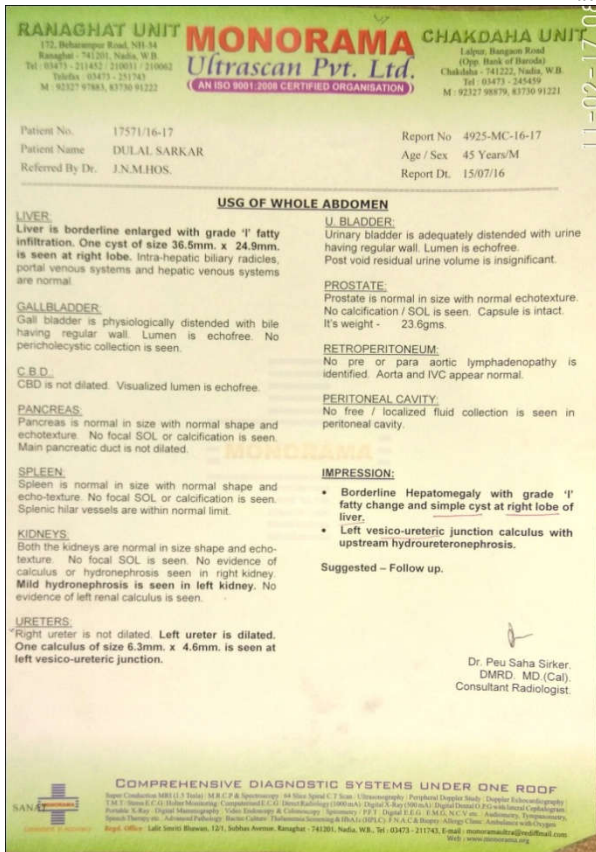


Figure 1 Ultra-sonographic reports of the patients showing removal of the stone(s).



Figure 2 Ultra-sonographic images showing the removal of stone(s)

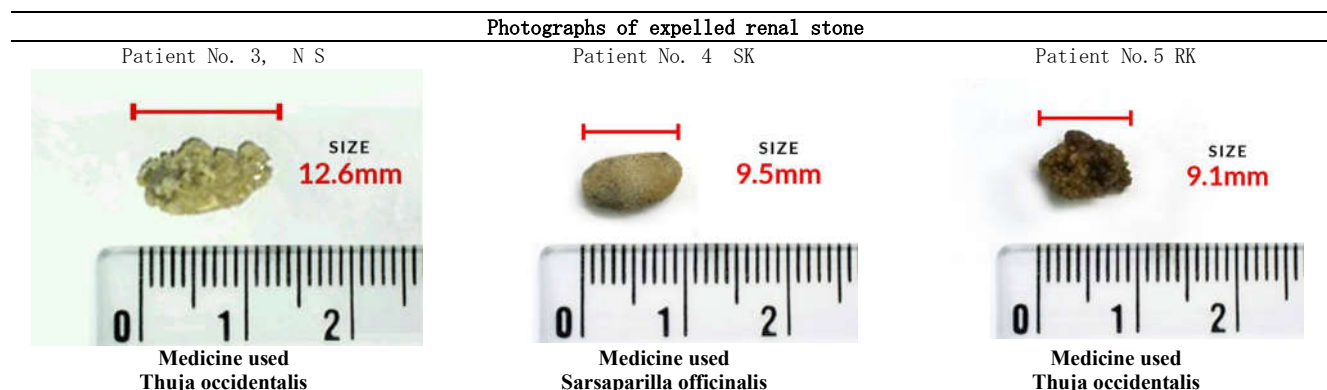


Figure 3 Photographs of expelled renal stone

In homeopathic practice, many homeopathic practitioners claim to have removed big renal stones from their patients, but most cases go undocumented. In homeopathy, individualization of patients is necessary for selection of the proper remedy for him/her. Homeopathy recognizes man as the multi-dimensional composite entity where mind, body and spirit are viewed as an indivisible entity and union (Kulkarni 2010; Boericke 2002; Kent 2003). Thus, different drugs may be necessary for different patients for removal of the stone depending on his/her totality of symptoms. In this study also, different patients got rid of their stones with different remedies. In the present study, authentic USG report has been provided for each case confirming removal of the stone clearly. In study, we successfully removed all 10 cases of renal calculi ranging in size between 5.1 mm to 7mm, 5 cases where the size ranged between 7.4 and 12.6 mm and one case where the size of the stone was reduced from 16 mm down to 9.6 mm. Further, in this study, all 15 cases of successful removal of kidney stones had no history of SWL or surgical intervention or having taken any modern medicines; thus this mode of non-invasive method of treatment can be more confidently used by the patients as well as by qualified homeopathic practitioners, which can be made available to a wider population living in remote villages as well where modern medical facility is difficult to get.

CONCLUSION

In fine, homoeopathy can prove to be a boon for patients in whom surgery is a risky affair such as the aged ones, hypertensive and diabetics or those who are in search of an alternative to surgery for economic or psychological reasons.

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Competing Interests

All authors declare that that they do not have any competing interest.

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