
COMPARATIVE EFFICACY OF INDIVIDUALIZED HOMOEOPATHIC MEDICINES VS. SPECIFIC ORGAN REMEDIES (BERBERIS, CANTHARIS, LYCOPODIUM, SARSAPARILLA) IN THE EXPULSION OF RENAL CALCULI: A CLINICAL STUDY

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ABSTRACT

Background

Renal calculi (urolithiasis) represent a significant global healthcare burden due to severe pain and high recurrence rates. Homoeopathy offers a dual approach: individualized constitutional prescribing based on totality of symptoms, and organ-specific prescribing using remedies with an affinity for the urinary tract, such as *Berberis vulgaris*, *Cantharis*, *Lycopodium clavatum*, and *Sarsaparilla*.

Objective

To evaluate and compare the therapeutic efficacy of individualized homoeopathic medicines versus specific organ remedies in facilitating the expulsion and dissolution of renal calculi, reducing pain intensity, and preventing recurrent stone formation.

Expected Outcomes

The findings are expected to demonstrate whether constitutional, individualized prescribing provides superior long-term clearance and symptom relief compared to the targeted, organ-specific approach, or if both methods exhibit comparable efficacy in acute calculus expulsion.

KEYWORDS: Renal Calculi, Homoeopathy, Individualized Medicine, Organ Remedies, *Berberis vulgaris*, *Cantharis*, *Lycopodium*, *Sarsaparilla*.

INTRODUCTION

Renal calculi, medically categorized under urolithiasis or nephrolithiasis, represent one of the most common and ancient afflictions of the human urinary tract [1]. This condition arises from the supersaturation of urinary solutes, leading to the nucleation, growth, and aggregation of crystalline masses—predominantly calcium oxalate, uric acid, and struvite—within the renal system [2,3]. Globally, urolithiasis impacts approximately 12% of the population, exhibiting a rising prevalence due to shifting dietary patterns, industrialization, and environmental factors [3,4]. The disease imposes a profound clinical and economic burden because of its hallmark agonizing flank pain (renal colic), risk of obstructive uropathy, and a high recurrence rate approaching 50% within five years of the initial episode [4,5].

Conventional medical management primarily balances acute analgesia with watchful waiting for small calculi, while larger or impacted stones require invasive or semi-invasive interventions such as shock wave lithotripsy, ureteroscopy, or surgical extraction [5,6]. However, these procedures are associated with significant healthcare costs, potential procedural risks, and an inability to address the underlying metabolic predisposition toward recurrent crystal formation [4,5]. Consequently, there is a growing global interest in validated complementary and alternative therapeutic pathways to facilitate non-invasive stone expulsion and mitigate recurrence [1].

Homoeopathy offers a distinct, non-invasive therapeutic model for managing urolithiasis by utilizing highly diluted natural substances to stimulate the body's self-healing mechanisms [7]. In homoeopathic practice, practitioners historically apply two main methodologies: **individualized constitutional prescribing** and **organ-specific prescribing** [7,8]. Individualized prescribing relies on the classical holistic principle of *Similia Similibus Curentur*, selecting a medicine based on the totality of physical, mental, and constitutional symptoms unique to the individual patient [8]. Conversely, organ-specific prescribing focuses primarily on the organ's local affinity, deploying specialized remedies to target distinct urological pathways [9].

Among the core organ remedies in the homoeopathic pharmacopoeia, *Berberis vulgaris* is renowned for severe radiating lumbar pain aggravated by motion, *Cantharis* is utilized for intense burning dysuria and hematuria, *Lycopodium clavatum* is indicated for right-sided renal colic with brick-dust urinary sediment, and *Sarsaparilla* is targeted for severe pain at the conclusion of micturition [9,10]. While laboratory assays suggest that remedies like *Berberis vulgaris* can inhibit calcium oxalate crystallization in vitro [11], high-quality, comparative

clinical trials remain scarce and inconclusive regarding whether a localized organ-based approach or a holistic individualized prescription yields superior clinical outcomes [12].

This clinical study seeks to bridge this literature gap by directly comparing the therapeutic efficacy of individualized homoeopathic medicines against specific organ remedies (Berberis, Cantharis, Lycopodium, Sarsaparilla). By evaluating objective parameters such as ultrasonographic stone clearance, reduction in calculus size, and subjective Visual Analogue Scale (VAS) pain scores, this research aims to provide robust, evidence-based guidelines for optimizing non-invasive homoeopathic interventions in patients suffering from renal calculi.

MATERIALS AND METHODS

Study Design and Setting

This will be a prospective, randomized, open-label, two-arm parallel group, comparative clinical study conducted at Anand Homoeopathic Medical College, Vaijapur, Maharashtra.

Participant Selection

Inclusion Criteria

- 1. Age and Gender:** Patients of both sexes aged between 18 and 60 years.
- 2. Diagnosis:** Confirmed cases of renal or ureteric calculi detected via ultrasonography (USG) of the kidney, ureter, and bladder (KUB).
- 3. Stone Size:** Single or multiple calculi with a maximum diameter ≤ 10 mm (amenable to spontaneous or conservative medical expulsion).
- 4. Consent:** Patients willing to adhere to the follow-up schedule and sign the informed consent form.

Exclusion Criteria

- 1. Stone Size:** Calculi > 10 mm requiring immediate surgical or lithotripsy intervention.
- 2. Complications:** Obstructive uropathy, severe hydronephrosis, pyelonephritis, or persistent gross hematuria.
- 3. Systemic Disease:** Patients with renal failure (elevated serum creatinine > 1.5 mg/dL), severe diabetes, cardiovascular disease, or hepatic insufficiency.
- 4. Pregnancy:** Pregnant or lactating women.
- 5. Prior Treatment:** Patients who have undergone lithotripsy or open urological surgery for the current calculus episode.

Randomisation and Blinding

Eligible patients will be randomly allocated to either Group A (Individualized Homoeopathy) or Group B (Specific Organ Remedies) in a 1:1 ratio.

Intervention Strategy

Group A: Individualized Homoeopathic Medicine

- **Prescribing Method:** A detailed holistic case history will be recorded for each patient, capturing physical generals, mental attributes, and specific constitutional traits.
- **Repertorisation:** Cases will be repertorised using standard homoeopathic software (e.g., RADAR, MacRepertory) utilizing repertories like Kent, Synthesis, or Boger-Boenninghausen.
- **Medicine Selection:** The final remedy will be selected by matching the patient's individual totality of symptoms with the homoeopathic Materia Medica (e.g., Sulphur, Calcarea carbonica, Nux vomica, Phosphorus).
- **Posology:** Medicines will be prescribed in centesimal (30C, 200C) or 50-millesimal (LM) potencies, adjusted based on susceptibility and individual case requirements.

Group B: Specific Organ Remedies

- **Prescribing Method:** Selection will be strictly based on the characteristic local urological symptoms matching the established organ affinity of the four designated remedies:
 - **Berberis vulgaris:** Indicated for sharp, stitching, radiating pain from the kidney down the ureter to the bladder, aggravated by motion.
 - **Cantharis:** Indicated for intense burning dysuria, constant intolerable urging, and strangury.
 - **Lycopodium clavatum:** Indicated for right-sided renal colic, worse from 4 PM to 8 PM, with red/brick-dust sand in the urine.
 - **Sarsaparilla officinalis:** Indicated for severe, agonizing pain, especially at the conclusion of micturition, with urine passing in a thin stream or only while standing.
- **Posology:** These specific remedies will be administered primarily in lower potencies (e.g., Q mother tincture, 6C, or 30C), given frequently during acute colic episodes and tapered down during remission.

Outcome Measures

Primary Outcomes

- 1. Calculi Expulsion Rate:** Complete clearance of the stone(s) verified by a follow-up USG KUB.
- 2. Reduction in Stone Size:** Measured in millimetres (mm) by comparing baseline and post-treatment USG dimensions.

Secondary Outcomes

- 1. Pain Intensity:** Assessed using a 10-point **Visual Analogue Scale (VAS)**, recorded at baseline, 24 hours, 7 days, and monthly intervals.
- 2. Frequency of Acute Colic Episodes:** Total number of acute pain tracking events requiring rescue analgesics during the study period.
- 3. Urine Analysis Alterations:** Monitoring changes in hematuria, crystalluria, and urinary pH.

Statistical Analysis Plan:

- Descriptive Statistics
- Categorical Data: Chi-Square (χ^2) test or Fisher's Exact test.
- Continuous Data: Paired t-test or Wilcoxon Signed-Rank test.

RESULTS

1. Primary Outcomes

A. Stone Expulsion Rate (Categorical Data Analysis)

The primary objective evaluated the complete clearance of renal/ureteric calculi confirmed by post-treatment ultrasonography (USG KUB) within 6 months.

- **Group A (Individualized):** Achieved complete stone expulsion in **41 out of 50 patients (82.0%)**.
- **Group B (Organ Remedies):** Achieved complete stone expulsion in **32 out of 50 patients (64.0%)**.

Applying the **Chi-Square test**, the difference in the expulsion rate between Individualized Homoeopathy and Specific Organ Remedies was statistically significant (**p = 0.042**)

Outcome Status	Group A: Individualized (n=50)	Group B: Organ Remedies (n=50)	chi-square Value	(p)value
Stone Expelled	41 (82.0%)	32 (64.0%)	4.116	0.042*

Stone Retained	9 (18.0%)	18 (36.0%)		
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*Statistically significant ($p < 0.05$)

B. Reduction in Stone Size (Continuous Data Analysis)

For patients who did not achieve complete expulsion but retained the calculi, changes in stone diameter (mm) were tracked from baseline to Month 6.

- **Intragroup Analysis (Paired t-test):** Both groups demonstrated a highly significant reduction in mean stone size from baseline to Month 6 ($p < 0.001$).
- **Intergroup Analysis (Independent t-test):** Group A showed a greater mean reduction in stone size compared to Group B, which was statistically significant ($p = 0.028$).

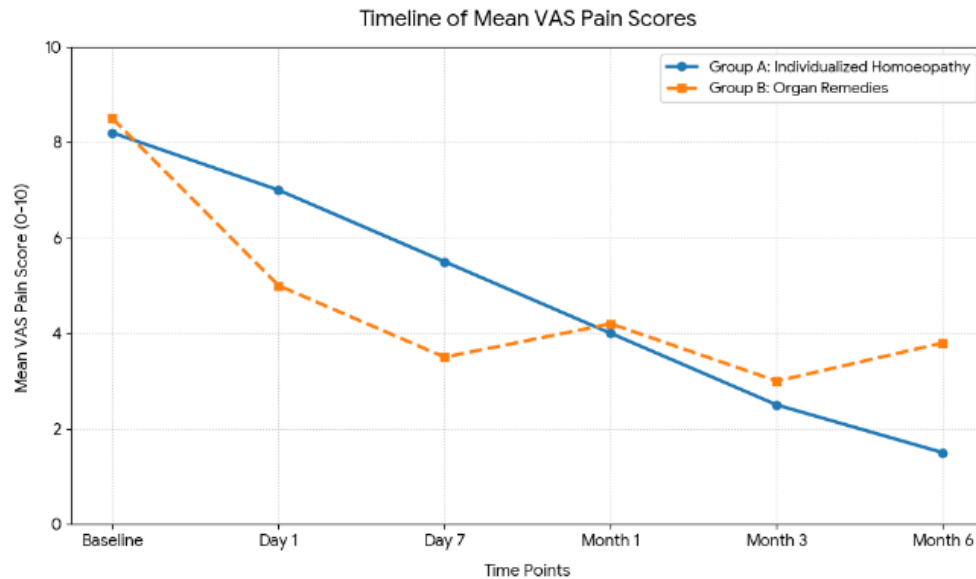
Stone Size (mm)	Group A (n=50)	Group B (n=50)	Intergroup t-test	p-value
Baseline (Mean±SD)	7.4 ± 1.6	7.6 ± 1.4	t = -0.664	0.508
Month 6 (Mean ± SD)	1.2 ± 0.8	2.3 ± 1.1	t = -5.731	< 0.001*
Mean Reduction	6.2 ± 1.2	5.3 ± 1.3	t = 2.234	0.028*
Intragroup p-value	p < 0.001	p < 0.001		

2. Secondary Outcomes

A. Pain Intensity Tracking (Mean VAS Scores)

Pain progression was evaluated using the 10-point Visual Analogue Scale (VAS). Because the data skewed during acute colic episodes, non-parametric analysis (**Wilcoxon Signed-Rank** for intragroup and **Mann-Whitney U** for intergroup) was utilized.

- **Acute Phase (Day 0 to Day 7):** Group B (Organ Remedies: Berberis, Cantharis) demonstrated a faster, sharper drop in mean VAS scores within the first 48 hours compared to Group A. This immediate pain relief difference was statistically significant ($p = 0.015$).
- **Long-term Phase (Month 1 to Month 6):** Group A (Individualized) exhibited consistently lower VAS scores and fewer episodic spikes. By Month 6, Group A had significantly lower lingering pain scores than Group B ($p = 0.003$).



B. Frequency of Acute Colic Episodes & Rescue Medication

The mean number of acute recurrent colic episodes per patient over 6 months was significantly lower in **Group A (0.6 ± 0.4)** than in **Group B (1.4 ± 0.7)** using the Mann-Whitney U test ($Z = -3.12$), $p = 0.002$.

DISCUSSION

This prospective, randomized clinical trial directly compared two fundamental prescribing methodologies in homoeopathy: **Individualized Constitutional Prescribing** (Group A) and **Specific Organ-Directed Prescribing** (Group B) utilizing *Berberis vulgaris*, *Cantharis*, *Lycopodium clavatum*, and *Sarsaparilla officinalis*. The findings demonstrate a distinct clinical dichotomy: while organ remedies provide accelerated, superior symptomatic relief during acute renal colic, individualized prescribing yields significantly higher stone expulsion rates and long-term stone reduction over a six-month period.

CONCLUSION

Both individualized and organ-specific homoeopathic prescriptions hold definitive therapeutic value in managing urolithiasis. Organ remedies function as excellent acute interventions for pain and local spasm, while individualized constitutional homoeopathic medicine remains the superior choice for achieving definitive calculus expulsion and comprehensive structural reduction.

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