Original Research Paper

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Homeopathy

A STUDY ON SURGICAL RENAL CALCULI CASE WITH HOMOEOPATHIC NOSODE MORGAN GAERTNER 200CH

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ABSTRACT A 31-year-old male from Tamil Nadu, Namakkal district presented with pain in right loin for last 2 months which got increased in intensity for last 4 days with pricking type of pain and extension to groin. Patient also suffered from burning micturition, nausea and whole-body weakness. Initial diagnostic imaging confirmed the presence of right mid ureteric calculus with hydroureteronephrosis. Over a period of 3 months during treatment with homoeopathic nosode Morgan Gaertner 200CH, the patient was monitored through regular follow-ups and diagnostic imaging at Dr. Hahnemann Homoeopathic medical college and research center outpatient department. Significant improvements were observed, including the reduction in stone size and frequency of renal colic episodes without causing any further complications. This case study demonstrates the potential of Morgan Gaertner 200CH as an effective alternative treatment for renal calculi apart from the regular disease specific and/or patient specific remedies. This case study contributes to the growing body of evidence supporting the efficacy of homoeopathic treatments.

KEYWORDS : Renal calculi, non-surgical intervention, homoeopathic nosode Morgan Gaertner.

INTRODUCTION

Kidney stones are very commonly affected and most common painful disorders of the urinary tract. A large number of people are affected by kidney stones all over the world.[1] Whereas India has a stone belt where the prevalence of renal calculi is estimated to be high. Even though Tamil Nadu does not have a place to the stone belt, approximately 12% of the populace are anticipated to have kidney stones in tropical and semi-arid districts. Out of 12%, 50% of the patients with kidney stones misfortune their life due to renal damage.[3] Topographical variables like climate, and expanded rates of hypertension, diabetes, obesity, improper diet habits increase the hazard of nephrolithiasis.[4]

Renal calculi are solid crystals formed from minerals of high concentration that are present in urine. Development of the stones is related to decreased urine volume or increased excretion of stone-forming components.[2]

Renal calculi used to present with excruciating pain, and most patients presents to the emergency department in agony. One single painful attack from renal calculi doesn't end in renal failure, but recurrent renal calculi can damage the tubular epithelial cells, leading to functional loss of the renal parenchyma which further leads to chronic kidney failure [2]

The location, onset, nature and severity of pain differ based on the underlying cause. Inadequate water intake, chronic urinary tract infection, increased concentration of calcium, oxalate, uric acid, cystine, xanthine, and phosphate in urine are some of them.[5]

Renal calculi suspecting patients should undergo lab investigations like urinalysis which may present with haematuria and urinary crystals. Flat plat abdomen including the kidneys, ureters, and bladder can be obtained to screen for the presence of significant nephrolithiasis. Ultrasound is the then most used and reliable investigation for assessing obstruction and any resultant hydronephrosis if present.[1]

Morgan Gaertner – a homoeopathic bowel nosode. It is a non-lactose fermenting bacteria, which plays a major role in gut health and the balance of intestinal flora. It is found in the stool of patients suffering from renal colic and X-Ray has demonstrated the presence of renal calculus. Acts in gastrointestinal tract and Genito-urinary system.[6]

CASE REPORT.

A 31-year-old male from Rasipuram Tamil Nadu, Namakkal district came to the OPD on 19/07/2024 and presented with pain in right loin for last 2 months which got increased in last 4 days with pricking type of pain and extension to groin. The pain aggravates before micturition++ and at night in bed. Patient also suffered from burning micturition, nausea and whole-body weakness. The earthy complexioned patient being a bachelor in engineering, works as a clerk in bank at Rasipuram.

Initially the pain was localized to the right lumbar quadrant and then it started extending to the groin region with a pricking type of pain. USG impression dated 08/05/24 was stating mid ureteric renal calculi of size 8.4mm with hydronephrosis. Another USG report was taken dated 18/07/24, the size of calculi increased to 10.8mm with hydronephrosis at same position (Fig 1.)

Then the patient came in to Dr. Hahnemann Homoeopathic Medical college and research center for homoeopathic treatment.

A detailed case analysis was performed, focusing on the patient's medical history, lifestyle, and symptoms.

Patient was affected with Chickenpox, at 16years of age and had no specific treatment for it. His elder brother was diagnosed with renal calculi and mother was having DM and hypertension.

Thermally chilly patient, aversion to cold climate++ and winter season++, desire to cover while in bed even during summer season (summer nights in Rasipuram is pretty hot.) Sleep from 11pm to 5.30am, have a regular routine on day-to-day life, he uses to play badminton daily which makes him relaxed both mentally and physically. He is much conscious about his health and maintaining a good relationship with his friends and family.

On physical examination, BP was 110/80 mm of Hg, pulse rate was 72/min, respiratory rate was 18/min, temperature at 97.4 ˚F, height of 170cm and weight of 86 kg.

No tenderness was present at any of the abdominal quadrants. Normal warmth at groin region. Murphy's kidney punch test was negative.

Based on this comprehensive assessment, the homoeopathic nosode Morgan Gaertner 200CH was selected as the remedy. Prescribed the remedy in single dose and SL for 1week time.

Follow up on 26/07/24 showed reduced pain and reduced whole body weakness. Then, SL for 2weeks was prescribed.

Follow up on 09/08/24, Pain in right lower back extending to groin

reduced but pain in left lower lumbar region associated with pain after micturition was appeared since 2days.

Medicine was repeated, Morgan Gaertner 200CH/1dose with SL for 2week and advised for another USG. On 23/08/24, USG report showed a change in calculi position from mid ureteric to lower ureteric with reduction in calculi size to 8.9mm with hydronephrosis (Fig 2.) Follow up on 13/9/24 in which the pain was reduced in both right and left lower abdomen. Pain after micturition was absent. Last follow up on 01/02/25 through phone call, patient was completely relieved from any pain and being happy witnessing the stone on micturition.

This case study demonstrates the potential of Morgan Gaertner 200 as an effective alternative treatment for renal calculi.


JCS SCANS AND DIAGNOSTICS

Abdomen and KUB Scan Report

Real time B-mode Ultrasonography of Abdomen and KUB done

Abdomen

Liver Normal in size with normal parenchymal echoes.No focal lesion.IHBR not dilated.Portal vein normal

Gall bladder Distended.Normal wall thickening.No calculus seen.No pericholecystic fluid collection.

Commonduct appeared normal. No calculi seen in the commonduct.

Pancreas Normal in size with normal echopattern.No focal lesion.No calcification.MPD not dilated.

Spleen Normal in size.No focal lesion.Splenic vein normal

Aorta appeared normal. No para aortic nodes seen.

No free fluid in peritoneal spaces

No fluid collection in both pleural cavities

KUB

Right kidney measured 10.1 X 6.4 cm.

Normal in size.Pelvicalyceal system dilated.Cortical thickness and echoes normal.

Right ureter dilated.

Calculus of size 10.8mm is noted in mid ureter at iliac vessel crossing level.

Left kidney measured 10.5 X 5.5 cm.

Normal in size.No calculus seen.Pelvicalyceal system not dilated.Cortical thickness and echoes normal.

Left ureter not dilated.

Urinary bladder distended.Normal wall thickening.No calculus seen.

Prostate appeared normal. No intra vesical enlargement of prostate gland seen.

RIF Normal

Impression

Right mid ureteric calculus (10.8mm) with hydroureteronephrosis

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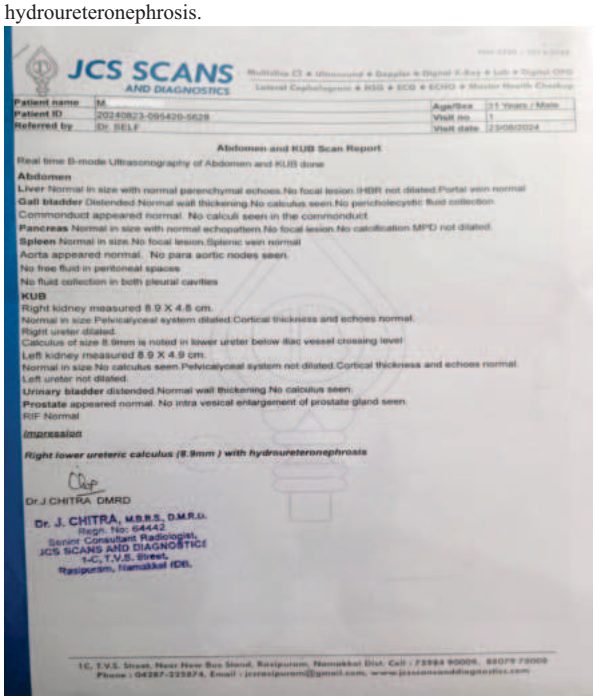
Fig 1. USG on 18/07/24 with mid ureteric calculus of 10.8mm with hydroureteronephrosis.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Pancreas Normal in size with normal echopattern.No focal lesion.No calcification.MPD not dilated.

Spleen Normal in size.No focal lesion.Splenic vein normal

Aorta appeared normal. No para aortic nodes seen.

No free fluid in peritoneal spaces

No fluid collection in both pleural cavities

KUB

Right kidney measured 8.9 X 4.8 cm.

Normal in size.Pelvicalyceal system dilated.Cortical thickness and echoes normal.

Right ureter dilated.

Calculus of size 8.9mm is noted in lower ureter below iliac vessel crossing level.

Left kidney measured 8.9 X 4.9 cm.

Normal in size.No calculus seen.Pelvicalyceal system not dilated.Cortical thickness and echoes normal.

Left ureter not dilated.

Urinary bladder distended.Normal wall thickening.No calculus seen.

Prostate appeared normal. No intra vesical enlargement of prostate gland seen.

RIF Normal

Impression

Right lower ureteric calculus (8.9mm) with hydroureteronephrosis

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Fig 2. USG on 23/08/24 with lower ureteric calculus of 8.9mm with hydroureteronephrosis.

CONCLUSIONS

No blood, no scar… the homoeopathic management of surgical diseases.

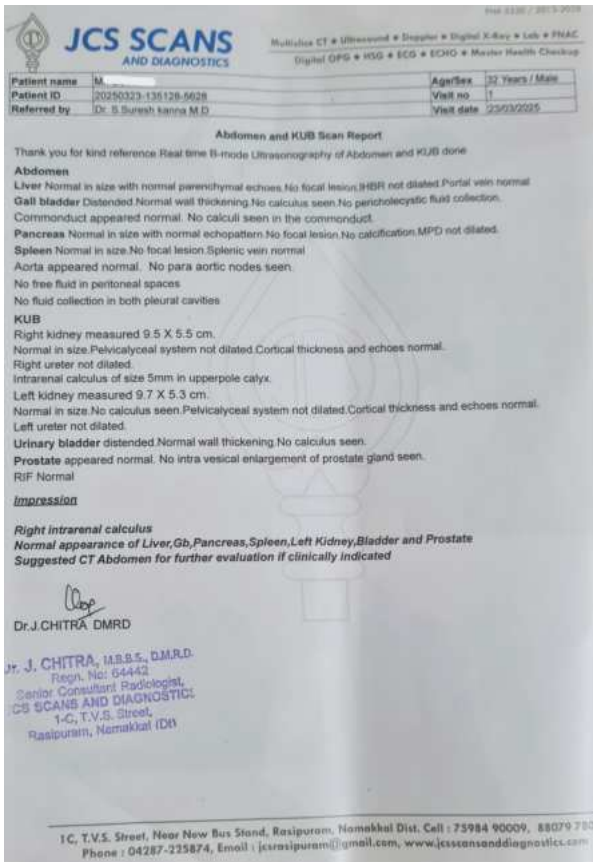
Without any major invasive treatment, we are able to treat surgical cases. Here a bowel nosode is used to treat, which shows, not only the well-known remedies for treatment of calculi in homoeopathy are good for its treatment, but nosode too.

The findings demonstrate not only a significant reduction in the size of the renal calculus and alleviation of associated pain along with the descent of calculus from mid ureteric position to lower ureteric position, but also suggest a broader positive impact on the patient's health by preventing the emergence of common complications typically associated with renal stone formation.

Stones obstructing the urinary tract can create environment conducive to bacterial growth and increase the risk of infections resulting in UTI and Sepsis. Prolonged obstruction or recurrent stones, damaging kidney function over time, potentially leading to chronic kidney disease.

In this case, the patient's improvement extended beyond the immediate symptoms, with no development of the complications during or after the homeopathic treatment along with expulsion of calculi and hydroureteronephrosis getting resolved. This suggests the potential of homeopathic bowel nosode to not only address the immediate issue of kidney stones but also to contribute to a more holistic restoration of urinary system health and prevention of future complications.

After the expulsion of calculus on micturition patient was in a belief that no further treatment is needed and didn't came up for treatment or followed the proper water intake and a balanced diet which further showed up as a new calculus formation in the kidney. As shown in the ultrasound scan took on 23/03/2025.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Pancreas Normal in size with normal echopattern.No focal lesion.No calcification.MPD not dilated.

Spleen Normal in size.No focal lesion.Splenic vein normal

Aorta appeared normal. No para aortic nodes seen.

No free fluid in peritoneal spaces

No fluid collection in both pleural cavities

KUB

Right kidney measured 9.5 X 5.5 cm.

Normal in size.Pelvicalyceal system not dilated.Cortical thickness and echoes normal.

Right ureter not dilated.

Intrarenal calculus of size 5mm in upperpole calyx.

Left kidney measured 9.7 X 5.3 cm.

Normal in size.No calculus seen.Pelvicalyceal system not dilated.Cortical thickness and echoes normal.

Left ureter not dilated.

Urinary bladder distended.Normal wall thickening.No calculus seen.

Prostate appeared normal. No intra vesical enlargement of prostate gland seen.

RIF Normal

Impression

Right intrarenal calculus
Normal appearance of Liver,Gb,Pancreas,Spleen,Left Kidney,Bladder and Prostate
Suggested CT Abdomen for further evaluation if clinically indicated

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DISCUSSION

This case report, exploring the efficacy of a bowel nosode in the treatment of renal calculi, presents a novel approach within the broader homoeopathic management of this condition. Further study on the same case is continuing as to see that the homoeopathic bowel nosode is not only capable of reducing the size and preventing complications but also capable in limiting the recurrency.

While various homoeopathic remedies are commonly employed for renal calculi, research focusing specifically on the application and effectiveness of bowel nosodes in such cases is limited. Existing studies often concentrate on constitutional remedies or organ-specific approaches, and while some literature discusses the general utility of bowel nosodes in chronic or unresolved cases, their specific role in renal calculi has not been widely explored or documented.

This study contributes to the literature by demonstrating a potential therapeutic role for bowel nosodes in the context of renal calculi treatment.

While this case provides compelling evidence, it is important to emphasize that this finding is based on a single case report, and therefore, further research is needed to validate and expand upon these observations. Future studies incorporating larger sample sizes, controlled designs, and detailed analysis of symptom complexes and therapeutic outcomes are crucial to fully understand the place of bowel nosodes in the management of renal calculi and to inform their broader clinical application.

Acknowledgment

Our sincere gratitude to the patient for his cooperation and willingness to participate in this case study, granting informed consent for the publication of the case, which has contributed significantly to understand the efficacy of homeopathic bowel nosode in treatment of renal calculi. Special thanks are extended to Dr. Miruthiga P.S.S., the then intern who meticulously worked in the initial case taking, played a vital role in the early stages of patient interaction and data collection. Furthermore, appreciation and sincere thanks is extended to the management and Head of the institution of Dr. Hahnemann Homoeopathy Medical College & Research Centre Hospital for permitting to conduct this research in their premises. The institution's commitment to both patient care and academic pursuits made this report possible.

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