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A narrative review on efficacy of homoeopathic medicine *Pareira brava* in urolithiasis.

Revisión narrativa sobre la eficacia de la medicina homeopática *Pareira brava* en la urolitiasis.

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ABSTRACT

"Urolithiasis" or "Nephrolithiasis," commonly known as renal calculi, kidney stones, or urine calculi, are terms used to describe the disease of renal stones. Since many years, mankind has been afflicted with this condition, which, if left untreated, may progress to End Stage Renal Disease (ESRD). The multiple aetiology and risk factors of renal stone disease affect about 12% of the world's population. Understanding the process of stone production is extremely difficult because there are many different types of stones, including calcium oxalate and calcium phosphate. The conventional medical system has used a variety of medications and procedures, including PCNL and ESWL, to treat urolithiasis. However, the rate of recurrence is remains high. Extracts from plants are now utilized to treat kidney stones. There is evidence that homoeopathic medications are employed as curative therapies as well. One of the treatments that homoeopaths usually recommend for kidney stone disease is Pareira Brava. Therefore,

use of homoeopathic intervention is attempted in the current review to shed insight on the evolutionary changes in stone production technology and to lower the recurrence rate.

Keywords: Urolithiasis, Homoeopathy, Pareira Brava, renal calculi

RESUMEN

"Urolitiasis" o "Nefrolitiasis" comúnmente conocidas como cálculos renales, cálculos renales o cálculos urinarios, son términos utilizados para describir la enfermedad de los cálculos renales. Desde hace muchos años, la humanidad se ha visto afectada por esta afección que, si no se trata, puede progresar a enfermedad renal en etapa terminal (ESRD). La etiología múltiple y los factores de riesgo de la enfermedad de cálculos renales afectan a alrededor del 12% de la población mundial. Comprender el proceso de producción de cálculos es extremadamente difícil porque hay muchos tipos diferentes de cálculos, incluidos el oxalato de calcio y el fosfato de calcio. El sistema médico convencional ha utilizado una variedad de medicamentos y procedimientos, incluidos PCNL y ESWL, para tratar la urolitiasis. Sin embargo, la tasa de recurrencia sigue siendo alta. Los extractos de plantas ahora se utilizan para tratar cálculos renales. Existe evidencia de que los medicamentos homeopáticos también se emplean como terapias curativas. Uno de los tratamientos que los homeópatas suelen recomendar para la litiasis renal es la Pareira Brava. Por lo tanto, en la revisión actual se intenta el uso de la intervención homeopática en un esfuerzo por arrojar luz sobre los cambios evolutivos en la tecnología de producción de cálculos y reducir la tasa de recurrencia.

Palabras clave: urolitiasis, homeopatía, pareira brava, cálculos renales

INTRODUCTION

Since millennia dating back to 4000 B.C., humans have experienced the most frequent illness of the urinary tract—renal stones. 12% of the world's population is affected by this growing urological health issue [1]. Between 1% to 19.1% of people in Asia have urolithiasis. However, over time, the prevalence and incidence have fluctuated in various nations or areas due to differences in socioeconomic level and geographical locations. Urolithiasis prevalence peaked in the group over 30 years old. In South Asia, where males are more prone to urolithiasis than females, the prevalence of urolithiasis is significantly higher due to increased temperature. The most frequent component of renal calculi is calcium oxalate (75% to 90%) across most of the world, followed by calcium phosphate (6% to 13%) [2].

Urolithiasis is causing a rise in other urological problems, which has been linked to a higher risk of end-stage renal failure [1]. Urinary tract stone illnesses require medical and veterinary challenges due to their multifactorial origin and high rate of recurrence. Therefore, it is crucial to stop this condition before it returns.

Homoeopathy is the most comprehensive form of kidney stone treatment since it addresses the root causes of the condition. Homoeopathy has produced outstanding outcomes in the treatment of numerous ailments. The antilithic properties of homoeopathic drugs have been demonstrated in earlier investigations. One of the medications indicated in the homoeopathic Materia medica and homoeopathic repertory used to treat kidney stones is pareira Brava. Pareira Brava, a plant from the Menispermaceae – moonseeds family that is native to tropical and temperate regions of the world [3].

Figure 1 Pareira Brava Leaves

Numerous secondary plant metabolites, including flavonoids, alkaloids, tannins, volatile oils, and glycosides, are present in its aerial portions, and plant steroids with analgesic, antiallergic, antiasthmatic, antibiotic, antifungal, anti-inflammatory, antioxidant, antirheumatic, antiseptic, and diuretic properties. Under this botanical name, 37 plant species are listed in alphabetical order. Along with the same skeleton alkaloids, grandirubrine and isoimerubrine, two novel tropoloisoquinoline alkaloids, known as Pareirubrines A and B, had been discovered from Cissampelos pareira as antileukemic agents. Pelosine was a whitish, amorphous alkaloid that was researched alongside the uninteresting substance Deyamittin. From the roots, cissamine and cycleanine have been discovered. L-curine was also said to be present in root. Menismine, pareirine, and hayatinine were said to be present in root bark. It also contains the plant steroids sitosterol, stigmasterol, pollinastanol. The root was proven to increase urine excretion and to have stimulatory activity on the kidneys in patients with chronic nephritis [3]. It is a fantastic homoeopathic treatment for kidney and bladder stones. Although it's unknown how it works. Therefore, an in vitro study should be conducted to determine how pareira brava affects calcium oxalate and calcium phosphate crystallization to reduce the recurrence rate of kidney stones through homoeopathic medicine and to understand its mechanism of action.

MATERIALS AND METHODS

An extensive review of the literature was conducted using a variety of textbooks, including those on medicine, physiology, pharmacy, pathology, biochemistry, homoeopathic Materia medica, homoeopathic pharmacies, the homoeopathic pharmacopoeia of India, encyclopedias, Pharmacognosy, journals, websites- PubMed, Google Scholar, and previous studies on the topic at hand.

Extensive studies on Urolithiasis

Sr. no.	Source of study	Author's	Remark
1	History of urolithiasis. Clinical reviews in bone and mineral metabolism [4]	Eknoyan G	Urinary stones have been observed in 7000-year-old preserved mummies. This page has provided in-depth details on the history, medical management, and chemical analysis of urolithiasis. This article discusses the conceptual appraisal of disease from early antiquity through the 20th century. Following the Renaissance, anatomical research enabled the development of procedures like the lithotomy. Following the invention of the x-ray and thanks to developments in pathology and biochemistry, it was now able to analyze stones chemically and identify them.
2	Epidemiology and regional diversities of urolithiasis [5]	López, M et al	The historical understanding of stone creation in humans is the main topic of this work. According to the information in this page, kidney stones have become increasingly common in recent years whereas bladder stones are most common in older people. The article discusses many procedures and surgeries that are quite uncomfortable and have adverse effects, demonstrating the necessity for alternate treatment choices. Additionally, it provides data on the prevalence and incidence of the illness based on factors including geographic location, race, gender, inheritance, and family recurrence, as well as climate, season, and nutrition. There have been reports of the highest hazards in various Asian nations. According to epidemiological research, calcium oxalate causes 60% to 90% of children's stone cases, followed by calcium phosphate (10-

			20%), struvite (14%), uric acid (5-10%), cystine (1-5%), and calcium phosphate (10-20%), and mixed or miscellaneous (4%).
3	Epidemiology of urolithiasis in Asia. [6]	Liu Y et al.	This article primarily focuses on an epidemiological analysis of urolithiasis, which affects between 1% and 19.1% of the population in Asia. According to this review, prevalence ranges from 1% to 8% in East and North Asia, compared to 5%-19.1% in West Asia, Southeast Asia, and several developed nations. Adults experience significant rates of recurrence (21% to 53%). The most typical type of stone is calcium oxalate, which is followed by calcium phosphate and other varieties. The prevalence of the disease is influenced by several risk factors and aetiologies, such as gender, genetics, climate, temperature, nutrition, etc. The frequency and incidence rate of kidney stones were studied in 2013 to rule them out, and the results showed a 7.5% prevalence and high recurrence rate in middle age (26-53 years), with 95% of the stones being calcium oxalate.
4	A concise textbook of surgery. [7]	Dr. S. Das	This book is used to gather information about kidney stones because they require surgical removal. This book, which is only focused on surgical operations, provides in-depth information about current surgical techniques, including their scopes and restrictions. Kidney stones are described as "Renal Calculus" in chapter 48 under the category "the kidney and ureter". It has etiological components, a pathophysiology with clinical characteristics, and surgical procedures. The thesis' primary source of information is this reliable data.
5	Oxford Textbook of Medicine, Vol2. [8]	Weatherall DJ	The book's primary goal is to describe the full range of the disease as it is experienced worldwide. When it comes to the diagnosis and treatment of diseases, it is highly helpful clinically. Similar to that, renal stone disease is described in this book as "Urinary stone disease (Urolithiasis)" under the nephrology section. An introduction, occurrence and geographic distribution, pathogenesis, clinical features, diagnosis, therapy, and course & prognosis are just a few of the subheadings used to group information about renal stones.

6	Nephrolithiasis: molecular mechanism of renal stone formation and the critical role played by modulators [9]	Aggarwal KP et al	The term "nephrolithiasis" refers to the production of stones anywhere in the urinary tract. The aetiology of nephrolithiasis is multifactorial, and its recurrence rate is high. Therefore, in order to know the cause and to treat the cause, we need to understand the mechanism of stone production. The physicochemical basis for stone creation is described here. The development of crystalline particles and increased urinary supersaturation lead to the formation of stones. Crystal nucleation, crystal growth, crystal aggregation, crystal cell contact, and CaOx crystal endocytosis are the several stages of this process. Boyce also described the elements that make up the stone matrix, which are typically proteins, non-amino carbohydrates, hexosamine, glucosamine, bound water, and inorganic ash. The significance of stone formation promoters and inhibitors is also discussed in this article.
7	Inhibitors and promoters of stone formation. Kidney international [10]	Fleisch H	The three basic mechanisms of renal stone development—supersaturation, promoters that aid in crystallization and aggregation, and inhibitors that affect crystal formation and aggregation—have been described in the article after a thorough review. Supersaturation can vary in strength, either in the metastable region or the unstable range, and this can influence how stones form during the nucleation phase. Recent research focused on the role of one salt's crystal in the crystallization of another salt, which doesn't actually become a part of the later salt but facilitates crystal growth. It is crucial to understand why the stone does not form more generally, so they conducted numerous experiments in various conditions to find the inhibitors of stone formation and provided the mechanism of the inhibitory activity.
8	Kidney stone disease: an update on current concepts.	Alelign T, Petros B.	A crystal or stone development known as urolithiasis typically occurs anywhere throughout the urinary tract. Since many centuries, it has been the most prevalent kidney disease, affecting roughly 12% of the population. The most typical kidney stones that form in people are calcium oxalate and

	Advances in urology. [11]		calcium phosphate. The intricate process of forming stones involves the supersaturation, nucleation, development, aggregation, and retention of the components of urinary stones within tubular cells. Currently, there is no cure to stop the production of stones from happening again. The study needs to be done in order to manage kidney stones in the future and to understand how kidney stones originate. The information on the origin, pathophysiology, and preventative methods of renal stones is thus supplied in the current article. According to some theories, oxalate increases the availability of free radicals by impeding the enzymes needed to break them down. One of the variables known to contribute to renal cell damage is reactive oxygen species.

PAREIRA BRAVA as an Antiurolithiac:

Sr no.	Source of study	Authors	Remark
9	Renal calculi and its homoeopathic management by using rare mother tincture. International Journal of Homoeopathic Sciences [12]	Patil, P	Pareira brava homoeopathic mother tincture for renal calculi. It is frequently used for prostatic disorders, bladder catarrh, and renal colic. Indications include persistent urging to urinate, extreme strain, and pain running down the thighs. feeling that the bladder is painfully swollen. After micturition, dribbling. A powerful and important indication is violent pain in the glans penis. The aim of this study is that renal calculi can be effectively treated with homoeopathic mother tincture. Both acute and chronic renal calculi cases of discomfort are lessened by it. It lessens the patients' discomfort and eliminates the propensity for calculi to form.
10	Regional Leaders E. B. Nash [13]	E. B. Nash	This homoeopathic remedy helps to relieve discomfort while dissolving kidney stones. One of the greatest treatments for pain that spreads to the thighs and interferes with urination.

			Urine has strong Ammoniacal smell & contains large quantity of thick mucus.
11	Boericke W. Boericke's new manual of homoeopathic materia medica with repertory [14]	William. Boericke	Pareira Brava. Urine that is thick, fucoid, and bloody. Constant prodding, severe straining, and thigh discomfort accompany maturational efforts. can only urinate when he kneels down and presses his head firmly against the ground. The anterior rural region of the bladder experiences a bloated, neuralgic pain. After micturition, dribbling. Terrible discomfort in the penis. Urinary tract irritation, urethritis, and prostatic issues. Infection of the urethra.
12	Farrington EA.Clinical Materia Medica [15]	Farrington EA	Excellent drug in gravel and in cystic calculus, when the patient has to get down on all fours to urinate. The tenesmus is great; urine passes in drops; Pain shoot from the kidney down the thighs, and even in the feet; the urine deposits a copious uric acid sediment and also blood
13	Urolithiasis and Its Herbal Remedies, International Journal of Scientific Research in Science and Technology [16]	A R Dhole et al	One of the most prevalent disorders, urolithiasis (UL), is becoming more and more prevalent globally. The 'Pashanabheda' group of herbs are said to be helpful in the treatment of urinary stones in the Ayurvedic medical system of India. The Sanskrit name for a collection of plants that have diuretic and Antiurolithiac properties is "Pashanabheda." As a result, an effort has been made in the current review to list the research on plants used for antiurolithiasis, including Cissampelos pareira linn, B. sensitivum Linn, and Fragaria vesca linn. This may provide information on current trends in the study of plants known to have Antiurolithiac action.

Rubrics for Renal Calculi from Various Repertories

Radar 10 – Synthesis Repertory 9.0V Chapter- diseases; calculi bladder [17]

Bladder; calculi:

absin acon act-sp agar age-a *agri* all-c *aln alth* alum AM-C am-caust am-m AMBR *ammi-v* ang *ANT-C* ant-t

ap-g apis apoc-a aren-r ARG-N ARN *ARS* ars-met *ARUND* ASPAR *asper* astac aur aur-ar aur-m aur-s bac bapt BAR-M baros BELL benz *BENZ-AC BERB* berb-a beryl *betul* BOR BRUC bry CACT cadm cadm-o caesal-s *CALC* calc-sil CALCUL-R CALEN CALLUN CAMPH cann-i *CANN-S CANTH* caps CARB-V card-m carl CAUST *cent-u* cere-b cham CHEL CHIM CHIN chin-ar CHIN-S chlol chlorpr chol cimic cinch-s cob COC-C cocci-s COCH colch coll COLOC con COP *cory* crat cupr cupr-ar cyn-d daph *DIG* DIOS DULC dys-co ELAPS elem EPIG EQUIS EQUIS-A ERIG *ery-a ery-m* EUP-PUR fab ferr-m frag *gali* gall-ac gast gels GENIST gent-c gins *glech* GLON *GRAPH* grat guai *GUAT* hedeo hep HERN-G hier-p hoch HYDRANG HYOS IP *IPOM* junc JUNI-C kali-bi kali-c kali-i kali-n kali-p kiss KREOS LACH *lappa* laur *LED* lipp *LITH-C LOB LYC* lysid mag-bcit mag-p mag-s mand mang med MENY MEPH merc MERC-C MEZ MILL MORG-G myric naja *nast* nat-ar nat-glt nat-hchls NAT-M nat-p NAT-S NIT-AC *NIT-M-AC* nuph NUX-M NUX-V OCI oci-c oci-g oci-s ol-sant ONON-S OP ORTHOS ox-ac OXYD oxyg pall par parat parathyr *PAREIR* pariet past PETR PETROS PH-AC phal *phase* PHOS phyl-a *PHYSAL* PIC-AC *pimp* pip-m pip-n PIPE *PLAN* plat *podo* polyg polyg-pe polyg-s pront prun PSOR PULS PYROG quas rad-br RAPH rhod *RHUS-T RUB-T rubu-f* rumx *RUTA samb-e* SANIC santin sapin *saroth SARS sass saxi-g* SEC SEL *SENEC* seneg *SEP* SIL sin-a SKOOK sol-x *SOLID sorb-au* spig spirae squil *STAPH* STIGM STILL STRONT-BR sul-ac SUL-I sulfa *sulph* sumb TAB *tarax TARENT* tep TER thal THLASPI THUJ *til* TRIB TRITIC-R TUB ur-ac urea URT-U UVA valer VARIO verat *vero-o* VESI VICHY-G *viol-t* wild xanrhoe xanth *ZINC* zinc-p

Radar 10 –Murphy's Repertory Chapter- Diseases; calculi kidney[18]

absin *agri alth* alum am-c ambr *ammi-v* ang ANT-C *ap-g* apoc-a arg-n arn ars *aspar* astac baros BELL *BENZ-AC* BERB berb-a beryl *betul* BRUC cadm cadm-o *CALC* calcul-r CALLUN CANN-S CANTH *cent-u* cham chel CHIM *chin* chin-s chlol coc-c colch coloc DIOS elem EPIG equis erig ery-a *ery-m* EUP-PUR fab frag gali gast GENIST *GUAT* hedeo hep hoch hydrang *IPOM* junc JUNI-C kali-c lach *LITH-C LYC* med merc-c mill MORG-G nat-m nat-s *nit-ac* nit-m-ac *nux-m* NUX-V oci oci-c ONON-S op ORTHOS oxyd parathyr *PAREIR* pariet past PETR PETROS PHOS phyl-a physal PIC-AC *pimp* pip-m pipe podo polyg polyg-pe polyg-s pront prun quas *RUB-T rubu-f* RUTA *saroth SARS sass saxi-g* senec SEP SIL *SOLID sorb-au* STIGM STILL sulfa *sulph* tab *tarax* thal THLASPI thuj trib ur-ac urea URT-U UVA vesi xanrhoe ZINC

Rubrics of Pareira Brava from Kent Repertory [19]

Stomach

Stomach, nausea, urinating, after (p. 510)

Bladder

Bladder, calculi (p. 645)

Bladder, cartilaginous induration (p. 645)

Bladder, catarrh muco-pus (See Urine, Sediment Purulent) (p. 645)

Bladder, inflammation (p. 646)

Bladder, pain (p. 646)

Bladder, retention of urine (See Urination Retarded) (p. 650)

Bladder, retention, night, 3 a.m. to 6 a.m. (p. 650)

Bladder, retention, enlarged prostate, from (p. 651)

Bladder, retention, painful (p. 651)

Bladder, tenesmus (p. 651)

Bladder, thickening of walls of (p. 652)

Bladder, urging, constant (p. 653)

Bladder, urging, frequent (See Urination, Frequent) (p. 653)

Bladder, urging, ineffectual (p. 654)

Bladder, urging, painful (p. 654)

Bladder, urging, urination, after (p. 655)

Bladder, urination, dribbling (by drops) (p. 655)

Bladder, urination, dribbling, enlarged prostate, with (p. 656)

Bladder, urination, dribbling, retention, with (p. 656)

Bladder, urination, dribbling, stitching in glans penis, with (p. 656)

Bladder, urination, dysuria (p. 656)

Bladder, urination, dysuria, night, midnight, after, 3 a.m. to 5 a.m. (p. 656)

Bladder, urination, frequent (p. 657)

Bladder, urination, interrupted (intermittent) (p. 658)

Bladder, urination, involuntary, old, men with enlarged prostate (p. 660)

Bladder, urination, retarded, must wait for urine to start (p. 660)

Bladder, urination, retarded, knees, on the, pressing head against floor, can pass urine only when (p. 660)

Bladder, urination, retarded, sitting, bent, forward (p. 661)

Kidneys

Kidneys, inflammation (p. 662)

Kidneys, pain (p. 663)

Kidneys, pain, radiating (p. 663)

Kidneys, pain, region of, extending, groin (p. 664)

Kidneys, pain, ureters, left side (p. 664)

Kidneys, pain, ureters, radiating from renal region (p. 664)

Kidneys, pain, ureters, extending, thighs and feet (p. 664)

Kidneys, pain, cutting, ureters (p. 665)

Kidneys, pain, sore, bruised (p. 665)

Kidneys, pain, stitching, extending, down ureters (p. 666)

Prostate gland

Prostate gland, enlargement (p. 667)

Prostate gland, inflammation (p. 668)

Prostate gland, pain (p. 668)

Prostate gland, pain, urination, during (p. 668)

Prostate gland, pain, stitching, urination, during (p. 668)

Urethra

Urethra, discharge, gonorrhœal (p. 670)

Urethra, discharge, mucous (p. 670)

Urethra, inflammation (p. 672)

Urethra, inflammation, meatus (p. 672)

Urethra, itching (p. 672)

Urethra, itching, urination, during (p. 672)

Urethra, pain, burning, urination, during (agg.) (p. 675)

Urethra, pain, stitching, meatus (p. 678)

Urethra, pain, stitching, meatus, urination, after (p. 678)

Urethra, pain, tearing, meatus (p. 679)

Urine

Urine, bloody (p. 681)

Urine, burning (includes hot) (p. 681)

Urine, color, black (p. 683)

Urine, color, red, dark-red (p. 684)

Urine, frothy (p. 686)

Urine, odor, ammoniacal (p. 687)

Urine, scanty (p. 688)

Urine, sediment, gelatinous (p. 689)

Urine, sediment, mucous (p. 689)

Urine, sediment, renal calculi (p. 690)

Urine, sediment, sand, red (brick-dust) (p. 690)

Genitalia male

Genitalia male, pain, penis, glans (p. 702)

Genitalia male, pain, penis, glans, urging to urinate, on (p. 702)

Genitalia male, pain, burning, penis, glans (p. 703)

Genitalia male, pain, burning, penis, glans, urination, during (p. 703)

Genitalia male, pain, tearing, penis, glans (p. 708)

Genitalia male, pain, tearing, penis, glans, urination, during (p. 708)

Genitalia male, retraction, testes (p. 709)

Genitalia male, retraction, testes, left (p. 709)

Extremities

Extremities, cramps, leg, urinate, on attempting to (p. 975)

Extremities, pain, thigh, straining, to urinate, during (p. 1070)

Extremities, pain, thigh, extending, down thigh during effort to urinate (p. 1071)

Extremities, pain, foot, sole (p. 1080)

Extremities, swelling, foot (p. 1201)

Generalities

Generalities, morning (p. 1341)

Generalities, inflammation, internally (p. 1368)

Generalities, pain, pressing externally (p. 1382)

RESULTS

On comparative evaluation in this review study reported that Homoeopathic Medicine Pareira Brava acts as a Antiurolithiac which helps in the reducing the Renal colic pain & preventing the renal stone formation. Analyzing the whole data found that little data published on this study. Whatever data we gathered which is utilize in this review study.

DISCUSSION

The most prevalent condition affecting the urinary tract worldwide is renal stone disease. Renal stone disease has long affected both humans and animals. Urolithiasis has a long history that extends back to the beginning of civilization [4]. In the past, bladder stones were most common in the elderly, but in recent years, kidney stones

have become increasingly common [4][5]. There have been reports of the highest hazards in various Asian nations. West Asia, Southeast Asia, and certain developed countries in Asia, which makes up around 1%-19.1% of the world's population, have prevalence rates of 5%-19.1%, compared to only 1%-8% in East and North Asia [6]. Adults experience significant rates of recurrence (21% to 53%) [6]. The most typical type of stone is calcium oxalate, which is followed by calcium phosphate and other varieties. According to epidemiological research, calcium oxalate makes up 60% to 90% of kid stone cases, with calcium phosphate (10–20%), struvite (1–14%), uric acid (5–10%), cystine (1–5%), and mixed or other (4%) stones following closely behind [5]. The prevalence of the disease is influenced by various risk factors and aetiologies, including gender, genetics, climate, temperature, nutrition, etc. [6]. An investigation into kidney stone prevalence and incidence was conducted in 2013; the results revealed a 7.5% prevalence rate and a significant recurrence rate in middle age (26–53 years), with 95% of the stones being of the calcium oxalate type. Urinary stone illnesses affect 12% of Indians, and 50% of them could lose the ability to function their kidneys [12]. Surgery should be used to remove stones that are obstructive and cause severe renal colic [8]. A long time ago, open surgery was utilized to treat renal stone removal. This procedure was extremely painful, resulted in septicemia, and damaged the kidneys. However, due to the introduction of elective endoscopic nephrolithotomies in London in 1981, By 1983, many patients were being treated without open surgery. The use of minimally invasive procedures in place of open surgery to treat kidney stones has significantly decreased morbidity and mortality rates as well as the length of the recovery process . Extracorporeal shockwave lithotripsy is less intrusive, requires less anesthesia, and leaves less scars . A small puncture is made on the skin's surface during percutaneous endoscopic lithotomy, which has minor problems and calls for prophylactic antibiotics. However, extracorporeal lithotripsy is known to be used to cure 85% of renal stones, and endoscopic treatment is known to be effective for nearly all stones that are too large or difficult for lithotripsy . Other methods include transurethral endoscopy with an electrohydraulic probe to remove bladder stones, and ureteroscopy to remove ureter stones [20]. Because this method has been instinctively linked to complications like stone fragments, infections, renal tissue damage, and side effects on tissue of other systems like the gastrointestinal, cardiovascular, genital, and reproductive systems [21], it was noted that ESWL is a safe way to treat stones if indications are followed properly. The usage of alternative therapies is acknowledged due to the ESWL's limitations and the rising occurrence of urolithiasis. It is crucial to stop the sickness from returning. There are significant complications with all of the standard medicines that are available for management, and none of them are 100% effective. Since the Vedic era, medicinal plants have been utilized as a complementary medicine for both the prevention and treatment of urinary stone disorders [22]. Homoeopathy has produced outstanding outcomes in the treatment of numerous ailments. The antilithic properties of homoeopathic drugs have been demonstrated in earlier investigations. Small urinary stones, or those under 5 mm, are easily handled, while larger stones necessitate medical attention. However, a case study of the homoeopathic drug Pareira Brava (it was conducted by CCRH, India) has demonstrated that large stones can be removed using homoeopathic interventions without causing any pain or bleeding [13]. In this approach, a clinical trial run by CCRH

has demonstrated the importance of the homoeopathic drug Pareira Brava in the treatment of kidney stone illnesses.

CONCLUSION

This review study concluded that homoeopathy can be advantageous to patients for whom surgery is unsafe due to conditions like diabetes, hypertension, etc. or for those searching for a safe alternative to surgery. It has been determined that the homoeopathic drug pareira brava may have therapeutic effects on renal colic pain and renal stone dissolution.

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CONFLICT OF INTEREST

The Author has no conflict of interests.

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