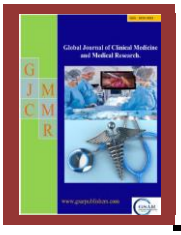

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Renal Calculi and Its Homeopathic Management by *Pareira Brava* in 3 CH Potency: A Review Article

By

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Abstract

Renal calculi (kidney stones) are a growing global health issue with high recurrence rates. This review examines the pathophysiology of renal calculi, limitations of conventional treatments and the potential role of Pareira brava in homeopathic management at 3 CH potency.

A narrative review was conducted using homeopathic textbooks, case reports, peer-reviewed articles and review articles on lesser-known remedies for renal calculi from PubMed, Science Direct, Scopus, Google Scholar etc. Focus was placed on the therapeutic use of Pareira brava in 3CH potency for renal calculi. Sources were analysed for clinical indications, outcomes and research gaps.

Keywords: *Nephrolithiasis, Pareira brava, homeopathy, renal calculi, 3 CH potency, and complementary therapy*

Introduction

Renal calculi, a disorder marked by the development of crystals or stones in the urinary system, afflict a significant percentage of the population and frequently lead to excruciating pain and expensive medical recurrences. Although there are effective interventional therapies in modern urology (such as ureteroscopy and ESWL), these procedures can be invasive and do not always prevent recurrence.

The objective of this review is to examine an alternative adjunctive treatment from homeopathy: the use of *Pareira brava* in lower potencies for renal calculi. *Pareira brava* has been traditionally indicated in urinary conditions marked by intense straining, colic and neuralgic symptoms, yet modern clinical data are lacking. This review seeks to clarify its historical indications, survey current clinical observations, and identify areas for future empirical study.

Aetiopathogenesis

Multifactorial kidney stone formation includes low levels of inhibitors (e.g., citrate, pyrophosphate, and glycoproteins), concentrated urine volume, supersaturation of urine with stone-forming ions (such as calcium, oxalate, and uric acid), and a pH that is conducive to kidney stone formation [6]. Risk factors include genetic predisposition, diets heavy in protein and oxalate, dehydration, obesity, hyperparathyroidism, and

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urinary tract infections. Crystallization, which is brought on by supersaturation of urine, causes crystals to form, grow, aggregate, and remain in the renal tubules.

Types[7][8]

I. **Calcium Stones** (~75–80%):
   - *Calcium oxalate* (most common) also known as mulberry calculi. It is irregular, having sharp projections, hard and radio-opaque.
   - *Calcium phosphate*

II. **Uric Acid Stones** (~5–10%): Forms in persistently *acidic* urine. Common in patients who consume red meat. Pure uric acid stones are *radiolucent*.

III. **Struvite Stones** (~10–15%): made up of magnesium ammonium phosphate, also known as triple phosphate or stag horn; frequently connected to urinary tract infections brought on by bacteria that produce urease, such as Proteus mirabilis. Commonly occur in the renal pelvis and tend to grow in *alkaline* urine.

IV. **Cystine Stones** (<1%): Occur in patients with cystinuria, a rare hereditary disorder that occurs due to decreased resorption of cystine from the renal tubules. Stones are hard and radio-opaque due to sulphur.

Clinical Features

Renal calculi might be asymptomatic or manifest as:
- Renal colic: Severe, intermittent flank pain radiating to the groin
- Hematuria: Microscopic or gross
- Nausea and vomiting
- Urinary symptoms: dysuria, urgency (if lower tract involved)
- Fever and chills (if complicated by infection)

Investigations

I. **Urinalysis:** Identifies infection, pH level, crystal types, and hematuria.
II. **Blood tests:** Check for uric acid, calcium, and renal function.
III. **Imaging**:
   - *Non-contrast CT (NCCT)*: Gold standard for diagnosis.
   - *Ultrasound*: Useful in pregnancy, tumors, cysts, and hydronephrosis.
   - *X-ray KUB*: Detects radiopaque stones and strictures.
IV. **Stone analysis**: Determines composition of stone.
V. **24-hour urine analysis**: Evaluates metabolic abnormalities in recurrent stone formers.

Complications

- Hydronephrosis
- Recurrent urinary tract infections
- Uropathy due to obstruction
- Chronic kidney disease or renal insufficiency
- Sepsis (in infected obstructive calculi)

General Management

Management depends on stone size, location, composition and symptom severity:

I. **Conservative (Medical Expulsive Therapy)**:
   - Hydration to increase urine output.
   - Analgesics, such as diclofenac and other NSAIDs
   - alpha-blockers, such as tamsulosin, to facilitate the passage of stones smaller than 10 mm.

II. **Pharmacological**:
   - For hypercalciuria, thiazide diuretics are used.
   - For hyperuricemia, allopurinol is used.
   - For hypocitraturia, potassium citrate

III. **Surgical**:
   - *Shock Wave Lithotripsy Extracorporeal (ESWL): For small to medium-sized stones.*
   - *Ureteroscopy (URS): For stones in the ureters.*
   - *PCNL, or percutaneous nephrolithotomy, is used for complicated or big stones.*

IV. **Prevention**:
   - Sufficient consumption of fluids (≥2.5 L/day).
   - Dietary modification based on stone type.
   - Regular follow-up for recurrence monitoring.

Despite available medical and surgical treatments, recurrence remains high and long-term management is burdensome. [5]

Pareira brava in homeopathy

According to Boericke's homeopathic materia medica, *Pareira brava* (Chondrodendron tomentosum) is chiefly indicated in urinary disorders with:

- Black, bloody, thick mucus urine. Intense straining during urination. Neuralgic pain radiating down the thighs. Relief only by assuming a prone or kneeling posture with head pressed down [2]
- Hering also documents the use of *Pareira brava* in nephritic colic and it is effective when there is haemorrhage from the ureter during stone passage.[9]
- Clarke reports several clinical cases confirming its utility in urinary tract affections with calculous origin[10]
- Modern literature supports these classical uses including its mention in a 2021 review of mother tinctures used in renal calculi, which includes *Pareira brava* as a commonly prescribed remedy for symptomatic relief during stone passage[11]

Lower potencies (e.g., tincture to third potency) are traditionally recommended for such presentations [2].

Modern Evidence & Clinical Observations

A 2025 comprehensive homeopathic review highlighted *Pareira brava*, among other lesser-known remedies—including *Ocimum canum, Epigea, Tabacum, and Cannabis sativa*—as effective in managing renal calculi with minimal

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side effects, showing stone passage and symptomatic improvement.[1]

Another 2021 article on homeopathic management using mother tinctures (including *Pareira brava*) reported alleviation of both acute and chronic pain in renal calculi cases—though details on potency and methodology were limited [3]

A Case Study

Patient Details

A **22-year-old** male student reported to the OPD of state Lal Bahadur Shastri Homoeopathic Medical College and Hospital, Prayagraj, on 27 May 2025 with the chief complaints of acute bilateral lower abdominal pain, colicky in nature, radiating from the kidneys to the back and groin, accompanied by difficulty in urination, bladder distension, nausea, and fever.

Presenting Complaints

He has presented with pain in both sides of the lower abdomen since one day, associated with difficulty in urination, bubbling sensation, and feeling of bladder distension. Colicky pain from kidneys to back and groin region, appearing suddenly and subsiding gradually Aggravate**:** During urination, motion, and cold application Ameliorate: Lying down, rest, bending forward with the head on the floor He also complained of nausea, mild fever, and great straining while urinating, with pain extending down the thighs during micturition.

Personal and Family History

- **Past Illness:** Chickenpox at 5 years of age, typhoid at 19 years of age
- **Family History:**
  - Father – Diabetes mellitus for 12 years.
  - Mother—Hypertension for 10 years, history of cholelithiasis and nephrolithiasis (2 years ago)

Personal and General History

- **Diet:** Non-vegetarian
- **Addictions:** None
- **Appetite:** Decreased, with nausea and vomiting
- **Desires:** Sweets and cold food
- **Thirst:** 2–2.5 L/day
- **Stool:** Normal frequency, semisolid
- **Urine:** 5–6 times/day, burning and painful
- **Sleep:** 7–8 hours, refreshing
- **Thermal Reaction:** Hot patient

Table 1. Physical Examination

Parameter	Observation
Built	Ectomorphic
Nutrition	Undernourished
Pulse	84/min
BP	110/70 mmHg
Temperature	100°F
Tenderness	Suprapubic and bilateral renal angle tenderness present
Other Systems	Normal cardiovascular, respiratory, and nervous findings

Investigations Ultrasonography (27.05.2025):

- **Right kidney:** 3 mm calculus in renal pelvis
- **Left kidney:** 4.9 mm calculus in upper calyx

Diagnosis: *Bilateral Renal Calculi*

Remedy Selection

The signs and symptoms of renal colic, which included severe straining, pain that radiates to the thighs, and relief when bending forward, closely matched those listed in Boericke's Materia Medica.[2]. Pareira brava 3CH was chosen as a result.

Prescription:

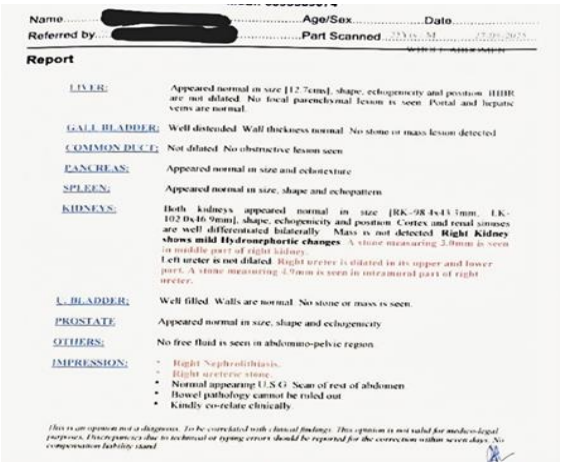
- *Pareira brava* 3CH – 4 globules, TDS for 15 days

Table 2. Follow-Up Observations

Date	Clinical Findings	Prescription
11.06.2025	Pain reduced significantly; urinary flow normal	*Sac lac* 30 / TDS / 15 days
25.06.2025	No burning or frequency of urination	*Sac lac* 30 / TDS / 15 days
04.07.2025	Mild pain reappeared in the left lower abdomen.	*Pareira brava* 30 / TDS / 15 days
18.07.2025	Pain subsided; urine clear	*Sac lac* 30 / TDS / 15 days
30.07.2025	Complete relief; USG normal; NRPS = 0	*Sac lac* 30 / TDS / 15 days
20.08–25.09.2025	The patient remained symptom-free; appetite and sleep were normal.	*Sac lac* 30 / TDS / 15 days

Results

Fig. 1. USG report before treatment. Fig. 2. USG report after treatment


Name [redacted] Age/Sex Date
Referred by [redacted] Part Scanned
Report
LIVER: Appeared normal in size [12.7cm], shape, echogenicity and position. IHBR are not dilated. No focal parenchymal lesion is seen. Portal and hepatic veins are normal.
GALL BLADDER: Well distended. Wall thickness normal. No stone or mass lesion detected.
COMMON DUCT: Not dilated. No obstructive lesion seen.
PANCREAS: Appeared normal in size and echotexture.
SPLEEN: Appeared normal in size, shape and echopattern.
KIDNEYS: Both kidneys appeared normal in size [RK-98.4x43.1mm, LK-102.0x46.9mm], shape, echogenicity and position. Cortex and renal sinuses are well differentiated bilaterally. Mass is not detected. **Right Kidney shows mild Hydronephortic changes.** A stone measuring 2.9mm is seen in middle part of right kidney.
Left ureter is not dilated. Right ureter is dilated in its upper and lower part. A stone measuring 4.9mm is seen in intramural part of right ureter.
U. BLADDER: Well filled. Walls are normal. No stone or mass is seen.
PROSTATE: Appeared normal in size, shape and echogenicity.
OTHERS: No free fluid is seen in abdomino-pelvic region.
IMPRESSION:
- Right Nephrolithiasis.
- Right ureteric stone.
- Normal appearing U.S.G. Scan of rest of abdomen.
- Bowel pathology cannot be ruled out.
- Kindly co-relate clinically.

This is an opinion not a diagnosis. To be correlated with clinical findings. This opinion is not valid for medico-legal purposes. Discrepancies due to technical or typing errors should be reported for the correction within seven days. No compensation liability stand.

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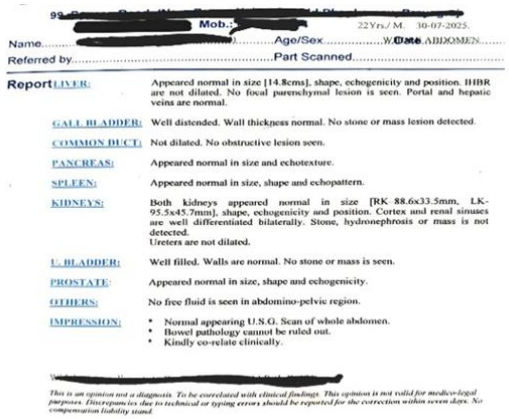

Mob.: [redacted] 22Yrs./ M. 30-07-2025.
Name..... Age/Sex..... Date.....
Referred by..... Part Scanned.....

Report

LIVER: Appeared normal in size [14.8cms], shape, echogenicity and position. IHBR are not dilated. No focal parenchymal lesion is seen. Portal and hepatic veins are normal.

GALL BLADDER: Well distended. Wall thickness normal. No stone or mass lesion detected.

COMMON DUCT: Not dilated. No obstructive lesion seen.

PANCREAS: Appeared normal in size and echotexture.

SPLEEN: Appeared normal in size, shape and echopattern.

KIDNEYS: Both kidneys appeared normal in size [RK 88.6x33.5mm, LK-95.5x45.7mm], shape, echogenicity and position. Cortex and renal sinuses are well differentiated bilaterally. Stone, hydronephrosis or mass is not detected.
Ureters are not dilated.

U. BLADDER: Well filled. Walls are normal. No stone or mass is seen.

PROSTATE: Appeared normal in size, shape and echogenicity.

OTHERS: No free fluid is seen in abdomino-pelvic region.

IMPRESSION:
- Normal appearing U.S.G. Scan of whole abdomen.
- Bowel pathology cannot be ruled out.
- Kindly co-relate clinically.

[redacted]

This is an opinion not a diagnosis. To be correlated with clinical findings. This opinion is not valid for medico-legal purposes. Discrepancies due to technical or typing errors should be reported for the correction within seven days. No compensation liability stand.

Within 15 days of initiating *Pareira brava* 3CH, the patient reported significant relief in pain and urinary difficulty. After approximately two months of continued management, **follow-up ultrasonography revealed no evidence of calculi in either kidney**, confirming complete recovery.

The patient remained asymptomatic during subsequent visits, with no recurrence of pain or urinary discomfort.

Discussion

Pareira brava has a long-standing reputation in homeopathy for treating disorders of the urinary tract, particularly renal and vesical calculi. The remedy's action corresponds closely with symptoms such as painful, difficult urination, distended bladder, and pain radiating down the thighs during efforts to urinate.

In this case, *Pareira brava* 3CH proved effective in relieving acute pain, normalizing urination, and facilitating the clearance of calculi, as evidenced by ultrasonography. The improvement achieved without the need for conventional analgesics or surgical intervention indicates its potential therapeutic value.

When considering these results, on Pareira brava highlights several important limitations and research gaps. Existing evidence shows inconsistency, with homeopathic indications based primarily on symptom patterns, while modern reports often compile anecdotal or observational data. Study quality remains limited, as no randomized controlled trials specifically evaluate Pareira brava for renal calculi, especially in lower potencies. Variability in dosage forms—such as tinctures versus 3CH preparations—and non-standardized administration methods further reduce comparability across studies. Additionally, many accounts emphasize subjective symptom relief rather than objective measures like imaging findings or documented stone resolution like X-rays, USGs, CT scans, etc. These limitations point to clear research needs, including well-designed controlled trials comparing Pareira brava with placebo or standard care, comprehensive safety and toxicity assessments across potency ranges, a clearer understanding of potential mechanisms of action, and the development of evidence-based guidelines for its integration with conventional therapeutic approaches.

Although this one case cannot definitively prove efficacy, it does offer clinical evidence in favour of the traditional usage of Pareira brava in the treatment of renal calculi. Further clinical studies and trials are encouraged to explore its effectiveness in larger patient populations and varying potencies.

Conclusion

This review synthesizes historical homeopathic indications and modern observations supporting the potential utility of *Pareira brava* 3CH in low potencies for the management of renal calculi. Homeopathic indications align with striking urinary symptoms—straining, thigh radiation, and mucous-laden urine. There is not enough scientific rigor, although observational reviews show stone passage and symptom relief. It is essential to consider the broader limitations surrounding the evidence on Pareira brava. Homeopathic indications are largely symptom-driven, while modern reports rely heavily on anecdotal or observational data, and the lack of randomized controlled trials—particularly those evaluating lower potencies such as 3CH—limits the strength of current conclusions. Variability in dosage forms, ranging from tinctures to potentized preparations, further hinders standardization, and many available accounts emphasize subjective symptom relief rather than objective measures such as imaging-confirmed stone clearance. Despite these limitations, Boericke's Materia Medica[2] and contemporary observations suggest potential usefulness of Pareira brava from tincture to 3CH in managing renal calculi, observational reports also note stone passage and improvement in discomfort. To enhance scientific credibility and support broader clinical application, future research should prioritize randomized controlled trials evaluating defined potencies, dosage regimens, and patient profiles; incorporate objective outcome measures like imaging-based stone clearance; conduct safety and toxicity assessments, especially for longer-term use; and develop frameworks that integrate homeopathic symptom-based prescribing with contemporary metabolic and urological monitoring. With such rigorous investigation, Pareira brava may ultimately emerge as a valuable, non-invasive adjuvant in the comprehensive management of kidney stones.

Results

Pareira brava is indicated for renal colic, painful urination with straining, and pain radiating to the thighs. Reports suggest effectiveness in symptom relief and stone expulsion, especially in low potencies.

Conclusion

Pareira brava has the potential to be used as a supplemental, low-risk treatment for renal calculi. To confirm its effectiveness, dose, and safety, extensive clinical trials are required.

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