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: Jay Hahnemann Jay Homoeopathy:

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"INDIAN GARDEN MEDICINE" BRYOPHYLLUM PINNATUM

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Introduction:

The word meaning of Bryophyllum the words coming from the Greek language,Bryon / Bryeinmeans sprout &phyllon means leaf.Pinnatum"It licks away the stone "OR Patthar Tod ("It breaks the stone"). The plant is popular in India for its use in folk medicine. There are about 20–30 species in the group from Madagascar, which provide us with 'Air Plants' and 'Mother of Thousands'. They are originally native to South Africa, Madagascar, and Asia, and are found throughout India.

Description:

The plants are growing all types of weather. It is cultivated originally for their attractiveness and interesting reproduction.

(i) It grows to a height of 1-3 feet (0.3-0.9m) having numerous soft stems.

(ii) Leaves: It is Sessile, smooth and somewhat serrate. When pressed between fingers, leaves yield aromatic juice. Young shoots grow from ripe leaves.

Properties:

It is greenish in color. The solution is Aromatic. It is slightly sour and bland tasting.

Species and Varieties:

01. Bryophyllumbeauverdii (Sotre-Sotry)
02. Bryophyllumjueli synonym of (Sotre-Sotry)
03. Bryophyllumscandens synonym of (Sotre-Sotry)
04. Bryophyllumdaigremontianum (Mother of Thousands)
05. Bryophyllumfedtschenkoi (Kalanchoe Stonecrop, Lavender-Scallops)
06. Bryophyllumproliferium (Blooming Boxes)
07. Bryophyllumtubiflorum (Chandelier plant)
08. Bryophyllumuniflorum
09. Bryophyllumcostantinii
10. Bryophyllumdelagoense synonym of (Chandelier plant)
11. Bryophyllumgastonis-bonnieri synonym of Kalanchoe gastonisbonnieri
12. BryophyllumPinnatum synonym of Kalanchoe pinnata (Air Plant)

Image:

Scientific Classification:

a) Kingdom: Plantae b) Division:Magnoliophyta c) Class:Magnoliopsida

d) Order:Saxifragaaales e) Family: Crassulaceae f) Genus: Kalanchoe

Common Names: Different countries.

USA : Mother of Thousands, Air Plant,

Dominica : Herbe Mal Tete,

Trinidad : Never Dead, Parvu, Wonder-Of-The-World,

Bolivia : Hoja Del Aire, German: Brutblatt,

Hindi : Pathar Chat.

Medical Uses:

Some species are toxic. They contain plant acids, alkaloids, calcium oxalate, etc. Bufadienolides, which are cardiac glycosides, can cause dyspepsia, diarrhea, and cardiomyopathy. It is useful in Traumatic injury – fractures, Strains, sprains, bruises, swellings, Mash leaves and apply externally to lesion, Urinary: Leaves decocted to clean the bladder. Anti-inflammatory, haemostatic; reduces swelling, promotes healing

Toxic Effect: Veterinary: Toxic to cattle

Two adult cattle died within 48 h of being fed a large amount of Bryophyllum pinnatum plants collected from a house garden. Clinical signs became apparent the day after feeding and increased salivation, ataxia, severe cardiac arrhythmia and labored respiration. The main necropsy findings were acute ruminates, reduction of bronchiolar lumens and emphysema.

Part Used: leaves or whole plant

Pharmacutical Name:

Western Functions: Anti-inflammatory, hemostatic; reduces swelling, promotes healing

Energetic Functions: Clears heat and toxin, clears heat and cools the blood, invigorates blood Caution:

* Contraindicated in cases of impaired digestive function.

* Topical treatment may produce severe skin blisters

Preparation: Collect all year round. Use fresh and squeeze the juice, or prepare as decoction

Dosage: 5-10drops of mother tincture

Notes:

* Anti-ulcer

* Anti-bacterial.

Matrial & method: Preparation: Collect fresh and squeeze the juice, and prepare mother tincture by Hahnemannian old method. Procedure was the same as for alcohol soluble extractive using water instead of ethanol.

Solvent: Evaporation by Magnetic dryer.

Potentisation: By Succussion method.

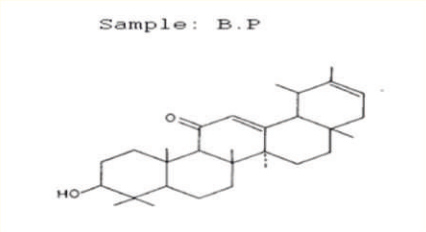
Determination of water soluble extractive

Procedure was the same as for alcohol soluble extractive using water instead of ethanol.

Determination of sodium, potassium and calcium

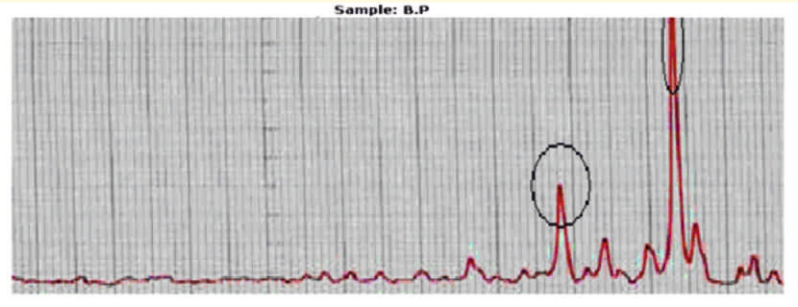
An accurately weighed amount of the ash of the plant was digested with 5 mL of 10% HCl and filtered through Whatmann No. 41 filter paper. The residue was washed with hot water, cooled and made to volume

STRUCTURE ACTIVITY AND RELATIONSHIP



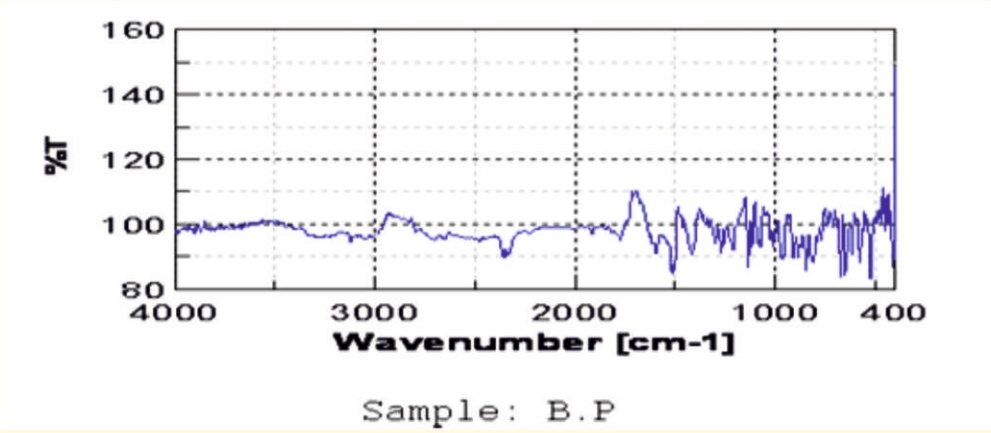
Groups present in your compound were shown in IR spectrum.

XRPD (X-RAY POWDER DIFFRACTION STUDY)



Intense sharp peak indicating that powder drug is crystalline in nature.

IR SPECTRUM



3450 (OH- group: carboxylic group)

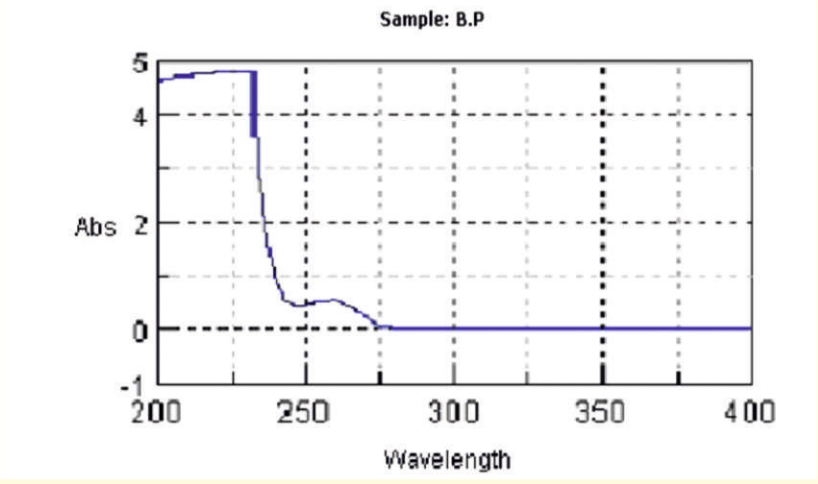
Carbonyl function group

2860 (CH Starching)

1720 (C=O Group)

3030-4000 (Aromatic ring)

UV- VIS SPECTROSCOPY

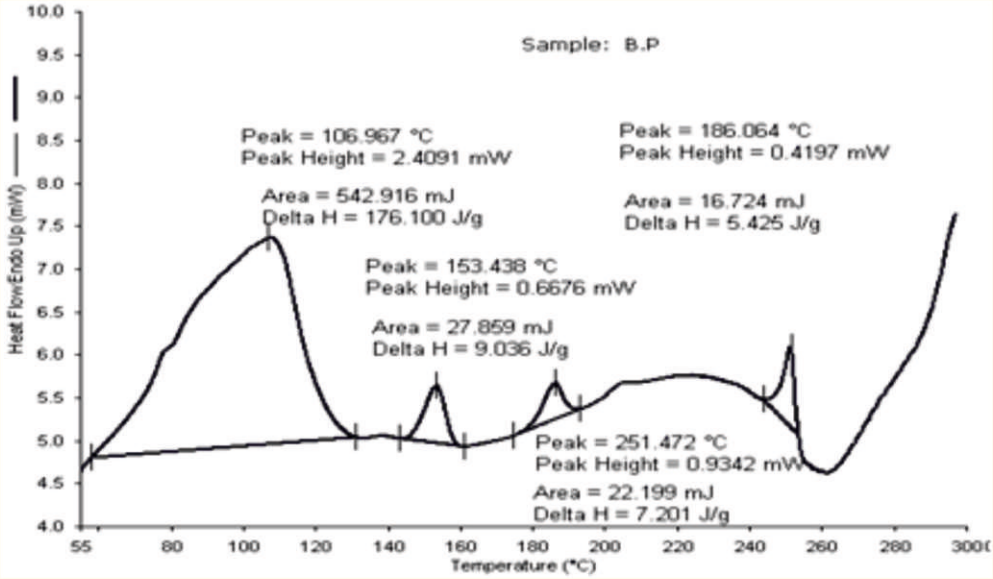


γ max = B.P Is 230 nm

DSC

Various indications of peaks are following depending up on the nature of drug.

Groups present in your compound were shown in IR spectrum. (DSC are done by analytical lab "SAYAN")



Determination of sodium, potassium and calcium

An accurately weighed amount of the ash of the plant was digested with 5 ml of 10% HCl and filteredthrough Whatmann No. 41 filter paper. The residue was washed with hot water, cooled.

Result & discussion

Bryophyllumpinnatum showed promising therapeutic properties confirmed through analyticalstudies. IR spectroscopy revealed functional groups like OH and C=O, indicating the presence of flavonoids and acids. UV-VIS analysis showed λ max at 230 nm, supporting its antioxidant nature. XRPD confirmed a crystalline structure, and DSC revealed multiple thermal peaks, indicating diverse active constituents.

This integrative evaluationblending traditional knowledge with modern analytical validationdemonstrates that Bryophyllumpinnatum holds substantial therapeutic value, especially in homeopathic. The data strongly support its anti-ulcer, anti-inflammatory, hemostatic, and wound-healing effects.

WHAT IS RCT? AN OVERVIEW ON RCT.

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Abstract
Now a days all things need a scientific proof. This is only possible by record data and experiment records. So, we can record data and experiment on different subject by RCT. RCT is a type of scientific (often medical) experiment that aims to reduce certain sources of bias when testing the effectiveness of new treatments; this is accomplished by randomly allocating subjects to two or more groups, treating them differently, and then comparing them with respect to a measured response. One group—the experimental group—has the intervention being assessed, while the other—usually called the control group—has an alternative condition, such as a placebo or no intervention. The groups are followed under conditions of the trial design to see how effective the experimental intervention. Treatment efficacy is assessed in comparison to the control. There may be more than one treatment group or more than one control group.

Keywords
Randomised control trial, Randomization,Intervention

Introduction

History of RCT

The first reported clinical trial was conducted by James Lind in 1747 to identify treatment for scurvy. Randomized experiments appeared in psychology, where they were introduced by Charles Sanders Peirce, and in education. Later, randomized experiments appeared inagriculture, due to Jerzy Neyman and Ronald A. Fisher. Fisher's experimental research and his writings popularized randomized experiments.The first published RCT in medicine appeared in the 1948 paper entitled "Streptomycin treatment of pulmonary tuberculosis", which described a Medical Research Council investigation. One of the authors of that paper was Austin Bradford Hill, who is credited as having conceived the modern RCT. By the late 20th century, RCTs were recognized as the standard method for "rational therapeutics" in medicine. Randomization is the process of assigning trial subjects to treatment or control groups using an element of chance to determine the assignments in order to reduce the bias.

What is RCT?

Randomized controlled trials (RCT) are prospective studies that measure the effectiveness of a new intervention or treatment. Although no study is likely on its own to prove causality, randomization reduces bias and provides a rigorous tool to examine cause-effect relationships between an intervention and outcome. This is because the act of randomization balances participant characteristics (both observed and unobserved) between the groups allowing attribution of any differences in outcome to the study intervention. This is not possible with any other study design.

In designing an RCT, researchers must carefully select the population, the interventions to be compared and the outcomes of interest. Once these are defined, the number of participants needed to reliably determine if such a relationship exists is calculated (power calculation). Participants are then recruited and randomly assigned to either the intervention or the comparator group. It is important to ensure that at the time of recruitment there is no knowledge of which group the participant will be allocated to; this is known as concealment. This is often ensured by using automated randomization systems (e.g. computer generated). RCTs are often blinded so that participants and doctors, nurses or researchers do not know what treatment each participant is receiving, further minimizing bias.

RCTs can be analyzed by intention to-treat analysis (ITT; subjects analyzed in the groups to which they were randomized), per protocol (only participants who completed the treatment originally allocated are analyzed), or other variations, with ITT often regarded least biased. All RCTs should have pre-specified primary outcomes, should be registered with a clinical trials database and should have appropriate ethical approvals.RCTs can have their

drawbacks, including their high cost in terms of time and money, problems with generalisabilty (participants that volunteer to participate might not be representative of the population being studied) and loss to follow up.

Types of RCT

Over the years, multiple classifications or terminologies are used for describing RTCs. Commonly encountered terminology and classifications are **Based on participants exposure and response to the intervention (The treatment or agent)**

1. **Parrallel design**-participants are randomly assigned to groups and receive the same treatment throughout the trial
2. **Crossover design**-giving multiple treatments to participants at different times, and then comparing the results to determine if there was a change in the outcome.
3. **Factorial design**- allows for the evaluation of more than one intervention at the same time.

Classified according to the level of blinding.

1. **Single blinded**-only one party is unaware of which treatment or placebo is given to a participant.
2. **Double blinded**-In a single-blind study, either the participant or the investigator is unaware of the treatment or placebo.
3. **Triple blinded**-participants, treatment administrators, and data analysts unaware of treatment assignments.
4. **Quadruple blinded**-(participants, care providers, investigators and outcomes assessors) blinded study where only the study's Primary Investigator will have information about the arms andtheir interventions.

Basic steps conducting in RCT

1. **Drawing up a protocol**- A strict set of guidelines that outlines the study's objectives,methods,and procedures.
2. **Selecting reference and experimental population**- It is the population to which the findings of the trial, if found successful, are expected to be applicable (e.g., a drug, vaccine or other procedure).
3 **Randomization**- the process of assigning participants to treatment and control groups using a random process.
4. **Manipulation or intervention**- Preventative or therapeutic measure that is allocated to a group of study subjects
5. **Follow up**-The monitoring of participants over time, both during and after the trial
6. **Assessment of outcome**-Process of measuring the effect of an intervention on a participant's health or function. The outcome is also called the endpoint

Advantages of RCTs

One of the main advantages of RCTs is that they can provide unbiased and consistent estimates of causal effects, under certain assumptions. By randomizing the assignment, RCTs can eliminate or reduce the selection bias and confounding that may plague other observational or quasi-experimental methods. RCTs can also test the internal validity of causal hypotheses, by comparing the observed outcomes with the expected outcomes under different theories or mechanisms. Moreover, RCTs can allow for the estimation of heterogeneous effects, by analyzing how the intervention affects different subgroups or dimensions of the outcome.

Disadvantages of RCTs

However, RCTs also have some limitations and challenges that need to be considered. One of the main disadvantages of RCTs is that they can be costly, time-consuming, and complex to design, implement, and monitor. RCTs may require large sample sizes, ethical approvals, logistical support, and quality control to ensure the integrity and fidelity of the randomization and the intervention. RCTs may also face practical or ethical constraints that limit their feasibility or applicability in some contexts or domains. For example, some interventions may be too invasive, risky, or controversial to be randomly assigned, or some populations may be hard to reach, recruit, or retain.

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FROM TRAUMA TO HEALING: HOMEOPATHIC RECOVERY OF MUCOCELE

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Abstract:

A mucocele is a benign, mucus-filled cyst that commonly occurs on the lower lip due to trauma or obstruction of minor salivary gland ducts. It is generally asymptomatic, mucocele can cause discomfort and may interfere with speech or mastication. Diagnosis is primarily clinical, based on characteristic appearance and patient history. Treatment options include surgical excision, laser therapy, and cryotherapy, with complete removal of the lesion and associated gland. This article provides an overview of the etiology, clinical features, diagnostic approach, and Homoeopathic management for mucocele of the lower lip with case report.

KEYWORD

Mucocele; salivary glands; Retention cyst; Extravasation; Oral lesion; Lip swelling; Trauma-induced cyst; Surgical excision; Bluish swelling

INTRODUCTION

A mucocele, also known as an oral mucous cyst, is a common benign lesion that appears on the inner surface of the lips, most frequently on the lowerlip. It presents as a soft, fluctuant, and often bluish swelling that may fluctuate in size. Mucocele typically arise near or at an opening of a salivary gland. It occurs due to mucous accumulation resulting from trauma or blockage of minor salivary glands. Mucocele involves mucin accumulation causing limited swelling. While mucoceles are harmless, they can be bothersome and may interfere with speaking or eating.

MUCOCELE

The word mucocele comes from the Latin word's mucus and coele, which mean "mucus" and "cavity" respectively. Mucocele is defined as a mucus-filled cyst that may appear in the oral cavity, paranasal sinuses, appendix, gall bladder, lacrimal sac. It is commonly seen in young males. The lower lip is the most frequent site for a mucocele as it is the most probable place for a trauma, especially at premolar level.

Aetiology

The two crucial etiological factors in mucoceles is trauma and obstruction of salivary gland ducts. Mucus is produced exclusively by the minor salivary glands and is also the most important substance secreted by the major sublingual salivary glands.

Mucoceles can appear by an extravasation or a retention mechanism. Extravasation mucoceles are caused by a leaking of fluid from surrounding tissue ducts or acini. This type of mucocele is commonly found on the minor salivary glands. Physical trauma can cause a leakage of salivary secretion into surrounding submucosal tissue. Common causes of trauma include biting your lip while chewing, lip-biting or lip-sucking habits, chronic inflammation from smoking or using tobacco products, or thickened or damaged salivary ducts. Inflammation becomes obvious due to stagnant mucous resulting from extravasation.

Retention mucoceles are formed by dilation of the duct secondary to its obstruction or caused by a dense mucosa. The majority of retention cysts develop in the ducts of the major salivary glands

Types

Two types of mucocele can appear

1) Extravasation: Extravasation mucocele results from a broken salivary glands duct and the consequent spillage into the soft tissues around this gland. It appears frequently on the lower lip
2) Retention: Retention mucocele appears due to a decrease or absence of glandular secretion produced by blockage of the salivary gland ducts. It can appear at any location of the oral cavity.

Location

- Inner surface of lower lip
- Tongue
- Gums
- Inner cheeks
- Floor of the mouth

Clinical presentation

There is no clinical difference between extravasation and retention mucoceles.

- It presents as a bluish, soft and transparent cystic swelling which frequently resolves spontaneously. The blue colour is caused by vascular congestion and cyanosis of the tissue above and the accumulation of fluid below.
- Mucoceles of the minor salivary glands are rarely larger than 1.5 cm in diameter and are always superficial.
- It found in deeper areas are usually larger.
- It can cause a convex swelling depending on the size and location.
- Mucoceles are usually painless, but large cysts can cause discomfort
- Patient have difficulties in speaking, chewing or swallowing.

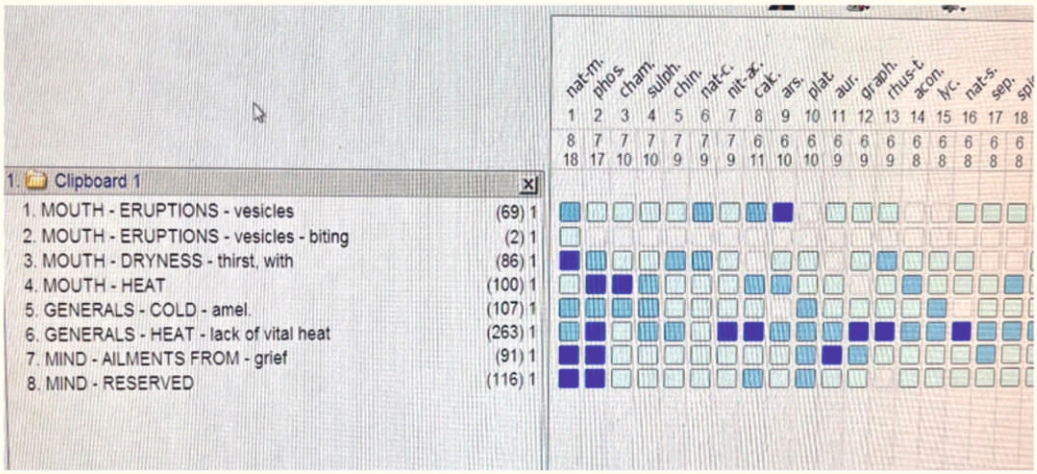
CASE STUDY

Patient presented with a painless, bluish swelling on the inner side of the lower lip for the last 1 weeks. The lesion began as a small, soft vesicle following an accidental bite while eating. It is translucent, non-tender, and causes mild discomfort while chewing. She also complains of dryness of the mouth with increased thirst and a sensation of heat in the oral cavity. Her general condition reveals that she feels better in cold environments and has a marked sensitivity to heat. Her mental picture is marked by emotional restraint and introversion with prolonged emotional suppression and internalized stress.

Totality of symptoms

- Acute mucocele post lip-biting (trauma)
- Clear, watery cyst on lower lip
- Dryness of mouth with increase thirst
- Heat in the oral cavity
- Chilly patient
- Amelioration from cold application
- Reserved
- Suppression of emotion

Reportorial totality



Based on the totality of symptoms and individualization, Natrum Muriaticum 200C was prescribed.Considering the physical characteristics of the mucocele, its acute onset due to mechanical trauma, and the patient's mental and general symptoms. The patient was advised to avoid any local interference with the lesion and to return for follow-up

Follow-Up

On the 5thday of follow-up, the patient reported a noticeable reduction in swelling and felt emotionally calmer. The lesion had completely resolved and the lip tissue appeared normal.

CONCLUSION

Mucocele is a common benign lesion of the minor salivary glands, often resulting from trauma or obstruction of the salivary ducts. Conventional management typically involves surgical interventionhowever, homeopathy offers a gentle, non-invasive alternative or complementary approach. Integrating homeopathic care can provide effective management in early or recurrent cases, minimizing the need for surgical procedures and improving overall patient well-being.

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ROLE OF HOMOEOPATHY IN MANAGEMENT OF RENAL CALCULI

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4thYear BHMS

ABSTRACT

Nephrolithiasis, or renal calculi, is a painful and common urinary disorder affecting millions worldwide. Nephrolithiasis, involves the formation of stones in the urinary tract, including the kidneys, ureters, bladder. Stone form when urinary solutes precipitate and aggregate into crystalline structures. Conventional treatments primarily focus on pain management and calculus removal, but concerns about recurrence have led many patients to seek alternative therapies. Homoeopathy, a holistic medical system, offers an intriguing approach to managing nephrolithiasis. Homoeopathy, which takes a holistic approach to treating the individual as a whole, can play an important role in properly managing renal calculi. According to studies, the disintegration or evacuation of calculi can be positively influenced by homoeopathic treatment. The Central Council for Research in Homoeopathy carried out a prospective, multi-centric observational study to determine the role of homoeopathic therapy in urolithiasis, in which 106 of 220cases reported the expulsion of calculi. The individualised homoeopathic medicines included Lycopodium clavatum , sarsaparilla, Nux vomica, and Cantharis.

KEYWORDS

Renal stone, introduction, causes, pathophysiology, sign & symptoms, homoeopathic medicine, Conclusion

INTRODUCTION

A kidney stone is a hard-solid mass of crystal that forms in the kidney from substances in the urine. Kidney stones or calculi develop as a result of various metabolic disorders which affect the fate of Calcium& other mineral elements in the body. Stones may be formed in the kidney, Urinary bladder, ureter & Urethra. A kidney stone also known as renal calculus or nephrolith, is a solid piece of material which is formed in the kidneys.

Renal stone is a hard-solid mass of crystal that forms in kidney from substances in the urine.80% of stones under 2mm in size.Approximately 2% of the population develops renal calculi at some point in their life, with a male-female ratio of 2:1.The highest occurrence is seen in people in their 20s and 30s. Urolithiasis occurs when urine solutes crystallise to form calculi due to factors such as low urine volume, anatomic features causing urinary stasis, dietary factors, infections, acidosis, medications, or genetic factors such as cystinuria. The main cause is inadequate hydration and low urine volume.Common Factors which causes renal calculi are Genetic predisposition, high oxalate intake, dehydration, vit A deficiency, infection in kidney. Types:- oxalate(75%) , phosphate , uric acid , urate , cysteine , xanthine , indigo , struvite stone.

MAIN PART

Urinary solute supersaturation provides the necessary milieu for stone formation. Supersaturation refers to a state in which solutes in a solution are present at concentrations that exceed their solubility. Supersaturation can be quantified as a ratio of the product of their concentration in the urine to their solubility product.

Supersaturation is modulated by the balance of crystallization inhibitors and promoters, urine volume, and urine pH. Known inhibitors include citrate, pyrophosphate, and magnesium, as well as proteins such as uromodulin,

glycosaminoglycans, osteopontin, and calgranulin. Urinary citrate inhibits the formation of calcium-containing (calcareous) stones by sequestering calcium, thus limiting calcium oxalate or calcium phosphate crystallization. Low urine volume increases the concentration of lithogenic solutes, thus predisposing them to crystallization.

Urine pH modifies the solubility of these solutes. Calcium phosphate and struvite are less soluble at a higher pH; thus, in alkaline urine these components are predisposed to form stones. By contrast, uric acid and cystine are less soluble at a lower pH, making their stones more likely to form in acidic urine.

Although supersaturation is necessary, it is not sufficient for stone disease. Indeed, urine is normally supersaturated with several solutes, but most individuals do not develop nephrolithiasis.Stone formation typically begins with a nucleus that provides a substrate for crystal growth in supersaturated urine. Injured epithelial cells may serve as nuclei. Nucleation can also occur on structures called Randall's plaques, calcium phosphate deposits originating in the basement membrane of the thin limbs of the loop of Henle. These concretions progressively enlarge, eventually rupturing through the uroepithelium over the renal papilla and extending into the calices. Calcium phosphate or calcium oxalate crystals can grow on these nucleating surfaces and aggregate with other crystals before becoming nephroliths.

Pathophysiology:-Slow urine flow,resulting in supersaturation of urine. damage to the lining of urinary tract. Decrease inhibitor substance in the urine and crystalline aggregation.

Types:

There are mainly 5 types:-

1. Calcium oxalate stone (Is the most common 80%)
2. Calcium phosphate stone
3. Struvite stone (Triple stone)
4. Uric acid stone
5. Cystic stone

1. Calcium oxalate stone

- Is the most common 80%.
  Caused by super –saturation of urine with calcium & oxalate.
  Calcium oxalate stone tend to form in alkaline chemistry.
  (Avoid food high in oxalate (beer, wheat germ, spinach).

2. Calcium phosphate stone

- (5-10%)

Caused by super –saturation of urine with calcium phosphate.

Calcium phosphate stone tend to form in alkaline chemistry.

(Avoid food high in calcium (Milk & dairy product).

3. Struvite stone

- (Triple phosphate stone) :-
- Caused by urea splitting bacteria (Proteus, Pseudomonas, Klebsiella, Staphylococcus) More common in women then the man because of UTI.

Struvite stone tend to form in alkaline chemistry.

4. Cystic stone

- Cystic stone (10-15%), Caused by cystine crystal formation.

Cysticstone tend toform in Acidic urine (cystine sourceAvoid meat milk, cheese, Egg)

5. Uric acid stone

- Uric acid stone (5-10%):-
- Caused by excessive dietary purine or gout.
- Uric acid stone tend to form in Acidic urine.
- (Avoid purine sources eg. Meats, gravies, red wine).

CLINICAL MANIFESTATION

- Severe pain in the side and back, below the ribs.
- Pain that spreads to the lower abdomen and groin.
- Pain that comes in waves and fluctuates in intensity.
- Pain on urination.
- Cloudy or foul-smelling urine.
- Nausea and vomiting.
- Fever and chills if an infection is present.
- Urinating small amounts of urine.

HOMOEOPATHIC MANAGEMENT

According to concise repertory of homoeopathic medicines by DR.S.R. PHATAK and SYNTHESIS REPERTORY under the rubric urinary system. Many medicines can be given for renal calculi among which top medicines are lycopodium clavatum, sarsaparilla, benzoic acid, hydrangea arborescens, cantharis, berberis vulgaris, ocimumcanum, Lachesis, colocynthis, pareirabrava, belladonna, bryonia alba, calcarea carb, nux vomica, dioscoreavillosa, Dulcamara, Sepia, lithium carbonicum, silicea, zincummetallicum, phosphorus, cimicifuga, petroleum, nitric acid, mercuriussolubilis, argentum nitricum.

Few of these medicines which are commonly used clinically are describe below :

1. Lycopodium clavatum – right sided, red sand in urine, worse 4 to 8 pm , child cries before urinating , severe pain in back before urinating.
2. Sarsaparilla- renal colic , white sand in urine , severe unbearable pain at conclusion of urine , urine passes thin feable stream

3. **Berberis vulgaris** – left sided , stitching & cutting pain , constant urging to urinate , <motion , burning and soreness.
4. **Cantharis** – renal stone associated with inflammation ; urethritis , cystitis , nephritis , cutting , lancinating & stabbing pain , constant and intolerable urging to urinate , before ,during and after pain .
5. **Ocimumcanum** – right sided with vomiting , pyelonephritis , brick dust , tenesmus of bladder , turbid , thick purulent urine.
6. **Hydrangea arborescens** – urine hard to start , heavy deposite of white amorphous salts in the urine , sharp pain in loins , spasmodic stricture.
7. **Benzoicumacidum** – urine highly coloured ,urinous odour exceedingly strong ; horse`s urine ; offensive , pungent smell , urine dark reddish brown , fleeting pain in bladder.
8. **Nux vomica** – spasmodic contraction of urethra , brick dust turbid urine , pressure to urinate at night , haematuria.
9. **Diascorea** -Colic pains bending forward & while lying.Violent twisting colic, occurring in regular paroxysms as if abdomen were grasped & twisted by a powerful hand. Pain suddenly shift to different parts, appear in remote localities as fingers & toes.
10. **Pareirabrava**-Can pass urine only when he goes on his knees, pressing head firmly against floor. Black, bloody, thick mucus urine. Dribbling after micturition. Urethritis, prostatitis.<From 3 to 6 a.m. &>through the day.
11. **Benzoic Acid**-Excess of uric acid in urine.Urine high coloured, urinous odour highly intensified.Dark brown, highly offensive.Gonorrheal& syphilitic patients. Pain suddenly change their locality. Rheumatism & gout. <Motion, open air, uncovering at night, lying on right side. >by heat.

CONCLUSION

The article may emphasize the importance of identifying and addressing individual risk factors, such dietary habits, underlying medical conditions to help prevent stone formation. Homoeopathic treatment can remove renal stones without surgery and can provide an alternative option for non-invasive treatment and economical way. Above describe homoeopathic remedies according to stone position and symptoms we can easily find out similimum.

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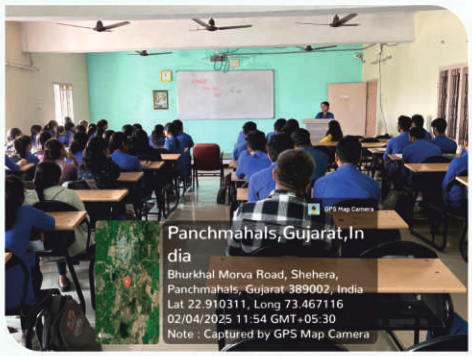
6) A multicentre observational study to ascertain the role of homoeopathic therapy in Urolithiasis. https://www.ijrh.org/journal/vol5/iss2/6/

Gujarat Sthapna divash- girls cricket tournament

International Women's Day

Sexual & Reproductive Health Awareness Day

World Cancer Day

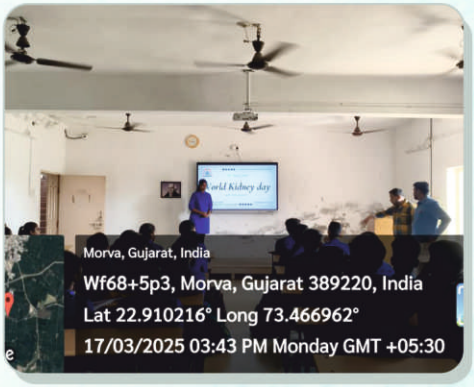


World Health Day

World Hemophilia Day

World Homoeopathy Day

World Kidney Day

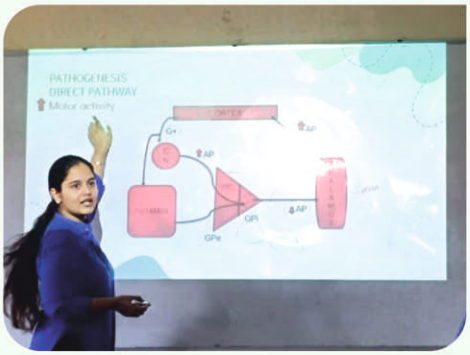


World Liver Day

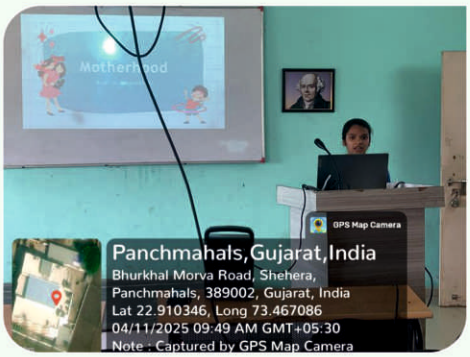
World Malaria Day

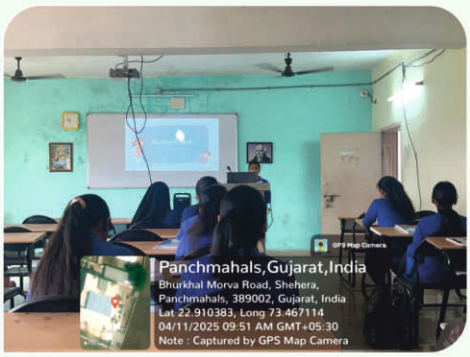
World Obesity Day

World Parkinson Day



World Safe Motherhood Day





World Tuberculosis Day

World Water Day

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