Clinical Outcomes of Repertory-Guided Homoeopathic Management of Urolithiasis Using Robin Murphy's Repertory (3rd Edition): A Prospective Interventional Study

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***Abstract*—Background: Urolithiasis is a common urinary tract disorder, and its management depends on stone characteristics and clinical risk. Robin Murphy's Homoeopathic Medical Repertory is used in individualized remedy selection, but clinical outcomes require careful evaluation.**

Objective: To document clinical and radiological outcomes in selected patients with urolithiasis receiving repertory-guided individualized homoeopathic management.

Materials and Methods: A prospective, single-centre interventional study included 30 patients aged 20–50 years with uncomplicated urolithiasis. Following individualized case-taking and repertorization using Murphy's repertory (3rd edition), outcomes were assessed by pain Visual Analog Scale (VAS) scores, available follow-up imaging, and predefined clinical categories.

Results: Final assessment was available for 29 patients. Of 30 enrollees, 15 (50.0%) were classified as improved, 12 (40.0%) as partially improved, 2 (6.7%) as not improved, and 1 (3.3%) left treatment. Mean VAS decreased from 5.24 ± 0.99 to 0.59 ± 1.32 (n = 29; Wilcoxon signed-rank $p < 0.001$). No surgery was documented during follow-up.

Conclusion: The study describes symptom improvement and changes in imaging findings after repertory-guided care in a selected cohort. With no comparator group and the possibility of spontaneous stone passage, these observations do not establish treatment efficacy, surgery prevention, or the independent benefit of Murphy's repertory.

***Index Terms*—Urolithiasis, Robin Murphy, Homoeopathic Medical Repertory, repertorization, Visual Analog Scale, urinary calculi, prospective study.**

I. INTRODUCTION

Urolithiasis involves calculus formation in the kidney or elsewhere in the urinary tract and may present with renal colic, urinary symptoms, haematuria or obstruction. Stone risk reflects interactions among urine composition, metabolic abnormalities, hydration, diet and environmental conditions [1, 2]. Urolithiasis is an important clinical problem in India, including regions in the northwestern "stone belt" [3]. Established management is determined by the size and location of calculi, symptoms, obstruction, infection and renal function. Analgesia, observation, prevention strategies and urological procedures have established roles; urgent assessment is needed when infection or obstruction complicates stone disease [4]. Clinical improvement and stone passage may also occur during observation, particularly with smaller calculi.

In homoeopathic practice, repertorization organizes a patient's characteristic symptoms into rubrics to assist remedy selection. Robin Murphy's Homoeopathic Medical Repertory (3rd edition) combines clinical chapters on kidneys, bladder and urine with general, mental and modality-based symptoms [5, 6]. The present study examined the use of that repertory in selected patients with urolithiasis and documented pain, imaging and overall clinical outcomes following

individualized prescriptions. The secondary objective was to record any surgical intervention during observation.

II. MATERIALS AND METHODS

A. Study Design and Setting

A prospective interventional, single-arm study was conducted at Shree Swaminarayan Homoeopathy College and Premswarup Swami Homoeopathy Hospital, Kalol, Gujarat, India. Thirty patients of either sex aged 20–50 years were included. The study describes case recording and follow-up using institutional proformas, repertorial records and relevant investigations.

B. Eligibility and Clinical Assessment

Eligible participants had functional changes or reversible pathology and were willing to attend follow-up. Patients with staghorn calculi, stones >10 mm, hydronephrosis, acute emergencies, congenital abnormalities, severe systemic illness, irreversible pathological changes or irregular follow-up were excluded. Detailed case-taking recorded presenting complaints, modalities, physical generals, mental symptoms, past and family history, examination findings and urinary stone characteristics.

C. Repertorization and Follow-up

Rubrics were selected from Robin Murphy's Homoeopathic Medical Repertory (3rd edition), with HOMPATH ZOMEO software and Materia Medica used to support remedy differentiation. Individualized medicines and potencies were selected according to the documented symptom totality and prescriber assessment; changes could be made during follow-up. Dietary advice was provided. Ultrasonography, X-ray KUB or CT KUB, when available, contributed to assessment of calculus location, size and number; repeat imaging was planned at approximately three-month intervals or when clinically indicated.

D. Outcome Definitions

Pain was measured using the Visual Analog Scale (VAS) at baseline and follow-up. The study predefined four outcome categories: "Improved" (complete stone expulsion or disappearance and/or full symptomatic resolution); "Partially Improved" (reduced stone burden and/or symptom intensity, with improvement in well-being); "Not Improved" (no meaningful reduction in stone findings or symptoms); and "Left Treatment" (discontinuation, loss to follow-up or surgery during the study). Imaging results were considered alongside symptoms in final classification.

E. Statistical Analysis

Frequencies and percentages summarized categorical variables. Paired VAS scores were available for 29 patients. The study reported a non-normal distribution of paired differences (Shapiro–Wilk $p \approx 0.002$); therefore, the Wilcoxon signed-rank test was the primary within-person analysis, with the paired t-test as a supporting analysis. These tests compare before-and-after scores and cannot establish causation without a control group.

III. RESULTS

A. Patient Characteristics

A total of 30 participants were enrolled; mean age was 36.03 ± 7.18 years (range 22–50 years). Twenty-one participants (70.0%) were male. Renal involvement, alone or with ureteric/vesical calculi, was recorded in 28 cases (93.3%); 23 (76.7%) had renal-only calculi. The mean largest documented baseline calculus was 6.32 ± 1.84 mm (Table I).

Table I. Selected baseline characteristics (n = 30)

Characteristic	Cases (n)	Percent
Age: 20–30 years	7	23.3
Age: 31–40 years	16	53.3
Age: 41–50 years	7	23.3
Male	21	70.0
Female	9	30.0
Largest stone ≤5 mm	13	43.3
Largest stone >5–10 mm	17	56.7

B. Repertorial Findings and Prescriptions

The most frequent exact master-chart rubric was "Kidneys – stones" (7 cases; 23.3%). "Kidneys – pain – motion, agg", "Generals – standing – agg", "Kidneys – aching, pain" and "Bladder – urination, frequent" occurred in 6 cases each (20.0%). Rubrics describing relief from rest or pressure, scanty urine and pain in relation to urination were also recorded. Multiple rubrics could occur in one participant.

Nux vomica was the most common principal prescription, followed by Lycopodium clavatum and Berberis vulgaris (Table II). Potency 30C was

recorded in 20 cases (66.7%), 200C in 9 (30.0%) and 1M in 1 (3.3%).

Table II. Distribution of principal prescriptions (n = 30)

Medicine	Cases (n)	Percent
Nux vomica	7	23.3
Lycopodium clavatum	6	20.0
Berberis vulgaris	6	20.0
Calcarea carbonica	3	10.0
Phosphorus	2	6.7
Other medicines*	6	20.0
Total	30	100.0

*One case each: Pareira brava, Cantharis, Arsenicum album, Sarsaparilla, Thuja occidentalis and Belladonna.

C. Overall Clinical and Radiological Outcome

Of the 30 enrollees, 29 (96.7%) had final assessments. Fifteen (50.0%) were categorized as Improved, with complete clinical relief and radiological clearance reported in the study. Twelve (40.0%) were Partially Improved, with symptomatic improvement and residual non-obstructing calculi; two (6.7%) were Not Improved; and one (3.3%) left treatment (Table III). The combined Improved or Partially Improved proportion was 27/29 (93.1%) among patients with completed follow-up; this was a descriptive proportion, not a controlled treatment-effect estimate.

Table III. Final outcome categories (n = 30)

Clinical outcome	Cases (n)	Percent
Improved	15	50.0
Partially Improved	12	40.0
Not Improved	2	6.7
Left Treatment	1	3.3
Total	30	100.0

D. Change in Pain Scores

Paired VAS observations were available for 29 patients. The mean baseline VAS was 5.24 ± 0.99 compared with 0.59 ± 1.32 after treatment; the mean within-person reduction was 4.66 ± 1.37 points (Table IV). The Wilcoxon signed-rank statistic was 0 ($p < 0.001$). The supporting paired t-test was also significant ($t = 18.30$, $df = 28$, $p < 0.001$). At final assessment, 21/29 (72.4%) had VAS = 0 and 26/29 (89.7%) had VAS ≤1.

Table IV. Visual analog scale scores (Paired N = 29)

Assessment	Mean ± SD	Median
Before treatment	5.24 ± 0.99	5
After treatment	0.59 ± 1.32	0
Reduction	4.66 ± 1.37	5

E. Surgical Intervention

No surgical procedure was documented during the observed treatment period. This finding cannot demonstrate surgery prevention: emergency or complicated stones were excluded, no comparator was included, and one patient discontinued follow-up.

IV. DISCUSSION

This prospective series documents how Robin Murphy's repertory was used to translate heterogeneous urinary and individualized symptoms into a repertorial totality. The predominance of renal calculi, male participants and adults aged 31–40 years reflects the selected study population rather than the wider prevalence of urolithiasis. The distribution of prescriptions further illustrates individualized remedy selection rather than uniform disease-based prescribing.

Among 29 patients with paired assessments, VAS scores were substantially lower at follow-up and many patients were categorized as improved or partially improved on combined clinical and radiological criteria. However, the observed change cannot be attributed specifically to homoeopathic medicine or to the repertory. The natural history of small stones, spontaneous passage, fluid intake, dietary advice, other care and measurement variability could all influence pain and imaging findings. Conventional evaluation and treatment remain important for obstructing stones, infection or other high-risk presentations [4, 7–9].

The primary question concerned the clinical use of the repertory, not simply whether pain scores changed. Every patient was assessed using the same specified repertory, providing documentation of feasibility in the practice setting. Yet the absence of another repertory, usual-care or untreated comparator prevents separation of the repertory's contribution from the overall clinical process and does not establish comparative effectiveness.

V. LIMITATIONS OF THE STUDY

The study involved 30 participants at one centre without randomization, blinding or a control group. Restriction to uncomplicated stones ≤10 mm limits generalizability. VAS is self-reported, and the follow-up imaging modalities and timing were not identical for every participant. One patient lacked a final assessment; long-term stone recurrence was not measured. No direct comparison with alternative repertories was performed, and the study did not quantify adherence, use of concomitant conventional care or the rate of spontaneous passage. Adverse-event reporting was not systematically described in the study. These limitations prevent causal conclusions concerning homoeopathic efficacy or prevention of surgery.

VI. CONCLUSION

In 30 selected patients with urolithiasis, systematic repertorization using Robin Murphy's Homoeopathic Medical Repertory (3rd edition) was documented alongside individualized prescriptions. Twenty-nine completed final assessment; follow-up records described lower VAS pain scores and a mixture of complete, partial and absent clinical/radiological improvement. Findings support describing the repertory's practical application in this cohort, but not its independent therapeutic effect or superiority. Controlled, adequately powered studies with standardized imaging, adverse-event monitoring, registered protocols and long-term follow-up are required.

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ETHICS, CONSENT AND DECLARATIONS

- Ethical Approval: The study was approved by the Institutional Ethics Committee of Shree Swaminarayan Homoeopathy College, Kalol (Approval letter dated 10 February 2025).
- Informed Consent: A written informed consent was obtained from all participants prior to inclusion in the study.
- Conflict of Interest: the authors declare no conflict of interest.
- Funding: No external funding was received for this study.

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