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A Case Report of Simple Renal Cyst Treated with Individualized Homoeopathic Treatment

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ABSTRACT:

Renal cysts are mostly asymptomatic and found incidentally on ultrasonography. However, they can cause complications like infection and enlargement which need surgical interventions. Spontaneous resolutions are rare. This case report shows complete resolution of left sided simple renal cyst measuring 2.27 cm x 2.00 cm in a 35 year old patient over a period of 7 months. Patient presented with complaints of pain in lumbar region, sour eructations, constipation and disturbed sleep since few weeks. Based on comprehensive assessment of the patient's symptoms treatment was initiated with *Nux Vomica 200* followed by *Sepia 30* and *Sepia 200* in accordance with symptomatic evolution. This case report shows the effectiveness of homoeopathic intervention in renal cyst when selection of remedy is based on the totality of symptoms. This case report can contribute to growing evidence supporting homoeopathy's role in treating such cases and advocating further research to enhance it's understanding and application in clinical practice.

KEYWORDS: Homoeopathy, Individualized Treatment, Nux Vomica, Sepia, Simple Renal Cyst.

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INTRODUCTION:

Simple renal cysts are common non-cancerous fluid-filled sac that develops due to age related changes. Simple renal cysts are present in around 5% of the general population across all age groups who undergo abdominal ultrasound for reasons unrelated to kidney health. However, this incidence rises to approximately 20% in individuals aged

40 and increases further to about 33% in those over the age of 60.[1]

In Urology, asymptomatic lesions are managed conservatively via periodic surveillance. However, if a symptomatic or expanding cyst remains untreated, it may precipitate complications such as secondary infection, intracystic haemorrhage, cyst rupture or urinary tract obstruction leading to hydronephrosis, secondary hypertension and chronic flank pain. For symptomatic cases, conventional urological intervention primarily relies on percutaneous needle aspiration (with or without sclerotherapy) or open cyst decortication. Although effective these invasive procedures carry risks of recurrence, infection, retroperitoneal bleeding and post-procedural morbidity.

In this context, homoeopathy offers a holistic, non-invasive therapeutic approach by targeting the patient's individualized totality rather than merely excising the morphological end-product. Through constitutional remedies, homoeopathic medicine aims to alleviate systemic and local symptomatology, mitigate progressive cystic growth and facilitate fluid regression without invasive surgical interventions.

This case report details the complete ultrasonographic resolution of a 2.27 cm X 2.00 cm simple renal cyst using individualized homoeopathic treatment in a 35year old male patient over a period of 7 months. The modified Naranjo Criteria for Homoeopathy casual distribution Inventory (MONARCH) is a valid tool for assessing causal relationship between Homoeopathic intervention and clinical outcome. MONARCH criteria also used here to evaluate results.[2]

This case report could contribute to the scientific literature for conducting further study upon this topic and bring up more evidence based studies.

CASE REPORT:

A 35 year old man Mr. K approached OPD of Nehru Homoeopathic Medical College and Hospital, New Delhi on 13th December 2025 with complaints of pain in bilateral lumbar region which got aggravated at night and early morning. He also presented with complaints of fullness of abdomen accompanied by sour eructations, constipation and disturbed sleep since few weeks. Past History and Family History revealed no significant findings.

On clinical evaluation, the general physical examination was within normal limits. Abdominal examination revealed no discoloration, visible swelling or localized mass, however, slight tenderness was present on palpation in both lumbar regions. Other systemic examinations were unremarkable. USG Whole Abdomen done on 27th Nov 2025 revealed simple renal cyst measuring 2.27cm X 2.0 cm in Left Kidney. The primary significant symptoms and complaints were analyzed using *Repertorisation software RadarOpus 4.1.10*. Upon repertorisation of the patient's symptomatic totality using standard repertory rubrics the top five remedies that emerged were *Nux vomica, Sulphur*, *Magnesium Muriaticum, Phosphorus and Lycopodium*. (Figure-1).shows the rubrics along with *repertorisation* result.

After referring to source books including *Boericke's Materia Medica, Boger's Synoptic Key, Allen's Keynotes* and carefully considering the patient's overall physical constitution and personality profile *Nux Vomica 200* was prescribed to be taken twice for 3 days followed by Placebo for 1 month. Patient reported after 1 month with slight improvement in bowel movement and acidity. Pain in lumbar region persisted with disturbed sleep. Patient was prescribed *Nux Vomica 200* to be taken twice for 5 days followed by placebo for 1 month.

Patient again reported after one month with marked improvement in bilateral lumbar region pain with improved sleep. Patient was prescribed *Saccharum Lactis 30* since he was improving. Patient again reported on 10th April after 2 months with complaints of flatulence and intolerance to meat. Based on totality and referring to relationship section of *Boericke's Materia Medica Nux Vomica's chronic complementary Sepia* was prescribed in *30C potency. Sepia 200* was prescribed after one month and patient was advised to undergo repeat USG. USG Whole Abdomen done on 9th June revealed complete resolution of renal cyst with no other structural abnormality.

(Figure-2) and (Figure- 3) shows USG Report before and after the treatment

(Table 1) shows Follow up and Outcome and in Table 2 the MONARCH Criteria is mentioned.

Table-1: Follow up and Outcome

Date	Symptoms	Prescription
13/12/2025	Pain in B/L lumbar region < night and early morning Fullness of Abdomen, sour waterbrash, Constipation and Disturbed sleep	Nux Vomica 200/BD/3 Days Saccharum Lactis 30 /BD/ 1 Month
15/1/2026	Slight Improvement Bowel movement improved Pain in lumbar region occasionally with disturbed sleep	Nux Vomica 200/BD/5 Days Saccharum Lactis 30/BD/ 1 Month
20/2/2026	Improvement in all complaints No New Complaint	Saccharum Lactis 30/BD/ 1 Month
10/4/2026	Flatulence and Acidity Complaints aggravated on eating meat	Sepia 30/OD/ 2 DAYS Saccharum Lactis 30/BD/ 1 Month
19/5/2026	Improvement seen Occasional weakness	Sepia 200/ OD/2 Days Saccharum Lactis 30/BD/ 1 Month

Table-2: MONARCH Criteria:

	Yes	No	Not Sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0
2. Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1	-2	0
3. Was there a homeopathic aggravation* of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0
5. Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	+1	0	0
6 (A) *Direction of cure*: did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0
6 (B) *Direction of cure*: did *at least one* of the following aspects apply to the order of improvement of symptoms: - from organs of more importance to those of less importance - from deeper to more superficial aspects of the individual - from the top downwards	+1	0	0
7. Did "old symptoms" (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternative causes (other than the medicine) that –with a high probability- could have produced the improvement? (Consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the health improvement confirmed by any objective evidence*? (e.g., investigations, clinical examination, etc.)	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0
TOTAL SCORE (range -3 to 13)			

Total Score Of MONARCH Criteria 7

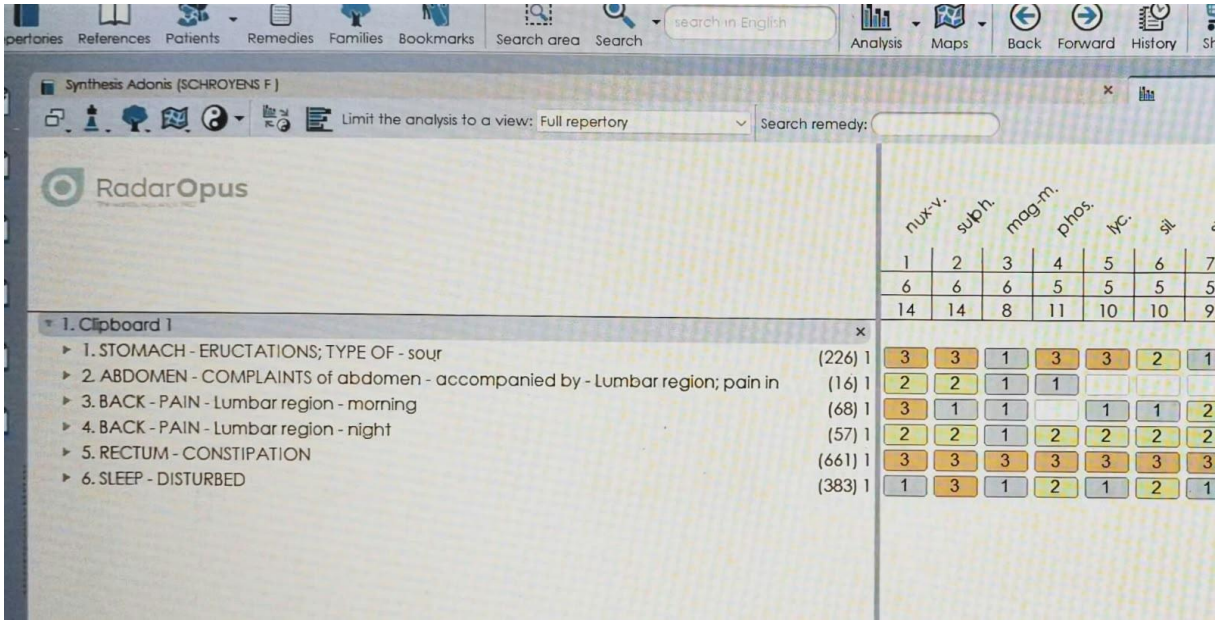
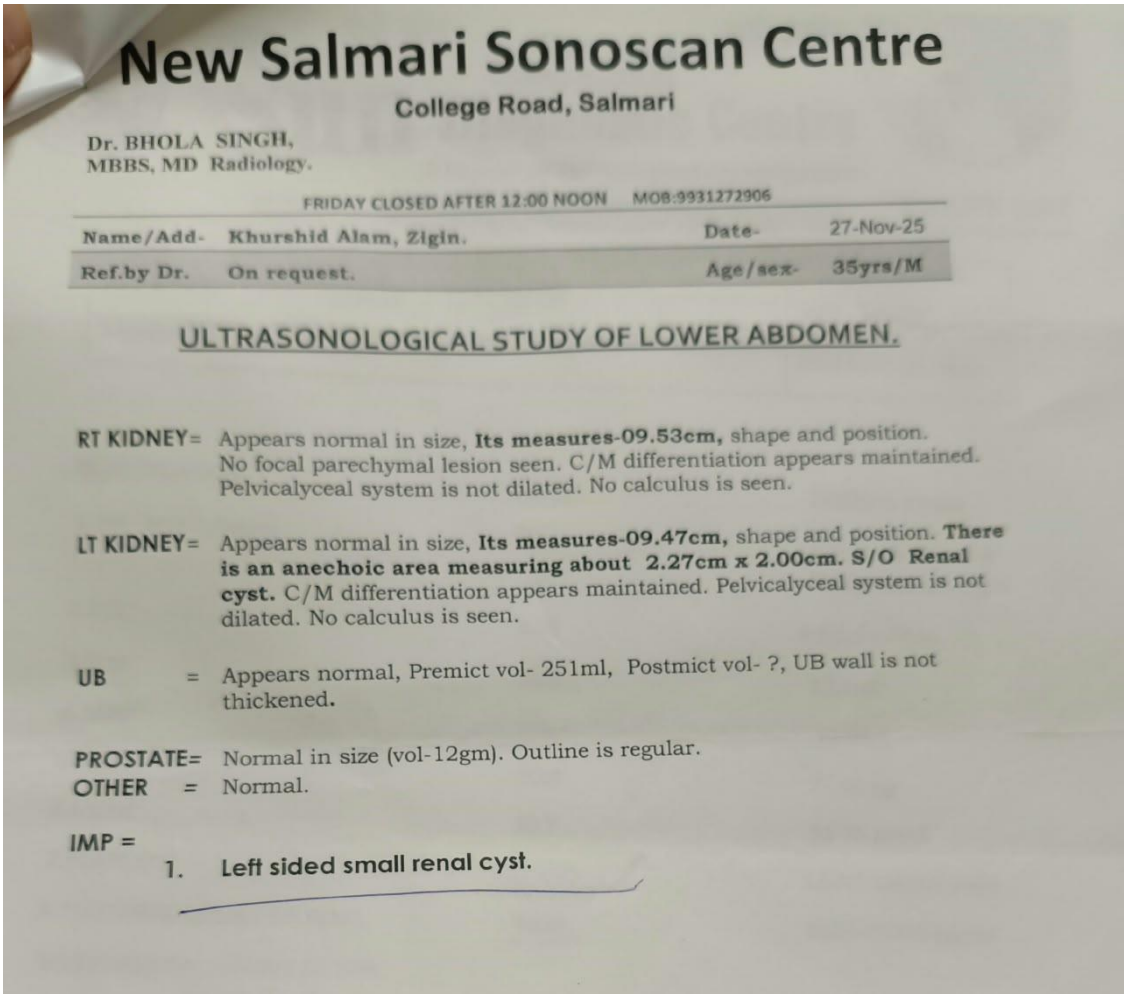


Figure-1: Repertorisation Result



New Salmari Sonoscan Centre

College Road, Salmari

Dr. BHOLA SINGH,
MBBS, MD Radiology.

FRIDAY CLOSED AFTER 12:00 NOON MOB:9931272906

Name/Add- Khurshid Alam, Zigin. Date- 27-Nov-25

Ref.by Dr. On request. Age/sex- 35yrs/M

ULTRASONOLOGICAL STUDY OF LOWER ABDOMEN.

RT KIDNEY= Appears normal in size, **Its measures-09.53cm,** shape and position. No focal parechymal lesion seen. C/M differentiation appears maintained. Pelvicalyceal system is not dilated. No calculus is seen.

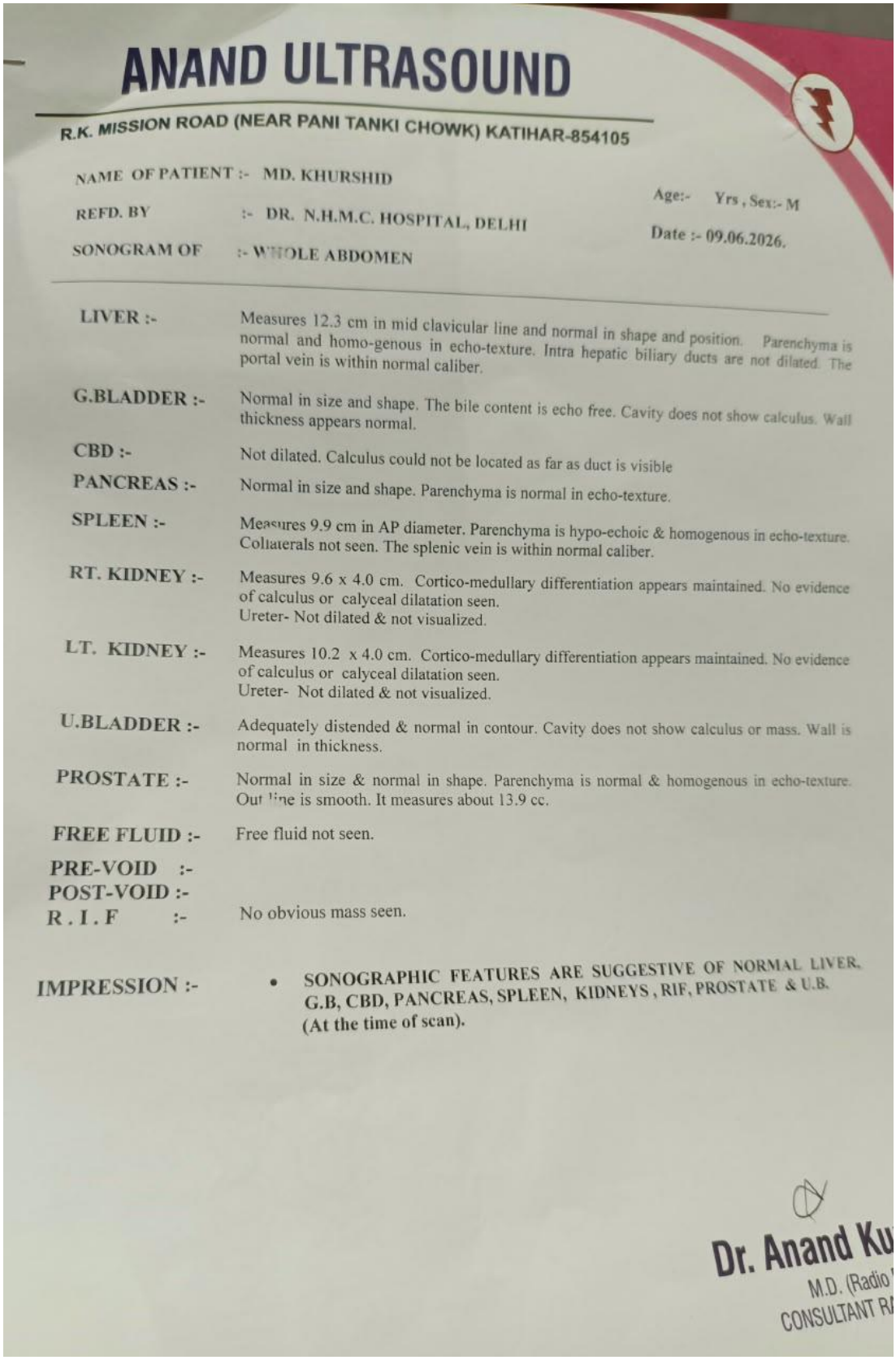
LT KIDNEY= Appears normal in size, **Its measures-09.47cm,** shape and position. **There is an anechoic area measuring about 2.27cm x 2.00cm. S/O Renal cyst.** C/M differentiation appears maintained. Pelvicalyceal system is not dilated. No calculus is seen.

UB = Appears normal, Premict vol- 251ml, Postmict vol- ?, UB wall is not thickened.

PROSTATE= Normal in size (vol-12gm). Outline is regular.
OTHER = Normal.

IMP =
1. Left sided small renal cyst.

Figure-2: USG findings before treatment on 27.11.2025 showed left side small renal cyst



ANAND ULTRASOUND

R.K. MISSION ROAD (NEAR PANI TANKI CHOWK) KATIHAR-854105

NAME OF PATIENT :- MD. KHURSHID

Age:- Yrs , Sex:- M

REFD. BY :- DR. N.H.M.C. HOSPITAL, DELHI

Date :- 09.06.2026.

SONOGRAM OF :- WHOLE ABDOMEN

LIVER :-	Measures 12.3 cm in mid clavicular line and normal in shape and position. Parenchyma is normal and homo-genous in echo-texture. Intra hepatic biliary ducts are not dilated. The portal vein is within normal caliber.
G.BLADDER :-	Normal in size and shape. The bile content is echo free. Cavity does not show calculus. Wall thickness appears normal.
CBD :-	Not dilated. Calculus could not be located as far as duct is visible
PANCREAS :-	Normal in size and shape. Parenchyma is normal in echo-texture.
SPLEEN :-	Measures 9.9 cm in AP diameter. Parenchyma is hypo-echoic & homogenous in echo-texture. Collaterals not seen. The splenic vein is within normal caliber.
RT. KIDNEY :-	Measures 9.6 x 4.0 cm. Cortico-medullary differentiation appears maintained. No evidence of calculus or calyceal dilatation seen. Ureter- Not dilated & not visualized.
LT. KIDNEY :-	Measures 10.2 x 4.0 cm. Cortico-medullary differentiation appears maintained. No evidence of calculus or calyceal dilatation seen. Ureter- Not dilated & not visualized.
U.BLADDER :-	Adequately distended & normal in contour. Cavity does not show calculus or mass. Wall is normal in thickness.
PROSTATE :-	Normal in size & normal in shape. Parenchyma is normal & homogenous in echo-texture. Out line is smooth. It measures about 13.9 cc.
FREE FLUID :-	Free fluid not seen.
PRE-VOID :-	
POST-VOID :-	
R . I . F :-	No obvious mass seen.

IMPRESSION :-

- SONOGRAPHIC FEATURES ARE SUGGESTIVE OF NORMAL LIVER, G.B, CBD, PANCREAS, SPLEEN, KIDNEYS , RIF, PROSTATE & U.B. (At the time of scan).

Dr. Anand Ku

M.D. (Radio

CONSULTANT R

Figure-2: USG findings after treatment on 09.06.2026 showed no renal cyst

DISCUSSION:

In the case discussed above, considerable improvement was seen by Homoeopathic treatment in treating renal cyst over a period of seven months as evidenced by USG report. The treatment started initially with *Nux vomica 200* followed by *Sepia 30* and *Sepia 200* based on *individualization*. Monarch criteria showed a score of +7 which shows a probable causal relationship between the homoeopathic treatment and improvement which is further helpful to confirm the effectiveness of treatment. No adverse or anticipated events were noted during the course of treatment. This case report shows that homoeopathic medicines act on all aspects of sick individual rather than a single symptom. This is a single case report only. Previously a case report published in ISAR Journal of Medical and Pharmaceutical Sciences by Dr. Binuraj S R et al.[3] showed complete resolution of left renal cyst through homeopathic intervention and a case report published in Indian J Integr Med by Chowdhury et al. showed clinical efficacy of homeopathy in the treatment of simple kidney cysts.[4]While Binuraj et al.[3] reported the clearance of a septated cyst using single remedy *Phosphorus 30C* and Chowdhury et al.[4] used a *miasmatic* protocol involving *nosodes* and *high-potency Thuja 50M*, the present case distinctly demonstrates the classical acute to chronic complementary relationship. The initial administration of *Nux vomica* resolved acute GI distress and lumbar pain while its chronic counterpart, *Sepia*, addressed the emergent totality (flatulence and meat aversion) to achieve complete sonographic resolution within 7 months.

Conclusion: This single case concluded that with the help of individualized homoeopathic remedy the simple cyst can be managed successfully

Limitation of study:

Further studies preferably RCTs, Observational Studies etc. on this topic can be undertaken to provide more evidence regarding treatment of simple renal cyst.

Patients consent:

The author certify that the patient had given his consent for the photos and clinical information for publication in the journal concealing his identity.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

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