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Effectiveness of Homoeopathy in Urinary Tract Infection: A Case Report

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ABSTRACT

Uncomplicated urinary tract infections (UTIs) are among the most common bacterial infections encountered in clinical practice. They primarily affect the lower urinary tract, involving the bladder and associated structures. Unlike complicated UTIs, uncomplicated cases occur in otherwise healthy individuals with no structural abnormalities of the urinary tract or significant comorbidities.

Women are usually more susceptible to this infection and has a higher prevalence compared to the men. Poor personal hygiene, pregnancy, menopause, and the close anatomical relationship of the female urethra and the anus are some of the risk factors responsible for high prevalence of UTI. It has a substantial impact on quality of life of females. 21 The incidence of UTI is 0.5 to 0.7 episodes per person per year in females of whom 25% of them have recurrences

Worldwide estimated prevalence is 0.7%. The regional burden of these conditions is estimated to be highest in Asia. (19.7-24.4%). The prevalence of UTI varies from 21.8 to 31.3% in various parts of India. Out of this, Female 66.78%,

Male 33.22% Male: Female ratio-1:2.Female of child bearing age are more prone Common allopathic treatment antibiotics are recommended for all cases with 3 days treatment norm. trimethoprim or nitrofurantoin are first choice of drug.

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High recurrence and antibiotic resistance of bacteria's causing UTI is also creating burden on economy worldwide.

Most often this infection is usually neglected but it can involve kidney which can be more dangerous. Despite advancements in conventional medical treatments, some patients may experience limitations, adverse effects, or inadequate responses. The study aims to identify whether homeopathic intervention can offer a viable approach to address the limitations of conventional treatments.

Homeopathy is known for its holistic approach to patient care, considering individual symptoms, lifestyle, and emotional well-being. Examining the holistic aspects of homeopathic treatments may contribute to a more comprehensive understanding of managing uncomplicated lower urinary tract infection.

PRELIMINARY DATA

- Name of the Patient: Mrs. RAG
- Date: 23/02/2026
- Fathers name/ Husband's name: Mr. AG
- Age / sex: 30/F
- Religion: Hindu
- Marital status: Married
- Family size: 4 members Husband, mother in law and father in law
- Education: B.Comm.
- Occupation: Working in a MNC
- Socio- Economic status/ income: Upper middle class family
- Address: Rajkot
- Diagnosis: Uncomplicated lower urinary tract infection

PRESENTING COMPLAINT:

LOCATION	SYMPTONS	MODALITIES	CONCOMITANT
Urinary system Bladder and urethra Since 4 days	• Burning urination • Unable to void urine completely • Uncomfortable sensation in abdomen as if urine still left inside	< • After sexual intercourse. • Walking > • Urination (temporary relief)	Localized soreness and rawness in the vulva and perineal region

PHYSICAL GENERALS:

Appearance: Well-built, well-dressed, speaks softly and hesitantly

Appetite: Normal, but slightly reduced due to anxiety regarding her symptoms.

Thirst: Moderate, drinks about 2 liters of water daily.

Perspiration: Normal, mostly on the neck and axillae, not staining

Desire: sweets, sour foods

Aversion: greasy fatty foods

Intolerance: tobacco smoke causes headache

Urine: Pale yellow, clear but with a persistent sense of full retention or incomplete emptying. Frequent urging, passing moderate amounts

Stool: Slightly constipated; passes hard stool with straining.

General modalities: Worse from touch or pressure on the affected parts, from sexual intercourse. Better from warmth and quiet rest.

MENTAL GENERALS

Mild, yielding, and sensitive.

Speaks very softly and appears easily embarrassed or self-conscious talking about her condition.

Suppressing her own feelings.

Admits to harboring mild resentment or anxiety regarding changes after marriage but prefers to internalize her feelings rather than voice them.

Highly sensitive to the opinions of others; easily hurt by any perceived criticism

Past history:
typhoid at age of 11 years

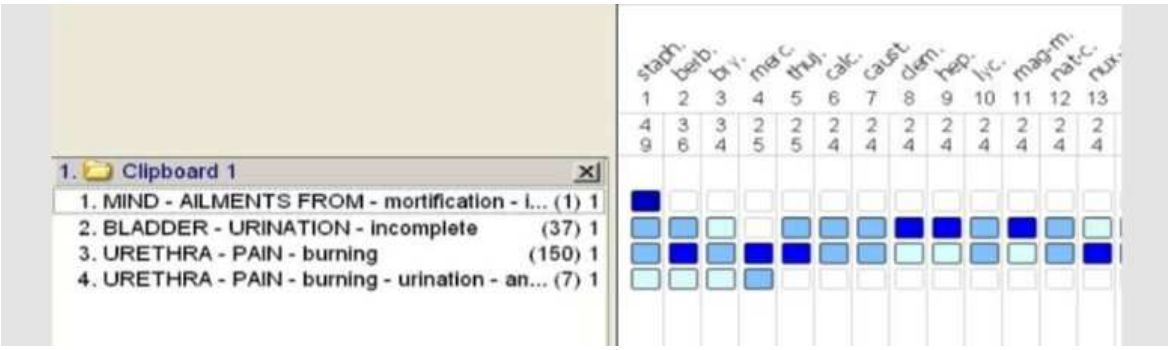
Family history:
Mother – recurrent pelvic inflammatory disease
Father – healthy, no major illness
Physical examination
Weight- 55 kgs
Height- 5’4”
BMI – 20.8
Skin-oily, greasy
BP-112/74 mm-Hg
Pulse- 82/min
Differential Diagnosis
Urinary tract Infection, renal stone, gastritis

INVESTIGATION

Urine routine test
Pus cells 10-12 cells
Urine light cloudy
No RBC seen.
DIAGNOSIS- Urinary tract Infection

TOTALITY OF SYMPTOMS

1. Mind – AILMENTS FROM – mortification – suppressed, indignation with
2. Bladder – URINATION – dysuria – sexual intercourse, after
3. Bladder – URINATION – incomplete, sensation of
4. Urethra – PAIN – burning – urination –between the acts of
5. Urethra – PAIN – burning – urination – during – amel.



SELECTION OF MEDICINE

STAPH:- 9/4
BERB:- 6/3
BRY.:- 4/3

As STAPHYSAGRIA covered most symptoms, STAPHYSAGRIA was selected

SELECTION OF POTENCY AMD REPETITION

Based on susceptibility and individualism of the patient.

As both mental and physical symptoms were covered by STAPHYSAGRIA a medium potency(200C) was selected.

SELECTION OF REPETITION

4 pills 6 hourly FOR 3 Days

PRESCRIPTION

STAPHYSAGRIA 200 4 pills 6 hourly FOR 3 Days

AUXILIARY TREATMENT

Drink plenty of fluid.
Maintain proper hygiene.

FOLLOW UP

Date	Symptoms	Prescription
27/02/2026	Constant urethral burning between micturition is significantly reduced. Incomplete sensation slightly reduced	Rx, Sac lac 4 Pills TDS for 1 week
03/03/2026	No urinary complaints. Urinary habits completely	Rx, Sac lac 4 Pills TDS for 1 week

Result: Cured