

Evaluating the Role of Individualized Homoeopathic Treatment in the Management of Cystitis: A Case Study

Dr. Janakiben Bhanvadia¹, Dr. Kirtida Desai²

¹Dr. Janakiben Bhanvadia- PhD Scholar, Associate Professor, Department of Forensic Medicine & Toxicology, Rajkot Homoeopathic Medical College, Parul University, Rajkot, India.
Orcid id- 0009-0003-1829-932X; E-mail- bhanvadijanki@gmail.com

²Dr. Kirtida Desai- Professor & Research Supervisor, Department of Practice of Medicine, Jawaharlal Nehru Homoeopathic Medical College, Parul University, Vadodara, Gujarat, India

DOI: 10.63001/tbs.2025.v20.i04.pp1443-1451

KEYWORDS

Cystitis, Homoeopathy, Lycopodium, Acute Cystitis symptom score (ACSS)

Received on:

10-10-2025

Accepted on:

17-11-2025

Published on:

20-12-2025

ABSTRACT

Recurrent urinary tract infections are of importance for public health as most clinicians are faced with repeated and long term administration of broad-spectrum antimicrobial agents leading to an increased risk of resistant bacteria. Widespread use of antibiotics has led to the emergence of resistant microorganisms. As the antibiogram of the microorganisms are frequently changing so it creates a huge opportunity for the therapeutic sciences such as Homoeopathy who doesn't rely on the entity of causative microorganisms. Homoeopathy, with its individualized system of prescribing, has shown potential benefits, especially when combined with supportive measures. This case report describes the management of a patient with acute cystitis treated with the homoeopathic remedy Lycopodium. Prescription was based on a thorough case analysis, taking into account both physical complaints and general health. Alongside dietary guidance and auxiliary advice, the individualized medicine led to a notable reduction in symptoms. Symptomatic improvement was observed within a short span of treatment, and no side effects were reported. The findings from this case highlight the scope of individualized homoeopathic treatment in acute cystitis. When integrated with simple lifestyle measures, it may provide safe and effective relief while supporting long-term well-being. Further clinical studies could strengthen evidence for its broader application.

INTRODUCTION:

Urinary tract infections (UTIs) include cystitis (infection of the bladder/lower urinary tract) and pyelonephritis (infection of the kidney/upper urinary tract). Acute simple cystitis refers to an acute urinary tract infection (UTI) that is confined to the bladder. Such infections lack signs or symptoms that suggest an infection extending beyond the bladder, which include:

- Fever (>99.9°F/37.7°C) – This temperature threshold is not well defined and should be individualized.
- Other signs or symptoms of systemic illness (including chills or rigors, significant fatigue or malaise beyond baseline).
- Flank pain.
- Costovertebral angle tenderness.

Cystitis among women is extremely common. The shorter distance from the anus to the urethra likely explains why women are at higher risk for urinary tract infections

(UTIs) than men. Risk factors for cystitis include recent sexual intercourse and a history of UTI. Use of spermicide coated condoms, diaphragms, and spermicides alone are also associated with an increased cystitis risk. Other comorbidities, like diabetes mellitus and structural or functional urinary tract abnormalities, can also increase the risk of cystitis. Although patients with these comorbidities have traditionally been categorized as having complicated UTI. *Escherichia coli* is the most frequent microbial cause of simple cystitis (75 to 95 percent of cases), with occasional infections caused by other species of Enterobacteriaceae (such as *Klebsiella pneumoniae* and *Proteus mirabilis*) and other bacteria, such as *Staphylococcus saprophyticus*. By the age of 24 years, 1 in 3 women has experienced 1 episode, and it is estimated that as many as 60% of women report having had a UTI in their lifetime. The peak incidence of disease occurs during the sexually active years, between 18–39

years of age. Approximately 30%–40% of patients will experience 1 recurrence.

The classic clinical manifestations of cystitis consist of dysuria, urinary frequency, urinary urgency, and suprapubic pain. Hematuria is also often observed. Symptoms of cystitis can occasionally be subtle and more difficult to tease out, particularly in older women. Older women can have a number of nonspecific urinary symptoms (such as chronic dysuria or urinary incontinence) that mimic symptoms of cystitis, even when there is no evidence of urinary tract infection (UTI).

CASE REPORT:

Patient information:

A 29 year’s old married female housewife from Rajkot, Gujarat presented to the outpatient department of Sainath Homoeopathic Hospital on 06th March 2024 with following complaints.

Chief Complaints:

Location with Duration	Sensation	Modality	Concomitant
Urinary Bladder since 5 days	Frequent micturition (>15/4-5 D/N).	< Laughing or sneezing	Aching pain in lower abdomen.
Urethra since 3 days	Involuntary dribbling of urine. Burning	< During urination	

ODP:

Patient was asymptomatic before 5 days. Then she started complaints of frequent urination with severe urge to urinate. Before 3 days she started complaint of involuntary dribbling of urination with burning pain in urethra. < During urination.

Past History:

Fracture of right forearm (due to injury) before 5 years, surgical intervention was done.

Family History:

- Mother: Alive, healthy
- Father: Alive, HTN since 3 years.

Obstetric History: G2 P2 A0 L2, 2 FTND

Physical Generals:

- Appetite: Reduced since 3 days. Sour eructation after meal
- Thirst: 6-7 glasses of normal water
- Desire: Sweet ++, Warm food ++
- Aversion: NS
- Stool: 1/0 D/N, satisfactory
- Urine: Scanty
 - Frequency: >15/4-5 D/N
 - No odour.
 - Color: Yellowish, reddish at end of urination
 - Burning pain in urethra during urination.
 - Aching pain in lower abdomen after urination.
- Sleep: Disturbed due to increased frequency of urine.
- Menses: 3/28-32 days.
 - LMP: 20/02/2024
 - Consistency: liquid
 - Color: Reddish
 - No clots, no staining
 - Mild pain in lower abdomen during menses.
- Thermal state: Chilly

Mental symptoms:

- Forgetful for recent events.
- Desire for company

General Examination:

- Appearance: Neat & clean, Wheaties complexion
- Height & weight: 153 cm, 54 kg
- Skin: Clean, no any eruption and itching.
- Nails: Pinkish
- Gait: Steady

- BP: 136/80 mm.hg
- Temp: 99.8 F
- Pulse: 90/min RR: 14/min
- Anaemia, Jaundice, Cyanosis, Lymphadenopathy, Oedema: Absent

Systemic Examination:

- CVS: S1S2 heard
- RS: BLAE +
- CNS: Conscious & oriented. Followed V/C
- GIT: P/A- Soft, non tender, no any masses
- GUT: No redness. No any discharge per vagina and from urethra. Tenderness on pressure in suprapubic region.

Totality of Symptoms:

- Forgetful.
- Desire for company
- Appetite decreased
- Desire for sweet & warm food
- Frequency of urination day and night
- Urgency cannot hold urine during urge.
- Involuntary urine during coughing and sneezing
- Burning pain in urethra during urination
- Aching pain in lower abdomen after urination
- Sour eructation after meal
- Scanty urine
- Bloody urine

Analysis:

- Forgetful- Mental general symptom
- Desire for company- Mental general symptom
- Appetite decreased – Physical general symptom

- Desire for sweet & warm food- Physical general symptom
- Frequency of urination day and night - Physical general symptom
- Urgency, cannot hold urine during urge- Physical particular symptom
- Involuntary urine during coughing and sneezing- Physical particular symptom
- Burning pain in urethra during urination - Physical particular symptom
- Aching pain in lower abdomen after urination- Physical particular symptom
- Sour eructation after meal - Physical general symptom
- Scanty urine - Physical particular symptom
- Bloody urine- Physical particular symptom

Evaluation:

- Forgetful +
- Desire for company ++
- Appetite decreased +
- Desire for sweet++ & warm food++

- Frequency of urination day and night ++
- Urgency+ +, cannot hold urine during urge.
- Involuntary urine during coughing++ and sneezing++
- Burning pain++ in urethra during urination
- Aching pain in lower abdomen after urination +
- Sour eructation after meal +
- Scanty urine +
- Bloody urine+

Repertorial Result Analysis:

Lycopodium (Lyc), Natrum Muriaticum (Nat-m), Causticum (Caust), Phosphorus (Phos), Argentum Nitricum (Arg-n)

Remedy selection: Lycopodium

Prescription:

Lycopodium 200 4 pills BD for 2 days

General management:

Drink plenty water, Maintain hygiene, Take proper rest

Follow up:

Date	Observation	Prescription
08/03/2024	Temp: 98.4 F Urine: 10-12/1-2 D/N Urgency reduced Burning pain in urethra persists Lower abdominal pain after urination	Lycopodium 200 4 pills BD for 3 days
11/03/2024	Temp: 98.3 F Urine: 7-8/0 D/N No urgency Burning pain in urethra reduced than before No abdominal pain	Lycopodium 200 4 pills BD for 2 days
13/03/2024	Temp: 98.3 F	Sac lac 30 4 pills OD for 2

	Urine: 4-5/0 D/N No urgency Slight burning after micturition No abdominal pain	days
15/03/2024	Temp: 98.3 F Urine: 4-5/0 D/N All complaints improved. Patient feels better.	Sac lac 30 4 pills OD for 3 days Adv:- Urine-RM
16/03/2024	No any complaints. Patient feels better Ix: Urine-RM: Pus cells: 1-2/hpf RBC, Bacteria: Absent ACSS: 0	Follow up if symptoms reappear

ACSS:

BEFORE: 15 (On 06/03/2024)

AFTER: 0 (On 16/03/2024)

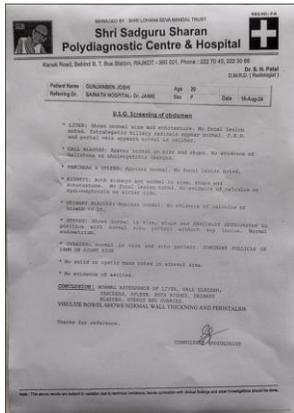
REPERTORIZATION:

The screenshot shows the 'Quick Repertorisation' window in the software. The search term is 'Stoody urine'. The results table lists various remedies and their counts for different symptoms. The symptoms listed are: ljc, Nat-m, Caust, Phos, Puls, Arg-n, Nux-v, Sep, Merc, Ph-ac, Sulph, Calc. The remedies listed include: [Kent] [Mind] Forgetful (see memory): (153), [Kent] [Mind] Company/Desire for: (58), [Kent] [Stomach] Appetite/Diminished: (112), [Kent] [Stomach] Desires/Sweets: (36), [Kent] [Stomach] Desires/Warm/Food: (11), [Kent] [Stomach] Eructations/Sour/Eating/After: (30), [Kent] [Bladder] Urination/Frequent/Daytime/And night: (16), [Kent] [Bladder] Urination/Involuntary/Cough/during: (43), [Kent] [Bladder] Urination/Involuntary/Sneezing/when: (12), [Kent] [Urethra] Pain/Burning/Urination/During: (140), [Kent] [Urine] Bloody/Last part: (10).

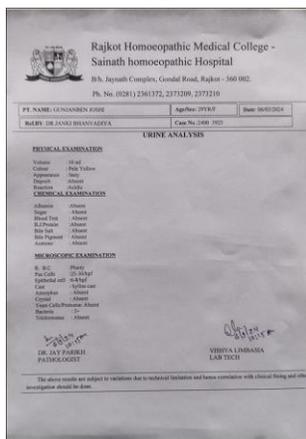
INVESTIGATIONS:

Before:

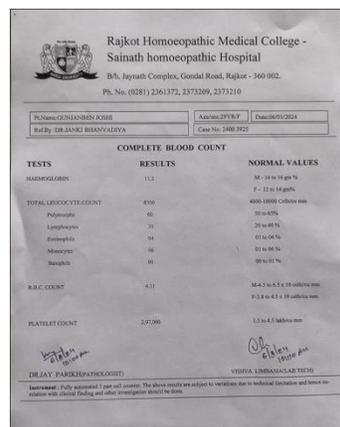
• **USG- abdomen:**



• **Urine analysis:**



• **CBC:**



• ACSS:

After:

• Urine analysis:

• ACSS:

DISCUSSION:

The remedy was selected after careful consideration of patient's overall symptoms picture, which includes physical complaints as well as mental symptoms.

On follow up, patient reported significant relief, particularly in frequency, urgency to urinate and in pain. In addition to homoeopathic treatment, auxiliary measures were advised.

This case shows the effectiveness of individualized homoeopathic prescribing. I prescribed remedy *Lycopodium* after repertorization which covers patient's physical complaints as well as mental symptoms. Selected remedy has marked action on urinary system, GIT and on mental level making it a suitable choice for *similimum*.

Marked clinical improvement suggests that the selected remedy was well indicated, and the combination of homoeopathic intervention with lifestyle management has proven effective in this case. Continue monitoring and follow ups are advised to assess sustained relief and to prevent recurrence. Acute cystitis symptoms score (ACSS) after treatment is 0 which shows there is marked improvement.

CONCLUSION: This case highlights that individualized homoeopathic management with *Lycopodium 200* proved to be gentle yet effective approach in restoring the patient's health. The marked improvement observed observed in this case shows individualized homoeopathic medicine can address the totality of symptoms and contribute significantly to patient's recovery in a holistic manner.

ACKNOWLEDGEMENT:

I sincerely thank Sainath Homoeopathic Hospital for their support and for providing the clinical setting and resources necessary for the preparation and publication of this case report.

FUNDING: No funding was received for this study.

CONFLICT OF INTREST: There is no conflict of interest in this study.

AUTHOR CONTRIBUTIONS:

Janakiben B: Concepts, Definition and introduction of content, Literature review, data analysis, manuscript preparation.

Kirtida D: Concepts, data analysis and manuscript review, project administration.

ETHICS APPROVAL: The author clarify that they have obtained verbal consent for publishing her reports.

REFERENCES:

1. Alagappan R. Manual of Practical Medicine. 4th ed. Medical Journal Armed Forces India. New Delhi: JAYPEE BROTHERS MEDICAL PUBLISHERS (P) LTD; 2011. 401 p.
2. Ravishankar K. API Textbook of Medicine. 9th ed. Munjal YP, editor. Vol. 53, Persepsi Masyarakat Terhadap Perawatan Ortodontik Yang Dilakukan Oleh Pihak Non Profesional. The Association of Physicians of India; 2012. 1707 p.
3. Gibson M. Cystitis epidemiology and demographics [Internet]. Available from: https://www.wikidoc.org/index.php/Cystitis_epidemiology_and_demographics#:~:text=The incidence of cystitis in,is 50-80 per 100000.

4. KasperD, FauciA, HauserS, LongoD, JamesonL, LoscalzoJ, editors. HARRISON'S PRINCIPLES OF INTERNAL MEDICINE. 20th ed.
5. Boericke William, Boericke's New manual of homoeopathic materia medica with Repertory, 3rd revised & augmented edition New Delhi: B. Jain Publishers Private Ltd. 2013
6. Davidson's, Edited by: Brian R. Walker, Nicki R. Colledge, Stuart H. Ralston, Ian D. Penman, Principles & practice of Medicine, 22nd edition, 2014
7. Hahnemann Samuel. Organon of Medicine. 5th and 6th edition combined. New Delhi: B. Jain Publishers Private Ltd. 2011
8. Zomeo 3.0