

Individualized Homoeopathic Prescription of Sulphur in Acute Cystitis: A Case Report

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ABSTRACT

Urinary tract related complaints are a very common illness encountered in clinical practice nowadays. After respiratory and gastrointestinal infections UTI remains the third most common infection experienced by individuals. Acute cystitis is a common urinary tract infection characterized by dysuria, frequency, urgency and suprapubic discomfort. Females are more prone to catch infection because of short urethra and close proximity to anus. Approximately 1 in 3 women will have had at least 1 episode of UTI requiring antimicrobial therapy by age of 24 years. Homoeopathy is preferable over antibiotics to avoid drug resistance, adverse effects and recurrent infections, while addressing the patient constitutionally. This case report describes the successful management of acute cystitis in a female patient using the individualized homoeopathic remedy Sulphur. Marked improvement was observed within a short period with complete resolution of symptoms and no recurrence on follow ups. This case highlights homoeopathy as safe, effective and holistic alternative in acute cystitis management.

Introduction:

Acute cystitis is an inflammatory condition of the urinary bladder, most commonly resulting from a bacterial infection, and is classified under lower urinary tract infections (UTIs). It is characterized by the sudden onset of urinary symptoms and occurs predominantly in females due to anatomical and physiological factors. Acute cystitis represents a significant clinical burden in primary care and outpatient settings worldwide.

The prevalence of acute cystitis is prevalent more among women, with epidemiological studies indicating that more than half of women experience at least one episode of urinary tract infection during their lifetime, and a substantial proportion experience recurrent episodes. It is less common in men, children, and the elderly, particularly in the presence of predisposing factors such as urinary stasis, catheterization, diabetes mellitus, or immunosuppression. The condition contributes to reduced quality of life, increased healthcare utilization, and economic burden.

Clinically, acute cystitis presents with characteristic signs and symptoms, including dysuria, increased urinary frequency, urgency, suprapubic pain, and a sensation of incomplete bladder emptying. In some cases, hematuria, cloudy or foul-smelling urine, and mild lower abdominal discomfort may be present. Systemic symptoms such as fever and flank pain are typically absent and, when present, may suggest upper urinary tract involvement.

The diagnosis of acute cystitis is primarily clinical, supported by patient history and physical examination. Laboratory investigations such as urinalysis often reveal pyuria, bacteriuria, and sometimes hematuria. Urine culture may be performed to identify the causative organism, particularly in recurrent, complicated, or treatment-resistant cases. In uncomplicated presentations, empirical treatment is frequently initiated based on classical symptomatology.

Conventional management of acute cystitis largely relies on antimicrobial therapy, which is generally effective in symptom resolution. However, increasing concerns regarding antimicrobial resistance, adverse drug reactions, recurrence, and disruption of normal microbiota have prompted interest in complementary and alternative therapeutic

Chief Complaints:

Location with Duration	Sensation	Modality	Concomitant
Urinary Bladder since 3-4 days	Frequent micturition (4-5/8-9 D/N). Burning in urethra. Must hurry to urinate.	< Night < During urination	5 days. Then she started complaints of frequent urination at night with severe urge to urinate. Before 3 days she started complaints of burning pain in urethra and during urination and sore pain in suprapubic region which is sensitive to pressure.
Urethra since 3-4 days		< During urination	

Past History:

Appendectomy- at age of 26 year.

Family History:

- Mother: Alive, DM-II since 4 years
- Father: Alive, healthy

Obstetric History: G3 P2 A1 L2, 2 FTND, 1 spontaneous abortion at 2nd month of gestation.

Physical Generals:

- Appetite: Increased++ since 4-5 days.
- Thirst: 4-5 glasses of normal water
- Desire: Sweet ++
- Aversion: NS
- Stool: 1/0 D/N, satisfactory
- Urine: Profuse
 - Frequency: 4-5/8-9 D/N
 - No odour.
 - Color: colorless
 - Burning pain++ in urethra during urination.
 - Sore pain++ in lower abdomen, sensitive to pressure++
 - Must hurry to urinate
- Sleep: Disturbed due to increased frequency of urine at night.
- Dreams: not remembered
- Menses: 2-3/30-32 days.
 - LMP: 15/03/2024
 - Consistency: thick
 - Color: Reddish
 - No clots, no staining
 - Mild pain in lower abdomen during menses.
- Perspiration: Offensive++, Profuse++
- Thermal state: Hot

Mental symptoms:

- Irritable
- Lazy

General Examination:

- Appearance: Lean & thin, dark complexion
- Height & weight: 158 cm, 51 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.

CASE PROCESSING:**Analysis of symptoms:**

- Irritable- Mental general symptom
- Lazy- Mental general symptom
- Appetite increased- Physical general symptom

- Desire sweet- Physical general symptom
- Offensive and profuse perspiration- Physical general symptom
- Scanty and thick menses- Physical general symptom
- Frequency of urination at night- Physical general symptom
- Profuse and colorless urine- Physical particular symptom
- Burning pain in urethra during micturition- Physical particular symptom
- Sore pain in lower abdomen on pressure- Physical particular symptom
- Must hurry to urinate- Physical particular symptom

Evaluation of symptoms:

- Irritable++
- Lazy++
- Appetite increased++
- Desire sweet++
- Offensive++ and profuse++ perspiration
- Scanty++ and thick++ menses
- Frequency++ of urination at night++
- Profuse++ and colorless++ urine
- Burning+++ pain in urethra during micturition

Follow up:

Date	Observation	Prescription
05/04/2024	Temp: 98.4 F Urine: 4-5/4-5 D/N	Sulphur 200 4 pills BD for 3 days

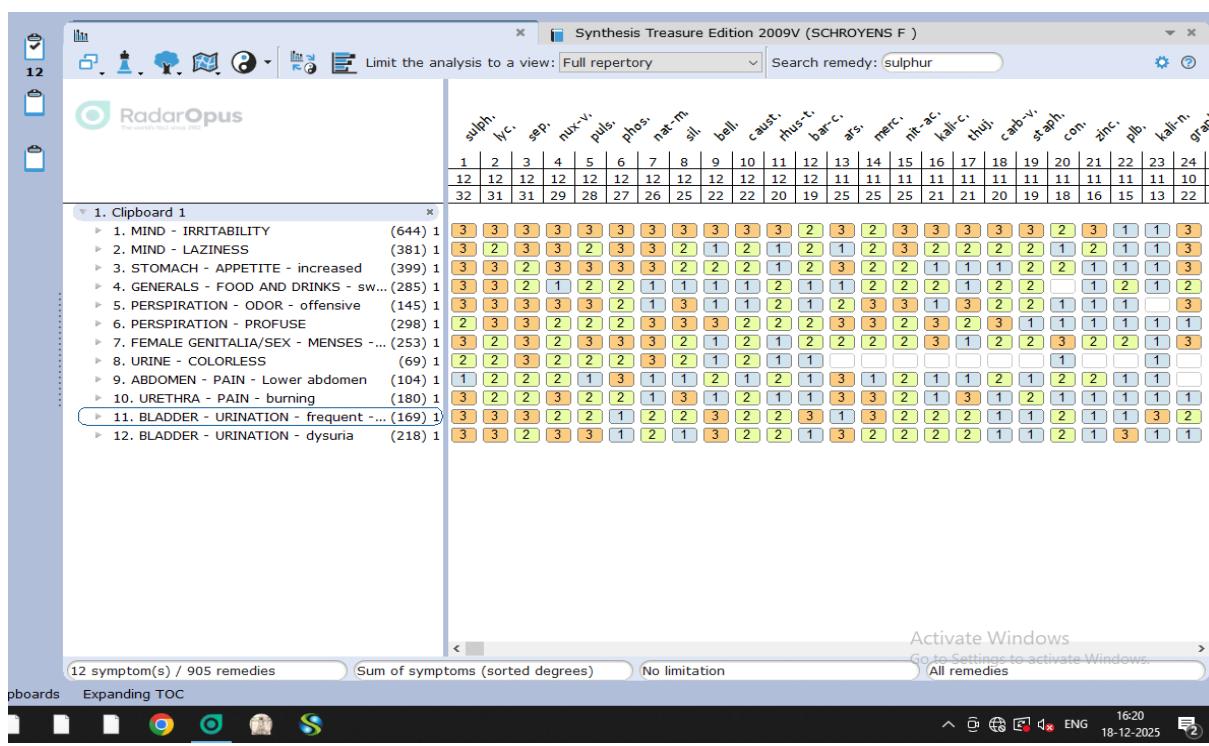
	Urgency reduced Burning pain in urethra slightly decreased than before. Lower abdominal pain persists.	
09/04/2024	Temp: 98.4 F Urine: 4-5/1-2 D/N No urgency Burning pain in urethra reduced than before No abdominal pain	Sulphur 200 1 Dose stat Sac lac 30 4 pills BD for 3 days
13/04/2024	Temp: 98.3 F Urine: 4-5/0 D/N No urgency Slight burning after micturition. No abdominal pain	Sac lac 30 4 pills OD for 2 days
15/04/2024	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
19/04/2024	No any complaints. Patient feels better Ix: Urine-RM: Pus cells: 0-2/hpf RBC, Bacteria: Absent ACSS: 0	Sac lac 30 4 pills OD for 7 days Follow up if symptoms reappear

ACSS:

BEFORE: 15 (On 02/04/2024)

AFTER: 0 (On 19/04/2024)

Repertorization:



Investigations:

- USG- abdomen (02/04/2024):** Ultrasonography of abdomen and pelvis shows normal size, shape, and echotexture of both kidneys. No
- Urine analysis:**

evidence of renal calculi, hydronephrosis, or pelvicalyceal dilatation is seen. Urinary bladder appears normal with no wall thickening or intraluminal lesion. Overall findings are within normal limits.

Parameter	Before Treatment (02/04/2024)	After Treatment (18/04/2024)
Physical Examination		
Colour	Colorless	Pale yellow
Appearance	Turbid	Clear
Odour	Foul	Normal
Chemical Examination		
Reaction (pH)	Acidic (6.0)	Acidic (6.5)
Specific Gravity	1.020	1.015
Protein	Negative	Negative
Blood	Trace	Negative
Nitrite	Positive	Negative
Leukocyte esterase	Positive	Negative

Parameter	Before Treatment (02/04/2024)	After Treatment (18/04/2024)
Microscopic Examination		
Pus cells (WBCs)	/ HPF	0–2 / HPF
Red blood cells (RBCs)	2–4 / HPF	0–1 / HPF
Epithelial cells	Few	Few
Bacteria	Present	Absent
Casts	Nil	Nil
Crystals	Nil	Nil

• CBC: (02/04/2024)

Parameter	Result	Reference Range
Hemoglobin (Hb)	13.5 g/dL	12.0–15.5 g/dL
Total RBC Count	4.6 million/ μ L	4.0–5.2 million/ μ L
Hematocrit (PCV)	41 %	36–46 %
Mean Corpuscular Volume (MCV)	89 fL	80–100 fL
Mean Corpuscular Hemoglobin (MCH)	29 pg	27–33 pg
Mean Corpuscular Hemoglobin Concentration (MCHC)	33 g/dL	32–36 g/dL
Total Leukocyte Count (TLC)	7,200 / μ L	4,000–11,000 / μ L
Neutrophils	60 %	40–75 %
Lymphocytes	30 %	20–45 %
Monocytes	6 %	2–10 %
Eosinophils	3 %	1–6 %
Basophils	1 %	0–1 %
Platelet Count	250,000 / μ L	150,000–450,000 / μ L
Erythrocyte Sedimentation Rate (ESR)	10 mm/hr	0–20 mm/hr

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 sulphur 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 simillimum.

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:

The homoeopathic remedy *Sulphur* was administered in an appropriate potency and dosage. Follow-up assessments demonstrated a gradual reduction in urinary symptoms, including dysuria and frequency, with no reported adverse effects. Symptomatic improvement was observed without the use of conventional antimicrobial therapy. This case highlights the individualized use of *Sulphur* in the homoeopathic management of acute cystitis. While the findings are limited to a single case, they suggest the need for further systematic studies to evaluate the role of homoeopathy in managing acute urinary tract conditions.

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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.

Data Availability: Due to patient privacy consideration the raw data cannot be made publically available however deidentified summary data and analysis code are available from the corresponding author upon reasonable request, we are committed to supporting legitimate ethics-aligned inquiries.

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