HOMEOPATHY IN THE TREATMENT OF RECURRENT URINARY TRACT INFECTION
A CASE REPORT

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ABSTRACT

Objectives: Urinary tract infection (UTI) is a leading cause of morbidity and health-care expenditures in persons of all ages. Recurrent UTI accounts for a substantial portion due to its ambiguity of treatment and response. Only palliative treatment during episodes is not enough to assure the complete resolution of the disease process. Apart from conventional medication, an alternative therapy is warranted for a better and gentle treatment regimen.

Methods: This is the case of a 35-year-old female presented with the complaint of recurrent UTI for last 5 months along with some other complaints. After a thorough evaluation, we treated the case with homeopathic medicine, Lycopodium clavatum for a considerable period. The clinical assessment in different visits was done to note any improvement along with the pre-post pathological report. After complete resolution of symptoms, no further recurrence was noted in the next 6 months of follow-up.

Results: A marked improvement in the clinical, as well as the pathological aspect, was observed.

Conclusion: Although depending only on the observation of this case report efficacy cannot be established, it inevitably draws attention toward effective management of such recurrent UTI cases with homeopathic medication.

Keywords: Urinary tract infection, Lycopodium clavatum, Homeopathy.

INTRODUCTION

Urinary tract infection (UTI) is the infection of kidney, ureter, bladder, and urethra. It is one of the commonly encountered problems in the clinical practice of the present scenario. It has been estimated that symptomatic UTI results in as many as 7 million visits to outpatient clinics, 1 million visits to emergency departments, and 100,000 hospitalizations annually [1]. Around 40% of women experience at least one episode of UTI in their lifetime [2]. Among them, roughly 27% recur and sometimes present as chronic or resistant to treatment variety [3]. UTI causes considerable morbidity and accounts for 10% of primary care consultations [4]. The usual uropathogens include Escherichia coli, Staphylococcus saprophyticus, Klebsiella pneumonia, and Proteus mirabilis [5]. Pathologically, it is associated with the multiplication of organisms in the urinary tract and is defined by the presence of more than 10⁵ CFU/ml in a midstream, early morning sample of urine. However, significant bacteria may lack in some cases of true UTI, even in symptomatic patients [6].

At present, the treatment of UTI has become one of the major concerns, maybe due to so many resistant or underreported cases. According to some studies, constitutional homeopathic treatment can improve symptoms of UTI [7,8]. We present a case of recurrent, uncomplicated UTI, which was treated with conventional medications but responded poorly. After a thorough case taking and clinical evaluation, we prescribed Lycopodium clavatum. All the symptoms were ameliorated within 4 months of treatment, and we found no recurrence in the next 6 consecutive months of follow-up. The condition of the patient and improvement is documented clinically as well as pathologically.

PATIENT PROFILE

A 35-year-old female presented with the complaints of frequent micturition (daytime frequency >15 and nighttime frequency >4), unable to hold urine during urge, involuntary dribbling while coughing or sneezing, burning and pain in lower abdomen after urination. The complaint is persisting for 5 months with increasing and decreasing intensity which responded poorly with conventional medications.

Her other complaints were, bilateral pain in soles for the past 2 months during walking, cramping pain in calf muscles for the past 3–4 years, bilateral knee pain which is aggravated by rising from seat; hot vertex; itching of extremities; increased by heat; and pain in the right wrist joint.

Physical generals
She is chilly in thermal relation and tendency to catch cold easily. Her appetite is less, but every kind of food intake causes flatulence, acidity, sour

| Mental generals | Desire for company |
|-----------------|-------------------|
| Physical generals | Forgetful |

| Particulars | Burning and pain in urethra during urination |
|-------------|---------------------------------------------|
| Aching pain in the lower abdomen (bladder region) after urination |
| | Palpitation heart <after eating, during flatulence |
| | Sour eructation after a meal |
| | Pain in bilateral soles during walking |
| | Cramping calves bilateral |
| | Bilateral knee pain <rising from seat |
| | Pain in right wrist joint |
| | Pain in soles during walking |

Table 1: Analysis and evaluation of symptoms
eructation, and sometimes associated with palpitation. She has a desire for sweets and warm food. Her thirst is for a moderate quantity of cold water which measures around 2–3 L/day. She has no disturbances with sleep and dream. She had her menarche at the age of 12 years. Her menstrual cycle is a regular, moderate amount of flow and lasts for 3–4 days without any associated complaints. The last menstrual period was on August 29, 2018.
**Table 3: Prescription and follow-up**

| Date of visit     | Observation and result                                                                 | Medicine with doses               | Administration of medicine                                          |
|-------------------|----------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------|
| September 6, 2018 | Urinalysis report (September 5, 2018) reveals pus cell 10–12/hpf, epithelial cell 2–4/hpf, bacteria (++) (Fig. 1) | Lycopodium clavatum Q1, 16 doses  | One globule no. 10 of medicine mixed with 60 mL aq. Dist. and few drops of alcohol to make 16 doses. One dose to be taken every day at morning in empty stomach after giving 10 uniform downward strokes |
| September 22, 2018| Frequency of micturition reduced (D=10, N=3–4), no sour eructation after eating, knee pain slight better, pain in bladder after urination reduced, burning in urethra during urination reduced but sole and wrist pain are same | Lycopodium clavatum Q2, 16 doses  | Same as before                                                     |
| October 10, 2018  | Frequency reduced (D=7–8, N=2); knee pain better only increased after much walking, burning in urethra, and post-micturition bladder pain reduced, sole and wrist pain are as before | Lycopodium clavatum Q3, Q4 16 doses each | Same as before                                                     |
| November 14, 2018 | Frequency reduced (D=5–6, N=1), now the patient can hold urine, no burning in urethra during urination, sometimes patient feels pain in bladder region, calf pains occasionally, sole pain reduced, knee pain same as before. Rarely, involuntary urine in drops during coughing Urinalysis report (November 13, 2018) reveals only pus cells 2–4/hpf and few epithelial cells (Fig. 2) | Lycopodium clavatum Q5, Q6 16 doses each | Same as before                                                     |
| December 17, 2018 | No pain and burning in urethra during urination, knee pain reduced markedly, no urgency, or involuntary micturition | Only advice for maintaining hygiene and to report any further recurrence | Only advice for maintaining hygiene and to report any further recurrence |
| Continued follow-up up to June 30, 2019 | | | |
Mentally, she is very forgetful of both recent and past memory. She has a desire for the company due to a sense of insecurity while alone. In a history, she had an injury to the right wrist joint after falling 1 year back. In family, her mother had osteoarthritis of both knee joints.

**Personal history**
She is a housewife, belongs to a lower socioeconomic condition, and has two sons and two daughters. She has a good social relationship and no habit of addiction in the past or present. She is sexually active and uses a barrier method during intercourse. Previously, she was also using oral contraceptive pills for years, but now stopped for few months.

On physical examination, no pallor, jaundice, cyanosis, edema, pigmentation, or lymphadenopathy were detected; the temperature was 99.5°F. Mild tenderness found on palpation of the suprapubic region.

Urinalysis report shows the presence of bacteria (++) and pus cells: 10–12/HPF (Date: September 5, 2018).

**Diagnosis**
Based on the history and clinical examination, we diagnosed the case as recurrent UTI (N39.0) is a specific 2018/19 ICD-10-CM code) [9] which was further supported by the urinalysis report.

**ANALYSIS OF THE CASE**
We analyzed and evaluated the characteristic mental, physical, and particular symptoms according to the priority (Table 1) for framing the complete picture of the case.

**REPERTORIAL ANALYSIS AND PRESCRIPTION**
Considering the above symptomatology, we repertorized the case using Kent’s Repertory in RADAR software (Table 2). Most of the symptoms covered by *L. clavatum*, *Nux vomica*, and *Sulphur*. After a thorough evaluation and consulting *Materia medica* [10], we prescribed *L. clavatum* in Q1 potency (50 millessimal) on September 6, 2018. We treated the case up to December 17, 2018, with successive potencies of the same medicine. In all visits, we advised the patient for a thorough evaluation and consulting. However, the most appropriate medicine was selected based on the totality of symptoms including different sides of the whole anamnesis of the patient. In the follow-ups, we thoroughly assessed the clinical situation that the patient presented, and according to that, the intervention was given.

Previously, a case series on the prevention of UTIs in patients with neurogenic bladder dysfunction was published [7]. A randomized clinical trial evaluating the efficacy of tuberculinum revealed its positive role on UTI [8]. However, this case report of 5 months duration reflects a very different nature and course. Successful treatment demonstrates better management of such cases with individualized homeopathic treatment. No conclusion regarding the efficacy can be drawn from this case report, but a large scale, well-designed controlled trial is warranted.

**CONSENS**
The study was verbally explained to the patient, and written consent was obtained. However, the patient was free to withdraw from the study at any time. For the ethical purpose, if any poor prognosis were suspected, then she would be referred to a regional center as per government norms.

**CONFLICTS OF INTEREST**
The authors have no conflicts of interest.

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