



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2025; 9(1): 341-343
Received: 12-12-2024
Accepted: 13-01-2025

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Role of homeopathic therapeutics in management of urinary tract infection-cystitis

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DOI: <https://doi.org/10.33545/26164485.2025.v9.i1.E.1374>

Abstract

Urinary Tract Infection are among the commonest renal diseases. It occurs at least once in the lifetime of any individual. It is most commonly occurring in Female as compared to male, due to anatomically shorter urethra. High recurrence rate and increasing antimicrobial resistance increase the economic burden of these disease. Homeopathy is an Art and Science based on Law of Nature. It is based on well proved scientific principles. It signifies a system of treatment in which the prescription is based on the similarity of symptoms of the patient, to those of a drug substance from homeopathic Materia Medica. These Homeopathic therapeutics helps by serving and caring of the patient in a comprehensive manner, preventing disease as well as managing specific problems.

Keywords: Urinary tract infection, cystitis, homeopathic therapeutics

Introduction

Urinary tract infections are one of the most common bacterial infections presented in general clinical practice. UTI primarily affect the lower urinary tract, involving the bladder and associated structures. Worldwide about 150 million peoples are diagnosed with UTI every year, accounting for one-fifth of emergency visits in outpatient' s department. Additionally, about 50 percentage of women in the reproductive age group (15-49 yrs.) have a history of at least a single episode of UTI in their lifetime. UTI is uncommon in men except over the age 60 when urinary tract obstruction occurring due to prostatic hypertrophy. Acute cystitis is one of the most common diseases that affect all age groups ranging from neonates to the geriatric population. Although majority of infections are acute and short lived, they contribute to a significant amount of morbidity and health care expenditure in the population. Every year about 5% of women of younger age experience new infection and the rate increase with increasing age. Acute cystitis although is generally self-limiting if it is left untreated and convert into chronic state, it can cause serious illness like permanent damage to the kidney, thus can also cause life threatening situation.

Urinary tract Infection

It is the infection of the urinary tract from anywhere between kidney to urethra.

Cystitis

It is defined as the inflammation of lining of the bladder, usually caused by infection.

Causes

- Bacterial causes.
- Irritating hygiene products.
- Improper/Poor hygiene.
- Engaging in sexual activity.
- Complication of certain disease like diabetes.
- Adverse reaction to certain drugs.
- Long term use of catheter.
- Less water intake.

Risk Factors

- Anaemia, Diabetes, Immunocompromised, Renal diseases
- History of recurrent UTI
- Pregnancy
- Poor water intake
- Catheterization
- Cosmetics use.

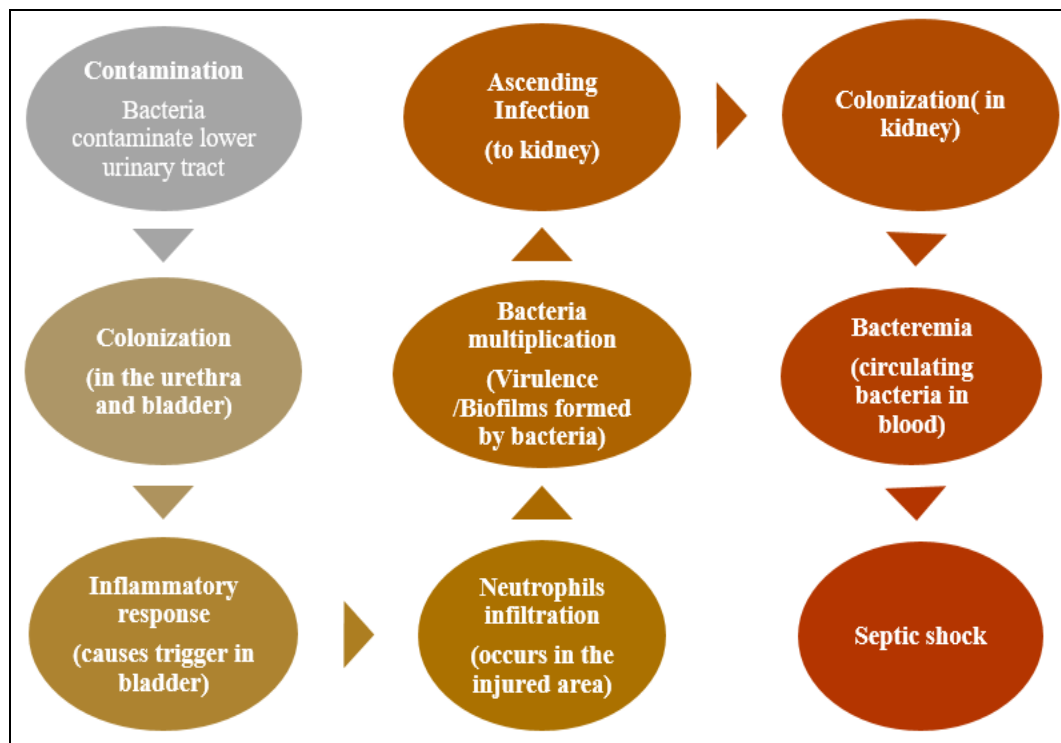
Types of cystitis

- Acute Cystitis
- Chronic or Interstitial Cystitis
- Bacterial cystitis (Infectious)
- Drug induced cystitis (Non-infectious)
- Radiation cystitis (Non-infectious)
- Foreign body cystitis (Non-infectious)
- Chemical cystitis (Non-infectious)
- **Acute Cystitis:** Sudden infection and inflammation of the lower urinary tract most commonly caused by bacteria (*e-coli*).
- **Chronic Cystitis:** Longer duration of inflammation and/or recurrent infection of bladder. It is also known as interstitial cystitis.

- **Bacterial cystitis:** inflammation of bladder caused by bacterial infection. It is also known as Lower urinary tract infection.
- **Drug induced cystitis:** It is a type of urotoxicity that occurs when certain drugs cause inflammation of the urinary bladder
- **Radiation cystitis:** Inflammation and irritation of the bladder due to radiation therapy to pelvis.
- **Foreign body cystitis:** Inflammation caused by mechanical irritation or tissue damage during the insertion or removal of the foreign object.
- **Chemical cystitis:** Inflammation of the bladder caused by various chemical agents ingested intentionally or accidentally.

Clinical Features of Acute/Chronic Cystitis

- Frequent urination of small volumes of urine
- Urgent urination
- Feeling pain or burning while urination
- Incomplete bladder emptying
- Pain or discomfort over suprapubic region
- Visible blood in the urine
- Fever of Mild to Moderate temperature.

Pathophysiology**Diagnostic Criteria**

- Urine routine and urine analysis with significant presence bacteriuria of 10^5 or more colonies per millimetre of midstream urine.
- Frequent urination.
- A strong urge to urinate.
- Burning or stinging sensation when urinating.
- Blood in the urine.
- Cloudy or strong-smelling urine.
- Pelvic discomfort.
- Pressure and pain in lower abdomen.
- Mild to moderate fever.
- Positive urine test showing-Infection, USG-histological changes and inflammation.
- The diagnosis of a UTI is made from the clinical history and urinalysis with confirmation by a urine culture if needed. Proper urine sample collection is essential for adequate evaluation and culture.

Investigation

Nitrates and esterase are the common indicators for acute uncomplicated cystitis in symptomatic patients

- Complete Blood Count

- Urine dipstick test
- Urine Routine and Microscopic
- Urine culture and sensitivity
- USG, CT scan, MRI
- Beta HCG
- UPT
- RBS, HbA1C, FBS, PP2BS
- HPV

Homoeopathic therapeutics

- **Uva Ursi:** Cystitis with bloody urine. Burning after discharge of slimy urine. Pyelitis. Frequent urging with severe spasm of bladder; burning and tearing pain. Urine contains blood, pus, and much tenacious mucus, with clots in large masses. Involuntary; green urine. Painful dysuria (Tincture, five to thirty drops. In pyelitis a trituration of the leaves.)
- **Thlapsi Bursa Pastoris-Capsella:** Renal and Vesical irritation. Frequent desire; urine heavy, phosphatic. Chronic Cystitis. Dysuria and spasmodic retention. Haematuria. Accumulation of gravel. Renal colic. Brick-dust sediment. Urethritis; urine runs away in little jets. Often replaces the use of the Cather. (Tincture, to sixth potency.)
- **Asparagus Officinalis:** Frequent urine, with fine stitches in orifices of urethra; burning; of peculiar Odor. Cystitis, with pus, mucus and tenesmus. Lithiasis (sixth potency)
- **Benzoicum Acidicum:** Repulsive Odor; Changeable color; brown, acid. Enuresis; dribbling, offensive urine of old men. Excess of uric acid. Vesical catarrh from suppressed gonorrhoea. Cystitis (third to sixth potency)
- **Sepia Officinalis:** Chronic Cystitis, slow micturition with bearing down sensation above pubis. Involuntary urine, during first sleep. (Twelfth, 30th and 200th potency should not be used too low or should not be used too frequently)
- **Staphysagria:** Honeymoon cystitis. Cystitis in lying -in patient. Pressure upon bladder; feels as if it did not empty. Sensation as if drop of urine were rolling continuously along the channel. Urging and pain after urination. (Third to Thirtieth potency).
- **Nux-vomica:** Irritable bladder; from spasmodic sphincter. While urinating itching in urethra and pain in neck of bladder. (First to thirtieth potency and higher. Nux is said to be best given in evening).
- **Arnica Montana:** Vesical tenesmus with very painful micturition.
- **Apis mellifica:** Burning and soreness when urinating. Last drop burns and smart.
- **Berberis vulgaris:** Sensation as if some urine retained after urination. Pain in bladder region. Frequent urination urethra burns when not urinating.

Auxillary measure

- Increase water intake.
- Maintain proper hygiene.
- Consume nutritious food.
- Use protective barriers during intercourse.
- Avoid using perfumes and other products which irritate and changes pH and aids bacterial growth.
- Timely catheter change.

- Control coexisting conditions like diabetes to avoid recurrent infection.

Conclusion

Homeopathic therapeutics help in treating the patient in safe and gentle way and thus useful in Management of Urinary Tract Infection-Cystitis with wide variety of Homeopathic medicines available in homeopathic Materia medica.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Rathod SKK, Sanghani CH. Role of homeopathic therapeutics in management of urinary tract infection-cystitis. International Journal of Homoeopathic Sciences. 2025;9(1):341-343.

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