

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

DEEPEN BARUAH¹, ABHIJIT DUTTA^{2*}

¹Department of Practice of Medicine, National Institute of Homoeopathy, Kolkata, West Bengal, India. ²Department of Organon of Medicine, National Institute of Homoeopathy, Kolkata, West Bengal, India. Email: drabhijitdutta1@gmail.com

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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 a substantial portion due to its ambiguity of treatment and response. Only using 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 pneumoniae*, 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

Table 1: Analysis and evaluation of symptoms

Mental	Desire for company
generals	Forgetful
Physical	General modalities: < Cold drinks>warm food and drinks
generals	Loss of appetite
	Perspiration less
	Thermal reaction: Chilly**
	Desire: Sweets and warm foods
	Frequency of urination day and night
	Urgency cannot hold urine during urge
	Involuntary urine during coughing and sneezing
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

REG.NO :I-6284	DATE OF RECEIPT : 05-09-2018	
Ms. ██████████	DATE OF REPORT : 05-09-2018	
SEX : F AGE : 35 YRS 7407035166		
Referred By : Dr. OF NATIONAL INSTITUTE OF HOMEO		
Primary Sample : Urine		
ROUTINE EXAMINATION URINE		
Investigation	Observed Value	Biological Reference Interval
General Examination		
Quantity	40 ml	
Colour	Pale yellow	Pale Yellow
Transparency(Appearance)	Slightly hazy	Clear
Deposit	Present	Absent
Reaction	Acidic	Acidic/Alkaline
Specific Gravity	1.020	1.010-1.030
Chemical Examination (Automated Dipstick Method)		
Urine Protein	Absent	Absent
Urine Ketones	Absent	Absent
Urine Sugar	Absent	Absent
Bile Pigments	Absent	Absent
Bile Salts	Absent	Absent
Urobilinogen	Normal	0.2 - 1 Eu/dl
Urine Phosphate	Absent	Absent
Urine Blood	Absent	Absent
Microscopic Examination		
Red Blood Cells	Absent	Absent
Pus Cells (WBCs)	10-12 /H.P.F.	0-5
Epithelial Cells	1-2 /H.P.F.	0-4
Crystal	Absent	Absent
Cast	Absent	Absent
Amorphous Deposits	Absent	Absent
Yeast Cells	Absent	Absent
Bacteria	Present(++)	Absent

Fig. 1: Routine examination of urine (Before treatment)

Table 2: Repertorization

Clipboard 1	1. MIND - COMPANY, - desire for (58) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	2. MIND - FORGETFUL (154) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
3. GENERALS - HEAT, - vital,lack of (108) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
4. STOMACH - APPETITE, - diminished (112) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
5. STOMACH - DESIRES - sweets (36) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
6. STOMACH - DESIRES - warm drinks - food (11) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
7. STOMACH - ERUCTATIONS - sour - eating, - after (30) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
8. CHEST - PALPITATION heart - eating,after (34) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
9. ABDOMEN - FLATULENCE - eating,after (21) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
10. BLADDER-URINARY ORGANS - URINATION, - frequent - daytime - and night (16) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
11. BLADDER-URINARY ORGANS - URINATION, - involuntary - cough,during (43) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
12. BLADDER-URINARY ORGANS - URINATION, - involuntary - desire is resisted,if (8) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
13. BLADDER-URINARY ORGANS - PAIN - aching - urination, - after (6) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
14. URETHRA-URINARY ORGANS - PAIN - burning - urination, - during (140) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
15. EXTREMITIES - PAIN - Foot - sole - walking,while (34) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
16. EXTREMITIES - PAIN - Knee - rising - from a seat (11) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
17. EXTREMITIES - PAIN - Leg - calf (64) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
18. EXTREMITIES - PAIN - Wrist - right (16) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	

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.

Patient : ██████████	Age:35y	Sex : F	Receiving No. :SB29
Address : 9593322323			Receiving Date :13/11/18
			Reporting Date :13/11/18

URINE
(Routine Examination)

Physical Examination :

Quantity Received	60 ml.
Colour	Pale yellow
Appearance	Clear
Specific gravity	1,010
Sediment	Nil
Blood	Nil

Chemical Examination :

Reaction (pH range)	Acidic
Protein (Tetrabromophenol blue)	Nil
Sugar (Glucose oxidase - peroxidase)	Nil
Phosphates (Heat & Acetic acid)	Nil
Acetone (Nitroprusside)	Nil
Urobilinogen (Ehrlich's reaction)	Nil
Bile Pigment (diazotized dichloroaniline)	Nil
Bile Salt (Surface tension)	Nil
Occult Blood (peroxidase like activity)	Negative

Microscopic Examination :

Red Blood Cells	Nil
Pus Cells	2-4/h.p.f.
Epithelial cells	A few
Casts	Nil
Crystals	Nil

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KS

Dr. A. Chatterjee, MD
 Dr. D. Ray, MBBS, DCP
 Dr. K. Mondal, MD
 Dr. Subir Kr. Dutta, MD
For, S.C.R.L.(P) Ltd.
 Dr. A. K. Manna, MD
 Dr. S. Nandy, MD
 Dr. K. Sarkar, MD
 Dr. N. Mukherjee, MBBS, DCP
 Dr. I. Mazumdar, MD, DNB

1. The above result relates only to the item tested and only to the time of testing.
2. Reference intervals mentioned herein are as per the kit literature and may change with the change of method or kit used.
3. In case a lack of correlation between the test result and clinical condition is found, the patient should be referred back to the laboratory.

Fig. 2: Routine examination of urine (After treatment)

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)	<i>Lycopodium clavatum</i> Q1, 16 doses Once in a day for 16 days	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	<i>Lycopodium clavatum</i> Q2, 16 doses Once in a day for 16 days	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	<i>Lycopodium clavatum</i> Q3, Q4 16 doses each Once in a day for 32 days	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	<i>Lycopodium clavatum</i> Q5, Q6 16 doses each Once in a day for 32 days	Same as before
December 17, 2018	Urinalysis report (November 13, 2018) reveals only pus cells 2-4/hpf and few epithelial cells (Fig. 2) 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	
Continued follow-up up to June 30, 2019	No further recurrence of symptoms		

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 millesimal) 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 maintaining local hygiene and protected sexual intercourse. After the complete resolution of symptoms, the patient did not report any further recurrence in the next 6 months of follow-up (Table 3).

DISCUSSION AND CONCLUSION

UTI is a common clinical condition, but the chronic or recurrent variety is not as frequent as the acute one [11]. In the case of chronic or recurrent UTI, it is often found to be challenging to treat partly due to its resistant nature. Diagnosis of recurrent UTI depends on the characteristic of clinical features, history, three positive urinary cultures within the previous 12-month period in symptomatic patients, and the presence of neutrophils in the urine (pyuria) [12]. Due to the diverse nature of symptoms, recurrent UTI hampers the quality of life drastically.

Hence, many medicines are depicted in different homeopathic *Materia medicas* but which medication will be chosen, ultimately depends on the individuality of the patient in terms of his history and presenting symptoms. Characteristic symptoms obtained from the thorough case history. On the basis of that, there were a couple of suggestive medicines

after consultation with repertory. However, the most appropriate one (i.e., *L. clavatum*) 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.

CONSENT

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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