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Homoeopathic Management of Urinary Tract Infection with Sarsaparilla Officinalis - A Case Report

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Abstract

Urinary Tract Infection (UTI) is one of the most commonly encountered bacterial infections involving the bladder, ureters, urethra or kidneys. Homoeopathy offers a holistic approach to management by addressing the individual symptom expression and underlying susceptibility. This case report presents the homoeopathic management of a 29-year-old woman suffering from UTI with characteristic symptoms such as burning at the end of urination, scanty urine flow, sandy urinary sediments. Based on totality of symptoms, repertorization and miasmatic understanding, Sarsaparilla Officinalis was selected. Remarkable improvement was observed in 6 days, confirmed by clinical symptoms and urine analysis. This case highlights the potential role of individualized homoeopathic treatment in UTI.

Keywords: Urinary Tract Infection, Sarsaparilla Officinalis, Urine Analysis

Introduction

Urinary Tract Infection is a bacterial infection that affects the parts of the urinary system. The majority of infections are caused by Escherichia coli. Symptoms may include burning urination, urgency, frequency, suprapubic pain, foul-smelling urine and sensation of incomplete bladder emptying [2]. UTIs are diagnosed through urine routine analysis and urine culture [3]. Homoeopathy treats UTI based on individual symptoms, constitution and miasmatic background, offering holistic relief and prevention of recurrence [4]. UTIs account for millions of outpatient visits globally. Women: Lifetime risk 50–60% and Men: Lifetime risk 12%. Older women are particularly prone due to anatomical and physiological changes. UTIs occur more frequently in females due to shorter urethra and proximity to the anal region. Causes include, Bacteria: Escherichia coli, Staphylococcus saprophyticus, Klebsiella pneumoniae, Proteus spp., Enterococcus spp., Pseudomonas aeruginosa and Fungi (Candida spp.). Others: Urinary obstruction, Stones, Poor hydration, Inadequate hygiene [1].

Case Report Chief
Complaints Patient
Name: X Age: 29 years
Visit: December 2025

Hospital: Maria Homoeopathic Medical College & Hospital, Kanyakumari.

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The patient presented with severe burning pain at the end of urination, scanty urine passed with difficulty, weak and thin stream of urine, sandy sediments in urine, increased frequency and urgency but passes very little, colic pain in the region of kidney, pain worse while sitting to urinate, pain in urethra at the close of urination and during urination, tenesmus of bladder, general weakness along with fever. She reported very little thirst and avoided drinking because even small amounts increased the desire to urinate and her sleep was disturbed.

Past History

No significant medical history.

Family History

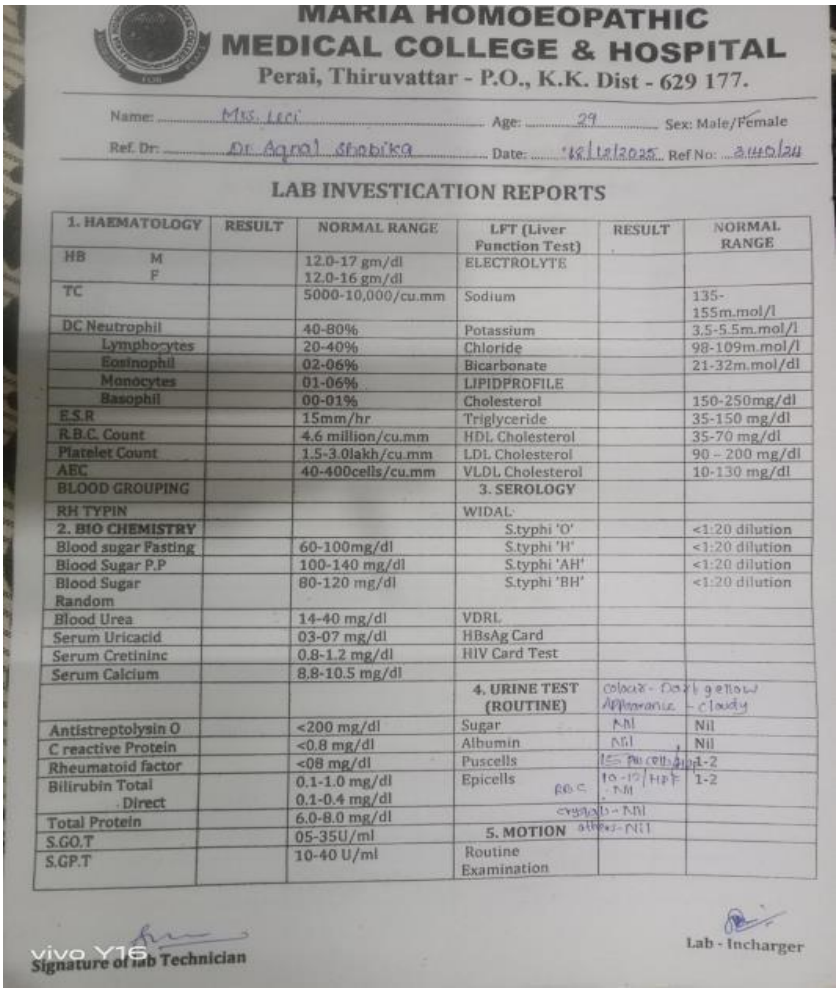
No relevant hereditary conditions reported.

Physical Generals

- Burning pain after urination
- Sleep disturbed by repeated urging
- Sandy deposits noticed in urine.

Lab Investigation

Figure 1



MARIA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
Perai, Thiruvattar - P.O., K.K. Dist - 629 177.

Name: Mrs. Leci Age: 29 Sex: Male/Female
Ref. Dr: Dr. Agnal Shobika Date: 18/12/2025 Ref No: 2140/24

LAB INVESTICATION REPORTS

1. HAEMATOLOGY	RESULT	NORMAL RANGE	LFT (Liver Function Test)	RESULT	NORMAL RANGE
HB M F		12.0-17 gm/dl 12.0-16 gm/dl	ELECTROLYTE		
TC		5000-10,000/cu.mm	Sodium		135-155m.mol/l
DC Neutrophil		40-80%	Potassium		3.5-5.5m.mol/l
Lymphocytes		20-40%	Chloride		98-109m.mol/l
Eosinophil		02-06%	Bicarbonate		21-32m.mol/dl
Monocytes		01-06%	LIPIDPROFILE		
Basophil		00-01%	Cholesterol		150-250mg/dl
E.S.R		15mm/hr	Triglyceride		35-150 mg/dl
R.B.C. Count		4.6 million/cu.mm	HDL Cholesterol		35-70 mg/dl
Platelet Count		1.5-3.0lakh/cu.mm	LDL Cholesterol		90 – 200 mg/dl
AEC		40-400cells/cu.mm	VLDL Cholesterol		10-130 mg/dl
BLOOD GROUPING			3. SEROLOGY		
RH TYPIN			WIDAL		
2. BIO CHEMISTRY			S.typhi 'O'		<1:20 dilution
Blood sugar Fasting		60-100mg/dl	S.typhi 'H'		<1:20 dilution
Blood Sugar P.P		100-140 mg/dl	S.typhi 'AH'		<1:20 dilution
Blood Sugar Random		80-120 mg/dl	S.typhi 'BH'		<1:20 dilution
Blood Urea		14-40 mg/dl	VDRL		
Serum Uricacid		03-07 mg/dl	HBsAg Card		
Serum Cretininc		0.8-1.2 mg/dl	HIV Card Test		
Serum Calcium		8.8-10.5 mg/dl			
			4. URINE TEST (ROUTINE)	colour - Dark yellow Appearance - cloudy	
Antistreptolysin O		<200 mg/dl	Sugar	Nil	Nil
C reactive Protein		<0.8 mg/dl	Albumin	Nil	Nil
Rheumatoid factor		<08 mg/dl	Puscells	15-Pus cells/hpf	1-2
Bilirubin Total Direct		0.1-1.0 mg/dl 0.1-0.4 mg/dl	Epicells	10-12/HPF FEW	1-2
Total Protein		6.0-8.0 mg/dl		crystals - Nil	
S.GO.T		05-35U/ml	5. MOTION	Blood - Nil	
S.GP.T		10-40 U/ml	Routine Examination		

Signature of Lab Technician
Lab - Incharger

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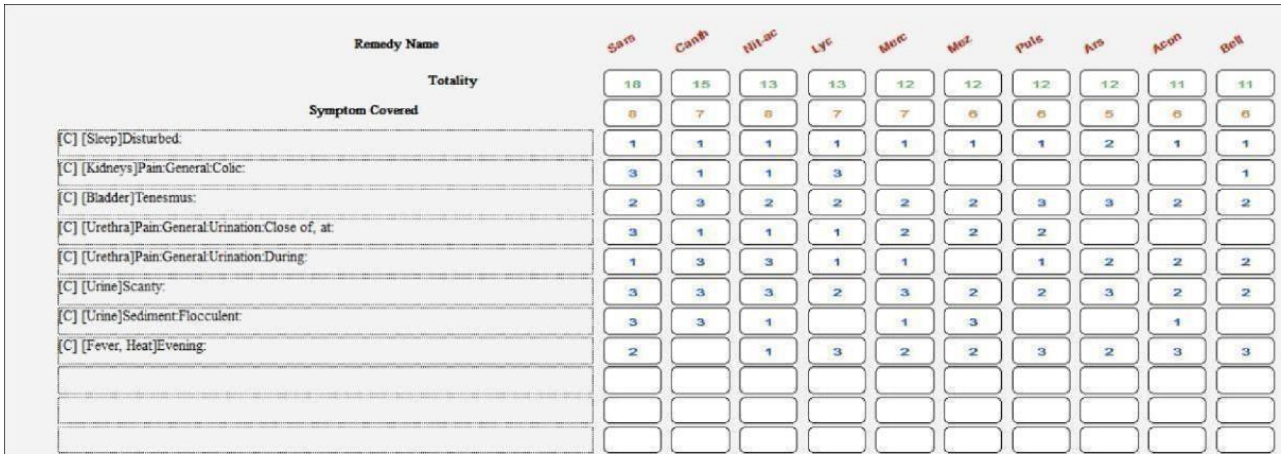
Repertorial Result

Figure 2



Remedy Name	Sars	Canth	Nit.ac	Lyc	Merc	Mez	Puls	Ars	Acon	Bell
Totality	18	15	13	13	12	12	12	12	11	11
Symptom Covered	8	7	8	7	7	6	6	5	6	6
[C] [Sleep]Disturbed:	1	1	1	1	1	1	1	2	1	1
[C] [Kidneys]Pain:General:Colic:	3	1	1	3						1
[C] [Bladder]Tenesmus:	2	3	2	2	2	2	3	3	2	2
[C] [Urethra]Pain:General:Urination:Close of, at:	3	1	1	1	2	2	2			
[C] [Urethra]Pain:General:Urination:During:	1	3	3	1	1		1	2	2	2
[C] [Urine]Scanty:	3	3	3	2	3	2	2	3	2	2
[C] [Urine]Sediment:Flocculent:	3	3	1		1	3			1	
[C] [Fever, Heat]Evening:	2		1	3	2	2	3	2	3	3

Sars – 18/8, Canth – 15/7, Nit.ac – 13/8, Lyc – 13/7, Merc – 12/7

Prescription

1. Sarsaparilla 200/1 Dose (ST)
2. Globules No. 40 (3 × TDS)

Justification for Prescription Sleep disturbed
Colic pain Tenesmus
Pain in urethra at close of urination
Pain in urethra < during urination Scanty urine
Sandy sediments in urine
Fever < evening **General**

Management

- Drink adequate clean water
- Do not hold urine for long time
- Maintain local hygiene
- Avoid coffee, spicy foods and urinary irritants
- Wear loose cotton garments.

Results and Discussion

The patient came with urinary tract infection has done urine routine before and after administration of medicine. She has been administered homoeopathic medicine for 6 days and the symptoms got relieved.

According to the organon of medicine, complete picture of symptoms guides the selection of remedy which must single, simple and similar to the sufferings of the patient. The potency is to be selected based on susceptibility, vitality, nature of disease and symptom similarity [4].

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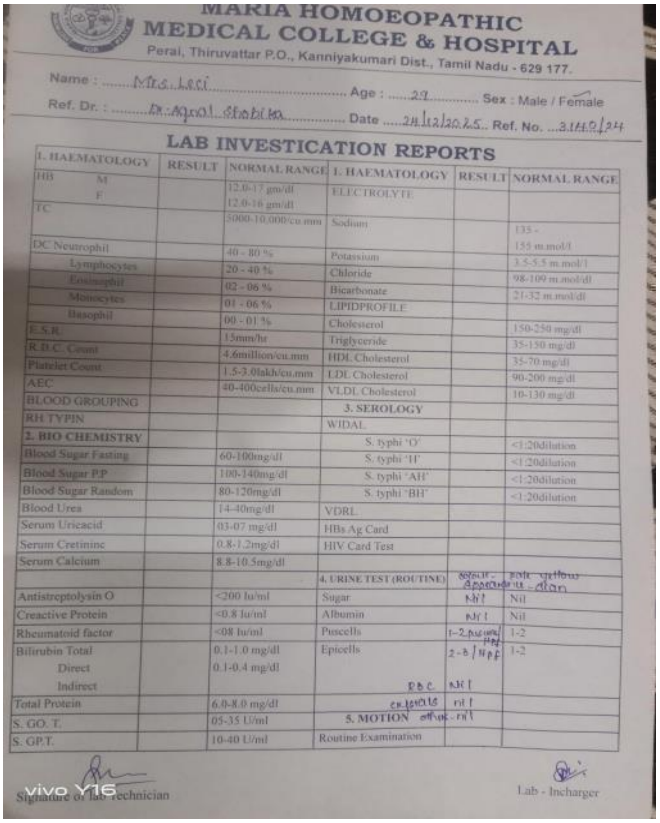
Figure 3



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LAB INVESTICATION REPORTS

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DC Neutrophil		40 - 80 %	Potassium		3.5-5.5 m.mol/l
Lymphocytes		20 - 40 %	Chloride		98-109 m.mol/dl
Eosinophil		02 - 06 %	Bicarbonate		21-32 m.mol/dl
Monocytes		01 - 06 %	LIPIDPROFILE		
Basophil		00 - 01 %	Cholesterol		150-250 mg/dl
E.S.R.		15mm/hr	Triglyceride		35-150 mg/dl
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Platelet Count		1.5-3.0lakh/cu.mm	LDL Cholesterol		90-200 mg/dl
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Blood Urea		14-40mg/dl	VDRL		
Serum Uricacid		03-07 mg/dl	HBs Ag Card		
Serum Cretinine		0.8-1.2mg/dl	HIV Card Test		
Serum Calcium		8.8-10.5mg/dl			
			4. URINE TEST (ROUTINE)	[illegible]	[illegible]
Antistreptolysin O		<200 Iu/ml	Sugar	Nil	Nil
Creactive Protein		<0.8 Iu/ml	Albumin	Nil	Nil
Rheumatoid factor		<08 Iu/ml	Puscells	1-2 [illegible]	1-2
Bilirubin Total Direct Indirect		0.1-1.0 mg/dl 0.1-0.4 mg/dl	Epicells	2-3/HPF	1-2
			RBC	Nil	
Total Protein		6.0-8.0 mg/dl	[illegible]	nil	
S. GO. T.		05-35 U/ml	5. MOTION	[illegible]	
S. GP.T.		10-40 U/ml	Routine Examination		

Signature of lab technician Lab - Incharger

Homoeopathy offers more of therapeutics such as Cantharis vesicatoria, Nitric acid, Lycopodium clavatum, Mercurius solubilis, Mezereum, Pulsatilla nigricans, Arsenicum album, Aconitum, Belladonna [5].

Conclusion

Homoeopathy offers an effective and individualized approach to managing UTIs. In this case, Sarsaparilla officinalis was selected due to its keynotes corresponding to the patient's symptom picture, particularly burning at the close of urination and sandy urine sediments. The patient showed steady and satisfactory improvement within six days, demonstrating the potential of homoeopathy as a supportive and holistic treatment option for UTIs.

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