International Journal of Advanced Multidisciplinary Research and Innovation

E-ISSN: 3107-6157 editor@ijamri.com

Volume 2, Issue 3, May-June 2026

Homoeopathic Management of Urinary Tract Infection with Cantharis Vesicatoria – A Case Report

Rejin R[1], Aswani S V[2], Merylin Eunice R J[3], Arsha Mohan[4]

[1]Vice Principal, Professor Head - Department of Practice of medicine, Maria Homoeoapthic Medical College, Perai, Thiruvattar, Kanniyakumari

[2]Assistant Professor - Department of Practice of Medicine, Maria Homoeoapthic Medical College, Perai, Thiruvattar, Kanniyakumari

[3,4]Intern, Maria Homoeoapthic Medical College, Perai, Thiruvattar, Kanniyakumari

ABSTRACT

Urinary tract infection (UTI) refers to an infection that affect any part of the urinary tract such as kidneys, ureters, bladder, urethra. Homoeopathy approaches to treat the symptoms along with the harmony of the vital force. The case report shows the homoeopathic management of a 35 year old female with urinary tract infection. The patient presented with the complaints of sudden flank pain, urgency of urine with frequency but pass a few drops at a time, violent cutting pain, burning pain while urination, itching while urination, disturbed sleep and fever. Detailed case taking and miasmatic evaluation pointed the existence of psoric background. The repertorization with Kent repertory was done in Hompath software suggested Cantharis vesicatoria that is suitable for the case. The patient was given Cantharis vesicatoria 30 1 dose . The symptoms commenced to reduce slightly and is evidenced through urine analysis. Hence the case becomes a proof of the individualized treatment of homoeopathy in treatment of the symptoms and enhancement of life of the patient.

KEYWORDS

Urinary tract infection, Cantharis vesicatoria, urine analysis

INTRODUCTION

A urinary tract infection is a common problem nowadays which is a bacterial infection in any part of the urinary tract (kidneys, ureters, bladder, urethra) when microbes usually Eschericia coli, Staphylococcus saprophyticus, Klebsiella pneumonia, Proteus species, Enterococcus species, Pseudomonas aeriginosa enter and multiply causing symptoms like pain, urgency, frequency and can become serious if untreated. It produces symptoms such as pain during urination, increased frequency of urination, strong and sudden urge to urinate, pass small quantity of urine, suprapubic pain, cloudy or foul smelling urine, mild fever, feeling of incomplete emptying of bladder, flank pain [1]. This can be investigated through urine analysis which can be evident through the presence of infectious organism in the urine and urine culture, USG [2]. Lifetime risk :

International Journal of Advanced Multidisciplinary Research and Innovation

E-ISSN: 3107-6157 editor@ijamri.com

Volume 2, Issue 3, May-June 2026

women : 50 – 60%, men : 12%. It accounts for millions of outpatient visits and hospitalisation annually. More common in boys during the first year of life and girls become more prone than boys after infancy. Women are disproportionately affected due to shorter urethra [3].

CASE PRESENTATION :

A 35 years old female present with complaint of flank pain ,urgency in urination ,painful urination and complaints are associated with fever for a day .

HISTORY OF PRESENTING COMPLAINTS:

The patient was apparently well before 2 days, since 2 days she was having complaints of flank pain, urgency of urine with frequency but pass a few drops at a time, violent cutting pain, burning pain while urination, itching while urination and had fever for a day. Even small quantity of passing urine increases her pain. She also was extremely restless and her sleep was disturbed.

PAST HISTORY: No major illness has been reported.

FAMILY HISTORY: No relevant family history reported.

PHYSICAL GENERALS: Frequency and urgency in urination increased**,** disturbed sleep due to pain**.**

INVESTIGATION:

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

Name : Mrs. Maria Priya Age : 35 yrs Sex : Male / Female

Ref. Dr. : REJIN R Date 06/11/2025 Ref No. : MHMCH 005.0004

LAB INVESTIGATION REPORT

I. HAEMATOLOGY	RESULT	NORMAL RANGE	LFT (Liver Function Test)	RESULT	Normal Range
HB M F		12.0-17 gm/dl 12.0-16gm / 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		21-32 m.mol./l
Monocytes		01-06%	LIPIDPROFILE		
Basophil		00-01%	Cholesterol		150-250mg./dl
E.S.R.		15mm / hr	Triglyceride		35-150mg./dl
R.B.C. Count		4.6 milion / cu.mm	HDL Cholesterol		35-70mg./dl
Platelet Count		1.5-3.01lakh/cu.mm	LDL Cholesterol		90-200mg./dl
AEC		40-400cells/cu.mm	VLDL Cholesterol		10-130mg./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
Creative Protein		< 0.8 mg/dl	Albumin	Nil	Nil
Rheumatoid factor		< 08 mg/dl	Puscells	15-20/HPF	1 - 2
Bilirubin Total Direct		0.1-1.0 mg/dl 0.1-1.4 mg/dl	Epicells RBC Cast	8-12 HPF Nil Nil	1 - 2
Total Protein		6.0-8.0 mg/dl	Crystals	Nil	
S.GO.T.		0.5-35 U/ml	5. MOTION Others	Nil	
S.GP.T		10-40 U/ml	Rotine Examination		

Signatur of lab Technician Lab - Incharger

International Journal of Advanced Multidisciplinary Research and Innovation

E-ISSN: 3107-6157 editor@ijamri.com

Volume 2, Issue 3, May-June 2026

REPERTORIAL RESULT

Remedy Name	Canth	Berb	Apis	Sulph	Cann-s	Nux-v	Cann-i	Sars	Lyc	Merc
Totality	17	13	13	13	12	11	11	10	10	10
Symptom Covered	8	8	7	5	8	7	6	8	7	6
[C] [Sleep]Disturbed:	1	1	2	3	1	1	1	1	1	1
[C] [Urine]Profuse, increased:	2	1	2	3	1	2	3	2	2	3
[C] [Urethra]Itching:	1	2	1	3	2	2	1	1	2	1
[C] [Urethra]Pain:General:Urination:Before:	3	2	2	2	3	2	3			2
[C] [Urethra]Pain:General:Urination:During:	3	2	2		2	2	2	1	1	1
[C] [Urethra]Urging:					1			1		
[C] [Kidneys]Pain:Cutting:	3	2	1		1	1	1	1	1	2
[C] [Kidneys]Pain:General:Urination:Agg.:Before:	2	2			1			2	2	
[C] [Kidneys]Pain:General:Urination:Agg.:During:	2	1								
[C] [Fever, Heat]Morning:			3	2		1		1	1	

Canth – 12/6, Cham – 12/6, Chin – 12/5, Graph – 12/5, Dulc – 11/6

PRESCRIPTION:

1. CANTHARIS VESICATORIA 30/1Dose (ST)

JUSTIFICATION FOR PRESCRIPTION:

Sleep disturbed

Profuse urination

Itching in urethra

Pain in urethra before and during urination

Cutting pain in region of kidney

Pain in region of kidney before and during urination

Fever

GENERAL MANAGEMENT AND AUXILLARY MEASURES

Adequate hydration

Avoid holding urine for long periods

Reduce irritants like caffeine and spicy food

Maintain proper hygiene

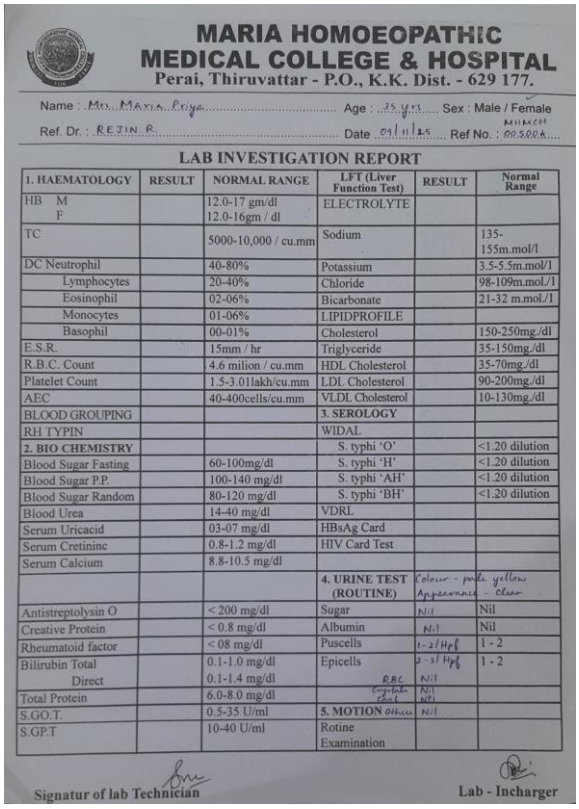
International Journal of Advanced Multidisciplinary Research and Innovation

E-ISSN: 3107-6157 editor@ijamri.com

Volume 2, Issue 3, May-June 2026

FOLLOW-UP

During the fifth day of administration of medicine, the symptoms commenced to reduce slightly and the complaints got relieved that is evidenced through urine analysis.



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

Name : Mrs. Maria Priya Age : 35 yrs Sex : Male / Female

Ref. Dr. : REJIN. R. Date : 01/11/25 Ref No. : 005004

LAB INVESTIGATION REPORT

1. HAEMATOLOGY	RESULT	NORMAL RANGE	LFT (Liver Function Test)	RESULT	Normal Range
HB M		12.0-17 gm/dl	ELECTROLYTE		
F		12.0-16gm / dl			
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		21-32 m.mol./l
Monocytes		01-06%	LIPIDPROFILE		
Basophil		00-01%	Cholesterol		150-250mg./dl
E.S.R.		15mm / hr	Triglyceride		35-150mg./dl
R.B.C. Count		4.6 milion / cu.mm	HDL Cholesterol		35-70mg./dl
Platelet Count		1.5-3.01lakh/cu.mm	LDL Cholesterol		90-200mg./dl
AEC		40-400cells/cu.mm	VLDL Cholesterol		10-130mg./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 Cretinine		0.8-1.2 mg/dl	HIV Card Test		
Serum Calcium		8.8-10.5 mg/dl			
			4. URINE TEST (ROUTINE)	Colour - pale yellow Appearance - clear	
Antistreptolysin O		< 200 mg/dl	Sugar	Nil	Nil
Creative Protein		< 0.8 mg/dl	Albumin	Nil	Nil
Rheumatoid factor		< 08 mg/dl	Puscells	1-2/Hpf	1 - 2
Bilirubin Total		0.1-1.0 mg/dl	Epicells	2-3/Hpf	1 - 2
Direct		0.1-1.4 mg/dl	RBC	Nil	
Total Protein		6.0-8.0 mg/dl	Crystals Cast	Nil Nil	
S.GO.T.		0.5-35 U/ml	5. MOTION Others	Nil	
S.GP.T		10-40 U/ml	Rotine Examination		

Signatur of lab Technician Lab - Incharger

RESULT AND DISCUSSION

The patient who has come with the complaints of urinary tract infection has undergone urine analysis before treatment and after treatment. She was given homoeopathic medicine orally for 5 days and the complaints got relieved. In homoeopathy, there are lot of medicines such as Sarsaparilla officinalis, Apis mellifica, Berberis vulgaris, Staphysagria, Mercurius solubilis, Nitric acid, Pulsatilla nigricans, Sepia officinalis, Lycopodium clavatum, Thuja occidentalis, Natrium muriaticum, Equisetum, Kalium carbonicum [4]. It is necessary to treat the patient as a whole and not the disease. If the selection of medicine is not a simillimum, it can lead to severe aggravations which may increase the discomfort of the patient. So it is mandatory for the physician to select the remedy that will be suitable for the patient [5].

CONCLUSION:

Homoeopathy offers a holistic and individualized approach to the management of urinary tract infections. By considering the patient's specific symptoms, constitution and overall well-being, homoeopathic remedies aim not only to relieve acute symptoms such as burning micturition, urgency, frequency but also to address underlying susceptibilities and prevent recurrence.

International Journal of Advanced Multidisciplinary Research and Innovation

E-ISSN: 3107-6157 editor@ijamri.com

Volume 2, Issue 3, May-June 2026

REFERENCES:

1. Textbook of medicine, KV Krishna Das, 6th edition, Jaypee brothers medical publishers [P] Ltd, NewDelhi, Reprint:2023
2. Hutchison's clinical methods, an integrated approach to clinical practice, Twenty fifth edition, ELSEVIER publication, Reprint:2022
3. Urinary tract infection syndromes: occurrence, recurrence, bacteriology, risk factors and disease burden, Betsy Foxman b. Infect Dis Clin North Am. 2014 Mar.
   Available from : https://pubmed.ncbi.nlm.nih.gov/24484571/
4. Boericke's new manual of Homoeopathic material medica with repertory, Third revised and augmented edition based on nineth edition, B.Jain publishers [P] Ltd, 51st impression:2022
5. Organon of medicine, Samuel Hahnemann, Fifth and sixth edition combined, B.jain publishers [P] Ltd, 33rd impression:2020