



SYMPTOM-BASED HOMOEOPATHIC MANAGEMENT OF URINARY TRACT INFECTION WITH APIS MELLIFICA: A CASE REPORT

Sumaiya Khan¹, Pooja Sharma²

¹MD scholar, Department of Practice of Medicine, Government Homoeopathic Medical college & Hospital, Bhopal, MP, India, 462003.

²Professor & HOD, Department of Community Medicine, Government Homoeopathic Medical college & Hospital, Bhopal, MP, India, 462003.

ARTICLE INFO:

Article History:

Received On: 03/04/2026

Accepted On: 10/04/2026

Published On: 13/04/2026

eISSN No: 3048-6270

DOI:

<https://doi.org/10.59939/3048-6270.2026.v4.i2.4>

Website:

<https://www.homoeopathicchronicles.com/archives/volume-iv-issue-ii>

Keywords: Homoeopathy,
Urinary tract infection, Post-menopausal women, UTISA

ABSTRACT: Urinary tract infection is the most common infection among female population which hampers day today life, and needs some reliable tools for assessment and management. During post-menopausal state there are many factors which increases the risk of urinary tract infection among this particular age group. This case report shows the effectiveness of homoeopathic medicines in managing UTI and assessment of overall improvement in patients' condition with the help of Urinary Tract Infection Symptom Assessment questionnaire. This tool helped in the assessment of severity and bothersomeness of urinary symptoms. Also, it helped in noticing even minimal improvement reported by the patients.

INTRODUCTION: Urinary Tract Infection is the most common, morbid infection among female population hampering day today life. Generally, around 50-80% women acquire UTI once in their lifetime. Most Indian females of menopausal age group, does not dare to acknowledge their genitourinary troubles and considering it as a part of ageing process. Women are more prone to urinary tract infections than man, because of their anatomy.



In this regard, excessive use of intimate hygiene products which interferes natural vaginal microbiome as well as sexual activity with poor voiding habits and poor hygiene after sexual activity can be considered a major risk factor for UTI. Also, the close proximity of anus is also blamed as it facilitates the colonization of organisms like *Escherichia coli*, *Enterococcus fecalis* and *Streptococcus* species. Other than this, pregnancy is a major risk factor in reproductive age group. Catheterization is yet another factor.

In postmenopausal age group declining estrogen levels manipulate the vaginal epithelium which leads to vaginal atrophy. The reduced glycogen levels contribute in falling counts of lactic acid bacteria which results in colonization of other bacteria in menopausal vagina mainly, *Escherichia coli* which spread and can cause UTI.

ICD 11 mortality and morbidity statistics

As per WHO's International Classification Of disease 11th revision (ICD-11), Urinary Tract Infection, site not specified comes under the code- GC08. There are many other code mentioned in ICD-11 for UTI such as GC08.0 for UTI site not specified, due to *Escherichia coli*, GC08.Y&X for urinary tract infection, site not specified, due to *pseudomonas aeruginosa*. There is no specific code given for UTI in menopausal age group.

PREDISPOSING and RISK FACTORS

The predisposing factors for UTI in post-menopausal females include altered host defense due to immune dysregulation, most cases are caused by remnant previous bacterial strain, vaginal microbiome and vaginal pH were considered as a major role in UTI. Obstruction at any level can cause incomplete emptying, allowing bacterial multiplication. Also, diabetes is a major risk factor in all age groups and menopause itself is considered as a risk factor for UTI.

The major risk factors include frequent sexual activity, use of spermicides, poor voiding habits, previous UTI, urinary incontinence, poor perineal hygiene, prolonged use of urinary catheter, immunosuppressive drugs, and renal calculi.

For the assessment of urinary symptom Urinary Tract Infection Symptom Assessment questionnaire was used. It is a self-administered questionnaire to assess the severity and bothersomeness of UTI symptoms of patients with integrated Global rate of Changing under the questionnaire, that helped to assess minimal improvement.



DIAGNOSTIC TESTS

The diagnosis of UTI can be made by symptom presentation of patient along with urinalysis, urine culture, urine dipstick test, USG etc.

DIFFERENTIAL DIAGNOSIS

The differential diagnosis for this particular case could be renal calculi, atrophic vaginitis, bacterial vaginitis, urinary incontinence etc.

GENERAL MANAGEMENT

After confirming the diagnosis, it is necessary to manage case with general advises to counsel the patient for loose fitted clothes, maintain perineal hygiene, cotton garments, immediate voiding after sexual activity, proper hydration etc.

PATIENT INFORMATION

Demographic information

The patient is a 60-years old, female residing in shivpuri, MP. Who is a housewife in an upper-class family.

Chief complaints

The patient present with sensation of burning after urination along with sensation of swelling due to burning. Urine is dark and scanty. There is heaviness in lower abdomen since, 3-4 days. She also has pain in right flank region with nausea during pain. Also, there is pain in sacral region while bending forward.

Medical, Family and psychosocial History

The patient's medical history includes no major illness during childhood. Her family history states her mother was a homemaker and had hypothyroidism, her father and brother both have type 2 diabetes mellitus. Psychosocially, the patient has a strong bond with her family, she is of mild nature, calm and composed in her thoughts. She values family and tackles every situation calmly. There is no anger or emotional suppression stated by the patient as she expresses her thoughts with family and friends. Physically she is a hot patient, with low thirst approximately 1-litre per day and scanty perspiration, also, the patient has desire for milk.

GYNAECOLOGICAL HISTORY

She had menarche at 13 or 14 years of age with regular period of 30-32 days of cycle of 3-4 days duration. Menopause occurred at 46 years of age.



OBSTETRICAL HISTORY

G2P2L2A0 (FTND)

Relevant past intervention and outcomes.

Before homoeopathic treatment, the patient underwent minor surgical procedure (Percutaneous Nephrolithotomy PCNL) for her right sided renal calculi around 1 year ago.

CLINICAL FINDINGS

Physical examination findings

The physical examination revealed slight tenderness over suprapubic region. The renal margins are non-palpable suggesting that there is no hydronephrosis. Abdomen is soft.

Clinical history

The selection of the homoeopathic treatment was guided by the synthesis of local signs and symptoms, physical generals and mental generals

- **Local symptoms-** The primary indication includes specific “burning after urination”, with sensation of swelling over genital region due to burning. The aggravation of burning occurs after urination. Urine is “scanty” and “dark”.
- **Physical generals-** The patient’s status is as a “hot” patient, with “low thirst” and specifically “scanty perspiration” provided essential points. Her desire for milk narrowed the remedial choice.
- **Mental and emotional layer-** Psychologically, the patient has strong bond with her family she is calm and composed full of tranquility. She has no major fears reported.

TIMELINE

CLINICAL PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
Burning after urination	Marked	Minimal
Pain in lower abdomen	Moderate	relieved
Nausea during pain	Marked	relieved
Pain in right flank	Intense like renal colic	minimal



Urine frequency	Increased, but urine was scanty,	Normal, urine now normally voiding.
-----------------	----------------------------------	-------------------------------------

Table 1 – transformation before and after treatment

URINE PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
Color	Pale yellow	Yellow
Transparency	Hazy	Hazy
Pus cells	8-10/hpf	1-2/hpf
WBCs	Nil	Nil
RBCs	Nil	Nil
Epithelial cells	2-4/hpf	2-4/hpf
Bacteria	Present	absent

Table 2 – change in urine parameters before and after treatment

Figure 1 & 2- Urine analysis before and after treatment



DIAGNOSTIC ASSESSMENT

Diagnosis

Acute cystitis / urinary tract infection

Diagnostic methods

The diagnosis was made primarily through detailed clinical history and urinalysis evaluation. As per International classification of diseases, 11th revision urinary tract infection is coded under the code- GC08 Urinary tract infection, site not specified.

Diagnostic challenge

The diagnostic challenge in this case was lack of lab report such as urine culture.

Diagnostic reasoning

The diagnostic approach follows a miasmatic and repertorial approach. While conventional diagnosis focused only to the urine culture to confirm the diagnosis, the homoeopathic analysis considered the whole picture of the patient including physical and mental generals along with the particular urinary symptoms, giving a focus on totality. Repertorial results pointed towards *Apis mellifica*, *Sepia*, *Staphysagria* and *Natrum muriaticum*. *Apis mellifica* was selected as the primary remedy, the miasmatic analysis was identified predominantly as psoric.

Prognostic characteristics

The prognosis was good

THERPEUTIC INTERVENTION

Totality of symptoms

MENTAL GENERALS

- Calm and composed
- Restless during urination

PHYSICAL GENERALS

- Thermally -towards hot
- Thirst- low
- Perspiration scanty
- Desire for milk

**PARTICULARS**

- Burning after urination
- Urine scanty
- Dysuria

CONVERSION OF SYMPTOMS INTO RUBRICS

1. MIND- RANQUILITY
2. STOMACH – THIRSTLESSNESS
3. BLADDER- PAIN
4. BLADDER URINATION- DYSURIA
5. URINE- BURNING
6. URINE- SCANTY
7. PERSPIRATION- SCANTY SWEAT
8. GENERALS FOOD and DRINKS- milk- desire

BREPERTORIAL ANALYSIS

Choice of repertory- Synthesis repertory

Working method- computer

Software used- synthesis

Process- total addition method



REPERTORIAL RESULT

MIND	Remedies	ΣSym	ΣDeg	Symptoms
1 MIND - TRANQUILLITY	apis	8	17	1, 2, 3, 4, 5, 6, 7, 8
STOMACH	sep.	8	14	1, 2, 3, 4, 5, 6, 7, 8
2 STOMACH - THIRSTLESS	staph.	8	14	1, 2, 3, 4, 5, 6, 7, 8
BLADDER	nat-m.	8	11	1, 2, 3, 4, 5, 6, 7, 8
3 BLADDER - PAIN	verat.	8	11	1, 2, 3, 4, 5, 6, 7, 8
4 BLADDER - URINATION - dysuria	lach.	8	10	1, 2, 3, 4, 5, 6, 7, 8
URINE	sil.	8	9	1, 2, 3, 4, 5, 6, 7, 8
5 URINE - BURNING	ign.	8	8	1, 2, 3, 4, 5, 6, 7, 8
6 URINE - SCANTY	ars.	7	16	1, 2, 3, 4, 5, 6, 8
PERSPIRATION	nux-v.	7	14	2, 3, 4, 5, 6, 7, 8
7 PERSPIRATION - SCANTY SWEAT	ph-ac.	7	13	1, 2, 3, 4, 5, 6, 8
GENERALS	sulph.	7	13	1, 2, 3, 4, 5, 6, 8
8 GENERALS - FOOD and DRINKS - milk - desire	rhus-t.	7	12	1, 2, 3, 4, 5, 6, 8

Figure: 3 & 4 – Repertorial result

TYPES OF INTERVENTION

The primary intervention was pharmacological, using individualized homoeopathic treatment. In addition to homoeopathic medicine dietary and life style changes were advised.

Type of homoeopathy

The treatment utilized a personalized homoeopathic approach. A specific single individualized remedy was chosen based on the patients' totality, incorporating particular symptoms, physical generalities, and mental-emotional traits.

Medication details

Primary remedy- *Apis mellifica*, a single constituent homoeopathic remedy.

Potency and scale- The remedy was administered in 30th centesimal potency

Galenical form- Medication were provided in standardized homoeopathic globule form for oral administration.



Administration- treatment commenced on 02/05/2025 with Apis mellifica 30 C twice for 3 days. The duration of treatment and documented follow-up spanned one month from 02/05/2025 to 02/06/2025.

PRESCRIPTION

Rx

1. Apis mellifica 30 BD for 3 days
2. Saclac 30 BD for 5 days

FOLLOW UP - First follow up was taken after 3 days, or as per requirement of patient

DATE	PROGRESS/ FOLLOW- UP	PRESCRIPTION
06/05/2025	The patient reported no such relief in 3 days. Frequency of urination slightly decreased. The burning after urination slightly decreased. No change in flank pain but, nausea during pain is relieved. Pain in sacral region on bending slightly decreased but, not relieved completely.	<i>Rx Apis mellifica 30 twice for 5 days.</i> <i>Cantharis Q (SOS)</i>
12/05/2025	Slight improvement reported, the pain and burning reduced mildly, with complete relief in nausea during flank pain. Sacral pain relived moderately.	<i>Rx Apis mellifica 30 twice daily for 3 days</i> <i>Saclac twice daily for 10 days, Cantharis Q (sos)</i>
26/05/2025	The patient is much better, relief in almost all complaints. The burning pain after urination has been relieved much, nausea gone completely, flank pain markedly relieved.	<i>Rx Saclac twice daily for 5 days</i>
02/06/2025	All complaints resolved markedly, the patient has no marked pain since, 2 days, nausea completely relived, sacral pain decreased markedly but occurs sometimes.	<i>Rx Saclac twice for 3 days</i>

Table: 3 – Follow-up table showing progress of improvement

Assessment through Urinary Tract Infection Symptom Assessment (UTISA) questionnaire

Urinary Tract Infection Symptom Assessment (for use at Visit 1)

3.5 About Your Symptoms and Their Impact on Your Life (for use at visit 1)

Please indicate whether you have had the following symptoms/problems in the past 24 hours and how severe they were: (Please circle one number for each symptom)				SYMPTOMS	If you have experienced these symptoms/problems in the past 24 hours, please indicate how bothersome they were? (Please circle one number for each symptom)			
Did not have	Mild	Moderate	Severe		Not at all	A little	Moderately	A lot
0	1	2	3	Frequency of urination (going to the toilet very often)	0	1	2	3
0	1	2	3	Urgency of urination (a strong and uncontrollable urge to pass urine)	0	1	2	3
0	1	2	3	Pain or burning when passing urine	0	1	2	3
0	1	2	3	Not being able to empty your bladder completely/passing only small amounts of urine	0	1	2	3
0	1	2	3	Pain or uncomfortable pressure in the lower abdomen/pelvic area caused by your urinary tract infection	0	1	2	3
0	1	2	3	Low back pain caused by your urinary tract infection	0	1	2	3
0	1	2	3	Blood in your urine	0	1	2	3

8. Please give an overall rating of the severity of your urinary tract infection symptoms as they are at this moment (Please circle the number of your answer)

0 No symptoms at all 1 Mild 2 Moderate 3 Severe

S → 16
B → 13
Total = 29

Figure 5: Assessment Before Treatment

Urinary Tract Infection Symptom Assessment (for use at Visit 1) (UTISA-Visit 1)

5.1 About Your Symptoms and Their Impact on Your Life (for use after visit 1)

Please indicate whether you have had the following symptoms/problems in the past 24 hours and how severe they were: (Please circle one number for each symptom)				SYMPTOMS	If you have experienced these symptoms/problems in the past 24 hours, please indicate how bothersome they were? (Please circle one number for each symptom)			
Did not have	Mild	Moderate	Severe		Not at all	A little	Moderately	A lot
0	1	2	3	Frequency of urination (going to the toilet very often)	0	1	2	3
0	1	2	3	Urgency of urination (a strong and uncontrollable urge to pass urine)	0	1	2	3
0	1	2	3	Pain or burning when passing urine	0	1	2	3
0	1	2	3	Not being able to empty your bladder completely/passing only small amounts of urine	0	1	2	3
0	1	2	3	Pain or uncomfortable pressure in the lower abdomen/pelvic area caused by your urinary tract infection	0	1	2	3
0	1	2	3	Low back pain caused by your urinary tract infection	0	1	2	3
0	1	2	3	Blood in your urine	0	1	2	3

8. Please give an overall rating of the severity of your urinary tract infection symptoms as they are at this moment (Please circle the number of your answer)

0 No symptoms at all 1 Mild 2 Moderate 3 Severe

S → 21
B → 3
T → 7

UTISAF Bayer AG 2002, 2004
UTISA-Visit 1 - United States English
© 1999 Bayer AG, Langen, Germany

Urinary Tract Infection Symptom Assessment (for use at Visit 1) (UTISA-Visit 1)

9. Since you last completed this questionnaire, have there been any changes in your urinary tract infection symptoms? (Please circle the number of your answer)

0 about the same
1 better
2 worse

(Note - if the patient responded 1 - better to question 9, go on question 10 below)

10. Please indicate how much better (circle the number of your answer)

6 a very great deal better
5 a great deal better
4 a good deal better
3 moderately better
2 somewhat better
1 a little better

Figure 6 Assessment After Treatment



Assessment through Urinary Tract Infection Symptom Assessment (UTISA) questionnaire

S. NO	SYMPTOMS	BEFORE		AFTER	
		SEVERITY 0,1,2,3	BOTHERSOME NESS 0,1,2,3	SEVERITY 0,1,2,3	BOTHERSOME NESS 0,1,2,3
1	Frequency	3	2	1	1
2	Urgency	3	2	1	1
3	Pain/ burning or dysuria	3	3	1	1
4	Incomplete emptying of bladder	3	2	1	0
5	Lower abdominal / pelvic pain	2	1	0	0
6	Pain in lower back	2	2	0	0
7	Hematuria	0	0	0	0
Total		16	14	4	3
Total UTISA score (severity + bothersomeness)		30		7	

Table 4 – Showing Assessment of patient through UTISA questionnaire.



ASSESSMENT

Total UTISA score – before treatment – 30, after treatment- 7, Difference – 23

Percentage change – 76.66%

Improvement status – marked improvement

Assessment through patient perceived Global Rate of changing scale (GRC) integrated in UTISA

	GLOBAL RATE OF CHANGING SCALE	BEFORE	AFTER	
8	Overall severity (GRC 1)	3	1	
	<table><tr><td>0-No symptoms at all</td><td>1-Mild</td><td>2- Moderate</td><td>3-Severe</td></tr></table>			0-No symptoms at all
0-No symptoms at all	1-Mild	2- Moderate	3-Severe	
9	Any change in UTI symptoms <u>after treatment</u> (GRC2)	NA	1	
	<table><tr><td>0- no change</td></tr></table>			0- no change
	0- no change			
	<table><tr><td>1- better</td></tr></table>			1- better
1- better				
<table><tr><td>2- worse</td></tr></table>	2- worse			
2- worse				
10	How much better <u>after treatment</u> (GRC 3) to be answered only if respond better in previous question	NA	5	
	<table><tr><td>6- A very great deal better</td></tr></table>			6- A very great deal better
	6- A very great deal better			
	<table><tr><td>5- A great deal better</td></tr></table>			5- A great deal better
	5- A great deal better			
	<table><tr><td>4- A good deal better</td></tr></table>			4- A good deal better
	4- A good deal better			
<table><tr><td>3- Moderately better</td></tr></table>	3- Moderately better			
3- Moderately better				
<table><tr><td>2- Somewhat better</td></tr></table>	2- Somewhat better			
2- Somewhat better				
<table><tr><td>1- A little better</td></tr></table>	1- A little better			
1- A little better				

Table 5 – Showing patient perceived GRC scaling integrated under UTISA



DISCUSSION

Several studies and case reports highlight the effectiveness of individualized homoeopathic medicines in urinary tract infection. Dr. Kusum et al treated two post-menopausal women ageing 74 and 45 years respectively with series of homoeopathic medicines according to the patients' need, showed significant improvement with MONARCH as +10 and +9 respectively [6]. Another case series was published by Dr. Katharina et al, where all patients were of menopausal age group and prescribed homoeopathic medicines resulting significant improvement with MONARCH as 8-10 for each patient [7].

Further, a case report published by Dr. Deepen et al, treated a case of recurrent UTI of a 35-years old, female with individualized homoeopathic medicine *Lycopodium clavatum* Q1 resulting in significant improvement in clinical as well as pathological aspects [8]. Dr. C Alagu et al reported a single case of a 35 years- old female treated successfully with individualized homoeopathic medicine *Belladonna* 1M for her acute UTI and associated complaints [9]. All these studies, along with this case, highlights that individualized homoeopathic medicine selected on the basis of totality of symptoms plays an important role in achieving the goal of clinical improvement. The gradual reduction in the severity of symptoms observed in this case further supports the effectiveness of individualized homoeopathic medicines in managing and treating Urinary Tract Infection which is comparable to previous clinical reports and theoretical principles of individualized prescription. This further supported by the assessment done with the help of UTISA questionnaire.

CONCLUSION

This case report suggested marked improvement in the patients' condition proving that homoeopathic medicines work effectively for treating UTI. Also, UTISA questionnaire is a reliable toll for the assessment of symptom severity and bothersomeness with patient perceived self-reporting. This suggests the scope of homoeopathic treatment in such acute conditions requiring furthers researches in support.



CONFLICT OF INTEREST

We certified that the patient has given her consent to provide the clinical information to publish in the journal and will not disclose any personal details in the public domain.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this paper.

ACKNOWLEDGEMENT

There are no sponsorships or financial support.

REFERENCES

1. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. HARRISONS PRINCIPLES OF INTERNAL MEDICINE. Mc Graw Hill Education. 2018.
2. Clayson D, Wild D, Doll H, Keating K, Gondek K. Validation of a patient-administered questionnaire to measure the severity and bothersomeness of lower urinary tract symptoms in uncomplicated urinary tract infection (UTI): the UTI Symptom Assessment questionnaire. BJU Int [Internet]. 2005;96(3):350–9. Available from: <http://dx.doi.org/10.1111/j.1464-410X.2005.05630.x>
3. Munjal YP, editor. API textbook of medicine. mumbai: The Association of Physicians of India. 2012.
4. ICD-11 for mortality and morbidity statistics [Internet]. Who.int. [cited 2026 Apr 11]. Available from: <https://icd.who.int/browse/2026-01/mms/en>
5. Schroyens F. Synthesis: Repertorium Homoeopathicum Syntheticum. Greifenberg, Germany: Hahnemann Institut; 2005.
6. Chand KS, Kapoor P. Two case reports of integrated management of antibiotic-resistant urinary tract infection. Homeopathy [Internet]. 2020;109(2):97–106. Available from: <http://dx.doi.org/10.1055/s-0039-1696992>



7. Gaertner K, von Ammon K, Frei-Erb M. Individualized homeopathic treatment in women with recurrent cystitis: A retrospective case series. Complement Med Res [Internet]. 2020;27(3):193–9. Available from: <http://dx.doi.org/10.1159/000504317>
8. Baruah D, Dutta A. Homeopathy in the treatment of recurrent urinary tract infection a case report. Innovare J Med Sci [Internet]. 2020; Available from: <http://dx.doi.org/10.22159/ijms.2020.v8i2.36685>
9. Pandiaraj DCA, Murugan DM. Urinary tract infection treated with homoeopathy: Single case report. Int J Homoeopathic Sci [Internet]. 2023 [cited 2026 Apr 11];7(2):488–91. Available from: <https://www.homoeopathicjournal.com/archives/2023.v7.i2.H.871/urinary-tract-infection-treated-with-homoeopathy-single-case-report>

***Address for Correspondence:**

Sumaiya Khan, M.D Scholar
Department of Practice Of
Medicine , Government
Homoeopathic Medical College &
Hospita, Bhopal, Madhya Pradesh,
India, 462003.

Email:

sumaiyakhan475@gmail.com

This article is Open Accessible
and licensed under a [Creative
Commons Attribution-
NonCommercial 4.0
International License](#). You are
welcome to use this work non-
commercially as long as author
is credited by citing the work.



How to cite this Article: Khan S, Sharma P. Symptom-Based Homoeopathic Management of Urinary Tract Infection With Apis Mellifica: A Case Report. International Journal for Fundamental and Interdisciplinary Research in Homoeopathy. 2026 Apr 13;4(2):35–48.