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MANAGEMENT OF URINARY TRACT INFECTION USING LM POTENCY OF *CANTHARIS VESICATORIA*: A CASE REPORT

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ABSTRACT: **Introduction:** Urinary tract infection is mostly bacterial infection, frequently seen in all age groups and both sexes[1], that form 1-3 percent of cases in hospitals and clinics[2].One of the mostly indicated medicines for the infections of urinary tract is *Cantharis vesicatoria*[3,4,5]. LM potencies are effective and fast acting treatment option for both acute and chronic diseases with less aggravation[6]. This case report demonstrates the role of LM potency in treating urinary tract infection.

Case summary: A 50-year-old female patient presented with the complaints of burning pain in urethra and increased frequency of micturition for 3 days, with urine microscopy pus cells count 30-35 / HPF, was successfully treated with *cantharis vesicatoria* 0/1. First potency of LM scale was selected and repetition of medicine was adjusted as per the requirement of the case. There was a significant improvement in the urinary symptoms and reduction in pus cell count in urine after 1-week treatment. The case report shows the role of LM potencies in treating acute urinary tract infections.

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INTRODUCTION

Urinary tract infection is one of the commonest bacterial infections which can significantly affects day to day activities. Sometimes it will lead to the conditions which vary from infection of bladder to urosepsis and the progress mostly due to wrong management. Individuals of different age groups and sexes[1]can get UTI, but women are having increased prevalences[7]. The prevalence of UTI is high as same as to respiratory tract infections[8]. The daily activities will be affected and it increases the economic burden of the society, mainly due to the recurrence and antimicrobial resistance[9].

The homoeopathic prescription looks for the similarity of symptoms of the patient with the disease symptoms and medicine treats patient as a whole rather than particular disease or organism[10]. Permanent restoration of health can be attained through homoeopathic medicines in a safe and effective way[11,12]

One of the mostly indicated medicines in Materia Medica for the infections of urinary tract is Cantharis vesicatoria[3,4,5]. 50 millesimal (LM) scale was introduced in the last edition of Organon of Medicine as most perfected method by Dr Samuel Hahnemann for the effective management of acute as well as chronic cases rapidly by reducing the period of cure. It was also a solution to the aggravation observed with centesimal scale and administered by diluting in water, taken as small doses, slightly altering the dynamization prior to each dose by giving succussions to the medicinal phial, repeated as long as necessary[6]. But sufficient number of studies are lacking in the topic of LM potencies especially in infections like UTI.

Patient information

Patient presented with the complaints of burning pain in urethra and increased frequency of micturition on 12/05/26.The patient was apparently asymptomatic until 3 days ago. Later, she developed a sudden onset of burning pain during micturition. The burning sensation persists for a few minutes after passing urine. She observed that the symptoms are aggravated by the intake of spicy food and coffee.She also complains of lower abdominal pain, which is occasionally severe and unbearable. There is an increase in the frequency of urination, approximately 7–10 times in a day. There is no history of fever or haematuria.

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Past History

The patient is a known case of Rheumatic Heart Disease and Hypothyroidism. She is on regular treatment with Thyronorm 50 µg once daily. She had Transient Ischemic Attack (TIA)in the year of 2017.

Family history

The patient's father is a known case of hypertension and ischemic heart disease. Themother is a known case of hypertension. There is no other significant family history of diseases noted.

Personal history

Patient is married and a homemaker, who belonged to a middle socioeconomic family. The last menstrual period (LMP) of the patient was on 24/04/26 and menstrual cycle was occurring once every three months. No passage of clots and offensive odour during menstruation. No offensive discharge per vagina.

Clinical findings

On abdominal examination, tenderness was elicited in the suprapubic region. No other significant abnormality was noted.

Generals

The patient was well-built and nourished. She had a good appetite and thirst, consuming approximately 2½ litres of water per day. Bladder habits are alteredwith increased frequency of micturition of 7–10 times in a day. Bowel habits are satisfactory with two bowel movements per day.Sleep is adequate and refreshing. There is no history of any addictions and allergies.

Investigations

Urine microscopy revealed 30–35 pus cells per high-power field (HPF), suggestive of significant pyuria. Epithelial cells were 25–30 per high-power field (HPF).

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Father Muller Medical College

Mrs. [redacted]
50 Y FEMALE
REFERRING PHYSICIAN
DR. EMERGENCY MEDICAL OFFICER
DEPARTMENT
EMERGENCY MEDICINE

UHID [redacted]
Request ID [redacted]
OP NO [redacted]
Report Status
Final

REQUESTED DATE	COLLECTED DATE	RECEIVED DATE	REPORTED DATE
12 MAY 2026 12:05:02	12 MAY 2026 13:33:34	12 MAY 2026 13:33:40	12 May 2026 15:14:07

INVESTIGATIONS	VALUE	UNIT	BIOLOGICAL REFERENCE
DEPARTMENT OF CLINICAL PATHOLOGY			
SAMPLE TYPE : Urine			
ROUTINE (URINE COMPLETE)			
URINE COLOUR	Pale yellow		Yellow (Straw to amber)
Observation			
PH	5.0		4.6 - 8
Double indicator principle (Strip method)			
URINE TRANSPERANCY	Slightly Turbid		Clear
Observation			
SPECIFIC GRAVITY	1.026		1.003 - 1.035
Refractive Index Method			
PROTEIN URINE	Trace		Negative
Protein error of pH indicators principle (Strip method)			
SUGAR (URINE)	Negative		Negative
Glucose oxidase reaction (Strip method) / Benedicts test (manual)			
URINE BLOOD (HB & HB DERIVATIVES)	Negative		Negative
Oxidation of indicator catalysed by Peroxidase like activity of Heme (Strip method)			
URINE KETONE BODIES	Negative		Negative
Nitroprusside Method			
BILE PIGMENTS	Negative		Negative
Azo Coupling/Fouchets Test			
BILE SALTS	Negative		Negative
Azo Coupling/Hays Test			
LEUKOCYTES	Positive		Negative
Measurement of Leukocyte Esterase Activity			

Print Date : 12-05-2026 15:14 Page 1 / 2

Figure 1- Urinalysis report- before treatment



Father Muller Medical College

Mrs. [redacted]
50 Y FEMALE
REFERRING PHYSICIAN
DR. EMERGENCY MEDICAL OFFICER
DEPARTMENT
EMERGENCY MEDICINE

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OP NO [redacted]
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Final

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INVESTIGATIONS	VALUE	UNIT	BIOLOGICAL REFERENCE
NITRITE	Negative		Negative
Griess Method			
MICRO EXAMINATION			
RBCS	2-4	/HPF	0 to 2
WBCS	30-35	/HPF	Upto 5
EPITHELIAL CELLS	25-30	/HPF	Occassional to 2-3
CRYSTALS	Uric Acid seen		
CASTS	Nil		
OTHERS	Bacteria seen		

END OF REPORT

Report Entered By/Date
Divya Jyothi Rodrigues/2026-05-12 14:59:26

[redacted]
DR. JAYAPRAKASH C.S
MBBS,MD
CLINICAL PATHOLOGIST

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Figure 2- Urinalysis report- before treatment showing increased pus cells and epithelial cells in urine suggestive of UTI

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Diagnostic assessment

The patient was diagnosed as Urinary tract infection on the basis of available history with clinical and laboratory findings.

Therapeutic intervention

Totality of symptoms of the case was considered and after thorough reference from materiamedica, Cantharis was selected as similimumLM1 potency of Cantharis was prescribed,as 1 teaspoon daily at night for 1 week.

Sector totality

- Burning micturition^{2+}
  < during and after micturition^{2+}, drinking coffee^{2+}, spicy food^{1+}
- Increased frequency of urination
- Pain in lower abdomen

Follow up

After one week medication, symptoms are improved with reduction in the count of pus cells and epithelial cells in urine to 8-10/ HPF and 3-4/ HPF respectively.



DIAGNOSTIC REPORT

Quality Assurance | Mark of Excellency

Name : Mrs[redacted]
AGE/SEX : 50 Yrs / Female
REF CENTER : MEDIQUEST-URWA
REFERRED BY :

REG/LAB NO. [redacted]
DATE OF COLLECTION : 19-05-2026 at 01:24 PM
DATE OF REPORT : 19-05-2026 at 04:01 PM

TEST PARAMETER	RESULT	UNIT	REFERENCE RANGE
URINE ROUTINE / ANALYSIS			
PHYSICAL CHARACTERS			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	CLEAR		CLEAR
SPECIFIC GRAVITY	1.010		1.010 - 1.020
pH	6.0		6.0-7.5
CHEMICAL CONSTITUENTS			
ALBUMIN	NIL		NIL
KETONE BODIES	ABSENT		ABSENT
SUGAR	ABSENT		ABSENT
BILIRUBIN	ABSENT		ABSENT
BILE SALT	ABSENT		ABSENT
BILE PIGMENT	ABSENT		ABSENT
UROBILINOGEN	NORMAL		NORMAL
BLOOD	ABSENT		ABSENT
NITRATE	PRESENT		ABSENT
MICROSCOPY			
PUS CELLS	8 - 10	/hpf	2-3/hpf
R.B.C	NIL	/hpf	0-1/hpf
EPITHELIAL CELLS	3 - 4	/hpf	2-3/hpf
CASTS	ABSENT		ABSENT
CRYSTALS	ABSENT		ABSENT
BACTERIA	PRESENT		

*** End of Report ***

Test marked with symbol is accredited by NABL vide certificate no MC-7918

[redacted]
Ms.Jospreeth
DMLT
Lab Technician

Approved By
Dr. ARAVIND P., MD.Path
Consultant Pathologist

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*This Report is subjected to the terms and conditions mentioned overleaf

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Figure 3- Urinalysis report- after treatment showing reduction in pus cells and epithelial cells

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Follow up and outcome

Date	Follow up	Prescription
12/05/26	• Burning pain in urethra • Increased frequency of micturition- 7-10 times /day • Lower abdominal pain • Urine microscopy pus cells- 30-35/ HPF, Epithelial cells- 25-30/ HPF	1) CANTHARIS 0/1 1 TSP HS X 1 WEEK
19/05/26	• Burning pain in urethra- better • Increased frequency of micturition- 4-6 times /day • Lower abdominal pain- better • Urine microscopy pus cells- 8-10/ HPF, Epithelial cells- 3-4/ HPF	No medication

Table 1- Follow up and outcome

Discussion

Urinary tract infection (UTI) is one of the most common bacterial infections that affect women.It is marked by symptoms such as a burning sensation while urinating, a frequent need to urinate, a sudden urge to urinate, pain in the area above the pubic bone, and the presence of pus in the urine[1,2].In this case, the diagnosis was made based on the patient's clinical symptoms and examination of the urine.The urine analysis showed a high pus cell count of 30–35 HPF which supports the diagnosis of an acute UTI.

The homoeopathic treatment was based on the complete set of symptoms rather than just the diagnosis of the disease.The specific symptomssuch as a burning pain in the urethra during and after urination, worsening of symptoms after drinking coffee or eating spicy food, and a frequent need to urinateclosely matched the symptom profile described for Cantharis vesicatoria in standard homoeopathic references[13].

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The 50 millesimal potency was chosen following the guidelines from Hahnemann's sixth edition of the Organon of Medicine.Hahnemann recommended the use of LM potencies because they allow for more frequent dosing in both acute and chronic conditions.They help to reduce the risk of harmful effects by using a water-based administration method, which also helps in achieving a quick recovery[6].This approach is especially useful in acute conditions where a fast and mild treatment is needed.

After a week of treatment with Cantharis vesicatoria LM1, the patient experienced a significant improvement in both the symptoms they were feeling and the results from the lab tests.The burning pain in the urethra and lower abdomen was greatly reduced, and the number of times they needed to urinate went down from 7–10 times a day to 4–6 times a day.Urine microscopy showed a decrease in pus cells from 30–35 per high power field to 8–10 per high power field and a reduction in epithelial cells from 25–30 per high power field to 3–4 per high power field, showing improvement in the inflammation.However, the persistence of nitrates and bacteria in urine indicates residual bacteriuria at this stage[14]. Thus, while there was considerable clinical improvement and pus cell count reduction, complete microbiological resolution couldn’t be established. Patient did not experience any negative side effects or worsening of symptoms during treatment.

The case shows positive result due to the individualized treatment and the use of LM potencywhich gave gentle and rapid recovery.However, since this is a single case report, other factors like the body naturally resolving the infection on its own, cannot be ruled out entirely.Therefore, the results should not be considered applicable to a larger group of people.

This case presents initial clinical evidence indicating that the LM potencies may be effective in treating uncomplicated acute urinary tract infections.Toconfirm these findings and ensure consistency, larger observational studies and randomized controlled trials are needed.

Conclusion

This case shows positive improvements in both the patient's reported symptoms and laboratory test results after receiving individualized homoeopathic treatment with LM potency of *Cantharis vesicatoria* for an acute urinary tract infection.

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The urinary symptomsand urine microscopy revealed adecrease in pus cell countfrom 30–35/ HPF to 8–10/HPF within a week. The results suggest that a properly chosen remedy given in LM potency can lead to quick clinical and laboratory improvements without causing any adverse effects. More clinical research is necessary to validate these findings.

Informed consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical images. The patient was informed that identifying information wouldn't be disclosed and the clinical information and images would be used solely for academic and publication purposes.

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