



**Evaluating the Clinical Utility of Petroselinum sativum in Recurrent Urinary Tract Infection:
A Single Case Analysis**

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Abstract- Urinary tract infection (UTI) is a common clinical condition, especially among middle-aged and elderly women, often leading to significant physical discomfort and disturbed daily life. Recurrent episodes and increasing antibiotic resistance highlight the need for safe and individualized therapeutic approaches. Homoeopathy, based on the principle of individualization, offers effective management by addressing the characteristic symptoms of the patient rather than the disease alone. This case report describes a 52-year-old female presenting with recurrent urinary tract infection characterized by frequent and sudden urging to urinate, difficulty in passing urine, biting and tingling pain in the urethra during micturition, milky urethral discharge, early satiety, and disturbed sleep with dreams. Repertorization of the totality of symptoms indicated Petroselinum as the most suitable remedy. A single dose of Petroselinum 200C, followed by placebo, resulted in marked improvement within a few days and complete resolution of symptoms within two weeks. Effectiveness of individualized homoeopathic treatment in recurrent urinary tract infection.



❖ **KEYWORD:** *Homoeopathy, UTI, Petroselinum Sativum*

❖ **INTRODUCTION:**

Urinary tract infections (UTIs) is a common, distressing and occasionally life-threatening condition. UTIs may be defined as a condition in which Bacteria enter, persist and multiply within the urinary tract. UTIs can affect both lower and upper urinary tract. The lower urinary tract infections may involve the **Bladder** (*Cystitis*) or **Urethra** (*Urethritis*) while upper urinary tract infections affect the **Kidney** (*Pyelonephritis*). Most of the infections involve the lower urinary tract the Bladder and the urethra.

Recurrent urinary tract infection is defined as minimum 2 episodes in 6 months or, more than 3 episodes within the 12 months, if affects 25% of women's with a history of urinary tract infections.

E.coli is the most common cause of UTI and is responsible for about 80-85 % of all UTIs. Other bacteria involved in UTIs include Staphylococcus, Saprophyticus, Klebsiella, Pseudomonas and Enterococcus. UTIs rarely due to viral, fungal and parasitic infections.

❖ **PREDISPOSING FACTORS TO UTIS:**

1. Anatomical Factors: Structural abnormalities such as posterior urethral valves, vesico-ureteric reflux, and urethral strictures cause urinary stasis and increase the risk of UTI.

2. Functional Factors: Neurogenic bladder, diabetes mellitus, immune-suppression, urinary calculi, congenital anomalies, and foreign bodies (catheters, stents) predispose to infection. In females, post-menopausal estrogen deficiency, faulty voiding habits, spermicides, and vaginal douching further increase risk.

3. Personal Hygiene Factors: Improper perineal hygiene, use of douches or feminine sprays, prolonged holding of urine, and long periods of immobility contribute to UTIs.



4. Dietary Factors: Bladder-irritating foods such as spicy items, artificial sweeteners, alcohol, coffee, caffeine, and citrus fruits may worsen UTI symptoms.

5. Environmental Factors: Warm weather is associated with a higher incidence of UTIs, likely due to dehydration and increased bacterial growth

❖ **THE MOST COMMON SYMPTOMS OF UTIs:**

- Pain or Burning when passing urine
- Frequent urination
- Suprapubic pain
- Fever with chill
- Urine- Dark, cloudy or Reddish in color (Blood may be present in the urine)
- Offensive smell
- Feelings pain even when not urinating
- Tiredness
- Pain in the lower Abdomen area below the bellybutton, or in the back or side, below the ribs
- Nausea or vomiting
- Strong urge to urinate, but only a small amount of urine is passes

❖ **INVESTIGATIONS:**

- Urine culture Full blood count; urea, electrolytes, creatinine Blood cultures
- Renal tract ultrasound or CT
- Cystoscopy
- Dipstick estimation of nitrite, leucocyte esterase and glucose Microscopy/cytometry of urine for white blood cells, organisms.

❖ **TREATMENTS:**

Conventional Treatment:

The commonly employed antibiotics include cotrimoxazole, ampicillin, amoxicillin,



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cephalosporins, nitrofurantoin and quinolones. Aminoglycosides should be used for gram-negative infections.

Combination analgesics containing urinary antiseptic, a urine-acidifying agent, and an antispasmodic agent also are available.

General Management:

1. Increased fluid intake
2. Maintain genital hygiene
3. Diet rich in fruits and vegetables; avoidance of spicy and irritating foods.
4. Cranberry juice and supplements

CASE

PRELIMINARY DATA:

Name: R.G.Patel

Age/Sex:52/F

Religion: Hindu

Occupation: Housewife

Address: Mehsana

PRESENTING COMPLAINTS:

A 52 year old women presenting with complaints of recurrent episodes of Burning and biting pain during urination since last 4-5 days < morning, < after holding urine, Tingling during urination, Strong urging to urinate frequently, Feeling of incomplete emptying , Difficulty in passing urine , White Milky type discharge from urethra, Offensive smell.

HISTORY OF PRESENTING ILLNESS:

The patient developed burning and biting pain during urination 5 days ago. Gradually, frequent urging began, even after urinating small quantities. She complains of difficulty at the beginning of urination, followed by dribbling. A milky discharge from the urethra started 3 days ago. Each episode recurs after 3-4 months, lasts 4-5 days. Take Conventional treatment for complaints its give



temporary relieved and appear after in same form.

MENTAL GENERALS:

- Anxiety about her health
- Easily irritated
- Prefers to stay quiet and avoid arguments

PHYSICAL GENERALS:

- Appetite: Early satiety
- Thirst: Moderate
- Perspiration: Normal
- Stool: Regular, once a day
- Urine: Frequent, painful, white milky discharge, 10-12/D & 4-5/N
- Sleep: Disturbed with dreams
- Thermal Reaction: Chilly

PAST HISTORY: Dengue Fever – 34 year of age

FAMILY HISTORY:

- Mother: UTI
- Sister: Arthritis
- Father: Hypertension

GYNAECOLOGICAL HISTORY-

- Age of Menarche:** 13 years
- Regular cycle, lasts 4-5 days
- Dark Red Colour
- Pain in lower Abdomen after Menses.



Age of Menopause: 50 years

No Any Postmenopausal bleeding

HRT (Hormone Replacement Therapy): Not taking

OBSTETRICAL HISTORY-

Para	Gravida	MTP	Miscarriage	C.S	Antinatal	Postnatal
2	2	0	0	-	Normal	Normal

PHYSICAL EXAMINATION:

Weight- 55 kg

Height- 5'4"

BMI – 20.8

BP-112/74 mm-Hg

Pulse- 82/min

Local Examination:

P/A : Mild tenderness found on palpations of the suprapubic region

DIAGNOSIS: Recurrent Urinary Tract Infection

ANALYSIS AND EVALUATION OF SYMPTOMS:

Mental Generals:

- Anxiety about health
- Irritability



Physical Generals:

- Appetite Early satiety
- Disturbed sleep with dreams
- Chilly patient

Particulars Symptoms:

- Burning and biting pain during urination < morning, after holding urine
- Sudden urging to urinate
- Difficulty in urination
- Biting and tingling pain in urethra during urination
- Milky urethral discharge

TOTALITY OF SYMPTOMS:

1. Anxiety about health
2. Irritability
3. Appetite Early satiety
4. Disturbed sleep with dreams
5. Urine- Offensive smell
6. Burning and biting pain during urination < morning, after holding urine
7. Sudden urging to urinate
8. Difficulty in urination
9. Feeling of incomplete emptying
10. Tingling pain in urethra during urination
11. White Milky urethral discharge

REPERTORISATION RESULT:



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Remedy	Petros	Sep	Nat-m	Sulph	Dhuic-f
Covered	7	4	4	3	4
Totality	11	8	7	8	6
1.STOMACH, APPETITE, easy..	I	II	II	II	I
2.BLADDER, URGING to urina..	III	III	II	III	I
3.BLADDER, URINATION, dys..	III	II	II	III	I
4.URETHRA, DISCHARGE, mil..	I	I	I		
5.URETHRA, PAIN, biting, urin..	I				I
6.URETHRA, TINGLING, urina..	I				
7.SLEEP, DISTURBED, dreams..	I				

REPERTORISATION ANALYSIS:

1. Petroselinum Sativum
2. Sepia
3. NatrumMur
- 4.Sulphur
- 5.Rhus tox

SELECTION OF REMEDY: Petroselinum Sativum

Out of five highest grading medicines Petroselinum covering all the symptoms : Tingling in urethra, Frequent sudden urging, Biting like pain, Milky discharge and Dysuria. So Petroselinum becomes the ultimate choice. Petroselinum covered the *keynote symptoms* strongly.

PRESCRIPTION:

Rx. Petroselinum 200C – 1 dose

SL BD x 15 days



AUXILLARY MANAGEMENT:

1. Drink plenty of fluid
2. Maintain proper hygiene

FOLLOW-UP:

DATE	CHANGES IN SYMPTOMATOLOGY	PRESCRIPTION
15/10/2025	Frequency of micturition reduced (D=10, N=3-4), Urging reduced by 40% Burning Mild reduced Tingling still present Sleep slightly improved	Rx. Petroselinum 1M – 1 dose SL TDS × 15 days
31/10/2025	Frequency of micturition reduced (D=8-9, N=2-3) Discharge reduced No biting pain	Rx. SL TDS × 15 days
03/11/2025	Frequency reduced (D=6-7, N=2) Burning reduced Tingling pain Mild present	Rx. Petroselinum 1M – 1 dose SL TDS × 15 days
18/11/2025	No further recurrence of symptoms Frequency reduced (D=5-6, N=1) No pain and burning in urethra during urination, No urgency	Rx. SL TDS × 15days

❖ **DISCUSSION:**

After repertorization of the totality of symptoms, several medicines were found to be closely competing with each other, namely *Petroselinum*, *Sepia*, *Natrum muriaticum*, *Sulphur* and *Rhus toxicodendron*, and On careful consultation of Homoeopathic Materia



Medica, *Petroselinum* was selected as it covered the most characteristic and peculiar symptoms of the case, such as sudden and frequent urging to urinate, difficulty in passing urine, biting and tingling pain in the urethra during micturition, and milky urethral discharge. These keynote symptoms strongly pointed towards *Petroselinum*, differentiating it from other indicated remedies. The medicine was prescribed based on the principle of individualization and the totality of symptoms. During subsequent follow-ups, the patient showed progressive improvement indicate the effectiveness of individualized homeopathic treatment in uncomplicated UTI.

❖ **CONCLUSION:**

Homoeopathic treatment is based on the principle of individualization, taking into consideration the mental generals, physical generals, and particular symptoms of the patient, rather than treating the disease alone. In the present case of urinary tract infection, careful case taking, repertorization, and consultation of Materia Medica led to the selection of *Petroselinum*, which resulted in significant clinical and pathological improvement. This case highlights the effectiveness of individualized homoeopathic management in urinary tract infection and supports the role of homoeopathy as a gentle, safe, and holistic approach when prescribed according to homoeopathic principles and the symptomatology of the case.

❖ **REFERENCES:**

1. Harrison's Principles of Internal Medicine Vol. I Dr. Harrison's McGraw Hill medical publishing division 2012, 18th edition
2. Hickling D. R., Sun T.-T., Wu X.-R. (2015). Anatomy and physiology of the urinary tract: relation to host defense and microbial infection. Microbiol. Spectr. 3, 1–25. doi: 10.1128/microbiolspec.UTI-0016-2012
3. Davidson's Principles & Practice of Medicine Sir Stanley Davidson Elsevier 2010, 2st edition, 460-472



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4. Kent JT. Repertory of Homeopathic Materia Medica. Reprint Edition. NewDelhi: B. Jain Publishers (P) Ltd.;2007
5. Boericke William. New Manual of Homoeopathic Materia Medica, NewDelhi:B. Jain Publisher(P) Ltd;2017
8. Clarke JH. A Dictionary of Practical Materia Medica. Vol. 1. New Delhi: BJainPublishers(P) Ltd;2009