



Research Article

Individualization Beyond Diagnosis: An organon-Based Interpretation of Pathological Findings in Urinary Tract Infections in Females in Contemporary Homoeopathic Practice

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DOI: <https://doi.org/10.5281/zenodo.21159397>

Abstract

Background: Urinary tract infections (UTIs) are among the most common bacterial infections affecting women worldwide and represent a significant source of morbidity and healthcare utilisation. Contemporary pathology emphasises microbial aetiology, host-pathogen interactions, inflammatory responses, and antimicrobial resistance. In contrast, the Organon of Medicine emphasises individual susceptibility, symptom totality, constitutional characteristics, and maintaining causes in therapeutic decision-making.

Objective: To examine the clinicopathological features of female urinary tract infections through an Organon-based framework of individualisation and constitutional assessment.

Methods: A narrative review of pathology literature, urological guidelines, and classical homoeopathic philosophy was conducted.

Conclusion: Pathological diagnosis establishes disease classification and severity, whereas individualised homoeopathic case analysis addresses the unique clinical expression of disease in each patient.

Manuscript Information

- ISSN No: 2583-7397
- Received: 15-05-2026
- Accepted: 29-06-2026
- Published: 03-07-2026
- IJCRM:5(4); 2026: 09-16
- ©2026, All Rights Reserved
- Plagiarism Checked: Yes
- Peer Review Process: Yes

How to Cite this Article

Londhe M P, Desale R S. Individualization Beyond Diagnosis: An organon-Based Interpretation of Pathological Findings in Urinary Tract Infections in Females in Contemporary Homoeopathic Practice. Int J Contemp Res Multidiscip. 2026;5(4):09-16.

Access this Article Online



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KEYWORDS: Urinary tract infection, Organon of Medicine, Individualization, Female health, Clinicopathological correlation, Homoeopathy.

1. INTRODUCTION

Urinary tract infections constitute one of the most frequent bacterial infections encountered in women due to anatomical, hormonal, reproductive, and behavioural factors. Approximately half of all women experience at least one episode during their lifetime, while recurrent infections remain a major clinical challenge.

Conventional pathology attributes UTIs primarily to ascending bacterial infection, most commonly involving Ur pathogenic Escherichia coli. However, women with similar microbiological findings often present with considerable variation in symptom intensity, recurrence rates, susceptibility patterns, and treatment response.

The Organon of Medicine provides a framework for understanding this variability through individual susceptibility, maintaining causes, constitutional tendencies, and characteristic symptom expression.

2. Modern Pathology of Female Urinary Tract Infection

2.1 Classification

- Acute uncomplicated cystitis
- Recurrent cystitis
- Complicated UTI
- Pyelonephritis
- Catheter-associated infection

2.2 Pathogenesis

- Periurethral colonization
- Ascending infection
- Bacterial adhesion
- Biofilm formation
- Host inflammatory response

2.3 Risk Factors

- Sexual activity
- Pregnancy
- Menopause
- Diabetes mellitus
- Urinary stasis
- Instrumentation

3. Pathological Findings in Female UTI

Common investigations include:

- Urine routine microscopy
- Urine culture and sensitivity
- Complete blood count
- C-reactive protein
- Renal function tests
- Ultrasonography
- CT urography (selected cases)

Table 1: Pathological Findings in Female UTI

Investigation	Typical Findings
Urine microscopy	Pyuria, bacteriuria
Urine culture	Significant bacteriuria
CBC	Leukocytosis
CRP	Elevated inflammatory markers
Ultrasound	Residual urine, obstruction

4. Organon-Based Interpretation

Aphorism 5

Assessment of exciting and maintaining causes.

Examples include:

- Inadequate hydration
- Suppression of recurrent infections
- Sexual habits
- Hormonal changes
- Lifestyle factors

Aphorism 6

Careful observation of the complete clinical picture.

Aphorism 7

Removal of obstacles to cure.

Aphorism 153

Identification of characteristic symptoms.

5. Individualization Beyond Diagnosis

Two patients with culture-positive cystitis may demonstrate entirely different symptom patterns.

Examples include:

Patient A

- Burning before urination
- Anxiety
- Marked thirst
- Aggravation at night

Patient B

- Severe urgency
- Tenesmus
- Scanty urine
- Irritability

Pathology confirms the diagnosis, while individualization guides remedy selection.

6. Constitutional Assessment in Female UTI

Assessment includes:

- Mental symptoms
- Thermal state
- Thirst pattern
- Menstrual history
- Sexual history
- Sleep pattern

- Emotional triggers
- Susceptibility profile

7. Recurrent UTI and Susceptibility

Recurrent infections highlight the importance of:

- Constitutional predisposition
- Hormonal status
- Immune variability

- Lifestyle factors
- Maintaining causes

This aligns with the Organon concept that susceptibility influences disease expression.

8. Clinicopathological Correlation

Figure 1. Pathogenesis of Female Urinary Tract Infection (UTI)

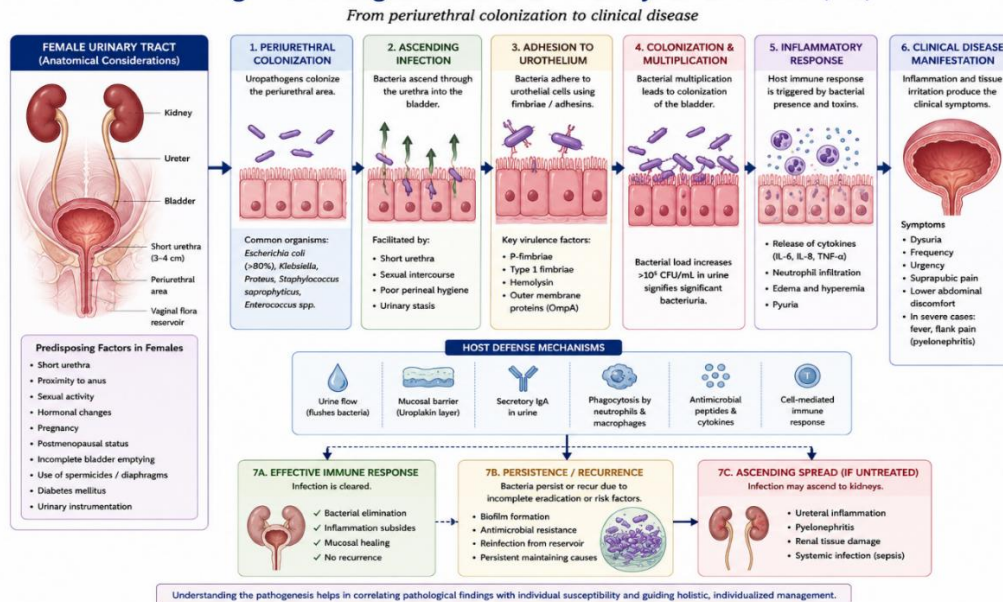


Figure 1: Pathogenesis of Female UTI.

Figure 2. Organon-Based Individualization Framework in Female UTI

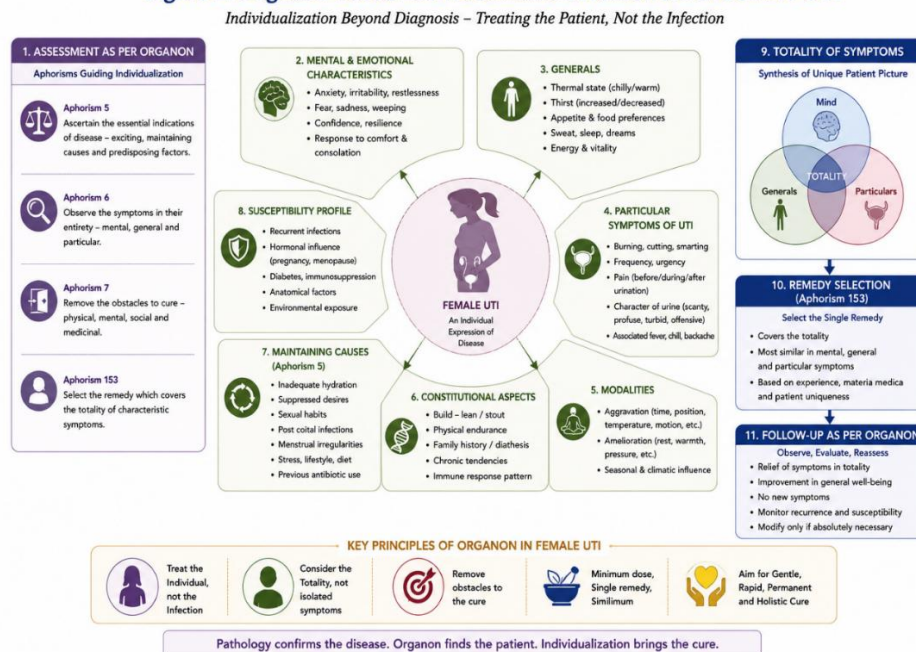


Figure 2: Organon-Based Individualization Framework in Female UTI

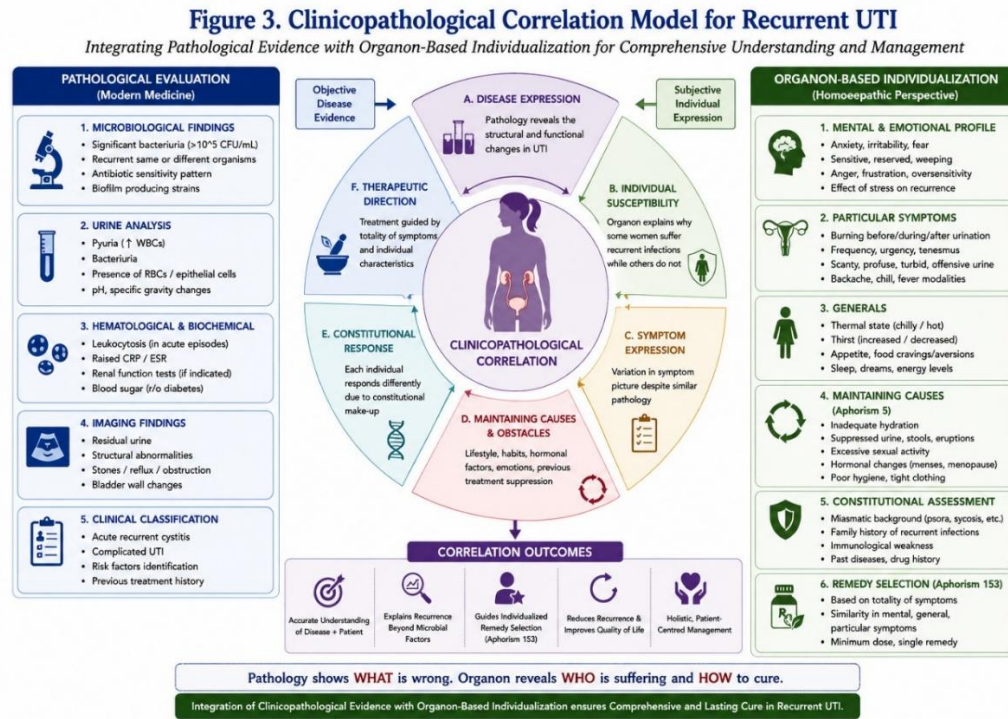


Figure 3: Clinicopathological Correlation Model for Recurrent UTI.

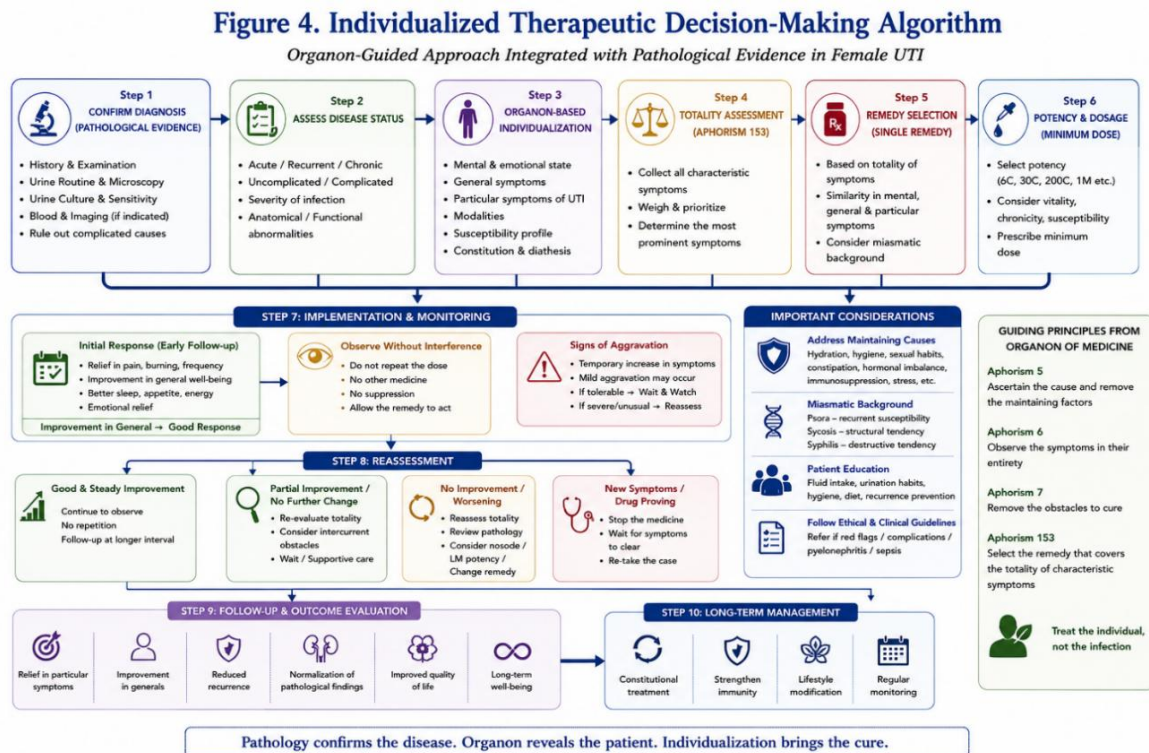


Figure 4: Individualised Therapeutic Decision-Making Algorithm

9. Contemporary Challenges

The management of urinary tract infections in women has become increasingly complex due to changing microbial ecology, antimicrobial resistance, recurrent disease patterns,

and growing recognition of the need for individualized care. Although modern pathology provides highly accurate diagnostic tools and microbiological characterization, several important clinical challenges remain unresolved.

9.1 Antimicrobial Resistance

Antimicrobial resistance (AMR) has emerged as one of the most significant challenges in contemporary UTI management. Increasing resistance among uropathogenic organisms, particularly *Escherichia coli*, has reduced the effectiveness of many first-line antibiotics traditionally used for uncomplicated cystitis. Extended-spectrum beta-lactamase (ESBL)-producing organisms, multidrug-resistant strains, and increasing resistance to fluoroquinolones and cephalosporins have complicated empirical treatment strategies.

Repeated antibiotic exposure may further alter the urinary and vaginal microbiome, potentially increasing susceptibility to recurrent infections and promoting resistant bacterial populations. Consequently, clinicians increasingly require culture-guided therapy and antimicrobial stewardship strategies to preserve antibiotic efficacy while minimizing unnecessary exposure.

9.2 Recurrent Infections

Recurrent urinary tract infection remains a major clinical burden, affecting quality of life, psychological well-being, work productivity, and healthcare expenditure. Recurrent episodes are commonly defined as two or more infections within six months or three or more infections within one year.

Pathological explanations include:

- Persistent bacterial reservoirs.
- Reinfection with genetically distinct organisms.
- Incomplete eradication of previous infection.
- Anatomical abnormalities.
- Hormonal influences.
- Impaired local immunity.

From an Organon perspective, recurrent infections raise important questions regarding susceptibility, constitutional predisposition, maintaining causes, and individual response patterns. The observation that some women experience frequent recurrence while others remain unaffected despite similar microbial exposure supports the importance of individualized clinical assessment.

9.3 Biofilm-Associated Disease

Biofilm formation represents an important pathogenic mechanism in recurrent and chronic urinary tract infections. Bacteria embedded within biofilms become protected from host immune responses and antimicrobial therapy, allowing persistent colonisation and recurrent clinical episodes.

Biofilm-associated infections frequently demonstrate:

- Reduced antibiotic penetration.
- Increased bacterial survival.
- Persistent inflammatory response.
- Higher recurrence rates.
- Treatment failure despite apparent microbiological clearance.

Recognition of biofilm biology has significantly altered the understanding of chronic and recurrent UTI pathogenesis and emphasizes the need for long-term management strategies rather than episodic treatment alone.

9.4 Diagnostic Over-Reliance on Laboratory Findings

Modern clinical practice occasionally demonstrates excessive dependence on laboratory investigations while underestimating the patient's subjective experience of illness. Although urine microscopy, culture reports, inflammatory markers, and imaging studies are essential diagnostic tools, they cannot fully explain symptom intensity, emotional distress, constitutional tendencies, or individual patterns of recurrence.

Patients with similar microbiological findings may exhibit markedly different symptom profiles, pain perception, behavioural responses, and treatment outcomes. Organon-based practice therefore emphasizes that laboratory findings should complement rather than replace individualized case-taking and clinical observation.

9.5 Need for Patient-Centred Care

Increasing emphasis on patient-centred medicine has highlighted the limitations of disease-focused management models. Women with recurrent UTIs often experience anxiety, social embarrassment, sexual dysfunction, sleep disturbances, reduced productivity, and impaired quality of life that may not be adequately captured by microbiological investigations alone.

A patient-centred approach should include:

- Comprehensive clinical history.
- Psychological assessment.
- Lifestyle evaluation.
- Identification of maintaining causes.
- Education regarding prevention strategies.
- Shared decision-making.

Such an approach aligns closely with the Organon principle of understanding the patient as a whole rather than treating isolated pathological findings.

10. Future Perspectives

The future of integrative management of female urinary tract infections lies in combining advances in pathology with increasingly individualized models of care. Several promising areas warrant further investigation.

10.1 Biomarkers and Susceptibility

Emerging biomarkers may improve understanding of individual susceptibility to recurrent infections. Research involving cytokine profiles, inflammatory mediators, urinary immune markers, microbiome diversity, and genetic polymorphisms may help explain why some individuals develop persistent disease while others remain resistant despite similar exposure.

Future studies integrating biomarker data with constitutional characteristics may provide valuable insights into disease variability and recurrence patterns.

10.2 Quality-of-Life Outcomes

Traditional outcome measures in UTI research focus primarily upon microbiological cure and symptom resolution. However, recurrent infections substantially affect emotional well-being, sexual health, social functioning, and occupational productivity. Future clinical studies should incorporate validated quality-of-life instruments assessing:

- Physical functioning.

- Emotional health.
- Sleep quality.
- Sexual well-being.
- Patient satisfaction.
- Recurrence-related anxiety.

These measures may provide a more comprehensive understanding of therapeutic effectiveness.

10.3 Individualized Treatment Models

Precision medicine and personalised healthcare are increasingly recognised within modern clinical science. Similarly, individualised therapeutic models have long been central to Organon-based clinical reasoning.

Future investigations should evaluate:

- Constitutional assessment models.
- Patient stratification methods.
- Individual susceptibility profiles.
- Integrated therapeutic algorithms.

- Personalized preventive strategies.
- Such approaches may contribute to more effective and sustainable long-term management.

10.4 Longitudinal Clinicopathological Studies

Most existing studies evaluate short-term treatment outcomes, whereas recurrent UTIs frequently represent a chronic and relapsing clinical problem.

Longitudinal studies should examine:

- Recurrence rates over time.
- Changes in microbiological patterns.
- Evolution of constitutional symptoms.
- Biomarker trends.
- Quality-of-life outcomes.
- Long-term clinical prognosis.

Such research may provide valuable evidence regarding the relationship between pathological findings, susceptibility, and disease progression.

Table 1: Frequently Discussed Homoeopathic Medicines in Female Urinary Tract Infection and Their Characteristic Clinical Profiles

Remedy	Characteristic Urinary Symptoms	General Characteristics	Clinical Situations Commonly Discussed in Literature
Cantharis	Intense burning before, during and after urination; constant urging; scanty urine	Restlessness, irritability, marked discomfort	Acute cystitis with severe vesical irritation
Sarsaparilla	Severe pain at the end of urination; urine passed in drops	Thin constitution; urinary discomfort relieved after urination	Dysuria with terminal pain
Staphysagria	Burning after urination; sensation of incomplete emptying	Emotional sensitivity, suppressed emotions, indignation	Post-coital urinary complaints and recurrent cystitis
Apis mellifica	Burning and stinging pains; scanty urine	Thirstlessness, oedematous tendency, aggravation from heat	Irritative urinary symptoms with oedema
Nux vomica	Frequent urging with scanty urine; spasmodic bladder symptoms	Sedentary lifestyle, irritability, digestive disturbances	Urinary complaints associated with lifestyle factors
Pulsatilla	Mild burning; variable urinary symptoms	Mild temperament, thirstlessness, changeable symptoms	Hormonal or menstrual association with urinary symptoms
Sepia	Recurrent urinary symptoms with pelvic bearing-down sensation	Pelvic congestion, hormonal disturbances, fatigue	Menopausal and recurrent female urinary complaints
Lycopodium	Right-sided symptoms, red sand in urine, incomplete emptying sensation	Flatulence, lack of confidence despite intellectual activity	Recurrent urinary complaints with metabolic tendencies
Berberis vulgaris	Radiating pains from kidney to bladder; bubbling sensation	Renal discomfort aggravated by movement	Upper urinary tract involvement and renal irritation
Equisetum	Persistent urge despite little urine passed	Bladder fullness not relieved after urination	Chronic bladder irritation
Mercurius solubilis	Burning urination with offensive urine and increased frequency at night	Perspiration, salivation, sensitivity to temperature changes	Inflammatory urinary conditions with marked constitutional symptoms
Dulcamara	Symptoms after exposure to cold and damp weather	Aggravation from damp environments	Seasonal recurrence associated with climatic exposure
Chimaphila umbellata	Difficulty initiating urination with straining	Chronic urinary weakness	Chronic or recurrent cystitis with residual urine sensation
Nitric acid	Splinter-like pains in urethra; offensive urine	Irritability and marked sensitivity	Chronic recurrent urinary irritation
Medorrhinum*	Marked tendency toward recurrent urinary infections	History of repeated infections and chronic susceptibility	Considered in selected constitutional cases by some practitioners

*The inclusion of constitutional or miasmatic remedies in this review is intended solely for academic discussion of individualized prescribing principles and should not be interpreted as disease-specific prescribing recommendations.

Important Note

The remedies listed above are discussed in classical homoeopathic literature in relation to urinary symptom patterns and constitutional characteristics. Remedy selection in clinical

practice should be based upon the totality of symptoms, constitutional assessment, susceptibility, modalities, and individual patient characteristics rather than the diagnosis of urinary tract infection alone.

11. CONCLUSION

Modern pathology has significantly advanced understanding of urinary tract infections through detailed characterization of microbial mechanisms, host-pathogen interactions,

inflammatory pathways, and antimicrobial resistance patterns. Laboratory investigations, urine culture, imaging studies, and biomarker assessment remain indispensable for diagnosis, disease classification, and monitoring of complications.

However, pathological diagnosis alone does not fully explain the considerable variability observed in symptom expression, recurrence patterns, susceptibility, and therapeutic response among individual patients. Women with comparable microbiological findings frequently demonstrate markedly different clinical experiences, highlighting the importance of individualized assessment.

The Organon of Medicine offers a complementary clinical framework that emphasizes susceptibility, maintaining causes, constitutional tendencies, characteristic symptoms, and patient individuality. Rather than opposing pathological diagnosis, Organon-based individualization seeks to interpret disease within the broader context of the patient's physical, emotional, behavioural, and constitutional characteristics.

The integration of objective pathological evidence with comprehensive constitutional assessment may therefore contribute to more holistic and patient-centred care. Future interdisciplinary research involving biomarkers, susceptibility profiles, patient-reported outcomes, and longitudinal clinicopathological studies may further strengthen evidence-informed approaches to recurrent urinary tract infections in women while preserving the central principle of treating the patient rather than the diagnosis alone.

Declarations

Funding Statement

The authors declare that no external financial support, grant funding, sponsorship, or institutional funding was received for the preparation, writing, analysis, or publication of this review article. The work was conducted independently as part of academic and scholarly activities in the fields of pathology, Organon of Medicine, and contemporary homoeopathic practice.

Conflict of Interest

The authors declare that there are no financial, professional, institutional, or personal conflicts of interest that could have influenced the preparation, interpretation, or presentation of the findings discussed in this manuscript. The opinions and interpretations expressed in this article are solely those of the authors and are intended for academic discussion and scientific communication.

Ethical Approval

This article is a narrative review based exclusively on previously published scientific literature, standard pathology textbooks, clinical guidelines, and classical homoeopathic texts. No human participants, animals, biological samples, patient records, or identifiable patient information were involved in the preparation of this manuscript. Consequently, approval from an Institutional Ethics Committee or Institutional Review Board was not required according to standard international ethical guidelines for review articles.

Informed Consent Statement

As this study did not involve human participants, patient interviews, clinical interventions, or the use of identifiable patient information, informed consent was not required. No personal clinical data were collected, analyzed, or reported in this review.

Data Availability Statement

No original datasets were generated or analyzed during the preparation of this review article. All information presented in this manuscript was obtained from publicly available scientific literature, standard textbooks, and published clinical guidelines cited in the reference section. Additional details regarding the sources used in the review are available from the corresponding author upon reasonable academic request.

Author Contributions

The authors contributed substantially to the conception, preparation, revision, and approval of this manuscript in accordance with internationally accepted authorship criteria.

Author 1: Dr. Meenakshi Prakash Londhe

Dr. Londhe contributed to the conceptualization and design of the review, identification of the pathology-oriented framework, interpretation of clinicopathological findings, integration of modern pathological concepts with contemporary homoeopathic practice, preparation of the initial manuscript draft, scientific supervision, critical revision of intellectual content, and final approval of the version submitted for publication.

Specific contributions included:

- Conceptualization of the manuscript.
- Development of the clinicopathological review framework.
- Interpretation of pathological mechanisms in female urinary tract infections.
- Integration of pathology with individualized therapeutic principles.
- Manuscript drafting and scientific supervision.
- Critical revision and final approval.

Author 2: Dr. Roshani Sitaram Desale

The second author contributed to the Organon-based interpretation of pathological findings, literature review, evidence synthesis, preparation of figure legends and tables, reference management, editing of manuscript language and style, and final review of the manuscript prior to submission.

Specific contributions included:

- Organon and homoeopathic philosophical interpretation.
- Literature search and evidence synthesis.
- Development of constitutional assessment framework.
- Preparation of figures and tables.
- APA reference formatting and bibliography preparation.
- Language editing and manuscript refinement.
- Final approval of the submitted manuscript.

Both authors meet the criteria for authorship and accept responsibility for the integrity, accuracy, and scholarly content of the manuscript.

Acknowledgements

The authors express their sincere appreciation to the numerous researchers, clinicians, academicians, pathologists, microbiologists, urologists, and homoeopathic scholars whose published work has contributed significantly to the current understanding of urinary tract infections, clinicopathological correlation, and individualized patient care.

The authors also acknowledge the contributions of classical homoeopathic pioneers whose writings in the Organon of Medicine and homoeopathic philosophy continue to stimulate academic discussion regarding individual susceptibility, constitutional assessment, and therapeutic individualization in contemporary practice.

Special appreciation is extended to colleagues, postgraduate scholars, undergraduate students, and faculty members whose academic interactions and interdisciplinary discussions encouraged the development of this integrative review.

Finally, the authors acknowledge the importance of collaborative dialogue between pathology and homoeopathic philosophy in advancing patient-centred, evidence-informed, and academically rigorous healthcare approaches for women suffering from recurrent urinary tract infections.

REFERENCES

1. Abbas AK, Lichtman AH, Pillai S. *Basic Immunology*. 7th ed. Philadelphia: Elsevier; 2022.
2. Aster JC, Kumar V, Abbas AK. *Robbins Basic Pathology*. 11th ed. Philadelphia: Elsevier; 2023.
3. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B. Jain Publishers; 2021.
4. Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: B. Jain Publishers; 2004.
5. Close S. *The Genius of Homoeopathy*. New Delhi: B. Jain Publishers; 2005.
6. Vithoulkas G. *The Science of Homeopathy*. Alonissos (Greece): International Academy of Classical Homeopathy; 2012.
7. Flores-Mireles AL, Walker JN, Caparon M, Hultgren SJ. Urinary tract infections: Epidemiology, mechanisms and treatment options. *Nat Rev Microbiol*. 2015;13(5):269-84.
8. Bonkat G, et al. *EAU Guidelines on Urological Infections*. Arnhem (Netherlands): European Association of Urology; 2024.
9. Foxman B. Urinary tract infection syndromes. *Nat Rev Urol*. 2014;11(12):653-60.
10. Gupta K, Hooton TM, Naber KG, et al. International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women. *Clin Infect Dis*. 2011;52(5): e103-e120.
11. Stamm WE, Norrby SR. Urinary tract infections: Disease panorama and challenges. *J Infect Dis*. 2001;183(Suppl 1): S1-S4.
12. Kumar P, Clark M. *Kumar and Clark's Clinical Medicine*. 10th ed. Philadelphia: Elsevier; 2020.
13. Wagenlehner FME, et al. Recurrent urinary tract infections in women. *Nat Rev Urol*. 2020;17(10):593-607.
14. Nicolle LE. Urinary tract infections in special populations. *Curr Opin Infect Dis*. 2019;32(1):71-77.
15. Rosai J. *Rosai and Ackerman's Surgical Pathology*. 11th ed. Philadelphia: Elsevier; 2018.
16. Greenhalgh T. *How to Read a Paper: The Basics of Evidence-Based Medicine*. 6th ed. Hoboken (NJ): Wiley-Blackwell; 2019.
17. Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: What it is and what it isn't. *BMJ*. 1996;312(7023):71-72.
18. Mathie RT, et al. Randomized placebo-controlled trials of individualized homeopathic treatment: Systematic review and meta-analysis. *Syst Rev*. 2014; 3:142.
19. Guyatt G, Rennie D, Meade MO, Cook DJ, editors. *Users' Guides to the Medical Literature: A Manual for Evidence-Based Clinical Practice*. 3rd ed. New York: McGraw-Hill Education; 2015.
20. World Health Organization. *Traditional, Complementary and Integrative Medicine Strategy*. Geneva: World Health Organization; 2023.

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