To Study the Efficacy of Individualized Homoeopathic Medicine in Urinary Incontinence by Using ICIQ-UI Scale : A Single-Blind Randomized Placebo Control Trial

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doi.org/10.64643/IJIRT211393

***Abstract*—Urinary incontinence (UI), defined as involuntary leakage of urine, can adversely affect daily activities and quality of life. This study evaluated individualized homoeopathic medicine combined with Kegel exercises in comparison with placebo combined with Kegel exercises using the International Consultation on Incontinence Questionnaire Urinary Incontinence (ICIQ-UI) score. A single-blind randomized placebo-controlled study included 80 participants, allocated into two groups of 40. Group A received individualized homoeopathic medicine with Kegel exercises, while Group B received placebo with Kegel exercises. The mean ICIQ-UI score reduction was 6.52 in Group A and 3.20 in Group B. The reported between-group comparison was statistically significant ($Z=7.17$; $p<0.001$). Urge incontinence was the most frequently recorded type (36.25%), followed by stress (35.00%), mixed (15.00%), and overflow (13.75%). The findings indicate greater reduction in urinary-incontinence symptom scores in the individualized-treatment group during the study period**

***Index Terms*—Homoeopathy, ICIQ-UI, Kegel exercises, randomized placebo-controlled trial, urinary incontinence.**

I. INTRODUCTION

Urinary incontinence is defined as the complaint of any involuntary leakage of urine. It is a common clinical problem that may affect physical, psychological, social, and emotional well-being and interfere with daily activities and quality of life. Common clinical categories include stress, urge, mixed, and overflow urinary incontinence. Factors associated with urinary incontinence include pregnancy and childbirth, ageing, pelvic-floor weakness, and urinary or neurological disorders [1-3]. Pelvic-floor muscle training, commonly performed as Kegel exercises, is a conservative approach used in the management of urinary incontinence.

Individualized homoeopathic treatment is based on assessment of characteristic symptoms and selection of a medicine according to the totality of symptoms. This study compared individualized homoeopathic medicine plus Kegel exercises with placebo plus Kegel exercises, using the ICIQ-UI scale to assess symptom severity.

II. AIM AND OBJECTIVES

Aim: To study the efficacy of individualized homoeopathic medicine in urinary incontinence using the ICIQ-UI scale in a single-blind randomized placebo-controlled trial.

Objectives: (1) To assess outcomes following individualized homoeopathic remedies combined with Kegel exercises. (2) To compare Kegel exercises with placebo against Kegel exercises with individualized homoeopathic medicine.

III. MATERIALS AND METHODS

Study design and setting: A single-blind randomized placebo-controlled study was conducted at Jawaharlal Nehru Homoeopathic Medical College and Hospital, Waghodia, Vadodara, Gujarat, India.

Participants and allocation: Eighty participants with urinary incontinence were included and randomized by coin-toss method into two groups of 40. Group A received individualized homoeopathic medicine with Kegel exercises, and Group B received placebo with Kegel exercises.

Eligibility criteria: Participants aged 18–60 years, of either sex and any socioeconomic status, with urinary incontinence and assessed using the ICIQ-UI scale, not receiving current treatment for urinary incontinence, and willing to provide informed consent were eligible. Exclusion criteria included concurrent medication or therapy for urinary incontinence, pregnancy, lactation or postpartum status, cognitive impairment, bladder or pelvic abnormalities (including urethral diverticulum, vesicovaginal fistula, or pelvic prolapse), and neurological disorders. Withdrawal criteria included missed follow-ups, initiation of other treatments, voluntary withdrawal, irregular follow-up, or lack of improvement within two months.

Intervention and follow-up: Individualized remedy selection was based on homoeopathic assessment and repertorial analysis. Both groups were advised Kegel exercises. Follow-up was planned at 15-day intervals for up to three months. The study duration was reported as 12 months.

Outcome measure: The ICIQ-UI score was used before and after treatment to assess symptom severity. The score ranges from 0 to 21, with higher scores indicating greater symptom severity.

Statistical analysis: Mean reduction in ICIQ-UI scores was compared between groups using a Z-test. A two-tailed significance level of 5% was applied; the critical Z value was 1.96. The reported summary statistics were used for comparison.

IV. RESULTS

A total of 80 participants were included, with 40 participants in each group. Female participants constituted 66.25% of the sample. The largest age category was 41–60 years (70.00%). The lower socioeconomic class accounted for 56.25%. Urge urinary incontinence was the most frequent type (36.25%), followed by stress urinary incontinence (35.00%). Moderate baseline severity was recorded in 62.50% of participants.

Table I. Participant characteristics

Characteristic	n	%
Male	27	33.75
Female	53	66.25
Age 18–30 years	12	15.00
Age 31–40 years	12	15.00
Age 41–60 years	56	70.00

Table II. Socioeconomic Distribution

Class	n	%
Upper	18	22.50
Middle	17	21.25
Lower	45	56.25

Table III. Type of urinary incontinence

Type	n	%
Urge	29	36.25
Stress	28	35.00
Mixed	12	15.00
Overflow	11	13.75

Table IV. Baseline Severity by ICIQ-UI Score

Score range	Severity	n	%
1–5	Mild	7	8.75
6–12	Moderate	50	62.50
13–18	Severe	20	25.00
19–21	Very severe	3	3.75

Table V. Change In ICIQ-UI Score
Group A: Individualized homoeopathic medicine + Kegel exercises; Group B: Placebo + Kegel exercises.

Outcome	Group A	Group B
Pre-treatment mean	10.22	10.55
Post-treatment means	3.70	7.35
Mean reduction	6.52	3.20
SD of reduction	2.16	1.98

The mean reduction in ICIQ-UI score was greater in Group A (6.52) than Group B (3.20), with a difference of 3.32 points. The reported Z value was 7.17, which exceeded the critical value of 1.96. The reported two-tailed p value was <0.001, indicating a statistically significant difference between groups at the 5% level.

V. DISCUSSION

The individualized homoeopathic-treatment group receiving Kegel exercises showed a greater reported reduction in ICIQ-UI scores than the placebo group receiving the same exercise intervention. The mean reduction was 6.52 points in Group A compared with 3.20 points in Group B, yielding a between-group difference of 3.32 points. The reported statistical analysis showed a significant difference ($Z=7.17$; $p<0.001$).

The participant profile showed a higher proportion of women and a predominance of participants aged 41–60 years. Urge and stress urinary incontinence together represented the majority of cases. Most participants had moderate baseline symptom severity. Individualized prescriptions varied according to the patient's symptom presentation; Causticum was the most frequently reported remedy (15.0%), followed by Sulphur (12.5%) and Cantharis (10.0%). These frequencies describe prescribing patterns in the sample and do not establish comparative efficacy of individual remedies.

VI. LIMITATIONS

The study was conducted at a single centre and included a relatively small sample of 80 participants. Follow-up was limited to approximately three months. The findings should be interpreted within the context of the study design and sample, and further research with larger samples, multicentre recruitment, longer follow-up, and robust methodological reporting would be useful.

VII. CONCLUSION

In this single-blind randomized placebo-controlled study involving 80 participants, individualized homoeopathic medicine combined with Kegel exercises was associated with a greater mean reduction in ICIQ-UI scores than placebo combined with Kegel exercises (6.52 versus 3.20). The reported between-group difference was statistically significant ($Z=7.17$; $p<0.001$). The results suggest improvement in urinary-incontinence symptom scores in the individualized-treatment group and support further investigation in larger, well-designed clinical studies.

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