



Urinary Tract Infection And Its Homoeopathic Management

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Abstract

Urinary Tract Infections are very common clinical conditions being encountered in daily practice. The presence of pathogenic organism in the urinary tract is known as Urinary tract infection (UTI). Urinary tract infections (UTI) are the third most common infections in humans after respiratory tract and gastrointestinal tract infections. Most common causative organism is E.coli. It is clinically presented as dysuria, fever with chill, frequency, urgency, cloudy urine with malodour, suprapubic pain etc. Diagnosis is made clinically and can be confirmed by urine examination. Antibiotic usage and antibiotic resistance has been increasing in treatment of UTI. More recurrence rates and greater antimicrobial resistance lead to increase the economic burden of these infections. Hence, it has become necessary to explore the role of Homoeopathy in the management of UTIs.

Keywords: Urinary tract infection, etiology, Homoeopathic therapeutics

Introduction

Urinary tract infection (UTI) is one of the most common bacterial infections. Bacteria live around the urethra and colonize the bladder, but are washed out during micturition. UTI can be defined as a condition in which bacteria after entering, persist and then multiply within the urinary tract. UTI is the presence of microorganisms in the urinary tract 10 lac colony forming unit per ml of midstream sample of freshly passed urine is considered as the evidence of Urinary tract infection. Urinary tract infections (UTI) are the third most common infections experienced by humans after respiratory tract and gastrointestinal tract infections. Antibiotic usage and antibiotic resistance has been increasing in treatment of UTI. More recurrence rates and greater antimicrobial resistance lead to increase the economic burden of these infections. Hence, it has become necessary to explore the role of Homoeopathy in the management of UTIs.

Homoeopathy can be defined as a system of therapeutics based on the law of similia, which states that a drug, capable of producing effects in a healthy person is exactly similar to that observed in a diseased person, which acts as a curative agent, if the disease is in a curable state. Besides this homoeopathic

treatments being efficacious, it is cost-effective too.

Epidemiology

The infection is mostly caused by Gram-negative bacteria such as *Escherichia coli* (the most common causative organism for UTI; anaerobic in nature), *Staphylococcus saprophyticus*, *Staph. Aureus*, *Klebsiella*, *Enterobacter*, *Pseudomonas* and *Proteus* and fungi like *Candida* may occasionally be responsible for hospital-acquired UTI. The incidence of UTI is 0.5 to 0.7 episodes per person per year in females of whom 25% of them have recurrences. It has been observed that out of 100 patients 20 patients suffer from UTI. The

shorter distance to the bladder in women (as compared to men) makes it easier for bacteria to colonize and reach the bladder. In addition, the urethral opening in women is close to the rectum. At menopausal age, the infection can be more due to the loss of protective vaginal flora. Urogenital manipulations associated with daily living or medical interventions facilitate the movement of bacteria to the urethra. The most age group affected is 16 to 35 years. It occurs in children especially uncircumcised male of less than a year. During pregnancy, high progesterone levels elevate the risk of UTI due to decreased muscle tone of ureters and bladder

Classification

UTI can be classified into 2 anatomic categories:

- Lower tract infection(Urethritis and Cystitis)
- Upper tract infection(Acute Pyelonephritis, Prostatitis, and intrarenal & perinephric abscesses)

UTI can be classified into 2 epidemiological categories:

- Catheter-associated or nosocomial infection
- Non-catheter associated or community-acquired infection

Pathogenesis

Primarily the urinary tract infection producing bacteria enter the urinary bladder via the urethra. Infections may also take place via the blood or lymph. The bacteria are usually transmitted to the urethra from the bowel. After entering into the bladder, the *E. coli* are able to attach to the bladder wall and form a biofilm. The film resists the body's immune responses.

Clinical presentation:

- Dysuria
- Frequency of urination
- Urgency
- Suprapubic pain
- Fever with shaking chill
- Nausea and vomiting
- Diarrhoea
- Cloudy, malodour urine with redness

Diagnosis is made primarily by history. In women with dysuria and frequency, in the absence of vaginitis, the diagnosis is UTI 75% of the time. Microscopic examination of urine is the very first step in confirming UTI.

Management with Homoeopathic Medicines

Urinary Tract Infections can be treated effectively with homoeopathy as well as improved the quality of life of the patients. Following are the list of Homoeopathic remedies with its indications in cases of UTI.

LIST OF IMPORTANT HOMOEOPATHIC REMEDIES AND THEIR INDICATIONS• **Cantharis Vesicatoria**

Constant urging to urinate, passing few drops at a time, sudden desire to urinate and intense itching in urethra. Intolerance urging, before, during and after urination; violent pain in bladder. Burning, cutting pains in urethra during micturition

• **Berberis Vulgaris**

Burning pain. Sensation as if some urine remained after micturating. Pain in the bladder region. Pain in thigh and loins on micturating. Frequent micturition: urethra burns when not micturating.

• **Sarsaparilla**

Severe pain at the conclusion of micturition. Urine dribbles while sitting. Bladder distended and tender. Child screams before and while passing urine. Renal colic and dysuria in infants. Pain from right kidney extends downward. Tenesmus of bladder; urine pass in a thin, feeble stream. Pain at meatus

• **Staphysagria**

Urging to urinate, has to sit in urinal for hours; in young married women; after coition. Pressure upon the bladder; feels as if it did not empty. Sensation as if drop of urine was continuously rolling along channel. Burning in urethra during micturition. Prostatic problems; frequent micturition, burning in urethra when not micturating. Urging and pain after micturating.

• **Apis Mellifica**

Incontinence of urine, with great irritation of the parts; can scarcely retain the urine a moment, and when passed scalds severely; frequent, painful, scanty, and bloody, Thirstlessness.

• **Lycopodium Clavatum**

Pain in back before urinating. Ceases after flow; slow in coming; must strain. Retention. Polyuria at night. Heavy red sediment, Child cries before micturating

• **Nux Vomica**

Irritable bladder; from spasmotic sphincter. Frequent calls, little and often. Haematuria. Ineffectual urging, spasmotic and strangury. While micturating, itching in urethra and pain in the neck of bladder

• **Nitricum Acidum**

Scanty, dark, offensive. Smells like horse urine. Cold on passing. Burning and stinging. Alternation of cloudy, phosphatic urine with profuse urinary secretion in old prostatic cases.

• **Natrium Muriaticum**

Urine; involuntary while coughing, laughing; must wait for long while for urine to pass, if other is present, cutting in urethra after urination.

• **Pulsatilla Nigrans**

Increased desire. Worse when lying down. Burning in urethral orifice, during and after micturition. Involuntary micturition at night, while coughing or passing flatus. After micturition, spasmotic pain in bladder. Thick yellowish discharge from urethra. Stricture, urine is passed only in drop, stream is interrupted. Acute prostatitis. Pain and tenesmus during micturition, worse lying on the back.

• **Terebinthinae Oleum**

Strangury with hematuria. Scanty, suppressed, odour of violets, Urethritis with painful erections. Nephritis following any acute disease. Constant tenesmus. Violent burning and drawing pain in kidneys, bladder, and urethra; cystitis

- **Equisetum Hyemale**

Principal action is on the bladder. A remedy for enuresis and dysuria. Severe, dull pain with feeling of fullness in the bladder, not relieved by micturating. Frequent urging with severe pain at the close of micturition. Urine flows only drop by drop. Sharp, burning, cutting pains in the urethra while micturating. Incontinence in children with dreams or nightmares when passing urine. Incontinence on old women, with involuntary stools. Retention and dysuria during pregnancy and after delivery.

- **Sepia Officinalis**

Red, adhesive, sand in urine. Enuresis, during first sleep. Chronic cystitis, slow micturition with bearing down sensation above the pubis.

Conclusion

There are various homoeopathic drugs available for the treatment of UTI. The selection of the remedy for a clinical condition is always by the process of finding the simillimum. The similarity between drug symptoms and those of the patient is searched for to get the most simillimum. For the treatment of UTI, the concept remains the same. Repertorization followed by confirmation from *materia medica* will be the indicated remedy.

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