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Review Article

Homoeopathic Treatment of Acute Urinary Tract Infection: A Review

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ABSTRACT

Urinary tract infection (UTI) is the most common bacterial infection managed in general medical practice. Upto 50% of women have UTI in at some time. Its prevalence in women is about 3% at age of 20 increasing by about 1% in each subsequent decade. Acute urinary tract infection can be effectively cured by homoeopathic medicines. Homoeopathy is a holistic science which cures patients by relieving their illness and tendencies permanently thus allowing cure in the Patient.

Keywords: Homoeopathy, Urinary tract infection



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INTRODUCTION

Urinary tract infection (UTI) is the most common bacterial infection managed in general medical practice. Upto 50% of women have UTI in at some time. It's prevalence in women is about 3% at age of 20 increasing by about 1% in each subsequent decade. In males UTI is uncommon, except in first year of life & in men over 60, in whom urinary tract obstruction due to prostatic hypertrophy may occur.

UTI is defined as multiplication of organism in the urinary tract. It's usually associated with the presence of neutrophils and $> 10^{5}$ organisms in a midstream sample of urine.

AETIOLOGY

Organisms causing UTI in the community include:

- Escherichia coli derived from the gastrointestinal tract (about 75%)
- Proteus
- Pseudomonas species.
- Streptococci
- Staphylococcus epidermidis.

In women the ascent of organism into the bladder is easier than in men because of short urethra & absence of bactericidal prostatic secretions. Sexual intercourse may cause minor trauma to the urethra & transfer the bacteria from the perineum into the bladder.

The spectrum of presentation of urinary tract

infection

- Asymptomatic Bacteriuria.
- Symptomatic acute urethritis and cystitis.
- Acute pyelonephritis.
- Acute prostatitis.
- Septicemia (usually Gram -ve bacteria).

Clinical Assessment

Typical features of cystitis and urethritis include

- Abrupt onset of frequency of micturition.
- Scalding pain in the urethra during micturition.
- Suprapubic pain during & after voiding.
- Intense desire to pass more urine after micturition, due to the spasm of the inflamed bladder wall (urgency).
- Urine that may appear cloudy and have an unpleasant odor.
- Microscopic or visible hematuria.

Investigation

- Culture of MSU(midstream urine).
- Microscopic examination of urine or cytometry of urine for white & red cells.
- Dipstick examination of urine for blood, protein & glucose.
- Dipstick examination of urine for nitrite & leucocyte esterase.

Management

Antibiotics are recommended in all cases of proven UTI. Treatment for 3 days is the norm &

is unlikely to induce antibiotic resistance. Trimethoprim is the usual choice of initial treatment. Nitro-norfloxacin&cefalexin are also generally effective.

Prophylactic measures for recurrent UTI

- Fluid intake at least 2 liters/day.
- Regular complete emptying of bladder.
- Good personal hygiene.
- Emptying of the bladder before & after sexual intercourse.
- Cranberry juice may be effective.

Homoeopathic Approach & treatment

Homoeopathy is a holistic science where we treat the person as a whole and not the illness per se. Prime significance is given to the individualizing features i.e. causative factors & peculiar characteristic of an ailment. Disease is a result of maladaptation of a person to unfavourable environment factor & its response is manifested in the form of sign & symptoms. This highlights the concept of individualization in homoeopathy. While dealing with the cases of acute UTI, a homoeopath not only record the symptoms of the disease but also its minute characteristic symptoms & psychological characteristic of the person which readily matches with a similar image from the homoeopathic materiamedica.

- 1. **Berberisvulgaris.:** Cutting constrictive pain in the bladder when full or empty. Burning pains. Sensation as if some urine remained after urinating. Urine with thick mucus & bright red, mealy sediment. Pains in thighs & loins on urinating. Worse, motion, standing it brings on or increases, urinary complaints. Rapid change of symptoms.
- 2. Cantharis: Intolerable urging & tenesmus. Violent paroxysms of cutting & burning in the whole renal region sensitive to slightest touch, with painful urging to urinate; bloody urine, by drops. Cutting before, during, & after urine. Urine scalds him, & is passed drop by drop. Constant desire to urinate. urine turbid & scanty; cloudy during the night, with white sediment.
- 3. **Pulsatilla**:Increased desire; worse when lying down. Burning in the orifice of urethra before & during micturition. Involuntary micturition at night, while coughing or passing flatus. After urination spasmodic pain in bladder with marked thirstlessness, peevish & chilliness.
- 4. **Sarsaparilla:** Urine scanty, slimy, flaky, sandy, bloody. Gravel. Renal colic. Severe pain at the conclusion of urination. Urine dribbles while siting. Bladder distended & tender. Child screams before & while passing urine. Renal colic and dysuria in infants. Pain from right kidney downwards. Urine passes in thin, feeble

stream. Pain at meatus. Worse after urination, before menses, dampness at night.

5.**Lycopodium:** Pain in the back before urinating, which ceases once the urine flows. Urine flow is slow in coming, must strain. Retention. Polyuria during the night scanty by the day. Heavy red sediment. Child cries before urinating.

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