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The homoepathic path to urinary wellness a burning sensation in the body reflects the inner fire of imbalance

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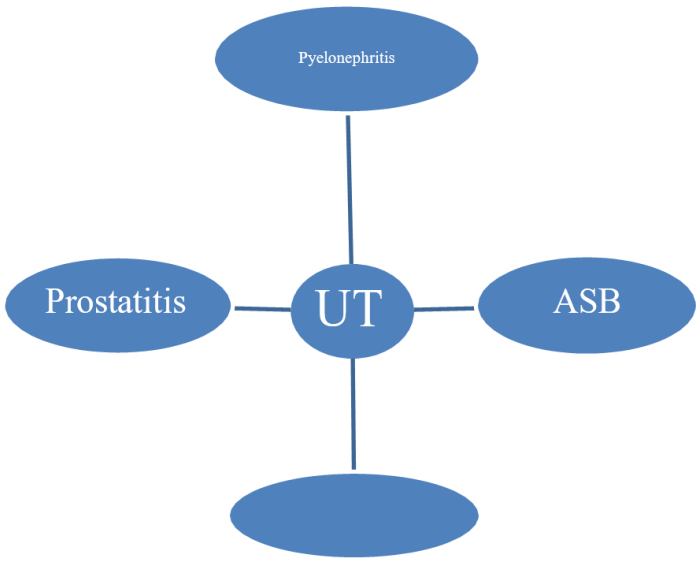
Abstract
Urinary Tract Infection (UTI) is a common and agonizing disorder. There is increased susceptibility of women to UTI than that of men. This is because of the anatomy of lower urinary tract of female and it's vicinity to the reproductive organs.
Moreover, the female urethra is relatively short, so the distance for bacterial ingression is reduced [1]. UTI is a severe health problem of the public. It is commonly caused by *E. coli* (*Escherichia coli*), *K. pneumoniae* (*Klebsiella pneumoniae*), *P. mirabilis* (*Proteus mirabilis*), and *S. saprophyticus* (*Staphylococcus saprophyticus*) [2]. The economic burden of these infections is greatly increased due to the high recurrence rate and increasing antimicrobial resistance among uropathogens. Homoeopathy does wonders in treating the UTI cases.

Keywords: Urinary Tract Infection (UTI), *E. coli*, *K. pneumoniae*, *P. mirabilis*, *S. saprophyticus*

Introduction
UTI may be a symptomatic or symptomatic. It includes ASB or asymptomatic bacteriuria (This means presence of bacteria in the urine of a person who doesn't have the symptoms of urinary tract infection), cystitis (It means inflammation of the urinary bladder), prostatitis (This means inflammation of the prostate) and pyelonephritis (Infection of the kidney along with inflammation). Episode of acute cystitis or pyelonephritis in a non-pregnant woman who neither has a history of instrumentation of lower urinary tract nor any anatomical abnormality is referred to as uncomplicated UTI. All other types of UTI comes under complicated UTI. Individual episodes of recurrent UTI need not always be complicated, they can be uncomplicated and treated as such.



Epidemiology

UTI is a very common condition. The prevalence of UTI increases with age, where it is mostly seen in young women aged 14 to 24 yrs old [4]. The prevalence is approximately 20% in women over 65 years of age. In the overall population prevalence is approximately 11%. [4]. UTI occurs at least once in about 50-60% adult women. About 10% of post-menopausal women also suffer from urinary tract infection [4].

- This is according to the statistical data of May, 2019.
- In India, urinary tract infections (UTI) are common, with prevalence varying from 21.8% to 31.3% females are more susceptible than males, and *E. coli* is the most common bacterial pathogen.

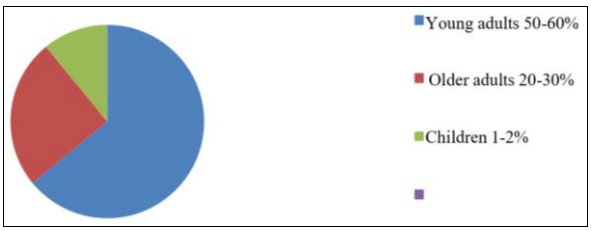


Fig 1: Prevalence of UTI in different age groups

Risk factors [5]

Behavioural factors: The frequency of sexual intercourse increases the recurrence of urinary tract infection in young women.

Genetic factors: Uro-epithelial receptors which are available to bind with bacterial adhesion increases in association with the non secretor and recessive phenotypes.

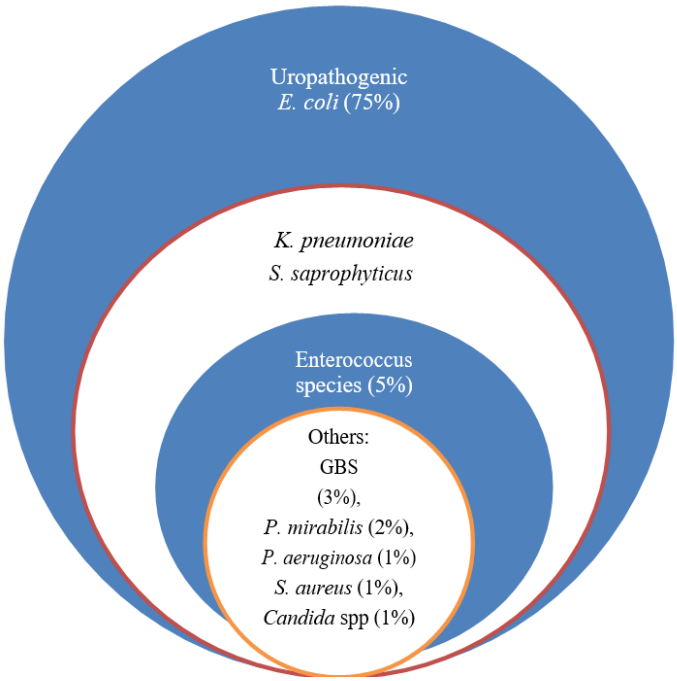
Age specific factors: During menopause, there is increased chance of these infections as the vaginal flora is converted from lactobacillus to *E. coli*, due to decreased oestrogen levels.

Pregnancy related: Risk of upper UTI is increased due to the psychological changes which are induced by pregnancy.

Urinary catheterization: High rates of bacteriuria is associated with urinary catheters.

Etiology [6]

The pathogens causing UTI may vary, but are usually caused by gram -ve bacterial rods. 75-90% of the isolates is accounted by *E. coli*, Staphylococcus saprophyticus for 5-15% and 5-10% of the isolates is accounted by klebsiella, proteus, Enterobacter, Citrobacter and other species. In both uncomplicated and complicated UTI, *E. coli*, is the major organism, however, in complicated UTI, few other organism are also found frequently which includes proteus, klebsiella and pseudomonas aeruginosa. In complicated UTI some gram-positive bacteria like Enterococcus and Staphylococcus are important pathogens.



Pathogenesis [7]

In most of the cases infection is established by the bacteria from the urethra to the bladder. Bacteria continues their ascent up the ureter to the kidney which is the pathway for most infection. Any foreign body in the urinary tract (catheter or stone) facilitates bacterial colonization. Infection is promoted due to abnormal micturition or significant amount of residual volume.

Entry and ascension

Ascending from urethra to bladder.

Bacteria can ascend further from bladder to kidneys.

Adhesion and colonization

Uropathogens have adhesions that allow them to attach to the urothelial cells.

Bacterial biofilms may form making them more resistant to immune attack.

Invasion and epithelial damage

Uropathogens produce toxins that causes cell damage and inflammation.

Bacteria invade bladder cells and form intracellular bacterial bacterial communities.

Host immune response and resolution
Immune system responds with inflammatory cytokines and neutrophils migrate to the infected site leading to pyuria.
Immune response and treatment successfully clear the infection. If bacteria persist recurrent UTI may develop.

The stream of life, like the flow of urine, must move freely - stagnations breeds disease
Clinical syndromes

Asymptomatic bacteriuria [8]
Seen in certain groups such as pregnant women, kidney transplant recipients and individuals undergoing specific medical procedures.
Systemic features include pyrexia, altered sensorium and leucocytosis (increased count of WBC's).

Cystitis [8]
Dysuria, increased frequency of micturation, nocturnal urinary frequency, hesitancy, suprapubic pain, heamaturia, pain in the flank or back.

Infection or inflammation of the kidneys (pyelonephritis) [8]
mild pyelonephritis presents as fever of low-grade, back pain may or may not be present. Severe pyelonephritis can manifest as fever of high grade along with rigors, nausea and vomiting, pain in the flank or loin.
Inflammation of the prostate (Prostatitis) [8]
Infectious and non infectious Acute and chronic

Diagnostic tools [9]
Routine urine examination
Physical examination
This involves assessing the urine's color, clarity, and volume. Abnormalities in these aspects can indicate dehydration, liver problems, or other conditions.

Chemical examination
This part of the test looks for various substances like glucose, protein, ketones, bilirubin, and blood in the urine. Abnormal levels of these substances can point to diabetes, kidney disease, liver problems, or other health issues.

Microscopic examination
This part examines the urine sample under a microscope to identify any cells, crystals, or other microscopic components that could indicate infection, kidney stones.

Specific gravity
In urine there are certain dissolved substances, their concentration is measured through specific gravity, providing information about kidney function and fluid balance.

pH
This measures the acidity or alkalinity of the urine and can be an indicator of kidney function or infection.
Culture: Growth, concentration, identification and isolation of pathogenes is done through Urine culture on agar plates.
Microscopic urine analysis: Bacteria, parasites and cells are microscopically examined in urine after centrifugation.
Uristal elisa test: Detection of pathogens using indirect quantitative colorimetry on the basis of specific antigen antibody combination.

PCR: Specific genes from certain bacteria are amplified from the total genomic DNA which is extracted from the urine samples.

Homoeopathic approach
Nature's smallest forces hold the greatest the power
Cantharis vesicatoria [10, 11]
- Intolerable urging and tenesmus
- Cutting and burning in whole renal region occur in violent paroxysms with painful urgency
- Aggravation -urinating, touch
- Amelioration-rubbing

Sarasaparilla officinalis [10, 12]
- Urine may be scanty, slimy, flaky, it may contain sand, blood, gravel
- Severe pain at end of micturition
- Child cries before and during micturition
- Aggravation spring, night, motion
- Better by standing

Apis mellifica [10, 11]
- Burning and soreness when urinating
- Stinging pain and strangury
- Last drop burn and smarts
- Aggravation heat in any form, pressure
- Better in open air and uncovering

Sulphur [10, 12]
- Burning sensation in urethra during urination, lasts for a long time
- Urine contains mucus and pus
- Great quantites of colourless urine
- Frequent urination especially at night
- **Worse:** Atmospheric changes, suppressions
- **Better:** Open air, lying on right side

Berberis vulgaris [10, 12]
- Pain in the region of bladder
- During urination there is pain in the thighs and loins
- Urethra burns without urination
- Burning, soreness or bubbling in kidney region
- **Worse:** Motion, urinating, twilight

Causticum [10, 12]
- Involuntary passage of urine on coughing, walking, blowing nose, sneezing
- Burning in urethra when urinating
- Urine dribbles or passes slowly
- Loss of sensibility on passing urine
- Aggravated during dry cold winds
- Ameliorated in damp wet weather

Posology
Homoeopathic posology for Urinary Tract Infection (UTI) depends on symptom severity, patient sensitivity, and chronicity of the condition. Below is a general guideline based on classical homeopathic texts.

Posology guidelines for UTI
Acute UTI
- **Potency:** 6C, 30C.

- **Repetition:** Every 2 to 4 hrs initially; reduce frequency as improvement occurs
- E.g. cantharis 30C (intense burning, tenesmus, and frequent urination) Pg no. 589 [10]
- *Apis mellifica* 30C (stinging pains scanty urination and oedema) Pg no.138 [13]
- Sarsaparilla 30C (pain at the end of urination) Pg no. 323 [14]

Chronic/recurrent UTI

- **Potency:** 200C, 1M.
- **Repetition:** Once daily to weekly, depending on case analysis,
- E.g. Sulphur 200C (chronic tendency to UTI, burning and itching) Pg No.215 [14]
- *Berberis vulgaris* 200C (Radiating pain from kidneys to bladder) Pg No.580 [13]
- Causticum 200c once or twice a day depending on the severity and response.

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