



International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
www.homoeopathicjournal.com
IJHS 2023; 7(2): 454-456
Received: 08-04-2023
Accepted: 14-05-2023

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Homoeopathy and urinary tract infections

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DOI: <https://doi.org/10.33545/26164485.2023.v7.i2g.868>

Abstract

Although the prevalence of UTIs in older men and women is quite similar, women have UTIs more frequently than men do. The use of spermicidal contraception and sexual activity are the main UTI risk factors in young women. In such cases, Homeopathy is very useful in treatment and management of the disease course and intensity.

Keywords: Urinary tract infection, homoeopathy, women, urethra

In the course of their lives, about 20% of all women will experience UTIs. When the symptoms are mild, the cases are frequently disregarded or ignored. A long-lasting infection in the urinary system occurs in cases of asymptomatic bacteriuria, only to flare up and cause pyelonephritis in serious cases [1].

Introduction

Prevalence

Up to the age of 11, females are roughly 3 percent more likely than boys to get a UTI. Compared to boys, the incidence rises ten times more in older girls [1].

Factors for Increased UTI in Females: [1]

1. A 4-cm shorter urethra.
2. The external urethral meatus is in close proximity to the vulva and the lower portion of the vagina, both of which are highly polluted by bacteria.
3. Having sex.
4. Catheterisation.

Organisms [1]

E. coli, which is found in roughly 80–90% of cases, is the most prevalent organism. Pseudomonas, Klebsiella, Enterococci, Proteus, and Staphylococcus are some other types.

Predisposing factors [1]

1. The lower urethra because it develops a bacterial colony early on, yet the bacteria are not harmful.
2. Sexual activity causes more organisms to enter the bladder.
3. Full bladder- increases the risk of UTI.
4. Catheterization- commonest cause due to introduction of organisms from lower urethra into the bladder.
5. Postmenopausal women in a hypoestrogenic state, where the bladder and urethral mucosa's protection is weakened.
6. People with immune system illnesses like HIV and diabetes mellitus.

Routes of infection: [1]

Ascending: Commonest route, where organisms ascend from anorectal region, lower vagina and vulva to the urethra and thence to bladder and kidneys.

Hematogenous: From intestine or septic tonsils or other septic foci.

Lymphatic: The kidneys may be affected from the bladder through periureteral lymphatics.

Clinical features: ^[1]**Asymptomatic bacteriuria**

When a bacterial count of the same species exceeds 10⁵/mL in a midstream urine samples on two separate occasions without any signs of a urinary infection, the condition is referred to as "asymptomatic bacteriuria". The entity has been linked to a higher incidence of congenital or acquired urinary tract abnormalities.

Lower urinary tract infection

Urethritis: Dysuria, urgency, and frequent urination are among the signs of urethritis. During micturition, there is excruciating agony.

Urethral syndrome: It is a non-specific, chronic form of urethritis that could be brought on by urethral hypersensitivity. It is important to rule out infection. Micturition incontinence, nocturia, urgency, and frequency are among the symptoms.

Cystitis: The most prevalent urinary tract infection is cystitis, which has symptoms like frequent and urgent urination, pain, especially at the end of the act, and dysuria. Suprapubic soreness could exist.

Pyelitis: Pyelitis symptoms include rigour, a sharp, excruciating pain over the loin, and a fever with chills. Dysuria and micturition are frequent. Anorexia, motion sickness, and nausea are other symptoms. The patient has a dry mouth and appears ill. The sensitivity of loins varies in intensity.

Investigations

A midstream urine analysis indicates a significant amount of pus cells and red blood cells. The culprit microbes will be found by urine culture. Leukocytosis is seen on blood analysis, and elevated levels of urea and creatinine are possible.

Prevention: ^[1]**Following guidelines to be followed to prevent UTI.**

1. To maintain adequate perineal hygiene, which entails wiping the rectum away from the urethra and washing the vulvar area at least once a day.
2. Coital infection prevention: Urinate right afterwards after coitus.
3. Catheter infection – Using a catheter encourages the spread of infection, despite aseptic measures being followed. Catheter use should ideally be avoided.
4. When an indwelling catheter is used for an extended period of time, a periodic and post-removal microbiological investigation of the urine should be performed.
5. It is important to promote hydration intake.

Management: ^[1]

1. To isolate the responsible bacterium and determine its antibiotic susceptibility before beginning antimicrobial therapy, if time allows.
2. To give the best medication for a significant amount of time (7-10 days).
3. To stop the spread of infection again.
4. General precautions: To ensure optimum hydration, drink a lot of water (3 to 4 litres per day).

5. Antimicrobial substances: Begin by using a suitable antibiotic for a significant amount of time (7-10 days).
6. After two weeks of therapy, one negative culture is regarded as a successful outcome.
7. Treatment of any organic pathology that is present in order to prevent reinfection. The outflow tract may need to be widened if there is any restriction. The best medication should be continued for at least two weeks in cases of reinfection.

Repertorial view**Rubrics****Kent** ^[2]

Urethra-pain-burning

Bladder-urination-frequent

Urine-burning

Bladder-urging-frequent

BBCR ^[3]

Urine-micturition-urination-burning

Urine-micturition-urination-frequent, too

Urine-micturition-urging-in general

Boericke ^[4]

Urinary system-Urinary flow-desire frequent

Urinary system-Urethra-meatus-burning

Phatak ^[5]

Urethra-burning

Urination-frequent

Urination-painful

Homoeopathic therapeutics**Apis Mellifica**

Frequent and Involuntary urination. Burning with soreness when urinating. Suppressed urine, which is loaded with casts. Scanty urine, coming only in drops and last drop burns and smarts, with stinging pain. Awkwardness, drops everything when handling them ^[4]. Parts are sensitive to touch ^[6]. Aggravation from touch, pressure, heat. Amelioration by open air, cold bathing ^[4].

Cantharis

Intolerable urging to urinate with tenesmus. There are violent paroxysms of burning and cutting in whole renal region. Haematuria, which comes in drops. Urine is hot which scalds the passage ^[4]. Urine jelly like, pale yellow or deep red colour ^[7]. Retention of urine and pains are cutting with tenesmus, lancinating pain and stabbing like knives, in the neck of the bladder ^[8]. Aggravation by touch, urination. Amelioration by rubbing ^[4].

Sepia

Involuntary urination, during initial sleep. Inflammation of bladder with slow micturition. Red sand in urine, which is adhesive. There is bearing down sensation above pubis ^[4]. Incontinence of urine. Feeling as if, there is great distension of bladder. Offensive urine, which cannot be endured in room. Smarting type of pain in urethra, when urinating. Discharge of mucus from urethra, as seen in chronic gonorrhoea ^[7]. Aggravation by washing, before thunderstorm. Amelioration by hot application, pressure ^[4].

Sarsaparilla

Severe pain at the end of micturition. Distension of bladder with tenderness. Right sided renal colic where the pain extends from right kidney to downwards. Urine is scanty, bloody, slimy and sandy with pain at urethral league. Child cries before and during urination ^[4]. Urge to urinate especially before menses ^[5]. Aggravation after urination, before menses ^[4].

Berberis vulgaris

Burning pain in urethra and in region of bladder. Burning of urethra when not urinating. Pain in the loins and thighs when urinating. Bright red urine with mucus. Cutting type of pain in left kidney extending down to urethra. Urine is thick, greenish, slimy, reddish-jelly like ^[4]. Numbness, stiffness, lameness, soreness and burning in the region of kidney ^[6]. Aggravation from motion, standing ^[4].

Causticum

Involuntary urination from slight excitement, sneezing, coughing and during initial sleep at night. Urinary retention after any surgical procedure ^[4]. Soreness and rawness of urethra ^[6]. Corrosive and acrid urine, which is pale and reddish in colour ^[7]. Itching of urethral meatus. Haematuria. Loss of sensibility while passing urine. Burning, rawness, and rawness are the characteristic symptoms. Aggravation by clear fine weather, carriage riding. Amelioration by wet weather, warmth ^[4].

Equisetum

Feeling of fullness with severe dull pain in bladder, which is not relieved by urination. Retention of urine with dysuria especially during pregnancy and after delivery. Sharp cutting pain and burning in urethra during urination. Frequent urging to urinate with pain at end of urination. Aggravation from touch, movement, right side. Amelioration by lying down ^[4].

Copaiva officinalis

Painful urination which comes in drops. Retention of urine with pain in bladder. Frequent desire to urinate. Urine is greenish turbid colour. Urine has pungent smell or like violets. Swelling of urethral orifice with burning pressure ^[4].

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article

Sreevidhya JS, Reddy TA, Shivanandini V, Pravalika T. Homoeopathy and urinary tract infections. International Journal of Homoeopathic Sciences. 2023;7(2):454-456.

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