



Homoeopathic Management of Urinary Tract Infection in Married Women

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ABSTRACT

Urinary tract infection is one of the most common infections in the female population. Every married woman of reproductive age experiences events such as intercourse, pregnancy, and menopause that make her more susceptible to urinary tract infections. This infection leads to difficulties in all aspects of a woman's life. If the predisposing factors are not identified and removed, a urinary tract infection can lead to more serious consequences. Homeopathic medicines are safe and effective in treating urinary tract infections due to the holistic approach used in homeopathy.

An observational study was conducted with a sample size of 30. Married women aged 18-40 years were included in this study and samples were collected by random sampling. A homoeopathic case sampling was done and a simillimum was administered according to each individual case. Data were analyzed and the outcome was graded as improved, partially improved, and not improved.

After studying the cases, I came to the conclusion that homeopathy plays an important role in the treatment of urinary tract infection in married women.

KEYWORDS: Urinary tract infection, married woman, Pathology, Homoeopathic Treatment, Homeopathy and Homeopathic Medicine.

INTRODUCTION

Urinary tract infection is one of the most common infections in both outpatients and hospitalized patients. Women are more prone to urinary tract infections than men, and their infections tend to recur. One reason is that the urethra (the tube that carries urine from the bladder) is shorter in women than in men. In the absence of known urinary tract abnormalities, women are at higher risk of urinary tract infections than men.

An annual incidence of urinary tract infections of 0.5-0.7 infections per year occurs in sexually active women.[10] When a woman enters her married life; events that happen in her life, ie - intercourse, pregnancy, menopause; to make her more susceptible to urinary tract infections. Urinary tract infection in married women leads to disturbances in her physical, mental, sexual and social life.

In modern medicine, it is treated with antibiotics, topical applications that are usually steroid-based, which have side effects such as weight gain, stomach problems, and antibiotics are also harmful to pregnant women. However, homeopathy has a holistic approach by which the patient can be given the perfect simillimum of treatment in a mild and gentle way.

In homeopathy we have room for treating urinary tract infections; we can prescribe constitutional as well as on the basis of acute totality. Since homeopathic treatment has been found to be effective in treating cases of urinary tract infection, an attempt is made to evaluate the effectiveness of homeopathic remedies in married women using appropriate statistical analysis.

Staphysagria was extolled as a remedy useful in honeymoon cystitis.

However, routinism tends to sometimes overuse the drug to the point of abuse.

This study aims to break the routine and come up with a number of drugs useful for the above medical condition.

Dr.H.A.Roberts in his book "Principles and art of cure by Homeopathy" mentioned the power of homeopathy in treating infections. One of the biggest advantages of homeopathy is that - the treatment of UTI is independent of the corresponding bacteria or its strain, which is very important in modern medicine (allopathy) and tautopathy; The selection of homeopathic remedies will be based on the similarity of the medicine.

Further nuances in individualization will be brought about by considerations of dosage principles.

As we know, each individual suffering from the same disease also presents different images. According to Dr. Kenta "two sick individuals are more unlike each other than two healthy individuals". The extensiveness of our Materia Medica coupled with the help of the Repertory as its complement can be fully utilized to meet the individual variations presented in different cases.

Homeopathic medicines are very helpful in treating bladder infections, relieving discomfort and promoting quick recovery and even improving endurance. These drugs can help patients overcome an existing urinary tract infection without the use of antibiotics. Urinary tract infection is the result of a weakened immune system that does not defend against foreign bacteria that enter the urinary tract and cause the development of infection in the urinary tract, bladder and kidneys.

A homeopathic remedy will increase resistance to infection by stimulating your immune system so that the illness can be resolved as quickly as possible and with as little discomfort as possible. Homeopathic medicines work on a completely different principle; it does not interfere with the natural immune response, but works with it by increasing a person's ability to fight infection. Based on the classical approach of homeopathy, the homeopath looks at the person holistically, i.e. the mind, body and emotions together, and not only at the symptoms of the disease. In the course of homeopathic treatment, the previous reaction to the first or previously prescribed medicine becomes a guide for the doctor when choosing a new medicine or continuing the old medicine.

REVIEW OF LITERATURE

Urinary tract infection:

Acute urinary tract infections can be divided into two general anatomical categories:

- 1) Upper tract infections (acute pyelonephritis, intrarenal and perinephric abscesses)
- 2) Lower tract infections (urethritis and cystitis) ^[2]

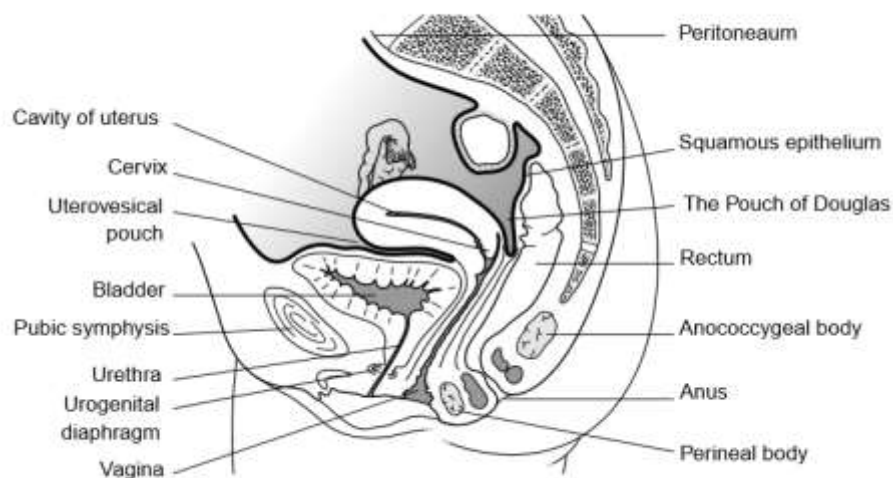


Figure :1. Transverse view of the pelvic organs ^[1]

Urinary tract infection is the most common bacterial infection treated in general medical practice and accounts for 1-3% of consultations. The prevalence of urinary tract infection in women is about 3% by age 20 and increases by about 1% in each subsequent decade. In women, the passage of organisms into the bladder is easier than in men; the urethra is shorter and the absence of bactericidal prostatic secretion may be relevant. Intercourse can cause minor trauma to the urethra and transfer bacteria from the perineum to the bladder. Bladder instrumentation may also introduce organisms. ^[3]

A urinary tract infection is the presence of bacteria in the urinary tract; the presence of at least 105 colony-forming units (CFU) per milliliter of freshly passed urine is considered evidence of a probable UTI.

Type: (1) Uncomplicated

(2) Complex

(1) Uncomplicated: occurs in healthy women

(2) Complicated: associated with anatomical, functional or metabolic abnormalities

Urinary tract, which disables the host's natural innate defenses and leads to tissue damage. ^[5]

Etiology:

Many different microorganisms can infect the urinary tract, but gram-negative bacilli are by far the most common. *Staphylococcus saprophyticus*—a novobiocin-resistant, coagulase-negative species—accounts for 10 to 15% of acute symptomatic urinary tract infections in young women. Enterococci occasionally cause acute uncomplicated cystitis in women. Approximately one-third of women with dysuria and frequency have either an insignificant number of bacteria in the culture of the midstream urine or a completely sterile culture and were previously defined as women with urethral syndrome. About three-quarters of these women have pyuria, while one-quarter have no pyuria and little objective evidence of infection. In other women with acute urinary symptoms, pyuria, and urine that is sterile (even if obtained by suprapubic aspiration), urethritis-producing sexually transmitted agents such as *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and herpes simplex virus are etiologically important. These substances are most often found in young, sexually active women with new sexual partners. The causative role of several unusual bacterial and nonbacterial pathogens in UTI remains poorly defined. ^[2]

Organisms:

The most common organism is *Escherichia coli*, which is present in about 80-90% of cases. Others are *Pseudomonas*, *Klebsiella*, *Proteus*, Enterococci, *Staphylococcus*, etc.

Ascending	Haematogenous	Lymphatic
Ascending is the commonest route of infection. The organisms from the anorectal region, lower vagina & vulva gain access to the urethra & then to the bladder & kidneys.	Spread involving the Kidneys is from the intestine or septic tonsils or other septic foci.	Spread is either from the adjacent ascending colon or genital organs (cervicitis). The kidneys may be affected from the bladder through periureteral lymphatics.

Table -1 Routes of Infection ^[4]

Thus, while the urethra and bladder are mostly affected by direct ascending infection, the kidneys are mostly affected secondary to cystitis. The infection is either by the inflow of infected urine through the periureteral lymphatic channels. ^[4]

The increased chance of UTI in women compared to men is due to:

- Short urethra (4 cm)
- Close proximity of the external opening of the urethra to areas (vulva and lower third of the vagina) heavily contaminated with bacteria
- Intercourse
- Catheterization
- Aggravating factors during pregnancy

Urinary stasis in the bladder →multiplication of bacteria →inflow of infected urine into the ureters and renal pelvis due to laxity of the vesicoureteral sphincters due to edema. ^[4]

Pathogenesis and sources of infection:

The urinary tract should be viewed as a single anatomical unit that is connected by a continuous column of urine extending from the urethra to the kidney. In the vast majority of UTIs, bacteria gain access to the bladder through the urethra. Bacterial ascent from the bladder may follow and is probably the pathway for most renal parenchymal infections.

The vaginal introitus and distal urethra are normally colonized by diphtheroids, streptococci, lactobacilli, and staphylococci, but not by enteric gram-negative bacilli that commonly cause UTIs. However, in women prone to developing cystitis, the introitus, periurethral skin, and distal urethra before and during episodes of bacteriuria. The factors that predispose to periurethral colonization with gram-negative bacilli remain poorly understood, but alteration of the normal vaginal flora by antibiotics, other genital infections, or contraception (especially spermicide) appears to play an important role. Loss of the normally dominant H₂O₂-producing lactobacilli in the vaginal flora appears to facilitate *E. coli* colonization. ^[2]

Conditions affecting pathogenesis:

Gender and sexual activity:

The female urethra appears to be particularly susceptible to colonization by thick Gram-negative bacilli because of its proximity to the anus, its short length (4 cm), and its termination below the labia. Sexual intercourse causes the introduction of bacteria into the bladder and is temporarily associated with the onset of cystitis; Thus, it appears to be important in the pathogenesis of UTI in younger women. Urinating after intercourse reduces the risk of cystitis, probably because it promotes the elimination of bacteria introduced during intercourse. The use of spermicidal compounds with a diaphragm or cervical cap or the use of spermicide-coated condoms dramatically alters the normal introitus bacterial flora and has been associated with a marked increase in vaginal *E. coli* colonization and risk of urinary tract infection.^[2]

Clinical manifestations:

Dysuria, frequency, urgency and suprapubic pain.

The urine is often very cloudy and foul-smelling, and in 30% of cases it is bloody. White blood cells and bacteria can be detected in most cases by examining uncentrifuged urine. However, some women with cystitis have only 102 to 104 bacteria per milliliter of urine, and in these cases the bacteria cannot be seen in a Gram-stained specimen of uncentrifuged urine.^[2]

Examination

It generally reveals only urethral or suprapubic tenderness. If a genital lesion or vaginal discharge is evident, especially in association with 10⁵ bacteria per milliliter on urine culture, then pathogens that can cause urethritis, vaginitis, or cervicitis, such as *C. trachomatis*, *N. gonorrhoeae*, *Trichomonas*, *Candida*, and should be considered Herpes simplex virus. Prominent systemic manifestations such as a temperature of 38.3 C (101.0 F), nausea, and vomiting usually indicate concurrent renal infection, as does costovertebral angle tenderness. However, the absence of these findings does not guarantee that the infection is limited to the bladder and urethra.^[2]

Asymptomatic bacteriuria:

The term asymptomatic bacteriuria is used when the number of bacteria of the same species greater than 10⁵/ml is detected twice in a mean urine sample without symptoms of urinary infection. Almost 30% of women with asymptomatic bacteriuria develop UTI symptoms late if untreated.

The entity is found in association with a high incidence of urinary tract abnormalities – congenital or acquired. A woman is at greater risk of developing chronic kidney disease later in life.^[4]

Lower UTI:

Urethritis: Symptoms include dysuria, urinary frequency and urgency.

The pain is typically a burning sensation during the act of urination.

Urethral syndrome: This is a chronic form of urethritis probably due to hypersensitivity of the urethra.

Urethroscopy reveals a reddened, chronically inflamed urethral mucosa and spasm of the bladder neck.

Cystitis: Cystitis is the most common of the UTIs.

Symptoms included dysuria, urinary frequency and urgency, and pain. It causes painful urination especially at the end of the act. There may be suprapubic tenderness and he may have constitutional disturbances.^[4]

Investigation:

In any case, a medium clean urine collection should be performed for microscopic examination, culture and drug sensitivity.

Blood tests show leukocytosis, urea and creatinine levels may be elevated.

For chronic or recurrent urinary tract infections, more extensive investigation protocols such as intravenous pyelography and cystoscopy are indicated.^[4]

Prevention:

- To maintain proper perineal hygiene
- Prophylaxis of coital infection
- Adequate fluid intake
- Sexually active postmenopausal women should receive HRT^[4]

Urinary tract infections are the most common bacterial infection in women. They are most common between the ages of 16 and 35, with 10% of women getting an infection each year and 60% having an infection at some point in their lives. In young sexually active women, sexual activity accounts for 75 to 90% of bladder infections related to frequency of sex. The term "Lin cystitis" was used for this phenomenon of urinary tract infections during early marriage.^[11]

Urine should be examined as part of every general medical examination, not just in patients with kidney or urinary tract disease. Not only can testing lead to the discovery of a previously unsuspected condition such as diabetes or kidney disease, but documentation of normal urine often provides a very useful

historical benchmark for later development of kidney disease or urinary abnormalities. The urine sample should be transferred to a transparent container without additives. Testing should normally be done as soon as possible, and if delayed for more than 2 hours, the urine should be cooled (not frozen) and returned to room temperature before testing.^[6]

Homeopathic medicines are very effective, safe and curative for urinary tract infection. Medicines in homeopathy are chosen very carefully based on the symptoms, signs and modalities of each individual case. The following are some of the most common homeopathic remedies used to treat urinary tract infections.

Staphysagria:

Ineffective urge to urinate in newly married women. Sensation as if a drop of urine were continually rolling down the canal, Pain after lithotomy.^[8]

Cantharis Vesicatoria:

Intolerable urging and tenesmus. The urine scalds her and runs through her drop by drop.

Violent paroxysms of cutting and burning throughout the region of the kidneys. A constant desire to blink.^[8]

Medorrhinum:

Painful tenesmus when urinating. Urine flows very slowly.^[8]

Causticum:

Involuntarily when coughing, sneezing, etc. It is expelled very slowly and sometimes retained. Retention after surgery. Loss of sensation when urinating.^[8]

Berberis vulgaris:

Sensation as if some urine remained after urination. Urine with thick mucus and bright red floury sediment, bubbling, soreness in kidneys. Pain in thighs and hips when urinating.^[8]

Mercurius Corrosivus:

Intense burning in the urethra (urethritis), urine Hot, burning, thin or suppressed, tenesmus of the bladder. Stinging pain extending through the urethra into the bladder (cystitis). Sweating after urination.^[8]

Pulsatilla:

Increased desire; worse lying down. Burning at mouth of urethra during and after micturition. Bedwetting, coughing or flatulence. Spasmodic pain in the bladder after urinating.^[8]

Apis mellifica:

Burning and painful urination. Suppressed, burdened with castings; frequent and involuntary; stabbing pain and strangeness; sparse, highly colored. Incontinence. The last drops are burning and smart.^[8]

Mitchella Repens:

Bladder symptoms are accompanied by problems, especially uterine congestion. Urinary – Irritation of bladder neck with urge to urinate. Dysuria. Catarrh of the bladder.^[8]

Pareira Brava:

Constant urge, great straining, pain in thighs when trying to urinate.

Bladder feels distended. Itching along urethra. Dripping after urination. Useful in renal colic, catarrh of the bladder. Sensation as if bladder were distended, with pain. Pain going down the thigh.^[8]

Chimaphila Umbellata:

It mainly affects the kidneys and urogenital tract; Plethoric young women with dysuria. Women with big breasts. One of the medicines whose symptoms point to its use in diseases of the bladder, especially catarrh, acute and chronic. Urine scanty and loaded with thick mucoid purulent sediment. The urge to urinate. The urine is turbid, offensive, contains stringy or bloody mucus, and a copious sediment settles upon it. Burning and scalding during urination and subsequent straining. It has to be energized before the current comes.

Weak urine. retention and feeling of the ball in the perineum. He is unable to urinate without standing with his legs wide apart and his body leaning forward.^[8]

Uva Ursi:

Urinary symptoms are the most important. Cystitis with hematuria. Uterine bleeding. Chronic vesicular irritation with pain, tenesmus and catarrhal discharge. Burning after discharge of slimy urine. Calculous inflammation. Frequent urging with severe spasms of the bladder; burning and tearing pain. The urine contains blood, pus, and much tenacious mucus with large clots. Involuntary; green urine. Painful dysuria.^[8]

Equisetum hyemale:

The main effect on the bladder. Remedy for enuresis and dysuria. Severe, dull pain and a feeling of fullness in the bladder that is not relieved by urination. Frequent urge with severe pain at the end of urination. Urine flows only drop by drop. Sharp, burning, cutting pain in urethra when urinating.^[8]

CONCLUSION

Urinary tract infection is a common disease seen in women of reproductive age. Anatomically, the urethra in women is shorter compared to men, which predisposes them to urinary tract infections.

These infections in married women lead to serious functional changes and have an impact on all spheres of her life, i.e. physical, mental, sexual and social life.

The treatment approach of modern medicine is based on the administration of steroids and antibiotics. These in turn lead to side effects such as weight gain, stomach upset.

Antibiotics cannot be given to pregnant women with urinary tract infections.

However, homeopathy has a very liberal approach that is based on the concept of individualization, i.e. the selection of remedies is based on the signs and symptoms plus modalities of each individual case. The safety and efficacy of homeopathic medicines is much better than modern medicines because homeopathic Materia Medica has a large number of medicines and each medicine has its own set of symptoms and is unique in its effect.

30 cases from OPD and homeopathic medical camps conducted by the institute were recruited for the study.

I have included married women in the age group of 18 to 40 years in my study. Women from all communities and walks of life were also included. Women who were not married, had a congenital defect, and had a systemic disease were excluded.

Women who were either on other treatments or required surgery were also excluded.

These patients were interviewed to obtain medical history. These cases were studied according to the guidelines set forth in the Organon of Medicine Dr. Hahnemann.

They were then drafted, remedies filed and responses recorded.

In the study, there were many causal factors that were responsible for UTI in married women. Depending on the percentage of occurrence, these are postcoital infections, less water intake, contraceptive methods, voluntary retention of urine, poor hygiene, pregnancy and more.

In the study, 26 patients were observed to be non-pregnant and 4 patients were pregnant.

In the treatment of UTI in married women, it has been observed that a group of drugs from different sources (plant, animal, mineral, nosodes) plays an important role.

Auxiliary treatment in the form of: enough fluids (water, juices, etc.), observe hygiene; avoid tight clothing in the genital area, emptying the bladder after intercourse, etc.

The result of my study was confirmed by applying the paired t-test, which accepts

The hypothesis that homeopathic remedies are useful in cases of urinary tract infections in married women. Of the 30 patients, 28 patients improved and 2 patients partially improved. So I can summarize that homeopathy plays an important role in the treatment of UTI in married women.

Since my study has different aspects, I would like to follow up on this topic with another study from another point of view, for example, taking into account a specific remedy or group of remedies in cases of urinary tract infection.

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