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Management of Lower Urinary Tract Infection in Females of 20-55 Years of Age Group with of Cantharis and Sarsaparilla Officinalis

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ABSTRACT:

Urine tract infection (UTI) is one of the burning subjects that is a common health problem, which affects millions of people every year. UTIs can be defined as a condition in which bacteria enter, remain and multiply within the urinary tract. Infections of the lower urinary tract include urethra (urethra inflammation) and cystitis (bladder inflammation). Many motivational factors that reduce low urinary tract infections are emptying the incomplete bladder, loss of foreign bodies and host defense. The hosts, pathogens and interaction of environmental factors are collectively responsible for infection. The traditional line of treatment offers only low symptomatic relief while homeopathy is soft and safe, considers the entire person in the disease. Therefore, the study was made to study the clinical presentation of low urinary tract infections and to understand the role of cantharis and Sarsaparilla Office of Sarsaparilla Office in the management of low urinary tract infections. A potential study was done with the size of the sample of 30 cases that meet the inclusion and exclusion criteria. The individualistic approach in homeopathy was used to understand full disease and in the management of each case. The data was analyzed by parametric paired T-Test, and the result was evaluated by the UTI Symptomal Assessment Questionnaire (UTISA) degree of improvement according to the score. The result of the study concludes that Cantharis and Sarsaparilla Officers have an important role in the management of low urinary tract infections.

INTRODUCTION:

Urinary tract infection is a collective term that describes any infection that incorporates any part of the urinary tract, ie kidney, urethra, bladder and urethra. Urinary tract infections are one of the most common bacterial infectious diseases and public health problems that encounter in account for clinical practice and significant sickness and high medical costs.

The infection of the urinary tract has been described with 1stdocumented details since ancient times, which is dated 1550 BC in 'ebars Pepirus'. It was described by Egyptians as 'sending heat from the bladder'.

Urinary tract infection usually occurs when bacteria enter the urinary tract through the urethra and start multiplying into the bladder. Although the urinary system is designed to exclude such micro invaders, these defense sometimes fails. When this happens, can catch bacteria and develop into a fully developed infection in the urinary tract. Most infections include the lower urinary tract - the bladder and the urethra. Out of that 30 to 40 percent of the urinary tract problems suffer from low urinary tract infections.

Low urinary tract infection is a serious but general health problem that affects millions of people every year, an estimated 3% girls and 1% of boys have a low urinary tract infection until the age of 11 and some health care professionals believe that these estimates are less because many cases of low urinary tract infections become uncontrolled or uncontrolled.

The occurrence of low urinary tract infection is higher in women, 40% to 50% of women suffer at least one clinical episode during their lifetime. Increased risk factor in women may be due to miniature urethra, absence of prostatic secretions, pregnancy and easy urinary tract contamination with female flora. The prevalence of UTI in women is about 3% at the age of 20, each growing about 1% in the decade.

In 25% of women within 6 months of an acute urinary tract infection, recurrent urinary tract infections are reported and a major problem arises. Low urinary tract infection is an inflammatory response to the urotaleum to the invasion of bacteria, ie usually connected to bacteriuria and pyuria bacteriuria, urine has the presence of bacteria in the urine, Pyuria urine has the presence of many white blood cells (WBC S).

About 95% of cases are caused by bacteria that usually travel to the urethra opening and bladder.

Low urinary tract infection is characterized by any or all of these symptoms, which is accompanied by a supra pubic or abdominal pain and significant bacteriuria with increased frequency of dysuria, urgency, and urine, often known as "acute urethra syndrome".

The traditional system of drugs uses antibiotics to treat this condition.

Unfortunately, since drugs are expensive and such treatment produces drug resistant cases that lead to its complications. Homeopathy is equally effective, there is no dangerous signal compared to other systems of drugs. The correct prescription is unique about each case, based on it, requiring prescriptions on different homeopathic basis to remove such things.

Patients seeking homeopathic treatment are usually intense or chronic cases in nature with acute exercise, requiring constitutional drugs to prevent recurrence and prevent complete treatment.

Homeopathy can provide the best treatment for urinary tract infection without any local or systemic side effects. There is also an effective role in the management of homeopathy and also in the prevention of urinary tract infection. There are drugs that can build an immune system and prevent repetition of urinary tract infection when maintained with proper lifestyle and hygiene.

Homeopathy has various treatments which are useful in the treatment of urinary tract infections. Therefore, my purpose is to study the role of homeopathic therapy such as Canthris and Sarsaparilla Officeanlis in the management of low urinary tract infections.

REVIEW OF LITERATURE:

Definition:

Urinary tract infection may be a touching (subidenic infection) or symptomatic disease. UTIs can be defined as a condition in which bacteria enter, remain and multiply within the urinary tract. The term UTI consists of a variety of clinical institutions, including touching bacteria, cystitis, prostitis, and pylonphritis. When it affects the lower urinary tract, it occurs in the bladder and urethra infection (cystitis and urethritis) and when it affects the upper urinary tract it is known as kidney infection pilonphritis.

Cystitis is an infection of the bladder that almost always follows (secondary) for bacterial infection in the urine. It is the most common type of urinary tract infection, especially in women.

The urethritis is inflammation of the urethra. This is the tube that carries urine from the bladder outside the body.

Most common symptoms are painful or hard urinating, the man in purulant discharge usually indicates the urethra of gonococcal nature while clear discharge usually indicates non-gonococcal nature and is difficult to diagnose in women because discharge may not be present.

Cystitis is an infection of the bladder, but the term is often used indiscriminately and covers a range of infection and irritation in the lower urinary system.

Phenomenon and dissemination (epidemic)

Cystitis is rare in men. Women are more prone to the development of cystitis. Conditions often affect sexual active women between the ages of 20 to 50, but can also occur in those who are not sexually active or young girls. Older adults also have high risk of development of cystitis, the event in the elderly is much higher than that of young people, more than 33 out of 100. It was reported that 0.5 - 0.7 per year in this group is an annual phenomenon of patients per year. Survey screening for bacteriuria has shown that about 1% of school girls (ages 5 to 14) have bacteriuria. And that this figure increases by young adulthood and more than 1% to 2% per decade per decade. The prevalence in young women is 30 times higher than men. However, with increasing age, the proportion of women for men with bacteriuria is progressively reduced. At least 20% of women and 10% of men over 65 years have bacteriuria. The prevalence of bacteriuria also increases with institutionalization or hospitalization and concurrent disease.

Vaginal science

Many different micro-organisms can infect the urinary tract, but so far the common agents are gram-negative basili, Schherichia coli catheters, urological abnormalities or calculations cause about 80% of acute infections in patients without calculations. Other gram-negative rods, especially protrusus and clebsiella and sometimes entrobacter, account for a small proportion of direct transitions. These organisms consider the growing importance in the recurrent infections associated with calculating or obstruction of plus plus seretia and pseudomonas, urological manipulation. They play a major role in nosocomial, catheter-related infections. Village positive coci plays a low role. However, staphylococcus saprophyticuses have an account for 10 to 15 % intense straight cystitis in women. More generally, antigokoki and staphylococcus causes infection in patients with renal stones or previous instruments or surgery. Nearly one-third of women with dysuria and frequency have an insignificant number of bacteria either middle-stream urinary cultures or completely sterile cultures and is defined as the first www.similima.com 8 urethral syndrome. About three of these women are Piauria among the three quarters; Whereas there is no pyuria and less purpose of infection in one-fourth.

Partogenesis:

The penetration of bacteria in the female bladder is made smooth by the miniature urethra, and it suggests, at least in the part, observation that symptomatic urinary tract infections often follow sexual intercourse. Although the ascending passage is the most common portal of penetration for urinary tract infection, infection may occur on the occasion; Hematogenous proliferation can occur on this occasion. There are very few evidence of lymphatic spread of infection through the urinary tract. Vaginal introitus and distille urethra are commonly colonized by diphtheroids, staphylococcal species, lactobacial and streptococcal species, but not by the entire gram-negative basili, which usually leads to UTIs. There is a possibility of development of cystitis in women, although the internal gram-negative organisms living in the bowel are colonized before and during the episode of introitus, peri-eurithral skin

and bacteriuria. The factors that predict peri-yuthral colonization with gram-negative basili are poorly understood, but the change of normal vaginal flora by antibiotics, other genital infections, or contraceptives, especially sperm manifests to facilitate the convenience by E.Coli. The small number of periaratral bacteria possibly obtains penetration into the bladder, a procedure that is smooth in some cases by urethral massage during intercourse. What the bladder ensures infection, depends on the pathogenesis of stress, the inoculum size and the effects of the local and systemic host defense mechanisms. Factors affecting the adhesion of pathogens include both degrees of palance of bacteria and the number of receptor sites on Eurotellial cells. The adherence may also be related to the presence of some glycolipids in human urothellial cells. Under normal conditions, bacteria placed in the bladder are rapidly cleaned, partially through flushing and weakening effects of zero, but also as a result of anti-bacterial properties of mucosa of urine and bladder. Mostly due to a high urea concentration and high osmosis, the bladder of many common individuals prevents or kills urinary bacteria. Poly-Murfo-Nuclear-Leukocytes enter the epithelium of the bladder and play a role in cleaning urine and bacteriyuria immediately after the infection arises.

Conditions affecting pathogenesis:

1) Penis and sexual activity: The female urethra appears to be exclusively transmitted with colonic gram-negative basili because it is its close proximity, its small urethra (about 4 cm), and its termination under the labia.

Sexual intercourse causes the introduction of bacteria in the bladder and is temporarily associated with the onset of cystitis. After intercourse reduces the risk of zero cystitis, perhaps it promotes the withdrawal of bacteria launched during intercourse. In addition, a diaphragm or cervical hat or spermatozoa compounds with sperm coat condoms dramatically replace normal introverted bacterial flora and are associated with E.Coli associated with an increase in vaginal colonies with E.Coli.

2) Pregnancy: Urinary tract infection is detected in 2 to 8 % pregnant women.

3) Obstruction: Any obstruction for free flow of urine such as tumors, strictness, stone or prostatic overgrowth - results in the increased frequency of infection.

4) Neurogenic bladder laxity: Intervention with nerve supply to the bladder, as in spinal cord injury, tabs dorsalis, multiple sclerosis, diabetes and other diseases, may be associated with urinary tract infections

5) Vesicoureteral reflux: It is common in children with physical abnormalities of the urinary tract, as well as physically normal, but infected urinary tract.

6) Bacterial viral factor: Not all strains of E.Coli are equally able to infect the urinary tract. Bacterial viral factor clearly affects the possibility that a given stress is introduced into the bladder once, the cause of UTI.

7) Genetic factors: Increasing evidence suggests that host genetic factor affects sensitivity to UTI. The number and types of receptors on urpithelial cells, which can attack bacteria, are at least prescribed genetically.

Classification of cystitis:

Bacterial cystitis, interstitial cystitis, autoimmune interstitial cystitis, eosinophilic cystitis, tuberculosis cystitis, acute cystitis, chronic cystitis.

Classification: ICD-10 N30 O1

Signs and symptoms:

The most common symptoms are burning with urine and repeatedly urinating (or urged to urinate) in the absence of vaginal discharge and significant pain. These symptoms can be mild to severe and last six days in healthy women. Some pain may occur above the pubic bone or lower back.

Partogenesis:

The urinary tract can be seen as a united anatomic unit by a continuous column of urine extending from the urethra to the kidney. In most of the urinary tract infections, bacteria install infections by climbing from the urethra to the bladder, which continue the ureter to the kidneys, most of the kidney paranical infections. Bacteria can also achieve access to the urinary tract through the bloodstream. However, Hematogenous <2% of documents spread accounts for urinary tract infections and usually result in relatively viral organisms such as Salmonella and S Eurius as a result of bacteria. However, the introduction of bacteria in the bladder does not essentially causes continuous and symptomatic infection. The interaction of hosts, pathogens and environmental factors determines that tissue attacks and symptomatic infections will ensure.

clinical features:

1. Painful urination (dysuria) or sensation of irritation.

2. Frequency of urination

3. Pain directly above the pubic bone.

4. Clouds and dishonesty urine.

5. Blood in urine.

6. Need to urinate at night.

Additional Symptoms:

Pain, pain, fatigue, fever, chills, nausea and vomiting, mental changes or confusion during intercourse. Often in an early person, mental change or confusion is the only sign of a possible infection.

Type:

Cystitis-gourd-infectious. (Abacterial cystitis, radiation cystitis, chemical cystitis, acute urethra cystitis) This is the irritation of the bladder caused by bladder infection.

Reasons include: radiation therapy for the pelvis, chemotherapy with certain types of drugs, and other irritability. Symptoms are similar to an urinary tract infection.

Causes: Incident of Risk Factors: This is the most common in women of the child's affected years.

The exact reason is not known. However, the use of bubble bath, feminine hygiene spray, sanitary napkins and sperm jelly can be a possible cause. Urine analysis can reveal red blood cells and some white blood cells. A urinary culture will not reveal any bacteria in the urine.

Frequency - Dysuria - syndrome (urethral syndrome) This is common in women. It contains symptoms of signs of urine infection, but with negative urinary cultures and absent pus cells. No significant abnormalities have been found in these patients and most urologists recommend patients to adopt common measures such as cotton underwear, simple soap, normal perineal hygiene and zero to zero after intercourse.

Tuberculous urinary tract infection. It is secondary to renal tuberculosis. Cystoscopy suggests that the initial tuberculosis of the bladder begins around the ureter organs or trigone, the early evidence of the palor of the mucosa due to the sub mucosa edema. Subsequently, tubercles can be seen, and in long -lasting cases, there is fibrosis and the bladder capacity is greatly reduced.

Interstitial cystitis: This is a bladder condition caused by chronic inflammation, causing difficulties, with urination.

Reason: It is inflammation of the bladder tissue, in which there is no known infection (bacterial, viral or fungal). The condition is identified through the diagnosis of exclusion. Diagnosis is made out of other reasons. The specific discovery of interstitial cystitis during cystoscopy is pin-point bleeding in the bladder lining.

Diagnosis:

1. History

2. Physical examination

3. Lab diagnosis

1) History: A complete history can be divided into five major components.

A) Main Complaint

B) History of presenting the disease

C) History of past disease

d) previous medical history

E) Family History

2) Physical Examination: A complete and complete physical examination is an essential component of the evaluation of patients that presents with urological disease. Although it is attractive to depend on laboratory and radiological tests, physical examination often simplifies the process and allows the urologist to choose the most appropriate clinical study. With history, physical examination remains a major component of clinical evaluation and should be done with duty. The examination may contain a case of acute incomplete cystitis, supra-pubic tenderness. Look for the perverted bladder as well.

3) Laboratory Diagnosis: The prescribed laboratory of acute cystitis is based on diagnosis;

A) microscopic urine analysis that indicates bacteriuria, pyuria and hematuria. Indirect dip-stick testing for bacteriuria or pyuria can also be informative, but is less sensitive than microscopic examination of urine. Test the urine for pus and bacteria. For this, a "clean catch" sample of urine is taken to wash the genital area and collect and collected a "sample of middle stream" of urine in a sterile container. (This method of collecting urine helps prevent the bacteria around the genital area from getting into samples and confusing the results of the test)

In urine analysis, urine is analyzed for white and red cells and bacteria. Bacteria are then grown in a culture. Bacteria are usually present in urine in large numbers (> or = 105 / mL) in symptomatic patients. Microscopic bacteriuria, which is best evaluated with gram-e-satisfied urine, is found in more than 90% samples, from patients whose infections are attached to cases of at least 105 / ml colony cases and this discovery is very specific.

Detection of bacteria by urine microscopy thus causes strong evidence of infection. But the absence of subtlely detected bacteria does not exclude the diagnosis.

The absence of pyuria should cause diagnosis of urinary tract infection until urine culture data is available. Many diseases of the urinary tract produce significant pyuria in the absence of bacteriuria. They are tuberculosis, in the absence of stagorn calculi and small -sized stone urinary tract infections can produce acute pyuria with a clump of WBC. Microscopic hematuria is found in 40% to 60% of cases of cystitis and other dysuric syndrome is abnormal.

B) urine culture: Urine culture remains a fixed test, and 102 or more CFU / ml pressure in symptomatic patients usually indicates infection. Although several investigations recommend that urine culture and microbial sensitivity tests are performed with suspected incomplete cystitis in all patients, in practice, it is often neither done nor necessary.

Thus, in women with symptoms and signs that suggest acute cystitis, and which do not have any complex factors exist, are positive for urinary analysis that is positive for pyuria, hematuria or bacteruria or a combination should provide adequate documents of urinary tract infection and can be abandoned.

However, a urinary culture should be obtained for women in which symptoms and the conclusions of urinary examination leave the diagnosis of cystitis in doubt.

Imaging technique signal:

Radiological studies are unnecessary for evaluation of most patients with genitorinary infections, but in some patients they may be useful. Radiological imaging studies in these patients can determine acute infectious processes that require further intervention or can cause complex infections.

1. Stomach film

2. Emission urogram

3. Zero sisterthrogram

4. Ultrasonography

5. Cystoscopy

6. Radionuclide studies.

differential diagnosis:

Cystitis should be differentiated by other inflammatory infectious conditions in which dysuria may be the most prominent symptoms that include vaginitis, urethra infection pathogens and diuretic infections due to diverse non-inflammatory causes of diuretic discomfort.

History, physical examination, and characteristics of zero urine or other samples allow patients with dysuria to be handed over to one of these clinical categories.

Vaginal: The irritable zero associated with vaginal irritation is characterized and subsequent in the beginning. The history of vaginal discharge or smell and many or new sexual partners is common. Frequency does not exist. Physical examination reveals a vaginal discharge, and the test of vaginal fluid exhibits inflammatory cells.

Differential diagnosis includes herpes simplex virus, gonorrhoe, chlamydia, trichomoniasis, yeast and bacterial veginosis.

Urethritis: Causes dysuria that usually subjugate in the beginning and is associated with the history of discharge and new or many sexual partners. The frequency and urgency of urine may be present, but less pronounced than patients with cystitis, and fever and chills are absent.

Urethralpyuria is characteristic in male. Common causes of the urethra include gonorrhea, chlamydial infection, herpes simplex and trichomoniasis. Appropriate cultures and immunological tests are indicated. Urethra injuries: Sexual intercourse, chemical irritability or allergies can also cause dysuria. The history of trauma or risk to irritability, and discharge or lack of pyuria is characteristic.

Complications:

1) Chronic or recurrent urinary tract infection.

2) Complex UTI (pilonephritis)

3) Infections with protrusus species and clebsialla species induce stone infection.

4) Acute kidney failure.

Pregnancy: Most cases of cystitis are uncomfortable but disappear without complexity after treatment.

Monitoring: The follow -up may include urinary cultures to ensure that bacteria are no longer present in the bladder.

Prevention: 1) Remembering to clean the genital area and wipe from back to back, can reduce the possibility of introducing bacteria from rectal areas to urethra.

2) Increasing the intake of fluids can allow continuous urination to flush bacteria from the bladder.

3) Immediately after intercourse, urinating can help eliminate any bacteria offered during intercourse.

4) Avoiding prolonged urination can allow the bacteria to be multiplied on time, so continuous urination can reduce the risk of cystitis in those who suffer from urinary tract infections.

5) Drinking cranberry juice prevents some types of bacteria from attaching the bladder wall and may reduce the possibility of infection.

6) Avoid using doshah and feminine hygiene spray.

7) Rain instead of bathing.

8) All cotton underwear should be worn and replaced every day.

9) Hydrotherapy (warm and cold water in infected area) can increase circulation in the area and help clean the infection.

10) Avoid the use of sperm in combination with a diaphragm for birth control.

Homeopathic concept:

Bacteriology relationship for homeopathy-

The previous history of bacteriology is not only necessary, but also very interesting. For a long time, scientists' attention was more concentrated to various diseases that bacteria could cause disease rather than detecting what they were.

First, the name of the fractorius of Verona must be remembered. This is the one who carried forward its concept of "infectious" as the cause of infectious disease in the year 1546. Then in the year 1659, Kires recorded the presence of minutes germs in the plague patient's blood, Von Plusage believed that some bacteria were original in diseases.

The medical profession in the year 1676 ran his head in memory of Dutch scientist Leuvenhoc for its invention of 'Microscope'. From this period, the medical profession moved from the world of imagination to the world of objectism. In the mid -19th century, the development of bacteriology began with the revolutionary works of Louis Pasteur (1822 - 1895) and Robert Coach (1842 - 1910), the coach only discovered the comma basilus of Heja in 1882.

Although Haniman had no microscope, more than 50 years before the discovery of the coach, he was the first person to see, teach and discover the parasitic nature of all infectious diseases in the year 1827 and normally chronic diseases before the publication of his famous book "Older Diseases".

It is all more important that Hinimain recognized the presence of bacteria in epidemic and acute diseases in 1818, separating the Tuberculal Basillus by the coach over 60 years ago.

The beauty of homeopathic treatment is that once reactions to the remedy guide the physician for further treatment. The selection of the second remedy depends on the reactions of the first measure. These reactions also reveal the nature of the disease, whether the disease is curable or not, as the reactions to the treatment of the disease differ from the reaction of homeopathic remedies, which differ from the reactions of homeopathic remedies in incurable cases.

Heniman says in his Materia Medica Pura, "This principle only appeals to the decision of experience. Repeat the experiments, it cries loudly, repeats them carefully and accurately, and you will find the principle confirmed at every step, and it does not do any medical dockutory, no system.

Homeopathic management

Infection:

Homeopathy considers the person as a whole. This means that homeopathic treatment focuses on the patient as a person, as well as his pathological status. Homeopathic remedies for UTI are selected after a complete individual examination and case-analysis, including the patient's medical history, physical and mental constitution, etc. A miasmatic trend (predecessor/sensitivity) is often taken into consideration for the treatment of chronic conditions. Canthharis, apocionam, barbaris, canthharis, causticum, ecvisatum, terrebinthinia, merc core, lycopodium, Nux Vomika, Borex, Parrax, Sarsaparilla, Sapia are some of them.

Cantharis from various source books -

1. Homiopatuic Materia Medica William Boarke:

- Violent paroxysm of cutting and burning throughout the renal area, with painful urge to urinate; Bloody urine from drops. Unbearable tensmus; Cutting before and after urine.

- Continuous desire to urinate. Membranous scales look like bran in water. Urine jelly-like, shreddy. Male-fighter desire; Painful erection. Pain in glans.

2. S.R. by Concess Materia Medica Phatak:

- Kidney region is very sensitive. pee

- Scaling with cuttings, unbearable urge, and grip of the bladder in fearful tensus or dragging stringry dysuria blood.

3. Change homeopathic Materia Medica by James Tyler Kent:

- The entire urinary organs and genitalia are in the state of inflammation and gangrene.

- Burning, when urinating. This bloody urine burns about the bladder -like fire and about the genitals. Retention or suppression of urine.

- Intensity and hardness are the characteristics of this remedy. It brings the pain and enthusiasm found in any other remedy.

- The female has sensitivity of all parts.

- Embroidery and inflammation of the uterus. Burning in the vagina.

4. Dictionary of practical Materia Medica by John Henry Clarke:

- The most intensive action is developed in the genito-urine region. Hypogastrium has excessive sensitivity (especially when the bladder is filled), cutting, burning pain from the kidneys to the urethra, strangles. Just a few drops can pass like a melted irritation of all grades.

-When burning, cutting pain along with constant, is often a multurition; Or even if cutting the pain of burning sensation, it participates in the flow, whenever it does not happen much often.

5. Dr. J. Keynotes by Allen:

- To urge to continuously urinate, pass pass, but at a time a few drops that are mixed with blood (sudden desire to urinate and intense itching in the urethra, unbearable urge, during, first, and after urinating; burning, irritation, cutting pain in the urethra during chilli; violent tenomous and stranger.

Sarasaparilla Officers from various sources books -

1. Homeopathic Materia Medica by William Boriche

- Urine scanti, thin, flaky, sandy, bloody. Gravel. renal colic. Serious pain on

Conclusion of urination. Urine drains while sitting.

-Bader disturbed and tender. The child shouts before and before urinating. Sand on diaper.

- In infants, reenal colic and dysuria. Pain from the tenmus downstream of the right kidney of the bladder; The urine passes into a thin, weak stream. Meat pain.

2. SR by brief Materia Medica Gate

- Painful urination, deletion becomes worse than urine.

- Only when standing during the day can pass the urine but the urine flows freely at night

-On bed, it is drable while sitting-

-To urinate before the mens. Passes drops of blood or white acrid material

Close to urine sand on diapers.

-Air passes through the bladder during urination. Crusty urine sediment. Pain in the urethra is going back to the stomach.

Along with the urethra. Kidney colic (right). Pus in urine.

3. A dictionary of practical Materia Medica by John Henry

Clarke

Security of urine secretion. Pale, frequent discharge of abundant urine.

-Tenesmus, with pressure on the bladder, and discharge of a white and turbulent substance,

Mixed with mucus

--Ferment and ineffective urination, or with scary emissions. Often

Urine with hard stool

-Burbing passes with discharge of prolonged flakes.

-Sutra and yellow urine, day and night's abundance, often without anyone

Sensation in urinary organs. Turbid urine, like soil water. Furious, scary, red urine. Like flakes in urine.

Blood in the urine towards the end of an emission.

Pain in the form of pain in the form of urine; Excessive pain in the urethra that can run back into the stomach.

-The sensation in the urethra during every urination. Urethrally

Urine incontinence, <in the day, <when urine is high in color, and <later

Drink beer.

Urine

Day and night.

In the bladder, with contraction pain. Bladder

-As a pus from the urine, in Gonoria.

4. Constance Materia Medica, by Constantine Herring

On the region of the bladder -pre -deformity and deformity

Gravel or small calculi drops blood with the end of the urine.

Unnecessary ineffective; Urge with constipation.

Retention of urine -Retention.

-Uorin: Bright and clear, but irritable, often and abundant, should rise at night; Scanty, thin, flaky, sandy, abundant, passed without sensation.

In urine or in diapers, the child shouts first and first when passing it.

The wind passes through the bladder

-Yurin passes into a thin, weak stream, or without pain.

Pain at the end of urination.

CONCLUSION:

The study was designed with the objective of studying the role of Canthris and Sarsaparilla in the clinical presentation of low urinary tract infection and the management of low urinary tract infections. A total of 30 cases were selected according to inclusion and exclusion criteria.

1. The occurrence of low urinary tract infection is more common in the age group of 20 - 40 years.

2. Cantharis is more effective in patients in the age group of 20 and 40 years, while the age group of sarsaparilla officialis has a skilled role between 30 and 50 years respectively.

3. Low urinary tract infection is more prevalent in people with poor hygiene and less socio-economic background.

4. To reduce water intake, avoid urinating, use deodorant spray or other female products, unhealthy health conditions, undergarments, many sexual partners, etc. are responsible for low urinary tract infections.

5. The symptoms of low urinary tract infection have an increase in clinical presentation frequency, urgency, painful/ burning mixture, difficult empty/ passing, discomfort, lower back pain and hematuria.

6. Anger, irritability, anxiety. Jealousy, restlessness, sensitive, contradictory intolerant, easily angry, sensitive, apathy, disappointed and discontent with everything is the characteristic mental state present in low urinary tract infection.

7. Low urinary tract infection infection is more prominent in the patient with psoric and sycotic miasmatic background

8. The patient presents with a high position of sensitivity with low urinary tract infections, so these cases react well for high strengths like 200 and 1 meter.

9. Since there is psychosomatic origin in low urinary tract infections, the mental subject of anger, irritability, feeling that ie humiliated, supremacy, criticism or commonly present in patients is being commonly being contradictory. Thus, homeopathic medicines solve this mental state, which helps treat the cause behind the condition of the disease, resulting in a complete overall recovery of every individual case.

10. Cantharis and Sarasaparilla Officealis have an effective role in acute cases of intense cases of low urinary tract infections.

11. The study proves that homeopathic drugs selected according to the overall of the symptoms of the case help effectively reduce the intensity and frequency of the symptoms. Helps in the non-phenomenon of the accurate homeopathic similimum episodes selected on the appropriate overall (overall approach), thus offering complete treatment in the most gentle way without any suppression.

According to the statistical scale, the effect of treatment was obvious. 27 cases (90%) showed marked improvement, while 2 cases (7%) showed partial improvement and 1 case (3%) without any improvement, concluding that, canthris and Sarasaparilla Officers play an important role in management of low urinary infections.

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