

Case Study

Importance of Miasmatic Analysis in Clinical Cases Relating To Recurrent Urinary Tract Ailments

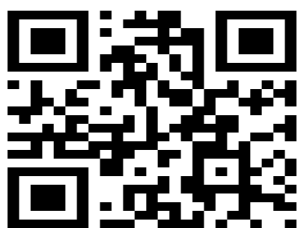
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ABSTRACT

Urinary tract infection (UTI) remains the most common infection worldwide, which can occur in any time in the life of an individual. UTI can affect both lower and upper urinary tract. It may be acquired from community or hospital. When the susceptible (it is the capacity of living organism to receive and react to stimuli both internal and external) individual suffers from the infection, the organ and the system that is affected is the kidney, renal pelvis, ureters, bladder, and urethra, as well as adjacent structures such as the perinephric fascia, prostate, and epididymis. Urinary tract infection (UTI) comprises of both asymptomatic microbial colonization of the urine and symptomatic infection with microbial invasion and inflammation of urinary tract structures. In healthy individuals there is a sterile stream of urine that flows through. There are various factors that are responsible for the growth of micro-organisms which lead to such infections. Out of which bacteria are the most common invading organisms, along with yeast, fungi and viruses too. The following objectives were fixed up for the study 1. To study the Miasmatic Background of Recurrent Urinary Tract Infection. 2. To study the role of homoeopathic remedies (miasmatic remedies) in the treatment of Recurrent UTI. 3. To study the Clinical Presentation of Urinary tract infection. Result 14 out of the 30 cases (46.66%) recovered totally, 11 cases improved (36.66%) and 5 did not show any Interpretation and Conclusion- In the present out of 30 patients taken up for study, 14 cases recovered totally, 5 did not improve and 11 improved. The most commonly indicated acute drugs in this study were Aconite, Apis, Arsenic album, Belladonna, Cantharis, Nitric acid and Staphysagria. The constitutional drugs were Berberis, Lycopodium, Nux. Vomica, Pulsatilla, Sars, Sulphur, & Thuja. The miasmatic basis of UTI in this study were as follows: Psoro-Sycotic – 12 cases i.e. (40 %), Psoro-Syco-Syphilitic – 8 cases i.e. (26.67%), Psoric – 10 cases i.e. (33.33%). The results of the study were highly satisfying and the importance of miasmatic Significance of Homoeopathic remedies in the treatment of UTI have been very effective.

Keywords: Typhoid Fever, Homoeopathic Medicines, treatment



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INTRODUCTION

Male and female urinary tract

The function of the urinary tract is to store and eliminate urine. To do this effectively it is lined with a water proof mucosa, which , it has a built-in mechanism to protect upper urinary tract function (the anti-refluxing vesico-ureteric junction) and it has nerve supply to coordinate its various activities and

does not significantly alter the volume or constituents of the contained urine, it has a muscular wall which will allow storage but also give complete emptying of the system bring it under voluntary control. UTI is an inflammatory response of the urothelium to bacterial invasion i.e., usually associated with bacteriuria and pyuria. B

acteriuria is the presence of bacteria in the urine, which is normally free of bacteria, and implies that these bacteria are from the urinary tract and are not contaminants from the skin, vagina or prepuce. The possibility of contamination increases as the reliability of the collection technique decreases from suprapubic aspiration, to catheterization, to voided specimens.

Pyuria is the presence of white blood cells (WBC's) in the urine and is generally indicative of an inflammatory response of the urothelium to bacterial invasion.

UTIs are a serious, but common health problem affecting millions of people each year. UTI can either involve the upper urinary tract (kidneys) pyelonephritis, or the lower urinary tract (bladder and urethra) cystitis and urethritis respectively. Infections are generally defined by their presumed site of origin. Acute pyelonephritis is a clinical syndrome of chills, fever and flank pain that is, accompanied by bacteriuria and pyuria, a combination that is reasonably specific for an acute bacterial infection of the kidney.

Chronic pyelonephritis describes a shrunken, scarred kidney, diagnosed by morphologic radiologic or functional evidence of renal disease that may be post infections but is frequently not associated with UTI. Cystitis is inflammation of the bladder whether used as a histologic, bacteriologic or cystoscopic description or a clinical syndrome i.e., usually accompanied by an abrupt onset of dysuria, increased frequency, urgency and suprapubic pain.

Urethritis like cystitis also refers to inflammation, but of the urethra rather than the bladder. Symptoms arising from urethritis and cystitis are difficult, if not possible, to distinguish from one another in the female, but pure urethritis in the female – unlike that in the male – is very rare.

Classification

Infection in the urinary tract can be divided into four categories:

- Isolated infections
- Unresolved infections recurrent UTIs that are reinfections
- Recurrent infections resulting from bacterial persistence.

UTIs are a result of interactions between

auro pathogen and a host. Increased bacterial virulence appears to be necessary to overcome strong host resistance, and, with minimal virulence characteristics are able to infect patients who are significantly compromise.

Ascending route – Most bacteria enter the urinary tract from the faecal reservoir via ascent through the urethra into the bladder. It is now generally believed that uropathogenic bacteria are selected from the faecal flora by the presence of virulence factors that enable them to adhere to colonise the perineum and urethra and migrate to the urinary tract.

Haematogenous route – Infection of the kidney by the haematogenous route is uncommon in normal individuals. However, the kidney is occasionally secondarily infected in patients with *Staphylococcus aureus* bacteremia from oral sites or with *Candida fungemia*.

Lymphatic route – Direct extension of bacteria from the adjacent organs via lymphatics may occur in unusual circumstances such as a severe bowel infection or retroperitoneal abscesses.

Conditions affecting pathogenesis – Gender and sexual activity.

The female urethra appears to be particularly prone to colonization with colonic gram-negative bacilli because of its proximity to the anus, its short length (about 4 cms), and its termination beneath the labia. Sexual intercourse causes the introduction of bacteria into the bladder and is temporarily associated with the onset of Cystitis; it thus appears to be important in the pathogenesis of UTIs in younger women.

Voiding after intercourse reduces the risk of Cystitis probably because it promotes the clearance of bacteria introduced during intercourse. In addition, use of spermicidal compounds with a diaphragm or cervical cap or of spermicide-coated condoms, dramatically alters the normal introital bacterial flora and has been associated with marked increases in vaginal colonization with *E. coli* and in the risk of UTI.

This present dissertation includes a study of 30 cases of uncomplicated Recurrent UTI, which are more common in women of the

reproductive age group i.e. 15-45 years.

Here an endeavour is made to study the clinical presentation of UTI (Individualization), the Miasmatic basis of Recurrent UTI, the Homeopathic approach and plan of treatment, the investigations of the disease and finally the role of Homoeopathic medicines in the treatment of Recurrent UTI.

Aims and objectives

Aim

To study the Importance of Miasmatic Significance in the management of Recurrent Urinary tract infection.

Objectives

1. To study the Miasmatic Background of Recurrent Urinary Tract Infection
2. To study the role of homoeopathic remedies (miasmatic remedies) in the treatment of recurrent UTI.
3. To study the Clinical presentation of recurrent U.T.I
4. To evaluate the causation and nature of Recurrent Urinary Tract Infection.
5. To diagnose the cases of Recurrent Urinary Tract Infection.

Research question

Weather Miasms having any significant important role in the management of Recurrent urinary tract infection?

Hypothesis

Null hypothesis

Miasms having no any significant important role in the management of recurrent urinary tract infection.

Result and conclusion

This study was designed with an objective of studying the Importance of Miasmatic significance of Recurrent Urinary Tract Infection. A total of 30 cases were selected according to Inclusion and Exclusion criteria.

1. The Incidence of Recurrent Urinary Tract Infection is more common in age group of 20 - 40years.
2. Females are more prone to suffer from recurrent Urinary Tract Infection than men.
3. Psorasycotic Miasms is more effective in patients of age group between 11 to 40 years,
4. The prevalence of recurrent Urinary Tract Infection is more in people with poor hygiene and in low socio-economic

background.

5. Reduced water intake, avoiding the urge to urinate, using deodorant sprays or other feminine products, unhygienic health conditions, wrong selection of undergarments, sexual intercourse, etc. are responsible for recurrent Urinary Tract Infection.

6. Clinical Presentation of recurrent Urinary Tract Infection symptoms is – increased frequency, urgency, painful/burning micturation, difficult emptying/ passing, discomfort, lower back pain and Hematuria.

7. Anger, Irritability, Anxiety, Jealousy, Restlessness, Sensitive, contradiction intolerant, offended easily, Sensitive, Indifference, disappointed and Discontented with everything are the Characteristic Mental State present in recurrent Urinary Tract Infection.

8. Recurrent Urinary Tract Infection is more predominant seen in patient with Psoric and Sycotic Miasmatic background.

9. Patient with recurrent Urinary Tract Infection presents with High state of Susceptibility; hence these cases respond well to high potency like 200 and 1M.

10. As recurrent s Urinary Tract Infection has the psychosomatic origin, the mental theme of anger, irritability, pissedoff feeling i.e. disrespected, dominated, criticized or being contradicted commonly present in the patients. Thus, the homoeopathic medicines resolve this mental state, which help to treat the cause behind the disease condition, resulting in the complete Holistic recovery of every Individual case.

11. The study proves that Homoeopathic medicines selected as per the totality of symptoms of the case effectively help in reducing the intensity and frequency of the symptoms. Accurate homoeopathic similimum selected on appropriate totality (Holistic approach) and Miasmatic Background and helps in non-occurrence of episodes thus offering complete cure in most gentle way According to statistical scale, the effect of treatment was evident. 27 cases (90%) showed marked improvement whereas 2 cases (7%) showed partial improvement and 1 case (3%) with no improvement, conclude that, Miasmas are useful and

having important role in the management of recurrent Urinary Tract Infection.

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