

Review Article

Role of cantharis and Sarsaparilla in the management of Urinary tract infection: A Review

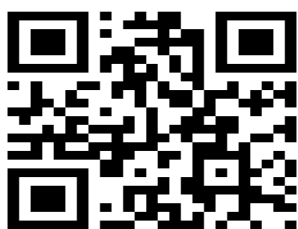
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ABSTRACT

UTI is an inflammatory response of the urothelium to bacterial invasion. It can either involve the upper urinary tract (kidneys) Pyelonephritis, or the lower urinary tract (bladder and urethra) cystitis, Dysuria and urethritis respectively. Infections are generally defined by their presumed site of origin. Urinary tract infections (UTIs) are one of the most frequent clinical bacterial infections in women, accounting for nearly 25% of all infections. Around 50–60% of women will develop UTIs in their lifetimes. *Escherichia coli* is the organism that causes UTIs in most patients. Recurrent UTIs (RUTI) are mainly caused by reinfection by the same pathogen. Having frequent sexual intercourse is one of the greatest risk factors for RUTIs. In a subgroup of individuals with coexisting morbid conditions, complicated RUTIs can lead to upper tract infections or urosepsis. Although the initial treatment is antimicrobial therapy, use of different prophylactic regimens and alternative strategies are available to reduce exposure to antibiotics. UTIs are a common health problem which many times go undetected or unreported, but the symptoms of UTI can be very well treated with Homoeopathic remedies without any side effects. Cantharis and Sarsaparilla were extensively used for the management of UTI.

Keywords: UTI, Homoeopathy, Management



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INTRODUCTION:

Urinary tract infection (UTI) is the presence of microbial pathogens in the urinary tract. The infection of the bladder and urethra are referred to as the infection of the lower urinary tract (the kidney and ureter) infection is indicated the upper urinary tract infection. UTI can be asymptomatic or symptomatic, characterized by a wide spectrum of symptoms ranging from mild burning micturition to bacteremia, sepsis, or even death. Although UTI affects both genders,

women of the reproductive age group (15-44 years) are the most common age group, may be due to their anatomy and reproductive physiology.

Women are particularly at risk of developing UTIs because of their short urethra, and certain behavioural factors which include delay in micturition, sexual activity and the use of contraceptives.

They are particularly common among the female population with an incidence of about

one percentage among school girls and four percent among women through childbearing years.

Incidence of infection in females increases directly with unprotected sexual activity and childbearing age are more affected. It is found that nearly, women between 20-40 years of age will get UTIs.

Urinary tract infections (UTIs) are a serious but common health problem, affecting millions of people each year, an estimated 3% of girls & 1% of boys, have had a UTI by the age of 11, and some health care professionals believe these estimates are low because many cases of UTI go undetected or unreported. Following intra-renal reflux of infected urine and effect the urinary tract, renal damage may occur by a direct effect of the bacteria, ischemia with reperfusion damage & or an inflammatory response. The conventional system mainly allopathic mode of treatment uses antibiotics to treat this condition. The main symptoms of urinary tract infection are pain, dysuria, frequency and urgency can be very well treated with Homoeopathic drugs, without any side effects, which tend to occur after antibiotics. Although mostly the Urinary Tract Infections can be effectively treated by allopathic doctors by prescribing antibiotics, UTI recurrence is a common problem and sometimes may be very troublesome. Recurrent UTIs, which include relapses and re-infection, are traditionally defined as ≥ 2 uncomplicated UTIs in the past 6 months, or ≥ 3 infections within the preceding year.

Urinary tract infection can return easily in young women with anatomically normal urinary tracts.

Although recurrent UTIs usually are not life-threatening, the high incidence significantly increases health-care costs and has a negative impact on patients' life quality.

The risk factors, pathogenesis, and treatment of Urinary tract infection have been well investigated since the early 20th century. In the recent years, research on urinary tract infection recurrence has also attracted a wide attention because many people suffer from this complaint.

Rather than treating recurrent UTI with antibiotics alone, if symptoms relapse, the

current guidelines suggest aggressive management, such as avoidance of risk factors or medical prophylaxis. Although most clinical and laboratory studies have focused on the first UTI, new evidence suggests a distinct pathogenesis in recurrent UTI. Thus, the aim of the current study is to update the latest evidence on recurrent Urinary tract infection, including the pathogenesis, risk factors, biomarkers, prevention, Homoeopathic management, and present recent advances in research.

ROLE OF HOMOEOPATHIC REMEDIES IN THE TREATMENT OF UTI:

CANTHARIS: -

Cantharis is a homeopathic remedy obtained from the insect *Lytta vesicatoria*; common names are Spanish fly or blister beetle. This beetle lives on honeysuckle and olive trees in western Asia and southern Europe. It is bright green and about 0.5 in (1.3 cm) in length. Other names for cantharis include: *Cantharis vesicator*, N.O. Insecta, and coleoptera.

The Spanish fly produces a toxic substance called cantharidin. Cantharidin is a strong poison that primarily affects the urinary tract and causes burning pain and vomiting. Cantharidin is caustic and causes skin blistering. Since homeopathy is based on the Law of Similars, a doctrine that says to treat a symptom with a diluted remedy that produces the same symptom is stronger amounts; this homeopathic remedy is used for illnesses that have burning pain as a symptom. Because cantharis is a member of the animal kingdom, its activity excites the passions of animals. As such, cantharis is indicated for anger that is very severe with fits of rage. Likewise, cantharis is indicated for conditions of the body that are extreme, ie. Pain that is stabbing, burning, and sharp.

Cantharis is primarily used to treat cystitis, which is inflammation of the urinary bladder because of infection or irritation. It is also used to treat burns and blisters. Spanish fly was traditionally used as an aphrodisiac (increases sexual desire). It was also used to remove warts, treat baldness, and increase loss of fluids (acting as a diuretic), and for

rheumatic problems (inflammation and degeneration of the joints). Canth: Cutting and contracting pains from ureters down to penis. Dull pressing pain with urging to urinate. Frequent painful urination. Violent pains in bladder.

Intolerable urging, tenesmus of bladder, constant burning in urethra, catarrh of bladder. Urine scalds and passes drop by drop. Smallest quantity of urine in bladder causes urging to urinate.

Fruitless effort to urinate. Urine passes in thin, divided stream. Dribbling of reddish discharge.

Retention of urine causing pain. Dreadful cutting pains in urethra. Urine – bloody, scanty and turbid. Pain in bladder increased by drinking even small quantity of water. Urging < when standing. Atony of bladder. Spasm of bladder and urethra Cystitis and with intense tenesmus. Burning pain and intolerable urging to urinate and the red strands of cantharis are Constant desire to urinate, passing but a few drops at a time, sometimes mixed with blood. Great burning, distress in the urethra. Cutting burning pains in the urethra, with ineffectual urging to urinate.

SARSAPARILLA:

Sarsaparilla root is globally acclaimed for medicinal properties. Sarsaparilla has been used extensively to treat gout, gonorrhea, open wounds, arthritis, cough, fever, hypertension, pain, a lack of sexual desire, indigestion, and even certain forms of cancer. More serious conditions have also been treated with sarsaparilla root. In the Amazon region, some tribal people used it as a treatment for leprosy by ingesting it as well as using it externally. Europeans used the root to facilitate sweating and urination as well as to purify blood.

Sarsaparilla, scientific name of *Smilax regelii*, can grow in a number of forms, including evergreen shrubs, deciduous trees, and hanging vines, and they typically have clusters of red or purple berries. The climbing, woody tropical vine grows deep in the canopy of the rainforest. The berries of sarsaparilla have various colors like lustrous black, purple-blue and red.

Sarsaparilla, which has caused burning urination, presents skinny particles in it. Bloody urine with invitation or inflammation, suggest. In the course of colds, fevers, pneumonia etc, the bladder symptoms are not uncommon. If so, the case should be readily distinguished by local and concomitant symptoms from cases calling for the following: Ant Crud, suits in cystic catarrh with frequent, burning urination, but more often with gastric ailments. Antim tart, causes frequent urging, spasm of the bladder, scanty urine, passing dark or even in drops and bloody, accompanied by rattling cough, sneezing, dyspnoea, etc.

One of the most commonly indicated remedies for patients with bladder infections. Its great characteristic is that the discomfort that the patient experiences with urination is worse at the close of urination. This may feel like a spasm or sharp pain at the end of urination. This characteristic is so reliable that when found in a patient with a bladder infection it is rarely necessary to look further.

Bladder distended and tender, tenesmus of bladder, pain from right kidney downward, urging to urinate before menses. Severe pain at conclusion of urination, gravel, kidney colic. Child screams before and while passing urine. Kidney colic and painful urination in infants, sand on diaper, can pass urine only when standing, urine dribbles while sitting. Urine passes in thin, feeble stream. Pain at meatus, urine scanty, slimy, flaky, sandy, pus, bloody and crusty urinary sediment, Air passes from bladder during urination. Pain in urethra going back to abdomen, jerking along the urethra, pus in urine.

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