

Review Article

Study of acute lower urinary tract infection with homoeopathic management

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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, ureter, 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. This sole aim of study to determine the efficacy of homoeopathic management of acute lower urinary tract infection, its prevalence, study of obstacles and other maintaining causes as well as to correlate the clinical approach to acute lower urinary tract infection with Homoeopathic Principles as apprise by Master Hahnemann & other stalwarts and to develop evidence based support on the efficacy of Homoeopathic medicine in the treatment of acute lower urinary tract infection. This study examined efficacy of the management of acute lower urinary tract infection. Among the patients attending our College OPD & IPD 30 clinically confirmed cases of acute lower u.t.i.in which drug was indicated were recruited randomly during this 18 month study.

Keywords: UTI, Hair loss, homoeopathic management, clinical approach,



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INTRODUCTION:

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, ureter, 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 individual may suffer from UTI once in lifetime or this disease may also be the acute exacerbation in the presentation of the chronic illness. Acute urinary tract infection has always caused panic and distress in a family of the patient suffering because of its suddenness and rapid nature.

The word —acute itself means —of something bad, serious and sharply coming to a crisis

(oxford dictionary). The pain experienced by the patient is an unpleasant feeling which is caused by this illness and many a times the pain may affect the mental health too. I know of one such family, where the young girl suffering from this acute illness had to go through the pain and at the same time had to face her mother too, who was suspicious about her relations with her boyfriend, thinking that there must have been some physical relations between the two. Though sexual activity is one of the causes of UTI, the orthodox INDIAN families do not accept that there could be other reasons and lack this knowledge, the girl had to unnecessarily suffer the mental torture too. Similarly, the acute urinary tract infection in India, where the economic conditions are poor, bad personal hygiene, hot and humid weather lead to the growth of micro-organisms and that becomes the exciting cause for the disease.

Women more than men, are especially prone to UTI because of the short length of the Urethra. One woman in five develops a UTI during her lifetime. Art of health care in India can be traced back nearly 3500 years. From the early days in Indian history, many schools of learning in the healing arts were created, keeping in mind the necessity to improve the standards of living and public health. But the progress in this field remains to continue at a slow pace. However people are to certain extent oriented to various

hygienic measures but the virulence of the micro organisms and the environmental conditions continue to create difficulties for the healthcare providers to curtail these kinds of infections. From whatever little self has seen till date, an individual in acute distress due to urinary tract infection has more often than obtained good amount of relief after consuming Homoeopathic medicine.

Also it was observed that not only was the recovery period rapid but also individuals with recurrent infections were helped immensely with Homoeopathic remedies. This made self wonder whether there could be management strategy in place for urinary tract infection.

The study I propose to conduct will allow me to make controlled observations, which further, will lead me to develop understanding of the Homoeopathic approach in a better manner and help me build conclusions in a systematic way.

CONCLUSION

- The study of 30 cases with acute lower urinary tract infection has brought out various shades of different clinical presentations. Starting right from just 1-2 symptoms that are mostly either burning pain, increased frequency or fever with chills to a full blown picture with generals like thirst altered, weakness and mental disturbances- restlessness and irritability during the course of illness and the other symptoms of the disease. It was interesting to know that even an acute infection like UTI can cause such alterations in the state of health. Definitely as we all know it is the susceptibility of these 30 different cases that brought out the variations. Around 70% of the cases were full blown clinical pictures.

- After thinking over the criteria for assessment of susceptibility, where the disturbed system reveals its own strengths and weaknesses, the range was seen to be of high, moderate and low. All of the cases in the analysis were projecting moderate susceptibility and 26 cases their individual sensitivity was moderate too. Only few cases that are 4 out of 30 were having high sensitivity and there were no cases having low sensitivity during the disease period.

- This analysis was done in age group between 15 to 45 years of only Females patient.
- Also patients in between 15 to 25 years (4 case), 26 to 35year (23 cases), 36 to 45 year (3 cases) of age were more in number to suffer from this illness. Though this group is the sexually active group, during the study of the 30 cases here, we could not conclude the causative factor as the increase coital activity because this history was not inquired during data recording.
- For the infection to settle the patients took their individual time according to one's susceptibility. The duration of improvement was ranging from 1 day to 2 weeks also, depending on the susceptibility and the response of the susceptibility to the treatment given by the treating physician.
- In most of the cases the fundamental miasm could not be concluded since any significant data was not available but the dominant miasm was Psora for most of the cases taken in the study. But there were cases with mixed dominant and fundamental miasm too.
- Potency selection was based on the sensitivity the individual case projecting at that time. Maximum, 200 potency was used, that is in 20 cases and the remaining 30 potency was used since there were variations in the moderate sensitivity itself, few cases were on lower side of moderate while few were on the higher side.
- Here the judgment of prescribing acute, constitutional or intercurrent, which approach is to be followed was depending on the thought process and experience of the treating physician, but the retrospective analysis and the remedy response in each case brought out the errors in the cases studied.
- The management strategies were different in different cases. Cases where only acute was prescribed and response was immediate, cases where only constitutional force used, steady increase in the potency and repetition help clear the infection but that took a long time as compared to the cases which were given acute remedy. There were cases where acute remedy first failed and totality needed to be reassessed to select the similimum best coming up. After the change even if the totality remains the same a dose of intercurrent was given to remove the miasmatic block, and also to restore the sensitivity to the constitutional remedy of that individual case.
- Many a times while working the individual case in their retrospective analysis, revealed the different materia medica picture and the correlation of each drug to the totality formed. According to the Law of Similar, the host exhibits maximum susceptibility to the similimum, when the correct interpretation is done by the physician and the release of drug energy in correct potentization will restore back the health.
- Key Note prescription was also made in cases where the remedies like Senecio, Merc sol and Capsicum were coming up, patients responded well to that too, giving good results.
- Also the application of the Concept of Concomitant physical as well as mental was used in 2 cases here, where Alumina and Phos acid were the remedies given for the acute lower urinary tract infection.
- In cases where there was structural abnormality and presence of co-morbid diseases too, that was the underlying cause for the UTI; such diseases would also have different range susceptibilities. A study of these cases will be a different experience in itself. The Homoeopathic physician must be able to assess these cases with different susceptibility and manage the patient too. In my study I have been able to find out renal stones as the causative factor for recurrent UTI.
- With the understanding of the above conclusions I would like recommend a protocol for the achieving the diagnostic clarity. The important thing to remember is to start with proper case taking, complete ODP, proper history along with full examination of the patient in distress. We also need to do proper pelvic and rectal examination to rule out vaginal infections which secondarily lead to UTI.
- Necessary investigations are to be done like Urine routine, an Intravenous pyelogram in radiological procedure that is used to

visualize abnormalities of the urinary system, including the kidneys, ureter, and bladder. Cystoscopy which is done by catheterizing the patient and finding out non opaque stones in the ureter. Plain abdominal X-ray: kidneys, ureter and bladder (the KUB) for pelvic phleboliths.

- The assessment of susceptibility has to be according to the tissue affected, type of disease, number of characteristics thrown by the individual, the level at which the characteristics are present that is at the level of mind and body, and any history of suppression.
- The selection of the potency should be on the basis of susceptibility and sensitivity of the patient. Use of different potencies can be taken up as a study in itself.
- Also the patients from different geographical regions project different susceptibilities which can be taken up as an independent study further

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