

Efficacy of Homoeopathic Medicine in Cases of Urinary Tract Infection through Synthesis Repertory

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Abstract: *Urinary tract infection (UTI) is an infection in any part of urinary system-kidneys, ureters, bladder and urethra. Most infections involve the lower urinary tract-the bladder and the urethra. Women are at greater risk of developing a UTI than are men. Infection limited to bladder can be painful and annoying. However, serious consequences can occur if a UTI spreads to your kidneys. Homoeopathic treatment in cure of UTI, based on totality of symptom, reperterised through Synthesis Repertory Edition 9.0 use of homoeopathic software RADAR 10.0 can prove to be efficacious tool for the sufferer of UTI, as Synthesis repertory is most updated one available to our profession.*

Keywords: Recurrent urinary tract infection, uretero-pelvic junction Obstruction, primary Bladder-Neck Obstruction, Chronic Pelvic Pain Syndrome

1. Introduction

UTI is commonly occurring painful condition due to modern life style. Usually homoeopathic physicians face this acute condition in their clinic and well planned study based on totality of symptom is necessary. By using Synthesis Repertory the accuracy of cure increases and chances of failure is decreases. Urinary tract infections are common in women, and many women experience more than one infection during their lifetimes. Risk factors specific to women for UTIs include: • Female anatomy. A woman has a shorter urethra than a man does, which shortens the distance that bacteria must travel to reach the bladder. • Sexual activity. Sexually active women tend to have more UTIs than do women who aren't sexually active. Having a new sexual partner also increases your risk. • Certain types of birth control. Women who use diaphragms for birth control may be at higher risk, as well as women who use spermicidal agents. • Menopause. After menopause, a decline in circulating estrogen causes changes in the urinary tract that make you more vulnerable to infection. Other risk factors for UTIs include: • Urinary tract abnormalities. Babies born with urinary tract abnormalities that don't allow urine to leave the body normally or cause urine to back up in the urethra have an increased risk of UTIs. • Blockages in the urinary tract. Kidney stones or an enlarged prostate can trap urine in the bladder and increase the risk of UTIs. • A suppressed immune system. Diabetes and other diseases that impair the immune system-the body's defense against germs-can increase the risk of UTIs. • Catheter use. People who can't urinate on their own and use a tube (catheter) to urinate have an increased risk of UTIs. This may include people who are hospitalized, people with neurological problems that make it difficult to control their ability to urinate and people who are paralyzed. • A recent urinary procedure. Urinary surgery or an exam of your urinary tract that involves medical instruments can both increase your risk of developing a urinary tract infection

Homeopathic Approach:

Arsenic alb: 1. Burning in urethra during micturition.2. Involuntary micturition. Suppression/ retention of urine, paralysis of bladder.3. Haematuria, difficult urination. Retention of urine, atony of bladder.4. Urination after sweat.5. Urine-dark brown, dark yellow, turbid, fetid, offensive, cadaverous odour, mixed with pus and blood, scanty and like thick beer, difficult, burning during urination.

Belladonna: 1. Retention of urine, which passes drop by drop.2. Involuntary micturition; constant dribbling.3. Difficult, scanty urination, dull pressing pain in region of bladder during night.4. Urine-bright, yellow, frequent, copious, pale, blood red stains linen like saffron, turbid with reddish sediment.5. Frequent desire with small quantity, region of bladder very sensitive to pressure/jar, tenesmus of bladder.6. Sensation of turning and twisting in bladder as if from a large worm.7. Acute cystitis, Dysuria.8. Spasms of urethra and incontinence of urine.

Berberis vulgaris: 1. Burning pain in bladder, violent sticking, cutting pains from kidney into bladder and urethra.2. Cutting, contracting and burning in urethra < after urinating. Pain in bladder on movement 3. Pain in loins and hips when urinating.4. Violent urging after urinating, especially in morning 5. Burning, cutting pain in female urethra during and after urinating. Crampy, contractive pain in region of bladder.6. Stitches in urethra, extending to bladder.7. Titillating pain in urethra 8. Pain in urethra, excited/ < by movement.9. Urging to urinate with scanty, burning urine, pain in neck of bladder. Urine flows very slowly with pain and pressure in front of bladder.10. After urinating feeling as if some urine remained in the bladder.11. Urine-Dark, yellow, red, copious, bright yellow with profuse mucous sediment, blood red, dark, turbid.

Nitric Acid: 1. Smarting and burning in urethra during and after urination.2. Discharge of bloody pus and mucus from

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urethra.3. Needle like stitches in meatus.4. Frequent urging to urinate with scanty discharge < at night.5. Urine-orange, containing bile, is cold when passed. Very offensive, like horse's urine, scanty, dark brown, smelling intolerably strong and turbid.6. Burning in urethra, wants to urinate, thinks urinating will relieve burning. After urinating, violent burning and discharge of mucous. Spasms of urethra. Ulcers in urethra. Bloody, mucous/purulent discharges.7. Very thin stream, as if urethra were contracted.

Staphysagria: Frequent urging to urinate with scanty, thin stream / dark urine in drops. Burning in urethra during and after urination. Urine-copious, pale, scanty, dark yellow in a thin stream. Irritability of bladder and urethra. Urging to urinate, but very little is passed. Pressure on bladder on walking. Terebinthina: Tenesmus of bladder. Incontinence of urine at night. Dysuria, Cystitis, Urethritis, Strangury, Haematuria. Inflammation of bladder, urethra with scanty, turbid, dark urine. Distressing strangury. Burning in bladder and urethra during micturition. Complete suppression of urine. Frequent urination at night with intense burning. Urine-scanty, bloody, turbid and dark. Deposits a thick, muddy, light yellow sediment.

Sulphur: Urine discharged by drops, incontinence, patient lies awake for some time, then fall into a deep sleep in which they wet the bed. Itching about the genitals on going to bed at night.

Lycopodium: Clear transparent urine, having heavy, red crystallized sediment. Retention of urine, patient will get into position to urinate, but wait a great while before the water comes, accompanied by the characteristic pain in the back, which ceases when the urine flows, cries out with pain before urinating.

Pulsatilla: Very scanty, bloody with mucus, reddish, involuntary discharge of urine, incontinence in bed at night, especially in mild tempered, tearful people. When going to urinate there is a sensation as if it would gush away and they can scarcely wait. Region over the bladder very sensitive to pressure.

Mercurious sol.: Acid, dark, turbid, too frequent, complaints while passing and after. Affections of the urethra.

2. Methodology

It was an exploratory study. The study was undertaken at OPD & peripheral dispensaries of Sri Guru Nanak Dev Homoeopathic Medical College and Hospital, Ludhiana. All ages were taken in cases of urinary tract infections. Each case was followed up at an interval of 15-30 days.

3. Results

In this study, out of 50 cases of Urinary Tract Infection 7 cases (14%) have shown Marked Improvement, 15 cases (30%) have shown Moderate Improvement, 18 cases (36%) have shown Mild Improvement, 10 cases (20%) remained status quo and not a single case have shown the increase

in the baseline symptom score. Early diagnosis and treatment of Urinary tract infection can prevent complications. . Out of 50 cases 21 (42%) male and 29 (58%) were female. In this study, out of 50 cases of Urinary tract Infection, in maximum cases i.e. 9 cases (18%) Cantharis was prescribed, whereas Sulphur and Apis were prescribed in 2-2 cases (4%), Graphites was prescribed in 3 cases (6%), Staphysagria, Berberisvul., Lycopodium, Silicea, and Borax were prescribed in 2-2 cases (4%), Arsenicalb. and Equisetum were prescribed in 4-4 cases (8%), Nitric acid, Lachesis, Thuja, Aconite, Mercurius sol., Kreosotum, Phosphorus and Sepia were prescribed in 2-2 case (4%).

4. Conclusion

Each case totality was further analyzed, repertorised as per the synthesis repertory and referred in materiamedica in order to arrive at the most appropriate remedy that would benefit the case under consideration. After going through the whole research study, the analysis & observations, we conclude that there has been a remarkable improvement in cases of Urinary Tract Infection

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