



CLASSICAL HOMEOPATHY AND BACTERIAL URINARY TRACT INFECTIONS

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Recurrent urinary tract infections (RUTI) are a frequently encountered problem in medical practice. Antibiotic therapy tailored to the sensitivity of the organism is usually recommended. However, there may be situations where other therapeutic approaches may be desirable. Amongst such situations are pregnancy and recurrent infection despite antibiotic therapy. Rise in antibiotic resistance is also raising the specter that urinary tract infections may no longer be amenable to antibiotic therapy. Thus, there is a need for alternative methods of care for people with this disorder.

Presented are three cases of RUTI treated successfully with homeopathy.

Case 1 is that of a 1 year-old female with a 4-month history of RUTI growing *Escherichia Coli* and fever. The patient responded to antibiotics, but relapsed repeatedly. Echography showed no abnormalities of the genitourinary tract. The patient was treated with homeopathic Phosphorus and improved, with clearing of the urinary tract infection.

Case 2 is that of a 36-year old female presenting glossodynia and dysuria of 4 years duration. Cultures were positive for *Candida Albicans* on the tongue and for *Escherichia Coli* in the urine. She had failed to respond to treatment. Past history included a thyroid nodule, dyspareunia, erythematous rosacea and melasma. She received homeopathic Platinum metallicum as well as homeopathic candida albicans, and colibacillinum. She improved and developed negative tongue and urine cultures.

Case 3 is that of a 54-year old female with a 3-year history of RUTI due to *Klebsiella spp*, which failed to respond to repeated antibiotic therapy during this period. Past history included a cerebrovascular accident with complications treated also by this physician. She received the homeopathic medicines Causticum, as well as cantharis and eupatropium for her symptoms. She improved, with negative cultures.

Homeopathy is a system of medical therapy with increasing popularity worldwide. It is useful for a variety of ailments, including for some infectious disorders. RUTI may present therapeutic challenges as seen from our case presentations and other methods may be required to treat them. Homeopathic medicines that are tailored to the case, *i.e.* individualized homeopathy may help produce remission in such cases.

Key words: classical homeopathy, bacterial urinary.

INTRODUCTION

Urinary tract infection (UTI) is a worldwide problem, with over 1.9 million children being treated for UTI in 2007 and 4.7% of these requiring hospital admission. Over 90% of these visits were by female patients¹. In 2011 there were approximately 400000 hospital admissions in the United States for UTI at a cost of over US\$2.8billion, with a 52% increase in incidence between 1998 and 2011².

Antibiotic resistance appeared to contribute to admissions². With increased antibiotic resistance and reduced future prospects of new antibiotics on the horizon, it is clear that new avenues to tackle RUTI are necessary.

THE CASES

CASE 1

A 1 year-old female with a 4-month history of RUTI growing *Escherichia Coli* and fever. She had

already had 3 episodes during this period. The patient responded to antibiotics, but relapsed following their cessation. Echography showed no abnormalities of the genitourinary tract. Pregnancy and birth were uneventful. Developmental history was not significant and all recommended vaccines had been administered. The patient was treated with homeopathic Phosphorus and improved, with clearing of the urinary tract infection and no recurrence over a 3-month observation period.

CASE 2

A 36-year old female presenting glossodynia and dysuria of 4 years duration. Cultures were positive for *Candida Albicans* on the tongue and for *Escherichia Coli* in the urine. She had failed to respond to repeated courses of antimicrobials. Past history included a thyroid nodule, dyspareunia, erythematous rosacea and melasma. The patient was not diabetic. She received the homeopathic Platinum metallicum as well as homeopathic *Candida Albicans*, and collibacillinum (homeopathic *Escherichia Coli*). She improved and developed negative tongue and urine cultures. Her melasma and rosacea improved and her thyroid function remained stable over a 10-month follow up period.

CASE 3

A 54-year old female presented with a 3-year history of RUTI due to *Klebsiella* spp., which failed to respond to repeated antibiotic therapy. Past history included a cerebrovascular accident with complications treated also by this physician. She received the homeopathic medicines homeopathic *Causticum*, as well as *Cantharis vesicatoria* and *Eupatropium purpureum* for her symptoms. She improved, with negative cultures over a 3-month observation period.

DISCUSSION

UTI are a significant source of morbidity, with 4.7% of children being hospitalized for this disorder¹. In the US, UTI account for over 7 million office visits per year and 15% of all community-prescribed antibiotics³. Also, half of all women will experience at least one episode of UTI in their lifetime, whereas only a smaller number of men will suffer from UTI³.

By far the commonest pathogens are *Escherichia Coli* and *Klebsiella*⁴.

In our current era of antibiotic resistance and dearth of newer antibiotics, it is necessary to seek other ways of meeting the challenge posed by urinary tract infections.

Chinese herbal medicines may provide some benefit, according to a Cochrane review⁵. Another Cochrane review could not find a clear benefit from cranberry usage⁶.

A case study (n = 5) suggested a potential place for homeopathy in the treatment of RUTI in patients with spinal cord injury. In this paper, the authors reported that three of the patients remitted and did not relapse⁷. This case study comprises 3 patients with RUTI, all females of different age groups who benefitted from classical homeopathic treatment.

The medications were individualized to each patient and, in cases 2 and 3, additional symptomatic homeopathic treatment was added.

Homeopathy is believed to act by treating like with like. Infinitesimal doses are used in effecting treatment.

Case studies in the literature report that homeopathy may be efficacious in the treatment of chronic eczema,⁸ lichen striatus,⁹ verruca vulgaris,¹⁰ psoriasis,¹¹ seborrheic dermatitis,¹² atopic dermatitis¹³ and melasma¹⁴.

CONCLUSION

While this case study shows a potential effect for homeopathy in the treatment RUTI, it is still a very small study. It however may form the basis for a larger study, which could provide evidence of the effect of homeopathy in the therapy of RUTI.

REFERENCES

1. Sood A, Penna FJ, Eleswarapu S, *et al.* Incidence, admission rates, and economic burden of pediatric emergency department visits for urinary tract infection: data from the nationwide emergency department sample, 2006 to 2011. *J Pediatr. Urol.* 2015; 11(5):246 e1-8.
2. Simmering JE, Tang F, Cavanaugh JE, Polgreen LA, Polgreen PM The increase in hospitalisations for urinary tract infections and the associated costs in the United States, 1998-2011. *Open Forum Infect Dis* 2017; 24(4):ofw281.
3. Grabe M, *et al.* Guidelines on urological infections. European Association of Urology 2015. http://uroweb.org/wp-content/uploads/19-Urological-infections_LR2.pdf (Accessed 29 June 2015).

4. Lu PL, *et al.* Epidemiology and antimicrobial susceptibility profiles of Gram-negative bacteria causing urinary tract infections in the Asia-Pacific region: 2009-2010 results from the Study for Monitoring Antimicrobial Resistance Trends (SMART). *Int. J Antimicrob Agents* 2012 Jun; Vol. 40 Suppl, pp. S37-43.
5. Flower A, Wang LQ, Lewith G, Liu JP, Li Q Chinese herbal medicine for treating recurrent urinary tract infections in women. *Cochrane Data Base Syst Rev* 2015 Jun 4(6): CD010446. doi: 10.1002/14651858.CD010446.pub2.
6. Jepson RG, Williams G, Craig JC Cranberries for preventing urinary tract infections. *Cochrane Data Base Syst Rev* 2012 Oct 17; 10:CD001321. doi: 10.1002/14651858.CD001321.pub5.
7. Pannek J, Jus MC, Jus MS Homeopathic prophylaxis of urinary tract infections in patients with neurogenic bladder dysfunction. *Urologe A*. 2012 Apr; 51(4):544-6. doi: 10.1007/s00120-012-2838-1.
8. Signore RJ. Classic homeopathic medicine and the treatment of eczema. *Cosm Derm* 2011; 24:420-425.
9. Signore RJ. Treatment of lichen striatus with homeopathic calcium carbonate. *Jl. Amer Ost College of Derm* 2011; 21(1):43.
10. Nwabudike LC. Homeopathy in the treatment of *Verruca vulgaris* – an experience of two cases. *Proc. Rom. Acad., Series B*, 2010; 2:147-149.
11. Nwabudike LC. Psoriasis and Homeopathy, *Proc. Rom. Acad., Series B*, 2011; 3: 237-242.
12. Nwabudike LC. Seborrheic dermatitis and homeopathy. *Our Dermatol Online*. 2011; 2(4):208-210 (www.odermatol.com).
13. Nwabudike LC. Atopic dermatitis and homeopathy. *Our Dermatol Online*. 2012; 3(3):217-220 (www.odermatol.com).
14. Nwabudike LC. Melasma and Homeopathy. *Homeopathic Links* 2012; 25:99-101.