CYSTITIS

(URINARY TRACT INFECTION, LOWER; URETHRITIS)

An Overview

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IMPORTANT

The health information contained herein is not meant as a substitute for advice from your physician, or other health professional. The following material is intended for general interest only; and it should not be used to diagnose, treat, or cure any condition whatever. If you are concerned about any health issue, symptom, or other indication, you should consult your regular physician, or other health professional. Consequently, the Author cannot accept responsibility for any individual who misuses the information contained in this material. Thus, the reader is solely responsible for all of the health information contained herein. However, every effort is made to ensure that the information in this material is accurate; but, the Author is not liable for any errors in content or presentation which may appear herein.

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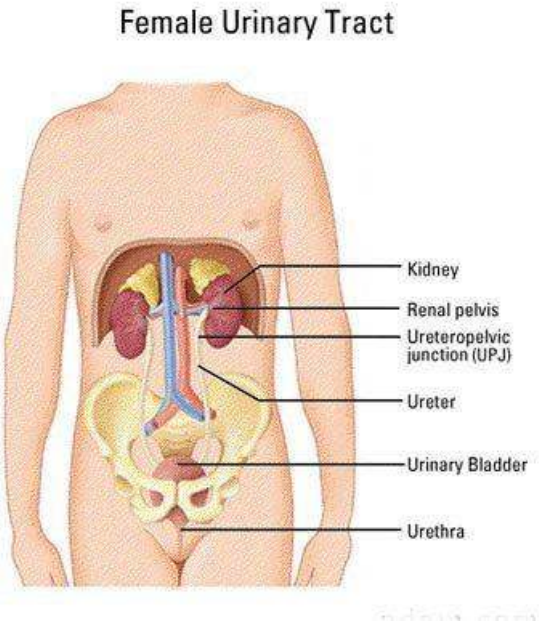
Introduction

Cystitis is a lower urinary tract infection/inflammation of the bladder or urethra.

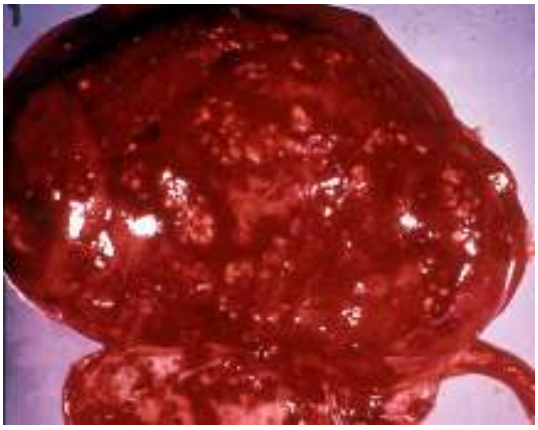
Causes and Incidence



Most urinary tract infections are caused by gram-negative bacteria, with Escherichia coli accounting for approximately 80% of cases. Staphylococcus, Klebsiella, Proteus, Enterobacter, and mixed infections account for most of the remainder. The infecting bacteria are commonly normal intestinal and fecal flora. Interference in urine flow dynamics puts an individual at greater risk; such individuals include those with underlying obstructions (strictures, calculi, tumours, prostatic hypertrophy), neurogenic bladder, vesicourethral reflux, and diabetes or renal disease; those who are sexually active or pregnant; and those undergoing medical or surgical procedures, such as catheterization or cystoscopy.

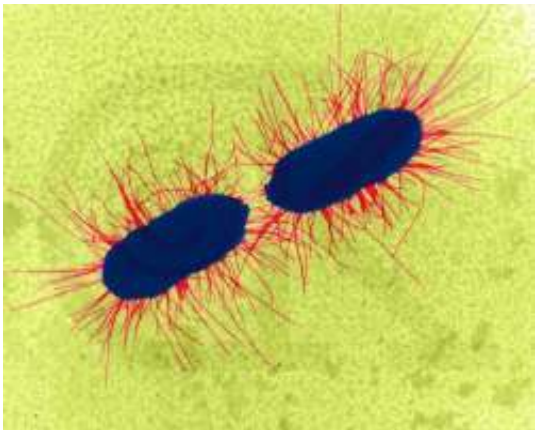
Women are 10 times more likely than men to have a urinary tract infection because of anatomic construction of the female urinary system. Approximately 20% of women have at least one urinary tract infection in their lifetime.

(Picture right - Acute Pyelonephritis)



Urinary Tract Infection (UTI)

Uropathogenic *E. coli* (Picture below right) cause 90% of UTI's. The bacteria inhabit the faeces or perineal region and ascend the urinary tract to the bladder. With the aid of the P fimbriae they are able to colonize the bladder and the capsular K antigen helps them resist the complement-dependent bactericidal effect of serum. Bladder infections are 14-times more common in females than males by virtue of their shortened urethra. Symptoms range from painful urination in uncomplicated urethritis or cystitis to sever systemic illness associated with abdominal or back pain, fever, sepsis and decreased kidney function in some cases of pyelonephritis. Severe infections associated with sepsis can be fatal.



Disease Process

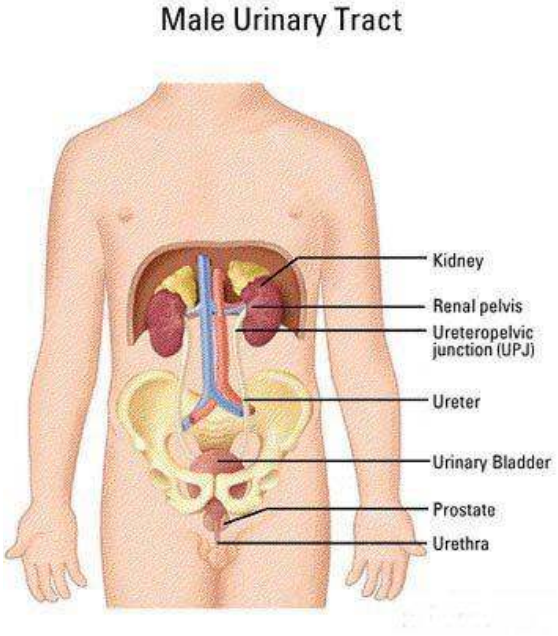
Bacteria invade the urethra and bladder when the body defence mechanisms (regular emptying and cleansing of the lower urinary tract by urine flow) are diminished or absent. When urine flow is impeded or interrupted, or when the bladder is retaining residual and static urine, bacteria can ascend the urethra, move into the bladder mucosa, colonize, and multiply; this sets up the inflammatory process.

Symptoms

Common signs and symptoms include pain; burning on urination; frequency; urgency; nocturia; cloudy, foul-smelling urine; and haematuria (blood in the urine).

Potential Complications

The major complications include damage and scarring to the lining of the urinary tract with recurrent infection and ascension of the infection to the kidneys, causing pyelonephritis.



Diagnostic Tests

The diagnosis is based on the history and on urine culture and sensitivity to identify the causative agent and its response to a given antiinfective drug. A complete urodynamic workup may be done in those with recurrent infection or to identify factors contributing to infection, such as obstruction, stricture, and detrusor abnormality.

Treatments

Surgery - Revision of abnormalities in urinary tract

Drugs - Anti-infective drugs (3 to 5-day course) to

kill pathogen and render urine sterile

(Picture right - Acute Cystitis (bladder section))

General - Repeat of culture about 14 days after start of drug therapy; increased fluid intake; evaluation of voiding patterns, sexual practices, and hygiene practices for possible preventive measures

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Remedies

Tissue Salts

- Ferr Phos - early stages when urination is frequent, burning, and constant urge to pass small quantities.
- Kali Mur - Blood in the urine
- Kali Phos - For prostration and scalding urine, producing a cutting pain.
- Mag Phos - For ineffectual, painful straining, producing only a few drops of urine, plus a constant urge to urinate.

Dosage - during acute attack, 4 x tabs every 30 mins. After relief is felt, 4 x tabs every hour for 48 hours, then 4 x tabs, 4 x daily until completely clear.

Tissue Salt - Selection Guide

Legends:
"#" = After Consensus; "s" = after Schuessler; "-" = After Others
"+" = Consider adding, depending upon symptoms

Condition	1 Calc Fluor	2 Calc Phos	3 Calc Sulph	4 Ferr Phos	5 Kali Mur	6 Kali Phos	7 Kali Sulph	8 Mag Phos	9 Nat Mur	10 Nat Phos	11 Nat Sulph	12 Silica
Bladder inflammation			-	-	-							
Cystitis				#	#	#		#		#		
Cystitis - acute				s	s							
Cystitis - chronic					s							+
Cystitis - suppurating			s									

Other Recommendations

- Vit C - 3 grams daily to resolve any infection.
- Dolomite - 6 x tabs, with plenty of water, 3 x daily.

Raw Juice Therapy

- Equal parts of apple and carrot juice, 600 ml daily.

Homoepathy

Cantharis is very good for cystitis.

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