



## Ascertaining the Effect of Homoeopathic Medicine in the Treatment of Chronic Cystitis in Multiparous Women

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### Abstract

Urinary bladder inflammation is known as cystitis. Repeated attacks of acute cystitis leads to chronic cystitis. Cystitis is caused by a variety of bacterial and fungal infections. Symptoms of chronic cystitis are abrupt onset of frequency of micturition, supra pubic pain/bladder pain, intense desire to pass more urine after micturition, urgency, painful coition, pyuria, strangury. Early research suggested that the number of IC/BPS cases ranged from 1 in 100,000 to 5.1 in 1,000 of the general population. **Objectives-** 1. To assess the improvement in cases of Chronic Cystitis using Pelvic pain and urgency/frequency patient symptom (PUF) scale. 2. To analyze the causative factors relevant to the Chronic Cystitis in multiparous women. 3. To identify a group of most effective Homoeopathic remedies in the treatment and management of Chronic Cystitis. **Material and Methods-** A total of 100 Multiparous females, 30-80 years of age were selected. Software RADAR10 was used for the selection of similimum. Data analysis was done on the basis of pre and post score of Pelvic pain and urgency/frequency patient symptom (PUF) scale given by Parsons et al. Statistical tool paired t-test was applied on total score before treatment and after treatment. **Result-** Out of 100 cases of chronic cystitis 19 cases (19%) has shown marked improvement, 29 (29%) cases has shown moderate improvement, 34 cases (34%) has shown mild improvement and 18 cases remained status quo. A calculated value of t statistic is 8.7297 while its tabulated value at 0.05% level of significance for 99 degree of freedom is 1.980. Since calculated value of t statistic is greater than its tabulated value, null hypothesis stands rejected while alternative hypothesis is accepted, at 0.05% level of significance. **Conclusion-** Homoeopathic medicines have been found significantly effective in the treatment and management of chronic cystitis in multiparous women.

**Key Word-** Chronic cystitis, UTI, Urethritis, PID, Escherichia coli

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**Received – 10/04/2021**

**Revised- 25/6/2021**

**Accepted – 29/06/2021**

## INTRODUCTION

Inflammation of the urinary bladder is called cystitis. Cystitis is caused by a variety of bacterial and fungal infections. The most common pathogenic organism is E. coli, followed in decreasing frequency by Enterobacter, Klebsiella, Pseudomonas and Proteus. Infection with Candida albicans may occur in the bladder in immunosuppressed patients. All forms of cystitis are clinically characterised by a triad of symptoms—frequency (repeated urination), dysuria (painful or burning micturition) and low abdominal pain. IC/BPS affects women of all, socioeconomic backgrounds, and ages. Although the disease was previously believed to be a condition of menopausal women, growing numbers of women are being diagnosed in their younger ages.

Early research suggested that the number of IC/BPS cases ranged from 1 in 100,000 to 5.1 in 1,000 of the general population. In recent years, the scientific community has achieved a much deeper understanding of the epidemiology of interstitial cystitis. There is big range as China has minimum prevalence of 100 per

lakh [100,000] to USA where it is estimated to be 2,600 per lakh [100,000].

## Signs and Symptoms

- Abrupt onset of frequency of micturition.
- Suprapubic pain/bladder pain during and after voiding.
- Intense desire to pass more urine after micturition, due to spasm of the inflamed bladder wall (urgency) day and night.
- Pain during sexual intercourse.
- Pyuria (pus in the urine).
- **Strangury:** Painful, frequent urination of small volumes that are expelled slowly only by straining and despite a severe sense of urgency, usually with the residual feeling of incomplete emptying.
- As the bladder fills up with urine its sensitive inflamed mucous membrane causes pain and a desire to micturate.

**How to Cite this Article-** Kumari R., Singh C., Kumar V., Juneja R., Ascertaining the Effect of Homoeopathic Medicine in the Treatment of Chronic Cystitis in Multiparous Women. TUJ. Homo & Medi. Sci. 2021;4(2):50-58

- Pain is also experienced at the end of the act of micturition when the adjacent inflamed surfaces of the bladder come into contact.
- In chronic cystitis, pain and strangury are less prominent symptoms, but frequency of micturition and pyuria are always present. Chronic cystitis may persist for months or even years without causing symptoms and signs other than frequency of micturition and pyuria.

Homoeopathy provide a gentle, non-invasive, on other hand inexpensive approach to health by stimulating the self-regulatory mechanism and improving the susceptibility to chronic cystitis and its recurrence by using homoeopathic management. Hence the present study is aimed at “To ascertain the effect of Homoeopathic medicines in the treatment of chronic cystitis in multiparous women.”

## AIM AND OBJECTIVES

### Aim

To ascertain the effect of Homoeopathic medicines in the treatment of chronic cystitis in multiparous women.

### Objectives

1. To assess the improvement in cases of Chronic Cystitis using Pelvic pain and urgency/frequency patient symptom (PUF) scale.

2. To analyse the causative factors relevant to the Chronic Cystitis in multiparous women.
3. To identify a group of most effective Homoeopathic remedies in the treatment and management of Chronic Cystitis.

## MATERIALS AND METHODS

**Study Design & Setting-** This is an experimental, prospective study of pre-post comparison. Study was conducted at Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan. The period of interventional treatment was of one year duration.

### Inclusion Criteria-

- Diagnosed cases of chronic cystitis were included.
- Cases who fairly articulated.
- Multiparous women only.

### Exclusion Criteria:

- Cases suffering from any other systemic diseases.
- Cases required intensive care all the day.
- Cases that refuse for written consent.

### Withdrawal Criteria:

- Cases with irregular follow up.
- Cases required emergency treatment during the study.

**Sample Size-** 100 diagnosed cases of chronic cystitis were selected for this study on random basis, from OPD of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan.

**Age and Sex:** Multiparous female of different age group.

**Intervention-** All patients were given Homoeopathic medicine in centesimal scale based on the totality of symptoms. RADAR 10 software was used for the selection of similimum.

**Assessment scales-** cases were assessed using Pelvic pain and urgency/frequency patient symptom (PUF) scale given by Parsons et al.

**Assessment of Progress-** A detailed case taking proforma specially designed for the study. Data analysis was done on the basis of pre and post score of Pelvic pain and urgency/frequency patient symptom (PUF) scale given by Parsons et al. Follow-ups were taken for 3 months. Statistical tool paired t-test was applied on total score before treatment and after treatment.

**Ethical outcome:** This study was approved by Institutional Ethics Committee of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar for ethical guidance.

**Record of work:** Case taking proforma as per department of Materia Medica and the topic of dissertation, and other records were duly maintained with confidentiality.

**Repertory:** RADAR version 10-Synthesis repertory by Frederik Schroyens was used for repertorisation.

**Remedy Selection:** Remedies were selected after repertorization and confirmation by different Materia Medica.

**Placebo:** Placebo was prescribed as indicated in Organon of Medicine.

**Source of Remedy:** Pharmacy of Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar.

**Remedy Application:** Potency selection, application and repetition of medicines were done according to the case and project work.

**Investigation:** All necessary investigations were done at this institute. If special investigations were needed, patients were referred to higher laboratories at the cost of the patient without any reimbursement.

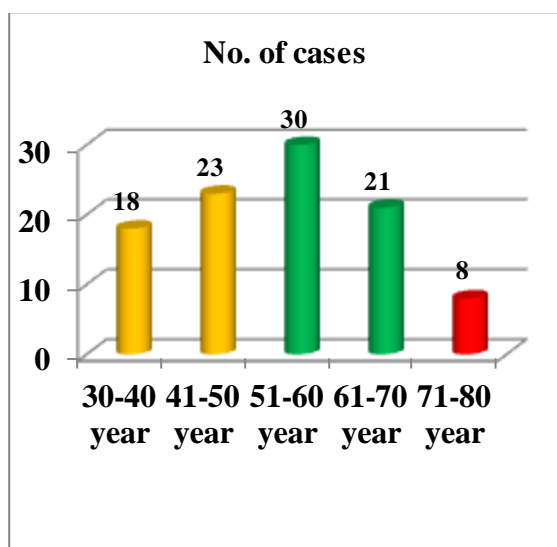
#### **Research hypothesis-**

- **Null Hypothesis:** Homoeopathic medicines are not effective in treatment of chronic cystitis (Ho). Ho:  $\mu d = 0$

- **Alternative Hypothesis (H1):**  
Homoeopathic medicines are effective in treatment of chronic cystitis. H1:  
 $\mu d \neq 0$

### Observations & Result-

The data obtained was sorted out as follows.



**Fig 1 Age Distribution**

As shown in above graph, out of 100 cases of chronic cystitis maximum incidence of chronic cystitis were observed in the age group 51-60 years i.e. 30 cases(30%), 41-50 years i.e. 23 cases (23%),61-70 years i.e.21 cases (21%),30-40 years i.e. 18 cases (18%) whereas minimum incidence were in 71-80 years age group i.e.8 cases (8%).

### Table 1. Distribution of 100 cases of chronic cystitis according to Presenting Complaints

S. No.	Results	No. of cases	%
1.	Strong urgency	25	25%
2.	Frequent urination	30	30%
3.	Pelvic pain	15	15%
4.	Dyspareunia	10	10%
5.	Burning urination	20	20%

As shown in above table out of 100 cases of chronic cystitis maximum number of cases had presenting symptom frequent urination i.e. 30 cases (30%), after that strong urgency 25 cases (25%), Burning urination 20 cases ( 20%) , pelvic pain 15 cases (15%) and dyspareunia 10 cases (10%).

### Table 2 Distribution of 100 cases of chronic cystitis according to Culture finding

S. No.	Culture finding	No. of cases	%
1.	Escherichia coli	56	19
2.	Klebsiella pneumoniae	12	27
3.	Proteus mirabilis	5	36
4.	Pseudomonas aeruginosa	10	18
5.	Bacteria not found	17	

As shown in the above table out of 100 cases of chronic cystitis in the culture finding of chronic cystitis the bacteria with

maximum incidence rate was E.coli i.e 56 cases (56%), sterile cases i.e. 17 (17%), Klebsiella pneumonia i.e. 12 cases (12%), Pseudomonas aeuginosa i.e. 10 cases (10%), whereas minimum incidence were Proteus E i.e. 5 cases (5%).

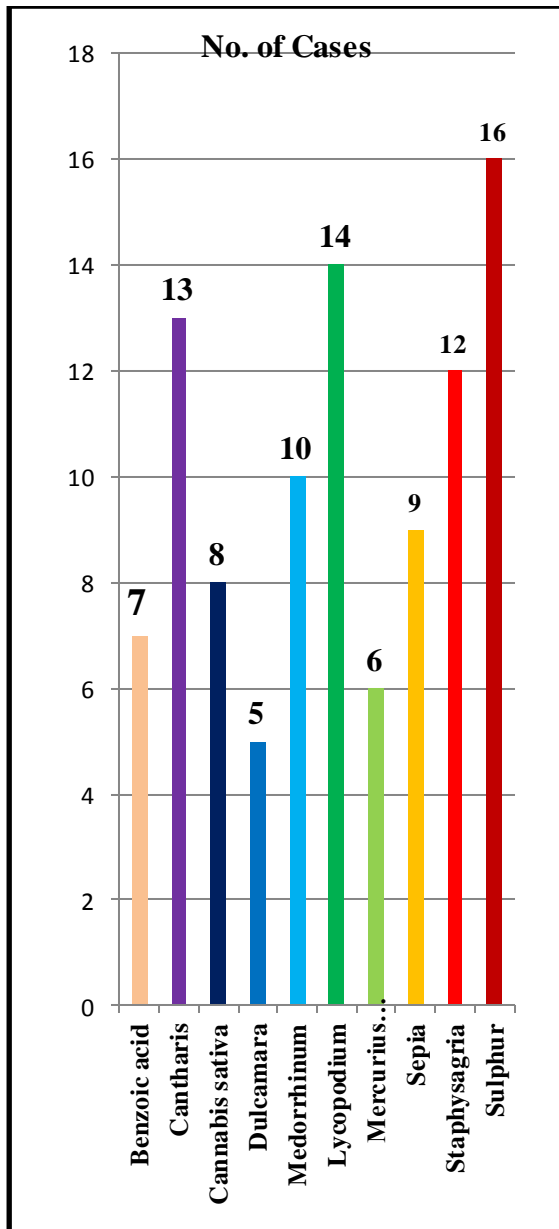


Fig 2 Graphical presentation of 100 cases of chronic cystitis according to constitutional medicines.

As shown in above graph, out of 100 cases of chronic cystitis Sulphur covers maximum i.e. 16 cases (16%) , Lycopodium 14 cases (14%), Cantharis 13 cases (13%), Staphysagria 12cases (12%), Medorrhinum 10 cases (10%), Sepia 9 cases (9%), Cannabis sativa 8 cases (8%), Benzoic acid 7 cases (7%), Mercurius corrosivus 6cases (6%), and Dulcamara covers minimum percentage 5 cases (5%).

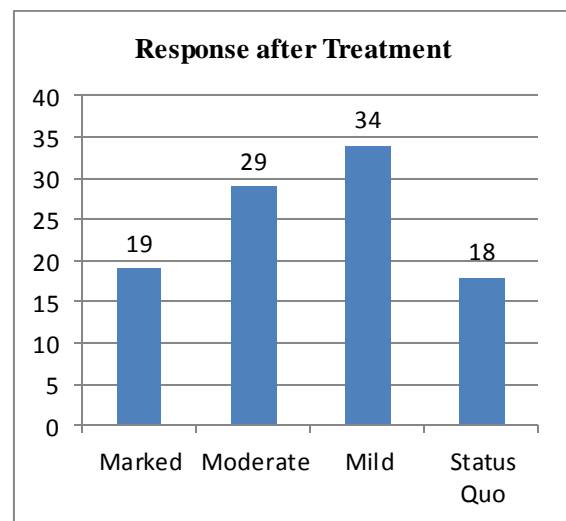


Fig 3 Response after Treatment

As shown in the above graph, out of 100 cases of chronic cystitis 19 cases (19%) has shown marked improvement, 29 (29%) cases has shown moderate improvement, 34 cases (34%) has shown mild improvement and 18 cases remained status quo.

### Statistical Analysis and Result

The data analysis was done on the basis of symptom score before treatment and after treatment using the Pelvic pain

and urgency/frequency patient symptom (PUF) scale given by Parsons et al. Before treatment and after treatment scores were compared statistically. The important Statistical tool paired t-test has been applied. We see that a calculated value of t in statics is 8.7297 while its tabulated value at 0.05% level of significance for 99 degree of freedom is 1.980. Since calculated value of t statistic is greater than its tabulated value, null hypothesis stands rejected while alternative hypothesis is accepted, at 0.05% level of significance. Hence, homoeopathic medicines are found significantly effective in the treatment of Chronic Cystitis.

#### **Limitations of study:**

- Sample size was too short.
- Study was limited with multiparous women only.

#### **CONCLUSION**

This was a clinical study with positive result in the study. Homoeopathic medicines have been found significantly effective in the treatment and management of chronic cystitis in multiparous women. Sulphur has proven to be most effective, controlled the frequency and intensity of complains of chronic origin, also prevent further progress of the disease. The other Homoeopathic remedies such as Lycopodium, Cantharis, Staphysagria etc. were also found effective. These results

need further validation by conducting trials with sufficiently large sample size.

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**Conflict of Interest: None**

**Source of Support: Nil**

