

Homeopathic Medicine Thuja Occidentalis 200CH, In the Treatment of Urinary Tract Infection- A Randomised, Placebo Controlled Trial

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ABSTRACT

Urinary Tract Infection is among the most prevalent infectious disease in human, with substantial financial burden on society. These are the most common bacterial infection in humans, both in the community and hospital setting and have been reported in all socio-economic classes and different age-group in both sexes, but UTI is most commonly seen in females due to various clinical conditions like anatomic differences, hormonal effects, malnutrition, poor hygiene, and certain behavioural factors which include delay micturition, sexual activity and the use of diaphragms and. UTI is a second most common infectious presentation in community medical practice. The aim of the study was to study Effectiveness of Thuja Occidentalis 200CH in the treatment of UTI.

Methods: Single blind placebo-controlled study design has been adopted to know Elaborative study on 'Effectiveness of Thuja Occidentalis 200CH, In Study of Urinary Tract Infection.' A total number of 80 patients were involved in study having age group 20 to 40 years, both gender and all socioeconomically classes, who fulfilling the inclusion and exclusion criteria. Test group A-40 cases administered homeopathic medicine Thuja Occidentalis 200CH and Control Group B-40 cases, received Placebo up to Three months with at least four visits.

Result: All data were calculated from the study of 80 individuals. Statistical tests regarding the various parameters were conducted and ratio of cure was found out in relation to the medicine used.

Conclusion: Hence finally it is concluded that, there is significant difference in result between groups of UTI patients receiving Homeopathic medicine Thuja Occidentalis 200CH and placebo is significantly effective than placebo.

Keywords: UTI, Homoeopathy, Thuja Occidentalis 200CH and Placebo.

INTRODUCTION

Urinary tract infection (UTI) is a common infection in general practice, affecting millions of people each year worldwide. Approx 50-60% of females reported at least one time UTI in their lifetime. Urinary Tract Infection is mostly caused by bacterial colonization in the urinary tract. It is the second leading cause for prescription of antibiotics by the healthcare professionals. But nowadays improper prescription of antibiotics without doing the urine culture sensitivity leads to increased antimicrobial resistance for the most of the uropathogen causing UTI. UTI is most commonly seen in women due to various clinical conditions like anatomic differences, hormonal effects, Malnutrition, poor hygiene, low socioeconomic status and certain behavioural factors which include delay micturition, sexual activity and the use of

diaphragms. The clinical manifestation of UTI is depending upon the part of urinary tract involved.

Centesimal Scale Potency:-

The centesimal scale was favoured by Master Hahnemann for most of his lifetime. 2C dilution required a substance to be dilute to one part in one hundred, and then some of that diluted solution diluted by a further factor of one hundred. This works out to one part of the original substance in 10,000 parts of the solution.

The selection of potency has all along been a burning problem in homoeopathy. To fulfil the highest ideal of cure, not only the selection of the medicine must be correct, its potency and dose must also be exact. It has been observed that a medicine may fail to produce any beneficial effect in a

patient in low potencies but shows unexpected good result in high potencies. It does not mean that the lower potencies do not act all cases. They do act, but their beneficial effects are not perceptible to us. Of course, if the medicine is repeated several times in lower potencies, its effect may be perceptible but even then, very slowly and less distinctly than if applied in high potencies. Similarly, the reverse is also true when high potencies may fail to produce any appreciable change but low potencies act curatively. This is only because of the variation of susceptibility in different patients. We all know that selection of potency depends on the susceptibility of the patient. The higher the susceptibility, the higher should be the potency and vice versa.

But the great difficulty is that there is no instrument to measure the susceptibility of an individual. Various factors contribute to assume the susceptibility of a patient. His age, sex, mode of living, nature and depth of the disease, structural changes, various suppressions, vitality, mental and physical reactions to environmental stimuli etc., all contribute to understand the susceptibility. But very often we find difficulty when some factors indicate high susceptibility but some others the reverse, e. g. a tumour being an organic change indicates low susceptibility but the susceptibility of the patient as a whole may be high requiring high potency. On the other hand “idiosyncrasy”, though indicates high susceptibility, requires low potency and so on. No doubt our knowledge of pathology helps us to a great extent in this respect but final conclusion depends on careful observation of the effect of medicine. For this reason, it is better to start with medium potencies in all doubtful cases and then to go high or low observing the effect of the first dose. Routine use of exclusively high or low potencies is not desirable in homeopathy. This is why we see Hahnemann changing his views about potency from time-to-time till before his death.

The Centesimal Scale – Introduced by Hahnemann himself. In this scale the 1st potency should contain 1/100th part of the original drug; and the 2nd potency will contain 1/100th part of the 1st potency; and so on. The potency in this scale is denoted by I suffixing the letter ‘C’ to the number indicating the potency. In practice, it is generally denoted to simple numerical I C potency is equivalent to 2X potency; and 2C potency is equivalent to 4X; and so on. Potencies above 30th are termed as high potencies.

Procedure – Potencies in the centesimal scale is made by mixing 1 ml. of the required mother tincture or mother solution with 99 ml. of the dispensing alcohol, the potency marked as IC or I. The potency 2 will be made by taking 1 ml. of the first potency and adding 99 ml. of dispensing alcohol; and so on. The method of preparation is the same as for

decimal potencies, but the dilution ratio is different (1:100), as follows:

To one part (or 1ml) of mother tincture in a glass container, is added 99 parts (or 99 ml) of alcohol/water and the mixture is succussed giving a potency of 1C.

To one part (or 1 ml) of a solution of potency 1c in a fresh container, is added a further 99 parts (or 99 ml) of alcohol/water, and the mixture is succussed again, giving a potency of 2C. This process is repeated to produce, progressively potencies of 3C, 4C, 5C, 6C, and so on. Thus, we have centesimal.

Homeopathic approach to UTI's:

Homeopathic remedies are very helpful in treating bladder infections, in relieving discomfort and encouraging quick recovery. These remedies may help patients get through an existing or recurrent urinary tract infection without the use of antibiotics. Since urinary tract infection is a result of immune system weakness, which does not defend against foreign bacteria that enters the urinary tract and causes an infection to develop in the urinary tract, bladder & kidney. A Homeopathic medicine will enhance resistance to infection by stimulating your immune system so that the illness can be resolved as rapidly and with as little discomfort as possible. Homeopathic medicines work on an entirely different principle it does not interfere with the natural immune response but works alongside it by enhancing ones ability to fight an infection. Homeopathy adopts a holistic approach to urinary tract infections; the remedies aim to treat the underlying causes of the infection. Homeopathic treatment is free from any side effect and have a beneficial impact overall wellbeing. Before prescribing a remedy, the practitioner diagnoses by asking about your medical history, work habits and your mental health. Based on a thorough diagnosis, remedies will be prescribed. Thuja Occidentalis has special affinity towards urinary tract and kidney. There is congestion and inflammation of the kidney and urinary tract. There is sharp pain, burning urination, inflammation of bladder and pus discharging. These are few symptoms which show affinity and effectiveness of Thuja Occidentalis. Sycotic manifestation of the urinary tract infection which characteristically considered as peculiar symptoms of Thuja Occidentalis helps to select the similimum. In this study to know the effectiveness of Thuja Occidentalis 200 potency upon the urinary tract infection.

AIMS AND OBJECTIVES

1. To study the Urinary Tract Infection, age group in between 20- 40 years, through clinical cases,

- To study and determine the effectiveness of Thuja Occidentalis 200CH centesimal scale in the cases of Urinary Tract Infection.

Hypothesis: -

- **Null Hypothesis (H_0):** - There is no significant role of prescribing on Urinary Tract Infection with application of Thuja Occidentalis 200CH and Placebo
- **Alternative Hypothesis (H_1):** - There is significant role of prescribing on Urinary Tract Infection with application of Thuja Occidentalis 200CH and Placebo.

MATERIALS AND METHODS

Study design: - The experimental study was made as per the “single blind (Placebo) controlled clinical trial” method.

Study site: - State Ghazipur homoeopathic medical college and hospital, Ghazipur, UP. 233001

Study Setting:

-Outdoor Patient Department (O.P.D.).

Inclusion criteria: Following criteria was followed while considering a patient for inclusion into the study.

- Patients diagnosed with Urinary Tract Infection coded N39.0 with ICD-10-CM version 2019.
- Both sexes with an age group of 20 to 40 years.
- To application of Thuja Occidentalis 200CH.

Exclusion criteria: - Following patients were not be taken for experiment, as it will affect the perfect outcome of research:

- Patients with severity level N18.9.
- Patients associated with other complications along with Urinary Tract Infection were not include.

Sample size Calculation: Minimum 80 patients were selected from both sexes through Simple random Sampling (SRS) Technique. Considering the inclusion criteria mentioned above.

Intervention

This study was Placebo controlled study. 80 Patients divided into two groups.

- Group A. Homoeopathy Medicine (Thuja Occidentalis 200CH) - 40 cases
- Group B. Placebo- 40 cases

Patients were examined by Dr. Nagendra Kumar Sisodiya,

Homoeopathic physician, conducted trial and prescribed Thuja Occidentalis 200CH.

Brief of Procedure:

- STEP I: - Extensive search & study of different books and journals of Urinary Tract Infection.
- STEP II: - Gather exhaustive information from the Internet according to Availability
- STEP III: - Selection of total 80 patients through simple random sampling (SRS) technique from OPD of Hospital at study centre, those are suffering from Urinary Tract Infection
- STEP IV: - The total cases divided into two randomized group A and B i.e. Medicine (test) group and Placebo (Control) group.
- Group A. Medicine - 40 cases
- Group B. Placebo- 40 cases
- STEP V: -Proper case taking will be done according to the standard case –Taking Performa.
- STEP VI: - Relevant investigation will be done as per need
- STEP VII: -Inclusion and Exclusion Criteria will be fulfilled.
- STEP VIII: - Thuja Occidentalis 200CH selected on the basis of research, Elaborative study on ‘Effectiveness of Thuja Occidentalis 200CH, In Study of Urinary Tract Infection’
- STEP IX: - Dose and repetition was strictly arranged following strict Homoeopathic Principle
- STEP X: - Follow up of the case at regular interval.
- STEP XI: - Evaluation of the progress under specific standard assessment tool for the Urinary Tract Infection.
- STEPXI: - Statistical analysis of the result by standard statistical methods

OBSERVATIONS & RESULTS

Among the 80 cases [(Group-A= 40 patients) and (Group-B= 40 patients)] studied at the O.P.D. and I.P.D. of college the following results are observed. These are presented in Tabular forms

A.] GENDER DISTRIBUTION IN CASE STUDY OF UTI: -

Table 1: Group- A. and Group- B

The following table will show the sex incidence: -

SL. NO.	GENDER	NO. OF CASES	PERCENTAGE
1.	MALE	35	43%
2.	FEMALE	45	57%
TOTAL		80	100%

As it is evident from the table, the maximum incidence i.e. 57% is seen in females and in males it is 43%.

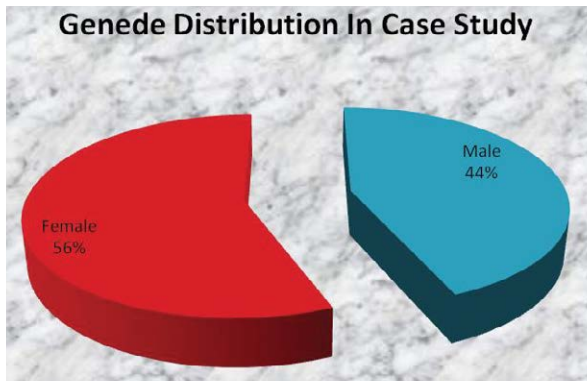


Figure 1: Pie chart showing gender distribution in study.

B.] AGE DISTRIBUTION IN CASE STUDY OF UTI: -

The following table summarizes the gender distribution of the 80 patients studied.

Table 2: Group- A and Group B

SL. NO.	AGE GROUP	NO. OF CASES	PERCENTAGE
1.	20 year to 25 year	18	23%
2.	26 year to 30 years	13	16%
3.	31 year to 35 year	13	16%
4.	36 year to 40 year	36	45%
TOTAL		80	100%

In my study of 80 cases (100 percent), there were 18(23%) cases in the age between 20years to 25years, 13(16%) cases in the age between 26 years to 30 years, 13(16%) cases in the age between 31 years to 35 years and 36(45%) cases in the age between 36 years to 40 years.

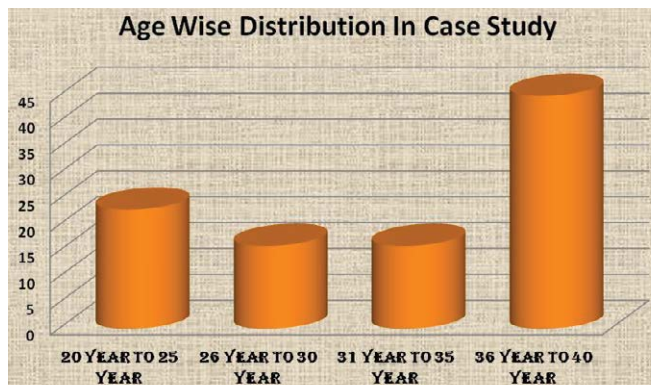


Figure 2: Bar Chart Sowing Age Distributions In Case Study

C] RELIGION WISE DISTRIBUTION IN CASE STUDY OF UTI

Table No. 3. Group A and Group B

SL. NO.	RELIGION	NO. OF CASES	PERCENTAGE
1.	Hindu	30	38%
2.	Muslim	33	41%
3.	Others	17	21%
TOTAL		80	100%

In my study of 80 cases (100 percent), there was 30 cases (38%) were Hindu and 33 cases (41%) were Muslim And 17 cases (21) others.

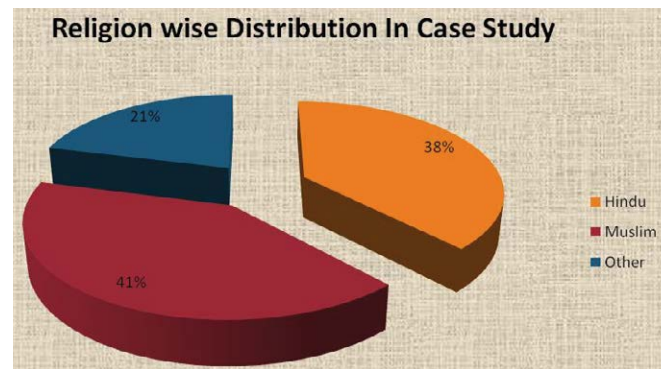


Figure 3: Pie chart showing religion wise distribution of cases of UTI.

SOCIO-ECONOMICAL BACK GROUND IN CASES

Table 4: Group A and Group B

SL. NO.	SOCIO-ECONOMIC STATUS	NO. OF CASES	PERCENTAGE
1.	Upper Class	16	20%
2.	Middle Class	22	28%
3.	Lower Class	42	52%
TOTAL		80	100%

In my study of 80 cases (100%), 16 cases (20%) belonged to the higher socio-economic status, 22 cases (28%) belonged to the middle class, and 42 cases (52%) belong to lower economic status

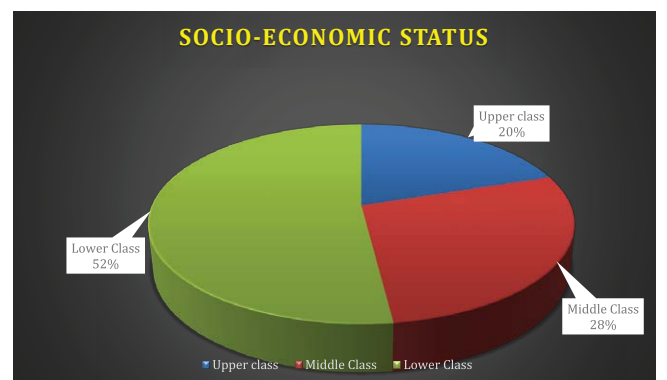


Figure 4: Piechart showing socioeconomic status in study population

E] RURAL AND URBAN RESIDENTIAL STATUS .

Table 5: Group A and Group B

S.NO.	HABITAT	NO. OF CASES	PERCENTAGE
1.	Urban	17	21%
3.	Rural	63	79%
TOTAL		80	100%

In my study of 80 cases (100 percent), there were 17 cases (21%) were come from urban area, 63 cases (79%) from rural area. In rural areas hygiene knowledge is very low compare to urban area and thus may be associated with a higher prevalence of UTI compared to urban living.

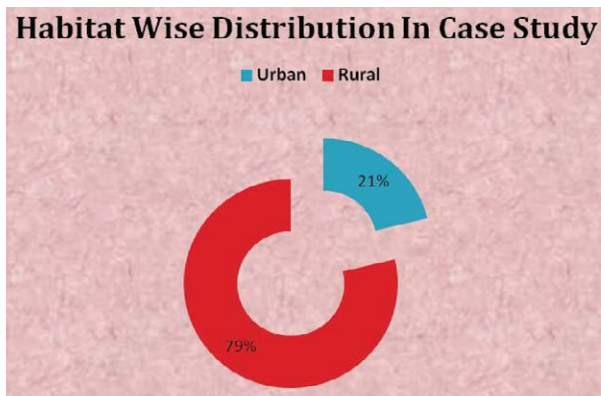


Figure 5: Doughnut Chart Sowing Urban and rural residence of cases of UTI

F] DIETARY HABITS IN CASES STUDY OF UTI .

Table No.6. Group A and Group B

SL. NO.	DIETARY HABIT	NO. OF CASES	PERCENTAGE
1.	Vegetarian Diet	24	30%
2.	Non vegetarian diet	36	44%
3.	Mixed diet	20	26%
TOTAL		80	100%

In my study of 80 cases (100 percent), there were 24 cases (30%) are vegetarian, 36 cases (44%) are non-vegetarian and 20 cases (26%) are mixed.

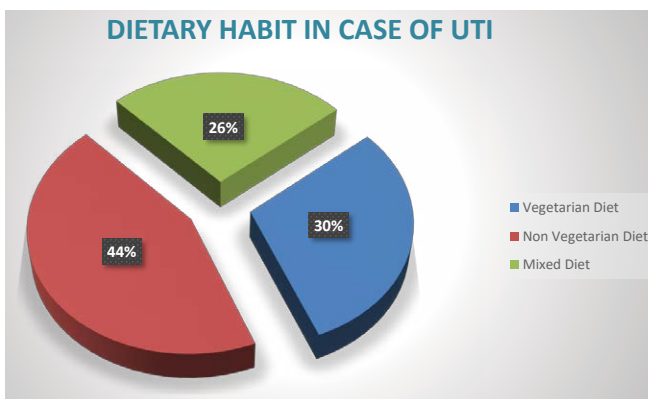


Figure 6: Diagram showing dietary patterns in case study of UTI

I.] CAUSATIVE BACKGROUND OF UTI [Group A and Group B]:-

Table No. 7. Group A and Group B

SL. NO.	Causative agent of UTI	NO. OF CASES	PERCENTAGE
1.	E.coli	28	35%
2.	Proteus	23	29%
3.	Pseudomonas	18	22%
4.	Klebsiella	11	14%
TOTAL		80	100%

In my study of 80 cases (100 percent), there were 28(35%) cases are caused by *E.coli*, 23(29%) cases are caused by *Proteus*, 18(22%) cases are caused by *Pseudomonas* and 11(14%) cases are caused by *Klebsiella*.

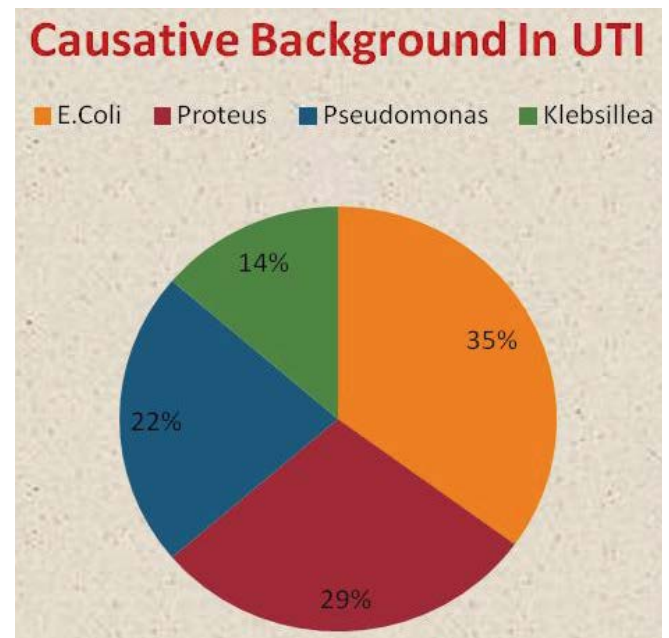


Figure 7: Diagram showing Causative background in UTI

CONCLUSION

Urinary Tract Infection, consists of a group of symptoms suggestive of inflammatory urinary tract disease, with presence of and demonstrable many laboratories pathology. That is a very serious health problem Urinary tract infection is seen in male and females but it is more common in females and mean age of occurrence in mid-thirties.

UTI is basically seen in low-socio-economic group because of poor hygiene other factors implications are old age, urinary incontinence, vertebral fracture, long use of catheter pregnancy etc.

Female predominance, Middle age prevalence, bacteriuria, Dysuria, Increase Urinary urgency and frequency,

with suprapubic pain, fever, weakness and non-clinical presentation.

From the 40 cases 32 of Group A (*Thuja occidentalis*) patients have shown the favourable result. Hence the success rate is 80%.

From the 40 cases of Group B (Placebo) 06 patients have shown the favourable result. Hence the success rate is 12 %.

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