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New alternatives for the treatment of uncomplicated urinary tract infection, presentation of 2 clinical cases

Nuevas alternativas para el tratamiento de infección urinaria no complicada, presentación de 2 casos clínicos

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Abstract

The current perspective on the management of infectious diseases is a challenge for clinicians, because while new antibiotics are developed, bacteria improves its resistance system. That is why this study presents CANTHARIS 9 CH as an alternative treatment for urinary tract infection. This drug has an homeopathic use and it has been tested on humans as an urinary prophylactic. In this text, we present two cases of patients who voluntarily accept to receive this new protocol. Both cases show laboratory confirmation of infection, with quinolone resistance, among others, and negativization post-treatment with CANTHARIS 9 CH. No side effects were reported in this sample.

Key words: urine, urinary bladder diseases, focal infection, complementary therapies.

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Resumen

La actual perspectiva en el manejo de enfermedades infecciosas es un reto para el clínico, en la medida en que se desarrollan nuevos antibióticos, las bacterias mejoran su sistema de resistencia. Por esto, este estudio presenta una alternativa al tratamiento de infección urinaria con CANTHARIS 9 CH, medicamento de uso homeopático que tiene estudios en humanos como profiláctico urinario. Se presentan dos casos de pacientes que aceptan voluntariamente recibir este nuevo protocolo. En ambos casos se muestra una confirmación microbiológica de la infección, con resistencia a quinolonas, entre otros, y negativización post tratamiento con el medicamento CANTHARIS 9 CH. No se reportaron efectos secundarios en esta muestra.

Palabras clave: infección urinaria, CANTHARIS 9 CH 5 -, infección resistente, infección urinaria no complicada.

doi: <http://dx.doi.org/10.22265/acnef.5.2.275>



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Introduction

The development of antibiotics for the treatment of infections has been revolutionary in the impact on morbidity and mortality. However, bacteria learn quickly and generate increasingly effective alternatives to resist them. That happens, among other cases, with urinary infection due to *E. Coli*: antibiotics that in other times were as effective as ciprofloxacin, today generate induction of a third plasmid and induce a fearsome multi-drug resistance.¹ Historically, this type of challenges have been resolved through the generation of more potent antibiotics and, without a doubt, much more expensive. For this reason, below we present an alternative brought from homeopathic medicine, a case in which the drug CANTHARIS 9 CH 5, sublingual globules, is used three times a day for fifteen days. It should be mentioned that, in the indexed literature, there is only one bibliographic reference that presents this alternative as an option for prophylactic treatment in humans.²

CANTHARIS 9 CH is obtained from the insect from which its name comes, similar to the “pitos”, common name “Spanish fly”. In the procedure, the extract, composed of electrolytes, mainly phosphates, uric acid and cantharidin is taken from the dissected whole fly. The latter component is directly related to its therapeutic action.³

Case 1 presentation

A 37-year-old female patient with a history of two episodes of urinary infection, the last one five months ago, treated with cranberry and oral ciprofloxacin (in addition to positive factor V Leiden and polycystic ovary). She consults for a clinical picture of five days of severe dysuria and hematuria, managed with cranberry. Without improvement, a urine culture is requested and homeopathic management is initiated with CANTHARIS 9 CH 5, sublingual globules, three times a day for fifteen days. The urine culture is later reported as positive for *E. Coli*, more than 100,000 colonies,

with resistance to norfloxacin, ciprofloxacin, T/sulfa and indeterminate for ampicillin/sulbactam, with sensitivity to cephalosporins, nitrofurantoin, carbapenems and aminoglycosides (**Figure 1**).

The symptoms of the patient improved 24 hours after the initiation of therapy and the control urine culture seeded fifteen days after having suspended homeopathic treatment, was negative. The patient did not report any symptom or side effect during the time she took the treatment (**Figure 2**).

Case 2 presentation

A 72-year-old female patient who consulted for changes in the color of the urine and a history of recurrent urinary tract infections. It was taken a urine culture which resulted positive for *E. coli*, resistant to Ciprofloxacin and Norfloxacin, indeterminate for cephalexin, and sensitive to other cephalosporins, nitrofurantoin, T/sulfa, and aminoglycosides (**Figure 3**). Homeopathic management was started with CANTHARIS 9 CH 5, sublingual globules, three times a day for fifteen days. The urine culture taken 21 days after the end of treatment was negative (**Figure 4**). No symptoms and/or side effects were reported during the time the patient took the treatment.

Discussion

In this sample, with the use of CANTHARIS 9 CH the patients showed a good clinical response, negativized the urine cultures and did not manifest side effects. Besides the present, there are no reports in the indexed literature on the use of the homeopathic medicine Cantharis for the treatment of urinary infection in humans. There is only one case report in which it was used as a prophylactic agent for a long time and no side effects were reported. For this reason, it is recommended to conduct a prospective multicenter study that presents more statistical possibilities, such as the specific cytochemical variables to determine the possible non-symptomatic systemic toxicity

Conclusion

This study presents a new therapeutic opportunity besides the known antibiotic spectrum; it contributes a novelty to the literature, since there are no publications that show this alternative as therapeutic in urinary tract infections and, finally, secondary effects are not identified in the case reports.

Conflict of interests

The authors declare they have no conflict of interest in the realization of this article.

Funding

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Cali – Colombia – S.A.

Last names:	Sample No: 201602120558	Registration Date: 12/Feb/2016 09:08
Names:	Origin: UT Clinical Laboratory	Printing Date: 15/Feb/2016 09:56
Identification:	History: 0000834081	Order: 0006888765
Sex/Birth date: Female/25/02/1978	Company: NI	Episode: 0003425605
Address:	Phone number: 3045491578	

Test Name	Result	Units	Ref. Range	Sample:	Signed Out:
MICROBIOLOGY					

URINE CULTURE

PRELIMINARY REPORT Reviewed seeding 12/Feb/2016 09:27 13/Feb/2016 09:10

URINE CULTURE

Type of sample: URINE MICRO
POSITIVE: MIXED count greater than 100,000 CFU/ml of Gram-negative bacilli and yeast

URINE CULTURE FINAL REPORT 12/Feb/2016 09:27 14/Feb/2016 13:07

Type of sample: URINE MICRO

Escherichia coli

Antibiogram	MIC	
Amikacin	< = 2]	Sensitive
Ampicillin Sulbactam	16	Intermediate
ESBL	Neg	-
Cephalotin	8	Sensitive
Cefepime	< = 1	Sensitive
Cefotaxime	< = 1	Sensitive
Ceftazidime	< = 1	Sensitive
Ceftriaxone	< = 1	Sensitive
Cefuroxime-Axetil	4	Sensitive
Cefuroxime-Sodium	4	Sensitive
Ciprofloxacin	> = 4	Resistant
Ertapenem	< = 0.5	Sensitive
Phosphomycin	< = 16	Sensitive
Gentamicin	< = 1	Sensitive
Meropenem	< = 0.25	Sensitive
Nitrofurantoin	< = 16	Sensitive
Norfloxacin	> = 16	Resistant
Trimethoprim/Sulfamethoxazole	> = 320	Resistant
=		
Ampicillin	> = 32	Resistant

Candida tropicalis

Antibiogram	MIC
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Last names:		Sample No: 201603010586		Registration Date: 01/March/2016 09:16	
Names:		Origin: UT Clinical Laboratory		Printing Date: 03/March/2016 14:59	
Identification:		History: 0000834081		Order: 0006972360	
Sex/Birth date: Female/25/02/1978		Company: NI		Episode: 0003467002	
Address:		Phone number: 3045491578			

Test Name	Result	Units	Ref. Range	Sample:	Signed Out:
MICROBIOLOGY					
URINE CULTURE 01/March/2016 09:28 02/March/2016 08:53					
URINE CULTURE FINAL REPORT					
Type of sample: URINE MICRO					
NEGATIVE: Count lower than 10,000 CFU/mL, Seeding technique by Calibrated Loop.					
Professional responsible: Daniela Alexandra Prieto Borja Reg.: 1010182850					

Figure 2. Post-treatment urine culture. Clinical case 1.

Dinamica

Printing date: [2015-12-01] Laboratory Results by Email

Patient:	Identification:	Service number: 5819646 (4055)
Gender/Age: FEMALE/71 years	Phone number:	Type of service: P.O.S. (Mandatory Health Plan)
Physician: NO MEDICAL REGISTRY	Date of service: 27/11/2015	Date of report: 30/11/2015 10:11
Company: SINERGIA GLOBAL EN SALUD S.A.S – SINERGIA UBA 80	Room:	

Analysis	Result	Reference values	Unit
URINE CULTURE WITH COLONY COUNT			
COLONY COUNT		100,000 Col/ml	
It was obtained growth of <u>E. Coli</u>			
	MIC		
Trimethoprim/Sulfamethoxazole	<= 20	SENSITIVE	
Amikacin	<= 2	SENSITIVE	
Ampicillin	<= 2	SENSITIVE	
Cephalotin	16	INTERMEDIATE	
Cefotaxime	<= 1	SENSITIVE	
Ceftriaxone	<= 1	SENSITIVE	
Cefuroxime	<= 1	SENSITIVE	
Ciprofloxacin	>= 4	RESISTANT	
Gentamicin	<= 1	SENSITIVE	
Nitrofurantoin	<= 16	<u>SENSITIVE</u>	
Norfloxacin	>= 16	RESISTANT	
Ampicillin/Sulbactam	<= 2	SENSITIVE	

OBSERVATIONS:
BACTERIOLOGIST MARTHA CECILIA SALAZAR RESTREPO

Figure 3. Initial urine culture. Clinical case 2

Angel Laboratory

RESULTS

NAME: Mrs.	REFERENCE: 129008158
DOCUMENT: ID CARD	DATE: 06.Jan.2016 8:41:40
COMPANY: UBA 80 GENERAL DISEASE	LOCATION: ANGEL LIMONAR
DOCTOR: NOT AVAILABLE	AGE-GENDER: 71 Years-Female

MICROBIOLOGY

URINE CULTURE ANTIBIOGRAM MIC AUTOMATIC

Incubation time:	72 hours
Result:	The culture is negative for bacteria

Analyzed by:
Signature:
LEYDI M. TORRES D.
BACTERIOLOGIST T.P:76 080908
Copied: YAOC

Validation date: 12/Jan/2016 16:43

****The interpretation of every exam corresponds to the physician***

Figure 4. Post-treatment urine culture. Clinical case 2

Ethical responsibilities

Protection of people and animals

The authors declare that no experiments were performed on human beings or animals for this research.

Data confidentiality

The author declares that has followed the protocols of their workplace on the publication of patient data.

Right to privacy and informed consent

The authors state that patient data do not appear in this article.

Contribution of the authors

Andrés F. Reyes: attending physician of the patients of the case, bibliography search, and summary in English.

Roberto Ramírez Marmolejo: idea of publishing, bibliography search, research format.

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