HOMEOPATHY AWARENESS PROJECT

Convention Treatment v Homeopathy

for

Kidney Reflux

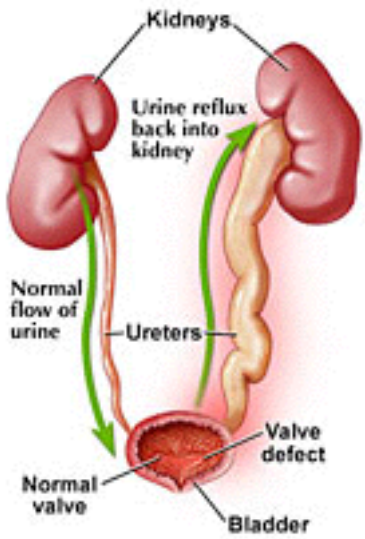
KIDNEY REFLUX

I have chosen a subject that is personal to my family (my first born) and hope that it will give informative advise to the already converted and hope to those who are still unsure about alternative treatments to our universal health system.

What is it?

Vesicoureteral reflux (VR) is an uncommon condition in which urine leaks back up from the bladder into the ureters and kidneys. It is estimated that one in 50 girls and one in 200 boys under the age of 12 are affected by VR. There are two types.

Primary VR is caused by a defect present before birth. There is usually a valve between the bladder and the ureters that prevents urine leaking back out of the bladder. In children who have primary VR, the valve does not function properly, and urine is able to flow out of the bladder and back up the ureter to the kidney.



Secondary VR is caused by a condition that occurs after birth. For example, urine flow from the bladder may be blocked, or a lower UTI may cause the ureters to become so inflamed and swollen that the one-way valves in the ureters fail, allowing urine to flow both ways.

The danger with VR is that a lower UTI can quickly turn into a more dangerous upper UTI, because infected urine can move out of the bladder and back into the ureters and kidneys.

Primary VR usually clears up in children as they get older. However, if it is felt a child has a high risk of developing upper UTIs, they may be prescribed an antibiotic to take in the long-term - in conventional medicine.

If a child has severe, persistent or recurring VR, then surgery is sometimes a treatment option - again in conventional medicine.

Background

Firstly, I would like to point out that my knowledge of Homeopathy when I had my daughter had been minimal at this point. I had only just started my own journey on this after my own decisions to control my Post Natal Depression (PND) with self help, private counselling and her telling me about how homeopathy could help with that and my other issues. So you will read an account of a conventionally treated family who knew no different at that point.

My daughter was born by emergency C-Section after a 3 day extremely slow labour and resulted in an emergency C-Section when it became apparent that she was stuck in the birth canal and hers and my condition was deteriorating.

My daughter was a bonny girl at 8lb 10oz's. She had a noticeable mark across the bridge of her nose and top of eyes where she had been pressing down on the birth canal. I found it incredibly difficult to bond with her, she was very quickly moved on to formula milk within a day or two of her arrival, as I was producing no milk that was of quality. I also had a horrible infection in my abdomen, and was put on a strong course of antibiotics immediately and was very feverish and bloated. The first few weeks I only recall snippets as I had no bond with her at all - which then went on to PND. I do recall however, that she required food every 3-4 hours very quickly and the health visitor advising to put her on to a hungry baby formula (SMA White) as she was draining each bottle at each feed. She was also drinking the same amount of water in a bottle (even at 2 days old) after her main feeds. She was constipated from birth (it was either solid like clay or "normal"), but the key was it was always yellow coloured. I raised this with the GP and health visitor and I was told this was normal and not too worry. When I asked about the water and the quantity she was drinking - I was again told not to worry, that she really didn't need to be drinking that kind of quantity at all. I was concerned not only because of the quantity, but the quality of her urine was not one of a person (or child in this case) who looked like she was drinking water. It always had a strong odour or sometimes cloudy, it remained the same colour throughout the day. These discussions carried on for nearly two years.

As a toddler, she "progressed" like any other baby. She was mainly on the 98th Centile for the majority of her first 2 years. I decided to start putting her on the potty when she could sit up by herself at 6 months after each meal and this allowed her to pass a stool with a little more ease and frequency (still yellowy though). She never had a dirty nappy after 7 months and was dry by night and day at 19 months. She always had signs of nappy rash, or sore / red skin around her bottom (chronically sometimes), so it was great when she was able to go to the loo without leaving it in the nappy. She went to nursery from 5 months and picked up most childhood acutes quite early, threw spectacular fevers when she was ill. She was vaccinated and singularly vaccinated for MMR. All this time she was drinking warm water (still only from a bottle), and around the volume of a litre of water a day (still no alarm bells from the GP). Apart from that she achieved all her goals in text book fashion.

The Spring before she was due to start school. I had put her to bed at her normal time after her early evening bath and she had been to the loo then. She had been asleep for a couple of hours and woke up not really knowing what she was doing. We as her parents tended not to wake her up to go to the loo, we lifted her and put her on the potty once a night mostly. This night she went to the loo, a produced an egg cup full and was in severe pain, screaming and had a severe temperature. We calmed her down and did administer Calpol (not knowing any different). She didn't really settle and looked like she was hallucinating, she was extremely warm and got up again to go to the loo, again the same thing happened. This time even less urine but again screaming in pain. This time we took it more seriously and we did end up taking her to A&E after advise from NHS DIRECT.

How this condition is treated with by Conventional Medicine

Acute Treatment

After taking her to A&E, she received an initial consultation and the conclusion at this point was to treat her acutely for a urinary tract infection (UTI) with antibiotics (I do not recall the exact name of the antibiotic administered), Calpol or similar to control any temperatures, and to investigate the kidneys with a renal tract ultrasound in the near future. A sample of her urine was taken which had 1+ of white blood cells but no bacterial growth.

We had BUPA healthcare cover at the time and decided that because we were moving home and therefore changing doctors that we would use this option for investigations and advice.

Under BUPA's care a renal ultrasound was performed showing normal kidneys but an intermittently dilated distal left ureter consistent with left ureteric reflux. Abdominal examination was normal, but her introitus was slightly inflamed.

The advice with a single UTI over the age of 1 year with normal kidneys on ultrasound even with the suggestion of reflux they would not normally feel it necessary to continue antibiotic prophylaxis (as had been suggested by her old GP). They did explain that if she does have VR she may be prone to ongoing UTI's and if these are repeated then prophylactic antibiotics to prevent the repeated infections would be sensible. A second scan was arranged for a month or two later. If symptoms were still present whether intermittently or not then to arrange a further midstream specimen of urination. This test was actually asked for weekly by her new GP.

Ongoing Treatment

Two months later a further test was performed and no significant changes had happened. Although the intermittent dilation of the distal left ureter was still there. They took various measurements whilst performing the ultrasound.

Left Distal Ureter measured 8mm and the Right 4mm (classed as normal).

The bladder was described as normal with normal wall thickness and only a small insignificant residue following micturition (passing urine). Both kidneys looked normal in size and there was no evidence of scarring or hydronephrosis (referring to the distention and dilation of the renal pelvis etc).

The conclusion was whilst there remained a intermittent dilation of the lower left ureter at up to 8mm, whilst not diagnostic it may indicate a persistent left ureteric reflux. It was advised that she should start a course of prophylactic antibiotics (Trimethoprim 2mg/kg once daily) if she had repeated symptoms around the UTI infections and to then go for a DMSA Kidney scan and to be referred to a Paediatrician. The advice would be that generally she would grow out of this, as the body needed time to catch up and the reflux would right itself over time. The prophylactics would simply prevent her getting infections until such time the reflux had fully normalised. This could be up until the age of 9 or so. A further ultrasound suggested little growth to the right kidney so it was important to have the DMSA scan done.

What is a DMSA Kidney Scan?

This scan is a way of demonstrating the size, shape and function of the kidneys. It requires an injection of a small amount of radioactive tracer, which is taken up by the kidneys. This remains in the body for a few hours when the scan is then performed.

This was performed a year or so after the initial acute with a total of 3 ultrasounds being performed in that time showing similar results each time. The DMSA scan reported equal divided renal function with a left kidney contributing to 48% and the right 52% of overall function. The kidneys were normal with no scarring.

> *It is worth noting that I had started homeopathic treatment after the first acute attack along side the conventional treatment she was receiving. She didn't have another significant UTI after the first one, but smaller less profound ones of which she had about 2 or 3 incidences. She possibly had another acute course of antibiotics in the earlier days, but prophylactics were never started or administered. All treatment was switched to Homeopathy (with nutritional influences) 6 months before the DMSA scan.*

Causations?

At each meeting/consultation we asked what could have caused this seeing as no bacteria had been found, and there was no immediate family history of UTI type infections (only a grand father who had Pancreatitis). We did mention to them the skin problems she had always had (chronic sometimes) and the quantity of water she drank. These were dismissed as being non important and non relevant.

General Notes on the Symptoms of VR

- Vesicoureteral reflux may present before birth as prenatal hydronephrosis, an abnormal widening of the ureter or with a UTI or acute pyelonephritis.
- Symptoms such as painful urination or renal colic/flank pain are not symptoms associated with vesicoureteral reflux.
- Newborns may be lethargic with faltering growth, while infants and young children typically present with pyrexia (fever), dysuria (pain when passing), frequent urination, malodorous urine (strong unpleasant odour) and gastrointestinal tract symptoms, but only when urinary tract infection is present as the initial presentation of VR.

Conclusion

This was pretty much a text book way of treating someone with a kidney reflux (or VR), in the conventional manner. Anyone with those symptoms or similar would be sent for the same scans, and most likely depending on the severity of the case, would remain on prophylactics until the problem had resolved itself (especially in children).

The question remains though for me: - What (even though the dosage is small) damage and on going problems would the prophylactics cause if someone like my daughter had been on them for some years?

The fact sheet for Trimethoprim are attached to this work. It is worth noting that this is for a 50mg dosage and not the 2mg that was suggested, but when I looked at the side effects and pretty much new to homeopathy, our decision as parents took a leap of faith to homeopathy.

A telephone conversation with our BUPA Specialist after the results of the DMSA scan was something on the lines of "Carry on with what you are doing, it is clear that it is completely under control without the use of prophylactics".

Holistic Approach and How it was Treated

After the initial acute, I took my daughter to see Homeopath, who alongside taking her case homeopathically, also used Bio-Resonance (Bio-Res) testing equipment to aid in diagnostics only. For the purposes of this a brief explanation of the Bio-Res is outlined below.

Bio-Res testing uses the Quantum SCIO system that measures your body's electrical parameters and is able to analyse your reactions to over 8000 test items. The diagnostic areas include: -

- *Allergies and Intolerances*
- *Nutritional and Hormonal Levels*
- *Infections including Bacteria and Viruses*

The SCIO system combines the principles of Quantum Physics with sophisticated computer software and measures the frequencies that make up your bodies energetic patterns. Health of organs and glands is assessed in this way, so by the end of the appointment a full picture is obtained about any weaknesses in the patients system.

Her case was taken whilst she was being assessed by the Bio-Res machine and her presenting symptoms were (as a reminder): -

- Recent acute infection of kidney/bladder, with an ultrasound scan showing slight kidney reflux
- Chronic Inflammation and irritation of the skin around the genitals and bottom
- Very strong thirst for warm water
- Chronic constipation, since infancy. Bowel movement was only being achieved with Lactulose.

The key findings through Bio-Res testing were: -

- The stomach and pancreas were the organs in most need of support, with no obvious kidney issues
- The skin and adrenals were the areas suggested as a first stage of treatment. (Results showed she was extremely dehydrated, even though she was drinking vast amounts of water)
- Potassium levels were markedly out of the normal range, this related to the excessive thirst and poor fluid balance.
    - *Potassium and Sodium are required in balance in the blood stream. Potassium being the ion principle on the inside of cells and Sodium being the ion principle on the outside.*
    - *Sodium concentrations are more than ten times lower inside than outside cells, and potassium concentrations are about 30 times higher inside than outside cells. The concentration differences between potassium and sodium across cell membranes create an*

electrochemical gradient known as the membrane potential. A large portion of energy in the body is dedicated to maintaining sodium/potassium concentration gradients, underscoring the importance of the balance between sodium and potassium in sustaining life. Tight control of cell membrane potential is critical for heart function, as well as nerve impulse transmission and muscle contraction.

- *In Western industrialised countries, the daily intake of sodium chloride (salt) is about three times higher than the daily intake of potassium. The balance or equilibrium so necessary for these minerals is not achievable through the typical dietary choices of Westerners. Studies are showing that the relative imbalance of this ratio in the Western world is positively correlated with hypertension, heart disease and diabetes.*

At birth my daughter was suffering from Trauma (being stuck in the birth canal) so this affected her stress levels, so in fact her adrenaline response, her "fight or flight" reactions were affected from that point. The effect of this trauma straightaway affected the potassium levels, which in turn impacted on her sodium levels. When sodium is out of balance this changes the quality of the urine (including blood sugars and then leading on to dehydration and other complications).

Understanding how the body works and what makes it out of balance is how the holistic approach works.

As a baby, toddler and growing up has had a sweet tooth, her body had craved (as all of us) what was essentially bad for it. She ate a lot of bananas as a weaning baby and as all good young lady's should, she adores chocolate! Not that she ate a lot as child, but because her system was already out of balance from the go, her ability to assimilate food correctly and also hydration at a cellular level simply wasn't achievable.

Subsequently, her quality of urine was always affected, symptoms were (sometimes chronic) general skin problems around her bottom and genitals. All of this led on to her acute UTI's.

How was this all treated?

Essentially it is important to remember that when so many things are out of balance this needed close monitoring and change. Changes that we still have to tweak even now, but the signs are more recognisable.

- Dehydration required looking into. Homeopathic remedies made into a tincture to add to her water was made and administered. This helped the body take the hydration to cellular level
- A nutritional mineral support tincture was also created specific to her (results taken from the Bio-Res) administered daily gave her a balance of everything she needed
- From memory her first remedy was Opium. This of course covered the trauma at birth, of being stuck in the birth canal, and her ultimate lack of adrenal response - the fight or flight reactions, and of course this affected her bowels from that point.
- Blood sugar levels affecting the adrenals from birth and ongoing. Her high levels of blood sugar of course were a contributing factor to the quality of her urine and reflux to an extent. Her basic ability to process sugar were affected, so balancing that out was and still remains key. All the foods she craved were carbohydrates, particularly refined sugars and starches. The body needs protein foods (meat, eggs, fish etc) to buffer the effect of all carbohydrates - the proteins attach to sugars and slow their release in to the blood stream. Essentially removing all processed food and giving real "untouched/un messed around with food" is best.
- A combination remedy was held in case of acutes to be administered as required. This consisted of Cantharis Vesicatoria/Berberis Vulgaris/Equisetum Hyemale. All three with affinity to the urinary system. Covering a range of symptoms from Acute Nephritis, inflammation, pains, to the quality & quantity of urine. An all in one kidney tonic.

We worked hard at trying to balance everything out by the DMSA scan. I do believe that with this in force the results of the scan showed that this was by far the correct course of action.

Conclusion

My daughter is now 10. We control her diet as best as we can. Of course there are times when it is poor but it is short lived and we balance it back out again.

She does not drink to the same large volumes as she used too. She hasn't had any skin problems for 6 years or so now and she achieves a daily bowel movement. With any signs of dehydration the addition of omega oils in her diet as an extra supplement, to help hydrate at a cellular level has been a useful. When the cells are hydrated, everything else is too, which means less tiredness, better moods and concentration, and overall better physically.

Overall, she understands she will need to be watchful of her diet, but even though her own life has been turned upside down with a sibling who is 5 and her mum and dad being separated (now divorced) for nearly 5 years too, she is pretty much a sweet natured, healthy child. Anything problems (mainly on a mental and emotional level) are dealt with purely with homeopathy.

Differences between Conventional & Holistic Treatment

I have written two very different accounts of treating someone with this condition. The difference between the two ways is profound. Homeopathically my daughter was a book that needed opening, to reveal what her story was. The question of "Why did this happen and how did it happen? were answered and corrected so simply by allowing her story to be heard and acted upon step by step. Simple changes that have made such a difference to her life. Conventionally if I hadn't been introduced to homeopathy at that point in my life, would my little girl be on prophylactic antibiotics still?, would she still be receiving scans, and having her urine tested regularly? I know the answer would be yes to all of them. It just goes to prove that homeopathy is gentle and permanent.

I hope this story will inspire people to simply just think and think again about any course of treatment they pursue.

Bibliography/Reference Guide

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Appendices

1. Fact Sheet on Trimethoprim