

Observations on Cystone in Various Urinary Tract Complaints

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INTRODUCTION

Urinary tract complaints are quite common in clinical practice. Some of the common ones are burning micturition, urinary bladder irritation and urinary tract infection.

Cystone is reported to relieve crystalluria, burning micturition and acute urinary tract infections. It promotes effective diuresis, relaxes the smooth muscles of the urinary tract by relieving their spasm as well as associated pain and colic, and acts as a urinary antiseptic. It is also reported to correct the crystalloid-colloid balance, act on the binding mucin of the urinary calculi and disintegrate the urinary calculi into smaller particles thus promoting their ejection. It has no chronic toxicity and can be used safely for prolonged periods.

TYPES OF CASES

Such reports prompted me to try Cystone tablets in burning micturition, cystitis, honeymoon cystitis, burning micturition with a previous history of sexual contact and urinary tract infections recurrent or resistant to antibiotics.

Burning micturition is a common complaint in summer. In this and other cases of cystitis and urinary tract infection, I have used Cystone tablets, 2 t.d.s. orally with plenty of oral fluids.

DOSAGE

Cystone tablets in the same dosage were used in all the cases of urinary tract infection and recurrent urinary tract infections resistant to antibiotics. Cystone was administered for varying periods of four to twelve weeks and continued for 2 to 4 weeks where necessary.

RESULTS

Results of Cystone therapy			
Complaints/Diagnosis	No. of cases treated	No. of cases cured	Percentage
Burning micturition	50	45	90.0%
Cystitis	15	13	86.6%
Honeymoon cystitis	10	10	100.0%
Urinary tract infection (UTI)	50	20 (Cystone alone)	40.0%
		30 (Cystone + Antibiotics)	60.0%
Recurrent UTI/resistant to antibiotics	15	11	73.3%

Forty five (90%) out of 50 cases of burning micturition got relief.

In 15 cases of cystitis, 13 (87%) were relieved with Cystone tablets, 2 t.d.s. for four weeks.

All ten cases (100%) of honey-moon cystitis were completely cured with Cystone tablets, 2 t.d.s. for two weeks.

Out of 50 cases of UTI, 30 (60%) were cured with Cystone and antibiotics, and 20 (40%) with Cystone alone, 2 tablets t.d.s.

In 15 cases of recurrent UTI resistant to antibiotics, 11 (73%) responded with Cystone only, 2 tablets t.d.s. given for 6 to 8 weeks.

The accompanying table summarises the results.

SUMMARY

Our results clearly show that there was a fairly satisfactory response with Cystone therapy in burning micturition, various types of cystitis, recurrent urinary tract infections and some cases of urinary tract infection with or without antibiotics.

There were no untoward effects on prolonged Cystone therapy.

Cystone is very useful in the therapy of urinary tract conditions.