

NVA IC SUPPORT GROUP NEWSLETTER
OF NOVEMBER, 1989

RE DR. PAUL FUGAZZOTTO'S TALK AND RESULTS OF HIS RESEARCH

Dr. Fugazzotto presented an extensive slide show demonstrating his laboratory technique and the results of his I.C. research. The following are the highlights of his talk:

In all other diseases, all you need to do is to identify the pathogen (disease producing bacteria). A certain number of colonies growing within 24 hours is not required. Therefore, Dr. F. believes, after 50+ years as a microbiologist that the criteria for a UTI infection of 100,000 colonies used by urologists is not valid. Even a 50,000 colony count can be valid.

If there are antibiotics in the urine, a washing procedure is necessary to see if bacteria are still present. Otherwise, the bacteria will be suppressed when cultured or will appear as bizarre vegetative growth due to mutation.

The first morning specimen is full of contaminants and therefore the worst specimen to use for culturing. If possible, wait 3 hours before taking true specimen and after thoroughly cleansing the perineal area (best done by showering) and then patting the area dry with Kleenex or hair dryer on low heat or no heat, just air.

100% of I.C. patients have pathogenic bacteria. 96.6% have either enterococcus (fecal strept) or Gaffkya – a small percentage have both.

Broth culture medium (moist environment) is needed to grow these bacteria (agar plates won't initially work).

I.C. is a "deep-seated" infection in the bladder wall requiring long-term (3 months to a year) treatment with antibiotics. In some people it may take as long as 2-3 years.

Treatment should continue until on decreasing dosage further, symptoms reoccur, antibiotics should be increased by one dose or even 1/2 dose until symptoms improve. Increase further dosages until desired result is obtained. Recheck broth culture within a week of beginning therapy to see if dosage is sufficient or too much and then repeat broth cultures at least monthly while on therapy. When off therapy, recheck every 2-3 months.

Side effects – change or decrease antibiotic. Yeast (*Candida albicans*) overgrowth should be treated concurrently and is not a reason for stopping antibiotic before bladder is completely healed.