

INTERSTITIAL CYSTITIS INFORMATION CENTER
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"Providing Hope for a Healthier Future"

"BACTERIA AND IC--BUT HOW CAN THAT BE WHEN MY URINE CULTURES ARE ALL NEGATIVE?"

by
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Bacteria and IC? How can that be? All my urine cultures are sterile (negative)! Therefore, even though it feels like a urinary tract infection (UTI) and acts like one (pain, frequency, urgency, etc.), it couldn't possibly be an infection, right? **WRONG!**

As early as 1927, microbiologists were culturing streptococcus from the walls of IC patients. However, their findings were largely ignored by urologists. Because bacteria could not be recovered in IC patients' urines on standard agar plate cultures, other causes and treatments have been sought. To complicate matters, the antibiotics given for 90% of urinary tract infections are for Gram negative bacteria. However, all the streptococcus family (including enterococcus or fecal strep) are Gram positive. Therefore even having tried or been treated with antibiotics that "didn't work" is no guarantee that you don't have bacteria.

So what's the answer? First of all, your urine needs to be cultured using a broth medium instead of agar plates. These Gram positive bacteria like water (hydrophilic) and just don't usually grow out well on agar plate cultures. A broth culture can be done by United Medical Lab in Mc Lean, VA also now uses Dr. Fugazzotto's washing and culturing techniques (703-356-4422), will submit through your insurance company for payment, but you need to call them to see how they handle the sending of your urine sample and report their findings which must be sent to a physician of your choice.

The best urine for culturing is collected by first flushing the urethra (start, stop - start, stop - start, stop) during your first morning urination. Then, in order to get concentrated urine, drink nothing and hold your urine as long as you can, for up to three hours (sometimes impossible, but coming close to that timeframe is best). Next, after either a shower or a good soap and water wash of the perineal area, collect a midstream specimen. **NOTE: Do not use antiseptic wipes; they can kill bacteria if washed into the specimen container (which should always be a sterilized one--Dr. F. sends you one with his kit).** Also, for some sitting on the toilet backwards may give more maneuvering room for specimen collection.

What do I do with the results? First of all, if you have bacteria, it can't be doing your bladder any good. Colony counts are ok if your infection is in the urine, but once the infection

has penetrated the bladder wall, recovering ANY pathogenic (disease-producing) bacteria is significant. This works much like a throat culture for strep throat; if the strep is present, you treat it whether you have one colony or 100 or 100,000. This principle also applies to treating Bacteria, p. 2

tuberculosis, trichomonas, syphilis, and most other infectious diseases. Next, you need to consider how to treat it. After an infection has become deep-seated in the bladder wall tissue, 10 days of antibiotics just aren't going to "fix" it. A trial of two to three months on the antibiotics is only a fair test.

My own experience with antibiotic treatment. For me, initially, the only indication of efficacy (what was working) was that the major flare-ups decreased, even though the pressure and frequency continued. After four months, I started sleeping through the night, which hadn't happened in six years. Finally, after about one year on the antibiotics, the pressure and frequency gradually went away.

During this time, I stayed on the IC diet, kept on a strict yeast prevention program, followed Hank Lier's nutritional supplement program for IC (434-315-0060 for info; 1-800-758-1494 for ordering: both numbers through Kay and Duane Benton, Hank's distributors. I also went to a counselor to resolve some dysfunctional issues/responses in my life. We also had my husband's semen checked and found that he too needed treatment. After two years I was able to taper off the antibiotics, my bladder wall healed, and now I eat "everything" without a problem. (Since then, I've had several "normal" urinary tract infections.) I still stay on Hank's vitamins and minerals and take extra buffered vitamin C and one grain of thyroid a day to keep my basal body temperature up to fight infection and boost my immune system.

The broth cultures still show enterococcus, which probably represents a carrier state. In the future, I may want to try two or three kinds of IV antibiotics in order to act synergistically to completely eradicate the bacteria.

I'm not convinced that my IC started with the infection, but it certainly was an opportunist with the damaged bladder wall and depressed immune system. IC is a complex medical problem and although longterm antibiotic treatment doesn't seem to help everyone (79% of 62 respondents nationally reported improvement - [from her 1992 earlier study with almost same results as CRC/ICIC 1997 Study]), it is a reasonable option before more invasive and potentially more harmful therapies are initiated.

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