

## Culture and Sensitivity; What Is Behind

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### Short Communication

One or two years before I were considering the test of culture and sensitivity C/S in all specimens including urine is the optimal test or the last measure act in reaching the diagnosis for any. Recently this idea had gone away completely not due to the unknown extent of false negative and positive activity of the antibiotics due to vivo and vitro affairs. It is due to a fact that the revealed bacteria are not the point of our mystery especially in chronic repetitive urinary tract infection which may end in renal failure. The bacteria mentioned in the result forma or paper are what I term them as "Bad face or Quarrelsome face" this means if someone with this adjective is a person who is sent by someone to another someone to e.g. collect a post-due dept the owner failed to have it in usual fashion, or better when a gang boss is behind the jail bars send his outside guys to perform actions planed by him. This later example is the most correct description to the fact I want to reach which is the bacteria in the C/S result are the extra-cellular bacteria ECB where as the real problem confined in the depth of the cells where the intra-cellular bacteria ICB reside. The cells of urinary tract lining or underneath.

Take this for example ( however I said recently ) I started to realize it may be got mature or hundred percent sure after accumulation of data that this idea is a fact. The example is; around ten years ago me and some surgeons and physicians went as a team of experts to some country to correct some health issue, three days post arrival one of our team which is a consultant urosurgeon asked for return home, I asked him what the cause could be, he replied with sadness that his mother suffer from chronic urinary tract infection and she is now tired so he need to find some solution especially it is resistant to recover. Really I laughed reflexly and told him we come to this country as expert to solve their problems while your mother had chronic UTI and you cannot put an end for it! He made no other response other than the first by saying in sad manner and his head inclined to the earth ' that is right I cannot help my mother further' then me as a friend try to help asked him " did you do C/S" he said yes, what was the result ? he replied E. coli. I commented that he should consider Brucellosis to treat his mother with because

Brucella is the ICB which sit inside the lining cells and make certain environment encourages the growth of certain biotic life and here we find E. coli as a " bad face" to mis-lead and direct our attention away from it. Certain environment conditions make a given growths like a damp room find into it spider webs which keeps increase as time passes.

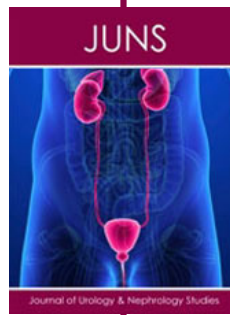
This consultant urosurgeon did not make any objection on my instruction and I felt some comfort from his side as if I gave some exit however I am neurosurgeon and were not a consultant at that time. From where this principle came for me! More than twenty years ago I adopted the digging into the biological basis of neurosurgical pathologies. At the beginning it was based on clinical trial treatment after pointing the that Brucella what is behind the symptomatology and hence the pathology behind clinical condition ( lab is not reliable as serological test where if negative all what we do is missing the patient's real problem to go to palliative and symptomatic measures) the results in my field were excellent starting with spine problems like low-back pain. As time and positive results pass on a new facts spring on earth like some other health problems that were accompany the treated issue faiding out to show in analysis the main issue and these faiding other health problems are mere pictures or more precisely are complications to the main health problem which in end one realizes it is a chronic or sub-acute bacterial systemic infection. As time passes more and more organs and tissues become involved. Lately PCR open tissue examination for Brucella proved that this idea is a fact where the results at the beginning were 25% positive for Brucella in my patients when the tissue where taken from Sacroiliac joint. Then around 60% positive when Trapezius muscle open biopsy was considered. By admitting screen molecular test with Micro-array and I enlisted around fifteen ICB now for direct sampling like spine and brain and so for my cases which biologically shows the other pathologies share similar. Urinary bladder cystoscope or renal biopsies for PCR screen may reveal this fact either. M. tb. And others are interpretation difficulty for me now where they emerge on my field.



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