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A Sequence of Errors in the Collection of Urine Tests Can Generate a Big Problem for Humanity

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Introduction

In my thirty-one years as a medical graduation at the State University of Londrina in Brazil, I almost never witnessed a patient who had collected correctly the urine to perform a urinalysis. With the rush in medical care and also by the laboratory staff, we realized that even if there is a collection routine printed on paper, patients still often collect wrongly and this way, causing serious damage to themselves because an altered exam usually takes the doctor to prescribe drugs with antibiotics, which could often be avoided if the urine exam were collected correctly, especially if the problem to be elucidated is a suspicion of a urinary infection. For this reason, I am writing this article to alert the medical profession to advise how to collect urine so that it does not become contaminated, which could result in an altered test, which in fact was supposed to be normal. I have taken patients in my daily medical practice in my clinic, where I come across mothers giving antibiotics to their children, as they were in the investigation of the loss of appetite in the child, where the doctor simply collects all possible exams and finds an altered urine culture positive, without the child having symptoms of urinary tract infection. Another 4-year-old patient had a recurrent urinary tract infection, having about one urinary tract infection per month. When questioning the mother about how she collected the urine material to be sent for examination, the mother said that she often did not have a request for an examination carried out by the doctor, and many times she did not wash the child's genitalia before collecting urine. I found out at the end of the consultation that the patient did not have a urinary tract infection but there was an infection in the external genitalia due to a lack of proper hygiene, making it burn when urinating. The lack of guidance from both the medical team and the laboratory team, regarding the need to properly collect the material, to avoid contamination, is rarely carried out in our environment, as guidance is explained to the patient or to those responsible for the patient it takes time and nowadays, people do not have time for these things, leading a patient who does not have a urinary infection to be diagnosed with a urinary infection and, worse, taking antibiotics unnecessarily, accusing a worsening of the state of energy, which is already very low, as I reported in the article written by me (2021) whose title is Energy Alterations and Chakras' Energy Deficiencies and Propensity to SARS-CoV-2 Infection, where I show that most of the patients that I have seen currently in my clinic in Brazil have no energy in the five massive internal organs, such as the Liver, Heart, Spleen, Lungs, and Kidneys [1]. This state of lack of energy is not only happening in my patients here in Brazil, but it is happening all over the world, globally, as this is being caused by chronic exposure to electromagnetic waves from the modernization of communication technology after the implementation of cell phones and computers, leading to the reduction of these energies, that are important for energy production for our normal functioning, such as energy to see, taste, smell, hear, and communicate, which are linked to the functions of the five massive internal organs described above [2]. What patients have doubts about is that they always ask if it has to be the first urine of the morning, but if the patient has symptoms of urinary infection, he can collect it at any time, taking care of hygiene [3]. In the case of children, the mother should clean the child's intimate parts, preferably with a local bath with soap and water, and dry with a clean towel, before collecting the urine. In the case of very young children where it will be necessary to place the collection bag, it should remain for a maximum of one hour and the area should be washed again with soap and water, before placing a new collection bag if the children do not urinate during this period [4]. The urine must be sent immediately to the laboratory or if there is no condition for

this, leave the urine bottle inside the refrigerator for maximum 2 hours. When I come across the various errors in the collection of patients when performing this simple test, I am not saying that it is not the mistakes of doctors in not properly guiding their patients when collecting, and, the most interesting thing that I come across observing in the guidelines of clinical analysis laboratories, that they guide the patient not to collect the first urine and the last, that is, to collect the middle urine. However, the most interesting thing is that they do not advise that they cannot stop urinating in this interval and that the patient has to collect the urine from the middle, placing the collection bottle in the middle of the stream, without stopping urinating. If the patient stopped urinating in this interval between the first and last jet, the urine becomes contaminated and many times the result can be positive, without the patient having a urinary infection. Therefore, through this editorial I come to express the need for doctors to spare a little time to explain to the patient how to proceed with the collection of urine so that it does not become contaminated and thus, we avoid the use of antimicrobials unnecessarily, increasing resistance to antibiotics for unnecessary use. If each one of us does our job, maybe we can face and reduce a little the use of antibiotics unnecessarily, due to the wrong collection when collecting urine for analysis.

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