

Frequent Urination without Infection or Prostate Enlargement: The Role of Acidic Urine and Natural Remedies

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Abstract

Frequent urination without underlying infection, prostate enlargement, or diabetes is a perplexing condition that affects many individuals and often goes undiagnosed or misdiagnosed. In many male patients, this symptom complex is mistakenly treated as chronic nonbacterial prostatitis, leading to prolonged use of medications such as antibiotics and alpha-blockers, with little to no lasting relief. This study explores an alternative perspective urinary acidity as a potential root cause of bladder irritation and frequent urination. In an informal assessment involving ten individuals, including the author, all participants had experienced persistent symptoms for 5 to 12 years despite various medical treatments. However, upon adopting a targeted dietary intervention focused on alkalizing the urine primarily through increased intake of leafy green vegetables such as raw spinach and cooked *sherli hon* (a local green, or *Brassica juncea*), and by avoiding acidic foods such as citrus fruits and processed items participants reported complete resolution of symptoms. These changes were made without the use of pharmaceutical medications. Notably, many individuals reported symptom onset after relocating to new geographic areas with different dietary patterns, suggesting a strong link between environmental dietary changes and urinary pH imbalance. The findings underscore the significance of urine alkalization through natural means as a simple, effective, and sustainable remedy for managing unexplained frequent urination. This approach offers a promising, non-invasive alternative that may improve quality of life for individuals who have not benefited from conventional treatments.

Keywords: Frequent urination; Non-infectious urinary symptoms; Dietary intervention; Environmental factors and urinary health; *Brassica juncea*

Abbreviations: UTI: Urinary Tract Infection; CPPS: chronic pelvic pain syndrome; pH: Potential of Hydrogen

Introduction

Frequent urination, particularly in the absence of an identifiable medical condition such as a urinary tract infection (UTI), prostate enlargement, or diabetes, can be both distressing and perplexing [1-3]. Patients often experience urgency, increased daytime and nighttime urination, and even bladder discomfort, yet standard clinical evaluations including urinalysis, prostate exams, and imaging fail to reveal any abnormalities [4, 5]. In such cases, the condition is frequently categorized as “idiopathic bladder irritation” or “non-specific urinary frequency.” One under-recognized but potentially significant factor contributing to these symptoms is the acidity of the urine [6-8].

Urine that is too acidic typically with a pH below 6 can irritate the lining of the bladder and urethra, triggering symptoms that closely mimic those of an infection or inflammation- burning, urgency, and frequent urination without any detectable bacteria or structural abnormalities [9]. In men, these symptoms often lead to a presumptive diagnosis of chronic nonbacterial prostatitis or chronic pelvic pain syndrome (CPPS) [10]. As a result, many male patients are prescribed medications such as alpha-blockers, anti-inflammatory drugs, or even multiple rounds of antibiotics, despite the absence of bacterial infection [10]. Unfortunately, these treatments often provide limited or no long-term relief because they do not address the root cause: the irritative effects of acidic urine [10].

Dietary habits are a major contributor to urine acidity. Regular consumption of coffee, alcohol, citrus fruits, red meat, processed foods, and carbonated beverages can lower urinary pH and exacerbate bladder sensitivity. Additional factors such as dehydration, stress, and certain medications may further concentrate the urine and worsen its acidity. This paper explores the overlooked relationship between acidic urine and frequent urination and presents natural, non-pharmacological approaches for symptom relief. By focusing on urine alkalization through dietary changes, hydration, and herbal remedies, individuals suffering from unexplained urinary frequency may find significant and sustainable improvement.

How Acidic Urine Causes Frequent Urination

Urine pH typically ranges from 4.5 to 8.0, with an optimal range around 6.0 to 7.0. When urine becomes excessively acidic (pH below 5.5), it can adversely affect the urinary tract in multiple ways:

Irritation of the bladder and urethral lining: Acidic urine can cause a burning sensation and a constant urge to urinate, mimicking symptoms of infection.

Erosion of the epithelial layer: Chronic exposure to low pH may weaken or inflame the protective lining of the urinary tract, increasing its sensitivity to even mild irritants.

Persistent inflammation: Long-term irritation may contribute to chronic inflammation of the bladder and, in men, potentially the prostate, exacerbating symptoms over time.

Primary Causes of Acidic Urine

Acid-forming diet

Excessive intake of acid-forming foods can significantly lower urine pH. These include:

- Coffee, alcohol, and carbonated beverages
- Processed meats and fried or greasy foods
- Citrus fruits (when consumed excessively), tomatoes, vinegar
- Refined sugars and white flour products

Inadequate water intake

Low fluid consumption leads to concentrated urine, which naturally becomes more acidic and irritating to the bladder.

Lack of alkaline foods

A diet low in alkaline-promoting foods such as leafy greens, fresh vegetables, and minerals like calcium, magnesium, and po-

tassium fails to buffer acidic waste, contributing to lower urine pH.

Stress and poor digestion

Emotional stress can increase stomach acid production, negatively affecting digestion and metabolic waste excretion, thereby altering urine pH toward acidity.

Heavy exercise and excessive sweating

Intense physical activity can lead to dehydration and electrolyte loss, concentrating urine and increasing its acidity. This is especially problematic in individuals who do not adequately rehydrate with water and mineral-rich fluids.

Methods for Natural Alkalization Protocol for Managing Frequent Urination

This observational study was conducted informally on ten individuals, including the author, all of whom experienced persistent urinary urgency and frequent urination for 5 to 12 years. These individuals had previously undergone various medical treatments, including antibiotics and medications for suspected nonbacterial prostatitis or overactive bladder, but saw no lasting improvement. Each participant voluntarily adopted a structured, natural dietary regimen designed to alkalize the urine and reduce bladder irritation.

The intervention began with a detailed explanation of the suspected role of acidic urine and digestion-related bladder irritation. Participants were asked to monitor their urine pH daily using a digital pH meter or pH strips, aiming to maintain a pH between 6.0 and 7.5.

A standard dietary schedule was followed, consisting of the following components:

Breakfast

A nutrient-rich, steamed vegetable mix including broccoli, carrots, turnips, asparagus, and red radish, blended with a small amount of milk. This was accompanied by Corn Chex cereal and oats, and a few sweet grapes to help balance the pH and support digestion.

Morning remedy (if symptoms aggravated or urine pH < 6.0)

A fresh vegetable juice composed of carrot, cucumber, spinach, green leaf lettuce, and red leaf lettuce, taken consistently each morning after breakfast until symptoms subsided. The vegetable pictures are shown in (figure 1) to help identify them because the local names may be different.

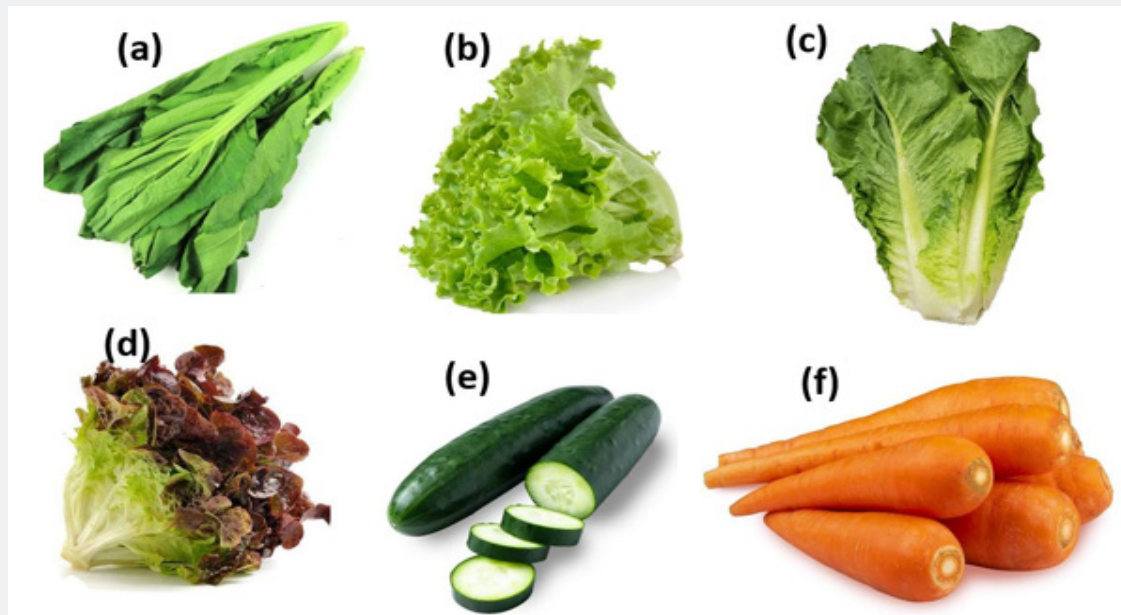


Figure 1: Juice components a) sherlihon, b) green leaf lettuce, c) Romanian lettuce, d) red leaf lettuce, e) cucumber and, f) carrot

Lunch

Began with a serving of steamed green leafy vegetables, particularly spinach or sherli hon (a locally available cooking green), followed by a bland, spice-free meal that is easy to digest. Participants were advised to avoid processed foods and acidic fruits such as citrus.

Dinner

Included vegetable juice, rice, and sherli hon, complemented by easily digestible foods. Evening meals were kept light to support digestion and nighttime urinary comfort.

Additionally, maintaining proper hydration throughout the day was emphasized as a critical component of the regimen. Participants were encouraged to drink water regularly to support urinary dilution and pH balance (be careful of the intake water

amount so that it does not overdilute your body). Light physical activity, such as walking or stretching, was recommended to promote overall well-being and digestive health, while heavy exercise and activities causing excessive sweating were avoided, as they were observed to exacerbate symptoms in some individuals.

Digestive health was emphasized, as participants frequently noted a strong correlation between gastrointestinal discomfort and worsening urinary symptoms. Minor quantities of sweet fruits such as grapes, apples, and watermelon were permitted to aid digestion and maintain pH balance without over-alkalizing the system. Participants followed this regimen daily and consistently reported a full disappearance of symptoms over time, with no recurrence as long as the schedule was maintained. The individualized adjustments and continuous urine pH monitoring were key to success. Results are shown in (table 1).

Table 1: Changes in Urine pH, Pain/Burning Sensation, and Urinary Frequency Over Time with Green Vegetable Juice Intake

Duration of Juice Intake	Urine pH	Pain or Burning Sensation (Scale 0-10)	Urinary Frequency (Daytime)
0 (Before starting juice)	5.0-5.5	10	Every 15 minutes
After 3 days	6	8	Every 30 minutes
After 10 days	6.5	4	Every 45 minutes
After 2-4 weeks	6.5-7.2	0	Every 60 minutes or longer
After 4-8 weeks	6.5-7.2	0	Every 90 to 120 minutes
After 8 weeks			
(with small amounts of sweet fruits)	6.5-7.0	0	Not precisely recorded; varies with water intake

(**strong advice:** avoid sugar and citrus fruits)

[**Note:** The green vegetable juice mixture consisted of cucumber (1 medium skin off), carrot (1 medium skin off), green lettuce leaves (4-5 leaves), and red lettuce leaves (4-5 leaves) blended with approximately 250-300 mL of water. Participants consumed this juice twice daily, typically once in the morning after breakfast and once in the evening. The volume of each serving was approximately 200-250 mL. Small amounts of sweet fruits (such as grapes, apple, or watermelon) were introduced after 8 weeks to aid digestion and maintain balanced urine pH.]

Hydration and Physical Activity

Maintaining a well-hydrated body was considered essential throughout the regimen. Participants were encouraged to drink water consistently during the day to help dilute urine and maintain a stable pH. Light physical activity, such as walking, gentle yoga, or stretching, was recommended to support digestion and overall health. However, a cautionary approach was taken toward heavy exercise or strenuous activities that lead to excessive sweating, as these were found to worsen urinary symptoms in several individuals. The combination of dehydration and physical stress appeared to aggravate bladder irritation and disrupt urine pH balance. Participants were advised to listen to their bodies, avoid overexertion, and focus on activities that promote gentle movement and relaxation.

Frequent urination and acidic urine are often linked to deeper imbalances in the body. Conditions such as stomach acidity, gastritis, and digestive disorders can increase the body's acid load, lower urine pH and irritating the bladder. Excessive sexual activity may also inflame pelvic tissues, which become more sensitive when exposed to acidic urine. Additionally, mineral deficiencies particularly in calcium, magnesium, and potassium reduce the body's ability to neutralize acids, further aggravating symptoms. These factors highlight the importance of maintaining proper digestion, hydration, mineral balance, and urine pH to effectively manage urinary urgency.

Conclusion

Frequent urination without infection or prostate enlargement can often be misdiagnosed and ineffectively treated due to a lack of understanding of its root causes. This study highlights the significant role of acidic urine in irritating the urinary tract, leading to symptoms that mimic chronic prostatitis or overactive bladder. Through observations involving ten individuals including the author who had suffered from persistent symptoms for years, it was found that dietary and lifestyle modifications aimed at alkalizing

the urine led to full resolution of symptoms without pharmaceutical intervention. The approach involved increased intake of alkaline-promoting foods, especially leafy green vegetables such as spinach and shirataki, routine urine pH monitoring, adequate hydration, and the avoidance of acidic foods.

Additionally, underlying issues such as digestive disorders, gastritis, mineral imbalances, and excessive physical or sexual activity were found to exacerbate symptoms by influencing the body's overall acid-base balance. Addressing these root factors not only improved urinary health but also supported general well-being. The findings suggest that frequent urination may, in many cases, be a symptom of systemic pH imbalance and can be effectively managed through natural, non-invasive strategies. This perspective offers a promising direction for individuals who have not responded to conventional treatments, emphasizing the importance of holistic approaches that restore internal balance and support long-term urinary health.

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