

OUR URINE

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[The writer compiles this article from various authoritative sources. The readers of THE LAHNEMANNIAN GLEANINGS very often complain that most of the articles published are theoretical and as such they find less interest. A homoeopathic physician, when he prescribes a remedy on the basis of totality of symptoms, fails to draw a right conclusion due to lack of knowledge in other disciplines. The writer will be happy if this article serves to throw light on the less meditated yet, very important aspect of homoeopathic prescribing].

Urine is purely an excretion, i.e. it does not serve any useful purpose and is thrown out from the body. This is opposite to secretion, like saliva, bile etc. which fulfils important objects in the maintenance of health.

The urine being separated or excreted solely from the blood, and being thrown out without serving any purpose in the living economy, must by simple reasoning, be supposed to contain ingredients from which the body ought necessarily to be freed, and which could not be retained without injury. Such proves to be the case, for complete suppression of the fluid cannot continue above a few hours without symptoms of narcotic poisoning being developed, and death ensuing if the function be not restored. Jaundice or bile pigmentation is a blood poisoning.

Urine consists of water holding in solution certain ingredients chiefly urea, uric acid, sodium and ammonium chlorides and mucus. It is the retention of urea in the blood which causes the symptoms of narcotic poisoning already alluded to, when the urinary excretion is suppressed. Above 14 gram on the average of urea is excreted in the urine of an adult in 24 hours. But in some cases when some rapid emaciation goes on, the proportion is greater. The urea being in fact a product formed from the used-up tissues of the body, i.e. wear and tear of the friction. Next in importance to the urea of the urine is its peculiar acid generally known as uric or lithic acid. It is this acid which when in excess constitutes gravel or sand which is so frequent in many persons. This acid exists partly in combination with ammonia forming what is known as the lithate or urate of ammonia.

In addition to these two principal and characteristic constituents, urine contains various animal and colouring matters, also hydrochloric, sulphuric and phosphoric acids in combination with lime, magnesia and soda, all these being derived from the blood. Moreover, there is always mixed with the urine a certain proportion of mucus derived from the bladder and urinary passages. Other ingredients not natural to it, are apt to be intruded into this fluid such as albumen of the blood or blood itself, pus, oxalic acid, sugar, bile, phosphates etc.

The average quantity of urine secreted by the kidneys of a healthy man in 24 hours is from 1200 to 1500 c.c., containing in solution 45 to 65 grams

of solid matter. Both fluid and solid matter as already stated are derived solely from the blood, probably for the sole purpose of being brought under the power of the excreting organs. Not only, however, do the kidneys separate the used up materials which have formed part of the organised frame they also hold off so to speak, and throw out from the blood many ill-digested and useless matters which have been derived from the food. From the above account it might not be surprising that the fluid varies at different times. Even within the limits of health, the variations are regular and almost periodic. When fluid meal is taken, the kidney secretes largely pale colour urine; but when solid food is taken the urine is darker in colour. If no heavy meal is taken just before retiring, the urine probably is a mean between that of the fluid and of the solid. That is why it is the best index to examine the morning urine.

Although subject to above variations, urine if perfectly healthy, ought to be transparent, not only when passed, but also when it becomes cool, a just perceptible cloud composed of healthy mucus being only visible at the bottom of the vessel. The colour ought not to be too dark, and the urine should be slightly acidic when examined by means of litmus paper. Blue litmus paper when dipped in urine will turn red if the urine is acidic. Red litmus paper when dipped, if turned blue, indicates alkaline. Normally, urine has an acid reaction, but in diseased condition it may have alkaline reaction.

The specific gravity of the urine should not vary greatly from the healthy average of 1.018 except for some obvious cause. In hot weather or climate generally when the action of the skin is too much increased, less fluid is drained from the blood by the kidneys. As the solids to be carried off by these glands still remain almost the same, the specific gravity of the smaller amount of fluid is proportionally increased. Further, we know that nervous individuals of both sexes, and especially hysterical females secrete very large quantity of colourless urine. Such variation cannot be considered to be the result of disease. But when permanent increase or diminution of the quantity of urine occurs, they show invariably diseased condition, as in diabetes, dropsy, Bright's diseases etc.

The principal points to be noted are: the normal amount of urine voided in 24 hours varies from 1200 to 1500 c.c. It is increased by excessive ingestion of liquid such as water, beer, milk etc., by cold and damp weather and other conditions interrupting perspiration, in diabetes, hysteria, in contracted kidney and waxy disease of kidney. It is decreased by ingestion of lesser quantity of fluid, in hot, dry weather, by excessive perspiration, in earlier stages of dropsy and in certain forms of Bright's disease.

Colour: Normal urine is amber coloured or slightly reddish-yellow; pale when excessive i.e. in diabetes; reddish, smoky or brownish in presence of blood; orange in jaundice, fever and hard muscular work; greenish or greenish-black if bile is present or carbolic acid or other coal tar derivations

(Continued on page 95)

OBITUARY

News has been received of the sad demise of Dr. Tareque Muinul Islam, a renowned homoeopathic physician of Chittagong, in Bangladesh on the 13th October 1979. He was killed in a scooter accident. Dr. Islam has done some work in the treatment of cancer through Homoeopathy and was editor of a quarterly homoeopathic journal which he had started. He was a delegate of the Govt. of Bangladesh to the International Homoeopathic Congress held in 1977 at New Delhi. He was a representative of the International Homoeopathic League for his country. The homoeopathic world is poorer without him.

May his soul rest in Peace!

OUR URINE

(Continued from page 90)

are taken; yellowish may also be due to presence of bile; milky is due to presence of fat, chyle or pus; blue seen at times in typhus fever or when methylene blue is administered; Opalescent when micro-organisms or suspended matters are present.

Odour: Normally aromatic; fruity if acetone is present; ammoniacal when decomposed; fragrant in diabetes mellitus; Foul in cystitis or retention with decomposition.

Density or specific gravity: Most conveniently ascertained by means of an instrument called urinometer which looks like a lactometer. The specific gravity is read from the top of the meniscus on a level with the surface of the urine in which the bulb is floating. The sp. grav. of normal urine varies from 1010 to 1020, but there are wide variations even in normal persons as explained before. In infants it is 1007 to 1012. The specific gravity is increased in diabetes mellitus, when less fluid is taken, when there is copious perspiration, in some cases of induration of kidneys and in diffuse nephritis. It is decreased in diabetes insipidus, in Bright's disease, by fasting, by taking too much fluids like barley water etc. Anything which increases the quantity of urine diminishes the specific gravity of urine.
