

## PYURIA

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Pyuria is derived from the Greek words *pyor*, meaning pus, and *ouron* meaning urine. A positive diagnosis is made by looking at the urine under the microscope and finding white blood cells, although quite often the appearance of the urine or the patient's symptoms will lead you to suspect the diagnosis. Sometimes the etiology of the pyuria is obscure or sometimes it does not seem wise or imperative that further studies be carried out to find the cause of the pyuria. Here are four cases with two things in common: pyuria and a family history of tuberculosis.

*Case 1*—C.S.B. is a 12-year-old girl with a history of two attacks of pyuria. Her first attack was in 1945, the second 1954. An intravenous pyelogram was negative in 1954. She was seen in my office on Sept. 15, 1955. In the family history, an aunt and uncle on her father's side died from tuberculosis and an uncle on her mother's side. The patient was small and thin, height 55½", weight 66 lb.; urine loaded with white blood cells and some red blood cells. Remedy: *Tuberculinum* 1 m.

9-20-55—Urine loaded with white blood cells.

9-23-55—Urine loaded with white blood cells.

9-27-55—Urine 5-6 WBC/hpf (high power field).

10-18-55—Urine 2-10 WBC/hpf.

1-13-56—Patient didn't get car sick as usual. Urine occasional WBC.

6-6-56—Stubbed toe. Remedy: *Arnica* 1 m.

1-28-57—Urine many epithelial cells and WBC. Height 59", weight 92 lb.

2-7-57—Urine clumps of WBC. Remedy: *Tuberculinum* 1 m.

3-28-57—Urine occasional WBC. Height 59½", weight 98 lb.

The patient was given *Tuberculinum* because of her family history. She had no subjective symptoms of pyuria. She had

been checked by several physicians and no cause for the pyuria could be found.

*Case 2*—V.L.S. is a 9-year-old girl seen on Sept. 3, 1956 with dark bleeding when urinating and stinging pains in her supra-public area after urinating. The patient had wet her bed several times over the last two weeks. Family history showed the mother had tuberculosis at age 9. Patient's urine was cloudy with bloody and white mucous shreds and 10 WBC/hpf without centrifuging. Remedy: *Berberis Vulgaris* 1 M.

9-4-56—The patient was admitted to the hospital for more studies. Blood urea nitrogen 43 mgm% (normal 12-15 mgm%). Repeated urinalyses showed WBC and RBC.

9-6-56—Remedy: *Tuberculinum* 1 M.

9-10-56—Patient continues to remain listless, urine many WBC.

9-14-56—Decided improvement noticed by parents in child's actions.

9-17-56—Urine no WBC or RBC.

10-1-56—No more bed wetting; urine cloudy, no WBC.

10-22-56—Feels fine; urine occasional WBC.

6-4-57—Urine 2-4 WBC/hpf.

*Case 3*—A.J.C. is an 80-year old man with Parkinsonism. On March 5, 1956 the patient complained of weakness, dysuria, frequency of urination and fever; urine showed many WBC. *Causticum* did not help and he was hospitalized. An urologist who was called in for consultation gave him Combiotic then Sulfose. Satisfactory recovery.

3-29-56—Remedy: *Plumbum* 1 M as a constitutional remedy.

12-29-56—Urinary frequency, dribbling, incontinence. Remedy: *Berberis* 6x without improvement.

1-2-57—Remedy: *Tuberculinum* 1 M.

1-4-57—Urine began to clear, but (impatiently) sulfose was given for 5 days.

1-7-57—Urine occasional WBC.

1-14-57—Urine looked cloudy; microscope showed more WBC. but the patient had no difficulty controlling urine. Remedy: *Tuberculinum* 1 M.

2-7-57—Urine clear.

3-7-57—Urine clear.

4-4-57—Urine albumin one plus which is intermittent; microscopic clear. Urine more frequent and less in amount at night. Good appetite, fair strength. Remedy: *Tuberculinum* 1 M.

The patient is seen only six months of the year and his family doctor at home has him on Artane and Thephorin (anti-histamine) for his Parkinsonism. Family history showed a brother had tuberculosis of hip.

*Case 4*—A.D. is a 75-year-old widow who has arteriosclerotic heart disease and hypertensive cardio-vascular disease. The patient has been obese and had pyuria for several years. After her decompensation was helped, her weight came down from 177 lb. in Jan. 1956 to 140 lb. in Feb. 1957. Although she should not weigh much over 140 lb., I did not want her to keep on losing weight. During the above time *Sulphur* 1 M was given in March, May, and Oct., 1956 with help to an intertriginous eruption and coated, brown, furry tongue but no help to the pyuria or her hypertension (180/110).

2-28-57—Remedy: *Tuberculinum* 1 M.

3-29-57—Urine many WBC and bacteria.

5-17-57—Urine 5 WBC/hpf.

Family history showed many uncles and aunts on her father's side who died of tuberculosis.

Some of these cases have shown more tubercular history in the family than others. *Case 1* showed tuberculosis in both parents' brothers and sisters. *Case 2* showed tuberculosis in the mother. *Case 3* showed tuberculosis in a brother. *Case 4* showed several cases of tuberculosis in her father's brothers and sisters. Tuberculosis can make the patient have an unstable basis for health which needs to be treated. Sometimes it is hard to know whether the acute remedy is needed or a constitutional which can act as an acute remedy at times.

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