



# A CASE OF CHYLURIA RESULTING FROM A CHYLO-LYMPHATIC MALFORMATION OF KIDNEY CURED WITH HOMOEOPATHIC MEDICINE: A CASE REPORT

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## ABSTRACT

**Background & Objectives:** Chyluria, is described as the passage of milky appearing white urine due to the presence of chyle. It results from one or more lymphorenal fistulae. Most frequently this is secondary to obstruction of the renal lymphatics, leading to forniceal rupture and leakage, with potential nutritional and immunological imbalance. Conditions such as parasitic infestation by *Wuchereria bancrofti* (filariasis), tuberculosis, retroperitoneal tumors and trauma may be implicated, but many cases are idiopathic. Conservative therapy with a medium-chain fatty-acid diet may be beneficial, but this is not curative. Endoscopic sclerotherapy has been proposed as a minimally invasive therapy, but this is invariably ineffective; furthermore, it can result in worsening of symptoms and potentially be fatal. Currently, open or laparoscopic surgical lymphatic disconnection of the affected kidney remains the mainstay of treatment of this difficult condition. Lymphovenous anastomosis, renal autotransplantation and nephrectomy have also been described as methods of surgical treatment. Role and scope of Homeopathy as an alternative to surgical line of treatment was demonstrated in a case of chyluria resulting from a chylo-lymphatic malformation of the kidney.

**Material and Methods:** The case was worked out with diagnostic investigations, clinical assessment.; studied with details of all aspects with evolutionary totality. Homoeopathic treatment along with recommended ancillary care was given.

**Result Interpretation and Conclusions:** The indicated remedy successfully cured the patient from chyluria.

**Scope and Significance of Results:** Chyluria resulting from chylo-lymphatic malformation of the kidneys has surgery as the mainstay of management thereby increasing the morbidity and mortality of the patients. A carefully selected homoeopathic remedy on the right principles rapidly and gently cures the patient. Thus homoeopathic system of medicine is a viable alternative to surgical management of such cases.

**Key Words:** Chyluria, Chylo-lymphatic Malformation, Homeopathy, Phosphoric acid

## INTRODUCTION

Chyluria is a condition where there is passage of milky, whitecolored urine due to the presence of chyle in the urine. Chyle is the milky fluid made up of lymph, albumin, emulsified fat and fibrin and is absorbed from the intestines by intestinal lacteals<sup>1</sup>. This condition is associated with spontaneous remissions and exacerbations<sup>1</sup>. This disease is rarely seen in developed countries, but it is not uncommon in poor and developing countries.<sup>1</sup>

There are various causes of chyluria and they are broadly divided into two groups, parasitic and non-parasitic<sup>1</sup>

### Parasitic –

- *Wuchereria bancrofti* (filariasis),
- *Taeniaechinococcus*,
- *Taenia nana*,
- *Anklylostomiasis*,
- *Trichiniasis*,
- Malarial parasites.

### Non-parasitic –

- Congenital,
- Lymphangioma of the urinary tract,
- Megalymphatica& urethral orvesical fistulae,
- Stenosis of the thoracic duct,
- Retroperitoneal lymphangiecatasia,

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- Traumatic lymphangiourinary fistulae,
- Obstruction to thoracic duct (tumor, granuloma, aortic aneurysm),
- Other causes (pregnancy, Diabetes, Tuberculosis, Abscess),
- Nephrotic Syndrome.

The mainstay of conservative therapy in chyluria is with a medium-chain fatty-acid diet<sup>1</sup>. This treatment may be beneficial, but this is not curative. Endoscopic sclerotherapy<sup>1,2</sup> and open and laproscopic surgery are the mainstay of treatment<sup>1</sup>. Other surgical measures include Lymphovenous anastomosis, renal autotransplantation and nephrectomy<sup>1</sup>.

In such cases, Homeopathy can play a major role as an alternative to surgical line of treatment. A case of chyluria resulting from a chylo-lymphatic malformation of the kidney is presented for highlighting the efficacy of homoeopathic treatment.

### CASE REPORT

A 25 years old, unmarried male, came to the out-patient department on 19<sup>th</sup> July 2011, complaining of passing milky urine since 4 months. He also had mild burning in the urethra during urination. He also had a dull aching pain in the right pubic region. Sometimes the pain is so bad that he could not stand. The frequency of urine had increased and the urine had an offensive odor.

Since the complaint had started, he was also experiencing marked weakness and because of the weakness he could not walk or do his work properly. There was no history of any trauma or fever.

Prior to visiting the out-patient department of the hospital, the patient had consulted a surgeon in private practice who had subjected him to some investigations, the results of which are as follows:

5 / 07 / 11

Lymphogram of the kidneys – Early visualization of Rt. Kidney confirms the presence of chylo-lymphatic malformations around the kidney.

Total Cholesterol – 221 mg/dl

VLDL – 76 mg/dl

Triglycerides – 380 mg/dl

Urine routine – Chyle++, Proteins ++, Blood ++

He also had sleeplessness since 4 months because of which he felt unrefreshed and had weakness and body ache on waking in the morning.

He was lean and thin and had a wheatish complexion.

His appetite, thirst, urine and stools were normal.

He had scanty perspiration on face.

The patient stayed with his wife, his parents and younger brother. Interpersonal relationship with family was good. He had few friends as he did not preferred to be in a company. He did not liked any quarrelling and would prefer to be as much quiet as possible.

He was Chilly+.

P/H – Nothing significant

F/H – Mother – Diabetes.

O/E –

P – 74/min.

B.P. – 130/84 mm.of Hg.

Rest – NAD

Diagnosis – Lymphatic malformation of Kidney with Chyluria

First Prescription – Phosphoric acid 200 b.d. for 7 days

The patient was advised to do Urine investigations routinely for assessment of follow ups.

The follow ups of the patient along with the second prescriptions are given in Table 1.

Routine Urine investigations are given in Table 2.

**Table 1: Follow ups**

Follow up	26 / 7 / 2011	5 / 8 / 2011	23 / 8 / 2011	27 / 9 / 2011
Urine	Chyle worse morning, gets better as day progresses. Burning while passing urine – Better	Urine – whitish only in morning. No pain while passing urine.	Urine color – Normal, no chyluria	Normal
Weakness	Better	Much better	No	No
Sleep	Better and refreshing	Much better	Normal	Normal
Remedy Prescribed	Phosphoric acid 200 b.d.	Phosphoric acid 200 b.d.	Phosphoric acid 200 b.d.	Placebo

**Table 2: Routine Urine investigations**

Urine Routine	5 / 7 / 2011	26 / 7 / 2011	5 / 8 / 2011	23 / 8 / 2011	27 / 9 / 2011
Color	Chyle++	Chyle	Yellow	Yellow	Pale Yellow
Appearance	Milky	Milky	Hazy	Slight Hazy	Clear
Proteins	++	Trace	Trace	Absent	Absent
Pus cells	Plenty	10-12/hpf	6-8/hpf	2-3/hpf	0-1/hpf
Blood	++	Trace	Absent	Absent	Absent
RBC	8-10/hpf	2-3/hpf	Nil	Nil	Nil

## DISCUSSION

Chyluria has been recognized since the time of Hippocrates (400B.C.)<sup>1</sup>. The most common clinical symptom is passage of milky urine in majority of cases. Patient can also present with other symptoms like chylous clot, bloody and milky urine, dysuria, frequency, urgency and urinary retention. Constitutional symptoms include weight loss, low-back ache, fever, chills and hydrocele. These symptoms may last as long as 2- 11 years. The disease is seen more in common in males than in females<sup>1</sup>. Non-parasitic chyluria carries a very good prognosis and is usually managed by conservative line of treatment<sup>3</sup>.

In the above presented case report, the patient presented predominantly with a complaint of chyluria due to chylo-lymphatic malformation. There were not many characteristic symptoms present in the case. The only feature present with the chyluria was marked weakness. Boger's approach was used in this case as pathological symptom was seen prominently. Phosphoric acid was prescribed to the patient after a thorough study of the remedy from different books of *Materia Medica*<sup>2,3</sup>. The remedy was prescribed in 200C potency with frequent repetition as the susceptibility of the case was not high and prescription was based on pathological symptoms. As reported in Table 1 and Table 2, the chyluria cleared after approximately 1 and ½ months of treatment without any side effects or trouble to the patient.

## CONCLUSION

The case report presented above highlights the use of homeopathic mode of treatment in such difficult cases. Homeo-

pathic mode of treatment can be a successful alternative to allopathic and surgical management of chyluria.

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