

**ISSN 2347-5579** 

**Unique Journal of Medical and Dental Sciences** 

Available online: <u>www.ujconline.net</u>

**Research Article** 

# A STUDY ON ABNORMAL CONSTITUENTS OF URINE IN DIABETIC PATIENTS

Salma Mahaboob R<sup>1\*</sup>, Madan Mohan Rao M<sup>2</sup>, Obulesu G<sup>3</sup>

<sup>1</sup>Lecturer, Department of Biochemistry, Fathima Institute Of Medical Sciences, Kadapa. A.P, India <sup>2</sup>Assistant Professor, Department of General Medicine, Rajiv Gandhi Institute of Medical Sciences, Kadapa, A.P, India <sup>3</sup>Lecturer, In Microbiology, Fathima Institute Of Medical Sciences, Kadapa. A.P, India

Received: 11-09-2014; Revised: 09-10-2014; Accepted: 07-11-2014

\*Corresponding Author: Salma Mahaboob R Lecturer, Department of Biochemistry, Fathima Institute of Medical Sciences, Kadapa, A.P, India

## ABSTRACT

Aim: To study the Abnormal Constituents of urine in Diabetic Patients.

**Objective:** Many substances such as glucose, proteins, amino acids,etc are present in trace amounts in normal urine ,presence of these substances is suggestive of underlying pathological condition, and other diseases like diabetes.

Materials and Methods: To identify urinary sugar Benedicts Test, for ketone bodies Rotheras Test.

**Results:** Ketone bodies are elevated in hyper glycemic condition.

Keywords: Diabetes mellitus, abnormal constituents, diabetic ketoacidosis,

### **INTRODUCTION**

Urine is the excretory waste product formed by the kidney. It reflects the overall metabolic and kidney functions of the body. Its analysis, therefore, is important in evaluating kidney functions as well as in the diagnosis of many other diseases. Urine of normal healthy individuals has definite physical properties and chemical composition. However in many diseases the properties of urine and its composition changes. Several new metabolites indicating the presence of specific which do not appear in urine. Such metabolites which do not appear normally in urine are called abnormal constituents. In normal urine sample many substances such as glucose, proteins, amino acids, etc are present in trace amounts. They escape detection due to the low sensitivity of the tests employed. An increase in urinary output occurs in diabetes mellitus and diabetes insipidus, or after administration of certain drugs like digitalis, salicylates or diuretics<sup>1</sup> Diabetes mellitus (DM) also known as simply diabetes, is a group of metabolic diseases in which there are high blood sugar levels over a prolonged period<sup>2</sup>. This high blood sugar produces the symptoms of frequent urination, increased thirst, and increased hunger. Untreated, diabetes can cause many complications<sup>3</sup>. Acute complications include diabetic ketoacidosis and nonketotic hyper osmolar coma<sup>4</sup>. Serious long-term complications include heart disease, stroke, kidney failure, foot ulcers and damage to the eyes<sup>3</sup>. People (usually with type 1 diabetes) may also experience episodes of diabetic ketoacidosis, a type of metabolic problems characterized by nausea, vomiting and abdominal pain, the smell of acetone on the breath, deep breathing known as Kussmaul breathing, and in severe cases a decreased level of consciousness<sup>18</sup>. Ketones in urine: When ketones are found during a urine test, further investigation is required to ascertain your true health status. Using a urine test is a quick and inexpensive way to check for ketones in your urine, and is one of our test kit products that can be done in the privacy of your home.

## **MATERIALS AND METHODS**

In diabetes mellitus mainly glucose and ketone bodies are elevated. For detecting these substances first collect the urine sample from diabetic patients.

#### How the Test Is Performed

The test requires a clean catch urine sample.

To obtain a clean catch sample, men or boys should clean the head of the penis. Women or girls need to wash the area between the lips of the vagina with soapy water and rinse well. As you start to urinate, allow a small amount to fall into the toilet bowl to clear the urethra of contaminants. Then, put a clean container under your urine stream and catch 1 to 2 ounces of urine. Remove the container from the urine stream. Cap and mark the container and give it to the health care provider or assistant.

Unique Journal of Medical and Dental Sciences 02 (04), Oct-Dec 2014

For infants, thoroughly wash the area around the urethra. Open a urine collection bag (a plastic bag with an adhesive paper on one end), and place it on the infant. For boys, the entire penis can be placed in the bag and the adhesive attached to the skin. For girls, the bag is placed over the labia. Diaper as usual over the secured bag.

This procedure may take a couple of attempts -- lively infants can displace the bag. The infant should be checked frequently and the bag changed after the infant has urinated into the bag. The urine is drained into the container for transport to the laboratory.

Urine ketones are usually measured as a "spot test" using a dipstick coated with chemicals that react with ketone bodies. The dipstick is dipped in the urine sample, and a color change indicates the presence of ketones.

### How to Prepare for the Test

You may have to eat a special diet, and you should stop taking any drugs that may affect the test.

If the collection is being taken from an infant, you may need extra collection bags.

### How the Test Will Feel

The test involves only normal urination, and there is no discomfort.

#### Why the Test Is Performed

Ketone testing is most often done if you have type 1 diabetes and:

- Your blood sugar is higher than 240 mg/dL
- You have an illness such as pneumonia, heart attack, or stroke
- Nausea or vomiting occur
- You are pregnant<sup>[19]</sup>
- TEST FOR GLUCOSE

### Urine test

- Collect a urine sample in a clean container.
- Follow the manufacturer's directions on the bottle of test strips or tablets.

Avoid getting toilet paper, public hair, stool, menstrual blood, or other foreign matter in the urine sample.

This is detected by Benedicts test

## **TEST FOR GLUCOSE**

IEST FOR GLUCOSE			
TEST	OBSERVATION	INFERENCE	
Benedicts test: 5ml of benedicts reagent and 8 drops of urine.Boil for 2 minits over a small flame.	Light green,yello,orange or brick red ppt is seen	Presence of reducing sugars in general especially glucose the colour is suggestive of apporoximate amount of glucose in urine.(green 0.5%,yellow 1%,orange 1.5%, brick red 2%)and is due to the formation of enediol in alkaline medium which reduces Cu++ to CuOHand than to CuO <sup>[11]</sup> .	

#### **TEST FOR KETONE BODIES. Urine test**

- Collect a urine sample in a clean container.
- Follow the manufacturer's directions on the bottle of test strips or tablets.

Avoid getting toilet paper, pubic hair, stool, menstrual blood, or other foreign matter in the urine sample.

Acetone, acetoacetate and  $\beta$ -hydroxy butyric acid are know as ketone bodies.Rotheras testis a test of ketones and hence detect the presence of acetone and acetoacetate which have ketone groups. In Rotheras test sodium nitroprusside reacts with ketones forming a purple coloured complex in presence of ammonia.

### **TEST FOR KETONE BODIES**

TEST	OBSERVATION	INFERENCE
Ketone bodies :		
Rotherastest : 5ml of urine is saturated with solid ammonium		
sulphate, a little at a time with mixing to saturate the	Permanganate pink coloured ring is	Presence of acetone, aceto
soluction. Add a pinch of sodium nitro prusside. Mix gently	formed at the junction.	acetic acid. <sup>[1]</sup>
and add 1ml of strong NH3 drop wise along the side of the		
test tube.		

### RESULTS

Positive Benedicts test usually indicates glucose. When performed by taking benedicts reagent and urine sample in specific ratio of 5ml and 8.0 drops respectively,the test becomes semi quantitative i.e it indicates the amount of sugar present in urine sample depending upon the coloure.g .Green colour – upto 0.5g%, Green ppt, - 0.5-1g%,Yello ppt – 1-1.5g%,Orange ppt – 1.5-2g%,Red ppt -  $22g\%^{[1]}$ .

Normal Results For ketone bodies

A negative test result is normal.

Normal value ranges may vary slightly among different laboratories. Some labs use different measurements or test different samples. Talk to your doctor about the meaning of your specific test results.

### What Abnormal Results Mean

An abnormal result means you have ketones in your urine. The results are usually listed as small, moderate, or large as follows:

- Small:
- Moderate: 30 40 mg/dL
- Large: > 80 mg/dL<sup>[19]</sup>

### DISCUSSION

Positive Benedicts test usually indicates glucose. Glucosuria occurs in mainly during diabetis mellitus and renal diabetes. Positive reaction can also seen due ntolactosuria in pregnancy and lactation,due to galactose in galactosuria,pentose in pentosuria, etc and the identification of different sugars may be established byother relevant tests.

Acetone, acetoacetate and  $\beta$ -hydroxy butyric acid are know as ketone bodies. These ketone bodies are present in the urine this may be due to diabetic ketoacidosis, a problem that occurs in people with Type 1 diabetes. It occurs when the body cannot use sugar (glucose) as a fuel source because there is little or no insulin. Fat is used for fuel instead.

An abnormal result may also be due to:

- Abnormal food or nutrition intake due to:
- Anorexia
- Fasting
- High protein or low carbohydrate diets
- Starvation
- Vomiting over a long period of time
- Disorders of increased metabolism
- Acute or severe illness
- Burns
- Fever
- Hyperthyroidism
- Nursing a baby (lactation)
- Pregnancy

### **CONCLUSION**

Urine is the excretory waste product formed by the kidney, it reflects the overall metabolic and kidney functions of the body. Its analysis, therefore, is important in evaluating kidney functions as well as in the diagnosis of many other diseases. In diabetes mellitus glucose and ketone bodies are elevated that condition is called as Diabetic keto acidosis.

### ACKNOWLEDGEMENTS

We acknowledge of Honorable.. A.Q JAVVAD, The Secretary and Correspondent, Fathima Institute of Medical Sciences, Kadapa, A.P

### **REFERENCES**

- 1. Gupta SK, Veena Singh Ghalaut, Anjujain Manual of Practical Biochemistry. Second edition 2012.
- 2. About diabetes. World Health Organization. Retrieved 4 April 2014.
- Diabetes Fact sheet N°312". WHO. October 2013. Retrieved 25 March 2014.
- 4. Kitabchi AE, Umpierrez, GE, Miles JM, Fisher JN (Jul 2009). Hyperglycemic crises in adult patients with diabetes. Diabetes Care, 2009; 32 (7): 1335–43.
- David G. Gardner, Dolores. Shoback, Greenspan's basic & clinical endocrinology (9th ed.). New York: McGraw-Hill Medical. 2011; 17.
- RSSDI textbook of diabetes mellitus. (Rev. 2nd ed. ed.). New Delhi: Jaypee Brothers Medical Publishers. 2012. p. 235.

- 7. The top 10 causes of death Fact sheet N°310". World Health Organization. Oct 2013.
- Richard S. Irwin, James M. Rippe, Manual of intensive care medicine (5th ed. ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins. 2010; p. 549.
- Picot J, Jones J, Colquitt JL, Gospodarevskaya E; Loveman E; Baxter L; Clegg AJ. The clinical effectiveness and cost-effectiveness of bariatric (weight loss) surgery for obesity: a systematic review and economic evaluation". Health technology assessment (Winchester, England), 2009; 13 (41): 1– 190, 215–357.
- 10. Cash, Jill. Family Practice Guidelines (3 ed.). Springer Publishing Company, 2014; p. 396.
- 11. Williams textbook of endocrinology (12th ed.). Philadelphia: Elsevier/Saunders. pp. 1371–1435.
- Shi, Yuankai; Hu, Frank B. "The global implications of diabetes and cancer. The Lancet, 383 (9933): 1947–1948. doi:10.1016/S0140-6736(14)60886-2.
- Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M, Shibuya K, Salomon JA, Abdalla S, Aboyans V, et al. Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990-2010: a systematic analysis for the Global Burden of Disease Study 2010.".Lancet, 2012; 380 (9859): 2163–96.
- 14. IDF Diabetes Atlas (6 ed.). International Diabetes Federation. 2013. p. 7.
- 15. International Diabetes Federation: Diabetes Atlas". Retrieved 4 April 2014.
- International Diabetes Federation: Diabetes Atlas". Retrieved 4 April 2014.
- 17. American Diabetes, Association (Apr 2013). "Economic costs of diabetes in the U.S. in 2012.".Diabetes Care, 2013; 36 (4): 1033–46.
- Cooke DW, Plotnick L (November 2008). "Type 1 diabetes mellitus in pediatrics". Pediatr Rev29 (11): 374–84; quiz 385.
- Inzucchi SE, Sherwin RS. Type 1 diabetes mellitus. In: Goldman L, Ausiello D, eds. Cecil Medicine . 24th ed. Philadelphia, Pa: Saunders Elsevier; 2011: chap 247.
- Cukierman, T. Cognitive decline and dementia in diabetes—systematic overview of prospective observational studies. Springer-Verlag. Retrieved, 2005; 28 Apr 2013.
- 21. Lambert P, Bingley PJ (2002). "What is Type 1 Diabetes?. Medicine, 2002; 30: 1–5.
- 22. Rother KI. Diabetes treatment—bridging the divide. The New England Journal of Medicine, 2007; 356 (15): 1499–501.
- 23. Merck Publishing."Diabetes Mellitus (DM): Diabetes Mellitus and Disorders of Carbohydrate Metabolism: Merck Manual Professional". April 2010. Retrieved 2010-07-30.
- 24. Dorner M, Pinget M, Brogard JM. Essential labile diabetes". MMW Munch Med Wochenschr (in German), 1977; 119 (19): 671–4.

Unique Journal of Medical and Dental Sciences 02 (04), Oct-Dec 2014

- 25. Risérus U, Willett WC, Hu FB. Dietary fats and prevention of type 2 diabetes". Progress in Lipid Research, 2009; 48 (1): 44–51.
- Malik VS, Popkin BM, Bray GA, Després JP, Hu FB (2010-03-23). "Sugar Sweetened Beverages, Obesity, Type 2 Diabetes and Cardiovascular Disease risk". Circulation121 (11): 1356–64.
- Malik VS, Popkin BM, Bray GA, Després JP, Willett WC, Hu FB (November 2010). "Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes: A meta-analysis". Diabetes Care33 (11): 2477–83. doi:10.2337/dc10-1079. PMC 2963518. PMID 20693348.
- 28. Hu EA, Pan A, Malik V, Sun Q. White rice consumption and risk of type 2 diabetes: meta-

analysis and systematic review. BMJ (Clinical research ed.), 2012; 344: e1454.

- 29. Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. The Lancet, 2012; 380 (9838): 219–29.
- National Diabetes Clearinghouse (NDIC): National Diabetes Statistics 2011". U.S. Department of Health and Human Services. Retrieved 22 April 2014.
- Definition, Diagnosis and Classification of Diabetes Mellitus and its Complications" (PDF). World Health Organisation. 1999.

Source of support: Nil, Conflict of interest: None Declared