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## HOMEOPATHIC MANAGEMENT OF NEPHROTIC SYNDROME IN A 6-YEAR-OLD GIRL: A CASE REPORT

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### Abstract

Nephrotic syndrome, characterized by significant proteinuria, edema, and hypoalbuminemia, is a common pediatric condition with a substantial global burden. While conventional treatment involves corticosteroids, which often lead to relapses, homeopathy offers an individualized, holistic approach that addresses both acute symptoms and constitutional predispositions. This case study details the successful management of nephrotic syndrome in a 6-year-old girl using homeopathic remedies, resulting in sustained remission and discontinuation of conventional steroids and showing the potential of homeopathy in managing complex pediatric conditions like nephrotic syndrome.

### Keywords:

Nephrotic syndrome, Homeopathy, Proteinuria

### Introduction

Nephrotic syndrome is a clinical condition primarily affecting children, characterized by heavy proteinuria, hypoalbuminemia, hyperlipidemia, and edema. The condition may be idiopathic or secondary to other diseases. It often presents with swelling around the eyes, which may progress to generalized edema. Complications can include infections, thromboembolism, and chronic kidney disease if not managed effectively. The conventional

treatment typically involves corticosteroids, which can lead to side effects and relapses. Homeopathy, with its individualized approach, seeks to treat the underlying constitutional tendencies, offering a gentler alternative with fewer side effects.

### **Case Profile**

A 6-year-old girl presented with a history of generalized swelling, which began with edema in the upper eyelids and progressively spread to the limbs. Her medical history revealed that two months prior, she had experienced a bout of fever followed by a urinary tract infection (UTI). Subsequent investigations led to a diagnosis of nephrotic syndrome, characterized by significant proteinuria (2+ to 3+, indicating 100-300 mg/dL of protein in the urine) and associated kidney infection.

Upon diagnosis, she was prescribed allopathic medications, which initially provided relief. However, her symptoms, including the swelling, would return whenever the medication was discontinued. Over time, her condition was further complicated by vomiting, pain in the lower limbs, and moderate fever. These symptoms were accompanied by an increase in weight due to fluid retention, a common manifestation of nephrotic syndrome. Her urine flow remained continuous and normal in quantity and color, with no associated pain. The swelling began primarily on the face and extended to the limbs, particularly worsening when the medications were paused. Additional symptoms included generalized weakness and persistent swelling, particularly around the eyelids, which spread to the limbs.

### **Physical Generals**

**Diet:** Regular intake of 3 meals per day.

**Appetite:** Normal.

**Desire:** Spicy foods, chips, chocolates, sweets, curd, and milk.

**Aversion:** Paneer, vegetables, ice cream.

**Thermal Reaction:** Hot.

**Thirst:** Decreased, drinks only when prompted by her mother, about 4 glasses/day.

**Stools:** Regular and satisfactory.

**Urine:** Continuous flow, normal quantity, normal color, no pain.

**Perspiration:** Less, no odor or staining.

**Sleep:** Good, 9-10 hours per day, sound, refreshing, prefers sleeping on the abdomen.

**Dreams:** Many dreams, but no specific recollections.

### **Examination**

Edema: Observed in the face and limbs.

General Physical Examination: Swelling predominantly around the eyes, spreading to the limbs when medication was halted.

### **Mental Generals –**

Obedient and mild-mannered child, not particularly obstinate. She is generally cheerful, with no significant fears. Her father's words describe her as someone who prefers to stay within the family circle. She exhibits a normal temperament with no prominent mental stressors or anxieties.

**Past History:** UTI at 9 months of age

### **Family History**

Father: Acidity.

Paternal Grandmother: Diabetes mellitus.

Brother: Healthy, younger.

**Selection of Remedy** was done on the basis of Banerjee protocols

Lycopodium 30 & Bryonia 30

### Miasmatic approach

| Symptoms                     | Psora | Sycosis | Syphilis | Tubercular |
|------------------------------|-------|---------|----------|------------|
| Proteinuria                  | ✓     |         |          |            |
| Thirstlessness               | ✓     |         |          |            |
| Swelling of upper eyelids    |       | ✓       |          |            |
| Edema (generalized swelling) |       | ✓       |          |            |

### **Materials and Methods**

Banerjee protocols

## Results - Month wise follow-up progress

| Month          | Progress  | Prescription                                       |
|----------------|---|--|
| 1st Month      | Reduced edema, urine protein decreased to 2+.     | Pulsatilla 30                                      |
| 2nd Month      | No swelling, proteinuria 1+.                      | Lycopodium 30 & Bryonia 30                         |
| 3rd Month      | Edema resolved, proteinuria nil.                  | Lycopodium 30 & Bryonia 30                         |
| 4th Month      | Sustained improvement.                            | Lycopodium 30 & Bryonia 30                         |
| 5th-12th Month | No recurrence of symptoms, normal urine findings. | Continued monitoring, no additional remedy needed. |

## Discussion & Conclusion

This case illustrates the effective management of nephrotic syndrome in a pediatric patient using homeopathic treatment. The selected remedies, addressed both the acute and chronic manifestations of the disease, leading to sustained remission. The constitutional approach, coupled with careful monitoring, allowed for the gradual withdrawal of allopathic steroids without relapse.

## The transformation

| BEFORE TRANSFORMATION   |                       |                    |                      | AFTER TRANSFORMATION  |                     |                   |                     |
|---|-----------------------|--------------------|----------------------|---|---------------------|-------------------|---------------------|
| Lab No.   | Age Status            | Ref By             | Reported             | Lab No.   | Age Status          | Ref By            | Reported            |
|   | P                     | Dr. ADITI MUKHARJE | 23/10/2017 5:10:17PM |   | P                   | Dr. TUSHAR MITTAL | 2/10/2019 1:23:28PM |
| Test Name   | Results               | Units              | Bio. Ref. Interval   | Test Name   | Results             | Units             | Bio. Ref. Interval  |
| URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy) |                       |                    |                      | URINE EXAMINATION, ROUTINE; URINE, R/E (Automated Strip Test, Microscopy) |                     |                   |                     |
| <b>Physical</b>   |                       |                    |                      | <b>Physical</b>   |                     |                   |                     |
| Colour  | Light Yellow          |                    | Pale yellow          | Colour  | Slight Lemon Yellow |                   | Pale yellow         |
| Specific Gravity  | <=1.005               |                    | 1.001 - 1.030        | Specific Gravity  | 1.010               |                   | 1.001 - 1.030       |
| pH  | 7                     |                    | 5.0 - 8.0            | pH  | 6.5                 |                   | 5.0 - 8.0           |
| <b>Chemical</b>   |                       |                    |                      | <b>Chemical</b>   |                     |                   |                     |
| Proteins  | Present 4+ (1.0 g/dL) |                    | Nil                  | Proteins  | Nil                 |                   | Nil                 |
| Glucose   | Nil                   |                    | Nil                  | Glucose   | Nil                 |                   | Nil                 |
| Ketones   | Nil                   |                    | Normal               | Ketones   | Nil                 |                   | Nil                 |
| Bilirubin   | Nil, mixed            |                    | Negative             | Bilirubin   | Nil                 |                   | Nil                 |
| Urobilinogen  | None, white           |                    | Nil                  | Urobilinogen  | Normal              |                   | Normal              |
| Leucocyte Esterase  | Negative              |                    | Negative             | Leucocyte Esterase  | Negative            |                   | Negative            |
| Nitrite   | Negative              |                    | Negative             | Nitrite   | Negative            |                   | Negative            |
| <b>Microscopy</b>   |                       |                    |                      | <b>Microscopy</b>   |                     |                   |                     |
| R.B.C.  | 2-3 WBC/HPF           |                    | Few                  | R.B.C.  | Nil                 |                   | Nil                 |
| Pus Cells   | Granular 14-16 LPP    |                    | Nil                  | Pus Cells   | Nil                 |                   | Nil                 |
| Epithelial Cells  | Nil                   |                    | Nil                  | Epithelial Cells  | Nil                 |                   | Nil                 |
| Casts   | Nil                   |                    | Nil                  | Casts   | Nil                 |                   | Nil                 |

23<sup>rd</sup> Oct 17 – Protein present 4+

2<sup>nd</sup> Oct 19 – Protein NIL

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