

Nephrotic syndrome treated with homoeopathy: An evidence-based case-report

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Abstract

Introduction: Nephrotic syndrome (NS) is a glomerular disorder characterised by peripheral oedema, heavy proteinuria and hypoalbuminemia, often hyperlipidaemia. Patients generally present with oedema and fatigue. Complementary and alternative therapies have been widely used in the treatment of NS. The homoeopathic treatment for NS could be a safer approach to treating the disease.

Case Summary: This is the case of a 32-year-old man who presented with NS with membranous nephropathy and was successfully managed with individualised homoeopathic medicine, *Natrium Sulphuricum* over 1 year. The case was followed up with documentation of clinical symptoms and investigation reports findings. Changes in the health status of the patient were measured by the 'outcome in relation to impact on daily living instrument' (ORIDL).

Keywords: Modified Naranjo algorithm, Natrum sulphuricum, Nephrotic syndrome, Outcome in relation to impact on daily living instrument, Spot urine sample

INTRODUCTION

Nephrotic syndrome (NS) is a group of symptoms presenting with heavy proteinuria, minimal haematuria, hypoalbuminemia, hypercholesterolemia, peripheral oedema and hypertension. The diagnostic criteria of NS are: Proteinuria of >3–3.5 g/24 h or spot urine protein: Creatinine ratio of >300–350 mg/mmol, serum albumin <25 g/L and severe hyperlipidaemia with total cholesterol often >10 mmol/L.^[1,2] The annual incidence of NS in adults is three per 100,000.^[2] NS may affect children and adults of all ages, occurring either as a primary renal disorder or as a manifestation of systemic disease, malignancy, or the unintended consequence of medication.^[3] Focal segmental glomerulosclerosis has emerged as the most typical cause of adult NS. At the same time, minimal change disease is the most common cause of NS in children in the recently published data from around the world.^[4] Membranous nephropathy (MN) is the most common cause of NS in whites and focal segmental glomerulosclerosis is most common in blacks; each of these disorders accounts for approximately 30–35% of NS cases in adults.^[5] NS is categorised as primary, secondary and miscellaneous ones. Primary includes minimal change nephritic syndrome, focal segmental glomerulosclerosis, MN

and mesangio-capillary glomerulonephritis. Secondary NS includes different kinds of infections.

The case report presented here is a diagnosed case of NS primarily resulting from MN. The diagnosis was made by kidney biopsy done on 29 October 2018. The aetiology of approximately 75% of MN cases is idiopathic. Secondary causes of MN are autoimmune diseases, infection, drugs and malignancy. MN's pathogenesis involves forming an immune complex in subepithelial sites, but the definite mechanism is still unknown.^[6] In NS, the glomeruli are affected by an inflammation, that increases glomerular permeability to large molecules, mostly albumin but other plasma proteins too, such as antithrombin or the immunoglobulins to pass through the cell membrane and appear in the urine. Proteinuria causes a fall in serum albumin; decreased level of plasma albumin causes oedema formation as albumin is the main protein in the blood that can maintain an oncotic pressure, which

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prevents fluid leakage into the extracellular medium. Due to hypoproteinemia, the liver commences a compensatory mechanism leading to the synthesis of proteins and lipoproteins. The spot urine sample for a protein: Creatinine ratio or albumin: creatinine ratio is recommended as these tests are less prone to error, give quicker results and have been shown, in cross-sectional longitudinal studies, to be as accurate as 24-h urine collections. It is a precise indicator of proteinuria and a reliable predictor of the progression of the disease. It represents a simple and inexpensive procedure for establishing the severity of renal disease and prognosis.^[7] Conventional treatment of NS includes an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB) to reduce hyperproteinuria and blood pressure. A low salt diet, diuretics, medicines to the lower cholesterol levels, anticoagulants and corticosteroids are also recommended for the management of NS. If this supportive treatment fails, dialysis and kidney transplants are required as life-saver treatment modalities.^[5] The conventional treatment is very costly and requires lifelong dependency on medicines as remission occurs. Corticosteroids lower the immunity leading to other comorbidities, so other alternative treatments need to be explored for the treatment of NS. Homoeopathic treatment could be a cost-effective alternative to conventional treatment.

Although the therapeutic action of many homoeopathic drugs in cases of NS has been mentioned in the literature, very few case reports have been reported to date. A case report by Pinto LF showed that homoeopathic medicines *Nat. sul.*, *Apis m.* and *Ars. alb.* were effective in the treatment of Idiopathic NS.^[8] Pai also showed the effects of homoeopathic medicines in paediatric NS cases.^[9] This case report is an evidence-based, successfully managed case of NS with individualised homoeopathic medicine that otherwise would have been on lifelong immunosuppressant and corticosteroid dependency, known to have side effects.

Miasm is the root cause of all diseases in Homoeopathy. Miasm develops susceptibility to diseases in each individual. Sycosis miasm, a miasm of incoordination, is the basic cause of the NS.^[10,11] The case is documented and reported as per the HOM-CASE guidelines.

Patient information

A 32-year-old, unmarried man, visited the OPD at Dr. D. P. Rastogi Central Research Institute of Homoeopathy, Noida, in December 2019. He presented with pain in both feet and legs with heaviness, weakness and swelling for 2.5 years. Swelling in the feet and legs left a pit on applying pressure. The swelling had gradually ascended from the legs to the whole body. The swelling was prominent on the face and feet. His treating doctor had already diagnosed anasarca. However, there was no evidence of pleural effusion, as his chest was clear on physical examination. Furthermore, no sign of ascites was found on examination. The swelling in the legs, feet and face aggravated in the morning, after eating eggs or pulses,

after prolonged standing or sitting with hanging limbs and got ameliorated on elevating limbs. He had vertigo occasionally, associated with nausea which aggravated after eating. His appetite was reduced and he had a choking sensation in his throat that ameliorated after vomiting. His complaints were aggravated after eating *dal* (pulses), eggs and other protein-rich food items. He had scanty urination. His nails and hair were brittle then. He also complained of hair loss in bunches while washing and combing for the last 4 months. He had increased sensitivity to noises and was unable to exert himself mentally. He also got frightened easily and had anxiety regarding his disease, whether he would be cured or not.

The patient had a history of recurrent cough and urticaria for which he took allopathic medicines. His parents were diabetic and the mother was also suffering from hypothyroidism. The patient had a clinical diagnosis of NS primarily due to MN based on the kidney needle biopsy report. He had been under conventional treatment for the last 2 years. He took Ramipril 5 mg, spiroamide tab and atrova tab for 2 years. He left his treatment himself as there was an improvement in symptoms until he was taking medicines and remission of the case occurred along with some side effects of the treatment. His treating doctor advised him to start corticosteroid treatment, but he was not willing to start it as it was costly and had side effects that the doctor told him. He wanted to take treatment for homoeopathy.

Basis of prescription

After case taking, miasmatic analysis and repertorisation, individualised homoeopathic medicine *Natrium sulphuricum* 200C/BD/1 day orally was prescribed based on totality of symptoms and predominant miasm. Intercurrent acute medicine, *Terebinthinae Oleum* 30C, was also prescribed in between the treatment based on the patient's pathological condition. Miasmatic analysis was done and dominance of psoro-sycotic miasm was observed [Table 1].^[11] Repertorisation was done by Synthesis Repertory using RADAR OPUS software [Figure 1].^[12] Although *Nat. sul.* ranked fourth in the repertorisation; yet, it was prescribed considering the patient's characteristic symptoms, which were oversensitiveness, frightfulness, albuminous urine, oedema of feet and choking feeling in the throat, as per Kent's and Boericke's materia medica.^[13,14]

Table 1: Miasmatic analysis

Symptom	Psora	Sycosis
1. Sensitive towards noise, gets startled	Psora	-
2. Anxiety	Psora	-
3. Aversion to mental exertion	Psora	-
4. Swelling in b/L legs	-	Sycosis
5. Dropsical swelling	-	Sycosis
6. Heaviness in bilateral lower legs	-	Sycosis
7. Vertigo with nausea	Psora	-
8. Increased perspiration on face after eating	Psora	-
9. Urine albuminous.	-	Sycosis

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▶ 1. MIND - SENSITIVE - noise, to	(255) 1	1	2	2	2	2	3	2	2																														
▶ 2. MIND - MENTAL EXERTION - agg.	(224) 1	2	3	1	2	3	2	3	2																														
▶ 3. MIND - STARTING - fright; from and as from	(71) 1	2	2	1	3		3	3																															
▶ 4. EXTREMITIES - SWELLING - Legs	(130) 1	1	3	3	1	2	2	1	2																														
▶ 5. EXTREMITIES - SWELLING - dropsical	(60) 1	2	2	3			1																																
▶ 6. EXTREMITIES - HEAVINESS - Feet	(126) 1	3	1	3	1	2	1	3	3																														
▶ 7. EXTREMITIES - WEAKNESS - Legs	(246) 1	2	2	2	3	2	1	1	1																														
▶ 8. EXTREMITIES - WEAKNESS - Feet	(136) 1	2	2	3	1	2	1	2	2																														
▶ 9. EXTREMITIES - PAIN - Upper limbs - Flexors - grasping something; when	(1) 1				2																																		
▶ 10. EXTREMITIES - NAILS; COMPLAINTS OF - brittle nails	(58) 1	2	2	1		3	2	1	1																														
▶ 11. VERTIGO - NAUSEA - with	(179) 1	2	2	1	2	2	2	2	2																														
▶ 12. URINE - ALBUMINOUS	(230) 1	2	3	3	2	2	2	2	1																														
▶ 13. URINE - SCANTY	(384) 1	3	2	3	3	1	3	1	2																														
▶ 14. GENERALS - FOOD AND DRINKS - eggs - agg.	(43) 1	2	1			2		1	3																														
▶ 15. GENERALS - SYCOSIS	(185) 1	2	2	2	3	2	3	2	1																														
▶ 16. GENERALS - HYPERLIPIDEMIA	(26) 1	1	1			1																																	
▶ 17. EXTREMITIES - HEAVINESS - Lower limbs - fatigue, as from	(16) 1	1			1	1																																	
▶ 18. KIDNEYS - NEPHROTIC SYNDROME	(48) 1	<												>																									

Figure 1: Repertorisation sheet



Figure 2: Photographs of patient (a) before treatment, (b) after treatment

Follow-up and outcome

The case was followed up for 1 year. The details of follow-up with the outcome related to impact on daily living (ORIDL score)^[15] are shown in Table 2. Baseline laboratory investigation findings and those during the treatment are also summarised in Table 2. Before and after treatment photographs of patient’s face showing odema are shown in Figure 2. Photographs of legs and feet were not available.

DISCUSSION

Conventional management for NS includes general measures to treat symptoms such as oedema and, in some cases, diuretics, ACE inhibitors, antihypertensive medicines, statin, steroids, antibiotics and immunosuppressive drugs are also given. Cases that are not managed medically need surgical interventions such as renal transplant, renal ablation, or dialysis. These conventional treatments are costly and have severe side effects.^[16,17]

Homoeopathic treatment helps to boost the immune system so that the kidneys can work towards regaining normal functioning. Homoeopathic treatment focuses on the overall health of the individual. Hence, it also has positive effects on any other underlying disease that may add to kidney damage. The relevant publications concerning the homoeopathic treatment of NS were searched in the electronic databases, but only few articles were found. The case reported here was treated with individualised homoeopathic medicine, *Nat. sul.* after a thorough case analysis, which included the clinical history and examination, physical and mental constitution, family history, underlying pathology, possible causative factors and miasmatic tendency.^[11] During the treatment, *Tereb. o. 30C* was also given as an intercurrent remedy based on the acute totality of the patient. *Tereb. o.* has a specific action on the kidneys and its characteristic symptoms are inflammation of the kidneys, albuminuria, ascites with anasarca, etc.^[14,18] After commencing the homoeopathic treatment, the physical complaints gradually started reducing and it was recorded from time to time through laboratory examinations. Although the laboratory parameters fluctuated slightly, they gradually came within the normal range; and based on the gradual clinical improvement, SL was prescribed in between the follow ups. The outcome of the treatment and its impact on daily living was measured by the ORIDL score [Table 2]. ORIDL previously referred to as the Glasgow Homoeopathic Hospital Outcomes Scale or GHOS, is a valid and sensitive tool for measuring the change in the impact on life.^[15] Initially, ORIDL score was 0 and after 1 year of homoeopathic treatment, it increased to 3, significantly improving all complaints and quality of life. The laboratory investigations were done at frequent intervals, which showed that the spot protein: Creatinine ratio fluctuated and raised a bit during the treatment, but after that, there was a gradual reduction and it reduced to 0.06 (within the normal range). Triglyceride, serum cholesterol and blood sugar levels also reduced to normal range [Table 2]. This case

Table 2: Prescription and follow-ups

Date	Symptoms	Physical examination	Medicine with potency	ORIDL	Significant findings
23 December 2019 (First prescription)	Swelling in bilateral legs, feet and face, frequent urination, vertigo and choking sensation in throat. Urticaria, hair fall, brittle nails and hair.	Extreme generalised, oedema+++ pitting oedema presented on bilateral legs and feet+++ On auscultation S1 and S2 was normally audible, bilateral chest found clear, no focal deficit found. BP was 150/96 mm of Hg, P/R-93/min Weight - 68 kg, height - 156 cm	<i>Nat. Sul.</i> 200/BD/1 day, followed by SL 30/TDS/3 weeks.	0	Spot urine protein-835.50 (mg/dL), Spot urine creatinine-93.70, Spot Protein/Creatinine Ratio-8.92, S. potassium (mmol/L)-3.36, Albumin (g/dL) - 1.99
15 January 2020	Swelling in the whole body and frequent urination - mildly reduced. Other complaints were same as before. Urticarial eruption appeared once. New complaint-Dry cough for 1 week, < every winter associated with itching in throat	Extreme generalised, oedema++, pitting oedema presented on bilateral legs and feet++, Weight-67 kg, BP-130/82 mm of Hg, P/R-92/min On examination-CVS, CNS, GIT and respiratory system- NAD	<i>Nat. Sul.</i> 200 BD/1 day, SL 30/TDS/3 weeks.	1	Spot urine protein-606.13, Spot urine creatinine-47.12, Spot Protein/Creatinine Ratio-12.86, Triglycerides-234 mg/dL, S.Cholesterol (mg/dL)- 342
19 February 2020	Swelling in whole body - moderately reduced, frequent urination also reduced. Cough with itching and choking sensation- reduced, vertigo - reduced. No urticarial eruptions appeared. Hair fall and nail changes were same.	Generalised, pitting oedema was better than before, Nothing abnormal detected on physical examination, Weight - 65 kg, BP - 140/86 mm of Hg, P/R - 92/min	<i>Nat. Sul.</i> 200 BD/1 day, <i>Tereb. o.</i> 30 for 1 week followed by SL 30/TDS/3 weeks.	2	Spot urine protein-650.63, Spot urine creatinine-48.01, Spot Protein/Creatinine Ratio-17.72, Triglycerides-144 mg/dL, S.Cholesterol-322 mg/dL
18 March 2020	Swelling in whole body and frequent urination – reduced. Cough with itching and choking sensation- reduced, No urticarial eruptions and vertigo.	Generalised, pitting oedema better than before. Nothing abnormal detected on physical examination, Weight - 65 kg, BP - 120/80 mm of Hg, P/R - 90/min	SL 30/BD/4 weeks	3	Spot urine protein-416 mg/dL. Spot urine creatinine-52.28, Spot Protein/Creatinine Ratio-7.97, triglycerides-160 mg/dL, S. Cholesterol - 298 mg/dL
24 June 2020	Swelling remained on face and feet, there was no swelling on other parts of body. Cough with itching and choking sensation- > Reported late in OPD due to COVID19pandemic.	Oedema of face and pitting oedema of feet better than before. Weight-63kg, BP-120/80 mm of Hg	SL 30/BD/4 weeks	3	Spot urine protein-285.02mg/dl, Spot urine creatinine-65.67 mg/dl, Spot Protein/Creatinine Ratio-4.34,
29 July 2020	Oedema of face and pitting oedema of feet better than before and frequent urination – reduced Cough with itching and choking sensation- >, Occasional itching in legs.	Oedema of face and pitting oedema of feet better than before. Weight-63 kg, BP-110/80 mm of Hg	<i>Tereb. o.</i> 30/BD/3 days, followed SL 30/TDS/4 weeks	2	Spot urine protein-200.75 mg/dl, Spot urine creatinine-75.10 mg/dl, Protein/Creatinine Ratio-2.67, Triglycerides-116mg/dl, S.Cholesterol- 195mg/dl
14 September 2020	Swelling remained on feet only and was much reduced than before. Cough with itching and choking sensation- much better than before. Hair fall reduced. Nails have no changes. Patient reported late as previous complaints were much better.	Pitting oedema present on bilateral feet Weight-62kg, BP-114/76 mm of Hg	SL 30/TDS/4 weeks	3	Spot urine protein -768.30mg/dl, Spot urine creatinine-119.80 mg/dl, Protein/Creatinine Ratio-6.41
21 October 2020	Swelling in feet much reduced, Cough with itching and choking sensation- > Swelling in bilateral legs- reappeared	Pitting oedema presented on bilateral feet +, Weight – 64 kg, BP - 130/80 mm of Hg P/R-93/min, Weight – 62 kg	<i>Tereb. o.</i> 200/BD/5 days SL 30/TDS/4 weeks	2	Spot urine protein - 256.00 mg/dL, Spot urine creatinine - 111.00 mg/dL, Protein/Creatinine Ratio-2.31, Triglycerides 155 mg/dL, S.Cholesterol-146 mg/dL, FBS/PPS (mg/dL) - 123/147

(Contd...)

Table 2: (Continued)

Date	Symptoms	Physical examination	Medicine with potency	ORIDL	Significant findings
02 December 2020	Swelling in bilateral legs and feet—much better. Urticaria not appeared after 15/01/2020.	Pitting oedema presented on bilateral feet. BP-120/80 mm of Hg P/R-90/min Weight-62kg	SL 30/TDS/3 weeks	3	Spot urine protein-375.00mg/dL, Spot urine creatinine-117.82 mg/dL, Protein/Creatinine Ratio 3.18, FBS/PPS (mg/dL)-123/147
23 December 2020	Previous complaints were better, Occasional itching in legs.	Oedema on feet was almost gone, appeared only during prolong standing. BP - 120/80 mm of Hg P/R-92/min Weight - 62 kg	SL 30/TDS/4 weeks	3	Spot urine protein-8.00mg/dl, Spot urine creatinine-137.62 mg/dL, Protein/CreatinineRatio-0.06, Triglycerides 128 mg/dL, S. Cholesterol - 231 mg/dL, FBS/PPS (mg/dl) - 102/111
27 January 2021	Previous complaints had major improvement with no relapses.	Swelling on feet absent. BP - 120/80 mm of Hg P/R - 90/min Weight - 62kg	SL 30/TDS/2 weeks	3	

+++ : Markedly increased, ++: Moderately increased, +: Mildly Increased, >: Aggravation, <: Amelioration

Table 3: Monarch inventory

S. No.	Domains	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible timeframe relative to the drug intake?	+1		
3.	Was there a homeopathic aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)?	+1		
5.	Did overall well-being improve? (Suggest using validated scale or mention about changes in physical, emotional, and behavioral elements)	+1		
6A	<i>Direction of cure:</i> did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B	<i>Direction of cure:</i> did at least one of the following aspects apply to the order of improvement of symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?			0

(Contd...)

Table 3: (Continued)

S. No.	Domains	Yes	No	Not sure or N/A
7	Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8	Are there alternative causes (i.e., other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
10	Did repeat dosing, if conducted, create similar clinical improvement?		0	
				Total score-8

indicates that homeopathy may serve as an effective mode for managing chronic conditions like NS, where standard conventional treatment has certain limitations. The causal relation between the clinical improvement and the medicine prescribed was assessed using the MONARCH Inventory.^[19] The total score of eight indicates that the improvement, in this case, was attributed to the homeopathic medicine *Nat. Sul.* [Table 3]. The patient was solely dependent on the homeopathic treatment besides following the low salt diet. No other alternative treatment was taken for the management of NS since he had been taking homeopathic treatment. The patient

had been under allopathic treatment for the last 2 years but had no significant improvement. He was anxious about his disease, whether he would be cured or not, but he was hopeful regarding homoeopathic treatment. He wanted to discontinue allopathic medicines as he had some adverse effects. Within 1 year of homoeopathic treatment, there was marked improvement and had no more dependency on conventional treatment.

CONCLUSION

The individualised homoeopathic medicine *Nat. Sul.* was found to be beneficial in this chronic case with improvement in impact on daily living assessed by the ORIDL scale. *Tereb. o.* was also beneficial as an intercurrent remedy in proteinuria. This case suggests that individualised homoeopathic medicines can be useful in those chronic cases where a long-term or lifelong dependency on conventional treatment is usually required.

Declaration of patient's consent

The authors certify that they have obtained the appropriate patient's consent for reporting his clinical information in a journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

None declared.

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Syndrome néphrotique traité par homéopathie: Un rapport de cas fondé sur des preuves

Introduction: Le syndrome néphrotique est une affection glomérulaire caractérisée par des œdèmes périphériques, une forte protéinurie et une hypoalbuminémie, souvent accompagnée d'une hyperlipidémie. Les patients présentent généralement des œdèmes et de la fatigue. Les thérapies complémentaires et alternatives ont été largement utilisées dans le traitement du syndrome néphrotique. Le traitement homéopathique du syndrome néphrotique pourrait être une approche plus sûre pour traiter la maladie.

Résumé du cas: Voici le cas d'un homme de 32 ans qui a présenté un syndrome néphrotique avec néphropathie membraneuse et qui a été traité avec succès par un médicament homéopathique individualisé, Natrium Sulphuricum, pendant un an. Le cas a été suivi en documentant les symptômes cliniques et les résultats des rapports d'enquête. L'évolution de l'état de santé du patient a été mesurée par l'instrument "Résultat par rapport à l'instrument d'impact sur la vie quotidienne". (ORIDL).

Nephrotisches Syndrom mit Homöopathie behandelt: Ein evidenzbasierter Fallbericht

Einführung: Das nephrotische Syndrom ist eine glomeruläre Störung, die durch periphere Ödeme, starke Proteinurie und Hypoalbuminämie, häufig auch Hyperlipidämie, gekennzeichnet ist. Die Patienten leiden in der Regel unter Ödemen und Müdigkeit. Komplementäre und alternative Therapien werden bei der Behandlung des nephrotischen Syndroms häufig eingesetzt. Die homöopathische Behandlung des nephrotischen Syndroms könnte einen sichereren Ansatz zur Behandlung der Krankheit darstellen.

Zusammenfassung des Falles: Dies ist der Fall eines 32-jährigen Mannes, der sich mit einem nephrotischen Syndrom mit membranöser Nephropathie vorstellte und über ein Jahr lang erfolgreich mit dem individualisierten homöopathischen Arzneimittel Natrium Sulphuricum behandelt wurde. Der Fall wurde mit einer Dokumentation der klinischen Symptome und der Ergebnisse der Untersuchungsberichte weiterverfolgt. Veränderungen im Gesundheitszustand des Patienten wurden mit dem "Ergebnis in Bezug auf die Auswirkungen auf das tägliche Leben Instrument" gemessen (ORIDL).

नेफ़्रोतिक सिंड्रोम का होम्योपैथी द्वारा उपचार: एक साक्ष्य-आधारित मामला-रिपोर्ट

परिचय: नेफ़्रोतिक सिंड्रोम एक केशिकागुच्छीय बीमारी है जिसे परिधीय सूजन, भारी प्रोटीनमेह तथा हाइपोएल्ब्यूमिनमिया, जिसे प्रायः हाइपरलिपिडेमिया कहा जाता है, जैसे लक्षणों से पहचाना जाता है। मरीजों में प्रायः सूजन और थकान के लक्षण होते हैं। नेफ़्रोतिक सिंड्रोम के उपचार में पूरक तथा वैकल्पिक उपचारों का व्यापक स्तर पर इस्तेमाल किया जाता है। नेफ़्रोतिक सिंड्रोम नामक इस बीमारी के उपचार में होम्योपैथिक चिकित्सा एक सुरक्षित पद्धति साबित हो सकती है। **विषय सारांश:** यह एक 32 वर्षीय पुरुष का मामला है जिसके अंदर मेम्ब्रेनियस नेफ़्रोपैथी के साथ नेफ़्रोतिक सिंड्रोम के लक्षण थे तथा जिनकी रोकथाम एक वर्ष से ज्यादा समय तक व्यक्तिपरक होम्योपैथिक दवा, नेटरियम सल्फ़ुरिकम को देते हुए सफलतापूर्वक की गई थी। इस मामले पर नैदानिक लक्षणों के दस्तावेजीकरण, तथा जांच रिपोर्ट्स में आए परिणामों के साथ नज़र रखी गई थी। मरीज़ के स्वास्थ्य में आए सुधारों को 'दिनचर्या पर पड़ने वाले प्रभाव के संदर्भ में सामने आए परिणाम (ओआरआईडीएल)' से मापा गया था।

Síndrome nefrótico tratado con homeopatía: Reporte de un caso basado en la evidencia

Introducción: El síndrome nefrótico es un trastorno glomerular caracterizado por edema periférico, proteinuria pesada e hypoalbuminemia, a menudo hiperlipidemia. Los pacientes generalmente presentan edema y fatiga. Las terapias complementarias y alternativas se han utilizado ampliamente en el tratamiento del síndrome nefrótico. El tratamiento homeopático para el síndrome nefrótico podría ser un enfoque más seguro para tratar la enfermedad. **Resumen del caso:** Este es el caso de un hombre de 32 años que presentó síndrome nefrótico con nefropatía membranosa y fue tratado exitosamente con medicina homeopática individualizada, el natrium Sulphuricum, durante un año. Se realizó un seguimiento del caso con documentación de síntomas clínicos y los resultados de los informes de investigación. Los cambios en el estado de salud del paciente se midieron mediante el criterio de valoración en relación con el impacto en el instrumento de vida diaria (ORIDL).

顺势疗法治疗肾病综合征: 以证据为基础的个案报告

导言: 肾病综合征是一种肾小球疾病,其特征是外周水肿,重蛋白尿和低白蛋白血症,常高脂血症。患者通常出现水肿和疲劳。补充和替代疗法已广泛用于肾病综合征的治疗。顺势疗法治疗肾病综合征可能是一种更安全的治疗方法。**个案摘要:**这是一名32岁男子的病例,他患有肾病综合征并伴有膜性肾病,并成功地通过个体化顺势疗法治疗药物,钠盐 硫磺 超过一年。对病例进行了随访,并记录了临床症状,并报告了调查结果。患者健康状况的变化是“对日常生活仪器影响的结果”(ORIDL)来衡量的。