

A Case Report : Acute Glomerulonephritis

A twelve year old Hindu boy of Shivajinagar, Pune was admitted to N.R.M. Hospital, Pune on 5.10.82 with the following complaints: Pain in the abdomen, puffiness of the face, constipation and scanty micturition for last 7 days. *Physical Examination* revealed: Pulse 72/minute, B.P. 170/100 mm. Hg., tenderness in the renal region, liver and spleen were not palpable.

The boy had passed urine only once that day, which was dark coloured and smoky.

A provisional diagnosis of *Acute Glomerulonephritis* was made and the patient was put on the following drugs: Lasix-80 mg., Tab. Aldomat and Procaine Penicillin-6 lac Units I/M daily.

The diagnosis was confirmed after urine examination which showed Albumin + + +, Pus Cells-20-30/HPF, R.B.C.-40-50/HPF and Blood Urea-84 mg.

After three days of the above treatment (on 8.10.82) the case was switched over to homoeopathic treatment at Clinical Research Unit of Homoeopathy (CCRH), Pune. At the time of registration at the Unit, the patient presented the following signs and symptoms: Pain in the abdomen; puffiness of the face; nausea and vomiting; tenderness in the renal region; drowsiness; thirst + +; restlessness; craving for sweets and fried articles; preferred coverings all the time; disturbed sleep; depressed, confused state of mind; scanty urine; bloated abdomen; agg. after sleep and early morning. There was no history of similar attack. *Family History* revealed nothing significant. B.P.-150/100 mm Hg.; Pulse-56/min.; Fluids Intake/Output (24 hours)-950/850 ml.

Apocynum Cannabinum which has the following drug pathogenesis, was prescribed on the basis of *Acute Totality* of the morbid signs and symptoms.

- * Oedema with puffiness of the face,
- * Abdomen, bloated,
- * Urine, scanty, suppressed with microscopic haematuria and pus cells + +,
- * Thirst, marked,
- * Nausea and vomiting,
- * Confusion of mind,
- * Coverings, prefers, all the time,
- * Bradycardia, and
- * Aggravation after sleep and in the morning.

Ten drops of the *Mother Tincture* were given in half-full cup of warm water at 12 O'clock, 20.00 hrs. and 6.00 hrs (9.10.82) respectively. It was followed by 3 doses/day until 11.10.82. All the allopathic drugs were withdrawn.

Table Showing Clinico-Pathological Findings

Signs & Symptoms	8.10.82	9.10.82	10.10.82	11.10.82
Puffiness of face	++	++	+	+
Fluids—Intake (ml.)	950 ml.	850 ml.	930 ml.	1300 ml.
Output (ml.)	850 ml.	360 ml.	600 ml.	850 ml.
Pulse rate (per min.)	56	68	88	76
Nausea	+	Nil	Nil	Nil
Vomiting	++	+	Nil	Nil
Ascites	+	+	+	+
Tenderness (Renal region)	++	++	+	+
Drowsiness	+	+	Nil	Nil
Thirst (large qty.)	+	+	+	+
Urine-Albumin	+++	—Not Done—	—	Nil
R.B.C./HPF	40-50	—Not Done—	—	10-15
Pus Cells/HPF	20-30	—Not Done—	—	16-17
Blood Urea (mg.)	90	—Not Done—	—	38 (on 12.10.82)

In spite of clinical improvement as evident from the above Table, there was an abrupt deterioration in patient's condition on 12.10.82 at about 2.00 p.m. He became restless; developed severe headache; vomited (four times) and had convulsions. *Physical Examination* revealed the following: focal seizure; patient was dis-oriented, irritable and went into coma. He was in post-epileptic phase and passed urine involuntarily. Neck rigidity was present; Kerning sign +ve, planter reflexes were extensors; body temp. 100° F; pulse rate 110/min.; B.P. 190/130 mm Hg.; pulmonary oedema. On account of these findings any of the following conditions was suspected: Hypertensive-encephalopathy/ Subarachnoid haemorrhage.

The patient was immediately put on hypotensive and diuretics (Tab. Aldomat and Lasix) to bring down the B.P., and Mannitol to reduce cerebral oedema. With this treatment the patient became semi-conscious, moaning and hypersensitive to slightest touch, developed photophobia, drowsiness persisted, B.P. came down to 150/110 mm Hg., pulse rate 88/min. Urine output was 350 ml. (24 hours). In view of this response the diagnosis went in favour of *Hypertensive-encephalopathy*.

In addition to the above treatment *Belladonna* 30C was given on the basis of the following: sudden onset of the symptoms; mental irritability (violent); hypertensive phase and hypersensitivity.

The *first dose* was given on 13.10.82 at 13.00 hrs. *second* and *third* doses were given at 17.00 hrs. and 21.00 hrs. respectively, followed by 3 doses/day subsequently.

At 19.30 hrs. (6 hours after the first dose) the patient regained consciousness and was satisfactorily oriented to place and person. Neck rigidity was absent. Kerning sign was also -ve. B.P. was 120/80 mm Hg.; CVS-NAD; RS-NAD. The fluid intake/output was 1000/850 ml. and there was no drowsiness, no headache, no vomiting and the child was cheerful. The case is under observation for last two months at the O.P.D. and is showing progressive improvement.

Table Showing Day to Day Changes

Date	B.P. mm Hg.	Pulse Rate (per min.)	Fluid Intake/ Output (24 hrs./ml.)	Blood Urea (mg.)
5.10.82	170/110	72	—	84
6.10.82	160/110	—	700/400	—
7.10.82	150/108	64	800/400	—
8.10.82	150/100	56	950/850	90
9.10.82	200/120	—	850/360	—
10.10.82	180/120	60	930/600	—
11.10.82	170/110	76	1300/850	—
12.10.82	190/130	110	1100/700	38
13.10.82	120/80	88	600/350	43
14.10.82	150/96	72	1750/1250	—
15.10.82	110/60	60	1000/850	—

Observations and Discussion

The following three observations were made in the above case which need further consideration, confirmation and corroboration.

(1) *Apocynum Cannabinum*, when prescribed on indicated symptoms helped only partially and mitigated a group of symptoms while some others remained un-influenced. The urinary output was increased, Blood Urea was checked. There was all round improvement which, however, was shortlived. B.P. remained un-influenced. The patient ultimately developed an acute crisis.

(2) *Belladonna*, seemed to accelerate the effects of hypotensive drugs which produced dramatic results within hours of their administration which is quite unusual in such cases. This view-point was supported by the specialists in medicine and pathology who were supervising the case. Although prescribed only on the basis of acute manifestations of the disease, *Belladonna* held the patient comfortably all along.

(3) Simultaneous use of homoeopathic and allopathic drugs did not seem to have any neutralising or adverse effect on the patient. On the contrary, it appears that they had synergetic effect on him.

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