

Ayurvedic treatment approach for Primary Nephrotic Syndrome - A Case Study

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Background: Up to 20% of end-stage renal disease and 12% of the causes of chronic kidney diseases are related to primary nephrotic syndrome. Nephrotic syndrome is one such burning problem which effects the school going child due to exaggerated immune response like auto-immunity following a viral infection. The incidence is 2 to 7 per 1,00,000 children per year. Corticosteroids are frequently needed by patients to achieve remission, however many patients either relapse after remission or do not react to them. The better alternative is, however far from established.

Objectives: To evaluate the efficacy of a multimodal Ayurvedic treatment for nephrotic syndrome patient.

Methods: A 10-year-old boy, diagnosed case of primary nephrotic syndrome, with complaint of swelling of face, proteinurea and recurrent respiratory tract infection. Based on the patient's observed indications and symptoms, a treatment plan was developed. The protocol includes Ksheerpaka of herbal drugs powder (Yashtimadhu, Shatavari, Guduchi, Gokshura, Musta, Punarnava, Mandukparni and Vidari) along with Chandanasava, Punarnavasava, Gokshuradi Guggulu and Arogyavardhini Vati, Chandraprabha Vati orally, with some dietary modifications.

Results: The treatment approach demonstrated success in reducing proteinuria and facial swelling. During the follow-up period, no unfavourable impacts were observed.

Keywords: The treatment approach demonstrated success in reducing proteinuria and facial swelling. During the follow-up period, no unfavourable impacts were observed

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Introduction

Disorders related to immune system specially aberration of immune response leading to auto-immune disorders becoming more common now-a-days. Nephrotic syndrome is one such burning problem which effects the school going child due to exaggerated immune response like auto-immunity following a viral infection.

Nephrotic syndrome is primarily a paediatric disorder and is 15 times more common in children than adults (minimal change nephrotic syndrome). The incidence is 2 to 7 per 1,00,000 children per year.[1] It can occur in any age and both in males and females but it is more common in males. It is a nonspecific kidney disorder characterised by proteinuria, hypoalbuminemia and oedema. According to International Study of Kidney Diseases in Children (ISKDC classification)[2] the characteristics are heavy/massive proteinuria (>3.5 gms/24hrs in adults or 4 mg/meter 2/hr in children), hypoalbuminemia (<2.9 gm/dl), oedema, hyperlipidaemia (>220mg/dl), Predisposition for coagulation.

Glomeruli are affected by inflammation or hyalinization (the formation of a homogenous crystalline material within cells) that allows proteins such as albumin, anti-thrombin or the immunoglobulins to pass through the cell membrane and appear in urine.[3] Loss of protein from the body leads to pressure changes in vascular bed leading to oedema.[4]

Recurrency and relapse is quite common in nephrotic syndrome especially after a viral infection, and with each recurrency disease become more and more chronic, but effective treatment is lacking. Steroids, diuretics and other immune-suppressive treatment are presently used as main stay of treatment. Steroids are extensively used as immune-suppressant action which does not solve the purpose of correction of immune-response.[5] Adverse effect and steroids dependency has been emerged as major hazard which also interfere with growth and development of child.

Ojas which is essence of *Sapta Dhatus* of the body is such an entity in the body which is responsible for existence of this human body and its fluctuations, disturbances, deficiencies, malfunctioning result in uncertain human life. Stable *Ojas* maintain whole body just like a sheet anchor.

Its deficiency can be *Ojo-Kshaya*, its malfunctioning can be *Ojo-Vayapath*, and its fluctuations may be *Ojo-Visarmasa*. It is one of the *Paranayatana* and usually its *Kshaya* occurs in chronic disorders like *Rajayakshayama*, *Parmeha* etc. *Ojas* is also called is *Sara* of the body, *Bala* of the body and responsible for *Vayadhi-Kshamatwa*.

Hence for all clinical purpose in detail analysis of literature of *Ojas*, it can be well compared with immune system of body. Body immune system is distributed locally and peripherally or local or generalised similarly *Ojas* is either *Para* or *Apara*. Each system tissue, cells shows certain degree of its own immunity which can be compared with generalised distribution of *Ojas*. [6]

It is quite obvious that aberrations of body immune system is the root cause of all disorders. Pronicity of infections increase with *Ojas Kshaya* while immune regulation is disturbed by *Ojo-Vayapatha* and *Visaramasa*.

Hence an exaggerated immune response leading to auto-immunity like presentations is possible in aberration of *Ojas* especially *Vayapath / Visramsas* as evidenced in Nephrotic Syndrome like condition (another examples are RHD, SLE, RA etc.). This condition should not be treated with immune-suppressive therapy like steroids as it further depresses the immune system instead of immune-modulation.[7]

Objective of the study

To determine the efficacy of Ayurvedic treatment in Nephrotic Syndrome, as mentioned in classical Ayurveda text.

Brief history of patient

Present case a 10-year-old male child has complaints of recurrent heavy proteinurea, peri-orbital edema, pedal edema and excessive fatigue. First peri-orbital edema in morning hours developed that spread to pedal edema and generalized edema over a quick time period on consultation urine examination was done that reveals heavy proteinurea and patient being diagnose with minimal change nephrotic syndrome.

Developmental history

Patient's development was appropriate as per the age in all the domains (e.g. Gross motor, Fine motor, social and speech domain).

Immunization history

Patient was immunized as per the age as per the guidelines of National Immunization Schedule.

Past history

Medicinal history of oral steroid taken for 3 months after that proteinurea subsides, remission occurred after 2 months, then again oral steroid taken for 4 months.

Family history - Not significant.

Personal history

- Appetite - Unaltered
- Diet - Vegetarian
- Bowel habits - Regular, with no abnormalities noted.
- Bladder habits - Regular with increased frequency, foamy urine.
- Sleep - Sound sleep, approximately 8–9 hours at night.
- Allergy - None reported.
- Addiction - None Reported

Baseline findings

Patient's general condition was moderate with 30 kg weight and height 140 cm and 15.3 kg/m² of body mass index. The patient's vitals were 98.2°F temperature, 80 beats/min of pulse rate, 22 breaths/min of respiratory rate, and 110/70 mm Hg of blood pressure. On systemic examination, patient was conscious and well oriented; on auscultation of heart S1, S2 heard, chest was clear with air entry to lungs bilaterally equal, and gastro-intestinal system examination showed that abdomen was soft, non-tender with normal bowel sound.

Clinical findings

Peri-orbital edema +++

Pedal edema +

Foamy urine ++

Heavy proteinurea ++

Materials and Methods**Assessment Criteria**

As per symptoms such as peri-orbital swelling, pedal edema, generalized edema, fatigue,

Foamy urea and laboratory investigations such as urine examination, serum albumin, serum creatinine and serum cholesterol.

Grading for Generalized edema

Grade	Definition
0	Absent
1	Mild: both feet/ankle
2	Moderate: both feet with lower parts of legs and lower parts of hands
3	Severe: generalized bilateral pitting edema including both feet, legs, arms and face

Grading for Pedal edema

Grade	Definition
0	No pitting edema
1	Mild pitting edema 2mm depression rebound immediately
2	Moderate pitting edema 4mm depression takes a few seconds to rebound
3	Moderately severe pitting edema 6mm depression takes 10-12 seconds to rebound
4	Severe pitting edema 8mm depression lasts for more than 20 seconds to rebound

Grading for Periorbital edema

Grade	Definition
1	No coverage of iris with eyelids
2	Slight coverage of iris with swollen eyelids
3	Full coverage of iris with swollen eyelids
4	Full closure of eyes

Grading for Foamy Urine

Grade	Definition
0	No layers in urine
1	Single layer of bigger and clear bubbles
2	Multiple layers of white colored small to medium bubbles

Grading for Fatigue

Grade	Definition
1	Mild fatigue relieved with rest
2	Fatigue not relieved by rest and limits instrumental activities of daily living
3	Severe fatigue that limits self-care activities of daily living, hospitalization is needed
4	Life-threatening fatigue that requires urgent intervention

Laboratory Investigations

- Urine - Routine and microscopy
- Serum Albumin
- Serum Creatinine
- Serum Cholesterol

Grading for proteinuria

Grade	Score
Nil	0
Trace(5-20mg/dl)	1
+	2
++ (100mg/dl or 0.5-1g/day)	3
+++ (300mg/dl or 1-2g/day)	4
++++ (>300mg/dl or >2g/day)	5

Treatment Plan

SN	Medicine	Main Ingredients	Dose	Duration
1.	Ksheerapaka of herbal drugs	Yasthimadhu, Shatavari, Guduchi, Gokshura, Musta, Punarnava, Mandukparni and Vidari	20 ml twice a day	1 year
2.	Chandanasava	Chandana, Hribra, Musta, Lodhra etc.	10 ml twice a day	1 year
3.	Punarnavasava	Punarnava, Gokshura, Guduchi etc.	10 ml twice a day	1 year
4.	Gokshuradi Guggulu	Gokshura, Shuddha Guggulu etc.	1 tab twice a day	1 year
5.	Arogyavardhini Vati	Kutaki, Shuddha Parada, Shuddha Gandhaka etc.	1 tab twice a day	1 year
6.	Chandraprabha Vati	Karpura, Loha Bhasma, Shilajatu, Guggulu etc.	1 tab twice a day	1 year

Pathya - Protein rich diet - Egg, Moong Dal, cheese etc.

Results**Symptoms before and after treatment**

SN	Symptom	Before Treatment	After Treatment
1.	Peri-orbital edema	2	0
2.	Pedal edema	1	0
3.	Generalized edema	0	0
4.	Foamy urine	2	0
5.	Fatigue	2	0

Laboratory investigations before and after treatment

SN	Investigation	Before treatment	After treatment
1.	Proteinuria	3	0
2.	Serum albumin	3.2 g/dL	5.32 g/dL
3.	Serum Creatinine	0.90mg/dL	0.50 mg/dL
4.	Serum Cholesterol	200 mg/dL	176.5 mg/dL

Discussion

Mode of action of *Ksheerapaka*

- Enhance the tolerance level of body immunity (*Ojovardhaka*): *Guduchi*, *Yasthimadhu*

- Decrease the edema (*Mutrala*): *Gokshura*, *Punarnava*
- Regenerate the damaged tissue (*Rasayana*): *Guduchi*, *Yasthimadhu*, *Punarnava* and

Chandraprabha Vati - *Rasayana*, it aids in parenchymal tissue regeneration, limiting additional harm to the renal parenchyma.[8]

Gokshuradi Guggulu - *Mutrala*, *Rasayana* [9]

Arogyavardhini Vati - *Sroto Vishodhana*, it improves digestion and metabolic activities.[10]

Chandanasava - *Balakara* - immunity booster[11]

Punarnavasava - *Shothahara* - anti-inflammatory. [12]

Conclusion

Nephrotic syndrome occurs due to vitiation of *Oja*, Therefore, such herbs & Herbo-mineral formulation are required, which not only break down the pathogenesis of nephrotic syndrome but also make homeostasis among the vitiated *Doshas*. In the case we can conclude that conventional treatment of nephrotic syndrome added with Ayurvedic Treatment is highly beneficial in controlling pathology, decreasing recurrency and symptomology in comparison to conventional treatment of same without adverse effect.

Declaration of patient consent

Obtained the parent's consent form, on which the parent has granted permission for the case to be published in the journal along with clinical data. The parent understands that although every effort will be made to keep the child's identity anonymous, confidentiality cannot be ensured, the name and initials of their child will remain private.

ADR declaration

Throughout the course of treatment and the follow-up period, no adverse drug reactions were observed.

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