Nephrotic Syndrome

A Case Study

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Keywords

Nephrotic syndrome also called **nephrosis**. A kidney disease marked by protein in the urine; abnormally low blood protein (albumin), and fluid gathering in the tissues.

Creatinine, a waste product of protein metabolism that is found in the urine.

Introduction

Nephrotic syndrome is characterized by a constellation of signs and symptoms including abnormally increased protein in the urine, low blood protein, and swelling. Nephrotic syndrome is a clinical condition that can result from a variety of systemic diseases, which can affect kidney function. The pathological effects of nephrotic syndrome occur on the level of the glomerulus, the ultra structure of the kidney, which is responsible for filtering the blood. Severe nephrotic syndrome can eventually result in renal failure and end stage kidney disease.

Symptoms

Common symptoms include generalized body swelling, particularly around the eyes, and in the extremities. Other symptoms and findings include abdominal swelling, weight gain, anorexia, and hypertension.

Evaluation includes history and physical examination. Urinalysis will reveal increased protein. A 24-hour urine collection for total protein will be over 2 grams of protein. Serum albumin and total protein will be below normal. Blood cholesterol may be elevated. Renal profile and 24 hour urine for clearance may show compromised kidney function.

Complications include renal vein thrombosis, acute renal failure, end stage renal disease, infections, pneumonia, malnutrition, and fluid over-load (congestive heart failure).

Case Study

Name of the Patient: Santosh
Date of Birth: 1/3/88

Treatment History

As per the available records, the patient first reported complaint of blood and albumin in urine. On 03.01.1992, he was attended first by his family doctor who advised for a Urine examination, which showed high levels of RBC (40-60 hpf) and Albumin (+++). The child was later referred to child specialist on 14.01.1992. The child specialist along with allopathic medicines prescribes some biochemic remedies namely:

- Kali Mur 6x
- Nat Mur 6x
- Cal Phos 6x
- Ferrum Phos 6x
- Kali Phos 6x

The treatment was unsuccessful and the patient was admitted to Jaslok Hospital on 22.02.1992, and was diagnosed to be suffering from Nephrotic Syndrome under remission. He was under medication for next 5 days and was discharged on 28.02.1992.

The patient after unsuccessful allopathic treatment visited homoeopathy clinic on 30.08.1995 and based on the diagnosis and symptoms, was prescribed the following medicines:

- Solidago Q 30 ml, 5 drops with water twice in day
- Apis Mel 1M, 2 dram pills, 3 pills once in week
- Tablets Ferrum Phos 6X 1oz, 2 tablets trice in day after each meal
- Tablets Kali Mur 6X 1oz, 2 tablets trice in day after each meal

The same treatment was continued up to 22.4.1998, wherein potency of the Apis Mel was raised to 10M and doses of Solidago Q reduced to only One dose from 03.02.1998 in view of favorable response.

All medicines were stopped in the month of August 1998; however, the patient was kept under supervision with the instructions to get Urine Routine & Microscopic examination at least once in year.

On 21.7.2002 patient reported back again with complaint of blood in urine, wherein Blood 3+ and Cal Ox + was present. Renal Profile was normal. Based on Urine report the following medicines were prescribed:

- Erigerion 30, 2 dram pills, 3 pills thrice in day before each meal
- Berberis Vulgaris Q, 30 ml, 10 drops with water thrice in a day before each meal
- Cantharis Q, 30 ml, 10 drops with water thrice in a day before each meal

Besides these, the patient was instructed to go for USG of upper abdomen & Pelvis.

The patient becomes symptoms free after 3 days of treatment and his USG report dated 21.8.02 showed normal. As such, patient was asked to stop all medicines. Presently the patient is free from all ailments and symptoms.

Conclusion

Homoeopathic medication in a well-diagnosed case can successfully treat even the most difficult diseases like Nephrotic Syndrome.

Saraswati Clinical Laboratory

SHAHAJI S. MANE (DABADE)
B. Sc. D. M. L. T.

• Near Forest Office
Mayani Road, Vita

Lab. Timing :
Sunday to Friday 8-30 a.m.to 8 p.m.
Saturday 8-30 a.m. to 2-30 p.m.

Date :03.01.92

Patient's Name - Santosh V. Sargar.

Ref. by - Dr. B.Y. Patil.
M.B.B.S.D.A.

Examination of Urine

PHYSICAL EXAMINATION

Quantity	10 ml	Deposit	absent
Colour	Pale Yellow	PH	acidic
Appearance	Turbid	Sp. Gravity	--

CHEMICAL EXAMINATION

Albumin	Present(+++)	Blood test	--
Glucose	nil	Bile pigment	nil
Acetone	--	Bile salts	nil
		Urobilinogen	--

MICROSCOPIC EXAMINATION

(Qty. 10 ml. 3000 r. p. m. Time 10 mins mfg——X 675)

..d blood cells	40-60/hpf
Pus cells	Occasional.
Epithelial cells	02-03/hpf
Casts	nil
Crystals	nil
Amorphous material	nil.

HAEMOGLOBIN : 8.38 gms/dl.

DR. SHAFAD RAJADHYAKSHA
M. D., D. C. H.
Reg. No. 23971

Vimal Nursing Home,
Nijampurkar Chawl,
Manpada Road Dombivli (E)
Tel. 2859

Patkar Building,
Opp. Canara Bank,
Dombivli (E).
Tel. 2703

Date : 19/1/92

Santosh Sargar

= Tab Kali mur 6x
2 — 2 — 2 — 3

Tab Ferr phos 6x
2 — 2 — 2 — 2

= Tab Nat mur 6x
2 — 2 — 2 — 2

= Tab Kali phos 6x
2 — 2 — 2 — 2

= Tab calc phos 6x
2 — 2 — 2 — 2

PTO

= Tab Lasix
1/4 tab [illegible]

= Tab Solubet (0.5 mg)
1 — 1 — 1

Mixture Positive
L A
Stat

20-05

Tele : 4933333 (7 Lines)

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg, Bombay-400 026.

V. No. M. R. D. No. Date 5.2.92

Name of the Patient : Santosh Sargar Age : 4

Referred by : Dr. Amdekar Sex : Male

SERUM PROTEIN ELECTROPHORESIS

TEST	PATIENT'S VALUE gms %	NORMAL RANGE gms %
Total Proteins	5.2	6.0 - 8.0
Albumin	2.6	3.5 - 5.5
Alpha$_1$ Globulin	0.3	0.2 - 0.4
Alpha$_2$ Globulin	0.6	0.4 - 0.9
Beta Globulin	0.7	0.6 - 1.1
Gamma Globulin	1.0	0.7 - 1.7

Remarks :

DR. V. S. TRIKANNAD,
IMMUNOLOGIST.

SC

DR. SURESH R. KARNIK
CHIEF OF LABORATORIES

06-62

Tel. : 493 33 33

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg, Bombay-400 026.

V No. O.P./M.R.D. No. Date : 5.2.92

Class :

Patient's Name : Santosh Sargar Age : 4 Sex : Male

Referred by : Dr. Amdekat

SERUM CHEMISTRY PROFILE

(SMA-6/60 and Other tests as per request)

(Autoanalyzer : Technicon)

TEST	PATIENT'S VALUE	NORMAL RANGE
Sodium	-	135-145 mEq/L
Potassium	-	3.5-5.0 mEq/L
Chloride	-	95-105 mEq/L
Carbon dioxide	-	24-32 mEq/L
Glucose	-	65-115 mgm%
Urea Nitrogen	8	10-20 mgm%
Creatinine	0.6	0.7-1.5 mgm%

Dr. H. S. AHUJA M. D.
CONSULTANT PATHOLOGIST

SC

Dr. SURESH R. KARNIK
CHIEF OF LABORATORIES

Tele : 4933333 (7 Lines) 05-38

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg, Bombay-400 026.

V. No. : Date 5.2.92.

Name of the Patient : Santosh Sarkar Age :

Referred by : Dr. Amdekar Sex :

Miscellaneous Test Report

INVESTIGATION REQUESTED Serum Cholestrol

REPORT :

Serum Cholestrol : 292 mgm%

Normal Range : 140-270 mgm%

DR. H. S. AHUJA M.D.
CONSULTANT PATHOLOGIST

sk

DR. S. R. KARNIK
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493 95 95

JASLOK HOSPITAL & RESEARCH CENTRE

15, DR. G. DESHMUKH MARG, BOMBAY - 400 026.

V. No. O.P./M.R.D. No. Class : Date : 5.2.92

Patient Name : Santosh Sargar Age : 4 Sex : Male

Referred by : Dr. Amdekar

URINALYSIS REPORT

EXAM. REQUESTED	RESULT	EXAM. REQUESTED	RESULT
COLOUR	Pale Yellow	BILE PIGMENTS	Absent
REACTION	Acidic	W. B. C.	2-4/HPF
SPECIFIC GRAVITY	1.020	R. B. C.	Occasional
ALBUMIN	(+)	EPITHELIAL CELLS	A few
SUGAR	Absent	CASTS	* Present
ACETONE	Absent	CRYSTALS	Absent

Remarks : * Granular cast occasional

Dr. H. S. AHUJA, M. D.
CONSULTANT PATHOLOGIST

sn

Dr. SURESH R. KARNIK
CHIEF OF LABORATORIES

JASLOK HOSPITAL & RESEARCH CENTRE

PATIENT'S FOLLOW-UP CARD

~~SARGAR SANTOSH 4M/C 250009~~

114103 Dr Amdekar (79341) 916 E1

VISHNU 11 0 22/6/92 SSR Dr. A Patel

Shri H.m ... 43 ... Rg Dr. A. Bhisa

Dr. in-charge Dr. J.K. Amdekar **Asstt.** Dr. D. Ingra

Diagnosis Nephrotic Syndrome Dr. B. Pouikh

Suggestions for the treatment Dr. J. Mandekar

under remission

Adv:

· Syr. Vitcofol with Iron ¾ TSF BD x 4 months.

Deepak

Follow-up Instructions : Follow up after 2 wks on wed./Sat. at 8.30 am. by prior appt.

Santosh

4yr M Ch

1. Clinical findings and summary

H/O Swelling over face & extremities more in morning / 1½ mo.

No H/O Oliguria

Pain in abd., vomiting

O/E TPR (n).

B.P. 110/70 mm of Hg.

Pallor +

Puffing face +

No oedema

S/E (n).

2. Laboratory Investigations

(*) 24 Hrs. Urine Alb. 243 mg/l.

CBC Hb 10.4 gm/l.
TLC 8830 P_{52} L_{44} E_2 M_2
MCV 63.2
MCH 20.6.
MP -nt.

3. X-Ray & E. C. G. findings, if taken

CXR – (n)

4. Brief review of treatment in Hospital.

. TLC.
. Syr. Vitrofol E Iron.

Remarks Uneventful stay in the Hospital.

No.	Doctor's Signature	Date 26/2/92
01-06		PATIENT'S FOLLOW-UP CARD

25

ONGC HOSPITAL, PANVEL

HSS NO. Date

Name Age

Diagnosis

M.O.

"WISH YOU A SPEEDY RECOVERY"

57 ml

Santosh

Appointment 10m = ml

4pl [illegible] 15 [illegible]

Birch [illegible] 270

" " "

approval.

[illegible]

[illegible]

OIL & NATURAL GAS CORPORATION LIMITED

MUMBAI REGIONAL BUSINESS CENTRE

O. N. G. C. HOSPITAL, PATHOLOGY DEPARTMENT

O. N. G. C. Township, Phase - I, Panvel - 410221. ✆ Tel. No. 745 1069 - 70, 745 3770 - 74 Ext. 79

Date : 25/07/2002

Lab No : 14

ID. No. : 57001

Name : Mst.Santosh. Male

Ref. by : Dr.B.S.Sahani

EXAMINATION OF URINE

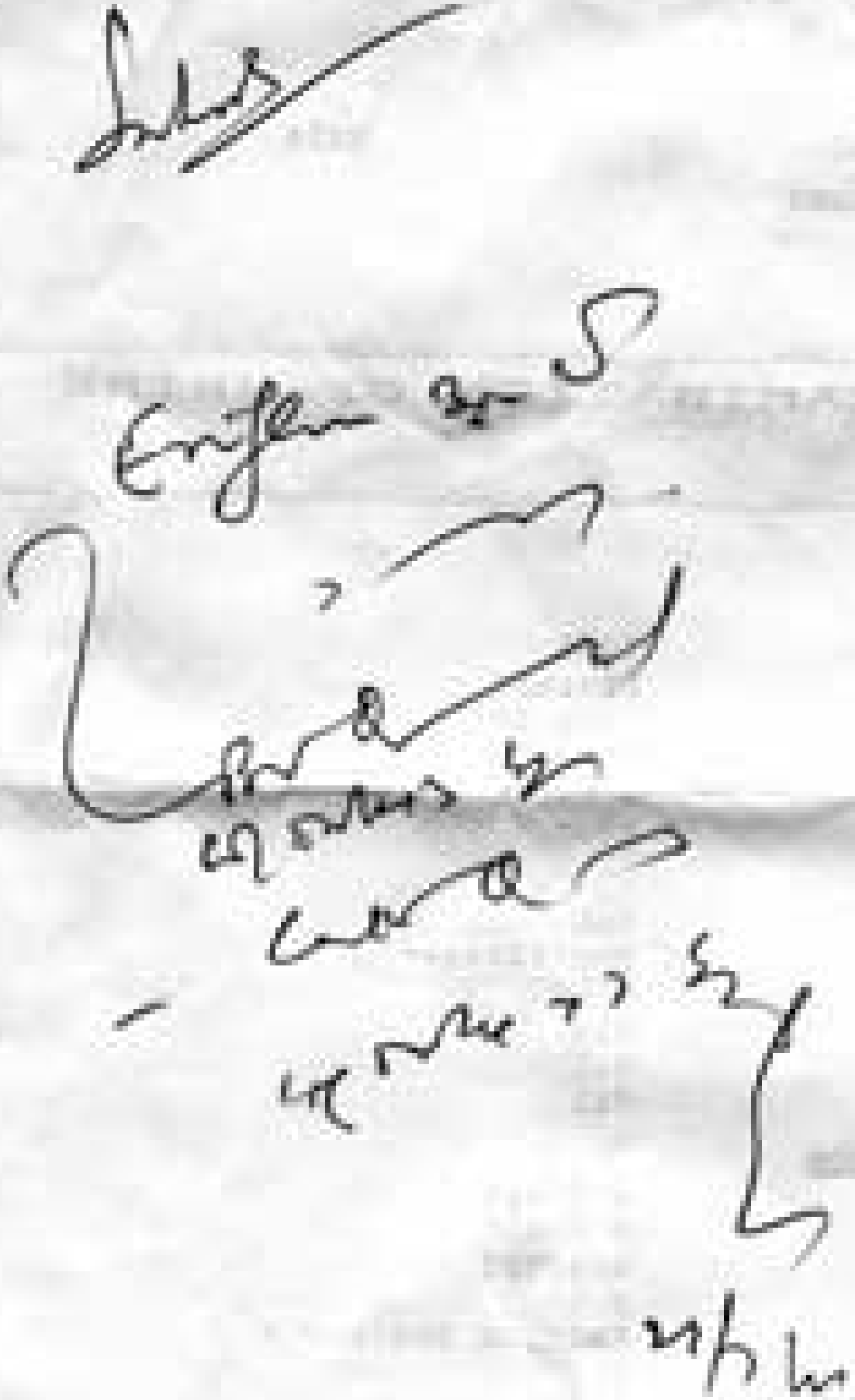
PHYSICAL EXAMINATION	
Quantity	10ml
Deposits	Present
Colour	Pale Yellow
Reaction	Acidic
Spacific Gravity	1.015
Appearance	Hazy
CHEMICAL EXAMINATION	
Albumin	Nil
Blood Test	Positive+++
Sugar	Nil
Bile Pigment	Nil
Bile Salts	Nil
Ketone Bodies	Nil
MICROSCOPIC EXAMINATION	
Red Blood Cells	2-3/Hpf
Pus Cells	1-2/Hpf
Epithelial Cells	3-4/Hpf
Casts	Nil
Crystals	Calcium Oxalate +
Spermatozoa	Nil
Yeast	Nil
Trichomonas Vaginalis	Nil
Mucus	Nil

Dr. RAVINDRA BIRA
M.D.(Path)
PATHOLOGIST.

O.N.G.C.HOSP.
PATH.DEPT
PANVEL

25/07/02
014-014
MST SANTOSH

TEST	RESULT	UNITS	EXPECTED VALUE	COMMENT
UREA	12	MG/DL	(10/ 50)	
CREAT	0.88	MG/DL	(0.50/ 1.40)	
UA	3.9	MG/DL	(2.4/ 7.0)	
CALCIUM	9.08	MG/DL	(8.60/ 10.2)	
PHOS	4.2	MG/DL	(2.7/ 4.5)	



P. D. HINDUJA NATIONAL HOSPITAL & MEDICAL RESEARCH CENTRE

VEER SAVARKAR MARG, MAHIM, MUMBAI - 400 016, INDIA
PHONE : 445 1515, 445 2222, 444 9199 FAX : 444 9151

DEPARTMENT OF IMAGING

NAME	: SARGAR SANTOSH		AGE	: 14 YEARS	SEX : MALE
EX NO.	: 228407	LOCATION : OPD	ADM NO	: -	EXAM NO. : US 29838
REFERRED BY	: DR. SAHNI		ORDER NO: 2567754		DATE : 21/08/2002

**** EXAMINATION****
ULTRASOUND OF UPPER ABDOMEN AND PELVIS
**** REPORT DETAILS****

Realtime sonography of the upper abdomen and pelvis was performed.

The liver is normal in size, shape and echotexture. No focal mass lesion seen. Intrahepatic biliary tree and venous radicles are normal. The portal vein and CBD appears normal.

The gall bladder is normal in size with normal wall thickness and there are no calculi seen.

The pancreatic head and body regions are normal. No definite para-aortic mass lesion seen. The spleen appears normal.

The right kidney measures 9.3 x 4.8 cms and
the left kidney measures 8.9 x 5.4 cms in size.
Both kidneys are normal in shape and echotexture. No evidence of hydronephrosis / calculi seen on either side.

There is no free fluid in the abdomen.

The urinary bladder distends well and is normal in shape and contour. The bladder wall is normal in thickness.

The pre void volume is 207 ml
The post void volume is 13 ml (not significant).

CONCLUSION: NO SIGNIFICANT ABNORMALITY IS SEEN.

for rd

DR. R. U. SUKTHANKAR - M.D.
CONSULTANT - RADIOLOGIST
sr/23.8.02

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MUMBAI REGIONAL BUSINESS CENTRE

O. N. G. C. HOSPITAL, PATHOLOGY DEPARTMENT

O. N. G. C. Township, Phase - I, Panvel - 410221. ✆ Tel. No. 745 1069 - 70, 745 3770 - 74 Ext. 790

Date : 08/05/2003

Lab No : 12

OPD No. : 57001

Name : Mst.Santosh. 15y Sex Male

Ref. by : Dr.B.S.Sahani

EXAMINATION OF URINE

PHYSICAL EXAMINATION	
Quantity	10 ml
Deposits	Nil
Colour	Pale Yellow
Reaction	Acidic
Spacific Gravity	1.020
Appearance	Clear
CHEMICAL EXAMINATION	
Albumin	Nil
Blood Test	Nil
Sugar	Nil
Bile Pigment	Nil
Bile Salts	Nil
Ketone Bodies	Nil
MICROSCOPIC EXAMINATION	
Red Blood Cells	Nil
Pus Cells	1-2/Hpf
Epithelial Cells	1-2/Hpf
Casts	Nil
Crystals	Nil
Spermatozoa	Nil
Yeast	Nil
Trichomonas Vaginalis	Nil
Mucus	Nil

PATHOLOGIST