

A Case Study of Idiopathic Proteinuria Successfully Managed With Āyurvedic Treatment

Nilesh B Italiya^{1*}, Manish V Patel², S N Gupta³ and Tapankumar M⁴

^{1,2,3,4}Dept of Kayachikitsa, J S Ayurved College, Nadiad, Gujarat, India

Abstract

A 35 years old male patient came to P D Patel Ayurveda Hospital, Nadiad with the complaints of periorbital puffiness on face, pedal edema, weakness, anorexia and massive proteinuria since last 45 days. He was treated with Āyurvedic drugs as an outdoor patient for 6 months period. Āyurvedic preparations like *Varuṇādi kvātha*, *Haritkyādi kvātha*, *Gokṣurādi guggulu*, and Tablet Uricare, *Bhūmyāmalakicurṇa* and *Rasāyana cūrṇa* were given. After 6 months of treatment patient responded very well through Āyurvedic management without need of hospitalization, human albumin infusion and cortico-steroid medicaments. All of his complaints like, pedal edema, weakness, lack of appetite and puffiness of the face disappeared.

Keywords

Idiopathic proteinuria, sāndrameha, varuṇādi kvātha, rasāyana curṇa



Greentree Group

Received 25/01/16 Accepted 17/02/16 Published 10/03/16

INTRODUCTION

Proteinuria occurs mostly in glomerular disease. Moderate amounts of low molecular weight protein pass through the healthy Glomerular basal Membrane (GBM). These proteins are normally reabsorbed by receptors on tubular cells. Relatively minor leakage of albumin in to the urine may occur transiently after vigorous exercise, during fever or UTI, and in heart failure¹. In this case neither classical Nephrotic syndrome nor Bence Jones proteinuria was present. This type of clinical condition is referred as idiopathic proteinuria.

Because of main characteristic features of albuminuria, it may be included under the title of *Prameha* (a disease of urinary system with altered composition, frequency and quantity of urine) and *Śoṭha*. Albuminuria makes urine concentrated, viscid or dense. These features can be correlated with *sāndrameha* a subtype of *prameha*².

PATIENT'S HISTORY OF PRESENT ILLNESS

In December 2014 the patient had puffiness over face, pedal edema, weakness and anorexia; therefore he consulted a nephrologist at Rajkot. Nephrologist advised him for investigation like haemogram, blood

biochemistry, blood cells counts and urine analysis. All investigations reported in normal range except proteinuria. The nephrologist advised him for renal biopsy. But patient didn't agree for renal biopsy and to take conventional medicaments also. On 5th January 2015 he came at Mulajibhai Patel Urological Hospital, Nadiad for consultation. Again he was investigated thoroughly including ultrasonography of abdomen and advised for renal biopsy because all investigations were nearly about normal except proteinuria. At last he came at P.D Patel Ayurveda Hospital, Nadiad on 30th January 2015 with 2538.7 mg urinary protein per 24 hours.

CLINICAL FINDINGS

Patient was conscious with intact mental status but an anxious look. Periorbital puffiness, pedal edema was present.

DIAGNOSTIC FINDINGS

Ultrasonography of abdomen (5th January 2015):

Both kidneys show right 9.3 * 4.4 cm and left 9.1 * 4.9 cm. Both the kidneys shows echogenicity is equal to liver on right side and equal to spleen on left side. Corticomedullary differentiation was maintained. No calculus/hydronephrosis

seen. Urinary bladder is minimally full. Prostate- 16 cc. Liver show normal size and contours. Echotexture appears normal. No SOL seen. Biliary /portal radicles are normal. Gall bladder has normal appearances. Pancreas and spleen - normal appearances. No pleural effusion or ascites was noted.

Biochemistry- Hb-14.6g/dl, Total Leucocyte counts 7700/cmm, polymorphs-66%, lymphocytes-27%, eosinophil 1%, monocytes-6%, PPT test value-32 sec, PPT control value-38 sec, prothrombin test value-12 sec, prothrombin control value-14 sec, S.creatinine-1.08 mg/dl, S.uric acid-6.5 mg/dl, S.sodium-140 meq/l, S.potassium-4.6 meq/l, S.chloride-104 meq/l, S.bicarbonate-30.3 meq/l, S.calcium—9.4 mg/dl, S.protein-7 mg/dl, Alkaline Phosphatase-74 IU/dl, T.bilirubin-1.7 mg/dl, T.albumin serum-4.1g/dl, Urine albumin-2538 mg/24hrs.

THERAPUTIC INTERVENTION

Patient was treated with following Āyurvedic management.

- 1 *Varuṇādi kvātha* 40ml two times per day³.
- 2 *Haritakyādi kvātha* 40 ml two times per day⁴.

- 3 *Gokṣurādiguggulu* 3tab three times per day⁵.
- 4 *Bhūmyāmalakicurṇa* 2gm & *Rasāyanacurṇa* 3gm three times per day⁶.
- 5 Tab-Uricare (Punarvasu Pharmacy) 2tab three times per day.

OUTCOMES

Patient was treated with above treatment from 30th January 2015 to 24th of July 2015. Periorbital puffiness and pedal edema were totally disappeared; urine albumin level was significantly decreased after taking Āyurvedic treatment for about one month. Patient's hematological and biochemical investigations were carried out periodically as mentioned here. As mentioned in Table No 1.

DISCUSSION

This case was considered a type of *prameha* (a disease of urinary system with altered composition, frequency and quantity of urine) particularly *sāndrameha* and was treated accordingly with *pramehahara*, *Śothaghna* and *Rasāyanacikitsā*. According to Āyurvedic principles of management of the disease, tissue damage can be prevented and repaired by *Rasāyana* drugs because

they have the capability to improve qualities of tissues and hence increase resistance of the tissues. Through this treatment patient

got remarkable improvement in his physical complains as well as in pathological investigations.

Table 1

Investigation	30/01/15	27/02/15	13/03/15	27/03/15	22/05/15	22/06/15	14/7/15
Hb%	14.9	-	-	-	-	-	14.0
Urea(mg%)	20	15	18	-	-	-	20.0
Creatinine(mg%)	1.4	1.2	-	0.76	-	-	1.4
Protein (gm%)	-	6.7	7.0	7.4	-	-	7.0
Albumin(gm%)	3.4	3.7	3.6	4.2	-	-	3.4
Globulin(gm%)		3.0	3.4	3.2	-	-	3.6
U.Albumin(mg/24hrs)	2538	1293.5	48.2	40.0	35.0	-	30.0
U.Sugar	Nil	Nil	Nil		Nil		Nil

REFERENCES

1. Nicki R Coedge, Brian R Walker, Stuart H Ralston. Davidson's principles and practice of medicine. 21st edition. Churchill Livingstone ELSEVIER, 2010. 480
2. Charaka samhita nidansthana chapter 8-15.
3. Shushrut samhita sutrasthana chapter 37
4. Sharandhar samhita madhyam khanda chapter 2-101.
5. Sharandhar samhita madhyam khanda chapter 7-84 to87.
6. Ashtanga hardayam uttersthana chapter 39-159.