

Approach to Glomerulonephritis an Ayurvedic perspective - A Case Study

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Abstract:

Glomerulonephritis is a disease which causes swelling or inflammation of glomerulus which leads to glomerular injury and make inflammatory changes in glomerular capillaries and glomerular basement membrane. In the ayurvedic perspective, we can't consider glomerulonephritis as a single disease entity. So by observing the signs and symptoms we can assess the type of *dosha* involvement and manage accordingly. A 65-year-old male patient came to the OPD with swelling in the lower extremities, puffiness in the face, anorexia, breathlessness, difficult to walk with a urine report showing albumin ++++ in the urine. He was given *Kaphapitta Samana* treatment in the beginning along with *sophahara* drugs for two weeks. After two weeks the oedema was found to be subsided. After that *agni* was corrected using oral drugs for another two weeks. Blood investigations were repeated and it was found that albumin ++++ was changed to Albumin ++. The drugs were repeated for another one month. The swelling of the lower extremities, puffiness of the face, breathlessness was subsided and the patient was found to be completely healthy with albumin trace in the urine.

Keywords: Ayurveda, Glomerulonephritis, Kidney disease.

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Introduction:

Glomerulonephritis is a disease which causes swelling or inflammation of glomerulus which leads to glomerular injury and make inflammatory changes in glomerular capillaries and glomerular basement membrane. This may lead to renal failure. The injury may be a part of glomeruli or the tuft of glomeruli as a whole. Inflammatory changes may be immune-mediated. Diseases include membranous glomerulonephritis, minimal change disease, focal and segmental glomerulosclerosis, immunoglobulin A nephropathy, forms of rapidly progressive glomerulonephritis (vasculitis and anti-Good pasture's disease), and systemic lupus erythematosus nephritis as the more common forms, and glomerular damage in other systemic diseases such as diabetes, amyloidosis, myeloma, and a variety of infections.

Glomerulonephritis causes damage to tiny blood vessels in the kidneys. It can be acute, which means it starts suddenly, or chronic, during which the onset is gradual. Either type can be fatal. The glomeruli act as tiny filters within the kidneys. Each kidney contains millions of glomeruli. If the glomeruli become damaged, the kidney can no longer remove waste and excess fluids efficiently. Blood and protein cannot be filtered and are excreted in the urine. Primary glomerulonephritis refers to the occurrence of glomerulonephritis without an accompanying condition, while secondary glomerulonephritis is caused by another disease, such as diabetes, SLE, infection or drug use. Symptoms of glomerulonephritis include puffiness of the face on waking up, urine that is brown or contains traces of blood, decreased urination, fluid in the

lungs leading to coughing and shortness of breath, blood or protein in the urine, high blood pressure, swollen ankles or face, urinating frequently during the night, bubbles or foam in the urine, caused by the excess protein. While considering the symptoms of glomerulonephritis we can see that it has got symptoms of *Sopha, Mutra Krchra, Kasa, Jwara etc.*

Case Report:

A male patient aged 65 years old came to Out Patient Department with puffiness of the face, swelling of ankle joints, difficulty in walking, breathlessness, anorexia and urine analysis showing an albumin++++, serum creatinine and blood urea was found to be normal [Table 1]. The patient was with hypertension but was not diabetic. The patient was diagnosed as glomerulonephritis by the nephrologist. History of the presenting complaints was, it started with mild fever and then started anorexia leading to nausea and vomiting and then swelling appeared in the face and lower extremities and frothy urine. They consulted a nephrologist, he did blood and urine investigations and then diagnosed as glomerulonephritis. The patient was treated with antibiotics and diuretics for one week. And then the patient wants to take Ayurveda treatment and came to the OPD. There was no previous history of the disease. Cardiovascular, locomotor system examinations were done and were found normal. Pulse rate - 90/min, BP -180/100 mm Hg, while examining it was found that patient have edema (pitting) in the lower extremities and face, and found difficult to walk or climb stairs, difficulty in breathing, urine output was less, *Agni* was deteriorated, nausea was present in the morning.

Table-1: Urine analysis:

Urine parameters	Before treatment	After treatment
Colour	Amber	Amber
Appearance	clear	Clear
Specific gravity	1.020	1.010
PH	5	5
Albumin	++++	Trace
Sugar	Negative	Negative
Haemoglobinuria	Absent	Absent
RBC	4-6 /HPF	2-4 /HPF
Pus Cells	1-2/HPF	1-2/HPF
Epithelial Cells	1-2/HPF	1-2/HPF
Casts	Nil	Nil
Urobilinogen	Normal	Normal
Ketone bodies	Negative	Negative
Bilirubin	Negative	Negative
Nitrite	Negative	Negative
Any other findings	Nil	Nil

Table-2: Laboratory Investigations:

Investigations	Before treatment	After treatment
Hemoglobin	13.4 (Sodium Lauryl sulphate method)	13.4 mg/dL
Serum creatinine	1 mg/dL	0.8 mg/dL
Blood Urea	25 mg/dL	22 mg/dL
ESR	75 mm/hr	20 mm/hr

Table-3: Treatment Given:

Prescribed treatment	Duration
1. <i>Shadangam Kashaya</i> 90ml+ <i>Sudarsana</i> tab 1 (50mg) - at morning before breakfast 2. <i>Punarnavadi Kashaya</i> 90 ml at evening before meal	For 2 weeks
3. <i>Pachanamrtha Kashaya</i> 90 ml + <i>Sudarsana</i> tab 1 (50mg) - at morning before breakfast 4. <i>Punarnavadi Kashaya</i> 90 ml at evening before meal	For 2 weeks
5. <i>Vasanimbadi Kashaya</i> 90 ml -at morning before breakfast 6. <i>Guluchyadi Kashaya</i> 90 ml - at evening before meal	For 2 weeks

Results and Discussion:

The patient was treated with *Shadangam Kashaya*^[1] 90ml in the morning along with *Sudarsanam gulika*^[2] 50mg. *Punarnavadi Kashaya*^[3] 90ml was given in the evening for 2

weeks. This was to reduce the *Jwara*, *Sopha* and *Ama*. After two weeks when the patient came, the swelling and puffiness of face were subsided and his *Agni* was little improved, he was able to take food and no nausea in the morning. ESR

was checked, it was 40 mm/hr. Then he was given *Pachanamrtha Kashaya*^[4] in place of *Shadangam Kashaya* and *Sudarsanam gulika* continued. This was to improve the *Agni* and to reduce the *Ama*. *Pachanamrtha kashaya* is good medicine to improve the *Agni* and will reduce the *Ama*. After two weeks urine analysis was done to check the albumin level, then it was found that Albumin was reduced to ++. Then the patient was advised to take *Vasanimbadi Kashaya*^[5] and *Guluchayadi Kashaya*^[6] for two weeks [Table 3]. *Vasanimbadi* and *Guluchyadi kashaya* are good to reduce the inflammation and will help to increase the urine output. At the end of two weeks, urine was tested again for albumin, the report came as trace albumin in the urine [Table 1]. In Blood investigation ESR was reduced from 70mm/hr to 20mm/hr at the end of sixth week [Table 2]

Glomerulonephritis is a condition caused by the inflammation of glomerulus, so in the beginning, *Shadangam Kashayam* and *Sudarsanam Gulilka* were given to reduce the inflammation along with this *Punarnavadi kashayam* to reduce oedema. Then *Pachanamrtha kashaya* was given to improve the *Agni* (digestive fire), so that digestion was improved. *Pachanamrtha kashaya* will also help to reduce the *Ama* condition. It will help to reduce the inflammation. *Guluchayadi kashaya* and *Vasanimbadi kashaya* help to improve the urine output and also to reduce the inflammation. Hence the causes of Glomerulonephritis are varied, and the management should also be accordingly. Finding the cause is very important in the management of Glomerulonephritis. Some cases can be managed purely with Ayurveda.

Conclusion:

This Single case report showed Glomerulonephritis can be managed with Ayurveda treatment protocol. It is needed to trial with this formulation in more number of cases for scientific validation.

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