

## **Aetiological study of Nephrotic Syndrome in Ayurveda: A single case discussion**

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### **Abstract:**

Nephrotic syndrome is a group of symptoms that together show kidneys are not working as well as they should, people of all ages, genders, ethnicities can get nephrotic syndrome but is slightly more common in men than in women. Persistent loss of protein in urine may lead to irreplaceable kidney damage leading to kidney failure. Although many treatment postulates has been forwarded by modern medicine system, efficient management of nephrotic syndrome still remains unrewarded with higher recurrence rate. Ayurveda serves best in many disease conditions where conventional system face several limitations. Although, Ayurveda has not mentioned any disease as Nephrotic syndrome but on the basis of signs and symptoms presented in this condition resemblance with a group of diseases stated in Ayurveda comes under context. Current literature aims at establishing a case of nephrotic syndrome in the light of Ayurveda to determine aetiological factors responsible in the progression of the disease.

**Keywords:** Ayurveda, Nephrotic syndrome, *Nidan*.

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**Introduction:**

Nephrotic syndrome classically presents with heavy proteinuria, minimal haematuria, hypoalbuminaemia, hypercholesterolemia, edema and hypertension. If left undiagnosed or untreated, some of these symptoms will progressively damage enough glomeruli to cause a fall in GFR, producing renal failure. Nephrotic range of proteinuria is the loss of 3 grams or more per day of protein into the urine or on a single spot urine collection the presence of 2gm of protein per gram of urine creatinine.<sup>[1]</sup> Causes include primary kidney diseases such as minimal change disease, focal segmental glomerulosclerosis and membranous glomerulonephritis. It can also result from systemic diseases that affect other organs in addition to the kidney, such as diabetes mellitus, amyloidosis and lupus erythromatosus. In this study case discussion of nephrotic syndrome was assessed to evaluate the possible aetiological factors associated with the progression of Nephrotic syndrome in the context of Ayurveda in a certain case.

**Materials and Methods:**

A case study on a known case of nephrotic syndrome is done in a specially designed proforma and the same was evaluated under various Ayurvedic parameters as described in Charak samhita, Astanga hridaya, madhav nidana.<sup>[2-4]</sup> Food frequency gradation was incorporated to study the relation of various *Aharaja Hetu* responsible for precipitating the condition.<sup>[5]</sup> Gradation is done on the basis of frequency of diet taken within 7 days. Frequency of intake of once in a month is allotted gradations as mentioned in table -1

**Table-1: Gradations**

Gradations	Justification
0	No intake of <i>nidanas</i>
1	once in a week
2	2-3 times in a week
3	4 times in a week
4	5 times in a week
5	everyday intake

**Case Note:**

A 33 years old women presenting with gradual swelling of the whole body for last 10-11 days, She was admitted on 11/07/2018 at GACH, Guwahati. She was apparently doing well 15 days back. The disease is insidious in nature and gradually progressive. She first noticed bilateral swelling of legs which progressed further and gradually involved the whole body. Lately, swelling was involved in the abdomen and genitalia as well. Periorbital puffiness was marked. It was painless and pitting in nature. The urine output reduced to twice in a day with burning sensation and intermittent rise of temperature. She added passage of cloudy urine with no history of haematuria.

On examination the face is puffy with boggy eyelids. BP is 150/100mmhg. There is presence of generalised massive, posture dependant ascending pitting oedema. Presence of mild anaemia detected. Examination of respiratory system revealed presence of bilateral creps and impaired resonance, GIT examination suggests presence of fluid thrill and shifting dullness with everted umbilicus. On examination of other systems, reveal no detectable abnormality. Urine examination done at the bedside revealed presence of albumin (2.5gm/dl in 24 hr urinary sample) but there is absence of

sugar in the sample. Serum albumin levels were found to be as low as 2.5gm/dl. Triglycerides levels were high, estimated as 170 mg/dl.

Patient was evaluated according to the Ayurvedic perspective. *Prakriti* of the patient was *Kapha-Pittaj*. Assessment of *agni* was done for the patient on the basis of *jara sakti*, *abhyabaran sakti*, *astabidha pariksha* (as per necessary). *Abhyabaran sakti* is assessed by the intake capacity of the patient which is purely a subjective parameter and *jara sakti* is assessed by the attainment of *samyak jeerna lakshana* such as *udgar suddhi*, *utsah*, *vegoutsarga*, *laghuta*, *kshud*, *pipasa* and also by the duration of time taken for the attainment of the same. Thus *agni* status of the patient was evaluated as *agnimandya*. Presence of *ama* was presented as *sama jihva* on *jihva pariksha* and *avila mutrata* on *mutra pariksha* along with *asamyak pravritti* of *mutra*. *Nadi pariksha* revealed *vata kaphaja nadi* in the patient. *Sarvanga sophra* was noted on *akriti pariksha* with *suklabha aksha* on *drik pariksha*. *Srota pariksha* revealed involvement of *mutravaha* and *rasavaha srota dusti*. *Panchanidan* was evaluated from the patient and finally the case was diagnosed as *sotha*.

Detailed history of *aharaja* and *viharaja nidan* was evaluated and finally the *aharaja hetus* with gradation of 4 and 5 were considered as excessive intake of the particular food items. Those are-chilli, spices, garlic drumstick, rice, alcohol and pork. On the other hand *viharaja hetus* was evaluated as *ativyayam* on the basis of occupational history.

### Discussion on *Nidan*:

Concept of pill for every ill is becoming an outdated concept in modern era. For autoimmune diseases, such as nephrotic syndrome where there is no satisfactory proven treatment in conventional medical system, role of Ayurveda can be established by adopting definite treatment protocol from Ayurvedic perspective and to attain the same ruling out the *nidan* and the subsequent *dosa* involvement becomes necessary.

In the present case study a detailed history has been taken on the patients dietary and lifestyle habits. Depending on the frequency of commonly taken diet, a suitable gradation of intake has been subjected to the patient. Times in a week – gradation 4, everyday intake-gradation 5. The patient gave history of intake of mostly mixed diet comprising of rice, roti and both veg and non-veg diet. Rate of intake of non-veg diet which includes pork mostly is relatively higher. Patient also gave history of occasional intake of alcohol at present which was more frequent during her early 20's. Along with that history of intake of seasonal vegetables with almost every day intake of leafy vegetables and spices has been given. On the basis of evaluation done, as per suitable gradation allotted following information has been collected from the patient that are mentioned in table-2.

**Table-2: Aharaja Hetu:**

Food articles	Gradations
Chilli	5
Spices	5
Garlic	5
Drumstick	4
Alcohol	4
Pork	5

Chilli, garlic, drumsticks are of *katu rasa pradhan* in nature which is *pittavardhak*.<sup>[6]</sup> Again, Alcohol and pork are also considered to be *pittavardhak ahar*.<sup>[7]</sup> On the other hand, rice is *kaphavardhak*.<sup>[8]</sup> As per mentioned in charak samhita, varaha mamsa is guru[ch.su.27/78] which can be considered to vitiate *kapha dosa* if consumed regularly. Hence *varaha mamsa* can be linked with vitiation of both pitta and *kapha dosha*. In reference to *madya charak* has mentioned it to be *amla rasa pradhan*, *usna veerya* and amla in *vipak* which aggravates pitta *dosa*. [ch.su.27/178].

**Viharaj hetu:** The patient is a daily wage worker which indicates strenuous work on a regular basis, indicating *ativyayam*, resulting into *vataviddhi*.<sup>[9]</sup>

#### **Conclusion:**

In the present case for occurrence of nephrotic syndrome it was found that the diet articles that are chilli, spices, pork, garlic, alcohol (*pittavardhak ahar*) and rice (*kaphavardhak ahar*) were responsible. In *viharaja nidan* for occurrence of Nephrotic syndrome *ativyayam* is responsible in the present case.

#### **Limitation of study:**

This is single case study and need to evaluate the role *Ahara-vihar* (dietetic regimen) in more numbers of cases for its validation

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