

## Editorial For The Month Of Feb 2009

Nephritis is inflammation of one or both the kidney. The word comes from the Greek *nepbro-* meaning "of the kidney" and *-itis* meaning "inflammation". Nephritis is often caused by infections, toxins, and auto-immune diseases. In rare cases nephritis can be genetically inherited.

### Subtypes

- Glomerulonephritis is inflammation of the glomeruli. (Often when the term "nephritis" is used without qualification, this is the condition meant.)
- Interstitial\_nephritis or tubulo-interstitial-nephritis is inflammation of the spaces between renal\_tubules.
- Pyelonephritis is when a urinary tract infection has reached the pyelum (pelvis) of the kidney.
- Lupus nephritis is an inflammation of the kidney caused by systemic lupus erythematosus (SLE), a disease of the immune system.

Nephritis is the most common cause of glomerular injury. It is a disturbance of the glomerular structure with inflammatory cell proliferation. This can lead to: reduced glomerular blood flow leading to reduced urine output (oliguria) & retention of waste products (uremia). As a result, there can also be leakage of red blood cells from damaged glomerulus (hematuria). Low renal blood flow activates the renin-angiotensin-aldosterone system (RAAS), which therefore causes fluid retention and mild hypertension.

Nephritis is a serious medical condition which is the ninth highest cause of human death. As the kidneys inflame, they begin to excrete needed protein from the body into the urine stream. This

condition is called proteinuria. Loss of necessary protein due to nephritis can result in several life-threatening symptoms. Most dangerous in cases of nephritis is the loss of protein that keeps blood from clotting. This can result in blood clots causing sudden stroke.

Nephritis causes additional problems like water retention, as the kidneys cannot function properly to rid the body of water. Water retention or edema, can further cause swelling of the feet, ankles, legs, and hands.

Nephritis is diagnosed by evaluating a patient's history and possible genetic precursors for nephritis. When these do not exist, recent history of strep throat or bladder infection can indicate infectious nephritis. Additionally pain in the kidneys, on either side of the lower back, may indicate development of nephritis.

Urine analysis can be a significant help in diagnosing excess protein in the urine stream, as well as the presence of infection. Blood tests may also help diagnose nephritis. Physical exam can reveal kidneys that are swollen, and in some cases, magnetic resonance imaging (MRI) is used to evaluate amount of swelling.

### Homoeopathic Approach

Now I shall present few cases of nephritis that I have treated in my practice. The first case is of a young girl of 13 years old; she was studying in school, and was very intelligent, creative and smart girl. There were only few months left before her final examination was due in the month of March. And suddenly the mother observed that she has become suddenly weak, tired and complained of headaches. The headaches were worse in the morning and in the night. Any sort of mental or physical exertion will increase the headache. The headache was restricted to the temples and the vertex area. The mother took her to a general physician who examined her and gave her some pain killers and vitamins. She took this treatment for a period of a week, she felt much better but again the headache

recurred. This time with a little more severity, the mother again goes back to the doctor and he advised her simple blood count which shows anemia, with mild leucocytosis. The urine report shows phosphates, the specific gravity of urine was increased but there were no pus cells. She is kept on antibiotics thinking that she has some infection in the body mostly sinusitis and that is the reason why she gets severe headache but there was no improvement in fact after putting her on antibiotics she developed fever with chills for the first time. This is the time when they again rechecked all the investigations because the headache was becoming severe; there was a fever which used to be between 101 °F and 102 °F, the fever used to be worse in the evening and the night hours. This time in the investigations they found out that the girl has got a granular as well as hair line cast in the urine. Since the family was known to me, the mother brings the child to my clinic; I again reconfirm some of the symptoms. On reconfirmation I find that the headache first began on the left side and then it went to the right side. The headache was definitely worst in area of vertex and temple as said previously, it was worse in the morning and it was worse after any sort of physical and mental exertion. The perspiration was more on the face and the head, the tongue was coated white. For fever there were no characteristic symptoms except in the evening and the night hours when the fever used to become worse. She was hot all over the body, she had no taste for the food that she used to eat, and appetite was extremely diminished. The urine was getting darker and reddish but she had no pain while passing the urine. The stools were watery. When I examined her I found that her hands and the feet to be little colder than the rest of the body. She was chilly patient she did not allow the parents to keep the fan on. The pulse was full and bounding. Mentally as I said earlier the child was very intelligent, active, always used to get good rank in the school, also she was very sensitive child. Mother said that the child could not see any cruelty around her and she was extremely sensitive to that.

Based on these symptoms I prescribed, Benzoic acid 200 and later 1M brought an excellent cure in this particular condition. I have used Benzoic

acid in my practice in different types of nephritis ranging from glomerular nephritis to a simple nephritis. Some of the symptoms which I have repeatedly confirmed of Benzoic acid in my practice are offensive urine, symptom that starts from the left side and goes to the right side, family history or past history of rheumatism or gout, past history of bed wetting, omits the word while writing that is a very common symptom that I have confirmed in many children, in adults I have seen perspiration while eating, night sweats and strong craving for lemons.

My second case is of an old retired army officer who consulted me for his chronic nephritis, he was quite asymptomatic except he used to leak albumin with presence of cast in the urine. He was a known case of hypertension since many years and he felt that gradually his creatinine levels were going high by 0.5 % every year, his present creatinine levels were in the range of 4.5 mg. the doctor said that a time may come when he may need a dialysis.

I took his case; the following were the symptoms which helped me to identify his totality. He said staying in the military has made him quite an angry man but he had taken many measures to cope up with his issues of anger. As he was getting old the problem which worried him the most was his health and sometimes this made him quite nervous and anxious. He worked for about 35 years in army during this time he had given up practically his family life, he married when he was very young but then he got divorced within few years of marriage. He does not know the real reason why his wife divorced him but he feels that he was too involved in his profession and hence he could not give much time to his family life. His family used to always call him a very obstinate person and he would only do things if he feels is right for him. When he was a young boy he suffered from dandruff, he had a weak eye sight, his face was looking little earthy, he had complained of bleeding gums, when I examined his oral cavity I found lot of mercury fillings in his mouth and he was quite worried about

this as he thought that this may not lead in mercury poisoning. He used to be a very good eater but with his high creatinine doctor have advised him to eat low protein diet which he is not enjoying much.

He was thirsty for cold water, there is a very unique symptom that I have found out that he used to have a flatulent distension regularly after every meals and he needs to pass lot of flatus to reduce that distension. He used to get up very frequently in the night to pass urine.

He blames that having irregular and unhygienic food in military could be the cause for his leak in the albumin in the urine. His ultrasound sonography of the kidney shows shrinking of the kidney and the military hospital doctors have warned him that dialysis is quite eminent because his kidney is not responding to the modern line of treatment. He was given steroid for quite a long time but the response was only temporarily, as a result after a course of steroids his creatinine started jumping up. When I examined his hand, on the back of the hand I found some dry eczema which he said he always ignored it. He has a disturbed sleep. He mentioned that in the past he had repeated eczemas in different part of the body which rarely he got himself treated but some eczemas he did treated with ointments.

He basically loved food and alcohol. He also had a past history of bloody dysentery at least 5-6 attacks while he was working in the military and being in the military he was vaccinated umpteen numbers of times.

I studied his case and decided to put him on Lycopodium, I tried Lycopodium in different potencies but it did not help him. Later on I gave him few doses of Thuja which also did not help him to bring his creatinine down or the disappearance of albumin. I restudies his case once again and came to few very strong symptoms which were already present, his anger,

his anxiety related to his health, his obstinate nature, history of hemorrhage in the past, his weak eye sight, history of eczemas and leaking of albumin in the urine, all these helped me to select Kali chlor. Kali chlor 200 and then later on 50 M and CM helped me to almost bring the routine urine to the trace of albumin and the creatinine came back to 2.1. Even though he was not cooperative in his diet yet the creatinine came down which is something very unique as far as Homoeopathy is concerned.

Kali chlor is not a new medicine in my practice; I have used Kali chlor in diseases of liver, kidney, spleen, nephritic syndrome, renal failures etc. I have used Kali chlor in acute as well as in chronic kidney diseases, even though Materia Medica highlights its use in acute nephritis but I have used this in many cases of chronic nephritis also.

The things that I have learned from my cases are as follows: Kali chlor patients get easily intoxicated by beer or wine, they get a feeling of tightness in the sinciput region, they usually have history of either bleeding from the nose or the bleeding from the rectum or the bleeding from the urine or bleeding from the gums, they usually have ulceration in the mouth (not must) and the diarrhoea which is usually no stool but only mucus.

You may mistake this drug with Merc-sol or Lycopodium in your practice. The tendency to hemorrhage, profound prostration and offensive discharge are one of the key symptoms of the remedy Kali chlor.