International Journal of Homoeopathic Sciences

**E-ISSN:** 2616-4493
**P-ISSN:** 2616-4485
**Impact Factor (RJIF):** 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(3): 913-916
Received: 21-06-2025
Accepted: 23-07-2025

**Dr. M Ram Reddy**
Professor & Head, Department of Repertory, Devs Homeopathic Medical College & Hospital, Hyderabad. Telangana, India

**Dr. T Murali**
Professor & Head, Department of Pharmacy, Devs Homeopathic Medical College & Hospital, Hyderabad. Telangana, India

**Dr. G Madhavi**
Professor & Head, Department of Organon & Philosophy, Devs Homeopathic Medical College & Hospital, Hyderabad. Telangana, India

**Corresponding Author:**
**Dr. M Ram Reddy**
Professor & Head, Department of Repertory, Devs Homeopathic Medical College & Hospital, Hyderabad, Telangana, India

# Role of homoeopathy in nephrotic syndrome: An evidence-based case report

**M Ram Reddy, T Murali and G Madhavi**

**DOI:** https://www.doi.org/10.33545/26164485.2025.v9.i3.N.1764

**Abstract**
Nephrotic syndrome is a clinical condition characterized by significant proteinuria and hypoalbuminemia, which results in high cholesterol levels (hyperlipidemia), swelling (oedema), and various other complications. Proteinuria is considered to be in the nephrotic range when there is a loss of 3 grams or more of protein in a 24-hour urine collection. Alternatively, it can be identified if a spot urine sample shows 2 grams of protein per gram of creatinine. Complementary and alternative therapies have been widely utilized in the treatment of nephrotic syndrome. Homeopathic treatment may offer a safer approach to managing the disease.
**Case Summary:** This is the case of a 40-year-old female who presented with Nephrotic syndrome and was successfully managed with individualised homeopathic medicine *Apis mellifica*. The case was followed up with documentation of clinical symptoms and investigation reports for 4months.

**Keywords:** Nephrotic syndrome, proteinuria, oedema, *Apis mellifica*

## Introduction
Nephrotic syndrome is a significant manifestation of glomerular disease, characterized by heavy proteinuria, low levels of albumin, hyperlipidemia, and edema.Nephrotic syndrome can result from primary (idiopathic) renal disease or various secondary causes [1]. such as malignancies, infections, diabetes, and amyloidosis[1]. Nephrotic syndrome can be detected early with simple urinalysis for protein levels and serum creatinine testing; however, a heightened level of suspicion may be required in patients with comorbidities such as heart or liver disease [1].

## Epidemiology
The annual incidence of Nephrotic syndrome in adults is 3 per 100,000.[1] In adults, diabetes mellitus is the leading secondary cause, while focal segmental glomerulosclerosis and membranous nephropathy are the primary causes.

## Pathophysiology
Proteinuria of >3–3.5 g/24 h or spot urine protein [3]: Creatinine ratio of >300–350 mg/mmol, serum albumin <25 g/L, and severe hyperlipidaemia with total cholesterol often >10 mmol/L [4].
Nephrotic syndrome occurs due to increased permeability to proteins at the level of the glomerulus, allowing for the passage of albumin and other proteins into the urine [5]. Proteinuria can lead to various clinical complications, including fluid accumulation, kidney inflammation, and problems with coagulation and immune system regulation [5].
In Nephrotic syndrome, inflammation of glomeruli, which increases glomerular permeability to large molecules, mainly albumin but also other plasma proteins such as antithrombin or immunoglobulins, allowing them to pass through the cell membrane and appear in the urine. Proteinuria causes a drop in serum albumin, which leads to oedema as albumin is the main protein in the blood that maintains oncotic pressure, preventing fluid from leaking into the extracellular space. A spot urine sample for a protein: creatinine ratio or albumin: creatinine ratio is recommended It is an accurate indicator of proteinuria and a dependable predictor of disease progression. This method is simple, cost-effective, and useful for evaluating the severity of renal disease and its prognosis.

**Classification**
Nephrotic syndrome is classified into primary and secondary nephrotic syndrome. Primary nephrotic syndrome includes minimal change disease, focal segmental glomerulosclerosis, membranous nephropathy, and mesangiocapillary glomerulonephritis. Secondary nephrotic syndrome included various infections [6].

**Treatment**
Conventional treatment of Nephrotic syndrome includes an angiotensin-converting enzyme **(**ACE) inhibitor or an angiotensin II receptor blocker **(**ARB) to reduce hyperproteinuria and blood pressure. A low salt diet, diuretics, drugs to lower cholesterol levels, anticoagulants, and corticosteroids are also recommended for the management [3]. If this supportive treatment fails, dialysis and kidney transplants are considered life-saving treatment modalities.

**Patient information**
**Presenting complaints**
1. Swelling of legs, hands, and face for 2 days
2. Decreased urine output for 2 days

**History of presenting complaints**
A 40-year-old female presented with complaints of abdominal pain, facial puffiness, decreased urine output, bilateral pedal oedema, flank pain, and mild dehydration to the IPD of the allopathic hospital on 14 April 2025. Swelling in the feet and legs. The swelling had gradually ascended from the legs to the whole body. The swelling was prominent on the face and feet. She was diagnosed with proteinuria; the cause may be bilateral tonsillar enlargement and APD. After 2 days of allopathic treatment, she was discharged with relief of symptoms.
Again, after 2 days, she developed swelling of the whole body, more prominent on legs, hands, and face, with a decrease in urine output. Now she consulted as an IPD patient at the DEVS Homeopathic Medical College and Hospital.

**Past history and treatment history**
Patient had a history of bilateral tonsillar enlargement and acid peptic disorder since 1month, for which she took allopathic medications. She has been diabetic for 5years.
She was advised conservative medical management. She was treated with IV fluids, IV antibiotics, IV analgesics, antiemetics, proton pump inhibitors, and multivitamin injection. After 2 days, she was discharged in stable condition.

**Family history**
Mother was a known case of Diabetes for 15 years.

**Clinical examination**
Patient was conscious, coherent
Temp: normal; PR-79/min; RR-17/min; B.P-110/70mmHg:

**Diagnostic assessment**
The case report presented here is a diagnosed case of Nephrotic syndrome resulting secondarily due to bilateral tonsillar enlargement and APD. The diagnosis was made based on the CUE -protein/creatinine ratio is 2.6, and protein in urine is 3+ g/dl.

ICD-10-CM Code for Nephrotic syndrome N04 refers to nephrotic syndrome with minor glomerular abnormality.

**Generals of the patient**
Built: The patient was of fair and moderate built.
Thermals: hot patient
Appetite: normal
Desires: non-veg
Thirst: less
Urine: scanty urination
Mind: The patient was irritable and easily gets anger. She is a local leader in her community, a dominant personality.

**Analysis of the case**
The characteristic symptoms of the case, including physical and mental general symptoms, particular symptoms, and pathological symptoms, were taken to form the totality of symptoms. Based on this totality and after repertorization, a drug was selected.

**Totality of symptoms**
**Mental generals**
1. irritable and easily gets anger
2. Dominating

**Physical generals**
1. hot patient
2. Thirst less
3. Desires non-veg
4. Urine scanty

**Particulars**
1. swelling of the hands, feet, and face

**Pathological general**
1.Albuminuria.

**Therapeutic intervention**
The symptomatology that was taken for repertorization, using Kent's repertory [7]. was shown in Figure 1. As per the repertorial analysis, *Apis* had the highest score covering all symptoms, making it the first indicated medicine. After consulting the Materia Medica, *Apis* was chosen for the final prescription after considering the entirety of the repertorial information and the other presenting characteristics.

**Analysis of the repertorial result[7]**
*Apis mellifica* covered all the general and particular symptoms of the patient, followed by Lycopodium, Ars alb, fer met, and sulphur (fig1).

**Choice of the remedy**
After consulting Materia medica, *Apis mellifica* was selected it was covering 10/11symptoms, acute albuminuria occurring as a sequel of acute disease [8], oedematous swellings, scanty urination [9], desires open air [8, 9, 10], thirstless in anasarca [10]. Then followed by Lyco covering 9/11, it does not cover the symptom albuminuria, followed by Ars alb, fer met, and sulphur.

**Discussion**
The conventional treatment is very costly and requires lifelong dependency on medicines as remission occurs.

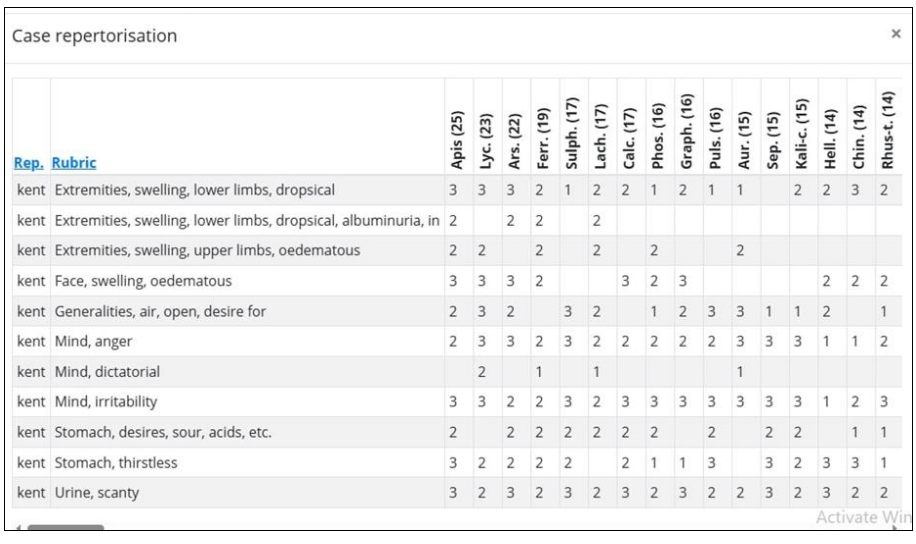
Corticosteroids lower the immunity, leading to other comorbidities, so other alternative treatments need to be explored for the treatment of NS. Homoeopathic treatment could be a cost-effective alternative to conventional treatment. A case of nephrotic syndrome was treated with individualized homeopathic medicine Nat. Sulph after a thorough case analysis, covering underlying pathology, possible causative factors, and miasmatic tendency[11]. Another case of nephrotic syndrome was treated by Arsenicum album, which was selected by using Boger's Pathological approach [12].

In this case of nephrotic syndrome, *Apis mellifica* was selected based on the generals and pathological generals. Pathological generals were given importance in this case, as they show the behaviour of the whole constitution, which is important to understand the individual [12]. The Pathological approach is a prescription method proposed by Boger-Boeninghausen. In this approach, the remedy's action is understood from both physical and pathological perspectives, leading to its prescription. In this case, Apis was given in 200 Potency. Since there was no change in the patient's complaints and the same remedy was indicated so given as mother tincture. In oedematous conditions lower potencies are useful [9].

When pathological symptoms are present, first administer the remedy in tincture or low trituration; then increase the dosage [14]. After starting homeopathic treatment, physical complaints gradually decreased, as recorded through laboratory examinations. The laboratory investigations were done at frequent intervals, which showed that the spot protein: Creatinine ratio and spot urine protein were normal. Within four months of homeopathic treatment, there was a marked improvement in the complaints, with normal laboratory reports, and no further dependency on conventional treatment.

**Table 1:** Follow-up and outcome

| Date | Symptoms | Follow-UP |
|---|---|---|
| 14-4-2025 | Abdominal pain, facial and pedal oedema, decreased urine output. diagnosed with proteinuria nephrotic syndrome.<br>Protein in urine-3+g/dl: protein/creatinine-2.6 | She took allopathic treatment for the complaints and was discharged after 2 days in stable condition with relief of symptoms. |
| 18-4-2025 | After 2 days, she again started developing oedema of the face and lower limbs and decreased urine output. She came to OPD of Devs college &hospital on 18-4-2025 (fig:2) | After repertorizing the case, *Apis mellifica* 200-3doses/1 day was given. |
| 19-4-2025 | There is no improvement in the complaints; again case was taken same remedy was indicated. (fig 2) | Placebo was given for 1 day |
| 20-4-2025 | No improvement in the complaints. | *Apis mellifica* Q was given 10drops in ¼ cup of water three times a day. |
| 21-4-2025 | There is a slight increase in urine output, and oedema decreased slightly. | *Apis mellifica* Q was given 10drops in ¼ cup of water three times a day for 2days |
| 23-4-2025 | Urine output increased, and facial oedema and pedal oedema reduced slightly | *Apis mellifica* Q was continued for 3days. |
| 27-4-2025 | Urine output increased, and oedema of the face and limbs decreased. (fig 3) | Placebo was given for 3days |
| 1-5-2025 | The patient was feeling well, and urine output was normal. No oedema of face and limbs. | Placebo for 10 days |
| 12-5-2025 | Patient is feeling well. No complaints. All reports were normal.<br>Spot urine protein/creatinine-0.5g/g<br>Spot urine protein-20.3mg/dl | Placebo for 10days |
| 24-5-2025 | The patient was feeling well. No complaints. Reports were normal<br>Spot urine protein/creatinine-0.17g/g<br>Spot urine protein-12mg/dl | Placebo for 15 days, advised for follow-up once in 15 days. |
| 13-6-2025 | The patient was feeling better. No complaints. Reports were normal<br>Spot urine protein/creatinine-0.2 g/g<br>Spot urine protein- 11mg/dl | Placebo for 2months |
| 20-8-2025 | No complaints till today. | Placebo for 1 month |


Case repertorisation

| Rep. | Rubric | Apis (25) | Lyc. (23) | Ars. (22) | Ferr. (19) | Sulph. (17) | Lach. (17) | Calc. (17) | Phos. (16) | Graph. (16) | Puls. (16) | Aur. (15) | Sep. (15) | Kali-c. (15) | Hell. (14) | Chin. (14) | Rhus-t. (14) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| kent | Extremities, swelling, lower limbs, dropsical | 3 | 3 | 3 | 2 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | | 2 | 2 | 3 | 2 |
| kent | Extremities, swelling, lower limbs, dropsical, albuminuria, in | 2 | | 2 | 2 | | 2 | | | | | | | | | | |
| kent | Extremities, swelling, upper limbs, oedematous | 2 | 2 | | 2 | | 2 | | 2 | | | 2 | | | | | |
| kent | Face, swelling, oedematous | 3 | 3 | 3 | 2 | | | 3 | 2 | 3 | | | | | 2 | 2 | 2 |
| kent | Generalities, air, open, desire for | 2 | 3 | 2 | | 3 | 2 | | 1 | 2 | 3 | 3 | 1 | 1 | 2 | | 1 |
| kent | Mind, anger | 2 | 3 | 3 | 2 | 3 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 1 | 1 | 2 |
| kent | Mind, dictatorial | | 2 | | 1 | | 1 | | | | | 1 | | | | | |
| kent | Mind, irritability | 3 | 3 | 2 | 2 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 1 | 2 | 3 |
| kent | Stomach, desires, sour, acids, etc. | 2 | | 2 | 2 | 2 | 2 | 2 | 2 | | 2 | | 2 | 2 | | 1 | 1 |
| kent | Stomach, thirstless | 3 | 2 | 2 | 2 | 2 | | 2 | 1 | 1 | 3 | | 3 | 2 | 3 | 3 | 1 |
| kent | Urine, scanty | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 3 | 2 | 2 | 3 | 2 | 3 | 2 | 2 |

**Fig 1:** Repertory Sheet


**Fig 2:** Before treatment

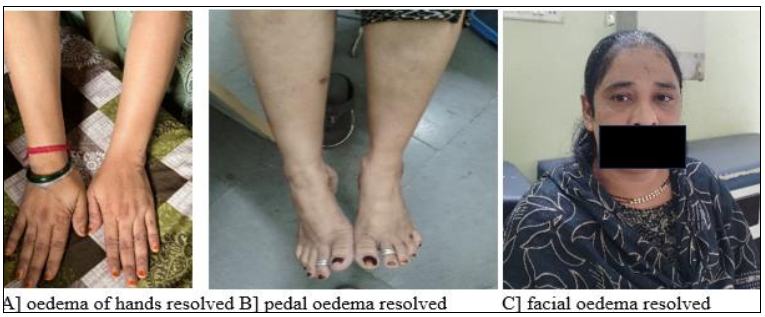



**Fig 3:** After treatment

## Conclusion

This case report describes the successful management of nephrotic syndrome through individualized homeopathic medicine. This approach can be beneficial in situations where long-term or lifelong reliance on conventional treatments is typically necessary. By homeopathic treatment, there is potential to reduce the dependence on long-term immunosuppressants and corticosteroids, which are associated with various side effects.

## Acknowledgements

We acknowledge this work to our institute, Devs Homeopathic Medical College & Hospital, our director and principal, and to our colleagues. We also acknowledge our patient for cooperating in recording this case.

## Consent of parents

A voluntary written consent was obtained from the patient for the publication of the case report and photos.

## Conflict of Interest

There is no conflict of interest.

## References

1. Mahalingasivam V, Booth J, Sheaff M, Yaqoob M. Nephrotic syndrome in adults. Acute Med. 2018;17(1):36-43.
2. Politano SA, Colbert GB, Hamiduzzaman N. Nephrotic Syndrome. *Prim Care*. 2020;47(4):597-613.
3. Jameson JL, Fauci AS, Kasper DL, Hauser SL, Longo DL, Loscalzo J. Harrison's Principles of Internal Medicine. 21st ed. McGraw-Hill; 2018. p. 332.
4. Hull RP, Goldsmith DJ. Nephrotic syndrome in adults. *BMJ*. 2008;336:1185-9.
5. Zabala Ramirez MJ, Stein EJ, Jain K. Nephrotic Syndrome for the Internist. Med Clin North Am. 2023;107(4):727-737.
6. Kumari P, Verma R. Nephrotic Syndrome treated with homoeopathy: An evidence-based case-report. Indian J Res Homoeopathy. 2022;16(3):224-230.
7. Kent JT. Repertory of Homeopathic Materia medica. Kent CL, editor. 6th American ed. B Jain Publishers; 1998.
8. Kent JT. Lectures on Homeopathic Materia medica. B Jain Publishers Pvt Ltd; 2003. p. 122.
9. Boericke W. Pocket Manual of Homeopathic Materia Medica and Repertory and a Chapter on Rare and Uncommon Remedies. B. Jain Publishers; 2004. p. 61-64.
10. Allen HC. keynotes and characteristics with comparisons of some of the leading Nosodes. B Jain Publishers Pvt Ltd; 1990. p. 28-29.
11. Kumari P, Verma R. Nephrotic syndrome treated with homoeopathy: An evidence-based case-report. Indian J Res Homoeopathy. 2022;16(3).
12. Sriharitha A, Rani U, Mookambika K. Utility of Boger's pathological approach in treating a case of nephrotic syndrome-evidence-based case report. 2022;6(4):457-460.
13. Tiwari SK. Essentials of Repertorization. B Jain Pub Pvt Limited; 2007. p. 250-251.
14. Close S. The Genius of Homeopathy, lectures and essays on Homeopathic Philosophy. B. Jain Publishers Pvt Ltd; 1986. p. 195-196.

**How to Cite This Article**
Reddy MR, Murali T, Madhavi G. Role of homoeopathy in nephrotic syndrome: An evidence-based case report. International Journal of Homoeopathic Sciences. 2025;9(3):913-916.