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MANAGEMENT OF PROTEINURIA IN HOMEOPATHY

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ABSTRACT

In the recent times, along with diabetes mellitus and hypertension; chronic kidney diseases are emerging as a serious problem all over the world. Many studies indicate that proteinuria is a cause of inflammation, progression of chronic kidney disease, and development of cardiovascular disease. The condition in which loss of protein occur through urine is called Proteinuria. If person complaints of foamy urine, development of swelling in the feet, hands and face; all this indicate about protein loss in urine. The processes that lead to proteinuria involve various factors such as glomerular filtration, tubular absorption, and diffusion gradients. Normal urinary protein excretion is < 150 mg/24 hours and consists mostly of secreted proteins. The normal mean albumin excretion rate (AER) is 5-10 mg/day and AER above 30 mg/day is considered as abnormal. *Homeopathy* is an alternative medical science which focuses on treating the main cause of the disease rather than only symptom. Due to the disruption in the vital forces of the body physiological balancing gets disturbed which is again restored by the *Homeopathic* remedies.

KEYWORDS:- Proteins, Glomerulopathy, Nephritis, Vasculitis, *Homeopathy*.

INTRODUCTION

Homeopathy is a branch which is developed by *Dr. Hahnemann* by blending the scientific and artistic concepts. It works on principles of drug dynamisation, individualization which are the reason behind the great success of *Homeopathy*. Drug dynamisation is a process in which original drug substance is diluted by using water, ethanol or milk and triturated. All this processes increases the therapeutic efficacy of the drugs. Low dose does not cause any

side effect. These ultra high dilutions initiate the proper physiological functioning of the tissues, organs and thus provides cure by molecular mechanism.

Proteins especially albumin are the building blocks of the body including the bones, muscles, hairs etc. They are essential for the body as they help in protecting the body from infections. Proteins help in blood clotting and also help in balancing the circulation of fluids in the body. The kidneys play a major role in the retention of plasma proteins, their re-absorption through renal tubules. Normal excretion of protein in urine is up to 150 mg/day. Therefore, the detections of abnormal quantities or types of protein in the urine are considered as an early sign of renal or systemic disease.

Proteinuria is considered as a major healthcare problem affecting millions of people worldwide. It is considered as a sensitive marker for progressive renal dysfunction. Albumin excretion rate (AER) between 30 to 300 mg/day is called microalbuminuria. Levels greater than 300 mg/day are called severe albuminuria or macroalbuminuria. If albuminuria persists for more than 3 months then it is considered as Chronic Kidney Disease. Microalbuminuria is indicative of cardiovascular disease and macroalbuminuria is indicative of chronic kidney diseases. Proteinuria, may indicate the presence of a wide variety of medical conditions. The amount of protein excreted in the urine may be increased by several factors, such as increase in glomerular hydraulic pressure, decreases in tubular reabsorption, pathologic changes of the glomeruli, catabolism of protein, and increase in concentration of plasma proteins. Nephrotic syndrome is a chronic clinical condition characterized by proteinuria, hypoalbuminemia, edema, and hypercholesterolemia.

Mostly primary glomerular diseases associated with proteinuria and secondary renal diseases (eg, diabetic nephropathy) are more common in males than in females. The incidence of hypertension and diabetes is increasing with age. Thus the incidence of persistent proteinuria is also increasing with age.

Etiology of proteinuria

- The presence of abnormal amounts of protein in the urine can occur due to some systemic diseases affecting the absorption capacity of kidneys. Sometimes overproduction of plasma proteins occurs that exceed the capacity of the normal proximal tubule to reabsorb them.

- Glomerular disease like glomerulonephritis, Renal vasculitis, Bacterial endocarditis, Diabetic nephropathy etc.
- Neoplasms such as Carcinoma (eg, bronchus, breast, colon, stomach, kidney), leukemia, lymphomas, melanoma.
- Medications/drugs such as Heroin, lithium, nonsteroidal anti-inflammatory drugs,
- Viral Infections like Epstein-Barr virus, hepatitis B and C viruses, herpes zoster, human immunodeficiency virus
- Allergic reactions of Antitoxins, insect stings
- Genetic condition like Hereditary nephritis

Types of proteinuria

Proteinuria can be differentiated on the basis of following ways depicted in Figure1.

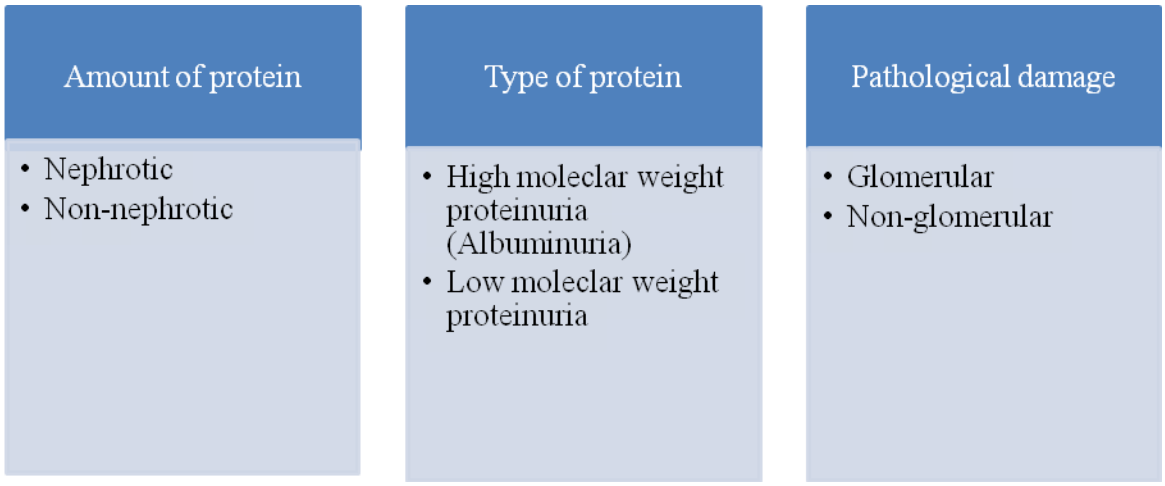

Figure 1: Different types of proteinuria.

Pathophysiology

Hypertension, diabetes (both type 1 and type2), obesity, older age, family history of kidney disease is some risk factors responsible for proteinuria. It is assumed that proteinuria involves dysfunction of the glomerular filtration barrier and tubular dysfunction. The glomerular filtration barrier separates the kidney vasculature from the urinary space. The three components of the glomerular filtration barrier are the podocytes (epithelial cells), the fenestrated endothelial cells, and the glomerular basement membrane (GBM). Purpose of glomerular filtration barrier is to prevent the passage of plasma proteins (albumin).The small amount of albumin and non-albumin protein that is filtered is reabsorbed in the proximal convoluted tubule (PCT). As all three are interlinked, damage to any one of them affects the functioning of the others. Change in the structure of the foot processes of podocytes can

result in proteinuria. The glomerular filtration barrier is also maintained by the mesangium's mesangial cells. Mesangial cells lie close to the capillary lumen and play an important role in glomerular hemodynamics and immune complex clearance. The mesangial cells produce a matrix made up of collagen, fibronectin and proteglycans that supports the glomerular capillaries. This is a common site of deposition of circulating immune complexes. The mesangium is disrupted by cell proliferation, as occurs in diabetic nephropathy or immunoglonin A (IgA) nephropathy.

Symptoms of proteinuria

In early or mild cases proteinuria remain unnoticed. Some symptoms are mentioned in Figure 2.

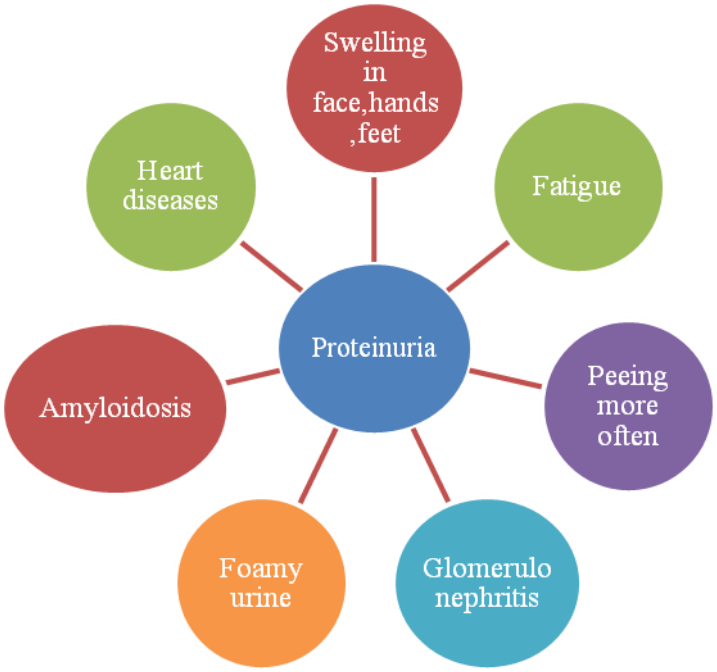

Figure 2: Symptoms of proteinuria.

Diagnostic tests

- 24-hour urine sample measurement of albumin (the main protein found in the body)
- Urine cultures (looking for infections)
- Urinalysis
- Serum creatinine (a measure of kidney function) and other blood tests
- Complete blood count
- Abdominal and pelvic ultrasound (use of sound waves to evaluate body areas)
- Kidney biopsy to help diagnose the reason for proteinuria

Complications

Complications of proteinuria include the following

- Pulmonary edema due to fluid overload
- Acute renal failure due to intravascular depletion
- Increased risk of bacterial infection,
- Increased risk of arterial and venous thrombosis,
- Increased risk of cardiovascular disease

Treatment

- ***Arsenic album*** – This Homeopathic medicine play important role in the later stage of the disease when there are symptoms of pale skin, watery diaarhoea and dyspnoea attack while lying down. After expectoration of mucus patient feel relieved. One can notice the edematous swelling especially on the face and abdomen. Patient feels extreme weakness, fatigue, anxiety and urge of drinking water at short intervals.
- ***Terebinthia***- This medicine is indicated in the early stage of renal diseases especially for albuminuria. Urine will be dark, bloody cloudy and albuminous in nature. Patient will complain of burning, pain around kidney and swelling all over the body.
- ***Cantharis*** – When patient is complaining of cutting pain in the lumbar region and urine is passed in drops. Urine is mixed with blood and requires more urging. In Scarlatina and post diptheric kidney disease we can indicate cantharis.
- ***Mercurius corrosivus*** – When urine is albuminous, scanty, red and colour of the body turns pale. Patient complains of lumbar pain, dyspnoea, and excessive burning while urination. Patient has an expression of uneasiness on the face and this is the most prominent symptom for which this medicine is suggested.
- ***Phosphorus*** – This remedy is suggested in the case of lassitude, icy cold hand and feet; sleepiness. Patient experiences fatigue in the morning; vomiting and there is heat in the body without thirst especially in the evening. One can see the edema in the upper eyelid and face.

CONCLUSION

Proteinuria is the most common sign which indicate about the renal disease. Chronic conditions which remain undetected for long time can also lead to renal problems. Kidneys do not allow filtration of proteins in the normal physiological condition thus, presence of proteins in the urine is indicative of kidney disease. This can be diagnosed by doing the

laboratory testing. Proteinuria can occur due to various renal pathologic conditions, such as glomerulopathy, nephritis, vasculitis etc. Conventional medicinal treatment has a lot of side effects on the body and thus *homeopathic* medicines use is increasing day by day which are giving the successful results and are also not causing any side effects into the body. *Homeopathy* not only treats the symptoms but its main focus is to eradicate the changes which is causing the disease. Alongwith medication, lifestyle changes and dietary habits need to be improved.

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