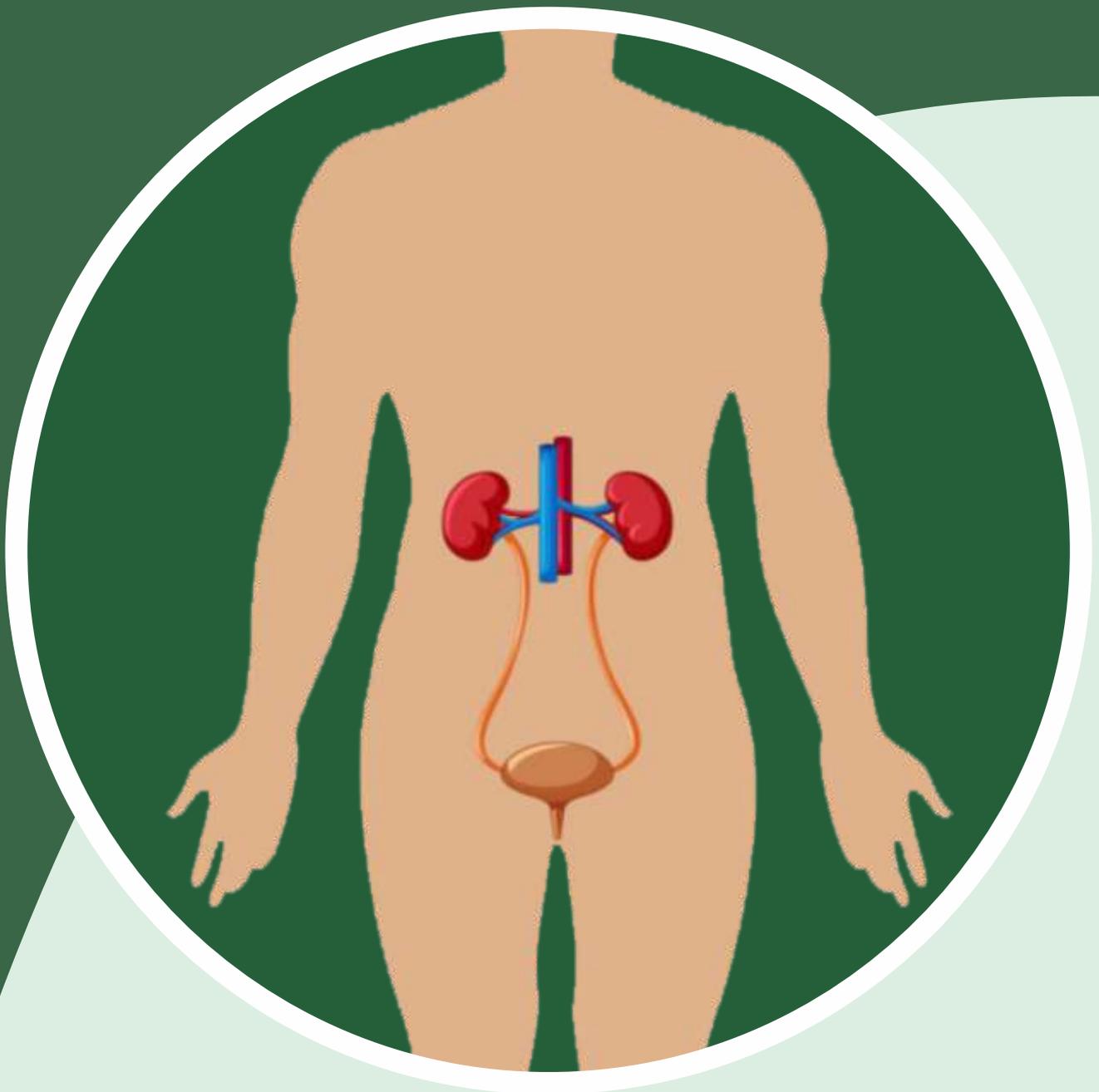


A QUARTERLY HOMOEOPATHY NEWS BULLETIN

HOMOEODINSIGHT

THIS BULLETIN IS BASED ON “HOMOEOPATHY IN URINARY DISORDERS”

VOL IX | ISSUE X | DECEMBER 2022



PARUL INSTITUTE OF HOMOEOPATHY & RESEARCH
PARUL UNIVERSITY

Managing Editor's Message



Dr. B. P. Panda
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It is my privilege to share my view on the theme “Homoeopathy in Urinary Disorders” in our 9th issue institutional quarterly bulletin “HomoeoInsight”. The editor of the issue Dr. Pranali Mistry has rightly chosen the theme keeping in view the dominance of Urinary disorders in the present scenario in our community, in which the conventional medicine fails to treat the cases successfully and judiciously and Homoeopathy medicines cures such disorders considering the patient as a whole based on holistic approach. This issue also contains regular curricular activities like expert lectures, workshops, seminars, symposium and quiz conducted for the students by the students organized by each department. In the same sequence it reflects extracurricular activities like celebration of different national and international days, health awareness campaigns and NSS activities. The sustenance of regular releasing of quarterly bulletin is one of the bench mark of team work of all the stake holders of the institute. I hope this bulletin will enrich the knowledge of the readers and gain appreciation of the team of work of our institution from the readers. I heartily congratulate all the editorial board members. Wish you all a HAPPY READING.

“A job shouldn't be a mean of existence but rather, a means of sustenance” - Sunday Adelaja

Editorial Message



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Urinary disorders are one of the most common outpatient infections in India. There is an increase in incidence and prevalence of cases of urinary disorders – with time. Hence, we decided the title – “**Homoeopathy in Disorders of the Urinary System**”. Homoeopathy since ages has proved its efficacy in treating and managing all stages and variants of acute and chronic diseases pertaining to the urinary system. Homoeopathy does not recognise kidneys, bladder, and urethra as mere organs of excretion or selective filtration but always recognises it in relation to the individual as a whole. It helps to reduce (and, in certain cases, eventually to stop) the doses of conventional medicines, once the improvement sets in. This issue summarises topics like urinary tract infection, which is the most common urinary disorder and 2nd most is renal calculi, case report of cystitis and renal calculi managed with homoeopathy provides an evidence of its potential in treating them. Urinary disorders like incontinence and enuresis having extra renal causes have also been considered. The effect of autoimmune diseases on urinary system is not unknown. Lupus nephritis, one of the complications of SLE and its management provides an insight on how to deal with such maladies. Lastly, quiz for those who like brainstorming. I am grateful to Dr. B.P. Panda Sir for giving me the opportunity to be an editor of this issue. I highly appreciate the students and faculty members for their dedication, enthusiasm and active participation in submitting the articles. We assure to serve the best for the development of Homoeopathy. Enjoy the read.

With regards,

URINARY TRACT INFECTION AND ITS HOMOEOPATHIC MANAGEMENT

ABSTRACT:

Urinary Tract Infection is a bacterial infection of the urinary tract. It more commonly occurs in women than in men. It affects the lower portions of the urinary tract. If an infection occurs in the bladder and urethra, it can be painful and annoying but serious health problems can result if that infection spreads to the kidneys.

KEY WORD:

Urinary Tract Infection, UTI, Uropathogens, Antimicrobial, Urinary Disorder

INTRODUCTION:

Urinary tract infection is the presence of microbial pathogens in the normally sterile urinary tract. UTI can be either symptomatic or asymptomatic. In UTI, the most common is cystitis, an infection of bladder and another one is urethritis, an infection of urethra.

TYPES OF UTI:

According to Anatomy (Area Affected):

There are mainly 3 Types:

1. **Urethritis:** An infection of the urethra, the hollow tube that drains urine from the bladder to the outside of the body.
2. **Cystitis:** A bacterial infection in the bladder that often has moved up from the urethra.
3. **Pyelonephritis:** An infection of the kidneys that is usually a result of an infection that has spread up the tract, or from an obstruction in the urinary tract. An obstruction in the urinary tract causes urine to back flow into the ureters and kidneys.

ETIOLOGY:

Bacteria are the most common pathogens and cause for the UTI.

Bacteria most commonly enter the urethra but can enter via the blood stream.

It is an ascending type of infection.

Bacteria which cause UTI are:

- Escherichia Coli
- Staphylococcus
- Saprophyticus
- Klebsiella pneumoniae
- Proteus mirabilis

CLINICAL FEATURES

- A burning feeling when urinating
- Frequent urging to urinate and passing small amounts of urine
- Signs of blood in the urine
- Offensive urine
- Pelvic pain in women – specially in the center of pelvis and around the area of pubic bone
- Rectal pain in men
- Frequent urging to urinate
- Sense of incomplete bladder emptying

RISK FACTORS

- Premenopausal women of any age
- History of UTI or UTI during childhood
- During intercourse bacteria may transfer from vaginal cavity to urethra
- Estrogen deficiency
- Urinary catheterization
- Urinary incontinence
- Diabetes
- Dehydration
- Hormonal pills
- Kidney stone

PATHOGENESIS

There are two mechanisms which cause UTI:

URINARY TRACT INFECTION AND ITS HOMOEOPATHIC MANAGEMENT

1. Innate Host Defense :

- Neutrophils are first protective, when any pathogens or bacteria released into the urinary tract to bacteria.
- Bacterial killing also involves complement and is enhanced by local epithelial production of IgA antibody against bacterial surface.
- The survival of microorganism or pathogens is reduced in normal urine by an osmolality of 88 mmol/kg and PH above 5-7.
- Colonization of distal urethra and periurethral region by anaerobic and micro – aerophilic bacteria such as Staphylococcus epidermidis, lactobacilli, Streptococci is a major component of normal host defense.
- Bacterial washout by urine flow and bladder emptying is a major defense mechanism.
- Uroepithelium is covered by urinary mucus and glycocalyx that contains mannosylated proteins. These constituents bind bacteria and aid their elimination.

2. Acquired Host Defense :

- Cell mediated immunity has no active role in UTI.
- Urinary antibodies such as IgG and IgA are formed against O and K serotypes.
- Antibody binding to bacteria also aids in their elimination.

MANAGEMENT OF UTI

1. Antibiotics:

- Acute Cystitis – Empirical 3 to 5 days

regiments of trimethoprim, oral cephalosporin or Nitrofurantoin, Ciprofloxacin is also effective, but should not be used as earlier.

- Persisting or long period infection may require a 6 to 9 months course of prophylactic antibiotics.
- Acute Pyelonephritis – Oral therapy with Quinolone for 7 to 10 days is usually sufficient.
- More sick patients, means like patients has nausea, vomiting, hypertension, sepsis etc. may require hospitalization for initial parenteral therapy.
- The concentration of antibiotics used to test bacterial sensitivity in the laboratory.
- When concentration is often well below the concentration of antibiotics achieved in the urine.

2. UTI associated with sexual intercourse may benefit from emptying of bladder afterwards, or from taking prophylactic dose of antibiotics at the time of intercourse.

3. Vaginal Estrogen creams are effective in post-menopausal women.

HOME REMEDIES FOR UTI

- Drink 3-4 liters of water. It helps to flush away the bacteria and reduces the risk of further infection.
- Take cranberry fruit, juice or supplement.
- Take vitamin-C foods.
- Apply heat to lower belly or public area with the help of hot water bag.
- Avoid delaying the urge to urinate. Don't hold urine for a long time

HOMOEOPATHIC MANAGEMENT



URINARY TRACT INFECTION AND ITS HOMOEOPATHIC MANAGEMENT

- 1. Cantharis:**
Intolerable urging and tenesmus
Bloody urine, by drops
Cutting type of pain before, during, and after urine
Constantly desire to urinate and jelly like urine
- 2. Nux Vomica :**
Irritable bladder; from spasmodic sphincter
Constant need to urinate, passing little amount of urine
While urinating, itching in urethra and pain in neck of bladder
- 3. Sarsaparilla :**
Severe pain at conclusion of urination
Urine dribbles while sitting
In children screams before and while passing urine
Pain from right kidney downward
- 4. Berberis Vulgaris :**
Sensation as if some urine remained after urinating
Urine with bright red color and thick mucus
Pain in thighs and loins during urinate
Burning in urethra when not urinating
- 5. Equisetum :**
Feeling of fullness in bladder and not relieved by urinating
Frequent urging with severe pain at the close of urination
Urine flows only drop by drop
- 6. Apis Mellifica :**
Burning and soreness when urinating
Scanty, High colored urine

Burning Sensation at the last drop of urine

- 7. Mercurius :**
Frequent urging with greenish discharge from urethra
Burning Sensation in urethra at the beginning of urinate
Urine dark in color, scanty and bloody

CONCLUSION

UTIs are considered complicated when patients have functional metabolic or structural abnormalities. Throughout the recent past, the most common causative pathogen associated with uncomplicated cystitis for acute Pyelonephritis have been and remain E coli (80%) and S Saprophyticus (5% to 15%).



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GLOMERULONEPHRITIS AND HOMOEOPATHY

Word Meaning: "inflammation of glomeruli"

Parts of renal system:

1. pair of kidney
 2. Ureters
 3. urinary bladder
 4. Urethra
- Nephron is defined as structural and functional unit of kidney.
 - Each kidney consists of 1 to 1.3 million nephrons.

1. Nephrons

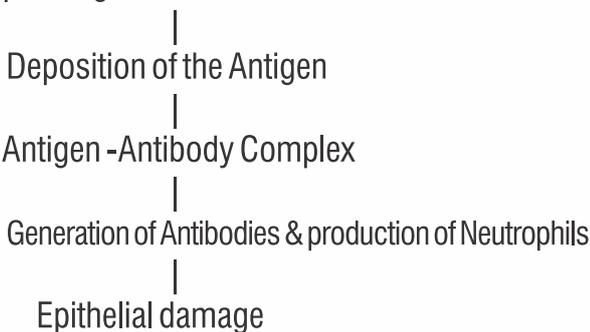
- a. Renal corpuscle or malpighian corpuscle
Glomerulus Bowmans capsule
- b. Renal tubule

Cause of glomerular disease:

- (1) Hereditary disorders-
 - Alport's syndrome
 - Familial cluster
- (2) Systemic disease-
 - Connective tissue disease
 - Systemic vasculitis
 - Infective endocarditis
- (3) Idiopathic
Mechanism of glomerular injury:

There are two possibility

1. Antigen in kidney:
2. Antigen remote from the Kidney:
Antigen production (by intrinsic or extrinsic)
part of glomeruli.



Pathogenesis of Glomerulonephritis:

1. Immune reaction underlying glomerulonephritis
2. Cellular immunity (T-lymphocytes,

macrophages)

3. Humoral immunity (antibodies)
4. Other inflammatory mediators

Clinical Features:

Signs and symptoms of glomerulonephritis may vary depending on the cause and whether you have the acute or chronic form. They are as follows:

1. High blood pressure (hypertension)
2. Fluid retention with swelling evident in your face, hands, feet and abdomen.
3. Scanty, smoky or flank bloody urine (hematuria).
4. Foamy or bubbly urine due to excess protein in the urine (proteinuria).
5. In acute infection - Fever, body ache, Vomiting
6. Weakness
7. Loss of appetite
8. Cerebral Symptoms - Headache, Convulsion

Laboratory Tests:

- (1) Urine:
 - Volume Reduced
 - Dark in colour smoky when fresh, tea coloured after haemolysis.
- (2) Evidence of streptococcal infection:
 - In post streptococcal Glomeruli infection
 - Presence of A-beta-hemolytic streptococcus
- (3) Hematology:
 - Polymorphonuclear leucocytosis
 - Increase ESR

(4) Osmolality:

- Diagnostic help because osmolality of urine is often higher than that of plasma in acute Nephritis in contrast to other forms of acute renal failure

(5) Renal biopsy:

- Indication
- (a) Suspicion of multisystem disease
- (b) Transition to nephrotic phase

MANAGEMENT:

(1) Bed Rest

- Diminishes risk of pulmonary oedema and hypertensive crises

GLOMERULONEPHRITIS AND HOMOEOPATHY

- In mild case -3 Week
- In more severe cases it must at least be 3 months

(2) Restricted fluids:

- (Fruits juice contain potassium and should be used with caution in oliguria patient)
- 1st 24-48 hours only 500ml water or glucose.
- After that if urine volume in 24hours is less than 400ml treat as acute renal failure.
- Volume more than 500 plus so required proper diet --low salt, low protein diet can be started.

(3) Antibiotics:

- Benzathine penicillin G-500
- Erythromycin 250mg if penicillin is not tolerate.

(4) Dialysis:

- If unconscious, twitching or deteriorating patient, rapidly rising blood urea or rising serum potassium.

(5) Transplantation:

- For those who progress to end stage renal failure.

HOMOEOPATHY TREATMENT

APIS:

- Burning and soreness when urinating, acute Nephritis urine scanty and high coloured or suppressed.
- Albuminuria

NITRIC ACID:

- Urine is scanty, dark and offensive like horse's urine
- Urine bloody and albuminous
- Infective Nephritis

CANTHARIS:

- Intolerable urging and tenesmus, Nephritis with bloody urine and passed drop by drop, constant desire to urinate.
- Urine jelly-like, in shreds, acute Nephritis.
- Urine burning scalding with cutting pain and intolerable urging.

PHOSPHORUS:

- Hematuria in acute Nephritis, dull pain in renal region, Bright's disease.

TEREBINIHINA:

- Scanty with bloody urine and suppressed odor of violet's.
- Inflamed kidney following and acute disease, cystitis, urine smoky with coffee ground or thick.

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RENAL CALCULI AND ITS HOMOEOPATHIC TREATMENT

Abstract:

Renal calculi is the formation of crystal solid mass in the kidneys. Renal stone affects men three times more than women. In India, approximately 5 to 7 million patients suffer from this disease.

Key words:

Kidney stones, renal calculi, urinary tract stones, nephrolithiasis.

Epidemiology:

The incidence of kidney stones varies in different countries. The stone cases are most commonly seen in Maharashtra, Gujarat, Rajasthan, Punjab, Haryana, Delhi and states of North East. Because of lifestyle, genetic and environmental factors. In southern India there are fewer cases of kidney stones than in north India. In the Saurashtra region of Gujarat, the kidney stone prevalence is higher in man of age groups 30-40 years. The most common causes are family history of renal stone, improper water drinking habit and improper diet intake.

What is Renal Calculi?

The Renal stone disease is characterised by accumulation of organic solid substances from supersaturated urine. The hard deposits made of minerals and salts that form inside your kidneys. It can develop from the concentration of calcium, uric acid, minerals, and salt. Renal stones can be a painful medical issue. The causes of kidney stones vary according to the type of stones. Renal stones are common in adult age. Renal stone increases Risk of chronic kidney disease, end stage renal disease, cardiovascular disease, Diabetes, Hyperthyroidism etc.

Types of Renal Calculi:

1. Calcium stones:

It comprises 75% of all renal calculi.

Usually calcium stones are small, ovoid, and hard with rough granular surface.

These are sharp edged stones which may cause trauma to the urinary tract.

2. Mixed (struvite) stones:

15% of the calculi are made of magnesium ammonium calcium phosphate. These stones are yellow-white or grey in colour. They tend to be soft and irregular in shape.

"Staghorn" Stone is a large, solitary stone that takes

the shape of the renal pelvis.

3. Uric acid stones:

6% of all urinary calculi are made of uric acid. Uric acid stones are radiolucent. They are smooth, yellowish-brown, and hard and often have multiple laminated structures on cut sections.

4. Cysteine stones:

It comprises less than 2% of all urinary calculi. Cysteine stones are small, rounded, smooth and often multiple.

Predisposing Factors of renal stone:

1. Environmental and dietary causes:

- Low Fluid intake
- Low urine volumes
- Diet with high protein, high sodium and low calcium

High sodium excretion

- High oxalate excretion
- High citrate excretion

2. Acquired causes:

- Hypercalcaemia of any cause
- Renal tubular acidosis type-I
- Ileal disease or Resection

3. Congenital and Inherited causes:

- Familial Hypercalciuria
- Medullary sponge kidney
- Cystinuria
- Renal tubular acidosis type-I
- Primary Hyperoxaluria

Mechanism of stone formation:

Renal stone Formation is a complex biochemical process which involves physicochemical changes and super saturation of urine. The urine contains high concentration of the organic substance which leads to precipitation and forms crystalline concretions. These constituents accumulate in the renal pelvis or calyces and form the renal stone. This mechanism produces further sign and symptoms of renal stone.

Clinical features:

- Asymptomatic
- Renal colic pain
- Haematuria
- Urinary tract infections
- Pallor

RENAL CALCULI AND ITS HOMOEOPATHIC TREATMENT

- Sweating
- Often vomiting

Laboratory investigations:

- Plain abdominal X-ray
- Non-contrast CT KUB
- Ultrasound
- Analysis of retrieved stone
- Urine culture

Management:

- Analgesics and antiemetic for renal colic
- Antibiotics to prevent infection
- If stone do not pass through urinary tract may need to remove surgically (percutaneous nephrolithotomy)
- Flush therapy to flush out the fragments of stone

Prevention for the patients with risk factors:

- Proper management of diet and medication
- Increase water intake and maintain urine output
- Restriction if animal protein
- Increase intake of food like rice, grapes, apple, cauliflower etc.
- Avoid the food which contains high oxalate like spinach, beets, sweet potatoes etc.

Homoeopathic therapeutics:

1. Berberis Vulgaris:

It's indicated remedy when burning pain in urinary tract and sensation as if some urine remained after urination. Left sided renal colic pain due to renal stone with stitching and cutting pain.

2. Hydrangea Arborescens:

It is predominantly "stone breaking remedy". Great thirst with enlarged prostate. Sharp pain in kidney region and burning in urethra.

3. Lycopodium Clavatum:

It is indicated when a patient has a right sided renal stone with frequent urge to urinate. Pain in back before urination which is relieved after urination. Polyuria during the night. Urine is milky and turbid.

4. Nux Vomica:

It is indicated when a patient's renal colic pain extends to genitals. Involuntary urine while coughing, laughing. Ineffectual urge for urination. Painful urination.

5. Sarsaparilla:

For the patient who has Pain in the Right kidney onwards. Severe pain at end of urination. Renal colic and dysuria. Bladder is distended.

6. Cantharis:

It is indicated when there is a violent attack of cutting and burning pain in the whole renal region. Painful urge to urinate and haematuria. Urine passes drop by drop.

7. Apis Mellifica:

It is indicated when there is Incontinence of urine. Too profuse urine discharge. Frequent and involuntary urination.

8. Solidago:

Remedy For the patient who has Pain in kidneys extends forward to abdomen and bladder. Clear and offensive urine.

Conclusion:

Despite considerable improvements in the development of new therapies for the management of urinary stones, the incidence of urolithiasis is increasing worldwide. The natural ingredients of homeopathy medicines treat the root cause of kidney stones. The remedies work successfully on reducing your pain. It breaks and dissolves your kidney stone with urine. Eventually, it gets removed from your body. Lifestyle changes helps to reduce recurrent stone disease. Renal calculi can be prevented by the most important thing is to drink plenty of water daily.

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ROLE OF THE REMEDIES OF COMPOSITAE FAMILY IN URINARY DISORDERS

Compositae family has a general action upon the urinary system.

1. **ABROTANUM:** Back lame weak painful.
2. **ABSINTHIUM:** Constant desire to urinate urine of very strong odour and deep yellow colour.
3. **ANTHEMIS NOBILIS:** Bladder feels distended. Frequent urination. Pain along spermatic cord which feels full as if varicosed.
4. **ARNICA MONTANA:** Vesical tenesmus with very painful micturition. Urine retained from over exertion. Dark brick red sediment in urine.
5. **BRACHYGLOTTIS:** Produced symptoms of albuminuria pressure in neck of bladder, urging to urinate, and soreness in urethra feeling as if urine could not be retained. Urine contains mucous and epithelium, albumen and cast.
6. **CARDUUS MARINUS:** Pressure on bladder, producing dribbling of urine urging to urinate without necessity of passing water .Burning in urethral meatus. Disturbs sugar metabolism urine is cloudy golden coloured. Also used in strangury renal calculi.
7. **CHAMOMILLA:** In supportable pain in loins and hips. Lumbago.
8. **CINA MARITIMA:** Involuntary urination at night. Turbid white turns milky on standing.
9. **ECHINACEA ANGUSTIFOLIA:** Urine albuminous, scanty, frequent, and involuntary.
10. **ERECHTHITES HIERACIFOLIA:** Scanty urine with oedema of extremities.
11. **ERIGERON:** Persistent haemorrhage from bladder. Chronic gonorrhoea with burning micturition, continued dribbling.
12. **EUPATORIUM PURPUREUM:** Albuminuria diabetes, strangury. Irritable bladder, enlarged prostate constant desire to urinate. Insufficient flow, strangury dysuria deep dull pain in kidneys burning in bladder and urethra ion urinating. Diabetes insipidus weight and heaviness in loins and back.
13. **GNAPHALIUM:** Polyuria, irritated prostate. Chronic backache in lumbar region. Better resting on back. Lumbago with numbness in lower part of the back and weight in pelvis.
14. **GUACO:** Pain over region of bladder. Urine increased, cloudy, phosphate. Pain along spine worse bending < motion.
15. **INULA:** Diabetes. Frequent urging to urinate, passes only in drops. Violet odour.
16. **LAPPA ARCTIUM:** Profuse and frequent urination.
17. **LIATRIS SPICATA:** Renal dropsy. Here the suppressed urination is most favourably influenced. General anasarca due to kidney disease.
18. **SENECIO AUREUS:** Renal colic. Great heat and constant urging. Urine scanty high coloured, bloody with much mucus and tenesmus. Nephritis. Irritable bladder of children with headaches .backache of congested kidneys.
19. **SILPHIUM:** Catarrh of bladder.



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HOMOEOPATHIC MANAGEMENT OF NEPHROTIC SYNDROME IN CHILDREN

Nephrotic syndrome is a group of symptoms that indicate the kidneys are not working properly. These symptoms include:

- Too much protein in the urine (proteinuria)
- Low levels of a protein called albumin in the blood (hypoalbuminemia)
- Swelling in parts of the body (oedema)
- High levels of cholesterol and other lipids (fats) in the blood (hyperlipidemia)

The kidneys are made up of about a million filtering units called nephrons. Each nephron includes a filter, called the glomerulus, and a tubule. The glomerulus filters the blood, and the tubule returns needed substances to the blood and removes wastes and extra water, which become urine. Nephrotic syndrome usually happens when the glomeruli are damaged, allowing too much protein to leak from the blood into the urine.

Another name for Nephrotic Syndrome

Health care professionals use different terms to refer to nephrotic syndrome in children, depending on:

How old the child is when symptoms begin

- congenital nephrotic syndrome-birth to 3 months
- Infantile nephrotic syndrome-3 to 12 months
- childhood nephrotic syndrome-12 months or older

The cause of nephrotic syndrome

- Primary nephrotic syndrome-the syndrome is caused by a kidney disease that affects only the kidneys.
- Secondary nephrotic syndrome-the syndrome develops because of other causes, such as diseases that affect other parts of the body, infections, and medicines.

Age

Children of all ages can develop nephrotic syndrome. But the condition most often affects children who are 2 to 7 years old, particularly boys.

Risk Factors

- Higher risk of infection

- Blood clots
- Hypertension
- High cholesterol
- Long-lasting kidney problems

Causes

Kidney disease that affects a kidney's filtering system is the most common cause of nephrotic syndrome in children. Other causes can include diseases that affect other parts of the body, infections, some medicines, and genetics

Clinical Features

- Swelling in the lower legs, feet, abdomen, hands, face, or other parts of the body
- Foamy urine
- Fatigue
- Some children with nephrotic syndrome may also have
- Blood in urine
- Loss of appetite
- Muscle cramps
- Diarrhoea or nausea

Primary nephrotic syndrome

Four types of kidney disease can cause primary nephrotic syndrome in children and adolescents.

- Minimal change disease (MCD). Is the most common cause of nephrotic syndrome in young children? The disease causes very little change to the glomeruli or nearby kidney tissue. The changes in the kidney can only be seen using an electron microscope, which shows tiny details.
- Focal segmental glomerulosclerosis (FSGS). This disease can cause some of the kidney's glomeruli to become scarred. FSGS may be caused by genetics variants, or changes in genes present at birth.
- Membranous nephropathy (MN). MN is an autoimmune disease that causes immune proteins to build up in the kidney's glomerular basement membrane. As a result, the membrane becomes thick and does not work properly, allowing too

HOMOEOPATHIC MANAGEMENT OF NEPHROTIC SYNDROME IN CHILDREN

much protein to pass into the urine.

Secondary nephrotic syndrome

- Diseases that involve many organs or the whole body, called systemic diseases. Examples include lupus.
- Infections, including hepatitis B and C, HIV and malaria.
- Diseases of the blood, such as leukemia, lymphoma, and sickle cell disease.
- Some medicines and drugs, such as non steroidal inflammatory drug and some medicines used to treat mood disorders, bone loss, or cancer.

Congenital nephrotic syndrome

Among new born and infants are younger than 12 months old, the two most common causes of nephrotic syndrome are

- Genetic variants, which account for most cases of congenital nephrotic syndrome
- Infections present at or before birth, such as syphilis.

Diagnosis

Nephrotic syndrome in children is diagnosed with

- A medical and family history
- A physical exam
- Urine test to look for excess urine proteins
- Blood test - kidney function test and serum proteins and to look for underlying diseases

Additional tests to identify the cause of nephrotic syndrome may include

- Ultrasound
- Kidney biopsy
- Genetic testing

Homeopathic Treatment for Nephrotic Syndrome

1. Apis Mellifica- Puffiness under the eyes and swelling of the feet. The swelling in the feet may worsen on walking. The feet tight and tense with swelling. There is burning or heat in the face along with swelling. Fetid odour in urine is also noted and there is a frequent urge to pass urine. Albuminuria and pain around the kidney. Another characteristic feature is the absence of thirst.

2. Apocynum Cannabinum – Use of Apocynum is considered when there is dropsy accompanied by a great thirst for water. It works well for ascites, hydrothorax, and anasarca. An important accompanying feature is the diminished frequency of the pulse. There is less urine than usual, and it is turbid and hot. Nausea, excessive vomiting.

3. Arsenic Album – a homeopathic medicine for nephrotic syndrome accompanied by extreme weakness, the indication is edematous swelling mainly on the face and abdomen. There is ascites along with a hard and bloated stomach. Urine is turbid and may burn while passing. Another accompanying symptom is an extreme lack of strength, weakness, and fatigue from the slightest exertion. The patient may also faint due to the weakness. These complaints are accompanied by a thirst for small quantities of water at short intervals.

4. Terebinthina – Important Remedy indicated in the Initial Stages of Homeopathic Treatment for Nephrotic Syndrome. It works well for acute albuminuria in the early stages. Urine is rich in albuminuria and is cloudy and smoky. Tenesmus of bladder, scanty urine or suppression of urine are other features. There may be ascites consequent to albuminuria. There is a burning, drawing pain around the kidney.

Conclusion

There is no cure for most cases of nephrotic syndrome. However, in most children it can be managed with medications. Many children with minimal change disease will stop having relapses of nephrotic syndrome by late childhood or early teenage years.

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Content reference: National institute of diabetes and digestive and kidney disease.



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EFFECT OF HOMOEOPATHIC MEDICINES IN RENAL CALCULI: EVIDENCE-BASED CASE STUDY

Case 01

A 24 year old female represented with acute pain in right iliac region extending to hips frequent and painful urination with pain and sensation as if some urine is remaining after urination. She also experienced urge to urinate frequently with pain in lower abdomen (right sided) aggravated during urination and straining to urinate with pain in thighs. The complainants were there from 10-15 days on and off.

- Personal History : She had the history of drinking less water, due to pain she went to physician who advised her ultrasonography and she was diagnosed with (right sided) renal calculi. She took allopathic medicine but there was no relief.



- Prescription: Due to acute pain and on the basis of the totality of symptoms with the help of repertorization.

BERBERIS VULGARIS 200 × 3 DOSES 3 HOURLY.

- Follow up: During the first follow up on the second day of taking medicine, patient came to OPD and reported that the stone has passed in the afternoon on that day. The stone was measured 5 mm. The pain was better but there was mild irritation in the urethra at the time of passing the stone. Placebo was given twice a day for 7 days.
- Discussion: In this case we saw the usefulness of Homoeopathy in acute cases. The patient

reacted positively to the treatment and she was relieved of her trouble. With the expulsion of the stone. 200th potency was found to be useful in this case. Only 3 doses were required for expulsion of the stone.

Case 02:

A male patient aged 21 years reported to the OPD with severe cutting pain in the right lumbar region which extended to the lower abdomen from 4 days. The pain started around 2 months ago as a dull aching sensation in the right lumbar region. The pain continued as such for a month but he ignored it as it was not severe. Subsequently, the intensity increased with dysuria and yellowish urine. There was increased frequency and urgency of urination, also burning sensation while passing urine and the pain increased at the end of micturition.

The pain became severe with the extension to the lower abdomen for 4 days before the initial presentation. The patient was depressed due to pain. The urine flow was interrupted and the quantity had reduced. He took analgesic for few days.

- Clinical findings: Examination revealed no abnormal findings except moderate tenderness in the lumbar region.
- Diagnostic assessment: Ultrasound was done which revealed a calculus of 10 mm in the right lower pole of left kidney a 3.4 mm concretion in the right kidney and a 16 mm calculus in the right Uterovesicular (UV) Junction with upstream hydronephrosis.
- Therapeutic Intervention: In the Initial presentation the symptoms were severe. On the basis of totality of symptoms and with the help of repertorization the medicine selected was

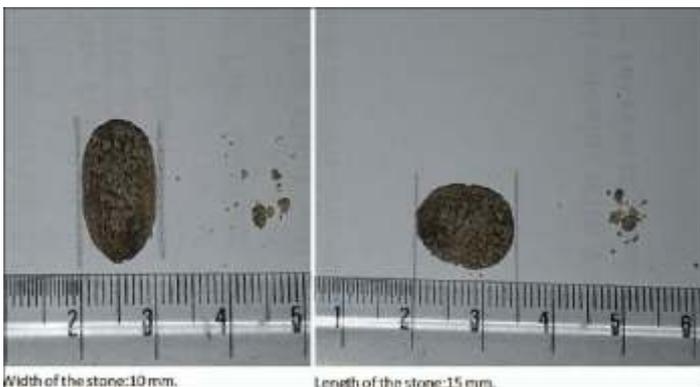
EFFECT OF HOMOEOPATHIC MEDICINES IN RENAL CALCULI: EVIDENCE-BASED CASE STUDY

SARSAPARILLA.

- Prescription: SARSAPARILLA 30C THRICE DAILY FOR 3 DAYS was prescribed.

The patient was also advised for dietary management like increasing the intake of water, fruit juices and avoidance of spinach, seedy vegetables.

- Follow Up: On the 2nd visit, the patient reported that the pain had reduced to a moderate level but persistent. SARSAPARILLA 30C was repeated for 3 days. The stone was expelled out on 11th day with an acute colicky pain and slight bleeding. The stone was brought to OPD.



It was measured 15 mm whereas width 10 mm. The size revealed in the ultrasonography was 16 mm. There were some small particles that were broken

pieces of the stone.

After the expulsion, USG was performed the next month which revealed no calculus in the right UV Junction.

Also there was reduction in the size of calculus of left kidney from 10 mm to 8 mm. The patient is undergoing homoeopathic treatment for the remaining stones.

- Discussion: The case report shows that such a complicated case can be managed very well under Homoeopathic Treatment. We can see the potential of Homoeopathy in treating such difficult cases without surgery, which suggests the utility of Homoeopathic medicines in urolithiasis. The case also shows some reduction in the size of the stone which is could be due to stone dissolving property of SARSAPARILLA.



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INCONTINENCE OF URINE AND ITS HOMOEOPATHIC MANAGEMENT

Abstract:

This article deals with understanding the role of homoeopathy in urinary disorders with an example of disease condition called urinary incontinence.

Key-words:

Urinary incontinence, Etiology, Types, Auxiliary Measures, Management, Therapeutics, Conclusion, Reference.

Introduction:

Urinary incontinence is a common and often embarrassing problem. The severity ranges from occasionally leaking urine when you cough or sneeze to having an urge to urinate that's so sudden and strong.

Though it occurs more often as people get older, urinary incontinence isn't an inevitable consequence of aging.

Bladder control issues can cause people to avoid their normal activities. But incontinence can often be stopped or controlled.

Urinary Incontinence:

Urinary incontinence is a loss of bladder control which results in unwanted leakage of urine. This condition can happen to anyone, which is more common in older people and especially women. It is also known as overactive bladder.

Urinary bladder is a hollow organ that is part of the urinary system, which also includes the kidneys, ureters, and urethra.

During urination, muscles in the bladder tighten to move urine into urethra and at same time, muscles around urethra relax and let urine pass out of the body.

When the muscles in and around the bladder don't work the way they should, urine leaks and results into urinary incontinence.

Etiology:

Urinary incontinence occurs because of many reasons like UTI, vaginal infection or irritation, constipation. Some medications can cause bladder control problems that last short time.

When incontinence lasts for long time, it may be cause due to:

- Weak bladder or pelvic floor muscles because of

ageing

- Overactive bladder muscles
- Damage to nerves that control the bladder from diseases such as multiple sclerosis, diabetes, dementia and Parkinson's diseases
- Diseases such as arthritis, that may make it difficult to get to the toilet in time.
- Pelvic organ prolapsed because in prolapsed condition bladder and urethra are not able to work normally, which may cause leaking of urine.
- Having an infection, such as UTI, bladder infection, kidney infection, or kidney stone
- Being overweight

Mostly incontinence in men is related to the prostate gland. In male this may cause by:

- Prostatitis (Prostate inflammation)
- Having prostate or a bladder cancer, which can put pressure on bladder
- Injury or damage to nerves or muscles from surgery
- Enlarged prostate gland, which can lead to benign prostate hyperplasia

In female this can be caused due to:

- Having physical damage to pelvic floor muscles, such as from child birth
- Being pregnant
- Going through menopause

Types of Urinary Incontinence:

Urinary incontinence is of 4 different types:

- Stress Incontinence – It occurs when urine leaks as pressure is put on the bladder, such as during exercise, coughing, sneezing, laughing, or lifting heavy objects. It's the most commonly seen in younger and middle-aged women and at the time of menopause.
- Urge Incontinence – It happens when people have a sudden need to urinate and cannot hold their urine long enough to get to toilet. It may be a problem for people who have multiple sclerosis, diabetes, dementia and Parkinson's diseases.

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- Overflow Incontinence – It happens when small amounts of urine leak from a bladder. A man can have trouble because of an enlarged prostate blocking the urethra, diabetes. Mainly spinal cord injuries cause this type of incontinence.
- Functional Incontinence – It occurs mainly in older people with normal bladder control. They just have a problem getting to toilet because of arthritis or other disorders that make it hard to move quickly.

Auxiliary Measures:

Auxiliary measures that one should follow in order to prevent urinary incontinence are:

- Maintain your healthy weight
- Get plenty of exercise daily
- Eat a balanced diet
- Limit caffeine and alcohol consumption
- Avoid smoking
- Choosing water instead of other drinks
- Limiting liquid consumption before bedtime
- Prevent constipation
- Avoiding lifting heavy objects

Management:

General management for urinary incontinence is:

- Pelvic Muscles Exercise – Also known as Kegel exercise or pelvic floor muscles training. During Kegel exercises, you squeeze, hold, and relax your pelvic floor muscles. This sound simple but needs little practice.
- Urgency Suppression – It helps control strong urges to urinate so you can make it to a toilet on time. You can try distracting yourself to help keep your mind off needing to urinate, taking long relaxing breaths, holding still, and squeezing the pelvic floor muscles.
- Time Voiding – It helps to control bladder through scheduling time to urinate. You can set a plan to urinate every hour. As time goes on, you can slowly extend the time between toilet breaks.
- Reducing Bathroom Barriers – If facing trouble navigating toilet especially at night, maintain a clear pathway which help you to get there

quickly.

- Behavior Therapy – Managing your fluid intake and diet, and use toilet at scheduled times before you feel the urge to go may help manage bladder incontinence, depending on the cause.
- Condition Management – If incontinence is caused by conditions like constipation or UTI, treating that condition may help in incontinence as well.

Therapeutics:

Urinary incontinence happens due to different causes like mental, physical, physiological or pathological. As homoeopathy believes in rapid, gentle, and permanent cure, so this condition can be cured with homoeopathic drugs prescribed on the basis of causes.

Homoeopathic drug which have best result on urinary incontinence are:

- For Stress Incontinence
 - a. Ipecac - Mostly suitable for incontinence while coughing.
 - b. Causticum - Most effective for incontinence with involuntary urination when sneezing, coughing or with the slightest excitement.
 - c. Natrum Muraticum - Best suited when involuntary urine leak when walking, coughing.
- For Urge Incontinence
 - a. Cantharis - Reliable medicines for incontinence where there is a constant desire to urinate.
 - b. Pareira Brava - In cases where the urge to urinate is very strong but the person can emit urine only when he goes down on his knees and strains really hard.
 - c. Staphysagria - Well suited for ineffectual urge to urinate in newly married women.
 - d. Sulphur - Effective in cases where pain in the bladder with urge to urinate is not attended.
- For Overflow Incontinence
 - a. Clematis - Person must feel the need to strain hard to pass even a few drops of urine. Urine that

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suddenly stops and starts is also treated well.

b. Sarsaparilla - Most effective for incontinence where a person can pass urine only when standing. Urine that keeps dribbling while sitting is also treated well.

c. Zingiber - Top-rated medicines for incontinence in cases where the urine continues to ooze in drops even after urinating.

d. Kali Bichromium - Well suited in case where after urinating a drop seems to remain which cannot be expelled.

- For Urinary Incontinence due to Uterus Problems

a. Lilium Tigrinum - Most effective for incontinence from prolapsed uterus.

b. Sepia - Well suited in incontinence cause due to prolapsed uterus where a marked dragging pain in pelvis is present.

c. Senecio Aureus - Works well in women who feels constant urge to urinate, together with great heat.

- For Urinary Incontinence due to Prostate

a. Baryta Carbonicum - Well suited in males having an enlarged prostate. When testicles are swollen, causing twisting pain in the spermatic cord.

b. Iodum - Best for incontinence due to swollen testicle and accumulation of fluid in scrotum.

c. Prunus Spinosa - In cases where the urine seems to pass as far as glans and then returns, causing pain in the urethra.

- For Urine Incontinence in Elderly

a. Alumina - Suited in a case where muscles of bladder get partially paralysis. Frequent desire to urinate in old people.

b. Alfalfa - Prescribed where the elderly feel a frequent urge to urinate as the kidneys are inactive.

c. Secale Cornutum - Best medicines for incontinence involving involuntary urination in elderly who have suffered a paralysis of the bladder.

- For Urine Incontinence in Children

a. Equisetum Hyemale - Most effective for

incontinence or bed-wetting in children, who also have nightmares.

b. Cina - Best for incontinence in children and shows great results in cases where the child is very irritable and nervous.

c. Kreosotum - Most useful in bed-wetting in children, especially when it is very difficult to wake the child even as he wets the bed.

Conclusion:

Urinary incontinence is common and often embarrassing problem cause due to loss of bladder control which results in unwanted leakage of urine.

As per study, one out of 10 people above 65 years of age suffer from incontinence. In India over 50 million people suffer from incontinence and is twice more common in females as compared to males.

Based on different etiology there are different types of incontinence. In 3rd aphorism Dr. Christian Friedrich Samuel Hahnemann mentioned that the true physician is one who has knowledge of disease, drug and application of drug knowledge to diseases knowledge. To fill such condition in urinary incontinence homoeopathy has wide range of medicine along with auxiliary measures and management.

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A CONTROL OVER UNCONTROLLABLE BY HOMOEOPATHY: NOCTURNAL ENURESIS AND HOMOEOPATHY

Abstract:

Enuresis is often highly distressing for children and parents and in many cases, the quality of family life is affected. Nocturnal enuresis causes loss of self esteem, social isolation, poor school performances and psychological impairment. Homoeopathy helps to bring control and improve their life.

Introduction:

Nocturnal enuresis is defined as intermittent incontinence during sleep in a child aged 5 years or more in absence of congenital anomalies of the urinary tract or congenital or acquired defects of the central nervous system.

Enuresis is defined as the voluntary or involuntary wetting of clothes or bedding with urine for a period of at least 3 consecutive months in children older than 5 years of age. The generally accepted definition, suggested by the American Paediatric Academy, is the involuntary wetting of clothes or bedding by urine during the daytime or night time.

Types – there are 2 types of enuresis.

1. Primary: – Means in which the child has never been dry at night.
2. Secondary: –Means is which the child is dry for a period of months or years and then begins to wet the bed.

Primary Enuresis:

Primary enuresis has an organic basis and common causes are

1. Delay in maturation of the relevant part of the nervous system
2. Some children acquire control the bladder late.
3. Psychological causes:
 - Shame for it especially in the presence of others.

- An excessive anxiety about his toilet training which is likely to cause emotional control.

4. Mismanagement of toilet training: It may cause delay in control of bladder.

5. Organic causes:

In boys: 1. defect in urethral valve.

2. Elongated prepuce

In Girls: 1. Ectopic ureter which may open in urethral of vagina. It is suggested when the child is able to pass urine under normal control at normal interval but in addition dribbles constantly both by night and day.

2. Hooded clitoris

Secondary Enuresis: Common causes are -

1. Psychological causes : –

- Worry at home or school have reflex irritation of the bladder resulting in enuresis.
- A move to school to school.
- A move to house to house
- Epilepsy
- Chorea an exciting cause

2. Composition of urine :

3. High acidity of urine

4. Presence of uric acid crystals.

5. Skin diseases : Erythema, Eczema, Pruritus

6. Diet: Liberal indulgence in saccharine food, foods rich in sugar, fats, increased consumption of fruits rich in sugar, drinking of too much coffee.

7. Worms infestation

8. Trauma

9. After circumcision operation

10. Catheterization

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HOMOEOPATHIC TREATMENT:

1. Due to organic causes

MEDICINE	SYMPTOMS
<i>Causticum</i>	Particularly in children, incident during first sleep worse in winter and ceases or becomes more moderate in summer with great debility.
<i>Belladonna</i>	Children with blue eyes , light hair , fine complexion , restless sleep , involuntary urination consequent upon paralysis of sphincter muscles
<i>Rhus tox</i>	Enuresis due to weakness of bladder with constant dribbling of urine
<i>Ferrum met</i>	As under change of composition of urine.
<i>Sabal serrulata</i>	Due to paralysis of sphincter , constant desire to pass urine at night
<i>Gelsemium</i>	Due to paralysis of sphincter muscles , does not like to talk with any body
<i>Dulcamara</i>	Enuresis after some disease of bladder, worse from cold and damp. child desires different things, but rejects on receiving them , copious turbid foul smelling urine
<i>Petroleum</i>	Due to weakness of bladder, urine drops out even after urination, involuntary at night in bed.

2. Due to psychological causes

MEDICINE	SYMPTOMS
<i>Kreosotum</i>	Enuresis with dream of urination in a decent manner, wets the bed at night.
<i>Borax</i>	Frequent urination at night , children who are frightened when being laid in a cot or carried down stairs
<i>Argentum nitricum</i>	Great nervousness with restlessness, urine passes unconsciously and interruptedly, pale fetid urine, drinking coffee aggravates.
<i>Sulphur</i>	wetting bed at night , copious discharge who suffer from chronic cutaneous eruption
<i>Psorinum</i>	Worse during full moon. Intractable cases, when there is an eczematous history. In children when there are psoric manifestations. Secretion has filthy smell. Child is very sensitive to cold.

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3. Constitutional basis :

MEDICINE	SYMPTOMS
<i>Calcarea carb</i>	Complaints of children who are fat, fair and flabby too much emission of urination at night. Sour vomiting of children during dentition with a tendency to eat indigestible things such as chalk , pencils etc
<i>Medorrhinum</i>	In children where there is a psychotic history nocturnal enuresis weak memory, fear in the dark as if someone is behind her/him.
<i>Sepia</i>	The sepia child is dull, depressed moody indolent with a greasy skin disinterested in work worse from change of weather. A tendency to diarrhoea from boiled milk, the child is prone to enuresis during the first sleep.
<i>Tuberculinum</i>	Enuresis in a child with primary tuberculosis psychotic persons
<i>Sulphur</i>	For pale lean children with loose abdomen who love sugar and highly seasoned food and aversion to be washed, micturition, midnight.

4. In young girls:

MEDICINE	SYMPTOMS
<i>Pulsatilla</i>	Suited to cases of nocturnal enuresis occurring in children of tearful habit, conscious of its leakage but unable to control it. the urine passed drop by drop
<i>Kali phos</i>	Enuresis in longer children due to nervous factors
<i>Calcarea carb</i>	Scrofulous children sweat easily wetting the pillow and catch cold easily.
<i>Kali brom</i>	Nocturnal enuresis from profound sleep of children or young persons.
<i>Lac caninum</i>	As under psychological causes.

5. When without any apparent cause but due to more habit

MEDICINE	SYMPTOMS
<i>Equisetum</i>	Enuresis by day and night , it acts well when it remains a mere force of habit ,after removal of the primary cause , dreams of seeing crowd of people
<i>Nux vom</i>	Due to defective digestion: Loves fats and tolerated them well, nausea in the morning after eating. Irritable bladder from spasmodic splinter , frequent calls little and often with dribbling of urine
<i>Carbo veg</i>	when associated with acidity of the stomach
<i>Iodine</i>	Children eat too much but still emaciate all the time.

A CONTROL OVER UNCONTROLLABLE BY HOMOEOPATHY: NOCTURNAL ENURESIS AND HOMOEOPATHY

6. Change in urine

MEDICINE	SYMPTOMS
<i>Benzoic acid</i>	when enuresis is accompanied by a high colour and strong smelling urine , benzoic acid will turn the urine normal and prevent its escape
<i>Ferrum met</i>	More in day time than at night. Floods the bed 5-6 times at night, stains the bed very dark and smell very strong.
<i>Viburnum</i>	foul odour like cat urine, cannot hold urine while walking

7. When due to worms

MEDICINE	SYMPTOMS
<i>Cina :</i>	Chief remedy for worms. Child is very irritable useful for round and thread worms (not pin worms) urine turns milky on standing. Enuresis during first sleep great appetite soon after leaving the table.
<i>Silica</i>	Useful for children suffering from worms due to weakness of urinary organs.
<i>Santon</i>	Especially useful for children suffering from ascaris lumbricoides and thread worms and not tape worms, urine greenish if acidic, reddish if alkaline.
<i>Nat. mur</i>	Hungry yet loses flesh , craving for salt , aversion to bread and fats , child emaciating from neck urine passing involuntarily when walking and coughing , has to wait a long time for it to pass if others are present.
<i>Lac caninum</i>	Main remedy for long standing enuresis, which may continue through in to adolescence. Patient believes he is worthless and that he will never achieve anything.
<i>Sepia</i>	Incontinence of urine at night especially during 1st sleep. The urine is very offensive and deposits a clay colour, sediment which adheres to the chambers.

MURPH'S REPERTORY:

Bladder, bed wetting, enuresis APIS, ARGN, ARN, ARS, BELL, BENZ AC, CAUST, EQUIS, FERR, GRAPH, KREOS, LAC C, LYC, MAG P, NAT M , NIT AC, PU;S, RHUST, SEP, SIL, SULPH, THY

Bladder, bed wetting, enuresis children in – *Bell, Caust, Cina, Kreos, Lyco, EQUIS*

Bladder bed wetting, enuresis, dreams of urinating while – *Kreos, Seneg, Sep*

Bladder bed wetting, enuresis, first sleep – *CAUST,*

SEP, Kreos, Phos

THE ESSENTIAL SYNTHESIS

Bladder, urination, involuntary night – APIS, ARGN, ARN, ARS, BELL, BENZ AC, CAUST, EQUIS, FERR, GRAPH, KALI N, KREOS, LAC C, MAG P, NAT M, PULS, RHUST, SEP, SIL, SULPH

Bladder urination children in – *Carb v*

Conclusion:

Nocturnal enuresis can affect children's self esteem. Homoeopathy has great scope in cases of nocturnal

A CONTROL OVER UNCONTROLLABLE BY HOMOEOPATHY: NOCTURNAL ENURESIS AND HOMOEOPATHY

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Bladder urination children in – *Carb v*

Conclusion:

Nocturnal enuresis can affect children's self esteem. Homoeopathy has great scope in cases of nocturnal enuresis. It's effective for improving quality of life by controlling bed wetting. Selection of Homoeopathic medicine made by individualisation of the patient, with the intent of removing the underlying cause such as worm infestation, epilepsy, etc.

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LUPUS NEPHRITIS: A DISEASE OF CELEBRITIES !

Abstract

Lupus nephritis is complication of SLE. Famous celebrities from all over the world also got LN. It is an end-stage renal disease which will affect the glomeruli of the nephrons cause you to live on dialysis and transplantation of kidney.

Frequent urination with proteinuria is a major sign of this disease.

Key words: Lupus nephritis, SLE, glomerulus, kidney transplantation.

INTRODUCTION

The rare kidney disorder “LUPUS NEPHRITIS” is a serious complication of Systemic Lupus Erythematosus (SLE). SLE also known as LUPUS. Lupus is an autoimmune disorder in which body's immune system attacks the body's own cells and organs. Lupus can affect all parts of the body but the nephrons present in the kidneys are more vulnerable to get damage.

Prevalence

Children with lupus have 80% chance to develop lupus nephritis.

Among adults, women are more likely to develop lupus but lupus nephritis is more common in men.

Age – 15 and 44

Black Americans, Native Americans, Hispanic/Latino, Pacific Islander or of Asian descent.

Family history is must.

Pathophysiology

Each kidney is composed of about 1 million nephrons, “the structural and functional unit of kidney”. Each nephron is made up of glomerulus where the blood is filtered and waste products are excreted as urine.

Immune complexes (IC), a combination of antibody and antigen deposit in the glomeruli and enters the kidney tissues. There they cause inflammation and scarring and permanent damage in the glomeruli, making alteration in its anatomy by making them porous, which allow red blood cells and protein and other minerals to pass easily through urine and retention of water in the body.

Clinical Diagnosis

Symptoms of lupus nephritis tend to develop 5 years after symptoms of lupus appear.

Lupus nephritis prevent kidneys from:

- Maintaining blood pressure
- Filtering waste out of the body by slowing the GFR
- Maintaining the right levels of the body fluids, salts, acids and minerals
- Regulation of hormones

Lupus nephritis cause:

- Oedema in feet and around the eyes due to fluid build-up in the body.
- Increase body temperature.
- Haematuria
- High blood pressure
- Joint pain
- Muscle ache
- Increase in creatinine, a waste product
- Proteinuria, due to which urine looks foamy
- Frequent urination; especially at night
- Red butterfly rash on the face
- Weight gain due to excess fluid in the body
- Depression & anxiety

It can lead to renal failure and End-stage renal disease.

Investigations to be done:

- No single test can tell if a patient has lupus.
- Medical history – all symptoms should be noted from the very beginning
- Family history of lupus or any other autoimmune disease
- Complete physical examination
- Anti-nuclear antibody test (ANA test) – it shows if the immune system is making antibodies for lupus
- Kidney biopsy – by the help of an electronic microscope, the sample of the kidney can show the signs of autoimmune disease

Medications commonly used to treat lupus

Nonsteroidal anti-inflammatory drugs (NSAIDs) such as, Ibuprofen and Naproxen help in reducing pain and swelling in joints.

Corticosteroids can calm down the immune system.

Diet changes

Reduce protein and sodium rich food.

LUPUS NEPHRITIS: A DISEASE OF CELEBRITIES !

Treatment

Haemodialysis

Kidney transplant.

Class	Level	Description
I	Minimal mesangial lupus nephritis	Minimal involvement of kidneys
II	Mesangial proliferative lupus nephritis	Inflammation in limited areas of the kidneys
III	Focal lupus nephritis	Involvement of some of the small blood networks in the kidney
IV	Diffuse proliferative nephritis	Involvement of more no. of blood networks in the kidney
V	Membranous lupus nephritis	Immune deposits found around the small blood networks
VI	Advanced sclerotic lupus nephritis	Damage to 90% of the network of small blood vessels

Homoeopathic Remedies for Lupus nephritis

Colchicum – bloody, ink-like, albuminous urine

Ars-h – night urine

Acet-ac; Aloe; Aspar; Mosch – Copious

Apis; Arum-t; Equis; Merc-d. – Scanty

Famous Celebrities with Lupus nephritis

Selena Gomez (Singer)

Seal (Singer)

Ray Walston (Actor)

Paula Abdul (Dancer)

Toni Braxton (TV star)

Lady Gaga (Singer)

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Dr. Truptida
Assistant Professor
of Anatomy
PIHR

QUIZ OF THE ISSUE

Identify the following-

1. Identify the remedy made from the following plant.



2. Which remedy is indicated when during the course of heart-disease, the kidney, previously working well, should suddenly become affected and its function inhibited?
3. Which is the remedy for spastic gait where there is stiffness and lameness of ankles and knees, toe do not leave the floor, heels do not touch floor?
4. Identify the person in the picture.



5. Identify the disease shown in the picture.



Answer :

1. Rhododendron
2. Serum Anguillae (eel serum)
3. Lathyrus Sativus
4. Dr. Constantine Herring
5. Polycystic Kidney Disease

ACHIEVEMENT AWARDS



Dr. B.P. Panda Sir was awarded with the certificate of recognition of Indian Education awards 2022 in the category of Top 100 professors 2022 India 21.9.22



Felicitation of Dr. Mamta Tapas, Dr. Amol Pathak, Dr. Mushtaq Mahishale and Dr. Sujeet Lal by Management of Parul University 25-8-22



Dr. ARPITA Chatterjee received best faculty coordinator TEC 7-9-22



Felicitation of rankers in national homoeopathic awareness summit 2022, by council of homoeopathic system of medicine, Gujarat organized at Surat 11-10-22



Participation of Dr. Vinit Tapas Asst. prof, Dept. of Physiology & Biochemistry in the CME conducted at Bikaner 31.10.22



Participation of Dr. Vinit Tapas Asst. prof, Dept. of Physiology and Biochemistry in the CME conducted at Bikaner 4.11.22



Participation of Dr. Kirti Baria, Asso. Prof, Department of FMT in "ALL INDIA HOMOEOPATHIC POST GRADUATE SEMINAR 2022" conducted at Vishwa Bangala Convention Center, Kolkata on 7th and 8th of November 2022



Felicitation of Dr. Mamta Tapas by Management of Parul University 25-8-22



Felicitation of Dr. Amol Pathak by Management of Parul University 25-8-22

CO-CURRICULAR ACTIVITIES



Girls Volley Ball team was felicitated in the Annual sports felicitation ceremony in the presence of Rajkumardevi Gaekwad, Former Indian Cricketer and Manager of Indian Women's Cricket team
5.08.2022



Students of 1st BHMS Parth Adhia & Rajit Kamadiya secured 1st & 2nd position in VIMARSH -National level debate competition on World Youth Day organized by TEC cell of Parul University at PIAR
26.8.22



Forensic and toxicology symposium
27.08.2022



Visit of 1st BHMS students to Dr. Willmar Schwabe India Pvt. Ltd as part of curriculum of Homoeopathic pharmacy
14.09.2022



Expert lecture organized by the department of Physiology & Biochemistry wherein insights on Hypertension were given by Professor Dr. Kaushik Pandya



Repertory workshop
20.09.2022



Workshop conducted by Dept. of Forensic and toxicology
22.09.22



Visit to Sewage Treatment Plant
22.09.2022

CO-CURRICULAR ACTIVITIES



Visit of Students of 2nd BHMS to High Court was organized by Dept. of Forensic Medicine & Toxicology
27.09.2022



Dept. of Materia Medica conducted Symposium of 2nd BHMS
29.09.2022



World Heart Day awareness program
29.9.2022.



Expert Lecture organized by Dept of Organon
3.10.2022



Anatomy Symposium
07.10.22



MENTAL HEALTH DAY Celebration
11.10.2022



Symposium of Dept. of Physiology
14.10.22



Quiz was organized by Dept. of Organon and Materia Medica
14.10.2022



Workshop organized by Dept. of Community Medicine
18.10.2022

HOSPITAL ACTIVITIES



NABH training of HIC
2.8.22



Awareness program conducted
on the occasion of Breast Feeding Week - 3.8.22



Health Checkup at Navagam
6.8.22



Free mega homoeopathic camp on
2nd death anniversary of Founder President
Dr. Jayesh Patel sir - 25.8.22



HEALTH CHECKUP NATHKUVA
26-8-22



Health Checkup at Raasnol
17.9.22



Childrens checkup choota udepur



Health camp at Baladi
6-10-22

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