

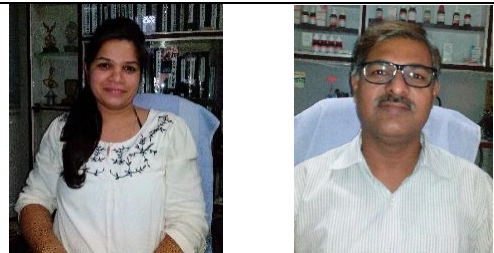
Nephrotic syndrome and homoeopathy

MIASMATIC ASPECT

© Dr. Rajneesh Kumar Sharma MD (Hom)

NEPHROTIC SYNDROME AND HOMOEOPATHY

© Dr. Rajneesh Kumar Sharma M.D. (Homoeopathy)
Dr. Swati Vishnoi B.H.M.S.
Homoeo Cure & Research Institute
NH 74, Moradabad Road, Kashipur (Uttaranchal) INDIA Pin-
244713 Ph. 05947- 260327, 9897618594
E. mail- drrajneeshhom@hotmail.com
www.treatmenthomoeopathy.com
www.homeopathic-treatment.org.in
www.homeopathyworldcommunity.com



Contents

Definition	2
Incidence	2
Causes.....	2
Pathogenesis.....	2
Damage to the glomeruli	3
Minimal change disease	3
Focal segmental glomerulosclerosis	4
Membranous nephropathy	4
Diabetes mellitus	4
Lupus.....	4
Symptoms.....	4
Oedema.....	4
Weight gain.....	4
Kidney failure	4
Hyperlipidemia.....	4
Blood pressure changes	5
Hypercoagulability.....	5
Infections	5
Diagnosis	5
Blood tests.....	5
Increased parameters	5
Decreased parameters	5
Special investigations.....	5
Urinalysis.....	5
Typical Urine sediments.....	6
Renal biopsy.....	6
Differential diagnosis.....	6
Principal nephrologic syndromes	6
Principal glomerular syndromes	7
Nephrotic vs Nephritic syndromes	7
Prognosis.....	7
Treatment.....	7
Nephrotic syndrome diet.....	8
General Guidelines.....	8
Foods that can be taken.....	8
Foods to be avoided in nephrotic syndrome	8
Homoeopathic Treatment.....	8
Bibliography	10

Definition

It is a kidney disease characterized by proteinuria (Psora/ Sycosis), hypoalbuminemia (Psora/ Syphilis), and oedema (Psora/ Sycosis), signed by doubly refractile bodies or oval fat bodies (formed due to fatty degeneration of renal epithelium) (Syphilis/ Sycosis) in the urine, and usually increased blood cholesterol (Psora/ Sycosis) due to increased glomerular permeability (Psora).

Lipid droplets may be present in the cells of the renal tubules (Sycosis), but the basic lesion is increased permeability of the glomerular capillary basement membranes (Psora), due to unknown cause or resulting from glomerulonephritis (Psora/ Sycosis), diabetic glomerulosclerosis (Psora/ Syphilis), systemic lupus erythematosus (Psora/ Syphilis/ sycosis), amyloidosis (Psora/ Syphilis/ sycosis), renal vein thrombosis (Psora/ Sycosis), or hypersensitivity (Psora) to various toxic agents.

Nephrotic-range proteinuria is 3 grams per day or more.

Incidence

Patients with nephrotic syndrome are from all age groups, although in children there is an increased risk of the disorder between the ages of 18 months and four years. In children, boys are more frequently affected; in adults, the ratio of men to women is closer to equal.

Causes

Primary causes of nephrotic syndrome include –

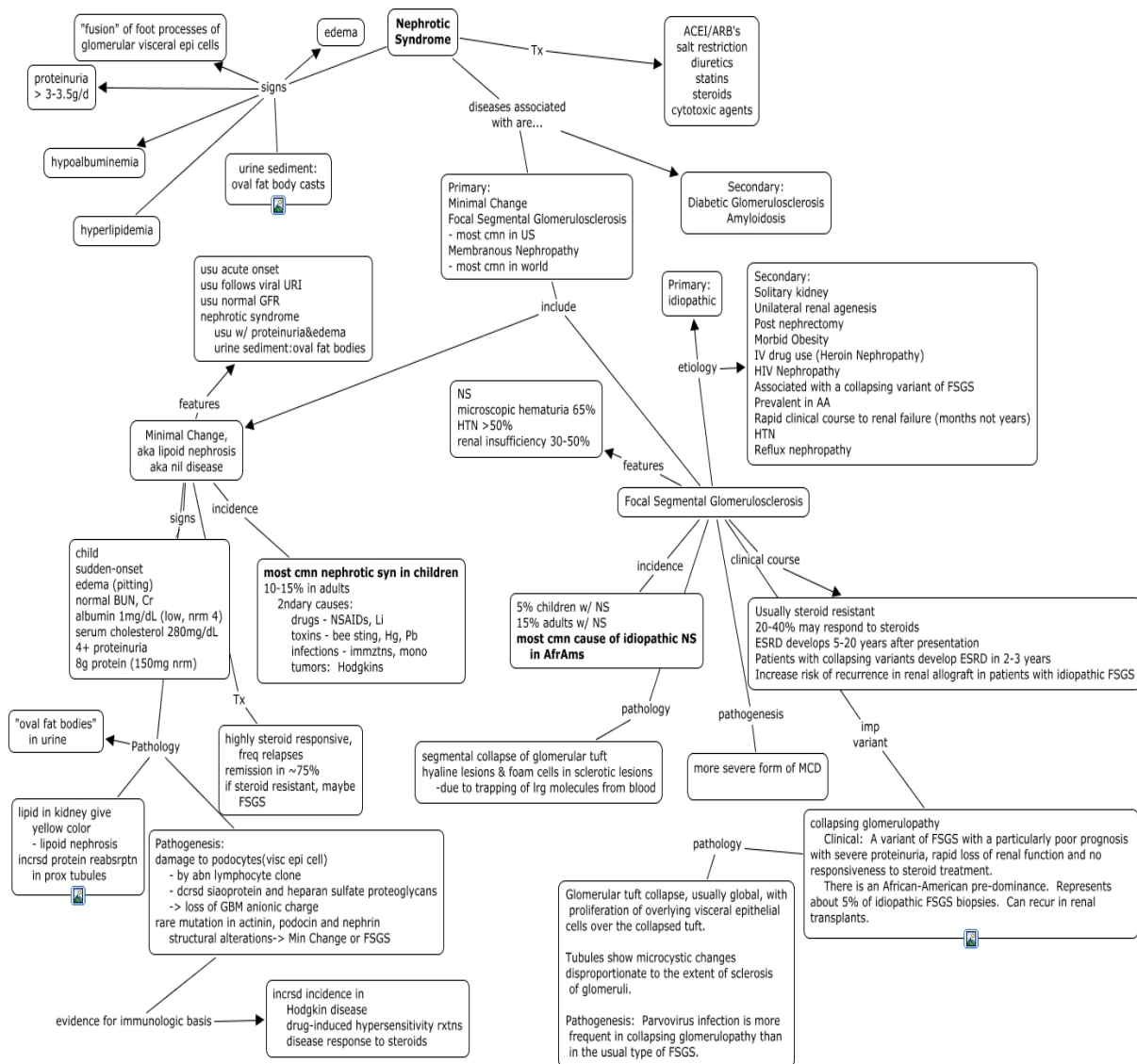
- Minimal-change nephropathy (Psora)
- Focal glomerulosclerosis (Psora/ Sycosis/ Syphilis)
- Membranous nephropathy (Psora/ Sycosis)
- Hereditary nephropathies (Syphilis)

Secondary causes include the following, again in order of approximate frequency –

- Diabetes mellitus (Psora/ Syphilis)
- Lupus erythematosus (Psora/ Sycosis/ Syphilis)
- Amyloidosis and paraproteinemias (Psora/ Sycosis/ Syphilis)
- Viral infections (e.g. hepatitis B, hepatitis C, human immunodeficiency virus [HIV] (Psora/ Syphilis)
- Preeclampsia (Psora)
- Nephrotic-range proteinuria may occur in other kidney diseases, such as IgA nephropathy (Syphilis)
- Nephrotic syndrome may occur in persons with sickle cell disease and evolve to renal failure (Syphilis)

Pathogenesis

Nephrotic syndrome develops when there is damage to the glomeruli (Syphilis). This damage allows proteins in the blood such as albumin, to leak into the urine, causing increased excretion of protein called proteinuria (Psora/ Sycosis). Eventually, blood levels of albumin become reduced (Syphilis). Accompanying abnormalities of kidney function lead to accumulation of fluid in the tissues called edema (Psora/ Sycosis).



There are following steps in this phenomenon -

Damage to the glomeruli

- In children
 - Most commonly minimal change disease (Psora)
- In adults
 - Most commonly diabetes or lupus (Psora/ Sycosis/ Syphilis). The remaining cases are due to kidney disorders such as minimal change disease (Psora), focal segmental glomerulosclerosis (FSGS) (Psora/ Syphilis), or membranous nephropathy (Psora/ Sycosis).

Minimal change disease

Minimal change disease can occur in both adults and children. People with minimal change disease have normal or very mild abnormalities of the glomeruli.

Focal segmental glomerulosclerosis

FSGS causes collapse and scarring of some glomeruli. The cause of primary FSGS is unknown, although some cases are the result of a genetic defect, an infection, or a toxic response to a drug.

Membranous nephropathy

Membranous nephropathy causes the walls of the glomerular blood vessels to become thickened from the accumulation of protein deposits, causing increased permeability.

Diabetes mellitus

Kidney disease is common in people with diabetes who have chronically elevated blood glucose levels and/or high blood pressure.

Lupus

Lupus is a systemic disease affecting multiple organs of the body, including the kidney. Nephrotic syndrome is common in people with severe lupus.

Symptoms

The most common symptoms of nephrotic syndrome are swelling, weight gain, fatigue, blood clots, and infections. Kidney failure may develop in some people. Increased excretion of protein may lead to frothy appearing urine in the toilet bowl.

Oedema

Swelling that occurs in people with nephrotic syndrome commonly affects the lining of the eye socket, which often causes swelling around the eyes upon waking in the morning. Swelling can also occur in the feet or ankles after sitting or standing for any period of time.

Weight gain

Weight gain can occur in people who develop swelling. Weight gain can occur rapidly.

Uncommonly, weight loss can occur in people who are losing large quantities of protein in the urine. This may be due to malnutrition or an underlying condition, such as poorly controlled diabetes mellitus, a chronic viral infection, or cancer.

Kidney failure

Nephrotic syndrome may progressively lead to renal failure. However, as kidney function continues to worsen, symptoms of kidney failure can develop, including shortness of breath, weakness and easy fatigability due to anaemia and loss of appetite.

Hyperlipidemia

The concentration of lipids (cholesterol and/or triglycerides) can become greatly elevated in nephrotic syndrome. If persistent, this may increase the risk of coronary artery disease.

Blood pressure changes

Abnormally low or abnormally high blood pressure may develop due to impaired homoeostatic mechanism.

Hypercoagulability

People with nephrotic syndrome are at an increased risk of blood clots in the veins or arteries. Clots in the veins can travel to the lungs which can be dangerous, or even fatal.

Infections

People with severe nephrotic syndrome are at increased risk for infections, particularly children with minimal change disease.

Diagnosis

Blood tests

Increased parameters

- Alpha2-globulin
- Beta-globulin
- Cholesterol
 - VLDL
 - Apo B (chylomicrons and LDL-C)
- Triglycerides
- Phospholipids

Decreased parameters

- Albumin
- HDL2

Special investigations

- ANA
- HBsAg
- HCV
- HIV

Urinalysis

- Maltese cross- shaped structures (cholesterol, oval fat bodies)
- Renal tubular casts (fatty, waxy, cellular, granular)
- Protein

Typical Urine sediments

Urinary tract infection	<ul style="list-style-type: none"> - positive nitrite test - abundant leukocytes, partly in clumps - few erythrocytes - bacteria - leukocyte casts in case of pyelonephritis
Microhematuria	<ul style="list-style-type: none"> - low amount of protein - abundant hemoglobin - eumorphic or partly dysmorphic erythrocytes - no leukocytes
Nephrotic syndrome	<ul style="list-style-type: none"> - massive proteinuria - few or no erythrocytes and leukocytes - hyaline casts, waxy casts - lipid droplets, oval fat bodies and fatty casts - Maltese crosses
Nephritic syndrome	<ul style="list-style-type: none"> - protein ++ to +++ - hemoglobin abundant - dysmorphic erythrocytes, acanthocytes and erythrocyte casts
Acute tubular necrosis (ATN)	<ul style="list-style-type: none"> - slight renal glucosuria - no protein - no erythrocytes and leukocytes - abundant granular casts, epithelial casts, pigmented casts
Acute tubulointerstitial nephritis (TIN)	<ul style="list-style-type: none"> - slight proteinuria - leukocyturia, leukocyte casts - erythrocyturia - eosinophiluria

Renal biopsy

Renal biopsy is the standard procedure for determining the underlying cause of nephrotic syndrome when a cause cannot be identified by non-invasive laboratory testing.

Differential diagnosis

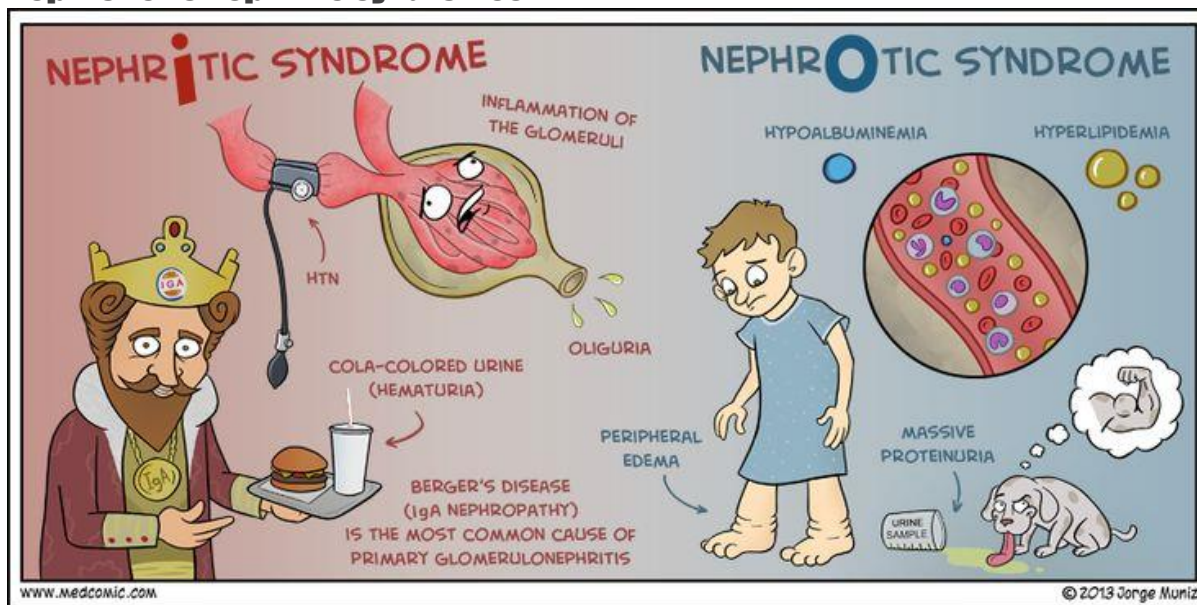
Principal nephrologic syndromes

Syndrome	Characteristics
Diseases of the kidneys	
Nephritic syndrome	Hypertension, edema, proteinuria, hematuria (dysmorphic erythrocytes, erythrocyte casts)
Nephrotic syndrome	Edema, proteinuria, hypoalbuminemia, lipiduria, hyperlipidemia, hypercoagulability
Rapidly progressive glomerulonephritis	Nephritic urinary sediment, hypertension, rapidly progressive renal failure
Uremic syndrome	Loss of appetite, fatigue, pruritus, nausea, vomiting, dysesthesias
Isolated pathological urine finding	Asymptomatic (hematuria, leukocyturia, proteinuria)
Diseases of the urinary tract	
Renal stones	Flank pain and colics, loin pain upon percussion, hematuria
Urinary tract infection	Cloudy urine, dysuria, pollakisuria, leukocyturia, bacteriuria; fever, chills, and flank pain in the case of pyelonephritis

Principal glomerular syndromes

Acute nephritic syndrome	<ul style="list-style-type: none"> – hematuria with dysmorphic erythrocytes (acanthocytes), erythrocyte casts, proteinuria – acute renal failure, hypertension, edema
Nephrotic syndrome	<ul style="list-style-type: none"> – marked proteinuria > 3.5 g/24 h, lipiduria – edema, hypoalbuminemia, hyperlipidemia, tendency for thrombosis and infections
Rapidly progressive glomerulonephritis (RPGN)	<ul style="list-style-type: none"> – hematuria, proteinuria – renal failure with > 50% functional loss within weeks to months, hypertension
Asymptomatic urinary findings	<ul style="list-style-type: none"> – isolated hematuria and/or proteinuria
Chronic glomerulonephritis	<ul style="list-style-type: none"> – nonspecific urinary findings

Nephrotic vs Nephritic syndromes



Prognosis

Prognosis depends on the underlying disorder. Minimal change disease has the best prognosis. Other types of kidney diseases have less favourable outcomes, with high rates of progression to kidney failure. When nephrotic syndrome is caused by another, treatable disorder (infection, allergic or drug reaction), the prognosis is very good.

Treatment

Treatment depends on the underlying disorder. Occasionally, the quantity of fluid a patient is allowed to drink is restricted.

Nephrotic syndrome diet

General Guidelines

The main aim of nutritional management of Nephrotic syndrome is to replace the protein loss by having an adequate intake of proteins. However high intake of protein must be avoided to prevent any tubular damage to the kidneys caused by filtering of the excess proteins.

- Sodium intake in diet should be low.
- Fat intake should also be low.

Foods that can be taken

- Cow's milk, skimmed milk
- Yogurt
- Wheat, cereals, sprouts, pulses and legumes such as tur (arhar) dal, moong dal, rajmah, chana, lentils (masoor), etc.
- Eggs, fish, dry fish, chicken, lean meat, etc.
- Vegetables and fruits
- Soups, sauces, chocolate drinks, juices, etc (but with low sodium content)
- Wafers, popcorns, chutneys which are prepared in less salt.
- Moderate to low intake of vegetable oils, butter and mayonnaise.
- Noodles, spaghetti, pancakes, etc (low in salt)

Foods to be avoided in nephrotic syndrome

- Excess of protein should be avoided because a very high protein diet may cause tubular damage to the kidneys as the kidneys will have to filter more of the proteins. But moderate protein intake (about 1 gm/kg body weight) is mandatory to compensate for the protein loss in the urine.
- High amount of fats should be avoided as the cholesterol and triglyceride levels tend to be high in patients with Nephrotic syndrome. The diet must be high in calories so as to conserve proteins, yet low in fats. Excess of oily food and saturated fats (ghee, margarine, etc) should be avoided.
- Sodium in the diet should be minimum so as to prevent fluid accumulation and oedema. The foods that are high in sodium content and thereby should be avoided are-
 - Salted wafers, popcorns, salted biscuits, snacks, chips, etc.
 - Papads - all varieties
 - Salted pickles, chutneys, curry powder - commercial preparations
 - Commercial salad dressings and sauces. Soup cubes
 - Bakery products, bread, biscuits
 - Salted cashew nuts, pistachio, walnuts, peanuts
 - Commercial cheese, preservative containing foods, noodle mixes, pastas
 - Salted or canned meat
 - Foods containing baking soda and ajinomoto

Homoeopathic Treatment

NEPHROTIC SYNDROME absin. acetan. acon. adon. agar. alco. **ALL-C.** all-s. allox. aloe alum-p. alum. alumn. am-be. *Am-c.* am-caust. ampe-qu. ampe-tr. ant-c. *Ant-t.* antip. aphid **APIS** apoc. aran. arg-met. *Arg-n.* arist-cl. arn. *Ars-i.* ars-s-f. **ARS.** *Asc-c.* aspar. astac. aur-ar. aur-i. *Aur-m-n.* **AUR-M.** aur-s. *Aur.* bamb-a. bap. bar-act. bell. *Berb.* bism. bor-ac. borx. *Brach.* bry. cain. calad. **CALC-AR.** calc-f. calc-i. calc-p. *Calc.* *Cann-s.* cann-xyz. *Canth.* *Carb-ac.* carb-v. *Carbn-s.* carc. caul. cean. **CHEL.** *Chim.* *Chin.* *Chinin-ar.* chinin-s. *Chion.* chir-fl. chlol. chol. chr-ac. cinnb. clem. cob. coc-c. coch. **COLCH.** *Coloc.* com. con. conv. cop. cortiso. *Crot-c.* crot-h. crot-t. cub. cupr-act. cupr-ar. cupr-s. *Cupr.* *Dig.* digin. diph-t-tpt. *Dulc.* equis-h. euon-a. *Euon.* euonin. *Eup-pur.* faec. *Ferr-ar.* ferr-i. *Ferr-m.* ferr-p. ferr-pic. *Ferr.* *Form.* fuch. *Gels.* **GLON.** *Graph.* guat. **HELL.** helo. *Helon.* *Hep.* *Hippoz.* *Hydr.* *Iod.* iris jab. jatr-c. juni-c. kali-ar. *Kali-bi.* kali-br. *Kali-c.* *Kali-chl.* *Kali-i.* kali-m. kali-n. kali-p. kali-s. *Kalm.* kiss. kreos. lac-ac. lac-d. lac-v.

LACH. lat-h. lat-m. laur. *Lec. Leptos-ih.* liat. lina. lith-c. lon-x. loxo-lae. **LYC.** lycps-v. mag-m. mang-act. *Med.* mela. melal-alt. merc-c. *Merc-cy.* merc-d. merc-i-r. *Merc.* methyl. mez. morph. mur-ac. myric. naphtin. *Nat-ar.* **NAT-C.** nat-f. nat-hchls. *Nat-m.* **NAT-P.** *Nat-s.* nat-sal. nat-sil. *Nit-ac.* nux-v. oci. oena. ol-j. ol-sant. op. osm-ac. osm. ourl. **PAR.** *Pareir.* perh-mal. *Petr.* **PH-AC.** phase-xyz. phase. *Phos.* *Phyt.* *Pic-ac.* pilo. pip-m. pitu-p. *Plb-c.* **PLB.** polyg-h. positr. *Psor.* puls. *Pyrog.* rad-br. rad-met. raph. rauw. rhus-a. rhus-t. ric. rumx. *Sabin.* sal-ac. samb-c. saroth. *Sars.* scarl. scop. *Sec.* **SEL.** senec. **SENEG. SEP.** *Ser-ang.* sil. sin-a. sol-t-ae. *Solid.* spartin-s. **SPONG.** squil. stann. stigm. still. *Stroph-h.* strych-g. succ-ac. sul-ac. sul-i. sulfon. *Sulph.* *Sumb.* *Syc.* syph. tab. *Tarax.* tarent. tax. *Ter.* thal-xyz. thuj. thymol. thyr. *Thyreotr.* tritic-vg. tub-m. tub. ur-ac. uran-met. *Uran-n.* urea vac. valer. *Vanad.* vanil. ven-m. verat-v. verat. vesi. visc. yohim. zinc-p. zinc. zing.

KIDNEYS - INFLAMMATION - Glomeruli – membranoproliferative phos.

GENERALS - KIMMELSTIEL-WILSON syndrome apoc. eup-pur. jab. kiss. lyc. lycps-v. med. morph. phase. phos. pic-ac. rhus-a. sal-ac. saroth. sulph.

GENERALS - DROPSY - external dropsy - albuminuria; with apis apoc. **AUR-M.** *Chin.* *Eup-pur.* *Helon.* *Hep.*

URINE – ALBUMINOUS absin. acetan. acon. adon. alco. all-c. all-s. allox. alum-p. alum. alumn. am-be. *Am-c.* am-caust. ant-c. *Ant-t.* antip. **APIS** apoc. arg-met. *Arg-n.* arist-cl. *Ars-i.* ars-s-f. **ARS.** astac. aur-ar. aur-i. *Aur-m-n.* **AUR-M.** aur-s. *Aur.* bapt. bell. berb. bism. borx. *Brach.* bry. cain. **CALC-AR.** calc-i. calc-p. *Calc.* *Cann-s.* cann-xyz. *Canth.* *Carb-ac.* *Carb-v.* *Carbn-s.* carc. caul. chel. *Chim.* *Chin.* *Chinin-ar.* chinin-s. chir-fl. chlol. cinnb. cob. coc-c. coch. *Colch.* conv. cop. cortiso. *Crot-c.* *Crot-h.* cub. cupr-act. cupr-ar. cupr-s. *Cupr.* *Dig.* diph-t-tpt. *Dulc.* equis-h. euon-a. *Euon.* euonin. eup-pur. faec. *Ferr-ar.* *Ferr-i.* *Ferr-m.* ferr-p. ferr-pic. *Ferr.* form. fuch. *Gels.* **GLON.** **HELL.** helo. *Helon.* *Hep.* *Hippoz.* *Iod.* kali-ar. *Kali-bi.* kali-br. *Kali-c.* *Kali-chl.* *Kali-i.* kali-m. kali-n. kali-p. kali-s. *Kalm.* kiss. kreos. **LAC-D.** lac-v. *Lach.* lat-h. lat-m. lec. *Leptos-ih.* lith-c. lon-x. loxo-lae. **LYC.** lycps-v. mag-m. mang-act. med. mela. **MERC-C.** *Merc-cy.* *Merc-i-r.* *Merc.* methyl. mez. morph. mur-ac. myric. naphtin. **NAT-AR.** **NAT-C.** nat-f. nat-hchls. *Nat-m.* **NAT-P.** *Nat-s.* nat-sal. *Nit-ac.* nux-v. oci. oena. ol-j. ol-sant. op. osm-ac. osm. ourl. *Petr.* **PH-AC.** phase-xyz. *Phos.* *Phyt.* *Pic-ac.* pilo. pip-m. pitu-p. *Plb-c.* **PLB.** polyg-h. puls. *Pyrog.* rad-br. rad-met. **RHUS-T.** ric. *Sabin.* sal-ac. samb-c. sars. scarl. *Sec.* *Ser-ang.* sil. solid. spartin-s. squil. stann. stigm. *Stroph-h.* strych-g. sul-ac. sul-i. sulfon. *Sulph.* *Syc.* tab. *Tarent.* tax. **TER.** thal-xyz. thuj. thymol. thyr. tub-m. tub. uran-met. *Uran-n.* urea vac. valer. vanad. vesi. visc. zinc-p. zinc. zing.

GENERALS - DROPSY - external dropsy - kidney disease, from acon. ampe-qu. ampe-tr. ant-t. *Apis* apoc. *Arg-n.* ars. *Asc-c.* aspar. aur. *Calc-p.* *Chim.* **COLCH.** coloc. cortiso. crot-h. *Dig.* digin. eup-pur. *Hell.* helon. juni-c. lac-d. lach. liat. *Merc-c.* merc-d. *Merc.* nit-ac. phos. plb. rauw. *Sal-ac.* senec. *Solid.* squil. ter. ur-ac. urea vac.

GENERALS – HYPERLIPIDEMIA all-s. aur. calc-f. calc. *Chel.* chin. *Chion.* chol. chr-ac. colch. cortiso. ferr-i. *Hydr.* *Lec.* med. nux-v. perh-mal. *Tarax.* thuj. *Thyreotr.* *Vanad.* zing.

URINE – FROTHY acon. **ALL-C.** allox. aloe aphis *Apis* arn. ars. aur. bamb-a. *Berb.* carb-v. cean. **CHEL.** *Chin.* chinin-s. clem. con. cop. crot-t. cub. dig. dulc. glon. guat. iris jatr-c. kali-c. **LACH.** laur. lina. lith-c. **LYC.** mela. melal-alt. merc. myric. nat-m. *Nat-s.* nat-sil. op. *Pareir.* *Phos.* positr. puls. raph. rhus-t. sars. scop. **SEL.** **SENEG.** sol-t-ae. **SPONG.** squil. still. succ-ac. syph. thuj. tritic-vg. tub. vanil. ven-m. verat-v. yohim.

URINE - CUTICLE forming on the surface of the urine adon. agar. *All-c.* alum-p. alum. *Alumn.* **APIS** arg-n. aspar. bar-act. bell. bor-ac. calad. calc-i. *Calc.* canth. chin. chinin-s. cob. *Coloc.* com. crot-t. *Dulc.* *Graph.* *Hep.* iod. kali-ar. kali-bi. lac-ac. laur. *Lyc.* *Med.* merc-c. op. **PAR.** *Petr.* ph-ac. *Phos.* pic-ac. plb. *Psor.* puls. rumx. *Sars.* **SEP.** sin-a. sol-t-ae. sul-ac. *Sulph.* *Sumb.* thuj. verat-v. verat. zinc.

Bibliography



Acute Heart Failure > DIAGNOSIS Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e ... Liver failure or cirrhosis Portal vein thrombosis Renal failure or nephrotic syndrome...



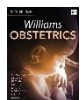
Acute Kidney Injury > URINE FINDINGS Harrison's Principles of Internal Medicine ...). ATN, acute tubular necrosis; GN, glomerulonephritis; HUS, hemolytic-uremic syndrome; RBCs, red blood...



Adolescence > 5. Premenstrual Syndrome & Premenstrual Dysphoric Disorder CURRENT Diagnosis & Treatment: Pediatrics, 22e Premenstrual syndrome (PMS) is a cluster of physical and psychological symptoms that occur during the luteal...



Chapter 24. Fatigue, Asthenia, Anxiety, and Depression > Postviral and Chronic Fatigue Syndromes Adams & Victor's Principles of Neurology, 10e ... appropriately called the postviral fatigue syndrome . The majority of patients are women between 20 and 40...



Connective-Tissue Disorders > Antiphospholipid Antibody Syndrome Diagnosis Williams Obstetrics, 24e By international consensus, the syndrome is diagnosed based on laboratory and clinical criteria (Miyakis, 2006...



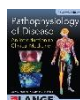
Critical Care > ACUTE RESPIRATORY DISTRESS SYNDROME CURRENT Diagnosis & Treatment: Pediatrics, 22e ... ARDS is a syndrome of acute respiratory failure characterized by increased pulmonary capillary...



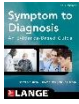
Diseases of the Pleura and Mediastinum > Etiology and Diagnostic Approach Harrison's Manual of Medicine, 18e ... ventricular heart failure, cirrhosis, and nephrotic syndrome. Common causes of exudative effusions...



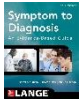
Disorders of Lipoprotein Metabolism > DIAGNOSIS Harrison's Principles of Internal Medicine ... subjects with an elevated TG level. Nephrotic syndrome and chronic renal insufficiency should be excluded...



Disorders of the Adrenal Cortex > Ectopic ACTH Syndrome Pathophysiology of Disease: An Introduction to Clinical Medicine, 7e ... Figure 21–14 Diagnostic evaluation for suspected Cushing syndrome. Initial tests (1-mg...



Edema > Evidence-Based Diagnosis Symptom to Diagnosis: An Evidence-Based Guide, 3e ... Nephrotic syndrome is defined by the presence of urinary protein excretion of at least 3.5...



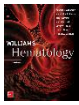
Edema > MAKING A DIAGNOSIS Symptom to Diagnosis: An Evidence-Based Guide, 3e ..., the findings of proteinuria and hypoalbuminemia are also consistent with nephrotic syndrome. Initial...



Encyclopedia Homoeopathica



Generalized Fatigue > CHRONIC FATIGUE SYNDROME Harrison's Manual of Medicine, 18e ... TABLE 35-2 CDC CRITERIA FOR DIAGNOSIS OF CHRONIC FATIGUE SYNDROME A case...



Hodgkin Lymphoma > LABORATORY FEATURES Williams Hematology, 9e ... lymphoma. 130 Similarly, the nephrotic syndrome, characterized by edema, azotemia, hypoalbuminemia...



Hyponatremia and Hypernatremia > Evidence-Based Diagnosis Symptom to Diagnosis: An Evidence-Based Guide, 3e ... Nephrotic syndrome is characterized by urine protein excretion ≥ 3.5 g/d, edema...



Hyponatremia and Hypernatremia > MAKING A DIAGNOSIS Symptom to Diagnosis: An Evidence-Based Guide, 3e ... possible. Other causes of hypervolemia hyponatremia, such as nephrotic syndrome, are less likely...



Infections in the Immunocompromised Host > SYSTEM-SPECIFIC SYNDROMES Harrison's Manual of Medicine, 18e ..., Pseudomonas aeruginosa causing ecthyma gangrenosum) or fungi (e.g., Candida) – Sweet's syndrome...



Kidney & Urinary Tract > I. Acute Poststreptococcal Glomerulonephritis CURRENT Diagnosis & Treatment: Pediatrics, 22e ... of the more chronic or destructive forms of GN) may be accompanied by massive proteinuria (nephrotic syndrome...



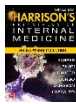
Kidney Disease > Classification Current Medical Diagnosis & Treatment 2016 ... with acute nephritic syndrome, but can see nephrotic syndrome features in addition Most patients are <...



Kidney Disease > Classification Current Medical Diagnosis & Treatment 2015 ... nephrotic syndrome features in addition Most patients are < 30 years old Type I most common Type...



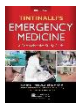
Kidney Disease > FOCAL SEGMENTAL GLOMERULOSCLEROSIS Current Medical Diagnosis & Treatment 2015 ...; 80% of children and 50% of adults have overt nephrotic syndrome in primary FSGS. Decreased GFR...



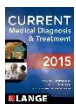
Pneumococcal Infections > Noninvasive Syndromes Harrison's Principles of Internal Medicine ... The two major noninvasive syndromes caused by *S. pneumoniae* are sinusitis and otitis media...



Pulmonary Disorders > ALVEOLAR HEMORRHAGE SYNDROMES Current Medical Diagnosis & Treatment 2015 ... hemorrhage have been classified as anti-basement membrane antibody disease (Goodpasture syndrome...



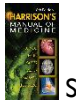
Renal Emergencies in Children > DIAGNOSIS Tintinalli's Emergency Medicine: A Comprehensive Study Guide, 8e ... the initial episode of acute nephrotic syndrome. Renal biopsy may be done when there is a definitive need...



Rheumatologic & Immunologic Disorders > THORACIC OUTLET SYNDROMES Current Medical Diagnosis & Treatment 2015 ... outlet syndromes result from compression of the neurovascular structures supplying the upper extremity...



Stomach > Zollinger-Ellison Syndrome Schwartz's Principles of Surgery, 10e



Stroke > EVALUATION: DETERMINING THE CAUSE OF STROKE Harrison's Manual of Medicine, 18e ... Dysproteinemias Mechanical valve Nephrotic syndrome Bacterial endocarditis...



The Endocrine System > Diagnosis Laboratory Medicine: The Diagnosis of Disease in the Clinical Laboratory ... for hyponatremia other than SIADH, including congestive heart failure, renal insufficiency, nephrotic syndrome...



Radar 10