



Homeopathic Resolution of Chronic Nephrotic Syndrome Using Ignatia: Evidence from Dr Batra's Clinic

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ABSTRACT: Nephrotic Syndrome is a chronic kidney disorder primarily affecting children, characterized by heavy proteinuria, hypoalbuminemia, hyperlipidemia, and edema. Globally, the incidence in children is estimated at 2–7 per 100,000 annually, with the highest prevalence seen between ages 2 and 6 years ^[1] While corticosteroids remain the mainstay in conventional medicine, they often lead to dependency and recurrent relapses ^[2] A constitutional homeopathic approach offers an alternative, aiming at long-term immunological balance by treating the individual holistically, not merely the disease label ^[3] .

This case presents a 6-year-old boy, first diagnosed at age 3 with nephrotic syndrome, following recurrent facial edema, proteinuria (++++), a high protein-creatinine ratio, and yearly relapses. This paper documents the therapeutic journey, highlighting the integration of miasmatic understanding, individualized remedy selection, and follow-ups over a 12-month period at Dr Batra's.

Marked reduction in relapse frequency, improved emotional resilience, and resolution of proteinuria were observed. This case adds to the growing body of evidence supporting individualized homeopathy in chronic pediatric kidney disorders like Nephrotic Syndrome ^[8]

KEYWORDS: Nephrotic Syndrome, Dr Batra's, individualized homeopathy

INTRODUCTION

Nephrotic Syndrome is characterized by a triad of massive proteinuria, hypoalbuminemia, and generalized edema, often accompanied by hyperlipidemia. It is the most common kidney disorder in childhood and can be classified into primary (idiopathic) or secondary forms—associated with infections, medications, systemic diseases, or allergens^[4]. Minimal Change Disease remains the most frequent histopathological finding in pediatric cases ^[3]

Clinical presentation often includes periorbital swelling, ascites, frothy urine, fatigue, and susceptibility to infections. Complications include acute kidney injury, hypertension, venous thrombosis, growth retardation, and frequent relapses leading to steroid dependence or resistance ^[5]. Moreover, long-term steroid use may result in iatrogenic Cushing's syndrome, behavioral disturbances, and bone demineralization ^[2].

In such cases, a holistic therapeutic alternative like homeopathy becomes relevant. Based on the principle of individualization, homeopathy evaluates both physical symptoms and mental-emotional constitution, aiming for long-term immune regulation and psychosomatic healing ^[7]. This paper presents a case illustrating the successful use of *Ignatia Amara* as a constitutional remedy in a young child with nephrotic syndrome, with sustained clinical improvement and withdrawal from steroids.

CASE PROFILE

The patient is a 6-year-old boy, weighing 21.81 kg, who was diagnosed with nephrotic syndrome at the age of 3 years after developing facial edema. He was initially treated with allopathic medications, including Omnacortil (a corticosteroid), which provided only temporary relief, with relapses occurring every alternate year. The most recent urine examination revealed severe proteinuria (+++), and a protein-to-creatinine ratio of 10.09, far exceeding the normal range (0.2–1), indicating ongoing renal damage.

The child is described by his mother as stubborn and cranky, often seeking to excel in everything, becoming sad or withdrawn when he fails to achieve his expectations. He shares a competitive and emotionally charged dynamic with his elder brother, who is perceived as dominating. Although friendly and good in academics, the child is emotionally sensitive and deeply affected by comparisons, which often leads to disappointment. He also exhibits shrewdness, occasionally manipulating family dynamics—for example, reporting family members' words to one another ("idhar ki baat udhar").

From a physical standpoint, he suffers from recurrent upper respiratory infections, necessitating monthly courses of antibiotics, particularly for cold, cough, throat inflammation, and hoarseness. His symptoms include slight stammering, reduced appetite, and delayed growth in height, which has become a concern for his parents. He was on Wysolone 190 mcg and Shelcal 250 mcg, and intermittently used Omnacortil (2 mg) on alternate days until recent months.

Homeopathic treatment was initiated, with regular monthly follow-ups documented from December 2022 to May 2025. Over the course of treatment, the child gradually tapered off Omnacortil, and by late 2023, he was no longer on any allopathic medications. Notable improvements were observed, including a significant reduction in the frequency and severity of throat infections, stabilization of urinary protein levels, and general improvement in mood and behavior. According to reports from October 2023 onward, urine protein tests consistently turned negative, with no bacteria or pus cells, and a normal protein-creatinine ratio of 0.10, later recorded as 0.13 in May 2025.

Though occasional cold symptoms reappeared with seasonal changes, they were milder, and the patient no longer required frequent antibiotics. Appetite remained low, and growth in height and weight was still a concern, prompting the administration of nutritional supplements like Zincovit and Aptivate syrup. The family has been advised on diet and regular exercise to support overall development.

The child's psychosomatic profile, emotional suppression, perfectionism, and sibling dynamics guided the prescription of the constitutional remedy Ignatia Amara, known in homeopathy for treating ailments with a strong emotional component, especially those related to grief, contradiction, and sensitivity to disappointment. Follow-ups confirmed not only renal improvement but also enhanced emotional balance, reduced dependency on steroids, and better overall immunity. The case illustrates the potential of classical homeopathy in managing chronic pediatric conditions like nephrotic syndrome with a constitutional and miasmatic approach.

PHYSICAL GENERALS

Diet: mixed

Appetite: Normal

Craving: Aerated drinks, Bakery products, non veg

Aversions: N.S

Thirst: Normal

Perspiration: Scanty, N.O.,N.S.

Urine: Occasional bedwetting

Stools: Regular

Thermal Reaction: Thermally hot patient, Does not prefer covering

Seasonal Preference: No specific preference; tolerates all seasons well

Environmental Preference: Prefers fan; not comfortable in AC

Sleep: Duration: 6–7 hours, Disturbed and unrefreshing sleep

Dreams: Frequent anxious dreams, Occasionally dreams of failure, school pressure, or being pursued

EXAMINATION

Vital Signs:

Temperature: 98.4°F

Pulse: 92/min, regular

Respiratory Rate: 22/min

Oxygen Saturation: 98% on room air

Edema:

No pitting edema present in lower limbs or periorbital region during examination.

No ascites detected on abdominal inspection or palpation.

Breath sounds: Vesicular, with no added sounds.

Heart sounds: S1 and S2 normal.

No murmurs

Abdomen soft, non-tender.

Conscious, alert, and oriented.

No signs of motor or sensory deficits.

Weight: 21.8 kg

Height: 110.5 cm

Body Mass Index (BMI): 17.8 kg/m²

MENTAL GENERALS

The child is very gentle and sensitive. He is quiet but has strong feelings inside. He is good at school, especially in math, and does well in studies. Even though he is smart, he feels unsure of himself and keeps his worries inside.

At home, his older brother often speaks harshly to him and sometimes hits him. The child does not fight back because he is not strong physically and feels sad inside. He often cries and goes to his mother for comfort. He wants to stand up for himself but does not do it, which makes him feel helpless.

He loves his mother but also feels upset with her because the family stopped living with the grandparents. This makes him feel a little distant from her. His father is busy with work and does not spend much time with him. Because of this, the child feels lonely and sometimes gets angry or sad and walks away from the house. He often thinks negative thoughts. When his father or brother scolds him, he gets scared and stays quiet but feels angry inside. He does not like fights and is very delicate emotionally. Sometimes, he stammers a little when he is upset.

Mother's History During Pregnancy and After Birth:

When the mother was pregnant, she had many problems at home. She felt very sad, lonely, and not supported by her husband or family. She had many worries and cried a lot. She felt like she was doing all the work alone and was not treated well compared to her sister-in-law. She even left home a few times but stayed for the children. These hard times likely affected the child's feelings and how he grew emotionally.

Child’s Early Life and School:

The child’s early years were hard because of COVID-19. He got sick many times and had to stay indoors, so he could not play outside or meet friends. This made him feel lonely and quiet. Even though he does well in school and friends like him, he is still very sensitive and scared around adults who are strict or loud.

Past History

NS

Family History

NS

Case analysis Reportorial totality

MIND - AILMENTS FROM – domination

MIND - FORSAKEN feeling

MIND - CONFIDENCE - want of self-confidence

MOUTH - SPEECH - stammering

Repertory screenshot

Remedies	<i>anac.</i>	<i>aur-m-n.</i>	<i>merc.</i>	<i>stram.</i>	<i>ign.</i>	<i>lyc.</i>	<i>nat-m.</i>	<i>sil.</i>	<i>carc.</i>	<i>hyos.</i>	<i>ruta</i>	<i>thuj.</i>	<i>sep.</i>	<i>bar-c.</i>	<i>mag-c.</i>
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Symptoms Covered	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3
Intensity	8	7	7	7	6	6	6	6	5	5	5	5	4	6	6
Result	4/8	4/7	4/7	4/7	4/6	4/6	4/6	4/6	4/5	4/5	4/5	4/5	4/4	3/6	3/6
Clipboard 3															
MIND - AILMENTS FROM - domination	2	2	1	1	2	2	1	1	1	1	1	1	1		2
MIND - FORSAKEN feeling	2	2	2	2	2	1	2	1	1	2	2	2	1	1	2
MIND - CONFIDENCE - want of self-confidence	3	2	1	1	1	2	2	3	2	1	1	1	1	4	
MOUTH - SPEECH - stammering	1	1	3	3	1	1	1	1	1	1	1	1	1	1	2

Figure 1

Selection of Remedy

IGNATIA

Potency: 200C

Dosage: 5-8 globules

Period: 4 weeks

Remarks: Given during the 1st week

SAC-L (Sac lac)

Dosage: 1 pellet

Dosage: 5-8 globules

Period: 4 weeks

Miasmatic approach

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Mind – Ailments from domination		✓ (control, oppression, domination issues)		
Mind – Forsaken feeling	✓ (feeling abandoned, forsaken, insecurity)			
Mind – Want of self-confidence	✓ (lack of confidence, self-doubt)			
Mouth – Speech – Stammering		✓ (speech issues, mental confusion)		✓ (nervous system involvement, sensitivity)

Results

1st Month

Progress: Case stable, no acute episodes. Mother reports child is sharp but complains occasionally.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

2nd Month

Progress: No acute cold or cough episodes, height increase desired.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

3rd Month

Progress: No acute episodes, creatinine normal verbally.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

4th Month

Progress: No acute episodes, appetite reduced, mild weakness.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

5th Month

Progress: Mild weakness, diet and exercise advised, no allopathic medication.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

6th Month

Progress: Patient better, reports verbally sent, diet and exercise advised.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

7th Month

Progress: Recurrent throat infections, better but still present.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

8th Month

Progress: Protein negative in urine, no allopathic medicines, mild weakness.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

9th Month

Progress: Appetite improved, stool regular, recurrent throat infections comparably better.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

10th Month

Progress: Same as 9th month, no significant change, seasonal throat infections present.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

11th Month

Progress: Throat infections comparatively better, no allopathic medicines.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

12th Month

Progress: Urine reports normal, throat infections rare, overall better.

Prescription: Ignatia 200C, 2 doses/week + Sac Lac

DISCUSSION & CONCLUSION

This case illustrates a gradual and consistent improvement in the patient’s condition over the course of one year. The initial symptoms of recurrent throat infections, mild weakness, and reduced appetite showed significant reduction from the first month of treatment. Over time, the patient’s overall health improved, including increased appetite and energy levels.

The absence of further acute episodes during the treatment period indicates an enhanced immune response and systemic healing. Laboratory findings also showed normalization of previously abnormal values, suggesting restoration of bodily functions.

Regular follow-ups and lifestyle modifications contributed to the sustained progress and prevented relapses, even during challenging seasonal changes.

In conclusion, the treatment approach adopted in this case proved effective in managing recurrent throat infections and improving constitutional health. The patient achieved long-term remission with improved quality of life and reduced frequency of illness episodes.

THE TRANSFORMATION

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PATIENT'S NAME: [REDACTED] AGE / SEX: 6 Years / M
REG. DATE/TIME: 08/11/2022 8:59 AM
ID No: 228657 SAMPLE COLL. TIME: 08/11/2022 9:02 AM
REF. BY Dr. FAHRAJ DESHPANDE REPORT DATE: 08/11/2022 10:59 AM
PRINT DATE: 08/11/2022 5:01 PM

Investigation	Status	Result	Ref. Ref. Int
URINE EXAMINATION TEST REPORT			
PHYSICAL EXAMINATION			
Color		Pale Yellow / Yellow	
Appearance		Slightly hazy	
Deposit		Absent	
Chemical Examination (Automated Dipstick Method)			
Specific Gravity (Refractometry)		1.007	1.003 - 1.030
Reaction/pH (Indicator Based)		Acidic (5.5)	4.5 - 7.5
Leucocytes (Estrase Activity)		Negative	Negative
Nitrite (Griess Method)		Negative	Negative
Blood (Peroxidase Like Action of HGB)		Negative	Negative
Protein (Protein Error of PH Indicator)		Positive (++++)	Negative
Glucose (Enzymatic)		Negative	Negative
Ketone (Alkal) Na-nitroprusside)		Negative	Negative
Bilirubin (Azo Coupling)		Normal	Normal
Urobilinogen (Azo Coupling)		Normal	Normal
MICROSCOPIC EXAMINATION (DIGITAL IMAGING ANALYSIS)			
WBC (Pus Cells)		Occasional	0 - 5/HPF
RBC		Absent	0 - 2/HPF
Epithelial Cells		Occasional	0 - 8/HPF
Cast		Absent	+ 1.0 /LPF
Crystals		Absent	Absent
Bacteria		Absent	Absent
Yeast Like Cells		Absent	Absent
Other Findings			

**08.11.2022
Urine Routine
Protein +++++**

Sunflower
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PATIENT'S NAME: [REDACTED] AGE / SEX: 6 Years / M
REG. DATE/TIME: 15/05/2025 12:13 PM
ID No: 2530037 SAMPLE COLL. TIME: 15/05/2025 12:14 PM
REF. BY Dr. REPORT DATE: 15/05/2025 1:18 PM
PRINT DATE: 15/05/2025 2:24 PM

Investigation	Status	Result	Ref. Ref. Int
URINE EXAMINATION TEST REPORT			
PHYSICAL EXAMINATION			
Color		Pale yellow	Pale Yellow / Yellow
Appearance		Slightly hazy	
Deposit		Absent	
Chemical Examination (Automated Dipstick Method)			
Specific Gravity (Refractometry)		1.018	1.003 - 1.030
Reaction/pH (Indicator Based)		Alkaline (9.0)	4.5 - 7.5
Leucocytes (Estrase Activity)		Negative	Negative
Nitrite (Griess Method)		Negative	Negative
Blood (Peroxidase Like Action of HGB)		Negative	Negative
Protein (Protein Error of PH Indicator)		Negative	Negative
Glucose (Enzymatic)		Negative	Negative
Ketone (Alkal) Na-nitroprusside)		Negative	Negative
Bilirubin (Azo Coupling)		Negative	Negative
Urobilinogen (Azo Coupling)		Normal	Normal
MICROSCOPIC EXAMINATION (DIGITAL IMAGING ANALYSIS)			
WBC (Pus Cells)		Occasional	0 - 5/HPF
RBC		Absent	0 - 2/HPF
Epithelial Cells		Occasional	0 - 8/HPF
Cast		Absent	+ 1.0 /LPF
Crystals		Absent	Absent
Bacteria		Absent	Absent
Yeast Like Cells		Absent	Absent
Other Findings			

**15.05.2025
Urine Routine
Normal**



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