



A Case Report of Pyelonephritis And Its Ayurvedic Management

Jagtap Jyoti , Jagtap Manoj*

Ymt ayurvedic medical college Kharghar

*Corresponding author- vdmanojjagtap@gmail.com

ABSTRACT – Pyelonephritis is an ascending urinary tract infection that has reached the pelvis of kidney. It can cause high fever, pain on passing urine, and abdominal pain that radiates along the flank towards the back. There is often associated vomiting. A female patient 55 yrs old was diagnosed as Pyelonephritis came for ayurvedic treatment with complaints of bilateral pedal edema, bilateral pedal itching, weight gain, constipation, difficulty in urination etc. All these symptoms were reduced after treatment also major reduction in swelling was seen.

KEYWORDS – Pyelonephritis, Pedal edema, UTI, Ayurveda

INTRODUCTION- Pyelonephritis is an ascending urinary tract infection that has reached the pyelum or pelvis of the kidney. Symptoms of acute pyelonephritis generally develop rapidly over a few hours or a day. It can cause high fever, pain on passing urine, and abdominal pain that radiates along the flank towards the back. There is often associated vomiting. **Causes**- Most often, the bacteria that cause pyelonephritis are the same as those that cause ordinary urinary tract infections. Bacteria found in stool (such as *E. coli* or *klebsiella*) are most common. Uncommonly, bacteria from the skin or the environment cause pyelonephritis. Conditions that create reduced urine flow make pyelonephritis more likely. When urine flow slows or stops, bacteria can more easily travel up the ureters **Mechanical**: any structural abnormalities in the urinary tract, vesicoureteral reflux (urine from the bladder flowing back into the ureter), kidney stones, urinary tract catheterization, urethral or drainage procedures (e.g., nephrostomy), pregnancy, neurogenic bladder (e.g., due to spinal cord damage, spina bifida or multiple sclerosis) and prostate disease (e.g., benign prostatic hyperplasia) in men.

Constitutional: diabetes mellitus, immunocompromised states

CASE REPORT – A female patient age 55 yrs housewife came with following complaints for ayurvedic treatment on 21/7/13

C/O- Paada Shotha (pedal edema), paad kandu (pedal itching), daurbalya (weakness), Bhaarvridhi (weight gain), vibandha (constipation) since one month.

H/O- patient was admitted in hospital during 4/7/13- 12/7/13 for the treatment of Pyelonephritis.

K/C/O – HCV +ve, DM since 15 yrs

Left mastectomy done for duct carcinoma 3 yrs back.

On /Examination –

Naadi – Vaatkaphaja

Mala – Vibandha

Mutra – Sakashta, Alpa

Jivha – Saam

Paad – Shotha (Pitting edema)

Chikitsa – for period of two months following medicines were used as per need

Aarogyavardhini – 500 mg before food bd

Gokshuradi guggul – 500 mg after food bd

Ratapachak yog – 500 mg before food bd

Chandraprabha vati – 250 mg before food bd

Gomutra haritaki – 500 mg at night

Maaka + Punarnava kashay – 30 ml empty stomach

Maharasnadi Kashay + Punarnavashtak Kashay – 30 ml after food bd

RESULTS –

Investigations

	11/07/2013 (Before Treatment)	14/09/2013 (After Treatment)
Hemoglobin	8.9	9.6
Platelets	75,000*	1,15,000
Fasting BSL	222	188
PP BSL	380	195
Urine pus cells	120-150	25-30

* Platelets were previously always within range 50,000-75,000

Pedal edema – *all measurements in inches*

Date	Right leg		Left leg	
	Mid calf	Ankle	Mid calf	Ankle
21/7/13	18	10.7	17	11
23/7/13	17	10.3	17	11
24/7/13	16.6	10.2	16.6	10.7
26/7/13	16	10.1	16	10.7
2/8/13	15.7	10	15.2	10.2
3/8/13	14.5	9.5	14.7	9.7

DISCUSSION –

When patient came she was not in acute phase of pyelonephritis. She was diagnosed as Shotha by ayurvediya nidan parikshan. Hence the accordingly treatment was given. Detailed history taking revealed that dadhi (curd) sevan, matsya (fish) sevan, atishrama, vegadharan was hetu.

Samprapti vichaar (Pathophysiology)

Hetu sevan → Rasa dushti → Rakta dushti → prameha → rasa +rakta+ mansa dushti (stanarbuda/ CA breast) → rasa +rakta +mansa +meda dushti (Vrukka viruti/pyelonephritis)

Chikitsa vichaar –

Aarogyavardhini – aamapachak, malashuddhikar, medovinashini, shothaghna

Gokshuradi guggul – shothahar, mutral, regulates apana

Ratapachak yog – purifies rakta and regulates rakta dhatvagni

Chandraprabha vati – useful in mutravikar

Gomutra haritaki – virechak, shothahar

Maaka + Punarnava kashay – works on yakruta and vrukka (traditional use)

Maharasnadi Kashay + Punarnavashtak Kashay - aamapachak, shothahar

CONCLUSION –

According to modern science pyelonephritis is infection of kidney. It is chronic complication of recurrent urinary tract infections. It may end up resulting abscess in kidney or septicemia etc. When patient came she was not in acute phase and was diagnosed as Shotha. The treatment was given accordingly and had good results. The pedal edema was reduced remarkably and also pathological investigations showed improvements. Hence it was seen that ayurvedic medicines worked beautifully and improved condition of patient.

REFERENCES -

1. Ramakrishnan, K; Scheid, DC (2005)."Diagnosis and management of acute pyelonephritis in adults". American Family Physician. 71 (5): 933–42.
2. Hultgren, SJ (2011). "Pathogenic Cascade of E. coli UTI". UTI Pathogenesis. St. Louis, Missouri: Molecular Microbiology and Microbial Pathogenesis Program, Washington University.
3. Korke, F; Favoretto RL; Bróglia M; Silva CA; Castro MG; Perez MD (2008). "Xanthogranulomatous pyelonephritis: clinical experience with 41 cases". Urology.71 (2): 178–80.
4. Kashinath Shastri, Charak Samhita, Chauhambha Sansrit sansthan, Varanasi, 2009,264
5. Kashinath Shastri, Charak Samhita, Chauhambha Sansrit sansthan, Varanasi, 2009,265
6. Yadvaji Triamji Acharya, Sushruta Samhita, Chauhambha Sansrit sansthan, Varanasi, 2009, 485
7. Yadvaji Triamji Acharya, Sushruta Samhita, Chauhambha Sansrit sansthan, Varanasi, 2009, 489