Indigenous Drugs as a Rare Cause of Minimal Change Disease Relapse

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Dear editor,

We here highlight the unusual but important cause of relapse of minimal change disease (MCD). Our patient developed nephrotic syndrome at the age of 18 years. On examination, his blood pressure was 132/82 mm Hg and his 24-hour urine protein was 5.7 g. Kidney biopsy was suggestive of MCD. He was treated with steroids for 4 months in tapering doses along with ramipril to which he responded well. There was no relapse and he continued to be in complete remission for the next 3 years.

He was planning to get married and because of fear of erectile dysfunction, he consulted a local *hakim* (traditional healer). He was given an indigenous ayurvedic medicine in the form of capsule, in zest for increasing sexual potency. The constituents of this drug are shown in the Table. Three days later, he developed swelling over face and feet. On evaluation, he was found to be having relapse of nephrotic syndrome. Urine proteinuria excretion was 6.8 g/d. The indigenous drug was stopped immediately. He was treated with ramipril, 10 mg/d, telmisartan, 80 mg/d, and predinisolone, 1 mg/kg/d, to which he responded and his proteinuria decreased to 675 mg/d after 4 weeks. The steroids were given for a total of 4 months. He continued to be in remission after 6 months of stopping steroids and the last proteinuria level was 120 mg/d.

This case illustrates the relapse of nephrotic syndrome as a side effect of an indigenous medicine. We cannot rechallenge him with the same drug due to ethical reasons. To best our knowledge, our case is first such incidence of a sexual-potency-increasing herbal drug causing relapse of MCD. Indiscriminate use of indigenous drugs for sex enhancement is not without side effects. Such herbal drugs are known to cause acute tubulo-interstitial damage in the short run and chronic kidney disease in the long run. The prevalence of nephropathy caused by traditional medicines is directly related to a combination of ignorance, poverty, lack of medical facilities, and widespread belief in indigenous systems of medicine in rural areas. These medicines are a mix of herbs and unknown chemicals administered orally.[1]

In an era where nephrotic syndrome is being treated with ayurvedic polyherbal preparations, like Shathavaryadi Yoga (NS001),[2] this case highlights that herbal and ayurvedic drugs could prove counterproductive. The mindset of people

Constituents of Indigenous Ayurvedic Medicine

Constituent	Amount, mg
Emblica officinals	89
Terminallia chebula	89
Terminallia bellrica	89
Cassia augustifolia	15
Myristica fragrans	6
Myristica oficinalee	5
Plaumbago zeylanica	15
Zingiber officinals	10
Foeniculum vulgare	10
Solanaceae	15
Aspheltum adscendens	10
Ecliptaprostat	10
Andrographics paniculate	10
Mucunna pruriens	25
Tinosphora cardifolia	10
Crocus salivus	10
Withania somnifra	10
Ipomoea biaba	10
Anacyclus aromaticus	10
Embelia ribes	10
Terminalia arjuna	10
Orchis latifolia	8
Moti bhasm	2
Loh bhasm	2
Prawl pistti	5
Shilajeet	5
Bang bhasm	3
Mandur bhasm	2
Abhrak bhasm	5
Makardwaj	3

needs to be changed through proper counseling at the level of physician. Then only such malpractices and disease burden can be taken care off.

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