

△ Steroid Resistant Nephritic Syndrome

A Case Study

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Praise from the Conference:

Dr. Sahni B.S forwarded this paper in PDF format. It is impeccably presented. It includes the carefully scanned laboratory reports and prescriptions. He is to be congratulated. We thank him and the parents of the child for sharing this case with us.

Abstract:

A case of **Steroid Resistant Nephritic Syndrome** is presented, which was successfully cured with the help of homoeopathic medicines and till date the patient is free from all the complaints and **continuing well without any medicine(s) from the last 3 yrs**. The presentation of this case is possible only because the parents of the patient kept all the records intact and I'm very thankful to them for providing all the records and permission to share this case with other Homoeopaths.

Key Words:

1. **Nephritic syndrome** also called as **nephrosis**. A kidney disease marked by protein in the urine; abnormally low blood protein (albumin), and fluid gathering in the tissue.
2. **Glomerulonephritis**, term used for several related diseases in which the essential fault is damage to the **glomeruli**, the tiny filtering units in the kidneys. The damage is usually the result of **inflammation**, caused by abnormal proteins that become trapped in the glomeruli.
3. **Odema**, the swelling of the body tissue due to excess water contents. The swollen tissue may remain intended when you press it with a finger.

Introduction:

Nephritic syndrome is uncommon. It affects a slightly higher number of children than nephritis. The condition usually starts between the ages of 2 and 4 yrs and is slightly more common in boys. Like nephritis, Nephritic Syndrome is a form of Glomerulonephritis. For most children with nephritic syndrome, the cause is unknown. In Nephritic Syndrome, the glomeruli are damaged. One result is that protein leak from the blood through the glomeruli into the urine. One of the functions of the blood protein is to keep fluid inside the blood vessels. With the low blood proteins, fluid (water) leaks out of the vessels into the tissues. In addition, the volume of the urine is much reduced.

Symptoms:

There are two main symptoms of the nephritic syndrome. First is the gradual appearance, over several days of weeks, of **generalized swelling** throughout the child's body, from the accumulation of the fluid (**odema**). The swelling is especially **noticeable around the eyes and face**, and the **abdomen may be distended**.

Second main symptom is **a much-reduced output of urine**-perhaps as little as one-fifth of the normal output. The urine normally looks normal. But the **serum albumin** is low and there is **marked lipemia**, especially **elevation of the cholesterol**. **Urine sodium** is usually **low**.

Case Report:

Name of Patient: Miss Lubna Azmi

Date of Birth: 14/01/1981

Treatment History:

As per the available records, the patient was first seen by a child specialist on 11 November 1982 and was put on steroids for two days and again on 15 November for next 15 days.

The complete history of allopathic treatment is as under:

<i>Year</i>	<i>Treatment</i>	<i>Clinical Reports</i>	<i>Duration</i>
1988	24 November	24 November	2 Weeks
1989	15 December	15 December	
	16 December	Blood USG Urine	
1990	1 January		6 Weeks
	22 March		3 Months
	18 September		6 Weeks
	26 September		6 Weeks
	6 November		6 Weeks
	12 December		6 Weeks
1991	4 February		6 Months
	6 August		3 Weeks
	2 October		5 Weeks
	21 November		6 Weeks
1992	20 May		6 Weeks
	10 November		6 Months
1993	5 April	Blood & Urine	3 Weeks
	26 April		1 Weeks
	3 May		8 Weeks
	12 July		10 Weeks

<i>Year</i>	<i>Treatment</i>	<i>Clinical Reports</i>	<i>Duration</i>
1994	20 January		2 Weeks
	8 February		5 Weeks
	20 July		3 Weeks
	12 August		3 Weeks

After not getting any satisfactory results from the modern system of medicine the patient was brought to ONGC Homoeopathic Clinic for the Homoeopathic Treatment, in the month of January 1995.

Homoeopathic Treatment:

After going through the History, urine report and the symptoms, the medicines were prescribed on 15.3.95 for three months. The same medicines were continued up to 23.8.95. The medicines were changed due to increased Albumen in urine on 24.8.95. Nevertheless, the urine report dated 31.8.95 and 15.9.95; 16.9.95 shows no signs of improvement. Keeping in view of the situation, the medicines were again changed on 21.10.95 and 9.1.96.

After this prescription patients urine report became normal on 24.2.96 and 4.4.96 respectively.

But again there was a relapse of symptoms and the urine report again start showing Albumin positive in the urine reports dated 6.6.96, 2.7.96, 31.7.96, 19.8.96, 2.9.96, 26.9.96 and 14.10.96. During this period, more or less the prescription remains the same. The patient's condition continued to be in zigzag condition up to May 1997. The condition became worse in the month of June 1997. The urine report on 10.6.97 shows Albumin +++++. During this period, the parents of the patient lost their patience and again admitted the child to Jaslok Hospital, Mumbai where they did clinical examination and biopsy and diagnosed this case of "**Steroid Resistant Nephritic Syndrome**". The patient was again put on steroid and continued the same on 17.7.97. The condition of the patient nevertheless remained the same i.e. sometimes the urine albumin was nil and some trace or present until 9.9.97.

The patient was again brought back to Homoeopathic Clinic, as there was no satisfactory progress. Accordingly, on 11.9.97 the new prescription was made in the light of the new diagnosis. This new prescription showed very dramatic results, afterwards there was no relapse of the symptoms, which is confirmed by Urine, and Blood reports dated 30.9.97, 13.10.97, 10.11.97, 22.12.97, 22.01.98, 19.02.98, 17.11.98, 25.10.99 and 24.05.01.

Homoeopathic Prescriptions:

The summary of the complete Homoeopathic prescriptions administered from time to time is as under:

<i>Date</i>	<i>Prescription</i>
15.1.1995	<ul style="list-style-type: none">• Apis Mel 10M One Dram Pills Three Pills once empty stomach, weekly• Merc.Cor 30 1oz Pills• Pulsatilla 30 1oz pills Three pills from each, thrice in a day before meal• Ferrum Phos. 6x Biochemic 25 gms• Kali Mur 6x Biochemic 25 gms 2 Tablets from each thrice in a day after meals
25.5.1995	Repeat all
19.7.1995	Repeat all
24.8.1995	<ul style="list-style-type: none">• Ars.Alb 200, 2 Dram pills• Kali Carb 30, 2 Dram Pills 3 Pills from each, thrice in a day before meals• Plumbum Met 10M 3 doses only One dose after the gap of every 10 minutes interval, empty stomach.
1.9.1995	Repeat all Add: <ul style="list-style-type: none">• Solidage Q30 ml 10 drops with water twice in day before meals
21.10.1995	<ul style="list-style-type: none">• Plumbum Met 1M One Dram Pills 3 pills empty stomach once in a week.• Kali Carb 30 1oz Pills• Ars.Alb 30 1oz pills 3 Pills from each thrice in a day before meals• Ferrum Phos 6x Biochemic 25 gms 4 Tablets thrice in day after meals
9.1.1996	Repeat All Add: <ul style="list-style-type: none">• Solidage Q30 ml 10 drops with water twice in day before meals• Tuberculinum 1M One dose after the gap of every 10 Minutes interval, empty stomach
1.3.1996	Repeat All
8.4.1996	Repeat All

<i>Date</i>	<i>Prescription</i>
<i>10.5.1996</i>	Repeat All
<i>7.6.1996</i>	<ul style="list-style-type: none"> • Kali Carb 200 2 Dram pills • Ars.Alb 200 2 Dram pills 3 pills from each twice in a day {empty stomach & Evening} • Ferrum Phos 6x Biochemic tablets 25gms • Kali Mur 6x Biochemic tablets 25gms 2 Tablets from each thrice in a day after meals • Solidage Q30 ml 10 drops with water twice in day before meals
<i>3.7.1996</i>	Repeat All
<i>2.8.1996</i>	Repeat All Add: <ul style="list-style-type: none"> • Cal Sulph 6x Biochemic Tablets 2 tablets once at bedtime.
<i>6.9.1996</i>	<ul style="list-style-type: none"> • Ferrum Phos 6x Biochemic tablets 25gms • Kali Mur 6x Biochemic tablets 25gms • Cal Sulph 6x Biochemic Tablets 2 Tablets from each thrice in a day after meals • Ars.Alb 1M One Dram pills • Thuja 1M One Dram pills Three pills from each empty stomach, once in a week • Tuberculinum 30 2 Dram Pills 3 Pills thrice a day before meals • Solidage Q30 ml 10 drops with water twice in day before meals
<i>16.10.1996</i>	Repeat All Add: <ul style="list-style-type: none"> • Apis Mel 10M 2 Dram pills 3 Pills once empty stomach, once a week
<i>10.11.1996</i>	Repeat All Add: <ul style="list-style-type: none"> • Koch Lymph 200 One Dram pills 3 Pills once empty stomach, once in a week
<i>30.12.1996</i>	Repeat All
<i>16.1.1997</i>	Repeat All
<i>6.5.1997</i>	Repeat All Add: <ul style="list-style-type: none"> • Chinum Sulph 200 2 Dram Pills 3 Pills twice a day before meals

Patient left the Homoeopathic Treatment, was admitted in Jaslok Hospital, and was again put on Steroids.

After not getting any remarkable results patient was again brought back to Homoeopathic Clinic for Treatment. The Prescriptions of the treatment are:

<i>Date</i>	<i>Prescription</i>
11.9.1997	<ul style="list-style-type: none"> • Prednisolone 30 2 Dram Pills 3 Pills thrice a day before meals • Apis Mel 10M 2 Dram Pills 3 Pills empty stomach daily • Kali Clor 30 1oz Pills 3 Pills thrice in a day before meals • Ferrum Phos 6x Biochemic Tablets 25gms • Cal. Sulph 6x Biochemic Tablets 25gms 2 Tablets from each thrice in a day after meals • Solidage Q30 ml 10 drops with water twice in day before meals
1.10.1997	Repeat All
14.10.1997	Repeat All
11.11.1997	Repeat All
23.11.1997	Repeat All except Prednisolone

Since 1998, the patient is without any medication. She has been advice to go for Urine examination once in a year to prevent any replace for another 2 yrs.

Urine Reports:

The summary of the Urine Reports is as under:

<i>Date</i>	<i>Urine Report</i>
13.1.1995	Albumin Present (Trace) Pus Cells 2 to 3 /HPF Epithelial Cells 2 to 3/HPF
20.4.1995	Albumin Trace Pus Cells 1 to 2 /HPF Epithelial Cells 3 to 4 /HPF
6.7.1995	Albumin Present(+) Pus Cells 1 to 2 /HPF Epithelial Cells 4 to 6 /HPF
31.7.1995	Albumin Present (+) Pus Cells 1 to 2 /HPF Epithelial Cells 1 to 2 /HPF
21.8.1995	Albumin Present (++) Pus Cells 2 to 3 /HPF Epithelial Cells 8 to 10 /HPF
31.8.1995	Albumin Present (++) Pus Cells 3 to 4 /HPF Epithelial Cells 3 to 4 /HPF

<i>Date</i>	<i>Urine Report</i>	
15.9.1995	Albumin	(++++)
	Pus Cells	Occasional
	Epithelial Cells	1 to 2 /HPF
25.9.1995	Albumin	Absent
	Pus Cells	0 to 2 /HPF
	Epithelial Cells	3 to 4 /HPF
12.10.1995	Albumin	Absent
	Pus Cells	0 to 2 /HPF
	Epithelial Cells	3 to 4 /HPF
11.12.1995	Albumin	Present (+)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	3 to 4 /HPF
1.1.1996	Albumin	Present (Trace)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	1 to 2 /HPF
24.2.1996	Albumin	Absent
	Pus Cells	-----
	Epithelial Cells	-----
4.4.1996	Albumin	Absent
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	3 to 4 /HPF
6.6.1996	Albumin	Present (++)
	Pus Cells	0 to 2 /HPF
	Epithelial Cells	2 to 3 /HPF
2.7.1996	Albumin	Present (+)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	2 to 3 /HPF
31.7.1996	Albumin	Present (++)
	Pus Cells	0 to 2 /HPF
	Epithelial Cells	1 to 2 /HPF
19.8.1996	Albumin	Present (++)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	2 to 3 /HPF
2.9.1996	Albumin	Present (++)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	2 to 3 /HPF
26.9.1996	Albumin	Present (+)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	2 to 3 /HPF

<i>Date</i>	<i>Urine Report</i>
14.10.1996	Albumin Present (+) Pus Cells 0 to 2 /HPF Epithelial Cells 2 to 3 /HPF
25.11.1996	Albumin Present (+) Pus Cells 0 to 2 /HPF Epithelial Cells 3 to 4 /HPF
26.12.1996	Albumin Present (+) Pus Cells 1 to 2 /HPF Epithelial Cells 2 to 3 /HPF
25.2.1997	Albumin Present (++) Pus Cells 0 to 2 /HPF Epithelial Cells 2 to 3 /HPF
1.5.1997	Albumin Present (+) Pus Cells 0 to 2 /HPF Epithelial Cells 1 to 2 /HPF
10.6.1997	Albumin +++++ Pus Cells 4 to 6 /HPF Epithelial Cells 1 to 2 /HPF
24.6.1997	Albumin Trace Pus Cells 0 to 2 /HPF Epithelial Cells 1 to 2 /HPF
3.7.1997	Albumin Absent Pus Cells 0 to 2 /HPF Epithelial Cells 1 to 2 /HPF
9.7.1997	Albumin Trace Pus Cells 0 to 2 /HPF Epithelial Cells 1 to 2 /HPF
16.7.1997	Albumin Absent Pus Cells 0 to 1 /HPF Epithelial Cells 1 to 2 /HPF
22.7.1997	Albumin Absent Pus Cells 1 to 2 /HPF Epithelial Cells 1 to 2 /HPF
29.7.1997	Albumin Faint Trace Pus Cells 0 to 1 /HPF Epithelial Cells 1 to 2 /HPF
5.8.1997	Albumin Absent Pus Cells 0 to 2 /HPF Epithelial Cells 1 to 2 /HPF

<i>Date</i>	<i>Urine Report</i>	
12.8.1997	Albumin	Present (Trace)
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	3 to 4 /HPF
19.8.1997	Albumin	Absent
	Pus Cells	0 to 2 /HPF
	Epithelial Cells	1 to 2 /HPF
20.8.1997	Albumin	Faint Trace
	Pus Cells	2 to 3 /HPF
	Epithelial Cells	0 to 1 /HPF
2.9.1997	Albumin	Absent
	Pus Cells	0 to 2 /HPF
	Epithelial Cells	2 to 3 /HPF
24.5.2001	Albumin	Absent
	Pus Cells	1 to 2 /HPF
	Epithelial Cells	1 to 2 /HPF

Homoeopathic Medicine:

The following are the details of the Homoeopathic Medicines used in the Prescription above.

- 1. Apis Mel:** Odema; bag-like, puffy swelling under the eyes [over the eyes Kali c]; of the hands and feet, dropsy, without thirst [with thirst, acet.ac.Apoc.]. Thirstlessness, Puffing or odema, with pitting upon pressure, is a general condition that may be present in any inflammatory state. There is a general amelioration from cold and aggravation from heat. "Urine scanty and foetid, containing albumin and blood corpuscles". Especially in acute albuminuria. The acute inflammatory affection of the kidney with albuminuria, afternoon aggravation, <touch, pressure>, in open air, uncovering and cold bathing.
- 2. Plumbum Met:** Chronic Interstitial Nephritis. Plumbum cures kidney affections with albumen and sugar in the urine. The urine is dark, scanty, and of high specific gravity. Retention of urine from lack of sensation that the bladder is full. (Kent)
- 3. Solidago:** "The herbs", says Rademacher, "is very old and good kidney medicine. It is specific to the Kidneys, and brings the patients back to the normal condition". Albuminuria, the grand keynote of this remedy lies in the condition and the action of the kidneys and the quality of the secretions. Diseases arising from or complicated with defective action of the kidneys are very likely to be benefited by *Solidago.
- 4. Chinum Sulph:** Symptoms of chronic Interstitial Nephritis.
- 5. Ferrum Phos (Biochemic):** Urine albuminous, inflammation of any organ, the patient is sensitive to the open air, and many symptoms are aggravated in the open air. Dropsical conditions, Symptoms worse after eating, from physical excretion.

6. **Kali Mur (Biochemic):** It usually follows Ferrum Phos. For the secondary conditions or states succeeding inflammation. Inflammation of the kidneys, Suppression of the urine. Urine albuminous.
7. **Ars.Alb:** Albuminous. Epithelial cells; cylindrical clots of fibrin and globules of pus and blood. After urinating, feeling weakness in abdomen. Great exhaustion after lightest excretion. Great anguish and restlessness. Changes place continually. Fear, of death, of being left alone. Great fear, with cold sweat. Thinks it useless to take medicine.
8. **Koch Lymph:** Acute and chronic parenchymatous nephritis.
9. **Tuberculinum:** Tuberculinum is indicated in renal affections. When symptoms are constantly changing and well-selected remedies fail to improve, and cold is taken from the slightest exposure.
10. **Prednisolone:** Nephritic Syndrome. Odema.
11. **Kali Chlor:** Chronic Nephritis. Urine, Albuminous, scanty and suppressed.
12. **Cal Sulph (Biochemic):** Calcareo sulphurica is useful generally in suppurations.
13. **Thuja:** Kidneys inflamed; feet swollen.
14. **Pulsatilla:** Ill effects ofSuppressions (Infections), Thirstlessness, to antidote the effects of Steroids.
15. **Merc.Cor:** Intense burning in urethra. Urine hot, burning, scanty or suppressed, Albuminous urine, Suppression of urine.

Conclusion:

Proper Homoeopathic Medicines in a well-diagnosed case can give miraculous results. In follow up care, the patient should be clinically monitored regularly.

Back

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DR. DESAI'S CHILDREN HOSPITAL
Sharda Palace,
Near Vasai Road S. T. Stand,
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Time :
Morning : 10 to 12 Noon
Evening : 8-30 to 9-30 p. m.

AARTI POLYCLINIC SOCIETY BUILDING
Vasai Road Station. Parnak, Vasai.
Time : 6-30 to 8-30 p.m. Mon.-Wed.-Fri.
Phone : 355 Time : 4 to 6 p. m.

CARDINAL GRACIUS
MEMORIAL HOSPITAL
Bangli Naka, Sandor,
Tue.- Thurs.- Sat.
Time : 4 to 6 p. m.
Phone : 683

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Serial No 15176

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Age: 3 years.

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Date of Admission 24-11-88

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X-Ray No.

Honorary
Dr M M Khumbani

Family Doctor

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To report for followup on ~~20th~~ 21st 9/1

2. Tab-Mebacaine 10Dx5day

(தகவல் அளிப்போர்) பொதுமன்ற டாக்டர்

To maintain weight chart.

Popchart P.T.O.

Page No. 10

SADiet.

मि.पू.क.

My 1-100 down + 107 = 1
Fesborten Electroph. 5.79m
ATB = 8.49gm
Glob 10.5A
INVESTIGATIONS:
A-Cy 800m 1.58

Hb.	Grm%
11.6.	

W. B. C. 11, 600 Per c. mm

P. 80 E. 0 L. 18. B. M 2

E. S. R.	mm hr.	Urine
7 mm		few cysts

Blood Sugar
Fasting

	Post Lunch	Post Glucose	Sputum	<u>Lambs</u>
1				
2				
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99				
100				

elect 142 3.0 102 C.S.F.
Net k + dy -

Blood Urea 19mg

Serum Uric Acid

Serum Cholesterol

Serological Test

24 July 1942. Lab 22.00

$$\frac{N/E}{\frac{N/O \text{ haematocrit.}}{N/O \text{ pus cells.}}}$$
$$p = 5.7 \quad Co + 8.3 \quad p = 3.5 \quad \frac{4A2.9}{\text{Crest } 0.5}$$
$$\begin{array}{r} 01-214 \\ \hline 01-214 \\ \hline 01-214 \\ \hline \end{array} \quad \begin{array}{r} \text{AK pay} \rightarrow 120 \\ \hline \text{S\&PT} = 55 \\ \hline \end{array} \quad \begin{array}{r} \text{CPK} = 48 \\ \hline \text{S\&PT} = 21 \end{array}$$

Background

Dr. ASHOK L. KIRPALANI

M.D., M.C.P.S., M.N.A.M.S., (Nephro.)

Tel. : 811 03 59 } Clinic
811 11 53 }

29 65 56 Resid.

2nd Floor, Backbay View,

3-A, Mama Parmanand Marg

Opp. Charni Road Station,

BOMBAY-400 004.

Back

15/12/81

Miss Lupna

6 wa

Tab Delta colic into 100g
5 tab at day
with breakfast

Sq. D-gene
2 tabs 3 times a day

Becosule Syrup
2 tabs daily

Prilosec Pivolen
2 tabs 3 times a day



Back

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2nd Floor, Backbay View,
3-A, Mama Parmanand Marg
Opp. Charni Road Station,
BOMBAY-400 004.

Baby Lubna Azmi

Age - 9 yrs

15/12/89

H/O Recurrent attacks of
- swelling on face, feet - in April 88
- May 89
- Rx cd with steroids for 1 month -
every time

again - swelling on face since 8 days
- exertional dyspnea.

NO H/O oliguria
bleeding met.
hematuria

NO H/O fever, Jts pain

NO H/O Recurrent - URT

NO H/O Koch's

Family Hist - nothing particular

eye

afebrile

wt - 24 kg

BP - 110/90 or

100/90 -

Edema +

pallor +

no nodes

Jts N

JVP - N

Back

Phone : 297621 (Direct)
2863343 (Ext.)

MEDICAL RESEARCH CENTRE
Bombay Hospital Trust

DEPARTMENT OF PATHOLOGY

Marine Line, Bombay 400 020.

Dr. S. S. Chitale
M.D., D.A.B.P. (U.S.A.)

Consulting Histopathologist
Tel. Clinic 8110693

Dr. M. M. Parmanavate
M.D.

Histopathologist
Tel. Hosp. 2863343 (Ext. 277)

Dr. (Mrs.) Nina S. Dasai
M.D. (Path & Bact.), D.C.P.

Dy. Chief Pathologist
Tel. Resi. 8223016

EXAMINATION OF BLOOD

Date : 15.12.89.

Name : Baby Lubna Azmi.

LAB NO. MJ 2559

Referred by: Dr. A.L.Kirpalani., M.D.

ANTINUCLEAR ANTIBODY TEST (ANA)
(By Immunofluorescent Technique)

POSITIVE (1:40 dilution)

Diffuse pattern.

SIAEPQ/100x500-9-89

bk

Kolav
M.D.
PATHOLOGIST.

Back

Miss Leelba Akmai

1/2/90 ✓

wt - 24 kg

BP. 110/70 or
110/70 g

no edema

Rx

Tab Delta cortyl Forte
10mg

4 1/2 tab alt day x 1 wk

4 ————— x 1 wk

3 1/2 ————— x 1 wk

3 ————— x 1 wk

2 1/2 ————— 1 wk

1 1/2 ————— x 1 wk

1 ————— x 1 wk

~~Oral sub - - -~~

~~Sigme 2-2-2 bi-~~

~~Protein 2-2-2 bi-~~

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29 93 34

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108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Cooperage, Bombay-400 021.**

Back

Miss Lubna Asmi

22/3/90

wt - 25 kg

BP - 100/70 or
100/70/9-

no edema

2

Self note into

1/2 to alt day

x 3 times

l

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Maharshi Karve Road,
Cooperage, Bombay-400 021.

18/9

Diagnosis

Relapse

Zobur
(5kg+)

Tab. Dettacol Forte 5
5 tabs alt day
X 6 wks

Tab. Tyrostatin 1
1-1-1-1

2 Prolinex 13R
3 No 4

Acemide 11
Syn D-garic
2 No skin a 12
K

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Research Centre,

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Coopersage, Bombay-400 021.

26/9.

Subna Azmi

Tas. Seltacotone fute
1/4 tab alt day
x 6 wk

Then stop

So see me after
3 months

old N's.
Responded
in Sup Glucos
To reduce

25kg

90/60 → ↑
wght -
fair well

Concave Symp
At 1/2 at bed.

R

Back

Lubna Azmi

6/11/90

Tab. Deltacortene Forte
5 tabs alt day
x 6 wks

~~Tab Endoxan
1 tab daily
x 6 wks~~

Never Used
Have checked Total WBC
count every 4 days.
To less than 5000,
omit Endoxan & reform
me.
Tab Mycostatin
none

on steroid
6 wks.
appear well
now.
100/60
w. 3 -

The Delacourte
Pute

1000

4 to alt day x live

3 " " x live

2 " " x live

1 " " x live

3/4 " " x live

1/2 " " to continue

for 6 wks.

Agree 2 No Ship

Deerle

Mycentalun 1-1

~~10 days~~ 1 day
~~10 days~~ month
R

Back

batry lubna Azmi

Kidney & Blood Pressure Clinic,
108, Lady Ratan Tata Medical &
Research Centre,
Maharshi Karve Road,
Co-operative, Bombay-400 021.

wt 30kg. ht. 90/60cm → ↑

no edema

PP 1

VS 12 / 110

Re.

746 Delta Colil Inte
1/2 Act day

6 months
more

~~Becumle
Mycostatin 1-1
Dysene 2 of 3 times~~

T Madam
Kegund

+

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Maharshi Karve Road,
Cooperage, Bombay-400 021.

Baby Lubna Azmi

cfp. urinary. acute - 3 days

wt 30 kg.

BP 110/70 mm Hg

no edema

Drp ↓

no pallor

CUS

RS

P/A

MAO

bp

6/8/91

Tab Deltacortel forte ✓
~~1/2 tab day~~ 6 tab all day

3 wk

✓ Tab Atil 1/2 - 1/2 x 3 ✓

✓ Tab Mycostatin ✓

in lines

Discharge

✓ 2 Mo. This ad

✓ Becante-1.

✓ Rantac 10

1 at bedtime

✓ Tab Pentids 500
1 daily

on 6/2/91

24 hr urinary

and → 0.29 gms

Back

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Research Centre,
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Cooperage, Bombay-400 021.

Lubera 2/10/91

Deltacortril Festr

4 tab alt day x 1 wk

3

1 wk

2

1 wk

1 $\frac{3}{4}$

1 wk

1 $\frac{1}{4}$

1 wk

1 $\frac{1}{4}$

1 wk

then 1 alt day

Mycostatin 1-1-1-1

Agene 2 hrs 3 times a day

Probenex 2 hrs 3 times a day

2004

Doing well.

90

60.

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Lakshmi Azmi
11/11/91

21-11-91

Minimal change.

Wt - 32.5 Kg

BP - 100/70 or
100/70 G

no edema

CS / MD
RO /

R.

- Seltawith Folch
wyrdone (10mg)

* 1 tab all-day

* 6 weeks

~~Sigene 2-2-2.5~~

Prokinex 2-2.5

Wt

Urea
Creat

24 hr

24 hours urine
alb

L

Dr. ASHOK L. KIRPALANI

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Maharshi Karve Road,

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20/5/79

Lubna Azmi

Dr

Detachable Pad

1/2 to all-day
X6 ~~months~~ ^{months}

h

34

wood.

90

70

h

My house
Lubna

As
S. Miller
weal

Dr. Miller

Dr. ASHOK L. KIRPALANI

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Miss. Lubna Azmi

10-11-92

and one of minimal change disease

no oedema

35 $\frac{1}{2}$ h

hunc 80/m

Bp. 100/60-70 \rightarrow \uparrow

R.S.

ur

and

neg

completed a course of

5mg Prednisolone AD to 6 months

Advised - CBC

13-11-92

seen by Dr. Ashok

• Urea

• Creatinine

• Routine Urine \rightarrow

• Serum Protein \rightarrow ~~0.34 g/day~~ Albumin 2.5 g

• 24 hr. urine protein 0.35 g/day

Advised to

amif Prednisolone

✓

- Follow up after 3 months

✓

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Back

Lubia Azni

5/4/93.

WT 42

~~Tab~~ Delta control
fute

MS.

4. tab daily

Relapse

X 3 wks

Short. ter
d/T.

No Larix
7 days

ESR 104

Tab Furoid 400g
1 day

Hb 11.9

S. Pr 4.4

Alb 2.4

potassium

Urea 26

2 No 3lis
a 8

creat 0.8

Urin alb + + +

Red cast

Urin alb
3 gm

Dr. BHAT'S LABORATORY
102, Shree Krishna Apts.,
Deendayal Nagar, Navghar
Vasai Road (West).
PIN : 401 202
Timings : 8 a.m. to 7 p.m.

Dr. C. B. Bhat

M.D. (Path. & Bact.), D.P.S.
CONSULTANT PATHOLOGIST &
MICROBIOLOGIST

Back

Patient's name : Mrs. Lubna Azami 12yrs

Date : 5.4.93

Ref. by : Dr. R. Desai MD; DCH

: EXAMINATION OF BLOOD AS REQUESTED :

: PROTEIN ELECTROPHORESIS :

TOTAL	..	4.32 gm%	(NV:6.0 - 7.8 gm%)
ALBUMIN	..	2.21 gm%	(NV:3.2 - 5.6 gm%)

GLOBULINE :

Alpha 1	..	0.10 gm%	(NV:0.1 - 0.4 gm%)
Alpha 2	..	0.82 gm%	(NV:0.4 - 1.2 gm%)
Beta	..	0.48 gm%	(NV:0.5 - 1.1 gm%)
Gamma	..	0.71 gm%	(NV:0.5 - 1.6 gm%)

NO ABNORMAL BANDS DETECTED.

Dr. C. B. Bhat

M.D. (Path. & Bact.), D.P.S.
CONSULTANT PATHOLOGIST &
MICROBIOLOGIST

Dr. BHAT'S LABORATORY
102, Shree Krishna Apts.,
Deendayal Nagar, Navghar,
Vasai Road (West),
PIN : 401 202,
Timings : 8 a.m. to 7 p.m.

Patient's Name : Miss Lubna Azami 12yrs

Date : 5.4.93

Ref. by : Dr. R. Desai MD; DCH

: QUANTITATIVE ESTIMATION OF ALBUMIN IN URINE :

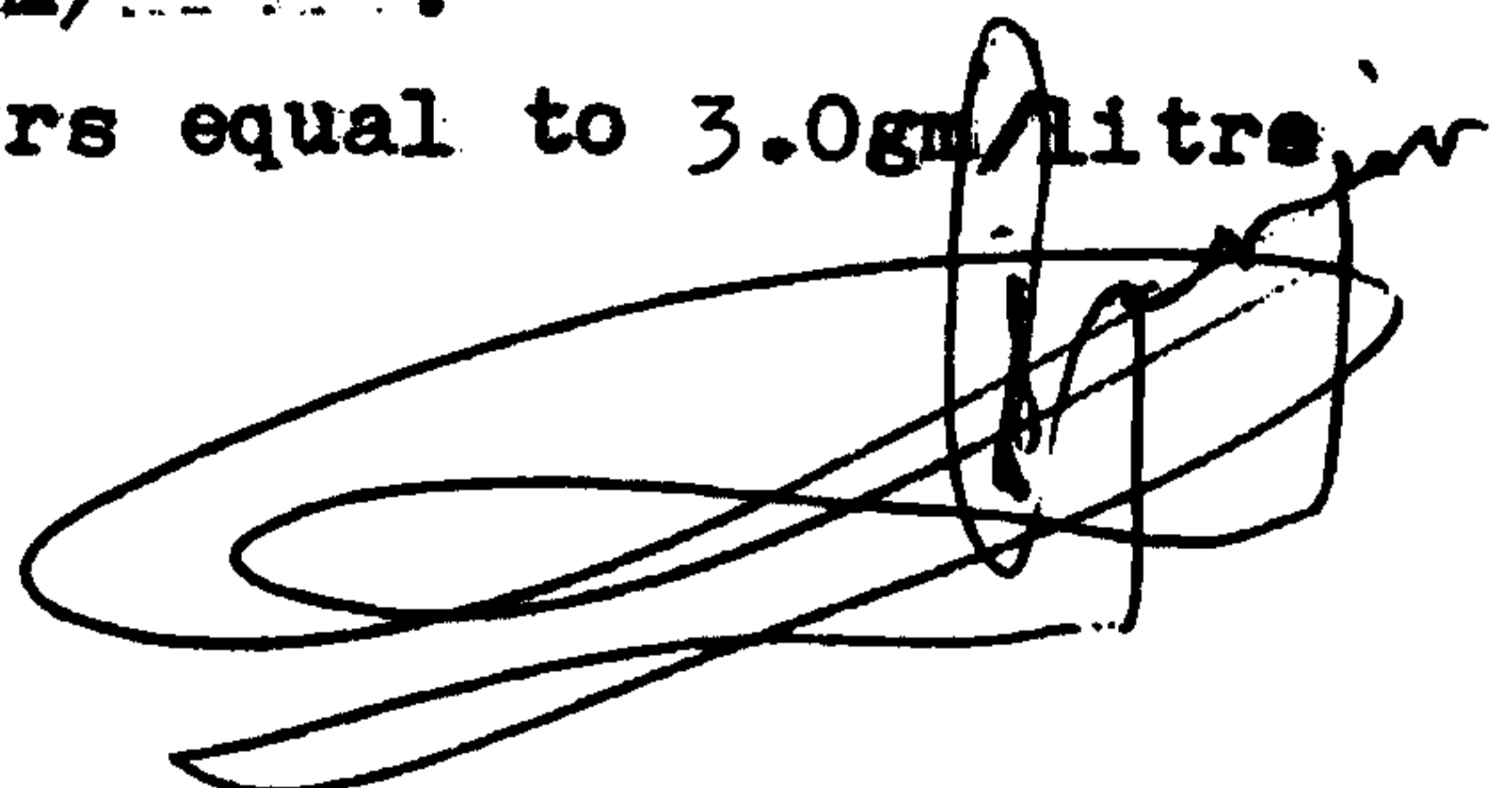
REPORT :

24 hours volume of urine 260 ml.

Quantity of Albumin 0.78 gm/litre.

Albumin excreted in 24 hours equal to 3.0gm/litre

METHOD : ESBACH'S.



Dr. ASHOK L. KIRPALANI

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Bombay.

Tel. Clinic : 285 20 13

Res. : 29 65 56

29 93 34

Kidney & Blood Pressure Clinic,

108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

Back

Miss Lalna Azmi.

26/4/93.

NS \bar{c} relapse. (Min change).

steroids restarted

5/4/93

of E - Wt - 35 kg (11)

BP - 100/60 $\leftarrow \uparrow$

No edema

Chest clear.

T. Deltacortril

forte
1 daily x 1 wk

T. Famocid

1 daily

Proteinex Powder

2 tsf thrice daily

2

J

DR. ASHOK L. KIRPALANI

M.D., M.C.P.S., M.N.A.M.S. (Nephro.)

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Maharshi Karve Road,

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3/5/92

Lubao Azari

Tab Deltacortril forte

Wt 37 kg

BP - $\frac{100}{70}$ —
 $\frac{110}{70}$ t

no edema

no pallor/thrush.

3 1/2 daily x 1 week

3 daily x 1 week

2 1/2 daily x 1 week

2 daily x 1 week

1 1/2 daily x 1 week

1 daily x 1 week

1/2 daily x 2 weeks

and then stop.

Famocid (20mg) i daily
at night

~~Cap Becosate~~

Proteiner powder

npa

DR. ASHOK L. KIRPALANI

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108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

12/7/93

Ms. Lubna Azmi

Minimal change

Steroids tapered

to $\frac{1}{2}$

no edema

Wt: 44kg $\uparrow\uparrow$

BP - $\frac{100}{70} \rightarrow$
 $\frac{110}{70} \uparrow$

edema +

no thrush

Prolinek.

2 to 3 times
a day

Wafarine/Delta 1000
 $\frac{1}{2}$ daily.

5 days
[
 Jas Tefed.
 6,0
 1-1
 Cap Dwayl 500
 1-1

DR. ASHOK L. KIRPALANI

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Maharshi Karve Road,

Cooperage, Bombay-400 021.

20/1/94

Ms Lubna Azmi

• Steroid responsive NS

Multiple relapses

- 1989.

- 1990

1991

April 93

O/bb & since 9/12/93

% edema feet

Bt- 110/80 → 6

Wt 46kg ↑ 3kg

Lungs clear

15/12/93

24hrs albumin
0.9 gm/day

Hydrene / Deltacortril
10mg
5 tabs daily
x 2 wks.

Tab Kanbac
150
1 at bedtime

Proteinase
powder

2 tabs 5 times a day
Tab Hyoskine
h - h - h - h - h -

DR. ASHOK L. KIRPALANI

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Back

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29 93 34

Kidney & Blood Pressure Clinic,

108, Lady Ratan Tata Medical &

Research Centre,

Maharshi Karve Road,

Cooperage, Bombay-400 021.

8/2/94

Lebna Azmi.

No negative
10up.

4 Tar alt dau x 1 wk
3 " " " x 1 wk
2 " " " x 1 wk
1 " " " x 1 wk
1/2 " " " x 1 wk

then stop.

Rantec.

1 at bed hr

✓

4/1/94

110
50

Ward
Dinner

DR. ASHOK L. KIRPALANI

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203 93 34

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Research Centre,
Maharshi Karve Road,
Cooperage, Bombay-400 021.

Back

20/7/94

Lubna Asmi

Steroids restarted
23/7/94

- T. Deltacortril forte
(10mg) 5 tabs
daily.
- T. Rantac
150mg 1 — 1
- Dig. Digene 2 tsf tds
- T. Mycostatin
4 — 4 — 4 — 4
- Candid Mouth Wash
- Cap Becosule 1

RTC after
3 weeks.

J

in
permission
New Ed. 1/5/83

16/6/94

1/5/94
90
10/3
80

Ad 14.

Per 12

On 22/7

DR. ASHOK L. KIRPALANI

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Research Centre,

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19/8/94

Subna Azai

Delta colin Puli

5 days x 3 wks

WT. = 42.5 kg

B.P. - 120/80 →

130/90 ↑

No edema

Throat - slight
congestion +

Chest - B/L clear.

7/4/94

45

120
44

Out →

~~Rantac 150 T-X~~

~~Digain 2 HA 3 wks~~

~~Hydrocortisone 4-4-4-4~~

Candid Mouth wash

Decomule 1.

~~Cap Droxy 500mg 1 x 5d.~~

~~Syp Clistin DMR 257 TDS
w - w - w K~~

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B.Sc. D. M. L. T.

102, BLDG, 'C' 1st Floor,
Roshan Apartment, Near Catholic Bank,
Opp. Papdi Talao,
Papdi, Vasai - 401 207.

Back

Patient's Name : Miss Lubna Azmi Age : _____ Date : 13/1/95

Reference : Dr.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Hazy
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (Trace)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

(Qty. 10 ml., 2000 r.p.m., 10 mins.)

Red Blood Cells : Absent
Pus Cells : 2 to 3 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr.


Medical Technologist

K-134

ONGC HOSPITAL, PANVEL 32

HSS NO.

Date

Name

Age

Diagnosis

Rx

~~App is Mel
 ton = one of
 2nd end of mel. (vib)~~

~~atore Cor = 1st 1st
 Instilled
 1st - 1st~~

~~1st = 1st (amp) (vib)
 M.O.S.~~

WISH YOU A SPEEDY RECOVERY

Back

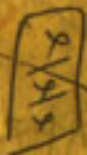
24/1/45

An. sel²

Kali Carl / wind
20 p

3. 1/2

~~Answer~~ Number set
(10) = 3



11/2 45

~~See below~~ $\phi = 2$

~~(2) = 2~~

2
11/2

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG, 'C', 1st Floor,
Roshan Apartment, Near Catholic Bank,
Opp. Papdi Talao,
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 21/8/95.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 20 ml.
Colour : Yellow
Appearance : Hazy
Deposit : Present
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : ~~+~~ Present (++) fr
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : 0 to 1 /HPF ✓
WBC Cells : 2 to 3 /HPF ✓
Epithelial Cells : 8 to 10 /HPF ✓
Casts : Occasional Granular Cast Seen
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.


Medical Technologist

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG, 'C', 1st Floor,
Roshan Apartment, Near Catholic Bank,
Opp. Papdi Talao,
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : _____ Date : 31/8/95.

Reference : Dr. Ramakant Desai M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 50 ml.
Colour : Yellow
Appearance : Hazy
Deposit : Present
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : 0 to 2 /HPF
WBCs : 3 to 4 /HPF
Epithelial Cells : 3 to 4 /HPF
Casts : Granular Casts Seen
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.


Medical Technologist

Rashmi Pathological Laboratory (Computerised)



Dr. Rashmi Basrur Consulting Pathologist & Microbiologist

Back

M.D. (Bom.)

Flat No. 11, Bldg. No. 3, Mariam Nagar,
Near Railway Station, Naigaon (West),

Tal. - Vasai, Thane 401 207.

Name of Patient

LUBNA AZMI

Referred by

Dr. RAMAKANT DESAI

Investigation

: EXAMINATION OF URINE

Time:

8 a.m. to 7 p.m.

Date : 15/09/95

Lab : 259

PHYSICAL EXAMINATION

Quantity	: 5cc	Reaction	: Neutral
Colour	: Pale Yellow	Specific Gravity	: 1.015
Appearance	: Clear	Odour	: Ammoniacal
Deposit	: Absent		

CHEMICAL EXAMINATION

Albumin	: (++++)	Occult Blood	: Positive (++)
Sugar	: Absent	Bile Pigments	: Absent
Ketone Bodies	: Absent	Bile Salts	: Absent
Phosphates	: Absent		

MICROSCOPIC EXAMINATION OF CENTRIFUGED DEPOSIT

Red Blood Cells	: 3 - 4 /hpf	Amorphous Material	: Absent
Pus Cells	: Occasional	Spermatozoa	: Absent
Epithelial Cells	: 1 - 2 /hpf	Candida	: Absent
Crystals	: <u>Occ. Ca.oxalate</u>	Trichomonads	: Absent
Casts	: Absent	Bacteria	: Absent

Dr. RASHMI BASRUR

Rashmi Pathological Laboratory (Computerised)

Dr. Rashmi Basrur Consulting Pathologist & Microbiologist

Back

M.D. (Bom.)

Flat No. 11, Bldg. No. 3, Mariam Nagar,
Near Railway Station, Naigaon (West),

Tal. - Vasai Thane 401 207.

Name of Patient : LUBNA AZMI

Referred by : Dr. RAMAKANT DESAI

Investigation : ESTIMATION OF SERUM PROTEINS

Time:
8 a.m. to 7 p.m.

Mon. to Sat.
Date : 16/09/95
Lab : 264



	OBSERVED VALUES	NORMAL RANGE
Total Proteins	: <u>3.50</u> g/dl ✓ ↓	6.6 - 8.3 g/dl
Albumin	: <u>1.60</u> g/dl ✓	3.5 - 5.0 g/dl
Globulins	: <u>1.90</u> g/dl ✓	2.3 - 3.5 g/dl
Albumin / Globulin Ratio	: <u>0.84</u>	

Investigation : ESTIMATION OF SERUM CHOLESTEROL

Serum Cholesterol : 478 mg / dl ↑
Normal Range : 130 - 220 mg / dl

Investigation :

ESTIMATION OF BLOOD UREA

Blood Urea : 16.8 mg / dl ✓
Normal Range : 15 - 40 mg / dl

Investigation : ESTIMATION OF SERUM CREATININE

Serum Creatinine : 1.00 mg / dl ✓
Normal Range Males : 0.9 - 1.4 mg / dl
Females : 0.8 - 1.2 mg / dl

BIOCHEMICAL TESTS DONE ON COMPUTERIZED AUTO-ANALYZER

Dr. RASHMI BASRUR

4-1997



Formerly Registrar OHSU - Pb.
AD Homeopathic Dept. Pb.

Bombay Regional Business Centre
CNRIC Hospital, Panel-410 221, New Bombay
© 745 1009/745 1070 Ext. 8020

Vasudhara Bhawan, Bandra (E), Bombay-400 051
☎ 643 9901/642 9983 Extn.: 2024

2. Lithane Arzu
 3. Nephrolepis Lyndora

1947

8

Phenol - nat-
14

14 - one from each

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102

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102(u)

2

1/24

from photo

[Handwritten signature]

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~~2244-~~

10

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1/26/2019

2

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 4/4/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

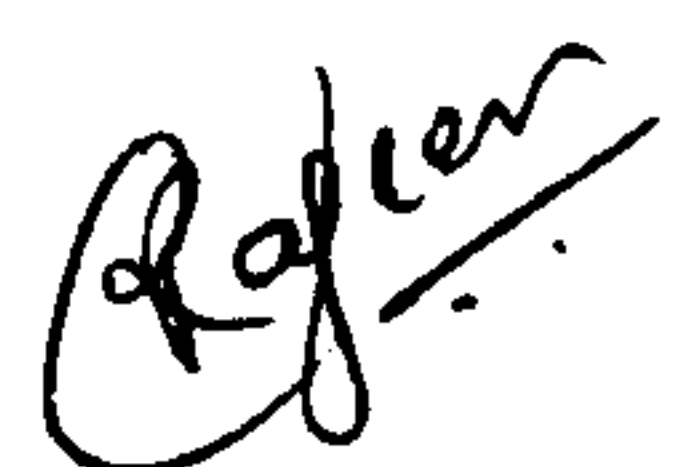
Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 1 to 2 /HPF
~~Epithelial Cells~~ : 3 to 4 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Fungal Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

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Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 6/6/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 0 to 2 /HPF ✓
Epithelial Cells : 2 to 3 /HPF ✓
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

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B. Sc. D. M. L. T.

BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 2/7/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit :
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (+)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBC Cells : 1 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

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Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Luban Azmi. Age : Date : 19/8/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 1 to 2/HPF
Epithelial Cells : 2 to 3/HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

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B. Sc. D. M. L. T.

BLDG, 'C' 1st Floor,
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Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 2/9/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 30 ml.
Colour : Pale Yellow
Appearance : Hazy
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (++)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
WBCs : 1 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / ~~Post Prandial~~ / Random

Report with compliments to Dr. Ramakant Desai.



PRATIK PATHOLOGICAL LABORATORY

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Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 26/9/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 80 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

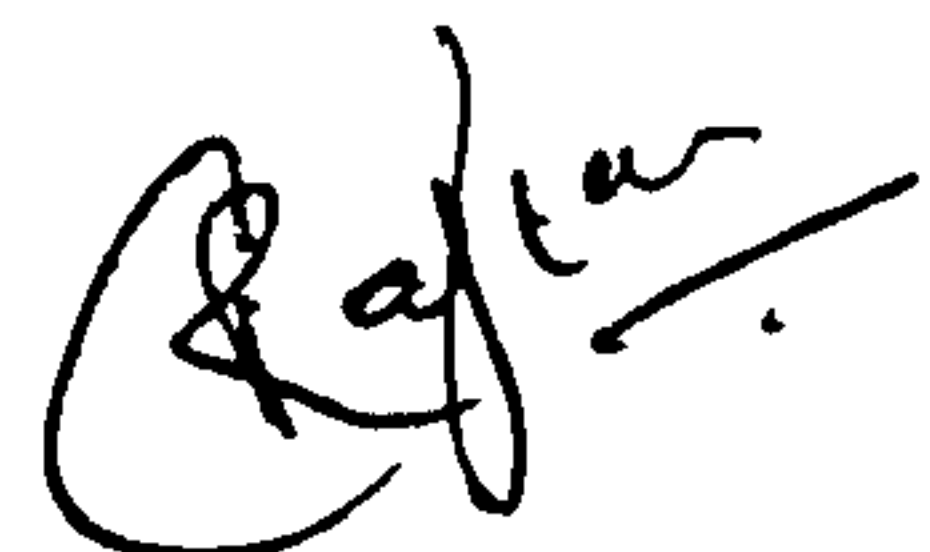
Albumin : Present (+)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigmentr : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : 0 to 2 /HPF
Wus Cells : 1 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

sample collected : Morning / ~~Post~~ Prandial / Random

Report with compliments to Dr. Ramakant Desai.



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Rajeev N. Chaudhari
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Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : Baby Lubna Azmi. Age : Date : 14/10/96.

Reference : Dr. Ramakant Desai. M.D., D.C.H.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 60 ml.
Colour : Pale Yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S.
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Present (+)
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigment : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Leucocytes : 0 to 2 /HPF
Epithelial Cells : 2 to 3 /HPF
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : -

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr. Ramakant Desai.





JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg, Mumbai - 400 026

Tel.: 493 9595 / 493 3333, Cables : Jaslok, Mumbai - 400 026. Telex 011-75743 JASH IN, Fax : 91-22-4950508

DEPARTMENT OF BIOCHEMISTRY

Back

V.NO. : O.P./M.R.D. NO. : 173409 DATE: 10/06/97
PATIENT'S NAME : AZMI LUBNA CLASS: E AGE: 16 SEX: F
REFERRED BY : DR. BULCHAND SUSHILA FLOOR: 091403

ROUTINE URINE ANALYSIS

COLOUR : YELLOW
REACTION : ALKALINE
SPECIFIC GRAVITY : 1.028
ALBUMIN : (+)(+)(+)(+)
SUGAR : ABSENT
ACETONE : ABSENT
BILE PIGMENTS : ABSENT
RED BLOOD CELLS : ABSENT
PUS CELLS : 4-6/HPF
EPITHELIAL CELLS : 1-2/HPF
CASTS : GRANULAR CASTS OCCASIONAL.
CRYSTALS : ABSENT

REMARKS :

DR. VARSHA VADERA
CONSULTANT PATHOLOGIST

DR.M.G.DEO, MD,Ph.D.FAMS,FASC,FNA
CHIEF HOSPITAL LABORATORIES AND
DIRECTOR RESEARCH

Back

D

Tele : 493 33 33
Ext. : 339

JASLOK HOSPITAL & RESEARCH CENTRE

15, DR. G. DESHMUKH MARG, MUMBAI - 400 026.

PATIENT'S NAME :	AZMI LUBNA	AGE/SEX :	16/F	CLASS :
REFERRED BY : DR. S.BULCHAND	914	DATE (RECEIVED)		
		M. R. D. No.	173409	
		BIOPSY No. : JH	1650-51/97	

HISTOPATHOLOGY - REPORT

SPECIMEN : RENAL BIOPSY ✓

(In a case of Nephrotic syndrome with frequent relapses)

GROSS : Linear whitish cores measure to 1.5 cm.

MICROSCOPIC : The kidney biopsy includes 25 glomeruli showing focal mesangial widening and mesangial cellularity patent capillary lumina and thin basement membranes. The interstium and tubules are unremarkable. No large vessel is noted.

DIAGNOSIS ✕ Minimal change Disease. ✕

S.R. Khubchandani
SURIGICAL PATHOLOGIST : DR. S. R. KHUBCHANDANI, MD

No. 7702

DATE 16.6.97

4. Brief review of treatment in Hospital

Back

T. basix given 1000
Kidney Biopsy

Remarks

unchanged.

EM- 248/97

JASLOK HOSPITAL & RESEARCH CENTRE

ASHPAIDMENT'S FOLLOW-UP CARDS 345648

273409 Dr. S. Balchand (1896) 914 23

AYAZ AHMED 16.23 9/6/97 DM

114 PIVOTAL MENTAL PAPER

Dr. in-Charge

Asstt.

Diagnosis

! Steroid Resistant Nephrotic syndrome

Suggestion for the treatment

T. basix 800mg 1000.

Diet - Salt free Normal Diet

No.

Doctor's Signature

Date 13/6/97

01-06

B. Prasad

PATIENT'S

FOLLOW-UP CARD

Follow-up Instructions:

To come for followup
on Tuesday with Biopsy Report.

Back

04-07

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg BOMBAY - 400 026.

Date 17/6/92....

R

Mrs Lubna Azam

Redissolve @ 60 mg od.

Shulchand

Back

04-07

JASLOK HOSPITAL & RESEARCH CENTRE

15, Dr. G. Deshmukh Marg BOMBAY - 400 026.

Date.....12/2/92.....

R

Sulhane Azmi

beduisolane

55 mgm od.

S. P. Bhatnagar

Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

**102, BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.**

Patient's Name : MISS LUBNA AZMI Age : Date : 9/9/97

Reference : _____

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity	:	50 ml.
Colour	:	Pale Yellow
Appearance	:	Hazy
Deposit	:	Present
Specific Gravity	:	Q.N.S.
Reaction	:	Acidic

CHEMICAL EXAMINATION

Albumin	:	Trace ✓
Sugar	:	Absent
Ketone bodies	:	Absent
Bile Salts	:	Absent
Bile Pigments	:	Absent

MICROSCOPIC EXAMINATION

Red Blood Cells	:	Absent
Pus Cells	:	1 to 2 /HPF
Epithelial Cells	:	1 to 2 /HPF
Casts	:	Absent
Crystals	:	Ca-Oxalate Seen, 1 to 2 /HPF
Amorphous Deposit	:	Present
Bacteria	:	Absent
Yeast Cells	:	Absent
Others	:	-

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr.

Agnes

11/19

① - ~~Pradachai 20~~
 20 - 12/15/19
 15/12/19
 11/19

② Apr 1st 1920
 on every day
 11/19

③ Kali chlor 20 / 11/19
 11/19

④ Fl 6 2108
 11/19

⑤

11/19

Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG, 'C' 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : Date : 30/9/97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity	:	40 ml
Colour	:	Pale yellow
Appearance	:	Clear
Deposit	:	Absent
Specific Gravity	:	Q.N.S
Reaction	:	Acidic

CHEMICAL EXAMINATION

Albumin	:	Absent
Sugar	:	Absent
Ketone bodies	:	Absent
Bile Salts	:	Absent
Bile Pigments	:	Absent

MICROSCOPIC EXAMINATION

Red Blood Cells	:	Absent
Pus Cells	:	<u>1 to 2/hpf</u>
Epithelial Cells	:	<u>1 to 2/hpf</u>
Casts	:	Absent
Crystals	:	Absent
Amorphous Deposit	:	Absent
Bacteria	:	Absent
Yeast Cells	:	Absent
Others	:	---

Sample collected : Morning / ~~Post Prandial~~ / Random

Report with compliments to Dr.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Back

Patient's Name : MISS LUBNA AZMI Age : Date : 13/10/97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ML
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent ✓
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 0 to 1/hpf ✓
Epithelial Cells : 1 to 2/hpf
Casts : Absent
Crystals : Calcium oxalate 3 to 4/hpf ✓
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : ---

Sample collected : Morning/Post Prandial / ☒ Random

Report with compliments to Dr.



PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasal. 401 207.

Back

Patient's Name : MISS LUBNA AZMI Age : Date 10/11/ 97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 30 Ml
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

Albumin : Absent ✓
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 1 to 2/hpf ✓
Epithelial Cells : 2 to 3/hpf ✓
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : --

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



Back

PRATIK PATHOLOGICAL LABORATORY

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B. Sc. D. M. L. T.

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Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : Date : 22/12/97

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ML
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

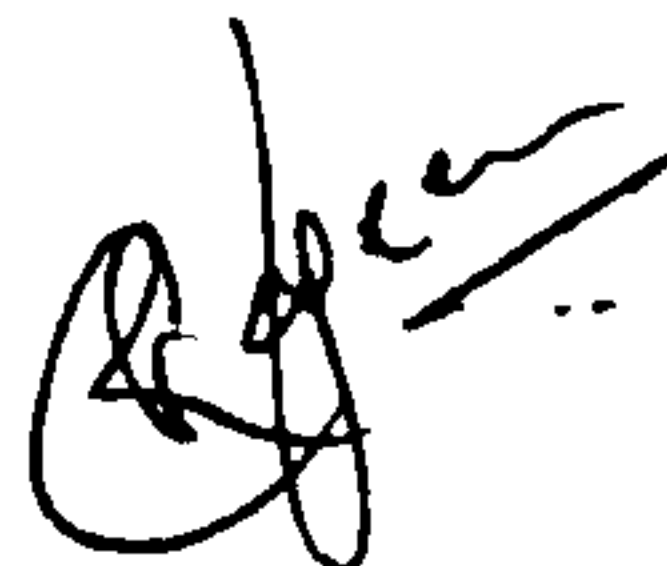
Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

Red Blood Cells : Absent
Pus Cells : 0 to 1/hpf
Epithelial Cells : 2 to 4/hpf
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : --

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao.
Behind Prince Medical Stores.
Papdi, Vasai. 401 207.

Patient's Name : MISS LUBNA AZMI Age : Date : 22/1/98

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity : 40 ml
Colour : Pale yellow
Appearance : Clear
Deposit : Absent
Specific Gravity : Q.N.S
Reaction : Acidic

CHEMICAL EXAMINATION

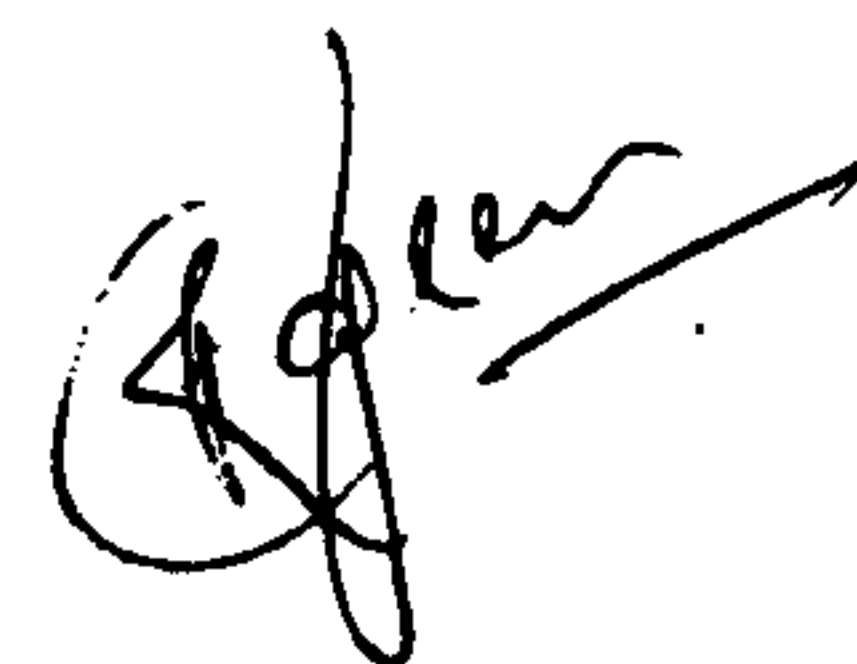
Albumin : Absent
Sugar : Absent
Ketone bodies : Absent
Bile Salts : Absent
Bile Pigments : Absent

MICROSCOPIC EXAMINATION

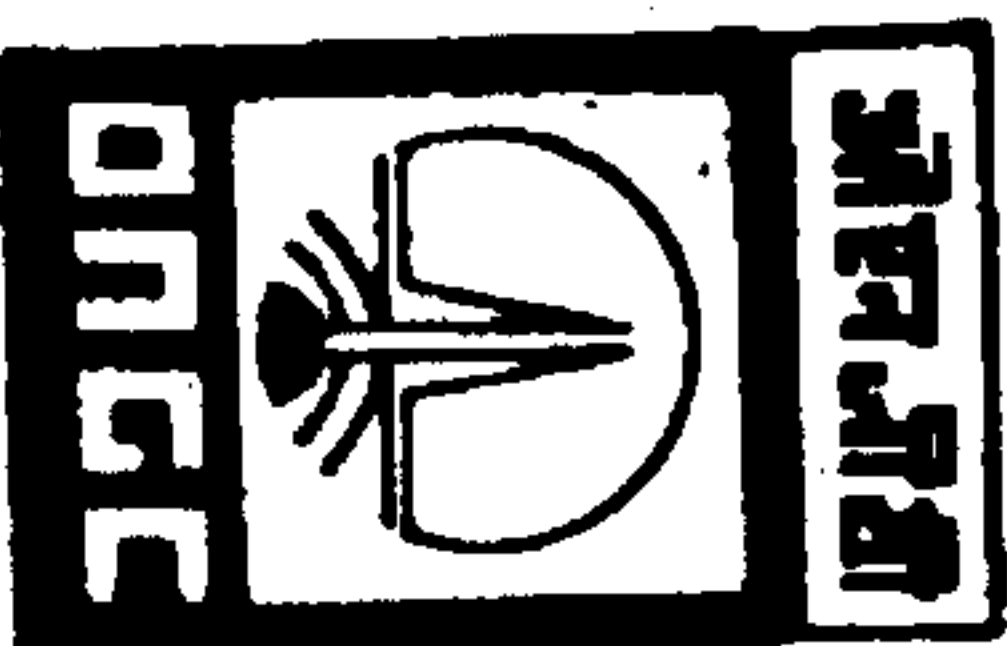
Red Blood Cells : Absent
Pus Cells : 1 to 2/hpf
Epithelial Cells : 1 to 2/hpf
Casts : Absent
Crystals : Absent
Amorphous Deposit : Absent
Bacteria : Absent
Yeast Cells : Absent
Others : --

Sample collected : Morning/Post Prandial / Random

Report with compliments to Dr.



Back



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MUMBAI REGIONAL BUSINESS CENT
MEDICAL SECTION

O.M.B. C. MOSE.
PATENT. DEPT.
PANVEL.

17/02/78
014-014
MS MUMBA

Co. S. 134

TEST	UNIT	REFERENCE	RESULT	UNIT	REFERENCE	RESULT
UREA	MG/DL	(10/	16	MG/DL	(10/	50)
CREAT	MG/DL	(0.70/	0.6	MG/DL	(1.40)	
UA	MG/DL	(2.4	4.4	MG/DL	(7.0)	
CA	MG/DL	(8.0	8.0	MG/DL	(10.4)	
PHOS	MG/DL	(3.0	4.0	MG/DL	(4.5)	
TP	G/DL	(8.0	4.0	G/DL	(11.0)	
ALB	G/DL	(3.5	4.0	G/DL	(3.5)	
GLUE	G/DL	(1.0	2.0	G/DL	(3.5)	
A/G		(1.2/	1.8		(2.5)	

PRATIK PATHOLOGICAL LABORATORY

**102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores,
Papdi, Vasai. 401 207.**

Reference : _____

GENERAL EXAMINATION

CHEMICAL EXAMINATION

MICROSCOPIC EXAMINATION

Sample collected : Morning/~~Post~~ Prandial / ~~Random~~

[Handwritten signature]

Back

PRATIK PATHOLOGICAL LABORATORY

Rajeev N. Chaudhari
B. Sc. D. M. L. T.

102, BLDG. 'C', 1st Floor,
Roshan Apartment, Opp. Papdi Talao,
Behind Prince Medical Stores,
Papdi, Vasai. 401 207.

Patient's Name : BABY LUBNA AZMI Age : Date : 25/10/99

Reference : DR.

EXAMINATION OF URINE

GENERAL EXAMINATION

Quantity	:	40 Ml
Colour	:	Pale yellow
Appearance	:	Clear
Deposit	:	Absent
Specific Gravity	:	Q.N.S
Reaction	:	Acidic

CHEMICAL EXAMINATION

Albumin	:	Absent
Sugar	:	Absent
Ketone bodies	:	Absent
Bile Salts	:	Absent
Bile Pigments	:	Absent

MICROSCOPIC EXAMINATION

Red Blood Cells	:	Absent
Pus Cells	:	0 to 2 /HPF
Epithelial Cells	:	3 to 4 /HPF
Casts	:	Absent
Crystals	:	Absent
Amorphous Deposit	:	Absent
Bacteria	:	Absent
Yeast Cells	:	Absent
Others	:	-----

Sample collected : Morning / Post Prandial / Random

Report with compliments to Dr.



Back



OIL & NATURAL GAS COMMISSION

BOMBAY REGIONAL BUSINESS CENTRE

ONGC HOSPITAL, PANVEL



Tel. : 3671, 3683

Name Mrs Lubna Azmi

Date : 24/5/01

Identification No.

Lab. No.

EXAMINATION OF URINE

PHYSICAL EXAMINATION

Quantity : 23 ml

Colour : Pale yellow

Appearance : Clear

Deposit ; Absent

pH. : Acidic

Sp gravity : 1.020

CHEMICAL EXAMINATION

Albumin : Nil

Sugar : Nil

Ketone bodies : Absent

Blood test : Negative

Bile Pigments (Bilirubin) Absent

Bile Salts : Absent

Rothera's test :

Urobilinogen :

Gerhardt's test ;

MICROSCOPIC EXAMINATION

RBC ; 0-0

Pus cells : 1-2

Epithelial cells ; 1-2

Others ;

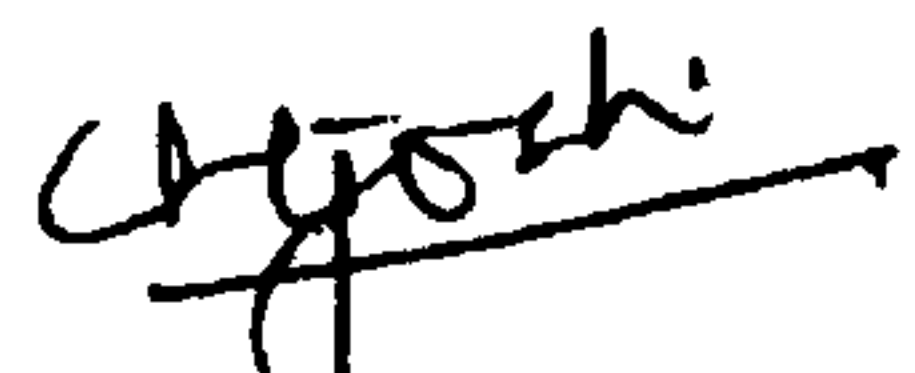
Remarks ;

Casts : -

Crystals : -

Amorphous material : -

"WISH YOU A SPEEDY RECOVERY"


Signature