

## Case Report

# Clinical Insights into the Homeopathic Treatment of SIADH-Induced Oliguria Using Apis Mellifica

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## ABSTRACT

Oliguria, defined as urine output of less than 400 mL per day, occurs when excessive antidiuretic hormone (ADH) secretion in a syndrome of inappropriate antidiuretic hormone secretion (SIADH) leads to increased water reabsorption by the kidneys. This results in concentrated urine, reduced urine volume, and dilutional hyponatremia. If left untreated, it can cause electrolyte imbalances, fluid overload, acute kidney injury, and cardiovascular complications. Prompt intervention is essential to prevent kidney damage and other serious health outcomes. This case report discusses the management of an 81-year-old female with a history of hypertension, diabetes mellitus, SIADH, acute pulmonary thromboembolism, and chronic deep vein thrombosis. She presented with oliguria (100 mL in 24 hours) despite a fluid intake of 1430 mL via a nasogastric tube. Clinical features included altered sensorium, weakness, shortness of breath, mild fever (101.9°F), tachypnea (48 cpm), tachycardia (105 bpm), and bilateral lower limb edema. Investigations revealed serum urea of 50 mg/dL, creatinine of 1.0 mg/dL, hyponatremia (120 mEq/L), hyperkalaemia (5.7 mEq/L), hypochloremia (89 mEq/L), and a chest X-ray showing partial lung collapse. Following informed consent, a homeopathic treatment regimen with Apis mellifica 6 was initiated, based on the principles of individualized treatment and symptom totality. This remedy was prescribed to address the patient's oliguria, dropsical condition, and respiratory distress. Within 48 hours, significant improvements were noted. Urine output increased, serum urea levels decreased, and breath sounds became audible up to 5th intercostal spaces. Additionally, the patient's sensorium improved, and respiratory distress was alleviated. This case highlights the potential efficacy of Apis mellifica in managing dropsical conditions, with improvements in both renal function and respiratory status, suggesting its role as a complementary treatment in palliative care.

**Key words:** Oliguria, SIADH, Apis mellifica, Homoeopathy, Palliative

Oliguria, defined as urine output of less than 400 mL per day, can occur when excessive secretion of antidiuretic hormone (ADH) in Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) leads to increased water reabsorption in the renal collecting ducts. This excessive water reabsorption results in a reduction in urine volume and the production of highly concentrated urine with elevated osmolality and sodium content. As water retention dilutes the plasma, dilutional hyponatremia develops, characterized by low serum sodium levels, which can disrupt cellular functions and cause neurological symptoms such as headache, confusion, seizures, or coma [1 - 4].

If left untreated, oliguria in SIADH can lead to significant complications. Electrolyte imbalances, particularly severe hyponatremia, can affect the function of the heart, brain, and muscles. Fluid overload may occur, especially in cases of high fluid intake, exacerbating cardiovascular strain and increasing the risk of pulmonary edema. Over time, the persistent retention

of water and reduced urine output can compromise kidney function, resulting in acute kidney injury (AKI). In severe cases, this progresses to chronic damage of the kidney if the underlying cause of SIADH is not addressed promptly. Furthermore, cardiovascular complications, including hypertension or arrhythmias, can arise due to the impact of electrolyte disturbances and fluid shifts on cardiac function.

Timely intervention is essential to prevent these potentially life-threatening outcomes. Early recognition of SIADH and its associated oliguria allows for appropriate management, which may include fluid restriction, correction of hyponatremia, and treatment of the causative factor of ADH dysregulation. Careful monitoring of fluid balance, electrolyte levels, and kidney function is critical in ensuring recovery and preventing long-term complications [5 - 7].

This case report outlines the presentation, management, and clinical course of an 80-year-old female patient admitted to the palliative care unit at Father Muller Homoeopathic Medical

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College & Hospital with a history of Syndrome of Inappropriate Antidiuretic hormone secretion (SIADH), acute pulmonary thromboembolism, and chronic deep vein thrombosis (DVT). This case highlights the challenges and outcomes of individualized homeopathic care in patients who refuse advanced medical treatment, emphasizing its potential role in palliative care and relieve from the symptoms.

## CASE REPORT

**Initial Presentation:** On 3rd June 2024, an 80-year-old woman with known hypertension and diabetes mellitus was admitted to the palliative care unit. She had a prior diagnosis of SIADH, which was adequately managed over one month at two medical college hospitals. The patient also had a history of acute pulmonary thromboembolism and chronic DVT, for which she had received treatment.

At admission, the patient was bedridden, refusing oral intake, and uncooperative with care. Initial assessment revealed altered sensorium and generalized weakness. Vital signs were normal. Examination findings included late fine inspiratory crackles over the lower mid-axillary areas bilaterally. A urinary catheter was in situ at the time of admission.

## CLINICAL COURSE AND INTERVENTIONS:

- 4th June 2024: A nasogastric (NG) tube was introduced due to refusal of oral intake.
- 5th June 2024: The patient experienced catheter blockage, with no urine output in the urobag. At 9:00 AM, 500 mL of reddish and turbid urine was drained via bladder emptying under aseptic measures, followed by intermittent bladder washing. By 10:00 PM, only 100 mL of urine was collected over 13 hours. Despite attempts to drain the bladder, no additional urine was obtained. Monitoring for bladder distension and vitals continued overnight.
- 6th June 2024: At 9:00 AM, the urine output remained at 100 mL over 24 hours, despite an intake of 1,430 mL through the NG tube. The urine was dark and reddish. The patient was drowsy and obtunded. Examination revealed diminished breath sounds below the second intercostal space bilaterally and bilateral pitting pedal oedema.

Vital signs: Temperature: 101.9°F, Pulse: 116 bpm (bounding), Blood Pressure: 120/80 mmHg, SpO<sub>2</sub>: 97% (room air), Respiratory Rate: 48 cpm. Blood investigations revealed a serum urea level of 50 mg/dL, creatinine with 1.0mg/dL, sodium at 120 mmol/L, potassium at 5.7 mmol/L, chloride measuring 89 mmol/L, and ESR at 60mm/hr.

At 4:00 PM, urine output was 110 mL. The patient showed no signs of bladder distension or suprapubic tenderness. Blood reports indicated worsening hyponatremia, hypochloremia, hyperkalemia, and elevated serum urea levels. Clinical findings reflect a complex

interaction between SIADH-induced water retention and prerenal azotemia, both contributing to the observed electrolyte imbalances and elevated serum urea levels. Addressing the underlying causes of SIADH and improving renal perfusion are crucial steps in managing this patient's condition [5]. The diminished breath sounds suggested the possibility of pleural effusion, corroborated by high respiratory rates. Despite normal blood pressure and creatinine levels, SIADH was the primary consideration.

**Homeopathic Intervention:** Considering the patient's symptoms of oliguria, dropsical state, apathy, and altered sensorium, *Apis Mellifica* 6 was initiated at 1 drop QID after consultation with the patient's family, who declined hospital transfer for higher care.

- **7th June 2024:** By 9:00 AM, urine output improved to 600 mL with an intake of 1,330 mL. Edema reduced, and breath sounds were audible up to the fifth intercostal space, below which they remained muffled.

Vital signs: Temperature: 101°F, Pulse: 104 bpm, SpO<sub>2</sub>: 97% (room air), Respiratory Rate: 46 cpm, Blood Pressure: 140/80 mmHg.

By 3:00 PM, the respiratory rate had decreased to 28 cpm, and the temperature reduced to 100°F. Blood investigations collected at 2:50 PM indicated a decrease in serum urea to 38 mg/dL. The administration of *Apis Mellifica* correlated with improved urine output and a reduction in the patient's dropsical condition. Sensorium also improved over the subsequent days.

## DISCUSSION

Including homeopathic intervention, by administering *Apis Mellifica* is primarily used for conditions involving inflammation, edema, and fluid retention. The pathophysiological action of *Apis Mellifica* is based on the principle of "like cures like," where the remedy is thought to stimulate the body's healing mechanisms by mimicking the symptoms of the illness [8]. It is not a direct physiological action in the way pharmaceuticals work but is thought to encourage the body's self-healing capabilities in response to pathological symptoms [9].

In the case, patient presented with oliguria, hyponatremia, and clinical features suggestive of SIADH reemergence. Despite the critical condition and refusal of advanced medical care, the introduction of *Apis Mellifica* contributed to notable clinical improvement, including increased urine output and reduction of systemic oedema. Previous published articles have shown the efficacy of *Apis mellifica* in similar pathology which was clinically verified using this case report. A published case report depicts the case of a 23-year-old woman with idiopathic nephrotic syndrome who experienced significant improvement through homeopathic treatment, with *Apis mellifica* as a key therapeutic agent. Initially resistant to conventional treatments,

the patient presented with severe swelling, ascites, and proteinuria. Homeopathic management involved *Apis mellifica* to address sycotic diathesis and promote renal stimulation, resulting in weight loss, reduced edema, improved psychological well-being, and eventual remission of symptoms. This outcome highlights *Apis mellifica*'s potential role in managing nephrotic syndrome as part of a judicious, individualized homeopathic approach [10].

Another study investigated the efficacy of homeopathic remedies, including *Apis mellifica*, *Berberis vulgaris*, and *Cantharis*, in mitigating cisplatin-induced nephrotoxicity in rats. Cisplatin caused significant renal damage, evidenced by clinical signs, reduced haematological parameters, and increased biochemical markers like BUN and creatinine, alongside histopathological changes such as tubular degeneration and glomerular atrophy. Homeopathic treatments, initiated on the 5th day, showed partial improvement in all parameters, with the combined treatment of all three remedies demonstrating superior efficacy compared to individual remedies. The findings suggest that Homeopathy may offer a promising supportive approach to managing renal damage [11].

Another detailed case report on the effectiveness of homeopathic treatment in managing nephrotic syndrome, with a focus on individualized remedies and holistic patient care, reinforces the potential role of *Apis mellifica* in managing fluid retention and inflammation in nephrotic syndrome [12]. Three studies collectively suggest that *Apis mellifica* has the potential to modulate gene expression related to inflammatory processes, thereby supporting its traditional use in homeopathy for conditions involving inflammation and fluid retention [13-15].

This case report underscores the utility of *Apis mellifica* as an important remedy to be considered when treating cases of renal pathology especially as a palliative mode of treatment.

**TABLE 1: APIS MELLIFICA INTERVENTION**

Remedy	Doses
APIS MEL 6 from 6.06.24 to 11.06.24	1 <sup>0</sup> -1 <sup>0</sup> -1 <sup>0</sup> -1 <sup>0</sup>
APIS MEL 6 from 12.06.24 till 19.06.24	1 <sup>0</sup> -0-1 <sup>0</sup>

**TABLE 2: DAILY FLUID INTAKE AND URINE OUTPUT**

DATE	INPUT in ml	OUTPUT in ml
5.06.24	600	500
6.06.24	1430	100
7.06.24	1330	600
8.06.24	1450	2100
9.06.24	1500	2200
10.06.24	1650	1900
11.06.24	1750	1150
13.06.24	1450	1600
14.06.24	1710	2000

15.06.24	1750	2000
16.06.24	2650	1500
17.06.24	1750	1250
18.06.24	1750	1500
19.06.24	2100	2600
20.06.24	1800	1700
21.06.24	1750	1600
22.06.24	1750	2000
23.06.24	1800	2100
24.06.24	1600	1200
25.06.24	1800	1500
26.06.24	1800	2200
27.06.24	1800	2300
28.06.24	2550	2200
29.06.24	1350	1600
30.06.24	1450	2300
1.07.24	1730	1700
2.07.24	1830	2000
3.07.24	1830	1700
4.07.24	1830	1550
5.07.24	1830	1700

## CONCLUSION

This case underscores the potential efficacy of *Apis mellifica* in addressing symptoms associated with Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH) and oliguria within a palliative care context. The observed improvement in symptoms suggests that *Apis mellifica* may play a role in managing fluid retention, electrolyte imbalances, and reduced urine output, which are common and challenging issues in patients receiving palliative care. Further studies are required to evaluate its role in similar clinical scenarios.

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