Nephron 1997;77:361

Acute Renal Failure Caused by 'Cat's Claw' Herbal Remedy in a Patient with Systemic Lupus erythematosus

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Dear Sir,

We report a case of acute renal failure caused by 'cat's claw', a herbal remedy made in Peru, in a 35-year-old Peruvian female with systemic lupus erythematosus (SLE). The patient was first diagnosed as having SLE in 1984 in Peru and presented at that time with renal insufficiency and nephrotic-range proteinuria and hematuria. She underwent a percutaneous renal biopsy which revealed diffuse membranoproliferative glomerulonephritis (WHO class IV). The patient achieved a good clinical response to immunosuppressive therapy at that time. In the ensuing years, the patient was treated intermittently with immunosuppressive therapy for active lupus and has had a baseline serum creatinine concentration of 2.0 mg/dl with hematuria and non-nephrotic-range proteinuria. In June of 1996, the patient presented with an increase in serum creatinine to 2.9 mg/dl and subsequently to 3.6 mg/dl. Her serum creatinine concentration in May 1996 was 2.0 mg/dl. The patient had no physical complaints. Physical examination revealed no abnormalities, and the patient was normotensive with a blood pressure of 120/80 mm Hg. Urinalysis revealed 2+ protein and + blood on dipstick and numerous white and red blood cells with several white blood cell casts on microscopic examination of the urinary sediment. The serum complement levels at that time were within normal limits, with serum C3 108 mg/dl (normal 85-193) and serum C4 33 mg/dl (normal 12-36). Serum anti-double-stranded DNA was measured at 1:80 with previous measurements as high as 1:1,076 during an SLE exacerbation. The patient's medications were prednisone 12.5 mg/day p.o., atenolol 100 mg/day p.o., metolazone 5 mg/day p.o., furosemide 40 mg/day p.o., and nifedipine XL 120 mg/day p.o. According to the patient, the only new medication in the regimen was a Peruvian herbal remedy known as 'cat's claw'. The patient had started taking this herbal preparation as an adjunct to her standard medical regimen for relief of her arthritic symptoms. The patient claimed to have been ingesting 1 capsule four times a day. She had purchased the preparation from a local botanica which had imported the preparation from Peru. The patient was diagnosed with an acute allergic interstitial nephritis and was instructed to discontinue the herbal remedy. On return visit 1 month later, the patient's serum creatinine concentration was noted to be 2.7 mg/dl with no evidence of pyuria or white blood cell casts in the urine sediment.

The most likely etiology of the patient's acute renal failure was an acute allergic interstitial nephritis from the 'cat's claw' herbal remedy, with improvement in renal function after discontinuation of the herbal remedy.

The patient, in all likelihood, experienced a 'type B' or idiosyncratic adverse reaction to the herbal remedy [1]. The exact ingredients and dosages of the herbal remedy were not available from the package insert.

'Cat's claw' or 'uno de gata' is a herbal preparation made in Peru from 'Unicarra', a woody vine found in the Peruvian Amazon. It has been touted as a remedy for various ailments including cirrhosis, 'rheumatism', gonorrhea, gastritis, and cancer of the female genital tract [2]. There have been numerous reports of adverse reactions to herbal remedies in the medical literature. A major concern is that the Food and Drug Administration does not regulate the production or sale of such products, since they are considered to be 'nutritional supplements'. There are several factors associated with the ingestion of herbal remedies that can contribute to the causality of adverse reactions to these substances: inherent toxicity of the herbal product, contamination of the product during manufacturing, modification of the plant species, variability in the chemical constituents of the herbal remedy, as well as the lack of regulation of the manufacture and sale of such products [3].

The ingestion of so-called 'natural herbal remedies' to treat various ailments can result in adverse reactions, as evident from the above case. It is important for the physician to realize this and inquire about the use of over-the-counter medications or herbal remedies in their patients to monitor for possible adverse reactions to these substances.

References

De Smet P: Health risks of herbal remedies. *Drug Saf* 1995;13:81-93.

Mofenson H: Herbal Products. Mineola, Poison Control Center, Winthrop University Hospital, 1996, pp 1-26.

Pillans PI: Toxicity of herbal products. *NZ MedJ* 1995;108:469-471.

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