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Study to assess role of homeopathy in management of CKD

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Abstract

Background: The incidence of Chronic Kidney Disease (CKD) is rising every single day and is presently, a global threat to mankind. Worldwide incidence is appx 1.8 million/ year, which has been doubled in the last 15 years. In India alone approximately 100 million people are already suffering from CKD. The options available with Modern Medicine are just dialysis and transplant with poor outcomes and high cost. There is not even a single pill, worldwide, in Modern Medicine, which can reduce Creatinine or Urea by even a percent. On the other hand, Homeopathy offers complete treatment for patients of CKD, for all stages.

Objectives

- To establish homeopathy as being foremost for prevention of CKD.
- To establish Homeopathy, not only as the safest and most effective treatment for CKD but also as first line of treatment, worldwide.
- To establish Homeopathy as safe, cheap and most effective alternate of Dialysis and Transplant.
- Establish greater role of Homeopathy in National Health Policy.

Method: Randomized controlled single blind drug evaluation method was used .Only previously diagnosed cases of CKD were selected. The inclusion criteria for the study was Serum Creatinine (>1.5), Blood Urea (>40), BUN (>14) and estimated GFR (≤ 90).

Result: A total of 1121 patients contacted the centre (NIH) for CRF. Out of them 783 patients were available for proper follow-up. 450 (57.47%) cases were improving while 185 (23.60 %) maintained status quo and 148 (18.93%) did not show any improvement.

Conclusion: Homeopathic drugs were found extremely effective in enhancing the efficiency of kidney. There was marked reduction in the level of S. Creatinine and in some cases not only it reduced significantly, but also its level came down in some cases and continued to be normal. Therefore Homeopathy can be established as an alternate to prevent or reduce the frequency of Dialysis and can help to postpone Renal Transplant.

Keywords: RT, MHD, CAPD, GFR, CKD, CRI, CRF, ESRD, DM, HTN, nephritis, nephrotic syndrome, PCKD, S. creatinine, B. urea, homeopathy, dialysis

Introduction

Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive and permanent loss in renal function over a period of 3 months. The commonest cause, worldwide is Diabetic Nephropathy, Hypertensive Nephroangiosclerosis followed by various primary and secondary Glomerulopathies. In India, Pain-killers, OTC Drugs, uncontrolled use of steroids are the major causes. Besides the obsession of younger generation with protein and health supplements for body building and weight reduction are creating havoc. Obstructive Uropathy due to various causes such as Nephrolithiasis, Stricture, Benign Prostatic Hypertrophy are common, while congenital conditions such as Polycystic Kidney Disease also lead to CKD. (Figure 1)

The Glomerular Filtration Rate (GFR) is normally 125 ml/min. When it falls below 90 ml/min it is termed as stage I of Chronic Kidney Disease where there might be no signs or symptoms. In Chronic renal insufficiency (CRI) or stage II the GFR falls at 30-70 cc/min. The symptoms at this stage are unspecific, and might include feeling generally unwell, reduced appetite, low energy levels etc. Very often CRI is diagnosed as a result of screening of people who are at risk of CRF, high Blood Pressure, Diabetes or with family history of CKD. Chronic renal Failure (CRF) is progressive and permanent destruction of nephrons with irreversible sclerosis and loss of renal mass over a period of at least 3 months to many years with progressive decrease of GFR below 30 cc/min.

The symptoms are typically of worsening kidney function such as excessive weakness, loss of appetite, nausea, vomiting, reduced urinary output, oedema and anasarca.

The GFR declines to levels of less than 10 cc/min in End-stage renal disease (ESRD) with full fledged signs and symptoms of Uraemia and fluid overload. At this stage the patient is permanently dependent upon Renal Replacement Therapy (RRT) i.e. Dialysis or Transplantation.

There have been sporadic reports of successful treatment of CKD, in the Homeopathic fraternity but most of these cases were neither scientifically documented nor reproduced to make them acceptable to modern medicine or rest of the world. Sharma R.K. (2003) [14], Raval H. (2009) [13] Goyal K.K. (2006) published their results in Homeopathic Journals and on Internet. However a detailed statistical analysis of CRF cases in the form of a Research Paper, which could remove doubts from the Medical Practitioners of other systems of medicine or Medical Scientists was never published.

Material and Methods

Patients: Eleven hundred and twenty one (1121) previously diagnosed patients of CKD from January 2007 to September 2020 were undertaken for this study. Seven hundred and eighty three (783) who took treatment regularly and conducted tests when told, were available with proper follow-up.

Blood Examination: The main parameter to assess the progression of treatment. Serum Creatinine, Blood Urea and Hemoglobin were checked depending on stage of disease and severity of symptoms.

Electrolytes like Serum Sodium, Serum Potassium, Serum Calcium, Serum Phosphorus and Serum Uric Acid and Alkaline Phosphatase were checked when needed.

CBS, ESR, CRP, TSH, PCT etc. were depending on symptoms or infections.

Urine Examination: Complete urine analysis for routine, microscopy, sediment and culture were advised. If needed 24 hour urinary protein was also instructed.

Other Investigations: Ultrasonography, Renal Doppler study, DMSA Scan were done annually for the improvement in grades of Chronic Kidney Disease, Kidney size and Circulation. Sometimes Biopsy was done to confirm diagnosis.

Other medication: The patients were allowed to continue medications for High BP, DM, Calcium supplements, Phosphorus, Potassium and Uric Acid Binders, Multivitamins, Injectable Erythropoietin or Blood Transfusion whenever needed.

Nutrition

- Protein rich diet was restricted and its intake was allowed only in moderation (0.8 g/kg/day).
- Water intake was restricted depending on the urine output, total fluid intake or when serum Na concentration was >140 mmol/L.
- Na restriction of 2-5 g/day was beneficial to CRF and ESRD patients, especially those with edema, heart failure, or hypertension.

- Foods rich in K were generally avoided. Few Fruits and vegetables low in Potassium were advised.
- Phosphate restriction to < 1 g/day was advised

Repertorisation: All cases, needing repertorisation was done by using Synthesis, Edition 8.1 (B-Jain Publishers, New Delhi)

Software: Data was evaluated and statistically analysed using softwares.

Homeopathic Medicines: Potencies ranging from 30, 200, 1000, LM1 to LM15 were used. Most commonly used Polychrest were Natr. mur, Lycopodium, Ars. alb, Phosphorus, Calc. carb, Sepia, Pulsatilla, Ignatia, Silicea, Sulphur. (Table no. I)

Other medicines needed for palliation of various symptoms used were Cuprum ars, Eel serum, Apis mel, Apocyanum, Ipecac, Colchicum, China, Cantharis, Acid sulph, Digitalis, Kali carb, Berberis asiatica, Berberis vulgaris, Aristolochia, Zincum met.

Table 1: Frequency of Medicines Prescribed

S. No.	Medicines	Cases	%
1	Nat. Mur	156	19.93
2	Lycopodium	143	18.27
3	Arsenic Alb	104	13.29
4	Phosphorus	91	11.63
5	Cal. Carb	78	9.97
6	Sepia	76	9.63
7	Pulsatilla	52	6.64
8	Ignatia	39	5.00
9	Silicea	26	3.32
10	Sulphur	18	2.32
	Total	783	100

Result

A total of 1121 patients contacted the centre (NIH) for CRF. Out of them 783 patients were available for proper follow-up. 450 (57.47%) cases were improving while 185 (23.60%) maintained status quo and 148 (18.93%) did not show any improvement. (Table No. II).

Defining the aetiology, Nephritis in 140 (17.94%) patients, 123 (15.95%) drug induced, 117 (14.94%) DM +HTN, in 102 (12.96%) it was Hypertension, 78 (9.97%) due to PCKD, 56 (06.98%) Diabetic Nephropathy, 27 (03.32%) Obstructive Nephropathy, 39 (04.98%) Nephrotic Syndrome, 101 (12.96%) presented with unknown aetiology. (Table No. III) 682(87.04%) were married and 101(12.96%) unmarried. (Table No. IV) 544 (69.43%) of the patients were male and 239 (30.57%) female. (Table No. V)

Table 2: Status of cases of CRF in response to homeopathic treatment (Total patients: 783)

S. No.	Status	No. of Pt.	Percentage
1.	Improving	450	57.47 %
2.	Status Quo	185	23.60 %
3.	Not Improving	148	18.93 %

Table 3: Etiology (total patients: 783)

S. No.	Cause	No. Of Cases	Percentage
1.	Nephritis	140	17.94 %
2.	Drug Induced	123	15.95%
3.	DM + HTN	117	14.94 %
4.	HTN	102	12.96 %
5.	Diabetic Nephropathy	56	06.98 %
6.	Obstructive Nephropathy	27	03.32 %
7.	Nephrotic Syndrome	39	04.98 %
8.	PCKD	78	09.97 %
9.	UN	101	12.96 %

Table 4: Division of CRF cases according to marital status (total patients: 783)

S. No.	Marital Status	No. Of Cases	Percentage
1.	Married	682	87.04 %
2.	Unmarried	101	12.96 %

Table 5: Division of CRF cases to according sex (total patients: 783)

S. No.	Gender	No. Of Cases	Percentage
1.	Male	544	69.43 %
2.	Female	239	30.57 %

Limitations**Solution to these conditions with Homeopathy alone is not possible**

- Hypernatraemia and Hyponatraemia
- Hyperkalaemia and Hypokalaemia
- Hyperphosphataemia
- Hypocalcaemia (associated with Hperparathyroidism)
- Very High BP, uncontrolled Blood Sugar.
- Infections deteriorating the cases of CKD were Tuberculosis and UTI.

Dietary Restrictions: To avoid electrolyte imbalance, uraemia, hyperproteinaemia or hypoproteinaemia is not possible without cooperation of the patient. Limitation in the menu of a CKD patient especially in the later stages becomes monotonous and the patient may fail to comply with the instructions.

Dialysis: In severe life threatening conditions when dialysis becomes necessary patient has to be rushed to modern system and cannot be managed with homeopathy.

Financial constraint: Once CKD sets in the patient has to depend on some medication or other. This becomes burdensome and unwieldy on family and society.

Discussion

In India, the incidence of CKD is about 260 pmp, out of which 3 undergo RT, 2 MHD and 1 CAPD. The rest of 254 pmp are left to die, as they cannot afford the cost of treatment. Even mild disease is also a risk factor for death as any infection can lead to sepsis, due to low immunity and severe dietary restrictions. If Homeopathy is used at the onset of disease, not only it can be checked and millions can be saved both in terms of lives and money worldwide. This study establishes the importance of Homeopathy in controlling the CKD epidemic, which is affecting 1 in 10 people.

The results of the present study are highly encouraging and open new avenues for Homeopathic Physicians to treat such seemingly incurable cases with confidence. It is also evident

from this research that majority of cases of CKD whether CRF or ESRD can be treated effectively in a gentle manner, rather than putting patients through hardships of Dialysis or trauma of Transplant.

We observed

- a. Constitutional homeopathic remedies reduced the number of dialysis needed over a period of time and it was even stopped in fair number of cases
- b. Indicated homeopathic remedies reduce and overcome the complications such as anuria, weight loss, infections associated with chronic dialysis therapy.
- c. Constitutional homeopathic treatment was found to postpone the urgent need of transplantation in patients waiting for a graft match.
- d. CKD, CRF, ESRD patients on Homeopathic treatment showed marked improvement in quality of life.
- e. Homeopathic drugs are cost effective and easy to use with no side effects, when taken under supervision.
- f. These patients develop a variety of psychiatric, neurological and somatic disorders it was easy for the patients to overcome such conditions with Constitutional Homeopathic treatment.

Conflict of Interest

Not available

Financial Support

Not available

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