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MANAGING CHRONIC RENAL FAILURE WITH INDIVIDUALISED HOMOEOPATHIC MEDICINE: A CASE STUDY

Homeopathy

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ABSTRACT

Chronic renal failure is a condition marked by a gradual decline in renal function brought on by the gradual degeneration of the renal parenchyma. Kidney damages are caused by structural, functional, pathological abnormalities in the kidney linked to changes in the blood and/or urine composition that last longer than three months is known as chronic kidney disease (CKD) (1,2). Initially, it manifests as a biochemical change but, eventually, loss of the excretory, metabolic and endocrine functions of the kidney leads to the clinical symptoms and signs of renal failure, collectively referred to as uraemia (1). This is a case of 34 years of old male suffer from decreased urine output and bilateral pedal oedema since 6 months. diagnosed as chronic renal diseases by elevated serum urea, creatinine level. Following one month course of individualised Homoeopathic treatment, the patient experienced better and with decreased urea creatine level. Notably, the symptoms of oedema and palpitation were alleviated, and subsequent examinations revealed decreased urea and creatinine level and improved GFR, urinary output and haemoglobin level(2).

KEYWORDS

Chronic renal failure, Elevated serum urea creatinine level, GFR and Homoeopathy.

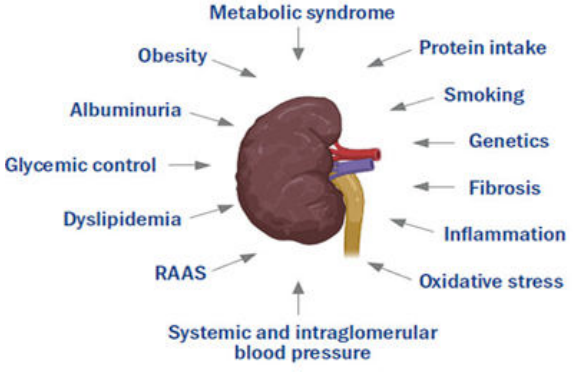
INTRODUCTION

The Chronic kidney diseases is significant in public health in nowadays. it affects around 10% of the general population. Chronic kidney disease (CKD) is a significant risk factor for cardiovascular disease, end-stage renal disease (ESRD), and early death. Kidney damage caused by structural, functional, or pathological abnormalities in the kidney linked to abnormalities in the blood and/or urine composition that last longer than three months is known as chronic kidney disease (CKD)[3]. The syndrome known as chronic renal failure is characterized by a gradual and permanent decline in renal function brought on by the gradual degradation of the renal parenchyma.

EPIDEMIOLOGY

The prevalence of CKD in patients with hypertension, diabetes and vascular disease is substantially higher. The prevalence of CKD varied considerably between the various laboratory-based definitions, ranging from 8327 cases per 100,000 population when using a single eGFR value to 4637 cases per 100,000 population when using a time-limited repeated eGFR-based definition. Furthermore, when using an ICD diagnostic code-based definition, the prevalence of CKD was markedly lower, at 775 cases per 100,000 population. A study assessing the prevalence and burden of CKD in 2010 pooled the results of 33 population-based representative studies from around the world and reported an age-standardized global prevalence of CKD stages 1–5 in individuals aged ≥20 years of 10.4% among men and 11.8% among women. in high-income countries, and 10.6% and 12.5% in men and women, respectively. The prevalence of the individual CKD stages was 3.5% (stage 1), 3.9% (stage 2), 7.6% (stage3), 0.4% (stage 4), and 0.1% (stage 5).[4]

Risk Factor:[1]



STAGING[1]

Stage 1-Kidney damage3 with normal or high GFR (>90)- Normal function
Stage 2-Kidney damage and GFR 60–89-Mild CKD
Stage 3A-GFR 45–59-Mild to moderate CKD
Stage 3B-GFR 30–44-Moderate to severe CKD
Stage 4-GFR 15–29-Severe CKD
Stage 5-GFR <15 or on dialysis-Kidney failure.

Clinical Manifestations Of CKD

1. Edema
2. Hypertension
3. Cardiovascular Manifestations-Left ventricular hypertrophy, Ischemic heart disease, Congestive cardiac failure, Pericarditis.
4. Gastrointestinal Manifestations-anorexia, nausea, vomiting, dyspeptic symptoms, constipation or diarrhea usually appear in Stage 4 CKD (GFR between 15 and 30 mL/min). hiccoughs, Uremic fetor.
5. Neuropsychiatric Manifestations: Paresthesias, sensory or motor peripheral neuropathy, pruritus, restless legs syndrome and bladder dysfunction
6. Cutaneous Manifestations-skin infections, dry scaly skin with severe itching, rashes, erythema,
7. vesicles and ulcerations, uremic frost.
8. Hematological Manifestations-Anemia in GFR is below 50 mL/min (Stage 3 CKD)
9. Skeletal Abnormalities - Renal Osteodystrophy, rugger jersey spine, brown tumours.
10. Respiratory Manifestations-dyspnea, Uremic lung.

CASE STUDY

A 34 year of old male auto driver known case of T2DM presented with complaint of frequent bilateral pitting oedema in legs for 6 months. And compliant of decreased urine output with unfinished sensation, and he have burning urination. fever with chilliness and headache; nausea and flatulence of whole abdomen, aggravated at night. He was a chilly patient, catch cold easily.

History Of Complient -

Patient was apparently healthy before two years, the complaints started gradually with mild swelling in both lower limb and also associated with breathlessness. The Patient notice this complaint after being admitted in hospital before 6 months for severe diabetic ketoacidosis. After that recovered patient developed mild swelling and Sensation of blood are rush to lower limb and Paralytic feeling of both lower limbs especially at night, hanging legs, prolonged sitting. The complaints are better by warmth. Initially they went to an outside hospital. The investigation shows elevated urea creatinine level and decreased GFR rate, so they diagnosed chronic renal failure. Treated with diuretics only. After that for 2 months, the patient has intermittent mild palpitation especially while walking and night better by sitting. No complaints of syncope, chest pain, sweating, mouth ulcer, hiccups, abdominal pain, urinary incontinence, leg numbness, dementia, skin

itching and vomiting. Known case of type2Diabetes mellitus for 3 years under the treatment of allopathy. Patient had habit of using pain killer for the purpose of body pain due to driving continually. Occasional alcoholic habit.

- Appetite: good, Stool: knotty hard and large. Thirst: increased, Urine: 3-4 times per day and 0-1 at night. Small quantity daily output of urine is 500-600ml, sweat: about genitals, Sleep: restless sleep, Breath: breathlessness while walking, Dreams: frightful dreams.
- Patients born and brought up in near to Arrakonam, full term normal veginal delivery, Patient childhood life space uneventful. The patient studied upto 10th std after that discontinue the school due to family problem after that patient was worked in mechanic shop for 5 years then patient bought own auto by EMI. Patient got married at the age of 25 to his loved one. Patient after that some financial issues and disappointed .it causes developed diabetes and at the age of 29 had male child, the child has repeated attack of fever and died after one year, so patient feels hopeless depression and talk of committing suicide. Mental generals-Ailments from Financial loss, Silent grief, hopeless depression, talk about committing suicide.
- Blood Pressure: 150/90mmhg, Pulse Rate: 61/min, Temperature: 98.6°F, Respiratory Rate: 18/min.
- Height: 157cms Weight:75 kgs BMI: 30.4
- Lab investigation reports showed (15/9/2024) Serum Urea 54mg/dl, Serum Creatinine 6.03 mg/dl, Hb 8.2mg%.GFR 18.34 it indicates the stage 4 renal failure.

Here the causes of CKD due to chronic uncontrol type2 DM, repeated use of nephrotoxic drugs, repeated urinary infection. After taking the case, following symptoms were selected as totality of symptoms for repertorisation.

Symptoms Taken For Repertorisation

M/G-Financial loss ailments from, Silent grief, hopeless depression, talk of committing suicide

P/G- Stool: knotty hard and large, Thirst: increased, urine small quantity and unfinished sensation, burning urination. sleep restless, dreams fearful. Chilly patient and catches cold easily.

C/P-swelling of lower extremities, sensation of blood rush to lower extremities, lower extremities paralytic pain, palpitation at night, aggravation at night, amelioration by warmth.

FOLLOW UP AND RESULT:

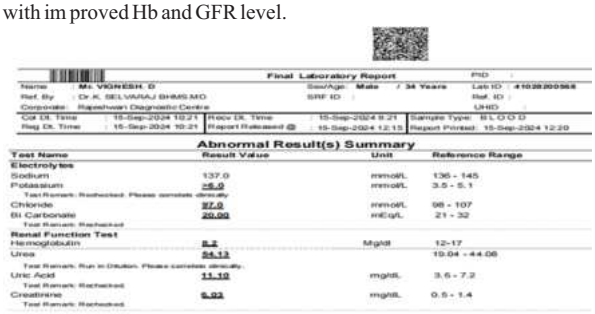
Symptoms: 14 Remedies: 311 | Applied Filter

Remedy Name	Aur	Ars	Sulph	Lyc	Calc	Merc	Nux-v	Puls
Totality / Symptom Covered	24 / 13	21 / 9	21 / 9	20 / 10	19 / 8	17 / 9	16 / 8	16 / 8
[Kent] [Sleep]Restless: (215)	2	3	3	3	2	1	2	3
[Kent] [Sleep]Dreams:Frightful: (170)	3	3	2	3	3	2	2	3
[Kent] [Extremities]Swelling:Dropsical: (48)	2	3	2	2		2		1
[Phatak] [Phatak A-Z]Legs (lower limbs):Blood rushes, to: (7)	1		1					
[Kent] [Extremities pain]Pain:Paralytic: (8)	2						2	
[Kent] [Stool]Knotty,nodular,lumpy: (85)	2	1	3	3	2	2	2	
[Kent] [Stomach]Thirst:Extreme: (187)	1	3	3	2	3	3	2	1
[Kent] [Bladder]Urination:Unsatisfactory (see incomplete,urination,after): (56)	1	3	2	1	2	1	2	1
[Kent] [Urethra]Pain:Burning:Urination:During: (14...		1	3	2	3	2	3	2
[Kent] [Chest]Palpitation,heart:Night: (44)	2	2	2	2	3	2		3
[Kent] [Mind]Fear (see anxiety):Noise,from: (21)	2			1			1	
[Phatak] [Phatak A-Z]Grief sorrow:Financial loss from: (2)	1							
[Phatak] [Phatak A-Z]Despair hopelessness: (18)	2	2		1	1			
[Kent] [Mind]Suicidal disposition:Thoughts: (15)	3					2		2

Basing on the reportorial analysis from total 14 symptoms marks obtained by Aurum Metalicum 24/13, Arsenicum album 21/9, Sulphur 21/9, Lycopodium 20/10, Calcaria carbonica 19/8. Aurum metalicum covered maximum mental, physical and particular symptoms with high marks and selected as simmilimum in this case[6,7,11]. Other drugs were not covered symptoms as like Aurum metalicum in all grounds. So Aurum metalicum was given in CM potency from 6CH TO 1M POTENCY once daily morning.

FOLLOW UP AND RESULT

After date on 15 October patient improved and also urine output increased from 1000 to 1200ml.urea and creatinine levels decreased with im proved Hb and GFR level.


Final Laboratory Report

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Electrolytes			
Sodium	137.0	mmol/L	136 - 145
Potassium	<6.0	mmol/L	3.5 - 5.1
Chloride	97.0	mmol/L	98 - 107
Bi Carbonate	20.00	mEq/L	21 - 32
Renal Function Test			
Hemoglobulin	8.2	Mg/dl	12-17
Urea	54.13		19.04 - 44.06
Uric Acid	11.10	mg/dL	3.5 - 7.2
Creatinine	6.03	mg/dL	0.5 - 1.4


Final Laboratory Report

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Electrolytes			
Sodium	130.0	mmol/L	136 - 145
Potassium	5.0	mmol/L	3.5 - 5.1
Chloride	96.0	mmol/L	98 - 107
Bi Carbonate	22.00	mEq/L	21 - 32
Renal Function Test			
Hemoglobulin	8.0	Mg/dl	12-17
Urea	42.30		19.04 - 44.06
Uric Acid	8.20	mg/dL	3.5 - 7.2
Creatinine	4.06	mg/dL	0.5 - 1.4


Final Laboratory Report

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Electrolytes			
Sodium	140.0	mmol/L	136 - 145
Potassium	4.0	mmol/L	3.5 - 5.1
Chloride	100.0	mmol/L	98 - 107
Bi Carbonate	28.00	mEq/L	21 - 32
Renal Function Test			
Hemoglobulin	9.2	Mg/dl	12-17
Urea	40.30		19.04 - 44.06
Uric Acid	7.9	mg/dL	3.5 - 7.2
Creatinine	2.5	mg/dL	0.5 - 1.4


Final Laboratory Report

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Renal Function Test			
Hemoglobulin	11.2	Mg/dl	12-17
Urea	42.10		19.04 - 44.06
Uric Acid	6.7	mg/dL	3.5 - 7.2
Creatinine	1.3	mg/dL	0.5 - 1.4

DISCUSSION:

The outcomes of this case study clearly show the Effective of homeopathic drugs in CKD patient with high serum urea and creatinine, without haemodialysis and most harmless way of treatment by symptom similarity, since these readings are a part of the decision-making process of whether to start dialysis or not Several studies have already been established the homoeopathy in different kidney disorders.

CONCLUSION:

In CKD, homeopathic treatment is possible by early diagnosis from appropriate case history, with law of similia after repertorisation, at low cost, no surgical measures or without haemodialysis and preventing renal failure.

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