

ROLE OF HOMEOPATHY IN THE TREATMENT OF RENAL CONDITIONS –A RETROSPECTIVE STUDY

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Abstract:

The paper discusses the role of homeopathic medicines cates in the acute renal conditions.

Words key: *concepts of drugs emergent, new substances psychoactive, club drugs, synthesis drugs, intelligent drugs.*



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INTRODUCTION:

Congenital kidney disorder, also known as birth defect, is a condition existing at or before birth regardless of cause. It is characterized by structural/ functional deformities and the defects vary widely in cause and symptoms. It may also be referred to as inherited kidney disease because more often than not, individuals have a certain predisposition for experiencing it due to a family history of the disease. Since the anomalies of the kidney disease appear from birth, infants and children are the ones primarily affected. If the symptom is not treated and resolved, the disease can progress throughout adulthood, possibly leading to chronic kidney failure.

Once born, there are certain tests that are performed to ascertain any congenital kidney diseases. These may include blood tests, monitoring of blood pressure and additional ultrasound examinations. There is also a voiding cystourethrogram test that checks the function of the bladder and urethra. A renal scan, another type of x-ray, may also be performed once the baby has grown and the kidneys are fully functional. This test measures the time the kidneys expel the wastes and shows if the kidneys aren't working properly.

The present study focuses on homeopathic interventions in two conditions viz. Hydronephrosis with obstruction and

Obstruction of the urinary tract (hydronephrosis with obstruction)

Hydronephrosis means dilatation of the collecting system or the ureter or both and may be dilatation with or without an obstruction at some point in the system physically to the flow of urine down and out. Hydronephrosis is often seen on prenatal ultrasounds, but is found at least 50% of the time to be dilatation without obstruction, which may simply be due to two facts: 1) that the fetal kidney does not yet concentrate the urine so there is a large flow and stretchy. When hydronephrosis is associated with obstruction, it may be either unilateral (one kidney) or bilateral (both). The most common obstructive lesions are:

- * Posterior urethral valves (causes bilateral obstruction and is limited to males)
- * Ureteropelvic junction obstruction (present on one or both sides)
- * Ureterovesical junction obstruction (present on one of both sides)
- * Ureterocele (present on one or both sides)
- * Neurogenic bladder-which acts like an obstruction, since the bladder does not empty

Ureterovesical (UVJ) obstruction is much less frequent than is UPJ obstruction, and like UPJ obstruction, can be unilateral or bilateral. It is an abnormality in the insertion of the ureter into the bladder, blocking the flow of the urine into the bladder, and is fixed by surgically reinserting the ureter into the bladder; the same as is done for vesicoureteral reflux.

Hydronephrosis without obstruction, including vesicoureteral reflux

Hydronephrosis without obstruction means dilatation of the ureter and collecting system of the kidney but not because of backup above an area of narrowing and obstruction, rather primary dilatation of the collecting system and ureter. The conditions causing this are:

- * Prune belly syndrome
- * Vesicoureteral reflux
- * Primary megaureter with or without megacystis

Vesicoureteral reflux (VUR) involves the two-way flow of the urine up and down the ureters, and they should be a one-way down system. The ureter inserts into the bladder down near its base such that the muscle of the bladder wall does not allow the urine to flow out of the bladder and back up the ureter towards the kidney. This insertion can be abnormal and allow different degrees of back flow, which are graded I to V, depending on severity. When grades I to III happen in an infant or young child, the likelihood is that with time and increasing maturity the problem will resolve itself. Grade IV reflux occasionally spontaneously resolves, and grade V reflux virtually never resolves spontaneously. Grades IV and V usually need surgical correction.

Case 1

Baby XYZ from UAE presented with a congenital malformed kidney & posterior ureteral Valves condition

Major complaints:

- Creatinine of 650 / presented with acute kidney dysfunction
- kidneys being not developed at all
- Was told that he would not survive for more than a week under the present circumstances
- There was no any hope offered by any of these Specialists.

Physical Characteristics:

Lean, thin, tall infant, with plethoric skin Chilly patient: thermal state

Maternal History ---liked bright colored clothing, Craving for cold food & drinks

Startling at thunderstorms which pointed to the remedy phosphorus

Interventions: the child underwent corrective surgery for posterior ureteral valves surgery

Post-surgery observations

creatinine levels came down to 450

However, developed a lung complication & collapse of 1/3 of one lung due to which part of his one lung underwent a partial removal. After that he was kept on our homeopathic medicines

Homeopathic Interventions:

He was advised a prophylactic course of antibiotics by nephrologists, which was advised not to be taken by self as it would worsen the kidneys & its functioning. All acute infections ---like cold, cough, respiratory infections Urinary infections were managed with homeopathy. Tests& investigations for assessment were taken at hospitals --under expert supervision of other specialists.

Medicine selected Phosphorus 30 ---as constitutional

As kidneys & lungs were involved /The fast pace of the illness /The build of the child

The nature of the mother---all pointing towards phosphorus The following was the medicines prescribed:

- Phosphorus 30 as daily bedtime dosage for a year
- Berberis Vulgaris to prevent urinary infections

Result and analysis: After 1 years of homeopathic treatment the child creatinine turned to less than 100. There were nuclear renal scanning tests done once to even assess his improvement. This child has not taken any dialysis or antibiotics for the Last 8 years He has put on height & weight normally. His kidneys have developed much better & functioning to its optimum

Creatinine & Bun ---N

No any infections for last few years

Even now the continues with his constitutional medicines & berberis Vulgaris & apis ---intermittently

Conclusion: Homeopathic has a great role in improving the growth of the child & can play a great role in congenital malformed kidney & Posterior Ureteral Valves conditions

Case2

A male child of 10 years PQRS from Saudi Arabia

Presented with severe urinary infection

Hydronephrosis in one kidney

Pus cells 100

s.creatinine 3.5

He was not passing urine with a catheter too.

He had underwent a corrective Vesicoureteral reflux surgery in his early childhood looking at his grave condition---Drs at a leading hospital in mumbai had advised both of his kidneys to be transplanted.

however, within 3 months of our homeopathic medicine he started passing urine without a catheter his urinary infection had improved in a week with Berberis Vulgaris 30

His creatinine came down to less than 1

Hydronephrosis too improved

He started putting on height & weight better after homeopathic treatment. specific medicines

Apis mellifica 30 3-3-3-3---specific for cystitis, vesicoureteral reflux, hydronephrosis

Berberis Vulgaris 3-3-3-3- X 3 months ---prevention of infection ---specific

Calcarea Phos 30 3pills daily bedtime as a constitutional remedy for a year Reasons for prescription:

Lean thin, emaciated, cheerful, smiling, talkative

Slow in learning to walk

Fearful

Fear of dark, craving for tandoori chicken, smoked meat

Craving for salt --chilly patient --thermal state

Issues of bones ----defective bone growth---in knees. curving of bones.

Currently it's been 10 years we have avoided a kidney transplant for this child

He is doing fine & his bone growth & general development too has been well with calcarea phosphorus 30 as his constitutional medicine single dose weekly at bedtime.

Tuberculinum 1m ----Intercurrent remedy for prevention of recurrent infections once a month.

Conclusion:

From the above two cases it can be safe to conclude that homeopathic treatment has a good role in the treatment of congenital kidney diseases in children with posterior urethral valves & vesicoureteroreflux conditions, malformed kidneys --thereby preventing chronic kidney failure in children. Homeopathic medicines act as Immune modulators hence have a wonderful action on the immune responses, development of a child & overall wellbeing as it is an individualised treatment for each person. As kidney ailments in India & globally are increasing a lot, Homeopathy has a great role in preventing complications & improving the quality of life of such individuals

Investigations: 1.USG (Ultra sonography)

2. Blood reports 3. Renal Nuclear scanning

References:

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