MEDWIN PUBLISHERS
Committed to Create Value for Researchers

International Journal of Biochemistry & Physiology
ISSN: 2577-4360

# Chronic Renal Failure-Etiology, Pathophysiology, Symptoms, Diagnosis and its Management through Electro-Homeopathy: An Overview

**Singh A[1], Tiwari AM[2] and Mishra S[3]***

[1]Department of Al-chemistry, Kings Herbal Research Laboratories, India

[2]Department of Biotechnology, Era University, India

[3]Department of Biotechnology, SR Institute of Management and Technology, India

***Corresponding author:** Sanjay Mishra, Professor, Department of Biotechnology, SR Institute of Management and Technology, Bakshi ka Talab, Sitapur Road, NH-24, Lucknow-226201, Uttar Pradesh, India, Tel: 9837096059; Email: sanjaymishra66@gmail.com

**Research Article**

**Volume 9 Issue 1**

**Received Date:** May 14, 2024

**Published Date:** June 04, 2024

DOI: 10.23880/ijbp-16000249

## Abstract

Chronic Renal Failure (CRF), a progressive, irreversible deterioration in renal function in which the body's ability to sustain metabolic and fluid and electrolyte balance fails, resulting in uremia or azotemia, is a global public health problem that tends to take dimensions of epidemic and has severe impact on quality of patient's life. Chronic kidney diseases represent a noteworthy health problem across the globe with CRF. The clear-cut prevalence of CRF worldwide was obscure due to the clinical continuum ranging from indolent, asymptomatic to complete renal decompensation. Thus, continual inputs through a series of research considering various conventional and certain earlier techniques in background, along this thrust medical area, led an emerging and medically most precise technique, namely, Electro-homeopathic therapy that has been currently in practice by a number of practitioners in India revealing fascinating outcome without any significant post therapeutic physiological and/or biochemical side effect as well as risk factor. The efficacy of the Electro-homoeopathy treatment for chronic kidney disease has been successfully monitored over a period of 30-60 and 30-80 days, respectively, in the case of GFR and renal lithiasis, based on improvement in the subjective parameters and blood investigations. Nevertheless, paralysis of bladder cases was cured within 30 to 60 days of treatment. The outcome of this overview provides new insights into developing and establishing more and more advanced account of Electro-Homeopathic system for accurate diagnosis enlightening specific root cause/origin (Etiology) and smooth-running management of 'Chronic Renal Failure' as well as its manifestation.

**Keywords:** Chronic Kidney Disease Complication; Chronic Renal Failure; Electro-Homeopathy; Etiology; Haemodialysis; Renal Dysfunction; Renal Failure Management; Transplantation

**Abbreviations:** CRF: Chronic Renal Failure; CKD: Chronic Kidney Disease; CAT: Computed Axial Tomography; CT: Computed Tomography; MDRD: Modification of Diet in Renal Disease; RCC: Renal Cell Carcinoma.

## Introduction

Chronic Renal Failure (CRF) is a global public health problem that tends to take dimensions of epidemic and has severe impact on quality of patient's life. It is a progressive, irreversible deterioration in renal function in which the body's ability to sustain metabolic and fluid and electrolyte balance fails, resulting in uremia or azotemia (retention of urea and other nitrogenous wastes in the blood) [1]. There are reports that more that 10% general population worldwide amounting to > 800 million individuals are suffering from chronic kidney disease especially older individuals, women, racial minorities, and in people experiencing diabetes mellitus and

hypertension. CRF is large problem in developing countries emerging as one of the most leading contributors of mortality globally [2-4]. The kidneys regulate the composition and volume of blood, remove metabolic wastes in the urine, and help control the acid/base balance in the body. It is typically a progressive disease and is defined as; reduction of kidney function- defined as an estimated glomerular filtration rate (eGFR) < 60 mL/min/1.73 m2 and/ or evidence of kidney damage, including persistent albuminuria-defined as > 30 mg of urine albumin per gram of urine creatinine. It is virtually always asymptomatic in its early stages [5,6]. In fact, it is not a single disease and explained based on the presence or absence of kidney deterioration and level of kidney function regardless of the type of kidney disease. There is a mixture of causes and the deterioration is usually irreversible and can result into ill health. The principal risk factors, leading to chronic renal failure (CRF), are diabetes, hypertension, anemia, osteodystrophy, glomerulonephritis, malnutrition and polycystic kidney disease [1-10]. Decisions regarding risk factor modification should be taken on an individual basis. In some cases, dialysis or transplantation may become necessary. Chronic kidney disease (CKD) resulting in CRF has a complicated interrelationship with other diseases [11], and there are certain drawbacks of various diagnostic and remedial procedures having been practiced so far. There have been enough evidences of more damage to the remaining nephrons by experimenting with any synthetic food material or chemicals. To overcome these demerits, a number of studies were undertaken in view of establishing a precise, rapid healing and medically fascinating concept revealing no side effect on physiology, biochemistry and pharmacology of patients suffering from CKD with probability of CRF. Electro-Homeopathy has emphasis more on constitution of the patient's disorder either related with blood or lymph or the both. It had been observed that individuals belonging to "sanguine constitution" are rather more prone to the "vitiation of Blood" and hence to the renal disorders and its manifestation like "CRF" as compared to the persons belonging to lymphatic or mixed constitution. According to the Electrohomoeopathy medical practice [12-17], a part or whole of a single plant or mixture of various parts of plants including flowers, rhizomes, stems, fruits, roots, tubers, leaves, stem-barks, seeds are used to make various 'Electro-Homoeopathy Spagyric Preparations' to deal with the "Vitiation" and the Impacts of the same on various organs of the Body. With this concept, the present clinical investigation was undertaken referring to electro-homoeopathic treatment of CKD and its possible manifestations. Because the drugs invented by Mattei had such strength and rate of action that allowed them to act as per "Law of Similia" on diseased body and thus called the method electro-homeopathy. It has been shown to be important to emphasize this again, as later interpretations and explanations of electro-homeopathy link the effects of drugs to plant electricity or bioenergy (Odyle energy, organ energy, prana).Keeping in mind, Electro-homeopathy created by Mattei proven on sick body as per "Law of Similarity". According Count Ceasre Mattei, Electro-homoeopathy is an empirical treatment system that reveals that the first step is to test the effects of drugs and to establish a theory on that basis. Today electrohomeopathy is characterized by an abundance of drugs used and the introduction of mystical explanations [18]. If it is related with blood more the constitution will be sanguine and Angiotic group of remedies will be given as first choice. In chronic conditions vitiation of blood causes vitiation of lymph and in course of time the constitution terminates to mixed grave constitution. From the above discussion, it is clear that kidney is a blood dominated organ and the primary disorder of the kidney will be called as Angiotic disorders which is Electropathically designated as disease of sanguine constitution.

The present overview is the assemblage of overall studies aiming at pathophysiology, symptoms and diagnosis of CKD resulting in CRF as well as its management through Electro-homeopathy under following major heads:

## Pathophysiology

Chronic renal failure is caused by a progressive decline in all kidney functions, ending with terminal kidney damage. During this time, there is modulation and adaptation in the still-functional glomeruli, which keeps the kidneys functioning normally for as long as possible [19]. The remaining glomeruli, therefore, experience a rise in pressure through hyperfiltration. The release of various cytokines and growth factors leads to hypertrophy and hyperplasia. At the same time, the function of the glomeruli suffers due to the excessive demands on them, leading to increased permeability and proteinuria. Increased protein concentrations in the proximal tube system are direct nephrotoxins and can further impair kidney function [20].
There are 4 phases of chronic renal failure:

- Reduction in Excretory Function
- Reduction in Excretory Renal Function
- Over-Hydration and the Disruption of Electrolyte Balance
- Toxic Organ Damage as a Result of Retention of Urinary Excreted Metabolites

## Symptoms and Complications of Chronic Kidney Disease

Major symptoms of CKD can include:

- Weight loss and poor appetite.
- Swollen ankles, feet or hands-as a result of water retention (oedema)
- Shortness of breath.

- Tiredness.
- Blood in your pee (urine)
- An increased need to pee – particularly at night.
- Difficulty sleeping (insomnia)
- Itchy skin.

Progressive CKD is linked to several complications, which occur with higher frequency and greater severity in the advance stages of the disease. These complications lead to high morbidity, mortality, and poor quality of life. Accordingly, 3 key goals (supported by sets of activities) were outlined and targeted at reducing the population health impact of CKD-related complications. Although there has been considerable progress in defining CKD-related complications across regions and countries, significant gaps in knowledge still remain and optimal ways to specifically close these gaps remain undefined [21].

## Diagnosis of Chronic Kidney Disease

Chronic kidney disease (CKD) can be considered to be present if a patient has a glomerular filtration rate for 3 months [22]. These include proteinuria, hematuria and radiological abnormalities. Regardless of the stage of CKD, the approach is mainly similar. The laboratory diagnosis of chronic kidney disease (CKD) is a simple and cost-effective procedure that allows the detection of early stages of the disease, which is essential to avoid kidney damage and a life threatening event. It consists of measuring serum creatinine concentration, urinary albumin concentration and calculating the estimated glomerular filtration rate (eGFR) [23].

Once the Diagnosis confirmed then following line of Electro-homoeopathy treatment was adopted:

- Constitutional remedy prescribed for the Vitiation of Blood.
- An organ remedy given to regain its disturbed physiology and to arrest the manifestations of the sick organ system.
- An external application used in the form of compress and ointments to boost up the synergistical effect of the given formulations.

To verify the impact of Vitiation on Kidney, authors could often take help from the modern diagnostic tools as below:

**Laboratory Investigations:** A urine examination is mandatory in all cases, i.e. dipstick, microscopy and quantitation of protein excretion. The last can be measured on a random specimen by calculating the protein/creatinine ratio. An 'active' urine sediment with microscopic haematuria and red cell casts suggests an underlying glomerulonephritis. Further tests to assist with the diagnosis include antinuclear antibody profile, antineutrophil cytoplasmic antibody, C-reactive protein, cryoglobulins, serum complement, hepatitis B and C profile, HIV, venereal disease research laboratory test and uric acid levels. Serum/urine protein electrophoresis and serum Freelite assay should be done in patients > 40 years of age with unexplained CKD and anaemia in order to exclude paraproteinaemia.Tests to determine the severity of the CKD and associated metabolic/haematological abnormalities include: urea and electrolytes, serum creatinine and estimated GFR. The last may be calculated by the Cockcroft- Gault or modification of diet in renal disease (MDRD) formula or by measuring the 24-hour urinary creatinine clearance [24]. Other tests include: full blood count, serum calcium, and phosphate and iron studies. Alkaline phosphatase and parathyroid hormone levels are measured to assess the presence of renal osteodystrophy.

**Radiological Investigations:** The most cost-effective examination is renal ultrasonography [24], although there is certain drastic health side effect on rest of the organs. This should be performed in all patients and the documentation of small echogenic kidneys supports the diagnosis of CKD. However, the presence of normal-sized kidneys, while suggesting acute renal disease, does not exclude CKD. Ultrasound is also useful for diagnosing obstructive uropathy and may detect asymmetrical kidney size, suggesting possible renovascular disease. Other important investigations include:

- Voiding cysto-urethrography to rule out vesico-ureteric reflux.
- A computed tomography (CT) scan (also known as the computed axial tomography (CAT) scan) without contrast in patients with suspected renal calculi.
- Magnetic resonance angiography, CT angiography or a radio-isotope study for suspected renal artery stenosis.

In general, the clinician should-if possible, avoid exposing the patient to intravenous radio contrast agents because of their nephrotoxicity.

**Kidney Biopsy:** The following are indications for a kidney biopsy [24].

- Patients with CKD whose kidneys are normal or near normal in size, where the diagnosis cannot be made by other means.
- Patients with a definite diagnosis, where the histology is essential for appropriate management and prognosis, e.g. lupus nephritis, vasculitis.
- Patients with an established diagnosis, such as diabetic nephropathy, who have unexplained deterioration of kidney function.

## Management of Chronic Kidney Disease

Systemic diagnosis, staging, and appropriate referral of CKD by primary care clinicians are important in reducing the burden of CKD worldwide [25]. There have been certain ways of managing 'Chronic Kidney Disease' in modern science:

- Controlling patient's blood pressure.

- Meeting patient's blood glucose goal if there is diabetes.
- Working with health care team to monitor kidney health.
- Taking medicines as prescribed.
- Working with a dietitian to develop a meal plan.
- Making physical activity part of your routine.
- Aiming for a healthy weight.
- Getting enough sleep.

Continuous efforts have been made in view of providing rather better results as compared to previous therapies, although with a hope of establishing most sensitive, précised and without any noteworthy side effects (physiological and biochemical), currently electro-homeopathic therapy for management of 'kidney disease' has been in popular practice. The brief account of this vital system is ascribed as follows:

**Electro-homoeopathic Management of Liver Disease and its Manifestations:** The clinical manifestations of chronic kidney disease followed by chronic renal failure have been observed to be connected to malfunctioning of cardiovascular, renal, neurologic and gastrointestinal systems [4,5,7,8,26-28] hypertension, dyslipidemia, coronary artery disease from new-onset diabetes mellitus and renal failure, left ventricular hypertrophy, arrhythmias [10,11,26-28], conditions with unfavorable prognosis.

## Methodology

In Electropathic medical practice the specific composed with similar natured plants from their different parts through spagyrical preparation to deal with vitiation and the impacts of the same on various organs of body. As to Electropathy, diagnosis of an organic disorder depends upon the variations in organic physiology. That results imbalanced organic absorption and excretion. Such two opposite phenomenon conducted in the kidney through the renal arteries, capillaries, veins, lymphatics and ureters. Kidney is such typical apparatus where absorption, excretion and reabsorption is its special quality.

Transudation of carbohydrates, fats, cholesterol and minerals processed in the liver comes to the kidney for filtration and excessive consumption of high fat and protein content diet and alcohol with lack of physical labour and insufficient water intake may cause your liver to make more cholesterol, ammonia, urea, uric acid and minerals in blood and in course of circulation the plaques of minerals, fats, cholesterols, uric acid stick inside the arterial wall causes narrowness of the arteries. Primary disorder of the kidney is functional disorder.

- Authors know the functional disorder of kidney is primarily related with blood and it carrying channels. The primary functional disorder starts in the capillary bed of the filtering apparatus due to insufficient water intake, heavy fluid loss, or sudden change of atmospheric temperature or pressure most of the time enable the nephrons to filter properly and by which brings defective drainage of lymph and blood as well as urine. The sanguine constitutional disorder indicates the specifics of Angiotic group as A1, A2 & A3 for vitiation of blood.
- Vitiation of blood in course of time causes vitiation of lymphs which needs S1, S2, S3, S5, S6 likes specifics.
- More adulterated condition tends to vitiation of both and causes structural disorders need the specific like C1, C2, C5, C6 and C17 for renal excretory system.
- Vegetable Electricity like BE, WE, RE, GE, YE five specifics composed with special group of plants used both internally and externally according to the condition.
- As External applicant in the form of compress, lineament, ointment, lotions to boost of the synergistic action of the given formulations.

### Electro-homeopathic Specifics for Renal Excretory System Disorders

Action of Electro-homeopathic specifics on different organic parts of Renal Excretory System:

- A1 improve sluggish renal arterial circulation.
- A2 enhances veins drainage.
- A3 on the capillaries and glomerulous.
- S6 regulates effects of aldosterone for proper reabsorption of sodium and excretion of potassium, magnesium and protein. It balances the work of glucocorticoids and mineral corticoids. S3 help to facilitate the release of androgens.
- Epithelial tissues found in the renal tubules blood vessels, corpuscles of kidney. C1 is the structural specific.
- Supporting connective tissues of kidney, comprises of stomach outer cortex, inter calyces and renal pelvis require C5 and C6.
- Ureter and renal vessels with bladder composed of connective tissues and fatty tissues require C.2, C17 as structural specifics and S2, S5, A2 as functional specifics.
- For infectious origin ver 2 or ven 1 like specifics may be given with recommended specifics.
- S2 helps to carry the extracted fluid urine through the ureter to the bladder.
- S2 with S5 accelerate the liver function for proper saturation or carbohydrates, proteins, fats and minerals. Improper transudation of these nutrients most of the time creates renal disturbances.
- S5 accelerate the function of adrenal glands along with F1 and L1 on the glomerular mesangial cells balance the secretion of renin and control effect of angiotensin 1.
- To control hyper functioning effects epinephrine and nor epinephrine F1 litre dilution with WE 20 drops a dose four times per day.
- A2 is the most effective multiple plant specific which

help to form angiotensin converting enzymes in the circulatory pathway to regulate high blood pressure.

## The Concept of Electro-homoeopathic Medicine Dosology Given Miraculous Result While Treating Both Acute and Chronic Renal Excretory Disorders

**Law of Dosology**

- Dose must be inversely proportional to the gravity of disease which means if the roots of disease and its manifestation are chronic than dose must be given in list amount by making the litre dilution or tumbler dilution of the prescribed medicine and vice versa [29-31].
- More the remedy is diluted more frequently it must be repeated i.e. litre dilutions must be repeated in compare to the higher dilution.

## Diseases Treated by Electropathic Compositions in Different Dilutions

- A1 or A3 in third dilution with C1 for epithelial linings of the artery to control endothelial cell injury and inflammations along with BE or WE.
- For lipoprotein dispositions in the vessel wall S2 may be given in 2nd dilutions 6 times per day.
- For smooth muscle cell cap formations C5 III + A2 III + L1 1st + GE 20% each mixture one hour intervals 10 drops each orally.
- GE should always be given in supportive conditions 2 to 5 drops a dose in tumbler or litre dilution 4 to 6 times per day.
- Renal Tubular disorders especially in bleeding conditions or hydro nephrosis A3, third dilution with C6 1st dilution with B E 20% each mixture half an hour to one hour interval. S6 positive with RE 10 drops a dose 4 to 6 times per day to maintain osmolarity in renal bed.
- On more weak filtration and low GFR C6 with A3 in second or third dilution and BE 30% each mixture at one hour interval 10 drops a dose.
- S6, RE 1st dilution four times of a day 20 drops a dose to maintain osmolarity in renal bed in all sorts of renal disorders.
- For vesicoureteral reflux in UTI S2, C2, Vein 1 third to fifth dilution 15% each one hour interval 10 drops a dose and YE 15 drops four times for day and S1, Ver1, L1 first dilution 20% each mixture 20 drops a dose four times per day.
- Uraemia- A3 or A2, S2 or S6 and C5 to be given in 3rd dilution and add F1 in case if there is fever. Apply F2 ointment to 24 and L1 ointment to lower spine and kidneys followed by small compress of red electricity and large compress of A2, C5, S5 warm compress and one drop of GE four times in a day in a table spoon of water. S1 twice daily before meal and S10 twice daily after meal. (Uric acid, uretes, keratin, urinary salts calcium oxalates, phosphates, chlorides, sulphates, pigments, cystin, leucin and tyrosine are found in urine in different diseases, all are treated with these above remedies.
- Renal lithiasis- S6, C6 3rd dilution, A3 2nd dilution and F1 1st dilution, 20% each mixed to be taken every half an hour interval in painful conditions with S2, C2, A2, F1 3rd dilution if the gravel is in uretor 10 drops a dose more frequently. Warm bath of A6, C6 and WE 40 drops each with a tub of luke warm water. Application of RE & YE on point No.5, 6, 7, 17, 18 alternately four times per day given immediate relief to the patient. When the patient is suffering from uric acid or oxalic calculus S5 10 drops 4 to 6 times per day may be given, S1 1st dilution twice daily before meal and S10 1st dilution after meal.
- Hydronephrosis S2, A2, C2, F1 2nd or 3rd dilution 10% each mixture half an hour interval 10 drops a dose BE four times per day 10 drops a dose. S6 RE 1st dilution four times per day 10 to 15 drops a dose.
- Cystic diseases of kidney-No.1-C6 1st, A2 2nd, F1 2nd one hour interval 10 drops a dose GE 4 times 5 drops a dose with a tumbler of aquand. S10 ten globules twice daily after meal, S1 10 globules twice daily before meal. S5 3rd six times per day ten (10) drops a dose. C5 and GE compress on kidney four times per day.
- Cystitis-S2, C2, A3, F1 third dilution 15% each with BE half an hour interval 10 drops a dose. Warm fomentation and compress of A2 C5, WE over the balader region. Warm hip bath of S2 and WE, 30 drops each in a tub of luke warm water. If blood is present in urine BE orally five drops 6 times per day and if puss is in urine GE five drops with a tumbler full of water four times per day.
- Paralysis of bladder-S1 strong dilution and C5 alternate with F1 every hour, C5 RE external application on Point No.25 RE 10 drops orally four times per day.
- Retention and incontinency of urine S1 RE help an hour interval 10 drops a dose strong dilution and RE massage on bladder point 25.
- Stone in bladder- to relieve pain use S2, C2, F1 and B 20% each mixture half an hour interval 10 drops to dissolve and pass the stone use S2 and C2 strong dilution, alternate one hourly.
- Tumor in bladder-S2, C2 in weak dilution alternate one hourly, A3 strong doses four times per day vein 1 may be given with S2 and C2, RE compress on bladder to dissolve the tumor. S5 liter dilution four times per day 10 drops a dose. GE compress with C5 when there is a pus and degeneration. S10 after meal twice daily. This Concept of Electrohomoeopathy medicine dosology assisted in providing miraculous results while treating the chronic kidney disease and its manifestations like hypertension, dyslipidemia, coronary artery disease

from new-onset diabetes mellitus and renal failure, left ventricular hypertrophy, arrhythmias etc. Different Clinical conditions arise due to vitiation of blood or lymph or both in imbalanced renal excretory system with their disease wise statistical data of patients treated at three Clinics functional in Biribati, Cuttack, Odisha-754100 from 2017 to 2021.

## Results and Discussion

There was a noteworthy improvement in the health of the patients and their sufferings (Table 1). It was observed in many patients belonging to this disease to fall in the young and middle age group patients and was mostly men as compared to women (Table 1). There was significant improvement in the health of the patients of acute renal disorders- incontinency of urine, burning micturation retention of urine hematurea, hemoglobinuria, chylurea like disorders. In acute renal failure cases the prognosis was very good rate of success 70 to 80 percent but in chronic renal failure cases rate of successive 20 to 30 percent only (where utmost care had been taken for diabetics and hypertension patients' success a rate was astonishing). These results were contradictory but reveal merit over previous study pertaining to an overview of acute renal failure and its evaluation [31]. Infectious renal disease cases recovered very finely in acute stage and coincidently in correlation with previous findings [7-9,32]. In case of tumor of kidney and renal cysts the result was very poor due to unset of EH treatment done at the pick condition of disease. A case report on renal cell carcinoma presenting as a simple renal cyst is quite relevant to work on improvement in the electro-homeopathic procedures in future. Cases of renal cell carcinoma (RCC) presenting as a simple cyst are extremely rare [33]. The case of a patient with RCC diagnosed as a simple renal cyst preoperatively. A 39-year-old female patient presented with abdominal pain for 3 months. Ultrasonography and contrast-enhanced computed tomography revealed a simple cyst in the left kidney. The patient underwent laparoscopic decortication of the renal cyst. Biochemical analysis of the cystic fluid revealed unusually low levels of potassium, sodium, calcium and glucose, and the histological examination of the floor of the cyst indicated malignancy [34]. Laparoscopic nephrectomy was performed 20 days later and the pathological examination confirmed the diagnosis of RCC of the clear cell type. At the 2-year follow-up, the patient remained well and recurrence-free on imaging. The aim of the present study was to emphasize the importance of recognizing that RCC may occur in what appears to be a simple renal cyst based on imaging results. Biochemical analysis of the cystic fluid may help identify the presence of malignancy [35]. In 30% of cases elevated urea creatinin level normalized within 30 to 60 days of treatment and low GFR also developed too normal. Renal lithiasis cases taken 30 to 80 days for complete drainage.Paralysis of bladder cases were cured within 30 to 60 days of treatment.

| Diseases | Number of patients attended | | | | Number of patients referred | | | | No of patients discontinued | | | | No of patients recovered | | | | Continuing |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 17-18 | 18-19 | 19-20 | 20-21 | 17-18 | 18-19 | 19-20 | 20-21 | 17-18 | 18-19 | 19-20 | 20-21 | 17-18 | 18-19 | 19-20 | 20-21 | |
| Burning micturation | 25 | 23 | 35 | 36 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 00 | 25 | 23 | 34 | 36 | |
| Hematurea | 20 | 21 | 21 | 25 | 00 | 02 | 01 | 01 | 00 | 00 | 00 | 00 | 20 | 18 | 20 | 24 | |
| Chyllurea | 5 | 00 | 00 | 03 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 04 | 00 | 00 | 03 | |
| UTI | 30 | 27 | 23 | 35 | 00 | 00 | 00 | 02 | 00 | 02 | 00 | 00 | 29 | 25 | 23 | 35 | |
| Renal Calculus | 10 | 04 | 06 | 06 | 02 | 00 | 00 | 00 | 01 | 00 | 00 | 01 | 07 | 04 | 06 | 06 | |
| Cystites | 05 | 04 | 02 | 05 | 01 | 00 | 00 | 00 | 01 | 00 | 00 | 01 | 04 | 02 | 02 | 05 | |
| Renal Cyst | 01 | 02 | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 03 |
| CRD | 10 | 12 | 15 | 15 | 04 | 03 | 05 | 03 | 02 | 04 | 05 | 05 | 02 | 04 | 02 | 03 | 10 |
| Paralysis of bladder | 00 | 00 | 02 | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 02 | 01 | |
| Tumor in kidney | 00 | 00 | 00 | 02 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 02 |
| Hydro-nephrosis | 05 | 06 | 02 | 05 | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 04 | 06 | 02 | 05 | |
| Brights disease | 02 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 01 | 00 | 01 | 00 | |

**Table 1:** Total number of renal disorder patients' attendants.

## Conclusion and Future Perspectives

Significant results obtained by the effect of EH formulation using plants' natural ingredients in acute renal diseases without any noticeable post therapeutic physiological and/or biochemical side effects, although in chronic renal failure cases the rate of success was poor, only where the secondary complication of other organo-systems involved. This, in fact, is due to the natural happenings inside the body aiding to balance between less functioning and over functioning activities of the organs of renal system. Nevertheless, herbal specifics are safe, gentle and very economic in use. Preferably, under EH practice, natural regular intake of adequate amount of water with balanced diet and healthy mind, can prevent renal disorders very smoothlym. In view of progression of affinity and sensitivity of therapeutic practice applying Electro-homeopathic technique has been shown to reveal fascinating outcome in terms of comparatively fast, sensitive and precise medical technique without any noticeable post therapeutic physiological and/or biochemical side effects. Besides, critical comments/suggestions from relevant readers would be useful in further upgrading of Electro-homeopathic management of CKD.

## References

1. Nagami GT, Kraut JA (2024) The Role of the Endocrine System in the Regulation of Acid-Base Balance by the Kidney and the Progression of Chronic Kidney Disease. Int J Mol Sci 25(4): 2420.

2. Kovesdy CP (2022) Epidemiology of chronic kidney disease: an update. Kidney Int Suppl 12(1): 7-11.

3. Jadoul M, Aoun M, Imani MM (2024) The major global burden of chronic kidney disease. Comment 12(3): E342-E343.

4. Liu Y, He Q, Li Q, Tian M, Li X, et al. (2023) Global incidence and death estimates of chronic kidney disease due to hypertension from 1990 to 2019, an ecological analysis of the global burden of diseases 2019 study. BMC Nephrology 24(1): 352.

5. Silva PHI, Mohebbi N (2022) Kidney metabolism and acid-base control: back to the basics. Pflugers Arch 474(8): 919-934.

6. Emara SS, Alzaylai AA (2013) Renal failure in burn patients: a review. Ann Burns Fire Disasters 26(1): 12-15.

7. Mishra, S, Dwivedi, SP, Singh RB, Shastun S, Abramova M, et al. (2015) Role of Oxidative stress in the pathogenesis and progression of coronary artery disease: An overview. World Heart Journal 6 (4): 283-302.

8. Kumar M, Dev S, Khalid MU, Siddenthi SM, Noman M, et al. (2023) The Bidirectional Link Between Diabetes and Kidney Disease: Mechanisms and Management. Cureus 15(9): e45615.

9. Mishra S, Tiwari AKM, Mahdi AA (2017) Physiological, biochemical and molecular role of oxidative stress in cardiovascular disease: A comprehensive study. Current Research in Cardiovascular Pharmacology 6(1): 1-16.

10. Mishra S (2018) Oxidative stress versus cardiovascular complications: Editorial. Journal of Clinical Science & Translational Medicine 1(1): 000101.

11. Kefale B (2018) Current Management of Chronic Kidney Disease: Literature Review. JOJ Urology & Nephrology 6 (2): 555684.

12. Hui-Ju T, Pei-Yu W, Jiun-Chi H, Szu-Chia C (2021) Environmental Pollution and Chronic Kidney Disease. Int J Med Sci 18(5): 1121-1129.

13. Practice of Medicine Vol.1 & 2. by Dr. NL Sinha.

14. Practice of Medicine Vol.3 by Dr. NL Sinha.

15. Practice of Medicine Vol.4 by Dr NL Sinha.

16. Practice of Medicine Vol 1 by Dr. Manju Srivastava.

17. Practice of Medicine Vol 2. by Dr.Manju Srivastava.

18. Sureshbabu P, Siddalingamurthy E, Shashidhara NL, Sooryanarayanarao B, Bhavya DC (2020) Eur J Med Plants 31(8): 31-47.

19. Yu HT (2003) Progression of chronic renal failure. Arch Intern Med 163(12): 1417-1729.

20. Hallan SI, Orth SR (2011) Smoking is a risk factor in the progression to kidney failure. Kidney Int 80(5): 516-523.

21. Levey AS, Stevens LA, Schmid CH, Zhang YL, Castroet AF, et al. (2009) A new equation to estimate glomerular filtration rate. Ann Intern Med 150(9): 604-612.

22. Lameire NH, Levin A, Kellum JA, Cheung M, Jadoul M, et al. (2021) Harmonizing acute and chronic kidney disease definition and classification: report of a kidney disease: Improving Global Outcomes (KDIGO) Consensus Conference. Kidney Int 100(3): 516-526.

23. Farrell DR, Jassalotti JA (2024) Screening, identifying, and treating chronic kidney disease: why, who, when, how, and what? BMC Nephrology 25(1): 34.

24. Chen TK, Knicely DH, Grams ME (2019) Chronic kidney disease diagnosis and management: a review. JAMA 322(13): 1294-1304.

25. Sen A, Callisen H, Libricz S, Patel B (2019) Complications of solid organ transplantation: Cardiovascular, neurologic, renal, and gastrointestinal. Crit Care Clin 35(1): 169-186.

26. Thongprayoon C, Chokesuwattanaskul R, Bathini T, Khoury NJ, Sharma K, et al. (2018) Epidemiology and Prognostic Importance of Atrial Fibrillation in Kidney Transplant Recipients: A Meta-Analysis. J Clin Med 7(10): 370.

27. Fishbane S, Agoritsas S, Bellucci A, Halinski C, Shah HH, et al. (2017) Augmented nurse care management in CKD stages 4 to 5: A randomized trial. Am J Kidney Dis 70(4): 498-505.

28. Kundu D (2017) Cesare Mattei`s Principles of Electro Homoeopathy.

29. GliddonAJL(2017)SteppingStonesofElectrhomoeopathy (Count Mattei`s System of Medicine).

30. Muraya AP. A Text Book of Electrohomoeopathy.

31. Nazar CM, Bashir F, Izhar S, Anderson J (2015) Overview of management of acute renal failure and its evaluation; a case analysis. J Nephropharmacol 4(1): 17-22.

32. Mishra S, Singh RB, Dwivedi SP, De Meester F, Rybar R, et al. (2009) Effects of nutraceuticals on genetic expressions. The Open Nutraceuticals Journal 2: 70-80.

33. Shicong L, Binbin J, Xiuhong W, Xin X, Meng Z, et al. (2019) Renal cell carcinoma originating in the free wall of simple renal cyst. Medicine 98(16): e15249.

34. Yu Y, Ma L, Wang Z, Zhang Z (2017) Renal cell carcinoma presenting as a simple renal cyst: A case report. Mol Clin Oncol 6(4): 550-552.

35. Zamir E, Yovel DZ, Scapa E, Shnell M, Bar N, et al. (2022) Pancreatic cyst fluid glucose: a rapid on-site diagnostic test for mucinous cysts. Therapeutic Advances in Gastroenterology 15: 1-17562848221133581.