



# Application of AMORE therapy in the Quality of life of chronic Kidney Patients

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## Research Article

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## Abstract

**Rationale:** Quality of life constitutes an indicator of well-being in patients with chronic diseases. Natural and Traditional Medicine has demonstrated effectiveness in increasing the quality of life in patients with chronic non-communicable conditions; However, there is no evidence of its results on the quality of life of patients with chronic kidney disease.

**Objectives:** Determine the application of Natural and Traditional Medicine through a comprehensive system of therapies in patients with chronic kidney disease with the aim of raising their quality of life.

**Method:** A descriptive cross-sectional observational study was carried out in a group of patients admitted to the Nephrology ward of the university hospital. Manuel Ascunce Domenech, to whom the comprehensive therapy called, AMORE was applied, with the objective of determining their quality of life before and after it was applied. The variables were taken into account: Age, sex, APP, Quality of life and Adverse reactions.

**Results:** of the total number of patients treated, 18 were male, for 62%, of the total number of patients studied; their average age was 51 years. Quality of life at the beginning of treatment was evaluated as: Regular and at the end of treatment it was raised to Good.

**Conclusions:** At the end of the treatment, it was determined that the comprehensive therapy of Natural and Traditional Medicine, AMORE, positively influences the Quality of life of the admitted chronic kidney patient.

**Keywords:** Vishwachi; Cervical Radiculopathy; Matra Basti; Sahachara Taila

**Keywords:** Exercises-Method; Music Therapy-Method; Chronic Kidney Disease-Diagnosis

kidney disease [1-4]. This condition causes damage on a physical, mental, psychological and social level, in general, regardless of its stage of evolution [4-6].

## Introduction

Quality of life constitutes an important indicator to determine the health well-being of patients with chronic

In the treatment of this condition, different medications and other therapies such as replacement therapies have been created, however, few have favorably influenced the Quality



of life of these patients. Natural and Traditional Medicine (NTM) has demonstrated effectiveness in the treatment of chronic non-communicable diseases, in addition to their Quality of life, so action protocols have been developed to contribute to this purpose in these patients. There are various procedures and therapies that have been able to demonstrate this effectiveness, such as: exercises, auriculotherapy, music therapy, among others; However, there is no evidence of these effects on patients admitted with chronic kidney disease, which is why we developed our scientific problem for this work, to determine to what extent these therapies could positively or negatively influence the Quality of life of these patients [7-11].

### General Objective

Determine the influence of AMORE therapy on the Quality of life of patients with chronic kidney disease at the university hospital. Manuel Ascunce Domenech, during the period from June 2023 to December 2023.

### Specific Objectives

- Characterize the study sample according to: Age, sex, PPA, stage of the disease and Degree of Quality of life.
- Determine the influence of the applied therapy on the Quality of life before and after treatment.
- Determine possible adverse reactions due to the treatment applied.

### Material and Method

A cross-sectional descriptive observational study was carried out in a group of patients with chronic kidney disease admitted to the Nephrology ward of the university hospital. Manuel Ascunce Domenech, during the period July 2023 to December 2023, to whom the AMORE therapy of Natural and Traditional Medicine was applied with the objective of determining the quality of life in these patients.

The universe was made up of all patients admitted to the service with the diagnosis of chronic kidney disease with stage five, while the probabilistic sample was made up of patients who met the inclusion and acceptance criteria to participate in the study. The sample selection was simple random.

The study variables were: age, sex, personal pathological history, quality of life and adverse reactions.

### Operational Procedure

AMORE therapy was applied to all patients included in the study and after giving their informed consent, which

consisted of the application of five MNT therapies with the objective of determining the quality of life before and after applied the same. AMORE therapy is made up of five types of therapies contemplated in MNT, which are applied to all meet the same objective of raising the quality of life of patients.

Each letter makes up a type of therapy and is applied in stages as follows:

**A:** Auriculotherapy (Shenmen, occipital, lumbar region and kidney), on the side according to the patient's sex. Left ear for men and right ear for women.

**M:** Music therapy (traditional oriental music).

**O:** Natural oxygenation, which patients will perform through deep breathing techniques during relaxation, which is the therapy that occurs.

**A:** Relaxation: consists of the application of the conventional relaxation technique, combining breathing with the mental image and music therapy.

**E:** Exercises. It consists of performing traditional Chinese exercises: Baduangjin, which are easy to perform and practice [12]. These exercises are performed by patients under the guidance of two physical culture graduates trained in their practice and control.

Before and after the application of the comprehensive AMORE therapy system, the Quality of Life scale: SF 36 was applied, establishing the values of each item and its final result.

### Quality of Life Evaluation Criteria

- Good people with a positive individual perception of life according to their values and culture; with minimal effects on their health condition and that does not affect their goals, expectations and interests and who report not presenting emotional alterations and who manifest an adequate level of satisfaction in the spheres of life, with social support.
- Regular people with a more or less adequate individual perception of life, according to their values and culture [13]. The effects of their health condition are evaluated as partial and interfere to some extent with their goals, expectations and interests, which are more or less valued in accordance with the possibilities. They present some emotional disturbances, they are somewhat dissatisfied with the spheres of life and the social support they receive is not enough.
- Bad when there is a negative individual perception of life according to values and culture; many effects on their health condition that affect their goals, expectations and interests, which in turn do not correspond to the person's possibilities. They manifest emotional disturbances and present a high level of dissatisfaction in spheres of life, and they do not have the necessary social support.

Descriptive statistics (distribution of absolute and relative frequencies) and measures of central tendency were applied: Mean and Mode. The data was recorded in tables.

### Ethical Procedures

All participants in the study were asked to give informed consent for their participation, as well as to keep the results of the research under their discretion as the property of the main researcher. The provisions of the Declaration of Helsinki for the Development of Research with Patients were taken into account.

### Results and Discussion

Age Groups	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
18 - 38	3	10.3	4	13.8	7	24.1
39 - 59	9	31	3	10.3	12	41.4
≥ 60	6	20.7	4	13.8	10	34.5
Total	18	62.1	11	37.9	29	100

**Table 1:** Distribution of patients with chronic kidney disease according to age and sex.

**Source:** Form.

As can be seen in Table 1, the average age of the patients treated was 51 years, with the male sex predominating with 31% within the age group included in the range of 39 to 59 years, this group that also predominated in both sexes, coinciding with those found by María Teresa and collaborators in their work: Epidemiological behavior in patients with terminal chronic kidney disease in Ecuador. So it is an aspect to take into account for early detection [14].

However, in another study carried out by Morales Ojeda and collaborators: Quality of Life in Hemodialyzed Patients of the Commune of Chillán Viejo, they do not coincide with our study, since the average age in this case was 60 years of age [2].

Personal Pathological History	Sex				Total	
	Male		Female			
	N	%	N	%	N	%
Without APP	-	-	-	-	-	-
With APP	18	62	11	37,9	29	100
Total	18	62	11	37,9	29	100

**Table 2:** Distribution of patients with personal pathological history according to sex.

**Source:** Form

In Table 2 it can be seen that all patients, 100%, had a personal pathological history directly related to the progress and development of the disease, an aspect that also coincides in their study with María Teresa et al., which is why it is required of their knowledge for the prevention of the appearance of this condition. [14]. On the other hand, the male sex was the most affected with 18 patients for 62%, coinciding with the studies by Morales Ojeda et al. in which they also found similar results [2].

Age Groups	Assessment of Quality of Life			
	Before Treatment		After Treatment	
	Male	Female	Male	Female
18 - 38	Regular	Regular	Good	Good
39 - 59	Regular	Regular	Good	Good
≥ 60	Regular	Regular	Good	Good

**Table 3:** Evaluation of Quality of life before and after applying AMORE therapy, according to age group.

**Source:** Form

As can be seen in Table 3, the Quality of life at the beginning of treatment was evaluated as Regular in the average of the patients treated; However, at the end of the therapies it can be seen that it was evaluated as Good. This demonstrates the effectiveness of these therapies in the patients treated. In this case, since there is no prior evidence for the use of this type of comprehensive therapy in other chronic conditions, it cannot be used as a comparison; however, most of the MNT procedures contribute favorably to the quality of life of the people who use them. They practice [6-10,12,13,15]. On the other hand, despite not agreeing on the use of the same treatment techniques, but on the same principles of developing a group of therapies applied in a comprehensive manner, Alejandra and collaborators in their study: Functional results of a program of pre-rehabilitation in elective colorectal cancer surgery, obtained excellent results. [11,12].

In a study by Pinillos and collaborators entitled: Physical activity and quality of life in people with chronic kidney disease, the authors show the results of the practice of physical exercises for patients with chronic kidney disease, however, no evidence is shown on a comprehensive program for their treatment [16]. On the other hand, different scientific investigations are shown where the results of the application of a comprehensive program for the treatment of different chronic diseases are shown [17-19].

Adverse reactions									
They did not present R.A.		Mild		Moderate		Severe		Total	
N	%	N	%	N	%	N	%	N	%
18	62,1	11	37,9	0	0	0	0	29	100

**Table 4:** Adverse reactions due to the treatment applied.

**Source:** Form

As can be seen in this table 4, only 11 patients for 37.9% showed mild adverse reactions, mainly related to the exercises performed, such as: mild joint pain, palpitation and post-exercise fatigue, without having to interrupt the therapies., thus justifying once again that MNT therapies are practically harmless in treated patients.

## Conclusion

- The male sex was the most prevalent, as well as the patients with PPA and the average age in the treated patients.
- Quality of life was evaluated as Good at the end of treatment and only mild adverse reactions were observed due to the treatment applied.

## Recommendations

Carry out this research in a comparative manner using the KDQOL Quality of Life scale, specific for patients with chronic kidney diseases.

## Conflict of Interest

There is no conflict of interest between the authors of the study.

## Author Contributions

**Conceptualization:** Oscar Eduardo Sánchez Valdeolla, Leonardo Curbelo Rodríguez.

**Data curation:** Lianyi Lugo Serrano, Pedro Antonio López Nerumberg.

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**Acquisition of funds:** No funds were acquired to carry out the study.

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## Statement

The results of this research and the opinion of its authors do not necessarily reflect the position of the Cuban Society of Nephrology or the National Group of the specialty.

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