IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A RETROSPECTIVE STUDY ON THE EFFICACY OF LYCOPODIUM CLAVATUM 200 CH AND EUCALYPTUS 30CH IN THE TREATMENT OF CHRONIC KIDNEY DISEASES

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Abstract: Chronic kidney disease (CKD) is the third fastest-growing cause of death around the world and is projected to become the fifth most common cause of years of life lost worldwide by 2040. With deterioration in renal function, this leads to the onset of CKD-related complications, such as uremia, anemia, and electrolyte disorders. These complications often manifest as symptoms ranging from pruritus, pain, and insomnia to muscle cramps. This in turn has negative implications on patients' quality of life. Despite medical breakthroughs and the advent of new therapies in the past decades, optimal treatments for some of the symptoms resulting from CKD-related complications remained unclear, possibly due to their complex pathophysiology. Thus, an effective treatment is indeed in case of managing chronic kidney disease where comes homoeopathy. The need of the study is to evaluate the efficacy of homoeopathic medicines lycopodium and eucalyptus in various potencies for chronic renal failure.

KEYWORDS: Anemia, Eucalyptus, Homoeopathy, Lycopodium, Renal failure

I. INTRODUCTION

Chronic kidney disease is defined by the presence of kidney damage or decreased kidney function for at least three months, irrespective of the cause.[1]Kidney damage generally refers to pathologic anomalies in the native or transplanted kidney, established via imaging, biopsy, or deduced from clinical markers like increased albuminuria—that is, albumin-to-creatinine ratio (ACR) >30 mg/g (3.4 mg/mMol)—or urinary sediment alterations; decreased kidney function refers to a reduced glomerular filtration rate (GFR), which is usually estimated (eGFR) from the serum concentration of creatinine.[2] Of note, 90% of adults with CKD do not know they have it and 1 in 2 people with very low kidney function who are not on dialysis are not aware of the fact that they have CKD.[3] Diabetes and hypertension are the major causes of CKD in adults: According to the CDC, 1 in 3 adults with diabetes and 1 in 5 adults with hypertension may have CKD.
According to the current CDC statistics, CKD is more common in people aged 65 years or older (38%) than in people aged 45-64 years (13%) or 18-44 years (7%), and is slightly more common in women (15%) than men (12%); moreover, African Americans are about 3 times more likely than whites to develop ESKD.[4] Various factors responsible for the development of CKD depend on an individual's genetic and phenotypic make-up, race, gender, age and family history. Moreover, smoking, obesity, hypertension and diabetes mellitus can also lead to kidney disease.[5]

Homoeopathy offers holistic care which includes homoeopathic medicine and consultation with each patient with a personalized approach. [6] Thus, an initiative is taken in this retrospective study to understand the effectiveness of homoeopathic medicines in management of chronic kidney failure.

Functions of kidney

The kidneys perform several important functions including excretion of waste products such as ammonia and urea, electrolyte regulation, and acid-base balance. They play a vital role in the control of blood pressure and the maintenance of intravascular volume via the renin-angiotensin-. They are responsible for the reabsorption of amino acids, electrolytes, calcium, phosphate, water, and glucose, as well as the secretion of the aldosterone system hormones calcitriol and erythropoietin. Excretion of nitrogenous waste. Elimination of exogenous molecules, for example, many drugs.[7]

Renal diseases

The term renal failure denotes the inability of the kidneys to perform excretory function leading to retention of nitrogenous waste products from the blood.
Acute and chronic renal failure are the two kinds of kidney failure.

Acute Kidney Injury

AKI is the syndrome in which glomerular filtration declines abruptly (hours to days) and is usually reversible.
According to the KDIGO criteria in 2012, AKI can be diagnosed with any one of the following:
(1) increased creatinine about 0.3 mg/dL in 48 hours
(2) increased creatinine 1.5 times from baseline within last 7 days
(3) urine volume less than 0.5 mL/kg per hour for 6 hours.[8]

Chronic kidney disease

Chronic kidney disease is defined as the presence of an abnormality in kidney structure or function persisting for more than 3 months.
This includes one or more of the following:
(1) GFR less than 60 mL/min/1.73 m2
(2) albuminuria (ie, urine albumin ≥30 mg per 24 hours or urine albumin-to-creatinine ratio [ACR] ≥30 mg/g)
(3) abnormalities in urine sediment, histology, or imaging suggestive of kidney damage
(4) renal tubular disorders
(5) history of kidney transplantation.[9]

Staging of CKD

In 2012 KDIGO CKD classification recommends details about the cause of the CKD and classifies it into 6 categories based on glomerular filtration rate (G1 to G5 with G3 split into 3a and 3b).
It also includes the staging based on three levels of albuminuria (A1, A2, and A3), with each stage of CKD being sub-categorized according to the urinary albumin-creatinine ratio in (mg/gm) or (mg/mmol) in an early morning "spot" urine sample.
The 6 categories include:
G1: GFR 90 ml/min per 1.73 m^2 and above
G2: GFR 60 to 89 ml/min per 1.73 m^2
G3a: GFR 45 to 59 ml/min per 1.73 m^2
G3b: GFR 30 to 44 ml/min per 1.73 m^2
G4: GFR 15 to 29 ml/min per 1.73 m^2
G5: GFR less than 15 ml/min per 1.73 m^2 or treatment by dialysis
The three levels of albuminuria include an albumin-creatinine ratio (ACR)
A1: ACR less than 30 mg/gm (less than 3.4 mg/mmol)
A2: ACR 30 to 299 mg/gm (3.4 to 34 mg/mmol)
A3: ACR greater than 300 mg/gm (greater than 34 mg/mmol).[10]

II .RESEARCH METHODOLOGY

STUDY SETTING:
The clinical research took place in Sarada Krishna Homoeopathic Medical College and Hospital in Kulasekharam, Kanyakumari district, Tamilnadu.

SELECTION OF SAMPLE:
Sample size- 10
Selection technique – Purposive sampling

SOURCE OF DATA:
Cases of chronic kidney diseases treated with lycopodium and eucalyptus were identified from medical records department of Sarada Krishna Homoeopathic Medical College & Hospital, further secondary data from the case records were retrieved for study
.
SELECTION OF TOOL:
The cases were taken as per the standardized case record format of SKHMC hospital.

ELIGIBILITY CRITERIA:
INCLUSION CRITERIA:
AGE: Patients between 20 to 80 years.
Diagnosed with CKD.
Cases with increased creatinine and urea.
Patient not undergone hemodialysis
EXCLUSION CRITERIA:
AGE: below 20 years and above 80
Patient undergone hemodialysis.
Patient with bleeding disorders.
Patient with history of malignancy
.
STUDY DESIGN: RETROSPECTIVE STUDY
The clinical study was made in order to understand the effectiveness of homoeopathic medicine in chronic kidney diseases.10 cases diagnosed with CKD were collected from the out-patient department of Sarada Krishna Homoeopathic medical college and hospital. The CKD cases treated with lycopodium and eucalyptus was taken and study was made.

BRIEF OF PROCEDURE

10 cases diagnosed with CKD treated with lycopodium and eucalyptus were selected for study from the out – patient department of Sarada Krishna Homoeopathic Medical College and hospital. The progression of case after prescription of medicine is analyzed by improvement in the symptoms and through investigation

.

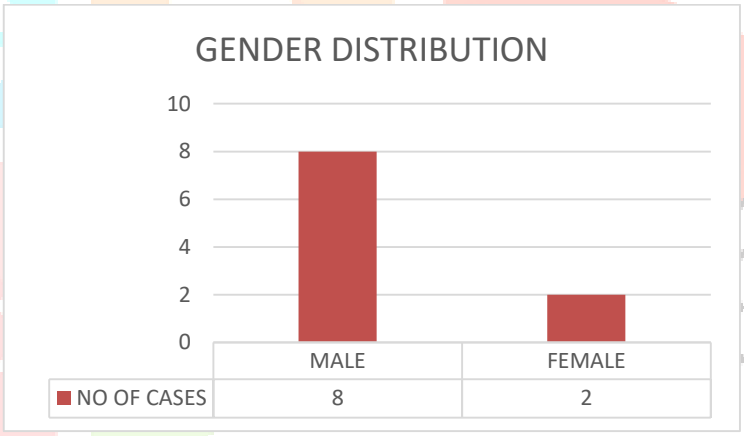
III. RESULTS AND DISCUSSION

TABLE 1 - distribution of cases according to age:

AGE RANGE	NO.OF. CASES	PERCENTAGE
30 - 40	1	10%
40 - 50	3	30%
50 - 60	1	10%
60 - 70	1	10%
70 - 80	4	40%

Among 10 cases the incidence is found to be maximum among 70 – 80 years followed by 40 – 50 years in the study group.

GRAPH - 1 gender distribution of cases:



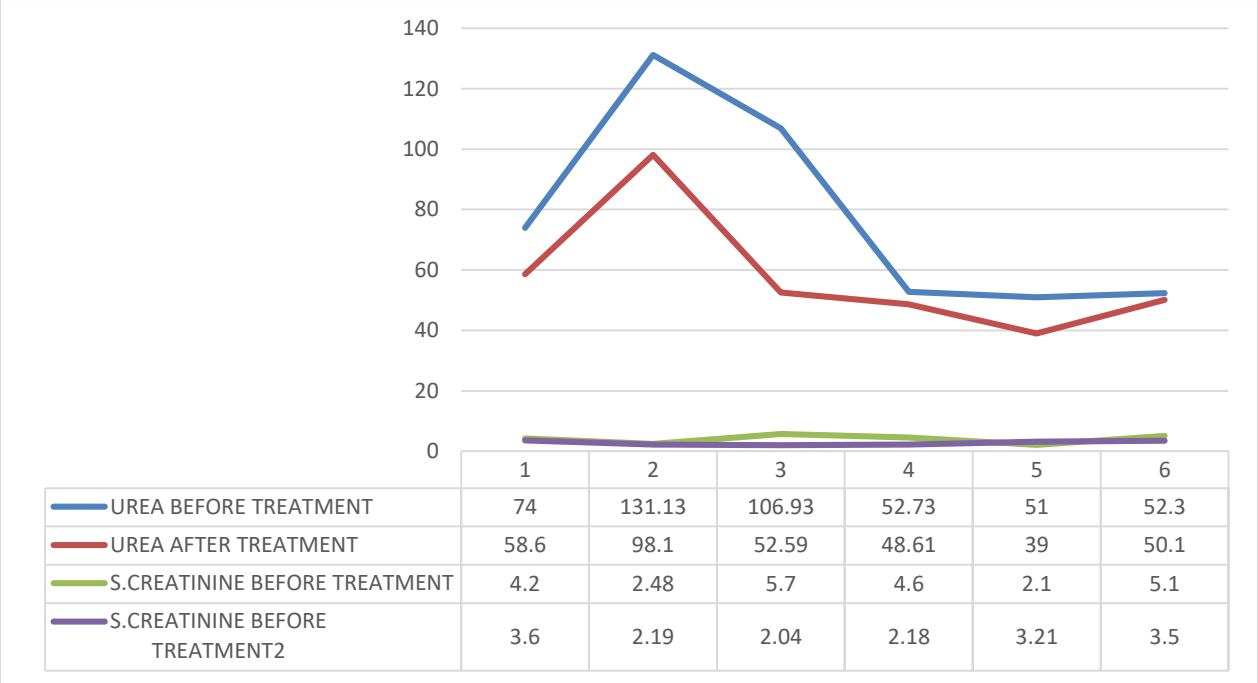
Among the study group the distribution of disease was found to be more among the males.

TABLE 2 - distribution of symptoms:

SYMPTOMS	NO OF PATIENT	PERCENTAGE
PITTING EDEMA - BILATERAL	5	50%
ABDOMINAL DISCOMFORT	6	60%
URINARY C/O	3	30%
ITCHING	3	30%

Most of the patients in the study group had incidence of abdominal discomfort as the common symptom (60%) followed by bilateral pitting edema (50%).

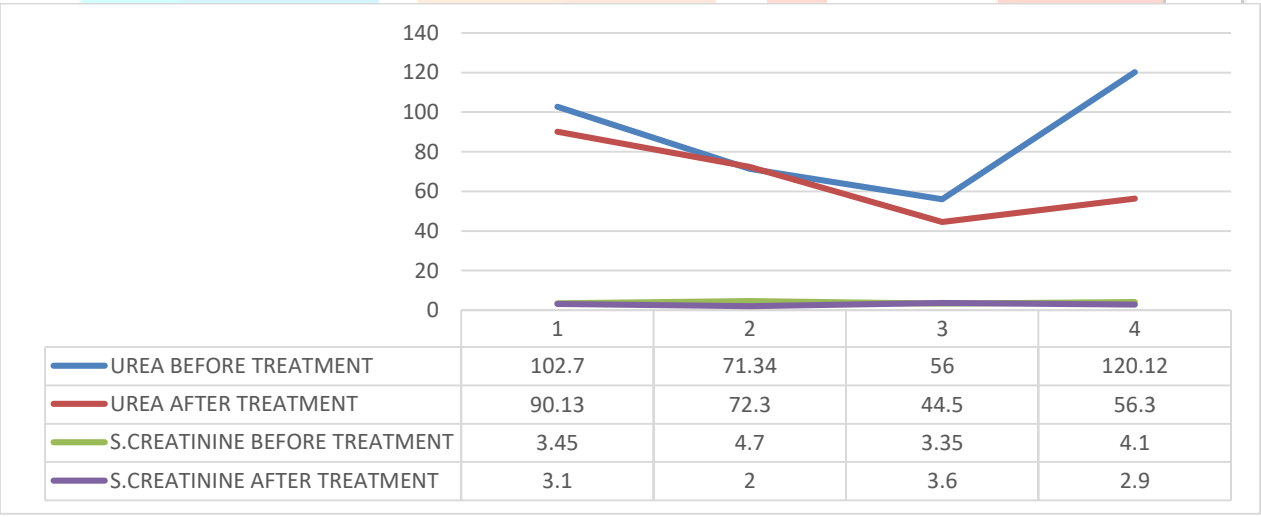
GRAPH - .2 comparison of urea and creatinine before and after treatment with lycopodium 200:



	1	2	3	4	5	6
UREA BEFORE TREATMENT	74	131.13	106.93	52.73	51	52.3
UREA AFTER TREATMENT	58.6	98.1	52.59	48.61	39	50.1
S.CREATININE BEFORE TREATMENT	4.2	2.48	5.7	4.6	2.1	5.1
S.CREATININE BEFORE TREATMENT2	3.6	2.19	2.04	2.18	3.21	3.5

The graphical representation shows that comparison of levels of urea and creatinine before and after treatment with lycopodium 200 of which the downstroke indicates decrease in level of urea and creatinine after treatment.

GRAPH 3 - comparison of urea and creatinine before and after treatment with eucalyptus 30:



	1	2	3	4
UREA BEFORE TREATMENT	102.7	71.34	56	120.12
UREA AFTER TREATMENT	90.13	72.3	44.5	56.3
S.CREATININE BEFORE TREATMENT	3.45	4.7	3.35	4.1
S.CREATININE AFTER TREATMENT	3.1	2	3.6	2.9

The graphical representation shows that comparison of levels of urea and creatinine before and after treatment with eucalyptus 30 of which there is upstroke and downstroke indicates increase and decrease in level of urea and creatinine after treatment.

DISCUSSION

Worldwide, CKD accounted for 2,968,600 (1%) of disability-adjusted life-years and 2,546,700 (1% to 3%) of life-years lost in 2012.10 cases satisfying the inclusion and exclusion criteria and diagnosed with CKD treated with lycopodium 200 and eucalyptus 30 were taken from SKHMC hospital and considered for retrospective study. Among 10 cases the incidence is found to be maximum among 70 – 80 years followed by 40 – 50 years in the study group and the distribution of disease was found to be more among the males. Most of the patients in the study group had incidence of abdominal discomfort as the common symptom (60%) followed by bilateral pitting edema (50%). In few studies, homoeopathic medicines, as an add-on therapy to

standard care, can play a key role in preventing or controlling early progression of CKD, improving a patient's quality of life and survival time.[16] From the above conducted retrospective study it is evident that the homoeopathic medicine lycopodium 200 and eucalyptus 30 decreases the consequences of CKD and also promotes the quality of life.

CONCLUSION

From the above study it is clear that the positive effects of homoeopathic medicines lycopodium 200 and eucalyptus 30 clearly reducing serum creatinine during the treatment of CKD patients. Among 10 cases 6 treated with lycopodium 200 and 4 with eucalyptus 30 out of lycopodium showed more improvement compared to eucalyptus. Further study needs to be conducted with large sample size to conclude the effectiveness and regular follow ups must be maintained.

IV ACKNOWLEDGMENT

I sincerely thank my guide, **Dr. N.V. Sugathan**, for his invaluable guidance, and **Dr.Harisankar**, Professor, for his support and encouragement. My gratitude extends to **Dr. Nagasuvedha.**, helped me a lot in this study A heartfelt thanks to **Dr. Shruthi Murugesan**, whose love and unwavering support have been my strength, and to my dear friends, whose encouragement has been invaluable throughout this journey.
Thank you all for making this accomplishment possible

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