Homoeopathy in the management of chronic kidney disease – A narrative review

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Abstract
Background: 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.

Objective: This review was done to explore the strengths of homoeopathy in the management of CKD through pre-clinical, clinical and anecdotal evidence.

Methods: A search was made for homoeopathic management of CKD in PubMed, Central Council for Research in Homoeopathy e-library, AYUSH Research Portal, EMBASE and Google Scholar. The basic search terms included ‘Homoeopathy’ or ‘homoeopathic drugs’, ‘ESRD’, ‘CRF’, ‘CKD’ and ‘Bright’s disease’. No rigid inclusion criteria was kept due to the paucity of literature on this subject concerning homoeopathy; hence, all studies were included in this review. Further, literature review, through homoeopathic repertories, was also conducted for the anecdotal evidence of frequently used homoeopathic drugs used in the management of CKD.

Results: Through an online search, 11 studies were found related to the subject which included two randomised controlled trials (RCTs), eight case series/case reports and one pre-clinical study. Two RCTs focussed on symptoms/signs due to CKD such as pruritus, asthenia, lethargy and headache with positive effects. The evidence generated through case series/reports, though useful for hypothesis-generating studies, was found to have poor reporting quality.

Conclusion: At present, the available evidence towards the benefits of homoeopathy in CKD is weak. Further well-designed studies are warranted.

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Homoeopathy in the management of chronic kidney disease – A narrative review

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Abstract

**Background:** 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. **Objective:** This review was done to explore the strengths of homoeopathy in the management of CKD through pre-clinical, clinical and anecdotal evidence. **Methods:** A search was made for homoeopathic management of CKD in PubMed, Central Council for Research in Homoeopathy e-library, AYUSH Research Portal, EMBASE and Google Scholar. The basic search terms included ‘Homoeopathy’ or ‘homoeopathic drugs’, ‘ESRD’, ‘CRF’, ‘CKD’ and ‘Bright’s disease’. No rigid inclusion criteria was kept due to the paucity of literature on this subject concerning homoeopathy; hence, all studies were included in this review. Further, literature review, through homoeopathic repertories, was also conducted for the anecdotal evidence of frequently used homoeopathic drugs used in the management of CKD. **Results:** Through an online search, 11 studies were found related to the subject which included two randomised controlled trials (RCTs), eight case series/case reports and one pre-clinical study. Two RCTs focussed on symptoms/signs due to CKD such as pruritus, asthenia, lethargy and headache with positive effects. The evidence generated through case series/reports, though useful for hypothesis-generating studies, was found to have poor reporting quality. **Conclusion:** At present, the available evidence towards the benefits of homoeopathy in CKD is weak. Further well-designed studies are warranted.

**Keywords:** Chronic kidney disease, Homoeopathy, Review

Introduction

Chronic kidney disease (CKD) is becoming common in the general adult population with approximately 700 million people having this condition worldwide. It is the third fastest-growing cause of death around the world and is projected to become the 5th most common cause of years of life lost by 2040.¹ The global burden of CKD is estimated as 13.4%, which has increased over time. The screening and early evaluation of kidney disease study assessing epidemiology and risk factors of CKD in India observed the overall prevalence of CKD to be 17.2%.² 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. An uncontrolled diabetic and/or hypertensive patient can easily and quickly progress to an end-stage kidney disease patient. Environmental pollutants, including metals (arsenic, cadmium, lead and mercury), air pollutants, phthalate and melamine, are also responsible for the development of CKD.³ Numerous drugs used in the management and treatment of multiple diseases, including hypertension, diabetes and other pathologies, are nephrotoxic which can elicit damage to the kidney in its structure and function.

The morbid condition of the disease and treatment affects the patient’s sense of subjective well-being, psychological, social, sexual and cognitive functioning; satisfaction with care; financial status and spiritual well-being.⁴ Moreover, dialysis does not mitigate all the symptoms or complications of kidney failure. Supportive care is likely to be needed at some stage of the disease. Because of the advanced pathological
changes in the kidney, the complete treatment is restricted. The management options for delaying the progress of CKD include strict blood pressure control, reduction of proteinuria, restricted sodium, potassium, phosphate intake and continuity of physical activity.[5,6]

Homoeopathy offers holistic care which includes homoeopathic medicine and consultation with each patient with a personalised approach.[7] Homoeopathy treats the patients as a whole and cures the disease in the shortest, most reliable and most harmless way. This system is known to have variable success in long-term chronic conditions with little effect.[8] This narrative review reports the existing evidence/strength (pre-clinical, clinical and anecdotal) of homoeopathy in the management of CKD and also enlists related rubrics mentioned in different homoeopathic repertories.

**Methods**

**Search strategy**

A comprehensive search was carried out on the role of homoeopathic medicine(s) in the management of CKD through different online platforms such as the National Library of Medicine (PubMed), Cochrane database, CCRH e-Library, Google Scholar, AYUSH research portal and EMBASE. Non-peer-reviewed publications were also searched manually. Cross-references were also referred to complete the search.

**Search terms**

The search terms used were ‘Homoeopathy’, ‘Homoeopathic drug’, ‘CKD’, ‘Chronic Renal Disease’, Chronic Renal Failure’ and ‘End-Stage Renal Disease’. Different homoeopathic repertories were searched for rubrics like pathognomic disease of CKD, i.e. ‘bright’s disease’, ‘Kidney inflammation’, ‘Renal Failure’ for preparing a list of homoeopathic medicines that are mentioned in the homoeopathic literature.

**Filtering and selection of studies**

All types of studies have been searched including pre-clinical, clinical, randomised controlled trial (RCT), observational studies, case series and case reports. Potential research articles were noted for retrieval and data was extracted on a predefined format which included author, year, study design, sample size, outcome parameters, medicine prescribed/interventions, results, duration of follow up and remarks. The preclinical studies (Animal research) are also included for information.

**Results**

Overall, 11 studies were found to be relevant in these search categories which are further categorised as: Two RCTs, eight case series/report and one pre-clinical study. These studies are presented in Table 1.

**Summary of studies**

Saruggi *et al.* reported a RCT with crossover study design of a homoeopathic preparation *China rubra* in 35 patients. [9] The study reported significant changes compared with placebo in clinical symptoms such as asthenia, lethargy and headache.

Cavalcani and colleagues reported another RCT with two parallel arms conducted on 20 patients who were on dialysis and included patients with pruritus post-dialysis.[10] These patients were given homoeopathic medicine and a placebo in a parallel arm study design along with standard care for both the groups. Homoeopathic medicines were prescribed adhering to homoeopathic principles and individualisation. The study revealed a statistically significant reduction in pruritus symptoms.

Three case series and five case reports have reported the clinical benefit of homoeopathic medicines in the management of CKD patients.[11-18] In these cases, the homoeopathic medicines were prescribed based on individualisation customised to each patient, and in conclusion, each case reflected positive outcomes of treatment. However, these are not reported systematically and completely covering every aspect as per the case reporting guidelines.

A pre-clinical study gives insight into a medicine *Convallaria majalis* showing changes in the uremic level.[19]

**Search of homoeopathic medicines through repertorial approach**

Homoeopathic repertory is a unique tool that indexes the symptoms systematically for easy finding of remedies. Different repertories, including those especially designed for clinical conditions, were referred. In homoeopathic repertories and Materia Medica, the term Bright’s disease was taken as synonymous to CKD due to lack of terminology specific to CKD. Bright’s disease was characterised by swelling and the presence of albumin in the urine and was frequently accompanied by high blood pressure and heart disease.[20] The chart view of different repertories was done using Radar 10 software[21] and other individual repertories. The name of the repertory and the corresponding chapter with rubric and number of drugs mentioned are given in Table 2. The prominent first grade medicines mentioned from different repertories are: *Apis mellifica*, *Arnica montana*, *Aurum metallicum*, *Belladonna*, *Benzoi acid*, *Bismuth*, *Cantharis*, *Colchicum autumnale*, *Glouomin*, *Hepar sulphur*, *Kali chloricium*, *Lycopodium*, *Mercurius corrosivus*, *Natrum muriaticum*, *Nitric acidum*, *Nux vomica*, *Ocimum canum*, *Plumbum metallicum*, *Pulsatilla*, *Sulphur*, *Tarentula* and *Zincum metallicum*. 
### Table 1: Studies considered in this review

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Study design</th>
<th>Sample size</th>
<th>Outcome parameters</th>
<th>Medicine prescribed/ intervention</th>
<th>Results</th>
<th>Duration of follow-up</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saruggia et al., 1992[9]</td>
<td>RCT-crossover study</td>
<td>35</td>
<td>Symptoms questionnaire on nausea, vomiting, headache, lethargy, asthenia and muscle cramp</td>
<td>China rubra plus HD</td>
<td>Effective on symptoms: Asthenia, lethargic and headache</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>Cavalcanti et al., 2003[10]</td>
<td>RCT</td>
<td>20 (IH: 11, Placebo: 09)</td>
<td>Pruritus</td>
<td>SC plus Constitutional medicine (30 CH and 200) plus ‘Local’ and ‘drainage’ medicines (six CH potency) Nosodes were prescribed in 30 CH and 200 CH potency. Calcarea phosphorica was the most frequent used medicine.</td>
<td>Mean pruritus score (entry): Hom. - 65±25, Pl- 70±27. After almost 60 days, pruritis score was Hom. - 38±33 and Pl - 57±39. Reduction was statistically significant (P&lt;0.05). Homoeopathic treatment reduced the pruritus score by 49%</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>Dandoti et al., 2021[12]</td>
<td>Case series</td>
<td>3</td>
<td>KDQOL SF version 1.3</td>
<td>SC plus Constitutional homoeopathic medicine</td>
<td>The QOL, especially in the areas of sleep, pain, cognitive functioning, emotional well-being and social functioning, improved</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Rasel et al., 2020[11]</td>
<td>Case series</td>
<td>4</td>
<td>Serum creatinine</td>
<td>Lycopodium clavatum, Apis mellifica, Apocynum cannabinum, Aurum mariaticum, Cantharis, Sarsaparilla, Glonoin, Serum anguillae and Berberis vulgaris</td>
<td>Reduction in serum creatinine within a month. Patients were free from dialysis</td>
<td>7 months</td>
<td></td>
</tr>
<tr>
<td>Mahesh et al., 2019[13]</td>
<td>Case report</td>
<td>1</td>
<td>Serum creatinine</td>
<td>SC plus Sulphur, Carcinosinum and Ammonium gummi</td>
<td>There were significant changes in serum creatinine and relevant symptoms were reduced. The immunosuppressives were stopped soon after initiation of homoeopathic medicine and steroids were stopped after a month.</td>
<td>20 months</td>
<td></td>
</tr>
<tr>
<td>Dave et al., 2020[14]</td>
<td>Case series</td>
<td>3</td>
<td>NA</td>
<td>Cuprum ars, Merc vivus, Eel Serum, Phosphorus, Merc cor. in decimal and centesimal potency. Alalfa Q, Oxinum e Q, Rauwolfia Q, Eucalyptus Q (not undergoing dialysis)</td>
<td>The case of syphilitic miasm was palliated Psoro-syphilitic miasm-reverted Sycosyphilitic miasm could be maintained at the same pathological level as reported earlier.</td>
<td>6 months–7 years</td>
<td></td>
</tr>
<tr>
<td>Dhingreja, 2016[15]</td>
<td>Case report</td>
<td>1</td>
<td>Routine urine investigations</td>
<td>Phosphoric acid 200</td>
<td>The Chyluria cleared after 1 and ½ months of treatment without any side effects or trouble to the patient.</td>
<td>4 months</td>
<td></td>
</tr>
</tbody>
</table>

(Contd...)
Discussion

This narrative review summarized the current evidence of homoeopathic intervention for managing patients suffering from CKD, and on their daily living. Though it is difficult to interpret the evidence on the benefit of homoeopathy in CKD, it has shown positive directions for future research.

The homoeopathic medicine for CKD is selected after an individualised examination and case analysis, which includes the medical history of the patient’s physical and mental condition. A miasmatic tendency is also often considered for the treatment of CKD. Considering the end-stage renal disease, it is essentially syco-syphilitic in nature due to the nature of the symptoms.
However, the developmental stage of renal failure involves different pathological changes; the miasmatic preponderance is decided as per these changes at that particular stage.\[25\]

In these 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. Nonetheless, rigorous, well-designed studies are warranted in this condition, like the ones for cancer research, focusing on quality of life and survival time.\[26,27\]

Cavalcanti et al.’s study is limited to uremic pruritus, which is one of the consequences of CKD.\[10\] The effect of a single drug China rubra with a crossover design limits the vast armamentarium of homoeopathic medicines mentioned in its repertories.\[28-30\] In the case reports, the prescriptions were based solely on symptomatic and miasmatic backgrounds, and the details of the prescription were not correctly documented to determine the name, potency and posology of the medicines, as well as no rigid improvement criteria(s) were mentioned in these case studies. The positive outcome was not elaborated with respect to frequency of dialysis or specific symptoms. A few case studies reported improvement in terms of reduction in serum creatinine level, pruritus score and quality of life. The reporting of single cases/case series should be strengthened by following published guidelines.\[31,32\]

Despite the wealth of data supporting the role of homoeopathy in the treatment of CKD, there are certain limitations to treatment. Future research should focus on pragmatic RCTs which capture real-time practice following a multimodal approach,\[^{[33-36]}\] along with symptomatic treatment of CKD with homoeopathy as a stand alone or as an add-on to standard care. The repertories of recent origin, and those that are a combination of various repertories, need further verification for the rubrics and their medicines included against the rubrics. This review reflects the paucity of studies showing the role of homoeopathy in CKD.

**Conclusion**

A comprehensive search demonstrates that the evidence on the benefit of add-on homoeopathy in CKD is limited and weak. Based on this review, it is not possible to draw firm conclusions, though positive leads favouring use of homoeopathy are available. Further well-designed studies are warranted.

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**Conflicts of interest**

None declared.

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L’homéopathie en tant que thérapie complémentaire dans la gestion de la maladie rénale chronique - Une revue narrative.


Homéopathie als Zusatztherapie bei der Behandlung von chronischen Nierenerkrankungen - Eine Übersichtsarbeit


क्रॉनिक गुर्दे की बीमारी के लक्षणों को रोकने में अतिरिक्त उपचार के तौर पर होम्योपैथी - एक विवरणात्मक समीक्षा

परिणाम: क्रॉनिक गुर्दे की बीमारी (सीके डी) विश्व भर में होने वाली मौतों का तीसरा सबसे तेजी से बढ़ता हुआ कारण है और यह अनुमानित है कि 2040 तक विश्वभर में होने वाली मौतें का पूर्वाधार प्रमुख कारण बन सकता है। विषय सारांश: यह समीक्षा सीके डी के लक्षणों को निदान-पूर्व, लक्षणों के उभरने पर तथा बीमारी को पूर्व निदान के लिए उपचार के लिए निदान-पूर्व लक्षणों को जाने और उनके साथ इलाज लगाने का उपाय साबित हो सकता है। सामग्री एवं विधि: सीके डी के लक्षणों की रोकथाम हेतु पब्लरेड, क्रॉनिक होमोपैथी अनुसंधान परिषद् ई, पुस्तकालय, आयूष संसाधन पोर्टल, एमबेस तथा गूगल स्कॉर्नर में सब के साथ इसे गठित किया गया। सब से मूल शब्द में होमोपैथी या होमोपैथी दवाएं, ईसे आर्डी, सीआरएफ, सीके डी का जुड़वां रोग शामिल थे। होमोपैथी के यह इलाज सर्वसाधारण समाज का अभ्यास होने के बजाए, क्योंकि इसमें अनुकूल अंतिम किया गया था। इसके साथ-साथ, सीके डी के लक्षण पर सर्वसाधारण रूप से काफी अद्वितीय अंतिम नहीं अपनाया गया था। इसके अतिरिक्त, सीके डी के लक्षण को रोकने में बार-बार सर्वाधिक मौजूद होने वाली होमोपैथी दवाओं के विशाल साधन का उपयोग करने हेतु होमोपैथी प्रदर्शनी का माध्यम से, एक साहित्यिक समीक्षा की गई। परिणाम: एक ऑनलाइन सर्क द्वारा, इस विषय के संदर्भ में 11 अध्ययन पाए गए थे जिसमें दो यादृच्छिक नियंत्रित परिक्षण (आर्सीटी), अठारह मामला शुद्धावर्ती-मामला रिपोर्टिंग तथा एक निदान-पूर्व अध्ययन था। दो आर्सीटी, सीके डी के लक्षण पर सर्वाधिक प्रभावी के साथ केवल जैसे जानिए, कमजोरी महसूस होना, तंगता एवं उड़दिए। मामला शुद्धावर्ती-रिपोर्टिंग के माध्यम से पाए गए थे। साथ ही, यह परिक्षन-पैदा करने वाले अध्ययनों के लिए पूर्वाधार प्रतिष्ठा था। निकाय: मौजूदा समय में, होमोपैथी की सीके डी में अतिरिक्त उपयोगिता का साबित वाले साधनों की उपलब्धता बेहद कम है। इस संदर्भ में, ज्यादा बेहतर तरीके से किए गए अध्ययन अपेक्षित हैं।
La homeopatía como terapia complementaria en el tratamiento de la enfermedad renal crónica – una revisión narrativa

Antecedentes: La enfermedad renal crónica (ERC) es la tercera causa de muerte de más rápido crecimiento en todo el mundo y se proyecta que se convierta en la quinta causa más común de años de vida perdidos en todo el mundo para 2040. **Objetivo:** Esta revisión se realizó para explorar los puntos fuertes de la homeopatía en el tratamiento de la ERC mediante pruebas preclínicas, clínicas y anecdóticas. **Métodos:** Se realizó una búsqueda para el manejo homeopático de la ERC en PubMed, el Consejo Central para la Investigación en Homeopatía e-library, el Portal de Investigación AYUSH, EMBASE y Google Scholar. Los términos básicos de búsqueda incluyeron «homeopatía» o «fármacos homeopáticos», «ESRD», «CRF», «CKD» y «enfermedad de Bright». No se mantuvieron criterios de inclusión rígidos debido a la escasez de literatura sobre este tema en relación con la homeopatía; por lo tanto, todos los estudios se incluyeron en esta revisión. Además, se realizó una revisión de la literatura, a través de repertorios homeopáticos, para explorar la evidencia anecdótica de fármacos homeopáticos frecuentemente utilizados en el manejo de la ERC. **Resultados:** A través de una búsqueda en línea, se encontraron 11 estudios relacionados con el sujeto que incluyeron dos ensayos controlados aleatorios (ECA), ocho series de casos/informes de casos y un estudio preclínico. Dos ECA se centraron en los síntomas/signos debidos a ERC como prurito, astenia, letargo y cefalea con efectos positivos. La evidencia generada a través de series/informes de casos, aunque útil para estudios generadores de hipótesis, se encontró que tenía una mala calidad en la presentación de informes. **Conclusión:** En la actualidad, la evidencia disponible sobre los beneficios añadidos de la homeopatía en la ERC es débil. Se justifica la realización de estudios bien diseñados adicionales.