

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 repertoires, 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

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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.

Cavalcanti 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*, *Benzoic acid*, *Bismuth*, *Cantharis*, *Colchicum autumnale*, *Glonoinum*, *Hepar sulphur*, *Kali chloricum*, *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

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

(Contd...)

Table 1: (Continued)

Author, year	Study design	Sample size	Outcome parameters	Medicine prescribed/ intervention	Results	Duration of follow-up	Remarks
Kumar et al., 2020 ^[17]	Case report	1	Serum creatinine, blood sugar levels (fasting and PP) and blood pressure	<i>Lycopodium</i> 200	The patient feels better. Generals are good. No new complaints. Blood sugar levels, serum creatinine level and blood pressure were reduced.	2 months	Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.
Pal et al., 2019 ^[18]	Case report	1	USG of whole abdomen, clinical signs and symptoms	<i>Pulsatilla</i> in LM potency starting with 0/1	Patient became asymptomatic and all evident pathological conditions disappeared (through repeated ultrasonography).	6 months	Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.
Basu, 2020 ^[16]	Case report	1	USG, LFT, KFT, CBC, clinical signs and symptoms	SC plus <i>Antimonium crudum</i> was given in LM potency	After 2 years of treatment, there was a reduction in the size of the mass. The urea, creatinine and haemoglobin percentage were normal with normal blood pressure. Conventional surgery, radiotherapy, chemotherapy or immunotherapy were not required	2 years	Intervention is not properly described in this article as it should follow the prescribed guidelines for case reports or case series writing.
Lateef et al., 2010 ^[19]	Pre-clinical	NA	Serum uric acid and creatinine	<i>Convallaria Majalis</i>	There was a significant difference in the decrease of uric acid and creatinine	NA	

HD:Haemodialysis; SC:Standard care.

Table 2: Rubrics in different repertories with number of medicines

Name of repertory	Chapter – rubric	Number of medicines listed
Synthesis repertory ^[21,29]	Kidney - Inflammation	225
	Kidneys - Renal failure	73
	Kidneys - Polycystic kidneys	3
Murphy repertory ^[21,28]	Kidney - Bright's disease	89
	Kidneys - Inflammation	201
Phatak's repertory ^[21]	Kidney - Inflammation	23
BTPB ^[21]	Parts of body and organ - Abdomen internal - Kidney	24
Boericke repertory ^[21,30]	Urinary system - Kidney - Degeneration acute	15
	amyloid, fatty	
Boger Boenninghausen's characteristic repertory ^[21]	Urinary organs - Kidney - Inflammation	13
Complete repertory ^[21]	Kidneys - Congestion - General - Chronic, passive, from heart or kidney disease	12

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.^[22-24] Considering the end-stage renal disease, it is essentially syco-syphilitic in nature due to the nature of the symptoms.

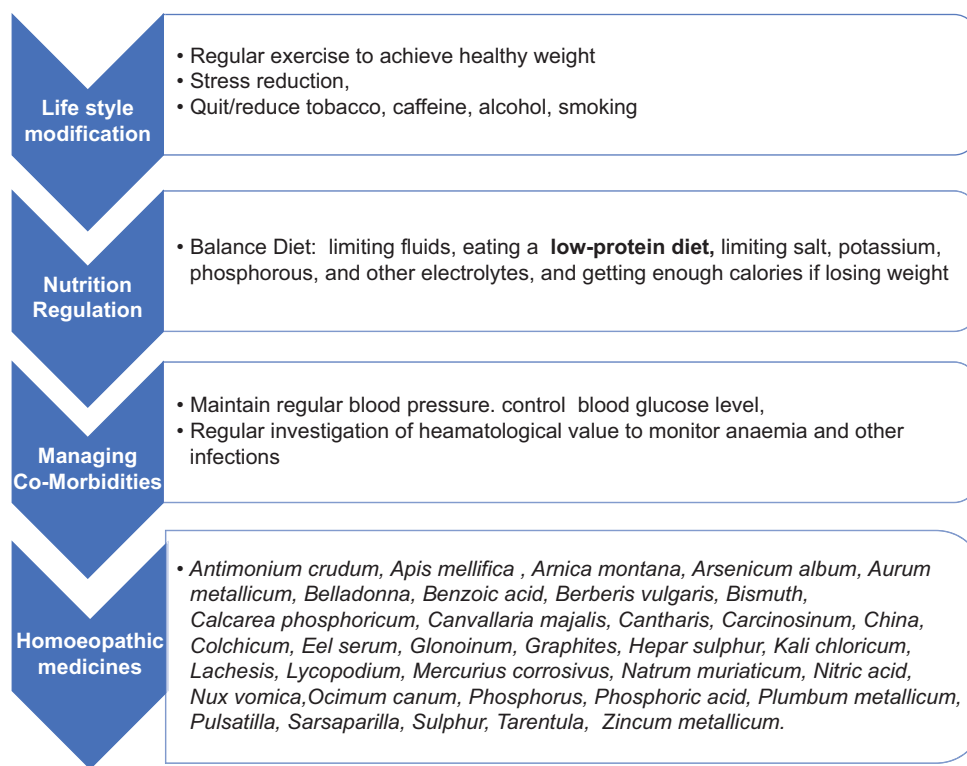


Figure 1: Multimodal approach for chronic kidney disease

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]

[Figure 1] 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.

REFERENCES

1. Li PK, Garcia-Garcia G, Lui SF, Andreoli S, Fung WW, Hradsky A, *et al.* Kidney health for everyone everywhere—from prevention to detection and equitable access to care. *Braz J Med Biol Res* 2020;53:e9614.
2. Singh AK, Farag YM, Mittal BV, Subramanian KK, Reddy SR, Acharya VN, *et al.* Epidemiology and risk factors of chronic kidney disease in India—results from the SEEK (screening and early evaluation of kidney disease) study. *BMC Nephrol* 2013;14:114.
3. Tsai HJ, Wu PY, Huang JC, Chen SC. Environmental pollution and chronic kidney disease. *Int J Med Sci* 2021;18:1121-29.
4. Metzger M, Abdel-Rahman EM, Boykin H, Song MK. A narrative

- review of management strategies for common symptoms in advanced CKD. *Kidney Int Rep* 2021;6:894-904.
5. Ruggenenti P, Schieppati A, Remuzzi G. Progression, remission, regression of chronic renal diseases. *Lancet* 2001;357:1601-8.
 6. Work group membership. *Kidney Int Suppl* 2013;3:3.
 7. Relton C, O’Cathain A, Thomas KJ. “Homeopathy”: Untangling the debate. *Homeopathy* 2008;97:152-5.
 8. Mathie RT, Ulbrich-Zurni S, Viksveen P, Roberts ER, Baitson ES, Legg LA, *et al.* Systematic review and meta-analysis of randomised, other-than-placebo controlled, trials of individualised homeopathic treatment. *Homeopathy* 2018;107:229-43.
 9. Saruggia M, Corghi E. Effects of homeopathic dilutions of *China rubra* on intradialytic symptomatology in patients treated with chronic haemodialysis. *Br Homeopath J* 1992;81:86-8.
 10. Cavalcanti AM, Racha LM, Carilla R, Lima LU, Lugon JR. Effects of homeopathic treatment on pruritus of haemodialysis patients: A randomised placebo-controlled double-blind trial. *Homeopathy* 2003;92:177-81.
 11. Rasel NE, Alam MS, Zahan MA, Hossain MS. Serum creatinine can be reduced by applying homeopathic medicines according to the symptom similarity: Case study analysis of chronic kidney disease (CKD). *J Complement Altern Med Res* 2020;12:1-10.
 12. Dandoti MH, Kapse AR. The scope of homoeopathy in improving the quality of life in patients with end-stage renal disease: A case series. *J Integr Stand Homoeopath* 2021;4:4-11.
 13. Mahesh S, Jaggi L, Jaggi A, Tsintzas D, Vithoulkas G. Individualised homeopathic therapy in ANCA negative rapidly progressive necrotising crescentic glomerulonephritis with severe renal insufficiency-a case report. *J Med Life* 2019;12:49-55.
 14. Dave PC. Understanding the role of miasms in recovery through the study of three cases of chronic renal failure : A retrospective purposive case study. *Natl J Integr Res Med* 2020;11:72-6.
 15. Dhingreja J. A case of chyluria resulting from a chylo-lymphatic malformation of kidney cured with homoeopathic medicine: A case report. *Int J Cur Res Rev* 2016;8:14-6.
 16. Basu N. Homoeopathic treatment leading to a unique response in a patient with renal cell carcinoma. *Integr Med Case Rep* 2020;1:19-22.
 17. Senthil Kumar J, Aarathi A, Vaishnavi S, Aarathi A. A case of diabetic nephropathy in complete repertory. *Int J Homoeopath Sci* 2020;4:109-13.
 18. Pal PP, Mahato J. Homoeopathic treatment of combined pathology of kidney and ovarian cyst with bulky uterus. *World J Pharm Res* 2019;8:897-904.
 19. Lateef T, Rukesh H, Faiza B, Azmi MB, Qureshi SA. Effect of *Convallaria majalis* on kidney function. *J Dow Univ Health Sci Karachi* 2021;4:94-7.
 20. Cameron JS. Bright’s disease today: The pathogenesis and treatment of glomerulonephritis. *Br Med J* 1972;4:217-20.
 21. RadarOpus The Synthesis App. Available from: <https://www.radaropus.com/products/apps/synthesis-app> [Last accessed on 2021 Sep 15].
 22. Roberts HA. *The Principles and Art of Cure by Homoeopathy*. New Delhi: B Jain Publishers; 2008. p. 7-285.
 23. Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: B Jain Publishers (Pvt) Ltd.; 2010. p. 419-70.
 24. Ortega PS. *Notes on Miasm*. New Delhi: National Homoeopathic Pharmacy; 1980. p. 183-91.
 25. Bellavite P, Conforti A, Piasere V, Ortolani R. Immunology and homeopathy. 1. Historical background. *Evid Based Complement Altern Med* 2005;2:441-52.
 26. Frass M, Lechleitner P, Gründling C, Pirker C, Grasmuk-Siegl E, Domayer J, *et al.* Homeopathic treatment as an add-on therapy may improve quality of life and prolong survival in patients with non-small cell lung cancer: A prospective, randomized, placebo-controlled, double-blind, three-arm, multicenter study. *Oncologist* 2020;25:1930-55.
 27. Gaertner K, Müllner M, Friehs H, Schuster E, Marosi C, Muchitsch I, *et al.* Additive homeopathy in cancer patients: Retrospective survival data from a homeopathic outpatient unit at the Medical University of Vienna. *Complement Ther Med* 2014;22:320-32.
 28. Murphy R. *Homeopathic Medical Repertory*. 2nd ed. New Delhi: Indian Books and Periodicals Publishers; 2004. p. 409-1635.
 29. Schroyens F. *Synthesis Repertory*. Version 9.1. New Delhi: B Jain Publishers (P) Ltd.; 2002. p. 307-8.
 30. Boericke W. *Boericke’s New Manual of Homoeopathic Materia Medica with Repertory*. 3rd New Delhi: B Jain Publishers (P) Ltd.; 2007. p. 736-7.
 31. van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complement Ther Med* 2016;25:78-85.
 32. Teut M, Van Haselen RA, Rutten L, Lamba CD, Bleul G, Ulbrich-Zürni S. Case Reporting in Homeopathy-an Overview of Guidelines and Scientific Tools. 2022;111:2-9.
 33. Dal-Ré R, Janiaud P, Ioannidis JP. Real-world evidence: How pragmatic are randomized controlled trials labeled as pragmatic? *BMC Med* 2018;16:1-6.
 34. Ruggenenti P, Cravedi P, Remuzzi G. Mechanisms and treatment of CKD. *J Am Soc Nephrol* 2012;23:1917-28.
 35. Hanna RM, Ghobry L, Wassef O, Rhee CM, Kalantar-Zsdeh K. A practical approach to nutrition, protein-energy wasting, sarcopenia, and cachexia in patients with chronic kidney disease. *Blood Purif* 2020;49:202-11.
 36. Braam B, Taler SJ, Rahman M, Fillaus JA, Greco BA, Forman JP, *et al.* Recognition and management of resistant hypertension. *Clin J Am Soc Nephrol* 2017;12:524-35.

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

Contexte: L'insuffisance rénale chronique (IRC) est la troisième cause de décès dans le monde et devrait devenir la cinquième cause de perte d'années de vie dans le monde d'ici 2040. **Objectif:** Cette revue a été réalisée pour explorer les forces de l'homéopathie dans la gestion de l'IRC à travers des preuves précliniques, cliniques et anecdotiques. **Méthodes:** Une recherche a été effectuée sur la gestion homéopathique de l'IRC dans PubMed, Central Council for Research in Homoeopathy e-library, AYUSH Research Portal, EMBASE et Google Scholar. Les termes de recherche de base comprenaient "Homoeopathy" ou "homoeopathic drugs", "ESRD", "CRF", "CKD" et "Bright's disease". Aucun critère d'inclusion rigide n'a été retenu en raison de la rareté de la littérature sur ce sujet concernant l'homéopathie ; par conséquent, toutes les études ont été incluses dans cette revue. De plus, une revue de la littérature, à travers les répertoires homéopathiques, a également été réalisée pour explorer les preuves anecdotiques des médicaments homéopathiques fréquemment utilisés dans la gestion de la CKD. **Résultats:** Une recherche en ligne a permis de trouver 11 études liées au sujet, dont deux essais contrôlés randomisés. (RCTs), huit séries de cas/rapports de cas et une étude préclinique. Deux RCTs se sont concentrés sur les symptômes/signes dus à CKD comme le prurit, l'asthénie, la léthargie et les céphalées, avec des effets positifs. Les preuves générées par les séries/rapports de cas, bien qu'utiles pour les études génératrices d'hypothèses, ont été jugées de mauvaise qualité. **Conclusion:** À l'heure actuelle, les preuves disponibles concernant les avantages supplémentaires de l'homéopathie dans l'IRC sont faibles. D'autres études bien conçues sont justifiées.

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

Hintergrund: Chronische Nierenerkrankungen (CKD) sind weltweit die am dritthäufigsten auftretende Todesursache und werden voraussichtlich bis 2040 die fünfthäufigste Ursache für den Verlust von Lebensjahren weltweit sein. **Zielsetzung:** Diese Übersichtsarbeit wurde durchgeführt, um die Stärken der Homöopathie bei der Behandlung von CKD anhand von vorklinischen, klinischen und anekdotischen Belegen zu untersuchen. **Methoden:** Eine Suche nach homöopathischer Behandlung von CKD wurde in PubMed, der E-Bibliothek des Central Council for Research in Homoeopathy, dem AYUSH Research Portal, EMBASE und Google Scholar durchgeführt. Zu den grundlegenden Suchbegriffen gehörten "Homöopathie" oder "homöopathische Arzneimittel", "ESRD", "CRF", "CKD" und "Brightsche Krankheit". Aufgrund der geringen Anzahl an Literatur zu diesem Thema in Bezug auf die Homöopathie wurden keine strengen Einschlusskriterien festgelegt; daher wurden alle Studien in diese Übersicht aufgenommen. Darüber hinaus wurde eine Literaturrecherche anhand homöopathischer Repertorien durchgeführt, um die anekdotische Evidenz für häufig verwendete homöopathische Arzneimittel bei der Behandlung von CKD zu untersuchen. **Ergebnisse:** Bei einer Online-Suche wurden 11 Studien zu diesem Thema gefunden, darunter zwei randomisierte kontrollierte Studien (RCTs), acht Fallserien/Fallberichte und eine präklinische Studie. Zwei RCTs konzentrierten sich auf Symptome/Zeichen aufgrund von CKD wie Pruritus, Asthenie, Lethargie und Kopfschmerzen mit positiven Auswirkungen. Die aus Fallserien/Berichten gewonnene Evidenz, die zwar für hypothesengenerierende Studien nützlich ist, wies eine schlechte Berichtsqualität auf. **Schlussfolgerung:** Gegenwärtig sind die verfügbaren Belege für den zusätzlichen Nutzen der Homöopathie bei CKD schwach. Weitere gut konzipierte Studien sind gerechtfertigt.

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

परिचय: क्रॉनिक गुर्दे की बीमारी (सीकेडी) 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 मौतों का पाँचवा प्रमुख कारण बन सकता है। **विषय सारांश:** यह समीक्षा सीकेडी के लक्षणों को निदान-पूर्व, लक्षणों के उभरने पर तथा बीमारी की पुष्टि होने पर उन्हें होम्योपैथिक द्वारा रोकने की क्षमताओं को जानने से उद्देश्य से की गई थी। **सामग्रियाँ एवं विधि:** सीकेडी के लक्षणों की रोकथाम हेतु पबमेड, केन्द्रीय होम्योपैथी अनुसंधान परिषद् ई-पुस्तकालय, आयुष अनुसंधान पोर्टल, एमबेस तथा गूगल स्कॉलर में सर्च की गई थी। सर्च के मूल शब्दों में 'होम्योपैथी' या 'होम्योपैथिक दवाएँ', 'ईएसआरडी', 'सीआरएफ', 'सीकेडी' तथा "ब्राइट रोग" शामिल थे। होम्योपैथी के इस विषय से संबंधित सामग्री का अभाव होने की वजह से कोई अडिजल अंतर्वेशी मानदंड नहीं अपनाया गया था; अतः इस समीक्षा में सभी अध्ययनों को शामिल किया गया था। इसके अतिरिक्त, सीकेडी लक्षणों को रोकने में बारंबार इस्तेमाल होने वाली होम्योपैथिक दवाओं के वास्तविक साक्ष्यों को ढूँढ़ने हेतु होम्योपैथिक प्रदर्शनों के माध्यम से, एक साहित्यिक समीक्षा की गई थी। **परिणाम:** एक ऑनलाईन सर्च के माध्यम से, इस विषय के संदर्भ में 11 अध्ययन पाए गए थे जिसमें दो यादृच्छिक नियंत्रित परीक्षण (आरसीटी), आठ मामला श्रृंखलाएँ/मामला रिपोर्ट्स तथा एक निदान-पूर्व अध्ययन था। दो आरसीटी, सीकेडी के लक्षणों पर सकारात्मक प्रभावों के साथ केन्द्रित थे जैसे खुजली, कमजोरी महसूस होना, थकान एवं सिरदर्द। मामला श्रृंखलाओं/रिपोर्ट्स के माध्यम से प्राप्त किए गए साक्ष्य, हालांकि परिकल्पना-पैदा करने वाले अध्ययनों के लिए उपयोगी थे, मगर उनमें रिपोर्टिंग गुणवत्ता का अभाव था। **निष्कर्ष:** मौजूदा समय में, होम्योपैथिक की सीकेडी में अतिरिक्त उपयोगिता को साबित वाले साक्ष्यों 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.

顺势疗法作为慢性肾病管理中的附加疗法-叙事综述

背景资料:慢性肾病 (ckd) 是全球第三大增长最快的死亡原因, 预计到2040年将成为全球第五大死亡原因. **目标:** 本文通过临床前、临床和轶事证据探讨顺势疗法在CKD管理中的优势. **方法:**在酒吧医生, 顺势疗法电子图书馆研究中央委员会, 阿尤什研究门户网站, 大使馆E和谷歌学者中搜索了ckd的顺势疗法;顺势疗法管理. 基本搜索词包括'顺势疗法'或'顺势疗法药物', 'ESRD', 'CRF', 'CKD'和'布赖特氏病'. 由于关于顺势疗法的文献很少, 因此没有严格的纳入标准; 因此, 所有研究均纳入本次审查. 进一步, 文献综述, 通过顺势疗法反应物, 还进行了探讨在管理中经常使用的顺势疗法药物的轶事证据. CKD. **结果:**通过在线搜索, 发现了11项与该主题相关的研究, 其中包括两项随机对照试验 (Rct), 八项病例系列/病例报告和一项临床前研究. 两个Rct专注于CKD引起的症状/体征, 如瘙痒症, 乏力, 嗜睡和头痛具有积极影响. 通过案例系列/报告产生的证据虽然对假设生成研究有用, 但被发现报告质量较差. **结论:**目前, ckd中顺势疗法的附加益处的可用证据很弱. 有必要进一步进行精心设计的研究.