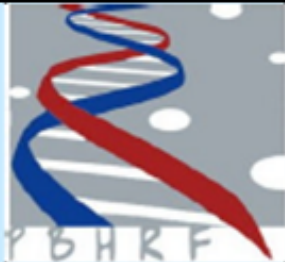


# 6343 Homeopathic Protocol to Retard Progression of Chronic Renal Failure

Prasanta Banerji\*\*, Pratip Banerji\*\*, Bin Xie\*, Sum Ling Kwok and Barbara Sarter\*



## Chronic Renal Failure in India

- approximately 100,000 new cases each year
- less than 10% of all patients receive renal replacement therapy.
- vast majority of patients starting hemodialysis die or stop treatment because of cost constraints within the first three months.
- about 5% of all patients with ESRD end up having a transplant.

Homeopathy is a parallel and widely preferred medical system in India.

Average cost of a homeopathic medicine in India is \$1.00 per month.

Intervention: A fixed protocol using oral homeopathic medicines, which are ultra-dilute preparations of natural substances.

### Banerji Protocol for CRF

1. Medorrhinum 200c, two pills once a day
2. Lycopodium Clavatum 30c two pills every three hours alternately with
3. Cantharis 200c two pills
4. Aconitum Napellus Q 3 drops twice a day

### Usual Course of Untreated CRF:

•commonly expected that death ensues within days to weeks when Creatinine >8

Outcomes: Serial creatinine measurements over an 18 month treatment period.

Statistics: Wilcoxon's signed-ranks test

#### All Patients

Mean Baseline Creat	Creat 6 mo.	P	Creat 12 mo.	P	Creat 18 mo.	P
5.22	4.35	<0.001	4.93	0.35	4.97	0.88
N=194	N=163		N=76		N=41	

#### Patients with Baseline Creat >5

Mean Baseline Creat	Creat 6 mo.	P	Creat 12 mo.	P	Creat 18 mo.	P
7.9	6.3	<0.002	6.63	0.57	5.75	0.12
N=83	N=66		N=34		N=17	

Objective: To evaluate the effectiveness on the course of CRF of a protocol using homeopathic medicines.

Design: Retrospective chart review.



Setting: A private community-based general practice in Kolkata, India.

Patients: A convenience sample (N=134) of all patients treated only with homeopathic medicines for CRF between 2000 and 2008.



\*University of Southern California, School of Social Work and Keck School of Medicine sarter@usc.edu

\*\*PBH Research Foundation, Kolkata, India (pbhrf@vanl.com)

#### Patients with Baseline Creat >8

Mean Baseline Creat	Creat 6 mo.	P	Creat 12 mo.	P	Creat 18 mo.	P
11.2	7.32	0.002	4.69	0.04	3.16	0.06
N=28	N=22		N=8		N=5	

Conclusion: Some patients with ESRF were able to live up to 18 months or longer without any dialysis. Many were lost to follow-up. This low cost and culturally acceptable treatment has the potential to prevent or substantially delay the need for dialysis or transplantation in patients with CRF without adverse side effects. Controlled clinical trials are needed with QOL assessment.

Future Studies: Randomized placebo-controlled clinical trials in collaboration with community clinics in USA and Spain.