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Beyond Conventional Care: Individualized Homoeopathy in End Stage Renal Disease Management: A Case Study

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ABSTRACT:

Chronic Kidney Disease (CKD) is extremely common and has emerged as one of the leading non communicable causes of death worldwide, defined as presence of kidney damage or estimated glomerular filtration rate (eGFR) less than 60ml/min/1.73 m^2, persisting for three months or more. Signs and symptoms of CKD develop over the time and progresses to kidney failure and later to death. CKD is more common in old age, but it can develop at any age especially to people who are at high risks such as congenital kidney diseases. The case presented here is a known case of CKD, 50-year-old female, with an initial serum creatinine and urea level of 5.1 mg/dl and 69mg/dl respectively. Conventional treatment led to worsening of her kidney functions, with her serum creatinine and urea values rising to 8.4 mg/dl and 147.9 mg/dl within seven months, when she was advised to undergo hemodialysis. At this critical stage, she opted for homoeopathic treatment. With standalone individualized homoeopathic medicine (Sepia officinalis in LM potency 0/1 to 0/10, 16 doses each over six months), her general health and renal function improved significantly, as evidenced by reduction in creatinine and urea level to 5.48 mg/dl and 105.6 mg/dl, which remained more or less stable over next six months and allowed postponement of hemodialysis.

KEY WORDS: Complementary and alternative medicine, CKD, Hemodialysis, Holistic Management, Individualized Homoeopathy.

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INTRODUCTION:

Chronic kidney disease (CKD) is a leading cause of death worldwide, defined as the presence of kidney damage or an estimated glomerular filtration rate (eGFR) below 60 ml/min/1.73 m^2, lasting for 3 months or more, irrespective of the cause. [1]

It is an advancing, chronic illness prevalent in more than 10% of the general population worldwide. [2] Factors such as older age, low birth weight and family history of kidney disease are considered to be strong risk factors for chronic kidney disease. [3]

Usually, CKD is recognized through diagnostic screening of people who are at higher likelihood of kidney diseases such as high blood pressure, diabetes or with family history of CKD [4]. The disease is typically identified through routine screening with serum chemistry profile (eGFR), serum creatinine, blood urea nitrogen (BUN), serum cystatin C and urine studies (Albumin-creatinine ratio ACR, dipstick test and urine protein electrophoresis). In some cases, additional tests may be required to get more information about pathology such as kidney biopsy or medical imaging (CT scan, ultrasound, or MRI) [5,6].

In conventional system of medicine, patients aged 50 years or older with CKD are treated with a low- to moderate-dose statin to reduce cardiovascular complications [7]. In end-stage renal disease with eGFR below 15 mL/min/1.73 m^2 (CKD stage 5), treatment options are either kidney replacement therapy or hemodialysis [8,9].

From a homoeopathic perspective, CKD often represents a mixed miasmatic condition. Psora contributes to the functional derangements observed in early stages, sycosis in structural changes like tumors, some of which further compromise renal architecture and ultimately leads to the development and progression of CKD, and syphilis manifests in end stage renal disease as fibrous and destructive changes [3,10]. Homoeopathic literature speaks about many medicines, which are remarkably potent in treating kidney diseases such as *Apis mellifica, Aurum metallicum, Benzoic acid, Cantharis, Colchicum autumnale, Kali chloricum, Lycopodium, Mercurius corrosivus, Natrum muriaticum, Nitric acidum, Nux vomica, Ocimum canum, Plumbum metallicum, Sulphur, Tarentula and Zincum metallicum* [11].

Homoeopathy offers holistic care to patients through a personalized approach. Hahnemann once said, there is no disease, but sick person. Homoeopathy considers patients as a whole, not as individual parts. When a patient approaches homoeopathic physicians, he will record his symptoms carefully, and he will find some unique features that differentiate him from others. Considering this, the medicines should be prescribed in homoeopathy.

CASE HISTORY:

A 50-year-old female of known case of CKD reported in the Repertory OPD at North Eastern Institute of Ayurveda and Homoeopathy, Shillong, and she got admitted in IPD on 14th May 2024. She presented with pain in extremities of alternating sides (numerical rating scale, NRS: 6/10) and right lumbar region (NRS: 8/10), which had troubled her over 2 months. The back pain was more on ascending stairs and better on applying pressure. She also complained about cramps in calves only while ascending stairs and occasional nausea with vomiting. The

patient had been a known case of chronic hypertension since 2010, which may have contributed to the development of CKD.

As outlined in Table-1, the earliest sign of CKD emerged in 2014 as lower backache, followed by progressive renal function decline. The patient was diagnosed as CKD in October 2023 (Fig.1). Her family members were concerned about her condition and consulted an allopathic physician. She was under conventional treatment for six months which showed initial slight improvement, but worsening of condition later, as much as urea level increased from 69mg/dl to 147.9 mg/dl and creatinine level from 5.1 mg/dl to 8.4 mg/dl within seven months. (Figure-2).

The patient had history of appendicitis (in 2002) and gall bladder stone (in 2014). The patient was hypertensive and under allopathic medication (Tab Nexovas 20 once daily) since 2010. There was family history of CKD and other kidney diseases among family members.

- Reserved
- Ailments from grief
- Irritable
- Weeping disposition
- Indifference
- Forgetfulness
- Thirsty
- Desire for bitter food items
- Desire for fish
- Chilly patient

This case was repertorized by Radar opus software (2.2.16) using synthesis repertory, and repertorization result is shown in Figure-3

Her father died due to CKD. Her mother and 3 siblings were suffering from renal calculi.

The patient was introverted in nature. She lost her husband in 2022, and she had grief about that. During her case taking, her sister informed that she was irritable, indifferent, and inexpressive as much as she didn't inform about her pregnancy to family members until full term. She used to weep sometimes and she had forgetfulness also. Her appetite was reduced. She was very thirsty and she preferred warm food and drinks. She had desire for bitter food items and fishes. Her bowels were soft, but irregular, constipated and once in a week. She had complaints of stress incontinence of urine especially while coughing and laughing. Her sleep was sound. She had dream of passing urine along with involuntary urination during sleep. Her thermal reaction was more towards chilly.

After thorough case taking, analysis and evaluation of symptoms, following symptoms were considered for repertorization.

- Soft but difficult stool, once in a week
- Dreams of urinating with involuntary urination
- Involuntary urination while coughing and laughing
- Pain in right lumbar region
- Lumbar pain < ascending stairs; > pressure
- Pain in extremities of alternating sides

THERAPEUTIC INTERVENTION:

First prescription:

On 15th May, 2024, Sepia officinalis 0/1 (16doses, twice daily) for 8 days.

Basis of prescription:

The medicine was selected after repertorization (Figure-3), and in consultation with materia medica and considering the potential differential field. Sepia 0/1, 16 doses, with ten successions from second dose, twice daily, in empty stomach was prescribed. On subsequent follow -ups, potency was changed based on the assessment of improvement in patient's general health and investigation reports.

Follow-up and outcomes along with assessment are mentioned in table-2 &3.

Table-1: Timeline:

Date	Event
2014	Patient developed low backache and sought Ayurvedic treatment
2014- 2020	Continued Ayurvedic treatment with periodic symptom relief
2021	Switched to allopathic treatment for persistent back pain
09th October 2023	Experienced fainting episodes; diagnosed with chronic kidney disease (CKD) with creatinine level 5.1 mg/dl, urea level 69 mg/dl, hemoglobin 7.2 g/dl Started allopathic medicines Tab Renolog 500 mg for CKD
10th November 2023	Creatinine level decreased to 4.9 mg/dl, urea level 87 mg/dl, hemoglobin 9.5 g/dl after the treatment
03rd January 2024	Creatinine level increased to 6.3 mg/dl, urea level 141 mg/dl, hemoglobin 10.9 g/dl
02nd March 2024	Further rise in creatinine to 6.4 mg/dl, urea level 118 mg/dl, hemoglobin 11.4 g/dl
04th May 2024	Creatinine level further increased to 8.4 mg/dl, urea level 147.9 mg/dl, Hemoglobin decreased to 6.9 g/dl Patient advised to start hemodialysis
14th May 2024	Shifted to individualized homoeopathic treatment as a standalone modality of care

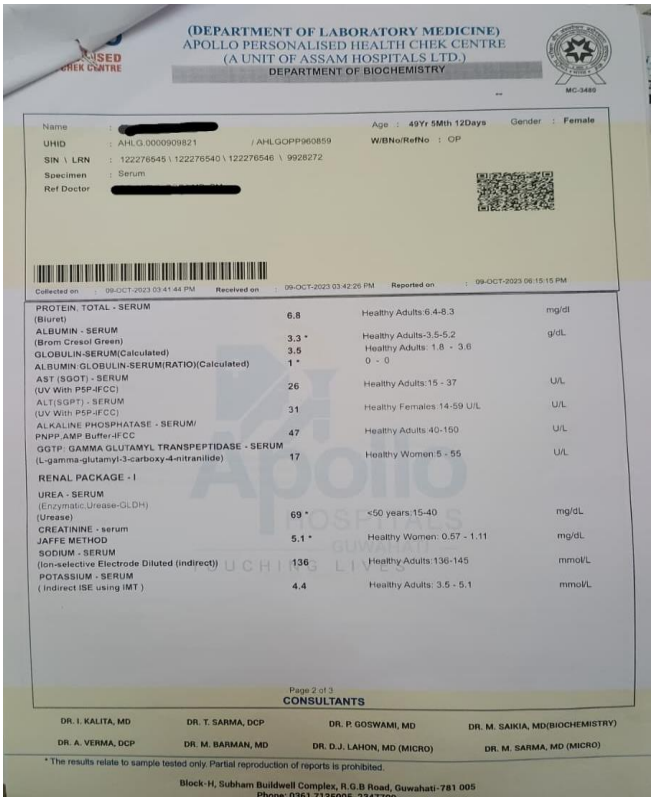
Table- 2: Details of follow ups and prescription:

Date	Symptoms	Investigation reports	Medicine with dose & repetition
First Visit (14th May 2024)	Right sided low backache (NRS: 8/10). Pain in extremities of alternating sides with cramps in calves (NRS: 6/10). Chronic constipation: soft stool, but difficult, once in a week. Involuntary urination while coughing and laughing. Dreams of urination with involuntary nocturnal enuresis.	Figure-2 Urea – 147.9 mg/dl Creatinine – 8.4 mg/dl Hemoglobin (HGB)– 6.9 g/dl	(Admitted in IPD) Sepia officinalis 0/1 (16 doses, twice daily, empty stomach with ten successions from second dose)
18th May 2024	Patient was stable. Backache reduced (NRS: 2/10). Pain in extremities no more. Stool regular, soft for last two days. Urge and stress incontinence of urine 80%improved. No nocturnal enuresis.		(Discharged from IPD) Sepia officinalis 0/2(16 doses, twice daily, empty stomach with ten successions from second dose)
24th May 2024	Low backache no more. Cramping pain in calves only while ascending stairs (NRS: 8/10). Occasional burning in abdomen along with nausea and vomiting. Stool regular, soft. No involuntary urination.	Figure-4 Urea – 105.66 mg/dl Creatinine – 5.48 mg/dl	Sepia officinalis 0/3 (16 doses, twice daily, empty stomach with ten successions from second dose)
11th June 2024	Pain in right low back for 5 days (NRS: 2/10). Cramping pain in calf muscle while ascending stairs and walking (NRS:8/10). Burning in abdomen and nausea relieved.	Urea – 107.73 mg/dl Creatinine – 6.06 mg/dl	Sepia officinalis 0/4 (16 doses, once daily, empty stomach with ten successions from second dose)
9th July 2024	Occasional low backache (NRS:4/10). Cramps in calves reduced (NRS:5/10). Patient feels overall improvements.	Urea – 97.3 mg/dl Creatinine – 5.9 mg/dl	Sepia officinalis 0/5 followed by 0/6 (16 doses, once daily, empty stomach with ten successions from second dose)
23rd Aug 2024	Occasional low backache (NRS: 2/10). Cramps in calves reduced (NRS: 3/10). Feels generally better.	Figure-5 Urea – 89 mg/dl Creatinine – 5.6	Sepia officinalis 0/7 followed by 0/8 once daily (16

		mg/dl HGB – 7 g/dl	doses, once daily, empty stomach with ten successions from second dose)
24th Sept 2024	Low backache on and off (NRS: 2/10). Cramps in calves reduced (NRS: 2/10). Continued good general status.	Urea:102 mg/dl Creatinine:6.8 mg/dl HGB: 6.4 g/dl	Sepia officinalis 0/9 (16 doses, once daily, empty stomach with ten successions from second dose)
7th November 2024	Mild pain in low back occasionally (NRS: 1/10). Cramps in calves reduced (NRS: 1/10). Improved overall condition.	Figure-6 Urea: 116.87 mg/dl Creatinine: 6.08 mg/dl HGB: 6.5 g/dl	Sepia officinalis 0/10 (16 doses, once daily, empty stomach with ten successions from second dose)
13th December 2024	Mild pain in low back occasionally (NRS: 1/10). Cramps in calves reduced (NRS: 1/10). Feels generally better.		Sepia officinalis 0/11 followed by 0/12 once daily (16 doses, once daily, empty stomach with ten successions from second dose)
4th February 2025	Symptomatically same as before.	Urea: 201.09 mg/dl Creatinine: 10.49 mg/dl HGB: 6.4 g/dl (Report date: 1st February 2025)	Natrum muriaticum 0/1 followed by 0/2 once daily (16 doses, once daily, empty stomach with ten successions from second dose) *Hemodialysis advised.

Table-3: Follow-up assessment using MONARCH inventory guidelines.

Domain	Question	Answer	Score
1	Was there an improvement in the main symptom or condition for which homoeopathic medicine was prescribed?	Yes	+2
2	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	Yes	+1
3	Was there a homoeopathic aggravation of symptoms?	No	0
4	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms not related to the main presenting complaint improved or changed)?	Yes	+1
5	Did overall well-being improve? (Suggest using a validated scale or mention about changes in physical, emotional, and behavioral elements)	Yes	+1
6A	Direction of cure: Did some symptoms improve in the opposite order of the development of symptoms of the disease?	No	0
6B	Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: – From organs of more importance to those of less importance? – From deeper to more superficial aspects of the individual? – From the top downwards?	Yes	+1
7	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	No	0
8	Are there alternative causes (i.e. other than the medicine) that – with a high probability – could have produced the improvement? (consider the known course of disease, other forms of treatment, and other clinically relevant interventions)	No	+1
9	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	Yes	+2
10	Did repeat dosing, if conducted, create similar clinical improvement?	Yes	+1
	Total score obtained		10



(DEPARTMENT OF LABORATORY MEDICINE)
APOLLO PERSONALISED HEALTH CHEK CENTRE
(A UNIT OF ASSAM HOSPITALS LTD.)
DEPARTMENT OF BIOCHEMISTRY

Name : [redacted] Age : 49Yr 5Mth 12Days Gender : Female
UHID : AHLG.0000909821 / AHLGOPP960859 W/BNo/RefNo : OP
SIN \ LRN : 122276545 \ 122276540 \ 122276546 \ 9928272
Specimen : Serum
Ref Doctor : [redacted]

Collected on : 09-OCT-2023 03:41:44 PM Received on : 09-OCT-2023 03:42:26 PM Reported on : 09-OCT-2023 06:15:15 PM

PROTEIN, TOTAL - SERUM (Biuret)	6.8	Healthy Adults:6.4-8.3	mg/dl
ALBUMIN - SERUM (Brom Cresol Green)	3.3 *	Healthy Adults-3.5-5.2	g/dL
GLOBULIN-SERUM(Calculated)	3.5	Healthy Adults: 1.8 - 3.6	
ALBUMIN:GLOBULIN-SERUM(RATIO)(Calculated)	1 *	0 - 0	
AST (SGOT) - SERUM (UV With P5P-IFCC)	26	Healthy Adults:15 - 37	U/L
ALT(SGPT) - SERUM (UV With P5P-IFCC)	31	Healthy Females:14-59 U/L	U/L
ALKALINE PHOSPHATASE - SERUM/ PNPP,AMP Buffer-IFCC	47	Healthy Adults:40-150	U/L
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM (L-gamma-glutamyl-3-carboxy-4-nitranilide)	17	Healthy Women:5 - 55	U/L
RENAL PACKAGE - I			
UREA - SERUM (Enzymatic,Urease-GLDH) (Urease)	69 *	<50 years:15-40	mg/dL
CREATININE - serum JAFFE METHOD	5.1 *	Healthy Women: 0.57 - 1.11	mg/dL
SODIUM - SERUM (Ion-selective Electrode Diluted (indirect))	136	Healthy Adults:136-145	mmol/L
POTASSIUM - SERUM (Indirect ISE using IMT)	4.4	Healthy Adults: 3.5 - 5.1	mmol/L

Page 2 of 3

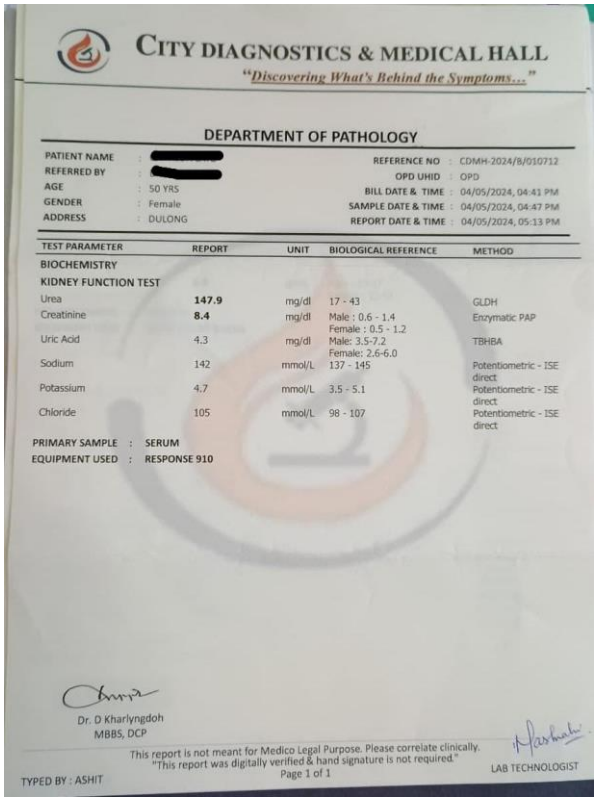
CONSULTANTS

DR. I. KALITA, MD | DR. T. SARMA, DCP | DR. P. GOSWAMI, MD | DR. M. SAIKIA, MD(BIOCHEMISTRY)
DR. A. VERMA, DCP | DR. M. BARMAN, MD | DR. D.J. LAHON, MD (MICRO) | DR. M. SARMA, MD (MICRO)

* The results relate to sample tested only. Partial reproduction of reports is prohibited.

Block-H, Subham Buildwell Complex, R.G.B Road, Guwahati-781 005

Figure-1: Renal Functional Test (RFT) report of 9th October 2023



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DEPARTMENT OF PATHOLOGY

PATIENT NAME : [redacted]
REFERRED BY : [redacted]
AGE : 50 YRS
GENDER : Female
ADDRESS : DULONG

REFERENCE NO : CDMH-2024/B/010712
OPD UHID : OPD
BILL DATE & TIME : 04/05/2024, 04:41 PM
SAMPLE DATE & TIME : 04/05/2024, 04:47 PM
REPORT DATE & TIME : 04/05/2024, 05:13 PM

TEST PARAMETER	REPORT	UNIT	BIOLOGICAL REFERENCE	METHOD
BIOCHEMISTRY				
KIDNEY FUNCTION TEST				
Urea	**147.9**	mg/dl	17 - 43	GLDH
Creatinine	**8.4**	mg/dl	Male : 0.6 - 1.4 Female : 0.5 - 1.2	Enzymatic PAP
Uric Acid	4.3	mg/dl	Male: 3.5-7.2 Female: 2.6-6.0	TBHBA
Sodium	142	mmol/L	137 - 145	Potentiometric - ISE direct
Potassium	4.7	mmol/L	3.5 - 5.1	Potentiometric - ISE direct
Chloride	105	mmol/L	98 - 107	Potentiometric - ISE direct

PRIMARY SAMPLE : SERUM
EQUIPMENT USED : RESPONSE 910

Dr. D Kharlyngdoh
MBBS, DCP

This report is not meant for Medico Legal Purpose. Please correlate clinically.
"This report was digitally verified & hand signature is not required."
Page 1 of 1

LAB TECHNOLOGIST

TYPED BY : ASHIT

Figure-2: RFT report of 4th May 2024

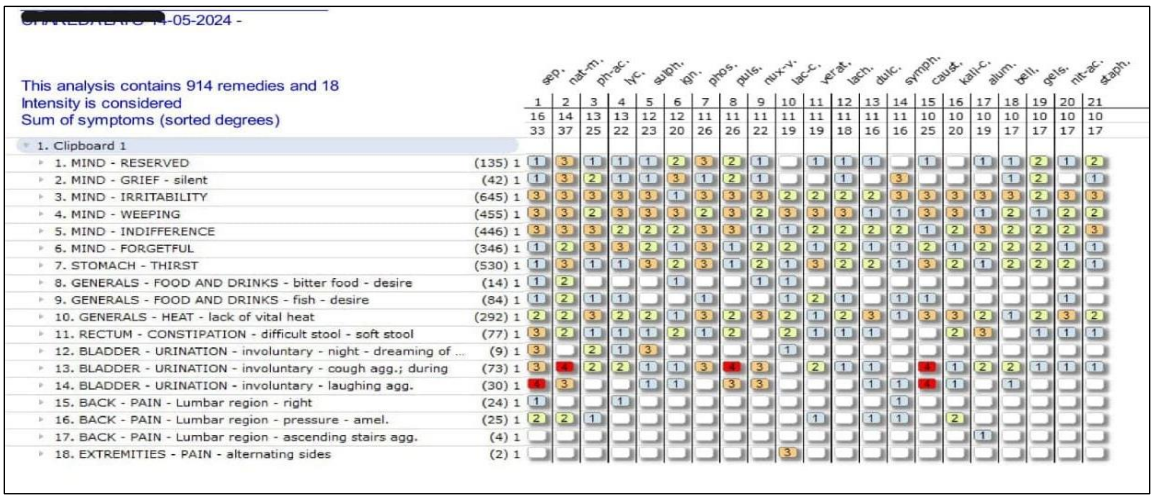
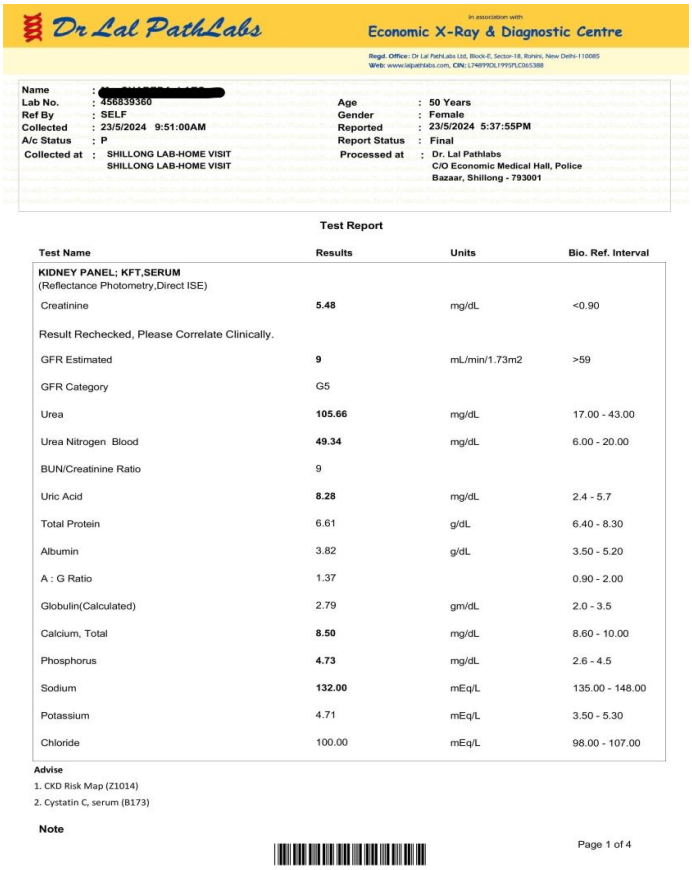


Figure-3: Repertorization result


Dr Lal PathLabs

in association with
Economic X-Ray & Diagnostic Centre

Regd. Office: Dr Lal PathLabs Ltd, Block-E, Sector-18, Rohini, New Delhi-110085
Web: www.lalpathlabs.com, CIN: L74899DL1995PLC065388

Name	: [redacted]	Age	: 50 Years
Lab No.	: 456839360	Gender	: Female
Ref By	: SELF	Reported	: 23/5/2024 5:37:55PM
Collected	: 23/5/2024 9:51:00AM	Report Status	: Final
A/c Status	: P	Processed at	: Dr. Lal Pathlabs C/O Economic Medical Hall, Police Bazaar, Shillong - 793001
Collected at	: SHILLONG LAB-HOME VISIT SHILLONG LAB-HOME VISIT		

Test Report

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY PANEL; KFT,SERUM (Reflectance Photometry,Direct ISE)			
Creatinine	**5.48**	mg/dL	<0.90
Result Rechecked, Please Correlate Clinically.			
GFR Estimated	**9**	mL/min/1.73m2	>59
GFR Category	G5		
Urea	**105.66**	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	**49.34**	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	9		
Uric Acid	**8.28**	mg/dL	2.4 - 5.7
Total Protein	6.61	g/dL	6.40 - 8.30
Albumin	3.82	g/dL	3.50 - 5.20
A : G Ratio	1.37		0.90 - 2.00
Globulin(Calculated)	2.79	gm/dL	2.0 - 3.5
Calcium, Total	**8.50**	mg/dL	8.60 - 10.00
Phosphorus	**4.73**	mg/dL	2.6 - 4.5
Sodium	**132.00**	mEq/L	135.00 - 148.00
Potassium	4.71	mEq/L	3.50 - 5.30
Chloride	100.00	mEq/L	98.00 - 107.00

Advise
1. CKD Risk Map (Z1014)
2. Cystatin C, serum (B173)

Note

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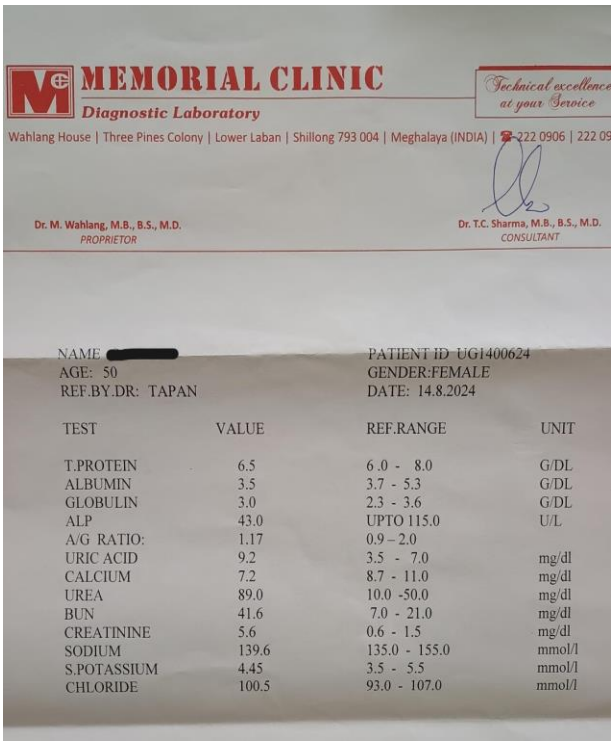
Figure-4: RFT report of 23rd May 2024



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Dr. M. Wahlang, M.B., B.S., M.D.
PROPRIETOR

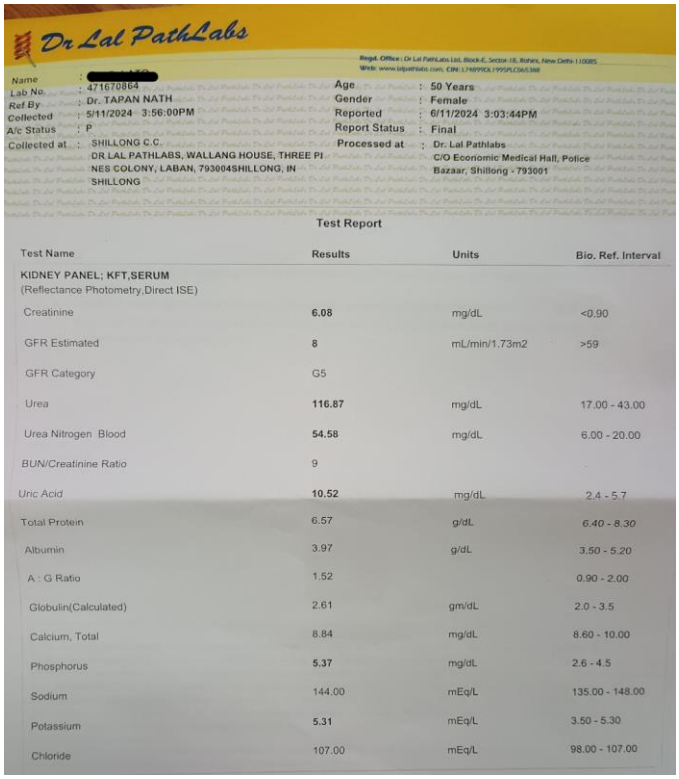
Dr. T.C. Sharma, M.B., B.S., M.D.
CONSULTANT

NAME [redacted]
AGE: 50
REF.BY.DR: TAPAN

PATIENT ID UG1400624
GENDER:FEMALE
DATE: 14.8.2024

TEST	VALUE	REF.RANGE	UNIT
T.PROTEIN	6.5	6.0 - 8.0	G/DL
ALBUMIN	3.5	3.7 - 5.3	G/DL
GLOBULIN	3.0	2.3 - 3.6	G/DL
ALP	43.0	UPTO 115.0	U/L
A/G RATIO:	1.17	0.9 – 2.0	
URIC ACID	9.2	3.5 - 7.0	mg/dl
CALCIUM	7.2	8.7 - 11.0	mg/dl
UREA	89.0	10.0 -50.0	mg/dl
BUN	41.6	7.0 - 21.0	mg/dl
CREATININE	5.6	0.6 - 1.5	mg/dl
SODIUM	139.6	135.0 - 155.0	mmol/l
S.POTASSIUM	4.45	3.5 - 5.5	mmol/l
CHLORIDE	100.5	93.0 - 107.0	mmol/l

Figure- 5: RFT report of 14th August 2024



Dr Lal PathLabs

Name : [redacted]
Lab No. : 471670864
Ref By : Dr. TAPAN NATH
Collected : 5/11/2024 3:56:00PM
A/c Status : P
Collected at : SHILLONG C.C.
DR LAL PATHLABS, WALLANG HOUSE, THREE PI NES COLONY, LABAN, 793004SHILLONG, IN SHILLONG

Age : 50 Years
Gender : Female
Reported : 6/11/2024 3:03:44PM
Report Status : Final
Processed at : Dr. Lal Pathlabs C/O Economic Medical Hall, Police Bazaar, Shillong - 793001

Test Report

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY PANEL; KFT,SERUM (Reflectance Photometry,Direct ISE)			
Creatinine	6.08	mg/dL	<0.90
GFR Estimated	8	mL/min/1.73m2	>59
GFR Category	G5		
Urea	116.87	mg/dL	17.00 - 43.00
Urea Nitrogen Blood	54.58	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	9		
Uric Acid	10.52	mg/dL	2.4 - 5.7
Total Protein	6.57	g/dL	6.40 - 8.30
Albumin	3.97	g/dL	3.50 - 5.20
A : G Ratio	1.52		0.90 - 2.00
Globulin(Calculated)	2.61	gm/dL	2.0 - 3.5
Calcium, Total	8.84	mg/dL	8.60 - 10.00
Phosphorus	5.37	mg/dL	2.6 - 4.5
Sodium	144.00	mEq/L	135.00 - 148.00
Potassium	5.31	mEq/L	3.50 - 5.30
Chloride	107.00	mEq/L	98.00 - 107.00

Figure-6: RFT report of 6th November

RESULT:

The pain in low back, cervical region, calves improved very much. Sepia officinalis 0/1 showed improvement. However much significant improvement was observed with subsequent higher potencies. Patient's constipation and involuntary urination also improved. Initially, the patient was too weak to go to her work, her weakness got better and she started her day-to-day activities including job.

DISCUSSION:

The presentation of right sided backache, muscle cramps and gastrointestinal symptoms in this patient underscores the systemic nature of CKD. In conventional medicine, most CKD patients with creatinine level above 7 mg/dl are advised to undergo hemodialysis, as there are no alternative options available. Hemodialysis is a crucial life sustaining treatment for patients with end stage kidney disease (ESKD) [12]. However, one of its common complications is frequent fluctuation in blood pressure (BP), both during and between sessions which is recognized risk factor for increased mortality in ESKD patients [13], and moreover the average life expectancy of a person undergoing hemodialysis is less than 3 years [14].

Therefore, delaying the need for hemodialysis with homoeopathic treatment is highly beneficial. With standalone homeopathic treatment, the patient remained stable for six months, allowing the initiation of hemodialysis to be delayed.

In this case report, the administration of standalone Sepia officinalis in LM potency resulted in a reduction of serum creatinine from 8.4 to 5.48 mg/dl, a notable ~2.92 mg/dl decrease from a very high baseline. Comparatively, most published CKD homeopathic cases start with lower creatinine levels. Nanda reported a decrease from 5.3 to 0.9 mg/dl, a difference of 4.4 mg/dl, using multiple remedies including *Nux vomica, Thuja, Cantharis, and Sabal serrulata* in a case of CKD and Benign prostatic hyperplasia [15].

Other case studies similarly employ individualized multi-remedy protocols rather than monotherapy. Moreover, Sepia is seldom cited in CKD literature, which typically highlights remedies such as *Lycopodium, Apis, Cantharis, and Berberis vulgaris*. Thus, this case is distinguished by: Use of a single remedy in LM potency, a significant creatinine reduction from a high starting level, and employing Sepia officinalis, an unconventional choice in CKD management- thereby contributing novel insights to homeopathic nephrology.

This case is an example of effective management of CKD using stand- alone homoeopathic medicines when they are prescribed according to homoeopathic principles. However, it cannot replace hemodialysis in patients with severe and advanced kidney damage.

Hence, after nine months of standalone homoeopathic treatment, the patient reported a steady rise in creatinine (10.49 mg/dl) and urea (201.09 mg/dl) although symptomatically stable. Natrum muriaticum 0/1 and 0/2 were then prescribed based on the totality and as a complementary remedy after Sepia, along with advice to start hemodialysis. The patient is currently undergoing routine hemodialysis.

This case was evaluated using the MONARCH criteria, which yielded a score of 10, indicating a high level of therapeutic effectiveness (Table.3)

CONCLUSION:

This case shows effective and potential role of homoeopathy with single drug i.e. Sepia officinalis in management of CKD by delaying the need for hemodialysis and enhancing patient's overall quality of life and life expectancy.

Limitations of the study:

It is a single case report, but CKD may be associated and presented with some other unpredictable symptoms. Based on this case report, it is not possible to draw any firm confirmation. In future, case series can be recorded and published to establish the efficacy of individualized homoeopathic medicines in case of CKD.

Informed consent:

Written informed consent was obtained from the patient for publication of this case report and any accompanying images.

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