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Homeopathy and Chronic Kidney Disease:

Abstract

Chronic Kidney Disease (CKD) is a progressive, irreversible decline in renal function that affects approximately 9–13% of the global population and over 10–17% of Indian adults. CKD contributes significantly to morbidity, mortality, and healthcare costs, particularly in low- and middle-income countries where access to advanced treatment is limited. Conventional medicine focuses on risk factor control, slowing disease progression, and managing complications; however, there is no curative option once substantial nephron loss occurs.

Homeopathy offers an individualized, holistic approach to CKD, addressing not only physical symptoms but also underlying constitutional and miasmatic tendencies. This article presents a detailed review of CKD from biomedical and homeopathic perspectives, including classification, pathophysiology, epidemiology, miasmatic interpretation, and therapeutics. A materia medica of key remedies is provided, along with guidance for integrating homeopathic care into broader CKD management.

1. Introduction

CKD is characterized by structural or functional kidney damage lasting at least three months, with implications for long-term health. It is a **silent epidemic**—often asymptomatic until advanced stages—making early detection critical.

From a homeopathic standpoint, CKD is not an isolated renal condition but part of a **whole-person dynamic** involving inherited susceptibilities (miasms), constitutional weaknesses, lifestyle factors, and past disease suppression. Addressing only the physical pathology may provide temporary relief, but without correcting the underlying dynamic imbalance, disease progression continues.

2. Definition and Classification

2.1 KDIGO Definition

Abnormalities of kidney structure or function present for ≥ 3 months, indicated by:

- Decreased eGFR (< 60 mL/min/1.73 m²)
- Evidence of kidney damage: proteinuria/albuminuria, structural changes on imaging, histopathological lesions, or electrolyte imbalances due to tubular disorders.

2.2 Staging by eGFR



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Stage eGFR (mL/min/1.73 m²) Description

G1	≥ 90 + damage markers	Normal/high
G2	60–89 + damage markers	Mild loss
G3a	45–59	Mild–moderate loss
G3b	30–44	Moderate–severe loss
G4	15–29	Severe loss
G5	< 15	Kidney failure

2.3 Albuminuria Categories

Category ACR (mg/g) Risk

A1	< 30	Normal/mild
A2	30–300	Moderate
A3	> 300	Severe

3. Epidemiology

3.1 Global

CKD affects 850 million people globally. Mortality from CKD rose 41% between 1990 and 2017, making it the 10th leading cause of death.

3.2 India

- Prevalence: 10–17% in adult population.
- Common causes: Diabetes (~40%), Hypertension (~30%), Chronic glomerulonephritis (~15%).
- Rural clusters of CKD of undetermined cause (CKDu) in Andhra Pradesh, Odisha, Maharashtra.
- Average age of onset is lower than in high-income countries (often 40s–50s).

4. Pathophysiology

CKD progression involves:

1. **Primary injury** (e.g., diabetes → glomerular hyperfiltration).



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2. **Compensatory hyperfiltration** in remaining nephrons → increased intraglomerular pressure.
 3. **Glomerulosclerosis and fibrosis** → further nephron loss.
 4. **Systemic effects:** anemia, bone-mineral disorders, acidosis, cardiovascular disease.
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5. Clinical Features

Early Stage (G1–G2)

- Asymptomatic or mild fatigue
- Microalbuminuria

Mid Stage (G3)

- Hypertension
- Edema (ankle, periorbital)
- Nocturia

Advanced (G4–G5)

- Severe fatigue, anorexia, nausea
 - Uremic symptoms: itching, confusion, metallic taste
 - Breathlessness due to fluid overload
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6. Complications

- Cardiovascular disease (leading cause of death in CKD)
 - Mineral and bone disorders
 - Anemia of chronic disease
 - Electrolyte imbalances (hyperkalemia)
 - Metabolic acidosis
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7. Diagnosis

- **Urine:** Dipstick, microscopy, ACR
- **Blood:** Creatinine, eGFR, urea, electrolytes



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- **Imaging:** Ultrasound, CT for obstruction
- **Biopsy:** Selected cases for diagnosis

8. Prognosis

Progression risk factors:

- Poorly controlled diabetes/hypertension
- Proteinuria
- Smoking
- Male sex
- Syphilitic miasmatic dominance (destructive pathology)

9. Miasmatic Interpretation of CKD

9.1 Psoric Features

- Functional disturbances before structural damage
- High reactivity, fluctuating symptoms
- Early albuminuria, mild edema

9.2 Sycotic Features

- Proliferative changes: basement membrane thickening, hypertrophy
- Edema, oliguria, warty or cystic kidney lesions

9.3 Syphilitic Features

- Destructive changes: sclerosis, fibrosis, shrunken kidneys
- Rapid progression, uremia, hemorrhage
- Poor prognosis if unchecked

Homeopathic Therapeutics for CKD

10.1 Apis mellifica

General Portrait:

Apis mellifica, prepared from the honeybee, is a prime remedy for edematous states with a



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characteristic puffy, waxy swelling and stinging pains. In CKD, it is indicated particularly when nephritis or nephrotic syndrome produces rapid onset of swelling, scanty urine, and burning urinary discomfort.

Mental Generals:

- Irritable, fidgety, easily angered
- Restlessness without anxiety of Arsenicum
- Dislikes interference, touch, and questioning
- Weeping without cause, especially in the evening

Physical Generals:

- Warm-blooded, worse heat in any form
- No thirst or very little thirst despite dryness
- Appetite diminished during active pathology

Particulars in CKD:

- Puffy swelling of eyelids and face (especially morning)
- Scanty urine, sometimes bloody or dark
- Albuminuria in acute/subacute nephritis
- Burning, stinging pains in urinary tract
- Fluid retention with sense of tightness

Modalities:

- **Aggravation:** Heat, warm rooms, pressure, lying down
- **Amelioration:** Cold applications, fresh air

Miasm: Predominantly sycotic

Relationships:

- Complementary: Natrum muriaticum
- Inimical: Rhus toxicodendron

10.2 Arsenicum album



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General Portrait:

Arsenicum album is suited to CKD patients with marked restlessness, anxiety about health, and progressive debility. It covers advanced renal disease with cachexia, burning pains, and pronounced exhaustion.

Mental Generals:

- Anxiety about health, fear of death, worse midnight
- Restlessness — constantly changing position
- Fastidious, desire for order and cleanliness

Physical Generals:

- Chilly, desires warmth
- Thirst for frequent small sips of water
- Weakness out of proportion to disease stage

Particulars in CKD:

- Edema of face, hands, and feet
- Burning pains in kidneys/bladder
- Albuminuria, hematuria in late stages
- Uremic symptoms — nausea, vomiting, breathlessness

Modalities:

- **Aggravation:** Cold, wet weather, midnight to 2 AM
- **Amelioration:** Heat, warm drinks, head elevated

Miasm: Psoro-syphilitic

Relationships:

- Complementary: Phosphorus
- Antidote: Nux vomica

10.3 Aurum muriaticum natronatum

General Portrait:

Aurum muriaticum natronatum is a gold compound remedy, often indicated in hypertensive CKD with arteriosclerosis and depressive states.

Mental Generals:



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- Deep depression, suicidal thoughts
- Feels worthless, hopeless about recovery
- Irritability with aversion to contradiction

Physical Generals:

- Chilly
- Sleep disturbed by palpitations or sadness

Particulars in CKD:

- Albuminuria with high blood pressure
- Cardiac enlargement secondary to renal disease
- Headaches from vascular tension

Modalities:

- **Aggravation:** Cold, mental exertion
- **Amelioration:** Warmth, rest

Miasm: Syphilitic

Relationships:

- Complementary: Baryta muriaticum

10.4 Cantharis

General Portrait:

A violent inflammatory remedy for acute nephritis or cystitis with intense burning, cutting pains.

Mental Generals:

- Rage, frenzy during pain
- Delirium in high fever

Physical Generals:

- Chilly, very sensitive to touch
- Thirst with aversion to drinking due to pain

Particulars in CKD:

- Scanty, bloody urine passed in drops
- Tenesmus of bladder



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- Pain radiating from kidneys to groin

Modalities:

- **Aggravation:** Touch, urination
- **Amelioration:** Warm applications

Miasm: Sycotic

10.5 Lycopodium clavatum

General Portrait:

A polycryst for right-sided renal disease with marked digestive symptoms and slow deterioration.

Mental Generals:

- Lack of self-confidence despite capability
- Irritable on waking

Physical Generals:

- Craving for sweets
- Bloating after small amounts of food
- Warm-blooded, worse from heat

Particulars in CKD:

- Right kidney more affected
- Nocturnal polyuria, scanty daytime urine
- Urine with red sand sediment

Modalities:

- **Aggravation:** Afternoon 4–8 PM, heat
- **Amelioration:** Cold drinks, movement

Miasm: Psoric-sycotic

10.6 Mercurius corrosivus

General Portrait:

Suited to rapidly destructive renal inflammation.



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Mental Generals:

- Irritable, suspicious
- Confusion in advanced disease

Physical Generals:

- Profuse salivation, offensive breath
- Alternating heat and chill

Particulars in CKD:

- Bloody, albuminous urine
- Tenesmus of bladder and rectum
- Burning and cutting on urination

Modalities:

- **Aggravation:** Night, damp weather
- **Amelioration:** Rest

Miasm: Syphilitic

10.7 Phosphorus

General Portrait:

Tall, slender, sensitive constitutions with degenerative renal changes.

Mental Generals:

- Fear of being alone
- Sympathetic, weeps easily

Physical Generals:

- Craves cold drinks, ice cream
- Weakness after small exertion

Particulars in CKD:

- Profuse pale urine, later suppression
- Hematuria in degeneration
- Tendency to hemorrhage



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Modalities:

- **Aggravation:** Twilight, lying on left side
- **Amelioration:** Cold drinks, sleep

Miasm: Psoric

10.8 Terebinthina

General Portrait:

Indicated for renal inflammation with marked urinary discoloration and GI symptoms.

Mental Generals:

- Irritable, sensitive to noise

Physical Generals:

- Nausea, abdominal distension
- Offensive stools

Particulars in CKD:

- Smoky, coffee-colored urine
- Uremic headache, confusion
- Burning along ureters

Modalities:

- **Aggravation:** Cold, damp
- **Amelioration:** Warmth

Miasm: Syphilitic

11. Management Framework for CKD in Homeopathy

Step 1: Constitutional evaluation

Step 2: Miasmatic mapping

Step 3: Acute intercurrent remedies for flare-ups

Step 4: Regular monitoring of eGFR, electrolytes

Step 5: Lifestyle and diet counseling

11. Management Strategy



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11.1 Case Taking

- Full history including mental/emotional state
- Miasmatic analysis
- Family history

11.2 Remedy Selection

- Match totality of symptoms
- Prioritize miasmatic similitude

11.3 Potency and Repetition

- Low potency and infrequent repetition in advanced pathology
- Monitor renal function regularly

11.4 Supportive Care

- Salt restriction, fluid balance, avoid nephrotoxins
- Integrate with conventional care

12. Integration with Allopathy

- Homeopathy can be supportive in all CKD stages
- Close coordination with nephrologist
- Avoid abrupt withdrawal of conventional medicines