

Complementary and Alternative Medicine (CAM) in Chronic Kidney Disease (CKD): More Evidence Needed

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Letter to Editor

Dear Editor,

Chronic Kidney Disease (CKD) is an irreversible condition that is now becoming a global threat worldwide. The overall prevalence of CKD in the United States is expected to rise from 13% between 1999 to 2004 to 16.7% in 2030 [1]. In Malaysia, it was reported that 2.5 million of Malaysian has been diagnosed with CKD and there is a steady increase of 500,000 to 600,000 patients annually [2]. As this condition is irreversible, the control of blood pressure, glucose, cholesterol and renal replacement therapy serve as the cornerstone of treatment of CKD.

The use of Complementary and Alternative Medicine (CAM) has been extensively reported in patients with chronic diseases, such as cancer, hypertension, diabetes mellitus and asthma. Interestingly, only a handful of studies have been carried out to determine the prevalence of CAM use in different stages of CKD [3-10]. The prevalence of CAM use reported from these studies ranged from 24 - 64 percent. The studies focused on different subtypes of CKD, but were mostly conducted in patients with advanced stage of CKD (dialysis patients) [4-7,10]. The high prevalence of CAM use may be due to unaffordable treatment options, such as renal replacement therapy, especially in low and middle-income countries. Albeit routinely advised to abstain themselves from using herbs in view of their failing kidney, herbs are reported to be the most common form of CAM used by CKD patients [6,8-10]. The reasons why CKD patients are using CAM are due to strong influence from family and friends, as well as perceived benefits of the CAM recommended [11]. Many studies revealed low disclosure rates (10-30%) of their CAM use to the attending physicians [3,6,8,9].

Conspicuous use of herbal medicine may be a growing threat to CKD patients. The risks of using herbs in CKD patients include worsening of kidney functions, as demonstrated to be caused by a few herbs that contain aristolochic acids as one of the active bio-compounds. We would like to draw attention on the risks posed by some herbal medicines, especially in Chinese herbal medicine that may contain renal toxic herbs. The available herbal products are mostly not well regulated and have no clear statement of content and medically-related information. This condition has worsened with various marketing strategies of herbal companies through mass and social media that leads to surge of public interests in the use of herbal medicine regardless of their low credibility.

On the other side of the coin, a few compounds like curcumin and resveratrol have been shown to possess renoprotective effects by modulating inflammation processes. The potential benefits of herbs are

mainly derived from in vivo studies. More clinical studies are needed to determine the renoprotective effects in patients. CAM may also help CKD patients in slowing the progression of renal failure and alleviating some of the symptoms of CKD, such as pruritus, fatigue, depression and uremic bruising [12].

CKD has been known to significantly impair the quality of life of the patients. A review by Soni et al. [13] stated that even patients who are at earlier stages of CKD (stage 1 and 2), already had a decreased health-related quality of life (HRQOL) compared to the normal population. The efficacy of mind-body medicine, like acupuncture, acupressure, yoga and Tai-chi in improving HRQOL of CKD patients have been highlighted in a few studies, but many of the studies either suffer from poorly designed methodology or small sample size. It is also unclear whether patients use CAM to restore their kidney functions or to treat CKD-related symptoms, such as pruritus, anemia, sexual dysfunction or depression. Therefore, we strongly urged more studies to be carried out to ascertain the real reason of CAM usage in CKD patients and whether there is any significant improvement in the HRQOL of CKD patients after using CAM. It is imperative that future studies are well-designed, so that more evidences on efficacy and safety data are produced which could eventually improve CKD patients HRQOL.

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