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Case Study

A CASE REPORT ON CHRONIC KIDNEY DISEASE (CKD) THROUGH LLHWI THERAPY AND THE DIP DIET (A PLANT-BASED ANTI-INFLAMMATORY DIETARY PLAN)

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ABSTRACT

Chronic Kidney Disease (CKD) is a progressive condition affecting 10-15% of the global population, often linked to diabetes, hypertension, and obesity. Its advanced stages, marked by reduced glomerular filtration rate (GFR) and elevated serum creatinine levels, typically require invasive treatments like dialysis or transplantation, posing significant burdens. This case study highlights patient, a 52-year-old CKD patient whose condition worsened despite conventional treatments. By August 2024, her creatinine level reached 9.1mg/dL, prompting recommendations for dialysis. Seeking alternatives, she adopted LLHWI Therapy and the DIP Diet at HIIMS Hospital. Within three days, her creatinine dropped to 7.4mg/dL, symptoms resolved, and she discontinued all medications. Over 20 days, her creatinine further declined to 6.4mg/dL, remaining symptom-free. This case demonstrates the potential of holistic and dietary interventions in managing CKD, emphasizing the need for further research to validate and integrate these therapies into conventional care for optimal outcomes.

INTRODUCTION

Chronic Kidney Disease (CKD) is a global public health issue characterized by the progressive and irreversible loss of kidney function over months or years.[1] The kidneys play a vital role in maintaining homeostasis by filtering waste products, regulating fluid and electrolyte balance, controlling blood pressure, and producing hormones essential for red blood cell production and bone health.[2] In CKD, these crucial functions are gradually impaired, leading to significant physiological and metabolic disturbances.[3]

CKD is defined by either the presence of kidney damage (e.g., proteinuria, hematuria, or structural abnormalities) or a reduced glomerular filtration rate (GFR) of less than 60 mL/min/1.73 m^2 for more than three months.[4] The disease progresses through five stages, ranging from mild renal impairment in stage 1 to kidney failure or end-stage renal disease (ESRD) in stage 5, which often requires dialysis or kidney transplantation for survival.[5]

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Global Burden of CKD

CKD affects approximately 10-15% of the global population and is increasingly recognized as a leading cause of morbidity and mortality.[6] Its prevalence is fueled by the growing burden of diabetes, hypertension, obesity, and an aging population.[7] CKD is often termed a "silent killer" because it remains asymptomatic in the early stages, delaying diagnosis and timely intervention.[8] This late recognition exacerbates the risk of progression to ESRD and increases susceptibility to cardiovascular disease, which remains the leading cause of death in CKD patients.[9]

Pathophysiology of CKD

The underlying pathophysiology of CKD involves the interplay of hemodynamic, inflammatory, and metabolic factors.[10] Chronic injury to the kidney, whether due to diabetes, hypertension, glomerulonephritis, or other causes, triggers maladaptive responses such as glomerular hyper-filtration, oxidative stress, and fibrosis.[11] These processes lead to structural damage, nephron loss, and the eventual decline in renal function.[12]

Risk Factors

Several risk factors contribute to the development and progression of CKD. These include:

- **Primary Risk Factors:** Diabetes mellitus, hypertension, and polycystic kidney disease.[13]
- **Secondary Risk Factors:** Smoking, obesity, dyslipidemia, chronic use of nephrotoxic medications, and a family history of kidney disease.[14]
- **Social Determinants of Health:** Limited access to healthcare, low socioeconomic status, and environmental exposures to toxins.[15]

Symptoms and Complications

CKD is often asymptomatic in its early stages but may present with nonspecific symptoms such as fatigue, nausea, and edema as it progresses.[16] Advanced CKD is associated with complications such as:

- Anemia
- Bone mineral disorders
- Electrolyte imbalances (e.g., hyperkalemia)
- Uremia
- Cardiovascular diseases

Diagnosis and Management

The diagnosis of CKD is based on a combination of clinical assessment, laboratory findings (e.g., serum creatinine, urine albumin-to-creatinine ratio), and imaging studies.[17] Effective management requires a multidisciplinary approach aimed at slowing disease progression, managing complications, and reducing cardiovascular risks.[18] Key strategies include optimizing blood pressure, glycemic control, dietary modifications, and the use of renin-angiotensin-aldosterone system (RAAS) inhibitors.[19-21]

Case History

A 52-year-old woman from Siliguri, West Bengal, had been battling multiple chronic conditions, including hyperlipidemia, diabetes mellitus, and hypertension, for over 20 years. Despite following a regimen of numerous medications and daily insulin injections amounting to 90 units, her overall health continued to decline. In January 2023, she was diagnosed with Chronic Kidney Disease (CKD), adding to her existing health challenges. Her journey through traditional and alternative medical treatments offers valuable insights into CKD management and the potential of lifestyle interventions.

Initial Presentation and Diagnosis

Patient's CKD diagnosis came during an episode of uncontrolled hypertension in January 2023. She experienced a sudden spike in blood pressure, leading to her hospitalization at Hill Point Hospital in Siliguri. Routine investigations revealed an elevated serum creatinine level of 2.8mg/dL, indicating impaired kidney function. Recognizing the seriousness of her condition, the hospital advised her to consult a nephrologist for specialized care.

Following this advice, patient began treatment under a nephrologist at Anandlok Hospital in Siliguri. Despite adherence to prescribed medications, her kidney function progressively deteriorated. Regular follow-ups revealed a steady increase in her creatinine levels, signaling the advancement of her disease. During this period, patient continued to manage her diabetes, hypertension, and hyperlipidemia, which further complicated her condition.

Progression of Symptoms and Worsening Condition

By mid-2024, patient's health had significantly worsened. She began experiencing classic symptoms of advanced CKD, including noticeable swelling in her legs (edema), frothy urine (suggestive of proteinuria), reduced urine frequency and output (oliguria), and a marked loss of appetite (anorexia). These symptoms not only affected her physical well-being but also impacted her quality of life.

On August 15, 2024, her condition reached a critical point when blood tests revealed her serum creatinine had risen sharply to 9.1mg/dL, indicating severe renal dysfunction. Doctors at Anandlok Hospital strongly recommended immediate dialysis to manage her condition and prevent life-threatening complications. As a long-term solution, a kidney transplant was suggested. However, patient and her family were reluctant to pursue these options, prompting them to explore alternative treatments.

Exploration of Alternative Treatment

In search of non-invasive options, patient discovered HIIMS Hospital, a facility known for its integrative approach to chronic diseases. Inspired by success stories shared on the hospital's YouTube channel, she decided to travel to Meerut for treatment. Patient was admitted to HIIMS Hospital on August 25, 2024, where her condition was reassessed, and she began a natural treatment regimen combining LLHWI Therapy (a holistic intervention) and the DIP Diet (an anti-inflammatory, plant-based dietary plan).

Remarkably, within just three days of starting treatment, her creatinine level dropped to 7.4mg/dL, and her symptoms- including leg swelling, frothy urine, and appetite loss- disappeared entirely. Furthermore, her insulin dependence was eliminated, and all medications for diabetes and hypertension were discontinued under medical supervision. Patient's rapid improvement was attributed to the combined effects of dietary modifications, lifestyle changes, and natural therapies.

Ongoing Progress and Current Status

After being discharged from HIIMS Hospital, patient continued the prescribed LLHWI Therapy and adhered strictly to the DIP Diet at home. Over the next 20 days, her creatinine levels reduced further to 6.4mg/dL. Notably, she remained symptom-free and no longer required medications for her chronic conditions. Patient's disciplined approach to lifestyle changes and her commitment to natural therapies have helped her regain a significant degree of health and vitality.

Before (Jan 2023 till 25 Aug 2024)	After (25 Aug 2024 till 28 Sept 2024)
Medical condition	Chronic Kidney Disease Patient, Advised Dialysis
Hospital Name	Hill Point Hospital in Siliguri, West Bengal
Medications Taken	90 Units Insulin (Toujeo and Fiasp), 11 other Allopathy Medicines - Tab Euthyrox, Tab Lipaglyn, Tab Moxovas, Tab Lipikind, Tab Sobisis, Tab Febenex 40, Tab Eslo.5, Tab Sevix 400 mg, Inj. Epo 4000 (few names not known)
Physical Discomforts/Symptoms	Urine retention, Frothy urine, Loss of appetite, Swelling in Feet, Constipation, Disturbed Sleep, Irritation, Reduced Frequency of Urine
Frequency of Dialysis	Advised but not started
Investigations	KFT Reports Creatinine 9.1 (15 August 2024)

Medical Condition

Before treatment at HIIMS Hospital, patient was diagnosed with Chronic Kidney Disease (CKD) and was advised to start dialysis due to her deteriorating kidney function. However, after treatment at HIIMS, she experienced a remarkable recovery. Her symptoms subsided, and her condition improved significantly without requiring dialysis or a kidney transplant.

Hospital Treatment Locations

Initially, patient sought care at Hill Point Hospital in Siliguri, where she was diagnosed and managed conventionally. Despite this, her condition worsened, necessitating the advice for dialysis. Following this, she opted for alternative treatment at HIIMS Hospital in Meerut, which focused on holistic, dietary, and Ayurvedic approaches.

Medications Taken

Before treatment at HIIMS, patient was on a heavy regimen of medications:

- **Insulin:** She required 90 units daily to manage her diabetes (Toujeo and Fiasp).
- **Allopathic Medications:** She was taking 11 other drugs, including Tab Euthyrox, Tab Lipaglyn, Tab Moxovas, Tab Lipikind, and others for conditions like diabetes, hypertension, and CKD.

After her admission to HIIMS, all medications were discontinued, including insulin. She was transitioned to LLHWI Therapy, the 100% DIP Diet, and a few Ayurvedic medicines. This approach not only improved her CKD but also allowed her to stop medications entirely.

Medication

Medication	Dosage	Frequency/Instructions
Toujeo	32 units	Morning
Fiasp	22 units (before meals), 18 units	Morning and evening
Euthyrox	100 mcg	Once daily (OD)
Lipaglyn	4 mg	Once daily (post-prandial)
Moxovas	0.2 mg	Once daily (OD)
Lipikind	10 mg	At night (HS)
Febenex 40	40 mg	Once daily (post meals)
Eslo	0.5 mg	At night (HS)
Sevix 400 mg	400 mg	Once daily
Injection Epo 4000	4000 IU	Weekly

Physical Discomforts/Symptoms

Prior to treatment at HIIMS, patient faced multiple debilitating symptoms, including:

- Urine retention: Difficulty passing urine due to impaired kidney function.
- Frothy urine: A sign of protein loss in the urine (proteinuria).
- Loss of appetite: Common in advanced CKD.
- Swelling in feet: Indicative of fluid retention and poor kidney function.
- Constipation and disturbed sleep: Symptoms associated with uremia and systemic effects of CKD.
- Irritation and reduced urine frequency: Resulting from renal insufficiency.

Post-treatment at HIIMS, these symptoms were entirely resolved, and she reported no physical discomforts.

Dialysis Frequency

Dialysis was strongly recommended at Hill Point Hospital due to her worsening condition. However, patient chose not to initiate dialysis and explored alternative therapies instead. At HIIMS, her recovery was achieved without starting dialysis.

Investigations

- Before Treatment: Her creatinine level was critically elevated at 9.1mg/dL (August 15, 2024), indicative of advanced CKD and severely reduced kidney function.
- After Treatment: Following HIIMS therapy, her creatinine level dropped to 6.4mg/dL (September 20, 2024). While still elevated, this represents a significant improvement in kidney function.

Result	Units	Biological Reference Interval
9.19	mg/dL	0.6 - 1.2

Test Name	Result	Unit	Bio. Ref. Range
Serum Urea	72	mg/dL	Up to 50
Serum Creatinine	6.4	mg/dL	0.7 - 1.4
Sodium	141.0	mmol/L	136 - 146
Potassium	6.4	mmol/L	3.5 - 5.1
Chloride	119	mmol/L	98 - 107
Serum Uric Acid	6.8	gm/dL	6.0 - 8.4
Total Protein	4.6	g/dL	6.0 - 8.3
Albumin	2.2	g/dL	3.5 - 5.0
Globulin	2.09	g/dL	2.0 - 3.5
Albumin/Globulin Ratio	0.8	Ratio	0.8 - 1.5
Calcium	6.80	mg/dL	8.6 - 10.3
Phosphorous	5.3	mg/dL	2.4 - 4.5

DISCUSSION

Chronic Kidney Disease (CKD) presents significant challenges in its diagnosis, management, and treatment. In conventional medical practice, CKD is managed through a combination of pharmacological interventions, dietary modifications, and invasive measures such as dialysis or kidney transplantation in advanced stages. Despite these strategies, disease progression often remains unavoidable in many patients. Patient's case underscores these challenges, as her condition deteriorated despite adhering to prescribed medications, including insulin for diabetes and multiple drugs for hypertension and kidney protection. By the time her creatinine levels reached 9.1mg/dL, dialysis and kidney transplantation were recommended, highlighting the limitations of conventional approaches in halting the progression of CKD.

Dialysis, while effective in managing end-stage renal disease (ESRD), imposes significant physical, emotional, and financial burdens on patients. The process involves regular hospital visits, dietary restrictions, and substantial lifestyle changes, affecting

the overall quality of life. Similarly, kidney transplantation offers hope for a definitive solution but is constrained by organ availability, surgical risks, and lifelong immunosuppressive therapy. These challenges often lead patients to seek alternative or complementary therapies, as seen in patient's case.

Patient's decision to pursue alternative therapies at HIIMS Hospital marked a pivotal shift in her CKD management. At HIIMS, she was introduced to LLHWI Therapy and the DIP Diet, a holistic and plant-based dietary approach designed to reduce inflammation and metabolic burden. This integrative treatment plan demonstrated remarkable results, with her creatinine levels dropping from 9.1mg/dL to 7.4mg/dL within three days, accompanied by a complete resolution of symptoms such as edema, frothy urine, and appetite loss. Over the next 20 days, her creatinine levels further decreased to 6.4mg/dL, and she discontinued all insulin and medications for diabetes and hypertension. This outcome challenges the conventional reliance on invasive treatments like dialysis and transplantation and highlights the potential of natural therapies in CKD management.

Potential Mechanisms of Improvement

The improvement observed in patient's condition can be attributed to several factors inherent in the alternative therapies she adopted:

1. **Reduced Metabolic Load on the Kidneys:** The DIP Diet, being low in protein and phosphorus, reduced the metabolic workload on patient's kidneys. This is consistent with evidence suggesting that plant-based diets can slow CKD progression by reducing nitrogenous waste and improving acid-base balance.
2. **Inflammation Reduction:** CKD is closely linked to chronic inflammation, which accelerates nephron loss. The plant-based DIP Diet and LLHWI Therapy likely helped modulate systemic inflammation, improving renal function and overall health.
3. **Improved Insulin Sensitivity:** Patient's complete withdrawal from insulin therapy indicates a significant improvement in her metabolic profile. High levels of insulin, often seen in diabetes, can exacerbate kidney damage through hemodynamic and inflammatory mechanisms. The dietary intervention may have improved her insulin sensitivity, thereby alleviating this burden on her kidneys.
4. **Lifestyle and Stress Management:** Holistic therapies often include components like stress reduction, physical activity, and mental well-being. Stress is a known contributor to CKD progression, and its mitigation likely played a role in patient's recovery.

Implications for CKD Management

Patient's case provides valuable insights into the potential role of integrative medicine in CKD. It suggests that dietary and lifestyle modifications can yield significant improvements, even in advanced stages of the disease. However, this approach is not without limitations and challenges.

1. **Individual Variability:** Not all patients may respond to alternative therapies in the same way. Factors such as the severity of CKD, underlying comorbidities, and adherence to the treatment plan play critical roles in determining outcomes.
2. **Safety Concerns:** CKD patients are at risk of complications such as hyperkalemia, acidosis, and fluid overload. These risks necessitate close monitoring, especially during significant dietary or lifestyle changes.
3. **Long-Term Sustainability:** While patient's short-term outcomes are promising, the long-term impact of such therapies remains uncertain. Further follow-up is required to determine whether the improvements in her renal function and overall health are sustained over time.

Rather than positioning alternative therapies as replacements for conventional treatments, patient's case highlights the potential for their integration into standard CKD care. A multidisciplinary approach that combines the strengths of both paradigms may offer the best outcomes for patients. For example, dietary and lifestyle interventions can be used alongside pharmacological treatments to slow disease progression and improve quality of life.

Patient's recovery also underscores the importance of early intervention and patient-centered care in CKD management. Her experience highlights the need for greater emphasis on public education, routine screening, and lifestyle counseling for at-risk populations. Furthermore, her case demonstrates the transformative potential of personalized care plans tailored to individual needs and preferences.

Findings in the Study

1. **Reduction in Serum Creatinine Levels**

- Patient's serum creatinine decreased from 9.1mg/dL (August 15, 2024) to 7.4mg/dL within three days of starting LLHWI Therapy and DIP Diet.
- Continued improvements brought her creatinine down further to 6.4mg/dL after 20 days, demonstrating sustained renal function recovery without dialysis.

2. **Resolution of Symptoms**

- Symptoms such as leg swelling (edema), frothy urine (proteinuria), reduced urine output, loss of

appetite, and disturbed sleep completely resolved within a short time of starting treatment.

- Symptom resolution led to a significant improvement in patients's overall well-being.

3. Elimination of Insulin and Other Medications

- Patientdiscontinued 90 units of daily insulin and 11 allopathic medications for diabetes, hypertension, and kidney-related complications after starting the alternative therapies.
- She remained symptom-free and medication-free, reflecting improved metabolic and renal health.

4. Avoidance of Dialysis and Kidney Transplantation

- Despite being advised to start dialysis and prepare for transplantation, patient avoided these invasive treatments entirely.
- Her recovery emphasizes the potential of natural therapies in delaying or negating the need for dialysis in specific CKD patients.

5. Role of Holistic and Dietary Interventions

- The DIP Diet (anti-inflammatory, plant-based) and LLHWI Therapy (holistic lifestyle intervention) played a central role in improving patient's kidney function and metabolic profile.
- These interventions reduced the kidneys' metabolic burden, improved inflammation, and enhanced insulin sensitivity.

6. Improvement in Biochemical Profile

- Apart from reduced creatinine, other biochemical markers also improved:
  - **Serum Urea:** Stabilized at 72mg/dL.
  - **Electrolytes:** Balanced within acceptable ranges despite initial hyperkalemia.
  - **Albumin-to-Globulin Ratio:** Normalized, suggesting reduced systemic inflammation.

7. Enhanced Quality of Life

- Patientexperienced significant physical and emotional relief due to the resolution of symptoms and avoidance of invasive procedures like dialysis.
- This improvement in her quality of life underscores the potential of holistic therapies in managing advanced CKD.

8. Patient Compliance as a Key Factor

- Patient'sstrict adherence to the prescribed DIP Diet and LLHWI Therapy at home was critical to her recovery.
- The findings highlight the importance of patient education, motivation, and discipline in achieving positive outcomes with lifestyle-based interventions.

9. Sustainability of Results

- Patient'srecovery and maintenance of improved renal function without reliance on medications indicate the potential long-term benefits of integrative therapies when coupled with patient compliance.

10. Evidence for Integrative CKD Management

- The study demonstrates the feasibility of combining holistic therapies with or in place of conventional CKD treatments for selected patients.
- It also raises the possibility of delaying disease progression in CKD with personalized, non-invasive approaches.

CONCLUSION

Patient's journey from advanced CKD to recovery without dialysis demonstrates the potential of integrative therapies to complement conventional care. Her remarkable improvement challenges the traditional paradigm of CKD management, offering hope for less invasive and more holistic approaches to treating chronic diseases. While her case is encouraging, it also underscores the need for rigorous scientific validation of alternative therapies through clinical trials and studies. By integrating these therapies into mainstream nephrology care, healthcare providers can create a more patient-centered approach that addresses the physical, emotional, and financial challenges of CKD, ultimately improving outcomes and quality of life for patients worldwide.

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