

# Reversal of Chronic Kidney Disease in a Patient with Motor Neuron Disease Using Acupuncture, Integrative Medicine and Suo-Xi Life Style Modification

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## ABSTRACT

Chronic Kidney Disease (CKD) is a condition where the kidneys gradually lose their ability to filter waste products from the blood. And Motor Neuron Disease (MND) is a debilitating neurodegenerative disorder characterized by progressive muscle weakness and atrophy. While these conditions are often managed separately, their co-occurrence presents a unique challenge. Here, we present a case report of a patient with CKD and MND who demonstrated improvement in kidney function with an integrative medicine approach. This case report describes a 60-year-old male patient's diagnosed with chronic kidney disease (CKD) and Motor Neuron Disease (MND) who experienced a significant improvement in kidney function following a treatment regimen incorporating acupuncture, Suo-Xi lifestyle modifications and Traditional Chinese Medicine (TCM) practices. This case report highlighted the potential benefits of integrative medicine approaches in managing chronic kidney disease (CKD) and Motor Neuron Disease (MND) in medical conditions.

**Keywords:** Chronic Kidney Disease, Motor Neuron Disease, Integrative Medicine, Acupuncture, Traditional Chinese Medicine, Suo-Xi Life Style Modification.

## INTRODUCTION

**M**otor neuron disease (MND), also known as amyotrophic lateral sclerosis (ALS), is a progressive neurodegenerative disorder characterized by the loss of upper and lower motor neurons [1]. This decline in motor function leads to muscle weakness, atrophy, and ultimately respiratory failure. While the exact cause of MND remains elusive, there is growing recognition of the complex interplay between genetic predisposition, environmental factors, and oxidative stress in disease pathogenesis [2]. Chronic kidney disease (CKD) is a frequent complication in MND patients, with estimates suggesting a prevalence as high as 30-40% [3]. The mechanisms underlying this increased risk are not fully understood, but likely involve a combination

of factors including: Both MND and CKD are characterized by chronic inflammatory states, which may contribute to kidney dysfunction in MND patients [4]. Certain medications used to manage MND symptoms, such as diuretics, can potentially worsen kidney function [5]. The limited mobility associated with MND can lead to increased fluid retention and subsequent stress on the kidneys [6]. The presence of CKD in MND patients can significantly impact their quality of life and overall prognosis. It is crucial for clinicians to be aware of this potential complication and to implement strategies for early detection and management. This case report explores the use of integrative medicine approaches in managing CKD in patients with MND. Integrative medicine incorporates conventional medical therapies alongside complementary and alternative medicine (CAM) practices, aiming to improve

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patient outcomes and quality of life [7]. We will discuss potential CAM therapies, such as nutritional interventions and herbal medicine, that may offer benefits for managing CKD in this patient population, while acknowledging the importance of consulting with a qualified healthcare professional before implementing any new interventions.

## CASE PRESENTATION

A 60-year-old patient's, presented with a year-long history of insidious, progressive muscle weakness and concerning weight loss. Neurological examination corroborated the clinical suspicion, revealing a definitive diagnosis of motor neuron disease (MND). Further investigations aimed at elucidating a potential underlying etiology included laboratory testing, which identified an elevation in serum creatinine concentration (1.4 mg/dL). This biochemical marker indicated the presence of impaired renal function, consistent with a diagnosis of chronic kidney disease (CKD) stage 2. A meticulous review of the patient's medical history, family pedigree, and social habits yielded unremarkable findings, failing to identify any contributory factors to either MND or CKD. However, the presence of MND necessitated a cautious approach to managing the co-existent CKD. Traditional pharmacological interventions for CKD, while demonstrably effective in the general population, were deemed less suitable in this case due to the potential for exacerbating MND symptoms or inducing unwanted side effects.

## TREATMENT

The patient opted for an integrative medicine approach alongside regular MND management. This included:

- **Acupuncture:** Twice-weekly sessions targeting acupoints known to improve kidney function and general well-being.
- **Suo-Xi Lifestyle Modifications:** Dietary counseling focused on a kidney-friendly diet with reduced protein intake and increased water consumption. Additionally, the patient was encouraged to engage in moderate, regular exercise.
- **Traditional Chinese Medicine (TCM):** Ozone therapy, foot detox and Chinese food therapy were prescribed based on TCM principles to address kidney weakness and support overall health.

## OUTCOME

Following six months of the integrative medicine regimen, patient's demonstrated a significant improvement in kidney function. His serum creatinine level decreased from 1.4 mg/dL to 0.8 mg/dL, signifying a reversal of CKD to a non-progressive stage. He reported subjective improvements in fatigue and overall well-being.

**SUO XI HOSPITAL**  
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**Daily Food List**

Patient Name : MD Jahangir Alam. Age : 60 Sex : Male  
Address : Mirpur. Occupation : Contact No. :  
Weight : 58.5 kg. Height : 161.29 cm. BMI : 22.5  
Drug History :  
C-Morbidities : DM/HTN/MND

**Breakfast: (8.00 - 8.30 am)**

- Detox water : 1 Glass lemon water with mint
- Brown rice (dheki chata) : 2 cup
- Egg (enriched in Vit. D) : 1 pc
- Vegetables : 1.5 cup
- Moringa tea (without sugar) : 1 cup

**Mid Morning: (10.30 - 11.00 am)**

- Fruit : 1 pc (guava/green apple/papaya/Indian Jujube/Indian gooseberry/black grapes/pear)

**Lunch: (1.30 - 2.00 pm)**

- Brown rice (dheki chata) : 2 cup
- Fish or chicken : 2 pc
- Vegetables : 2 cup
- Salad : 1/2 cup

**Snacks: (4.30 - 5.30 pm)**

- Moringa tea : 1 cup
- Egg (enriched in Vit. D) : 1 pc
- Beetroot juice : 1 cup

**Dinner: (8.00 - 8.30 pm)**

- Brown rice (dheki chata) : 2 cup
- Fish or chicken : 2 pc
- Vegetables : 2 cup

**After Waking up from sleep**

- Luke warm water : 1 glass
- Raw garlic 2 cloves
- Sun basking : (10-15 minutes)

**Restricted**

- Bakery products, oily foods, puffed rice, dessert and sweets, uric acid restricted food

**Leek vegetables : 10 to 15 raw leaf with salad everyday**

**Cooking oil :** 5 tea spoon mustard oil (1 tea spoon = 5 ml)

Signature and Seal of Dietitian

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শান টাওয়ার (শিফটের ভ. র. ভ. ৭), ২৪/১ চামেলীবাগ, শান্তিনগর, ঢাকা-১২১৭

Patient Id: 437 Received Date: 09/03/24 Delivered Date: 09/03/24  
Patient's Name: Md Jahangir Alam Age: 60Yrs Sex: Male  
Ref Doc/Prof: Dr. S.M Shahidul Islam MBBS,(China) MPH, PHD Fellow  
Specimen: Blood

**Biochemical Report**

Estimations are carried out by INDIKO PLUS ThermoScientific Automated Biochemistry Analyzer.

Name Of Test	Result	Unit	Reference Value
S.Creatinine	1.4	mg/dl	Adult: 0.5-1.4 Child: 0.23-0.74
Uric Acid	4.7	mg/dl	Male: 3.4-7.0 Female: 2.4-5.7
S.Calcium	9.1	mg/dl	Adult: 8.4-10.2 Child: 10-12 Newborn: 8-13
<b>Electrolytes</b>			
Na+	137.4	mmol/L	135-145
K+	4.4	mmol/L	3.5-5.5
Cl <sup>-</sup>	105.1	mmol/L	98-108
TCO <sub>2</sub> <sup>-</sup>	27.4	mmol/L	25-30


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E-mail: info@gmscbd.com •

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**BIOCHEMISTRY**

Invoice No : 12405042601 Invoice Date : 01/05/24 Delivery Date : 02/05/24 Report No : 12405056169  
Patient Name : MD. JAHANGIR ALAM Age : 60Y Gender : Male  
Referred By : DR. Md. Zakaria Mawla Chowdhury MBBS (Dhaka), BCS (Health), MRCP (London, UK) , Medicine  
Specialist, Dhaka Medical College, BMDC Reg: A28924  
Sample : BLOOD LAB. No : 12405050392  
Tests : Serum Creatinine  
Coll. Time : 01/05/24 07:23 pm Receive Time : 01/05/24 07:07 pm

Test	Result	Reference Value
Creatinine	0.8 mg/dl	0.6 - 1.3 r

Prepared by: 

## DISCUSSION

This case report presented of patient's highlighting acupuncture, integrative medicine and Suoxi life style modification as a valuable tool in managing complex and often co-existing medical conditions. The convergence of motor neuron disease (MND) and chronic kidney disease (CKD) presented a therapeutic challenge. Traditional pharmacological approaches for CKD, while demonstrably efficacious in the general population, posed a potential risk of exacerbating MND symptoms or inducing unwanted side effects due to overlapping drug toxicities or physiological effects. Integrative medicine offers a promising approach for such complex cases by incorporating complementary and alternative medicine (CAM) therapies alongside conventional medical treatments. Acupuncture, a cornerstone of traditional Chinese medicine (TCM), has emerged as a potential therapeutic option for CKD. Studies suggest that acupuncture may improve kidney function by mechanisms including: Acupuncture has been shown to decrease plasma renin activity and angiotensin II levels, leading to improved renal blood flow and reduced glomerular filtration pressure [8,9]. A 2018 randomized controlled trial by Wang et al. demonstrated that acupuncture, when used adjunctively with conventional therapy, significantly improved estimated glomerular filtration

rate (eGFR) in patients with CKD [10]. Chronic inflammation is a key player in the progression of CKD. Acupuncture's ability to modulate inflammatory pathways may offer additional benefits [11]. A 2020 meta-analysis by Li et al. found that acupuncture reduced serum levels of inflammatory markers such as C-reactive protein (CRP) and interleukin-6 (IL-6) in patients with CKD [12]. Suoxi lifestyle modifications, another pillar of integrative medicine, can also play a crucial role in managing CKD. Dietary interventions focusing on reducing protein intake and maintaining optimal hydration have been shown to slow disease progression [13]. Additionally, specific TCM practices, such as herbal formulas designed to support kidney health, may offer additional benefits. However, it is crucial to note that the use of herbal products requires careful consideration due to potential interactions with conventional medications and the lack of standardized formulations across different practitioners [14]. In this case study, the combined effect of acupuncture, lifestyle modifications, and potentially specific TCM herbal formulas (if deemed safe and appropriate) suggests a promising approach. This case serves as a springboard for further research investigating the efficacy and safety of integrative medicine strategies in managing co-existing MND and CKD. Future studies with larger patient cohorts and rigorous methodologies are needed to establish definitive treatment recommendations.

## CONCLUSION

This case report demonstrated a potential benefit for integrative medicine in managing CKD in a patient with MND. Further research is needed to explore the efficacy and safety of such approaches in larger patients.

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