

A Case of Early Renal Functional Impairment Resolved with Nutrients and Botanicals

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Abstract

The use of three herbal/nutritional products over a period of two months normalized blood urea nitrogen (BUN), serum creatinine, and creatinine clearance in a case of early functional kidney impairment. Although previous use of intravenous EDTA resolved Raynaud's syndrome symptoms, it provided little improvement to abnormal creatinine clearance.

(*Altern Med Rev* 2003;8(1):55-58)

Introduction

The term renal failure implies azotemia, retention of nitrogenous wastes, as indicated by parameters such as elevated blood urea nitrogen, lowered creatinine clearance, or lowered glomerular filtration rate. Azotemia progresses to uremia, resulting in impaired fluid volume regulation, acid-base balance, electrolyte balance, excretion of waste, or endocrine functions related to renin, erythropoietin, or active vitamin D.

Chronic renal failure results from a variety of causes, including autoimmunity, diabetes, atherosclerosis, or multiple myeloma. Onset of failure is insidious, with watchful waiting during early stages. One of the authors initiated a treatment using three over-the-counter nutritional/botanical supplements (Table 1) that furnished improvement in laboratory parameters for several cases of chronic renal failure. The case presented here is a carefully documented example.

Initial Patient Data

An 83-year-old male first visited the clinic in August 1999 accompanied by previous laboratory studies that were causing him concern about the condition of his kidneys, although he had no symptoms ascribable to kidney failure. He was alert, interested in a healthy future, in no distress, played golf three times weekly using a cart, and was in apparent good health for his age. He had previously been placed on prescriptions of Prinzide (a diuretic for hypertension that was controlled), Naproxen (for arthritis of the left knee), and Alphagan (for glaucoma). These prescriptions were in current use. Notable also were a subnormal body temperature of 96.5°F and a lack of cartilage in the left knee confirmed twice by radiology. Accompanying laboratory data from June 1999 showed abnormally high serum values of blood urea nitrogen (BUN) of 32 (reference range 0.8-24 mg/dL) and creatinine of 1.6 (reference range 0.8-1.5 mg/dL). The remainder of the CBC and serum profile was within normal limits.

Because of the patient's insistence that his kidney problem be addressed, the possibility that age-related atherosclerosis might be responsible was considered and chelation therapy with EDTA

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suggested.¹ A thyroid profile and creatinine clearance were obtained and referral was made to an orthopedic physician to check for possible application of Synvisc (a semi-synthetic substitute for joint fluid) injection to the left knee.

The orthopedist decided not to employ Synvisc immediately, but suggested Naproxen might be the cause of the kidney problem and advised discontinuation. After one week without Naproxen, the patient experienced aggravation in the left knee and found he could no longer do pushups because of pain in the left wrist; therefore, he resumed Naproxen.

The thyroid profile of TSH, T4, T3, and reverse T3 was within the mid-reference range, except for T4, which, at 11.7, was just outside the reference range. The creatinine clearance was low at 53 mL/min (reference range 70-157 mL/min). Decision was made by the patient to engage in chelation therapy for one round (15 treatments) at a relatively low dose because of the abnormally low creatinine clearance. Suggestion was made for use of the enzyme bromelain before meals, as that has improved low creatinine clearance in some patients.

Initial Treatment

In November 1999, after 13 chelation treatments, the creatinine clearance still remained abnormally low at 60 mL/min. The patient then disclosed a problem with Raynaud's syndrome (causing white fingers at temperatures below 40°F) was no longer occurring. Chelation therapy was continued for a total of 23 treatments (from August 1999 to March 2000), each at half the usual strength because of the abnormally low creatinine clearance.

Table 1. Over-the-Counter Nutritional/Botanical Supplements

Chinese Herbal Formula – 500 mg capsules	
Rehmanniae Rx. Preparata	
Dioscoreae Rz.	
Corni Fr.	
Poria cocos Rx.	
Alismatis Rz.	
Cinnamomi Cx.	
Aconiti Rx. Preparata	
Ayurvedic Herbal Formula	
Didymocarpus pedicellata	100 mg
Saxifraga ligulata	100 mg
Rubia cardifolia	25 mg
Ocimum basilicum	25 mg
Achyranthes aspera	25 mg
Cyperus rotundus	25 mg
Crataeva religiosa	50 mg
Vitamin B6	25 mg
Magnesium aspartate	100 mg
Uva ursi	100 mg
Nutritional/Botanical Formula	
Vitamin A	5,000 IU
Vitamin C	100 mg
Vitamin B6	10 mg
Potassium	99 mg
Raw Kidney Concentrate (bovine)	300 mg
Stinging Nettle Leaf 5:1 Extract (<i>Urtica dioica</i>)	50 mg
Dandelion Root (<i>Taraxacum officinale</i>)	50 mg
Parsley Leaf (<i>Petroselinum crispum</i>)	50 mg

In addition, a chitin product was employed that has been reputed in the literature to improve kidney filtration.² The recommended dose of chitin is 1,350 mg three times daily, although the patient

Table 2. Patient Kidney Function Tests

Date	BUN mg/dL	Serum Creatinine mg/dL	24 hr Creatinine Clearance mL/min
1996	27	1.4	
1997	30	1.4	
1998	29	1.5	
6/10/99	32 (H)	1.6 (H)	
8/5/99	Initial visit		53 (L)
11/16/99			60 (L)
1/24/00			55 (L)
3/24/00			62 (L)
4/7/00	30 (H)	1.7 (H)	
11/9/00			64 (L)
3/16/01			56 (L)
4/2/01	Started program with the three OTC products		
6/7/01	27 (H)	1.5 (H)	109
10/5/01	23	1.4	106

used it only twice daily. No indication of effectiveness was noted over four months of use.

During a period of seven months, no significant changes were noted in BUN or creatinine clearance (Table 2) using chelation therapy, bromelain, or chitin.

In April 2000, surgery for left knee replacement was satisfactorily performed, leaving the patient pleased and with better golfing performance. He did not discontinue Naproxen after the surgery.

Final Treatment, Follow-up, and Results

In April 2001, with the most recent creatinine clearance at 56, the patient's renal impairment was stable but continuing. The therapy program referred to in Table 1 was begun, with two capsules, three times daily of each. On June 7, 2001, creatinine clearance was within normal range for the first time at 109 mL/min. Continuation of the three supplements and repeat creatinine clearance on October 5, 2001 showed 106 mL/min. Note in Table 2 that BUN gradually reduced, but remained at the high end of the normal range. It is planned to follow the patient on a six-month schedule, continuing the use of the three products mentioned. The actual origin of the reduced kidney function is still unknown.

Conclusion

Chelation therapy with intravenous EDTA did not appear to benefit the kidney filtration problem, in this case, but did resolve the patient's Raynaud's syndrome, which remained absent months later.

The use of the three nutritional/botanical products in combination appears to have normalized renal laboratory parameters in a case of early renal impairment within two months (as determined by levels of BUN, serum creatinine, and 24-hour creatinine clearance). Monitoring for an additional four months demonstrated sustained improvement. More severe cases of kidney failure have responded to varying extents. It is suggested this therapy be explored by other practitioners as a simple therapy for a difficult-to-treat condition.

Acknowledgements

DWL wishes to thank Richard and Jileen Russell and the Smiling Dog Foundation for a grant supporting this project, and Bastyr University for grant administration.

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