

From the Chairman's desk

India cannot afford the treatment of End Stage Kidney Failure. Yet, Chronic Kidney Disease (CKD) ranks 3rd amongst the life threatening diseases, following cancer and cardiac ailments. Every 10th Indian you meet on the road has CKD. By 2020 almost 50 – 100 million Indians would be struggling to cope with the problems of CKD. Thus truly, CKD is taking the shape of a global pandemic and yet it remains a highly under-recognized health problem in India.

What happens to these patients?????....Approx. 100,000 to 200,000 new patients develop kidney failure each year. **90% of these do not see a nephrologist.** Of the 10 to 20,000 new patients who initiate treatment, only 20% undergo kidney transplant. 60% drop out of the dialysis program in 3 months due to poverty. Barely 10 - 20% continue dialysis therapy in some form and these young people are between 30 – 40 yrs of age, thereby being the bread winners of the family. Only 4 - 5 % spend money from the pooled family sources and the rest depend on charities, loans, sale of property or jewellery. **Truly this country cannot afford treatment of End Stage Kidney Failure**

Thus, there is an urgent need for reaching out to people and increase awareness of early detection and prevention of kidney disease. Where to begin?....Obviously at the level of the primary physician, who in India still commands a great deal of faith and respect in the eyes of the patient and his family; who sees the patient very early when he is first diagnosed to have diabetes, hypertension, stone disease, UTI and all other illnesses which are forerunners to his developing Chronic Kidney Disease at a later stage. The primary physician is aware of his childhood history of nephritis and also of the family history of kidney disease. He can warn the radiologist against using radio-contrast dyes during X-Rays and also orthopaedicians to avoid using painkillers for his patient of early kidney disease. It is the primary physician who will pick up these high-risk patient groups and subject them to routine health check-ups. It is he who will order **microalbuminuria** testing in every diabetic or hypertensive. It is he who has to start **ACE-inhibitors**, explain to the patient the need for a revised **target BP of 120/80mmHg** and check his creatinine clearance at an early stage of CKD. So the primary physician plays a stellar role in early detection and spreading awareness of CKD

As the chairman of the Mumbai Kidney Foundation, I pledge to do my best in arranging such kidney disease detection camps for benefit of the patients and the community, to hold CMEs for primary physicians and regular updates on brochures pertaining to CKD.

This issue of **Kidney Health** is one such small step by our foundation to educate the medical fraternity. We would greatly appreciate feedback and newer ideas from you, so that together we could tackle the menace of CKD, the new global pandemic of lifestyle diseases.

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