

## The Relevance of World Kidney Day in India

The 9<sup>th</sup> of March is being observed as World Kidney Day by the various Kidney Health Organizations of the World. I hesitate to call it a 'celebration'- and yet we have reason to celebrate our conquest over communicable diseases like plague, small pox, pneumonia because of which people are living much longer than before. This victory has created new frontiers to be conquered in Medicine and these are the non-communicable and degenerative diseases like diabetes, hypertension, cardiovascular and cerebrovascular atherosclerosis, cancer, and chronic kidney disease. This is particularly true of the western and developed world. We in India still have a large share of infectious diseases claiming lives. Malaria, TB, malnutrition, dengue, hepatitis, HIV, leptospirosis, and natural disasters continue to decimate our country. Our government health programs continue to be overwhelmed and completely preoccupied by these problems. But the individual citizen, the medical fraternity, the social organizations and the NGOs, and the insurance and TPAs can ill afford to ignore the menace that is Chronic Kidney Disease or CKD as it is known today. "Why?" you may ask – quite justifiably. It is to answer this question that World Kidney Day is being observed.

Ignorance about kidney disease is abysmal! And it is universal. It would be expected and understandable amongst the uneducated "lay" public. It is forgivable amongst the educated but indulgent "lay" public obsessed with cholesterol and heart disease. But what is shocking and unforgivable is the ignorance of the medical fraternity. In the 1960's when I was a medical student, renal failure was a terminal illness, which was like a cancer where nothing could be done. Hardly anything was taught about it and very little learnt, because of the futility and helplessness of the condition. That era of futility and helplessness is over, and so this ignorance is unacceptable. As a first step towards alleviating ignorance, the NKF of USA revised the name of this problem from Chronic Renal Failure (CRF) to Chronic Kidney Disease (CKD) replacing the complicated and ill understood word "Renal" by the simple well understood word "Kidney". The sense of despondency and helplessness conveyed by the word "Failure" was replaced by the simple word "Disease".

We the nephrologists of Mumbai, styling ourselves as the "Mumbai Nephrology Group" and the NKF of India have made it our aim to educate and create awareness in the medical fraternity and the lay public about the following aspects of kidney disease.

1. That the population of patients suffering from CKD is increasing and almost 10% of the adult population is estimated to be already suffering from CKD.
2. That a large number of CKD patients escape detection because the currently available tests particularly Blood Urea and Serum Creatinine are insensitive and misleadingly negative when the disease is in the early stages.
3. In an attempt to overcome this deficiency in our diagnostic armamentarium, the disease is now classified into 5 stages. We have formulae like the Cockcroft and Gault formula which use the patient's age, sex, and race variable and derive the estimated kidney efficiency from the serum creatinine value (eGFR). These formulae help to recognize early kidney dysfunction i.e., Stage 1 and Stage 2 of CKD.
4. There are various medical interventions that are advised for each stage of CKD, and it is our aim to delay, postpone and even attempt to reverse the transition from Stage 1 to Stage 5.
5. That Stage 5 is the last and the most life threatening stage of this disease also known as ESRD wherein life is not possible without an extraordinary support system like either dialysis or kidney transplant. At this stage of disease the Indian patient becomes a burden on himself and/or his family who pay the cost of care (usually Rs. 20-30000/- per month) for the rest of his life. Insurance coverage is hardly ever

available for this disease and only the Central Government and the Railways along with a few philanthropic private employers like the Tatas, the Birlas, and the Ambanis pick up the tab for this care. For most others, this disease spells either physical doom or financial disaster and not more than 5% of the one lakh new Indian cases per year actually get dialysis or kidney transplant. The other 95% suffer and perish. Surprisingly, even in the USA where the government gives free dialysis and kidney transplant to its citizens, 25% of the ESRD patients die without dialysis and kidney transplantation.

6. Primary public health preventive measures must therefore be aimed at preventing the disease from developing in the "population at risk" (lets call them Stage '0' for convenience) i.e., diabetics, hypertensives, those with kidney stones and infections, "high risk" pregnancies, those who have had acute renal failure, senior citizens, those habitually using nephrotoxic drugs like pain killers, arthritis medicines, ayurvedic bhasmas, higher antibiotics, and X-ray contrast dyes, those drinking hard water, those with chronically infected sore throats and scabies, and those with family history of kidney disease. Public Awareness Programs must be aimed at identifying Stage '0' patients and instituting proper intervention.

7. There is a need for early detection of CKD in Stages 1 and 2, the stages at which reversibility and control are most feasible by

- Community detection projects like "SEEK" (Screening Early detection and Evaluation of Kidney disease)
- The International Society of Nephrology (ISN) has globally adopted the method of Dr. M.K.Mani Apollo Hospital, Chennai wherein a team of health care workers "adopt" a village with an approximate population of 10,000 for chronic kidney care.
- Encouragement of school health survey, pre-employment, and pre-military checkup, and periodic health checkups with stratification into stages from Stage 0 to Stage 5 of kidney patients.

REFERRAL TO THE NEPHROLOGISTS in the early stages of CKD is of paramount importance. These measures require awareness of kidney disease amongst doctors which must primarily be imparted in the medical curriculum of all type of medical training i.e., Allopathic, Ayurvedic, Unani, and integrated, both to doctors and paramedics. This should further be reinforced by periodical CMEs organized by the nephrology community.

What we are doing today is only a drop in the ocean of effort that we require to achieve these goals; but it is a beginning. And "well begun" is "half done"! We cannot however achieve this alone. We wish to spread this message of relevance not only to other medical organizations, NGOs, the public health authorities, the medical practitioners, health providers, and insurance companies but also to the individual Indian that chronic kidney disease is preventable and a lot can be done for those with mild CKD to prevent and delay ESRD. Mahatma Gandhi said "I cried for I had no shoes until I saw the man with no feet". The man with ESRD, like the man with no feet must not frustrate, but motivate those with early CKD to act in their own interest and not cry helplessly. "Two men looked out of the same window, one saw the mud below and the other saw the sky above", let us not give up hope – there is lots to do and to achieve. World Kidney Day is a celebration of our newly acquired knowledge and skills, which will help conquer CKD, a new frontier in preventive medicine.

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