



Shaping Tomorrow's Nephrology: Insight-Driven Kidney Care

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Irreversible End-Stage Kidney Disease After Short-Term Exposure to Tung Shueh Pill: A Second Reported Case of Herbal-Associated Nephropathy Complicated by -Restricted Multiple Myeloma

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Case Study : Chinese herbal medicines are widely used and commonly perceived as safe traditional therapies; however, increasing evidence has shown that some preparations may cause clinically significant nephrotoxicity. Tung Shueh pills, a proprietary Chinese herbal preparation frequently used for musculoskeletal pain, have been associated with kidney injury in only one previously reported case, which described biopsy-proven acute interstitial nephritis with subsequent renal recovery after discontinuation of the herbal preparation. We report a 75-year-old woman with no prior history of kidney disease who developed rapidly progressive kidney failure following ingestion of high-dose Tung Shueh pills for chronic back pain. One month after starting the medication, she presented with oliguria and severe azotemia requiring intermittent hemodialysis and subsequently progressed to irreversible end-stage kidney disease. Laboratory evaluation revealed persistent elevation of serum creatinine, markedly reduced estimated glomerular filtration rate, elevated cystatin C, and nephrotic-range proteinuria, while serum calcium remained normal at 8.46 mg/dL. Kidney biopsy was offered to investigate the abrupt onset of oliguria but was declined by the patient. Despite initiation of dialysis, her back pain worsened, prompting further evaluation. Magnetic resonance imaging of the spine demonstrated multiple lytic lesions suspicious for plasma cell dyscrasia, and bone marrow aspiration confirmed κ -restricted multiple myeloma. The patient was subsequently started on combination therapy with daratumumab, bortezomib, thalidomide, and dexamethasone (Dara-VTD). After three treatment cycles, a marked hematologic response was observed, with reduction of the serum free light chain κ/λ ratio from 352.8 to 3.4. Despite this favorable hematologic response, renal recovery did not occur and the patient remained dialysis dependent. To our knowledge, this represents the second reported case of kidney injury associated with Tung Shueh pill ingestion and the first documenting progression to irreversible end-stage kidney disease. The lack of renal recovery despite effective myeloma therapy suggests irreversible renal injury likely precipitated by herbal-associated nephrotoxicity.

Table 1. Comparison of Reported Cases of Tung Shueh–Associated Kidney Injury.png



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Table 1. Comparison of Reported Cases of Tung Shueh–Associated Kidney Injury

Feature	Diamond & Pallone, 1994	Present Case
Number of reported cases	First and only reported case at the time	Second reported case
Patient age / sex	50-year-old female	75-year-old female
Baseline kidney disease	None reported	None reported
Indication for Tung Shueh use	Arthralgias	Chronic back pain / arthralgias (osteoporosis-related)
Duration of exposure	Approximately 4 weeks	Approximately 30 days
Reported dose	Not reported	5 pills per dose, 3 times daily
Initial presentation	Oliguric acute kidney injury	Oliguria with rapidly progressive kidney failure
Peak serum creatinine	15.4 mg/dL	7.5 mg/dL (persistent)
Serum calcium	Not reported	Normal (8.46 mg/dL)
Proteinuria	Marked albuminuria	Nephrotic-range proteinuria (up to 3.4 g/day)*
Urinalysis	Hematuria, pyuria	Heavy proteinuria
Kidney imaging	Normal-sized kidneys	Preserved kidney size, mildly increased echogenicity
Kidney biopsy	Performed	Offered but declined
Histopathology	AIN with eosinophils	Not available
Toxicologic analysis	Mefenamic acid, diazepam detected	Not available
Renal replacement therapy	Temporary hemodialysis	Maintenance hemodialysis
Renal recovery	Yes	No
Final renal outcome	Recovery of kidney function	End-stage kidney disease
Subsequent diagnosis	None reported	κ-restricted multiple myeloma
Extra-renal imaging	Not reported	Lytic spinal lesions on MRI
Proposed pathogenesis	Drug-induced AIN (adulterants detected)	Multifactorial; likely herbally precipitated injury with concomitant plasma cell dyscrasia
Novel contribution	First report of Tung Shueh nephrotoxicity	First report of irreversible ESKD temporally associated with Tung Shueh pill use

*Proteinuria in the present case may have been partially attributable to monoclonal free light chain excretion in κ-restricted multiple myeloma.