KSN 2020
FULLY VIRTUAL MEETING

Abstract Type : Poster
Abstract Submission No. : PO-1469

Formulation and evaluation of Polyherbal formulation for kidney protection

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Objectives: The objectives of the study were to assess the potential of herbal formulation made up of Tribulus Terrestris, Wedelia chinensis leaves and *Vitis venifera* in possessing activity like nephroprotectivity and diuretic activity.

Methods: Different concentrations of Polyherbal formulations (250 and 500 mg/kg), furosemide (10 mg/kg) and vehicle were orally administered to rat (n = 6 animals per group) and their urine output was collected after 24h. The Urinary output, Osmolarity, pH, Na+, K+ and Cl− concentrations of urine were estimated. In Vitro Nephroprotective activity was evaluated using MTT cytotoxicity assay using mammalian cell culture.

Results: The results of the nephroprotective activities showed that the formulation mixture of herbs is an excellent source of organ stimulator with high therapeutical importance. There significant increase in Na+, K+, Cl− excretion, caused alkalinization of urine, showed strong Diuretic index, saluretic index and Natruretic index.

Conclusions: The hepatoprotective properties make this formulation a unique one focusing on kidney diseases. These finding strongly suggests that the Polyherbal formulations have a good diuretic activity on rats in the above experimental model.

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A complicated fistula in a renal transplant recipient.

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Case Study: Case Description:
A 53 year old male, renal transplant recipient presented with a large non-pulsatile firm swelling involving almost whole left fore-arm with atrophied surrounding fore-arm muscles. He had undergone renal transplant in 2003 and had good graft function. A radio-cephalic arterio-venous fistula was created on him about two years prior to transplant surgery in 2001. Fistula was unused since then. He had noticed increase in fistula size for last 5 years, initially pulsatile but gradually pulsation was lost but size continued to increase slowly. Patient was unable to use his left fore-arm because of weight of sac and associated atrophied muscle. On examination, there was a small trophic ulcer over the sac. Ultrasound-Doppler showed large sac without any flow with thrombosed blood. After proper evaluation and taking consent, we removed the sac along with involved skin. Patient recovered well with good cosmetic outcome and presently on physiotherapy to gain maximum fore-arm function. Figure 1 shows the aneurysmal sac with wasting of forearm muscles and skin ulcer. Figure 2 show post-operative status.

Pre operative images

Post operative images