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Avoiding dialysis in acute and chronic kidney failure

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Dialysis, besides being expensive, carries excess morbidity and mortality. The following two methods are offered to avoid dialysis in most patients:

- Acute kidney insufficiency (AKI) in euvolemic patients was treated medically with i.v. aminophylline, a nonspecific adenosine A1 and A2 receptor inhibitor, which increased urine flow within 4 hrs and lowered serum creatinine within 24 hrs. In 3 additional patients, oral theophylline lowered acutely elevated serum creatinine. Details are in patent US 6,998,404; Feb. 14, 2006; Treatment or prevention of acute renal failure.
- Chronic kidney disease (CKD) due to type 2 diabetes or hypertension can be reversed using the appropriate ACE inhibitor at a higher than conventional dose (PMID: 12396747). It should be possible to prevent 90% of ESRD.

By decreasing the number of ESRD patients by 90% over the next 5 years, it should be possible to make the world dialysisfree by 2020. The relatively few remaining ESRD patients (from ADPKD, IgA, etc.) should find enough kidneys for all of them to receive a transplant.

Biography

David W. Moskowitz graduated summa cum laude from Groton School, Harvard College, and Merton College, Oxford University (Marshall Scholar). His MD (cum laude) is from Harvard Medical School (HST Division). He was trained in medicine, biochemistry, and nephrology at Washington University (St Louis). After 11 year in academics, he founded GenoMed, a Next Generation Disease Management company (www.genomed.com). He has published extensively on ACE, which he believes may be a mechanosensor and redox sensor, and which appears to be an early step in 75% of common diseases. He is a pioneer in preventive molecular medicine, having first used the phrase in 1996.

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