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End stage renal disease- a review of contributing factors and treatment measures

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My prior presentation at the euro-nephrology conference in Rome in 2016 on “renal dysfunction stage II to IV and the amelioration via novel ace inhibitors was my initial interest in nephrology since it was one of the most challenges in a family practice settings in the region. Consequently, patients with eGFR as low as 33 have shown a full recovery to normal function as been achieved while on perindopril 8mg/day dosage for 12 months. My current research interest has been on recognizing contributing factors and suggesting treatment measures based on current clinical data from literature. A literature data was reviewed from January 2004 to date. Earlier years study showed prevalence of renal disease to ethnic origin with greater incidence of obesity, diabetes, metabolic syndrome and hypertension. Subsequently, an effective management of blood pressure for prevention of kidney disease and a family history of ESRD became the primary focus, in as early as 2005 ACE or ARBs were recognized for the prevention and treatment of CKD. In 2015, an association of acute kidney injury with the parameters eg. EGFR, Albuminuria, Diabetes mellitus and hypertension was recognized. In my past presentation of 2016 (Rome) an effective management of diabetes and hypertension was identified as most essential tool in prevention of CKD. Studies on rats demonstrated Glyrrhic acid treatment for the prevention of Nephropathy. In addition, recent studies have shown Linacotide administration to rats for the chronic kidney disease, amelioration. In my practise, treatment of Iron deficiency, event transiently showed relief from leg edema and likely cardio-vascular complications. An effective management of gout was seen as a further prevention of renal dysfunction. A role of newer Sartan analogues, medoximil and vitamin D supplementation deserves further studies in ESRD cases.

Biography

Vinod C Tawar has completed his Graduate degree at Bombay University in 1964 with major in Chemistry and a minor in Botany with honours. He has completed his postgraduate program in Technology of Pharmaceuticals and Fine Chemicals at Bombay University in 1966. In 1967, he has completed his Master's degree programme in pharmacology at University of Manitoba, Canada in 1969. In 1970, he has commenced his work as a toxicologist and had established a province wide analytical laboratory in the field till 1981. He has completed his MD degree from Medical School in 1985. He has also completed a 2 years residency, for a licensure as a physician. After a general practice of several years and pharmacology research he was awarded a family physician status in 2008. In the due course of his practise, he has continued with his interests in clinical research (diabetes, renal dysfunction, resistant dermatitis, peripheral vascular disease and leading into innovative treatment measures). Since 2016, he has published 5 articles in the international journals.

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