OPINION

Research advancements in the use of a Chinese medicine enema to treat diabetic kidney disease

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ABSTRACT

In order to treat diabetic kidney disease, a frequent chronic consequence of diabetes, Chinese medicine enema regulates the function of the intestines to increase clearance and decrease turbidity. We examined the use of traditional Chinese medicine enemas in the treatment of Diabetic Kidney Disease (DKD) and discovered that commonly used traditional Chinese medicines included Rhei Radix Et Rhizoma (*Rheum palmatum L.)*, Ostrea concha (*Ostrea gigas Thunberg*), Taraxaci Herba (*Taraxacum mongolicum Hand. -Mazz.*), Astmgali Radix (*Astragalus membranaceus B (Aconitum carmichaelii Debx*). The mechanism underlying the adjuvant therapeutic impact on DKD may involve controlling gut flora, reducing oxidative stress and inflammation, and preventing kidney damage.

INTRODUCTION

Chinese medicine enema is a transanorectal delivery procedure used externally in Traditional Chinese Medicine (TCM). It has long been used to treat gastrointestinal function recovery following abdominal surgery as well as neurological, digestive, respiratory, endocrine, urinary, and other systemic illnesses. Diabetes has a number of chronic microvascular consequences, including Diabetic Kidney Disease (DKD). Persistent proteinuria and a reduced glomerular filtration rate are the main clinical symptoms of DKD. In China, diabetic patients have a 20% to 40% prevalence of DKD. It has been established that using a Chinese medicine enema to treat DKD has the benefits of a quick onset as well as being secure, efficient, affordable, and practical in the clinic. According to TCM, DKD is included in the group of illnesses known as "Xiao Dan," "Shenxiao," "edema," "turbid urine," and "Guan Ge." Golden Chamber Synopsis noted that Shenqi pill was the standard treatment for male patients who experienced extreme thirst and produced copious amounts of urine and drinking, which established a framework for the management of "Shenxiao" brought on by yang deficiency. Patients with "Shenxiao" were noted to have immediate urination after drinking and weight loss in the lower back and limbs. According to TCM, the main mechanism of "Shenxiao" was that dryness and heat injured the yin while water and fire did not interact. Therefore, the entire procedure should focus on nourishing yin and expelling heat. The primary methods used by doctors to treat the illness include controlling the function of the spleen and kidney, tonifying the qi and yin in the early stages, and supplementing the yin and yang while removing dampness, blood stasis, and poison in the late stages. In addition to enemas, foot baths, acupuncture, and other external treatments from Chinese medicine, the treatment of DKD uses a combination of Chinese and Western medications. One of the recommended methods is a Chinese medicine enema. The Treatise on Febrile Diseases in the Eastern Han Dynasty by Zhang Zhongjing has the earliest mention of it. In-depth treatments for obstructed qi in the organs included the use of earth melon roots and pig bile enemas. The viscera and meridians are nourished by the spleen and stomach, which carry water and nutrients and convert them into important substances like qi, blood, and bodily fluid. Improper diet, excessive exercise, or imbalanced emotions are some of the "Xiaoke" causes, which lead to organ malfunction, turbidity buildup, and blood stasis.

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Kidney collaterals are harmed as the condition progresses, and aberrant urine is produced. In order to give turbidity a way out, the "Xiaoke" treatment focused on clearing and lowering turbidity, which is consistent with the enema technique. Enema is therefore frequently chosen as an adjuvant treatment for DKD patients who have abnormal stools and urine. According to recent studies, DKD is an environmental and genetically influenced microvascular consequence of diabetes. DKD is thought to be influenced by elements such microRNA, excessive glucose status, aberrant metabolic pathways, oxidative stress, podocyte damage, and inflammation, despite the fact that its pathophysiology is not yet fully understood. One of the main causes of DKD is metabolic imbalance. The course of DKD is accelerated by podocyte loss, excessive activation of regeneration pathways, inflammation, epithelial damage, and glomerular capillary damage. Furthermore, investigations have revealed that patients with type 2 diabetes and chronic renal disease frequently have intestinal microecological abnormalities, increased intestinal permeability, and high amounts of lipopolysaccharide in the blood. Enemas are frequently utilized in the treatment of DKD in Chinese medicine. Enemas used in Chinese medicine are intended to remove heat and turbidity and are frequently used in conjunction with techniques to refill qi and nourish yin. The following medications are frequently used: *R. palmatum, Ostrea concha (Ostrea gigas Thunberg), A. carmichaelii, Salviae Miltiorrhizae Radix Et Rhizoma (Salvia miltiorrhiza Bge.), Herba Hedyotidis (Oldenlandia diffusa (Willd) Roxb.), Hedyotis diffusa* (*Long gu*) It is commonly accepted that Chinese medicine enemas help alleviate diabetic kidney damage and lower Blood Urea Nitrogen, serum creatinine, urine microalbumin, and 24-hour urinary protein (*BUN).* Enemas with intestinal adsorbents, ACEIs/ARBs, and conventional treatment are inferior to enemas with Chinese medicine in terms of increasing the effective rate. The route of rectal administration can greatly lessen the first pass effect and the strain on the liver and kidneys, improve bowel regularity, and aid in toxin elimination. As a result, it can be utilized as an additional therapy for DKD and as a component of the all-encompassing nursing approach. The Chinese medicine enema is easy to use, inexpensive, and spread widely. Chinese medicine enema can be used as an important method of adjuvant treatment of DKD in hospitals or at home to improve the quality of life of patients and relieve clinical symptoms, as well as reduce the urinary protein levels and protect kidney function. This is because the rectal administration method can significantly reduce the first pass effect and the burden on the liver and kidneys, increase the frequency of bowel movements, and promote the excretion of toxins. Currently, researchers have looked at the "gut-kidney" axis hypothesis and the theory of intestinal flora to understand how Chinese medicine enema treats DKD, but more research is still needed. Chinese medicine enema technique is largely based on empirical debate, but there isn't enough additional scientific research to support it. Studies already conducted indicate that Chinese medicine enema is superior to other therapies for DKD, and no severe adverse effects have been documented. The trials small sample numbers, absence of hidden distribution, lack of evaluator blinding, incidents of loss to follow-up, and follow-up all contribute to the literature's poor quality. Poor methodological quality or publishing bias are frequent issues. Wider attention should be paid to the normative issue of TCM clinical trial reports. Future improvements in clinical trial quality and the adoption of pertinent industry consensus will be required.