

REVIEWER'S REPORT

Manuscript No.: IJAR-53534

Date: 25.08.2025

Title Long Term Renal Stability with Disodium EDTA Chelation in Non-Diabetic Patient with Stage 3b CKD and a Solitary Kidney: A Seven Year Case Report

Recommendation:

Accept as it isYES.....

Accept after minor revision... ..

Accept after major revision

Do not accept (*Reasons below*)

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Rating	Excel.	Good	Fair	Poor
Originality		√		
Techn. Quality			√	
Clarity			√	
Significance		√		

Reviewer Name: PROF DR DILLIP KUMAR MOHAPATRA

Date: 25.08.2025

Reviewer's Comment for Publication.

(To be published with the manuscript in the journal)

The reviewer is requested to provide a brief comment (3-4 lines) highlighting the significance, strengths, or key insights of the manuscript. This comment will be Displayed in the journal publication alongside with the reviewers name.

Detailed Reviewer's Report

Strengths

- Novelty:** The report presents a rare case of long-term renal stability in a solitary-kidney patient with stage 3b CKD receiving EDTA chelation. Longitudinal follow-up of seven years is uncommon in single-case reports.
- Clinical relevance:** The case provides useful insights for nephrologists and researchers exploring adjunctive therapies for CKD management beyond conventional antihypertensives.
- Detailed data presentation:** The manuscript provides serial laboratory results (GFR, creatinine, urea, hematologic parameters) before and after therapy, making the improvement trend clear.
- Contextualization with existing literature:** References to KDIGO guidelines, TACT trial, and EDTA-related meta-analyses help frame the clinical significance.
- Safety observations:** Documentation of no major adverse events over seven years strengthens the safety profile discussion.

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Weaknesses

1. Single-patient limitation: As a case report, it lacks generalizability and causality. The observed renal stability could be due to multiple confounders (antihypertensive therapy, natural disease variability, lifestyle factors).

2. Incomplete methodology:

Dosage rationale for EDTA and multivitamin components is not justified with references.

Monitoring protocol (calcium levels, electrolyte disturbances, ECG monitoring during EDTA infusion) is not described.

It is unclear whether lead or other heavy metal levels were assessed before therapy, which would support the indication for chelation.

3. Statistical insufficiency: As a single case, no statistical analysis is possible; however, a more structured comparison of pre- and post-therapy values (with % change) would enhance clarity.

4. Potential bias: The interpretation strongly favors EDTA therapy without fully considering other explanations (e.g., strict blood pressure control, natural slow CKD progression, patient's genetic background).

5. Literature gap: While cardiovascular chelation studies are cited, there is little discussion of why disodium EDTA was chosen over calcium disodium EDTA, which is more commonly used in CKD patients due to safety concerns.

6. Ethical aspects: No statement of patient consent, ethical approval, or conflict of interest is included.

Significance

Scientific: The case highlights a possible renoprotective role of EDTA chelation in non-diabetic CKD with solitary kidney. While preliminary, it contributes to hypothesis generation for larger controlled trials.

Clinical: Raises awareness among clinicians about monitoring CKD patients who undergo alternative therapies, and suggests the need for rigorous research into adjunctive chelation strategies.

Publication potential: Suitable for a case report or short communication journal section in nephrology, integrative medicine, or chelation research journals.