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## A STUDY OF MENTAL STRESS FACED BY CHRONIC RENAL FAILURE PATIENTS DURING DIALYSIS TREATMENT BY VERIFYING CASE STUDIES.

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### ABSTRACT:

Chronic renal failure (CKD) is a long-lasting disease of the kidney leading to renal failure. Causes for CKD are high blood pressure, polycystic kidney disease, prolonged obstruction of the urinary tract, infection, recurrent kidney infection, also called polynephrosis. If CKD is treatable by medication in case of high blood pressure, anemia, lower cholesterol level, lower protein diet. If CKD is not treatable by medication then the doctor advises dialysis, in a critical situation take the decision of kidney transplant. There are two processes of dialysis, one is peritoneal dialysis and another is hemodialysis. In peritoneal dialysis, a tube is inserted into the abdominal cavity with dialysis solutions that absorb waste and excess.



In hemodialysis, a machine filters waste and excess fluids from your blood. A dialysis patient experiences stress. They are worried about the financial burden of dialysis treatment, time commitment for dialysis, patients have fear that dialysis may cause pain, unable to restful sleep, changes in employment, they are worrying about how dialysis impacts their family work, social life, and love life. According to Umesh Khanna mentioned in the Indian Journal of Nephrology in 19 Jan 2009, there are total 700 dialysis centers in India. There are 75 dialysis centers in Pune. When patients face different situations in dialysis treatment, their body responds to stress and mental pressure. Patients feel anxious, aggressive, irritable, frustrated, depressed, phobia. These symptoms make patients even worse. The nature and study will be descriptive research design. Researchers will discuss case studies of dialysis patients. The study will go to access mental pressure faced by chronic renal failure patients through social worker intervention. Also suggest solutions to relieve their stress. Deep case studies can understand their problems during dialysis treatment. Patients have phobia for dialysis, stress to manage money sources for each dialysis, lose confidence, lack of moral support and financial burden to manage dialysis treatment.

**KEYWORDS:** Mental stress, chronic renal failure, Dialysis, fear, phobia, stress, prostate surgery, kidney stone.

## INTRODUCTION

Acute kidney failure occurs when your kidneys suddenly become unable to filter waste products from patients blood. A dangerous level of waste accumulate and blood chemical makeup .Acute renal failure or acute kidney injury develop rapidly. Kidney failure happened when patient is already hospitalized. However, acute kidney failure may be reversible. If patient have good health condition, he may recover normal or nearly normal kidney function .Human kidneys are a pair of organs located toward lower back of body. One kidney is on each side of your spine. They filter patients blood and remove toxin from his body. Kidney send toxin to bladder, which human body later removes toxin during urination. Kidney failure occurs when human kidneys lose the ability to sufficiently filter waste from their blood. Kidney failure depends on kidney health and kidney function such as toxic exposure to environmental pollutants or certain medication ,certain acute and chronic diseases several dehydration ,kidney trauma. Kidney failure occurs when kidney overloaded with toxins. If patients kidney cant do their regular job. This reason can lead to kidney failure which will be life threatening if untreated. There are few symptoms of the disease. Sometimes there is no symptoms are seen. Patients reduced amount of urine, swelling on legs, ankles, feet from retention of fluid caused by the failure of the kidneys to eliminate water waste, explained shortness of breath ,excessive drowsiness or fatigue, persistent nausea, confusion ,pain or pressure in chest, seizures coma etc happened. Early stage kidney disease difficult to pinpoint. They are often subtle and hard to identify. If patient experience early sign of kidney disease they may include decreases urine output fluid retention that leads toes swelling ,limb swelling, shortness of breath, general ill feeling ,inability to urinate ,fatigue, malaise, headache, unexplained weight loss, loss of appetite, nausea, vomiting, dry skin itching, changes in skin colour, bone pain, confusion and difficult to concentrating.

Other symptoms bruising easily, frequent nose bleeds, numbness in hands and feet, bad breath excessive thirst absence of menstrual cycle, sleeping problems ,and obstructive sleep, apneas, leg syndrome, low libido or impotence, edema or swelling, especially on legs and hands. Patients cant urinate or sleep, patients vomiting frequently, feel weak ,or unable to do daily task. Kidney failure can be the result of several conditions or causes. The cause typically also determines the type of kidney failure. People who are most at risk usually have one or more of the following causes, Loss of blood flow to the kidneys .A sudden loss of blood flow to your kidneys can prompt kidney failure. Some conditions that cause loss of blood flow to the kidneys include: a heart attack, heart disease, scarring of the liver or liver failure, dehydration, a severe burn an allergic reaction ,a severe infection, such aspsis. A high blood pressure and anti-inflammatory medication can also limit blood flow. When human body can't eliminate urine toxins build up and overload the kidneys. Other condition can interfere with urination and possibly lead to kidney failure ,enlarged kidney stone ,enlarged prostate, blood clots in urinary tract etc reason to damage urinary tract. A blood clot in or around kidneys, infection, an overload of toxins from heavy metals, drugs and alcohol, vacuities, an inflammation of blood vessels, lupus, an autoimmune disease that can cause inflammation of many body organs, nephritis an inflammation of the small blood vessels of the kidneys, hemolytic uremic syndrome, which involves breakdown blood cell in your bone marrow.

When patients faces different situations in dialysis treatment their body response to stress and mental pressure. Patient feel anxious, aggressive, irritable, frustrated, depressed, phobia. These symptoms make patients even worse. The nature and study will be descriptive research design. Researcher will discuss case studies of dialysis patients. The study will going to access mental pressure faced by chronic renal failure patients through social worker intervention. Also suggest solutions to relieve their stress. Deep case studies can understand their problems during dialysis treatment .Patients have phobia for dialysis, stress to manage money source for each dialysis, lose confidence , lack of moral support and financial burden to manage dialysis treatment .For this study researcher selected dialysis patients whose age between 35 yrs to 70yrs age.They are both male and female dialysis patients .They are taking in dialysis treatment in Pune area.

**Aim of the study:** To motivate and reduce fear about dialysis treatment in chronic renal patients and provide them various fund raising option for treatment expenses.

**OBJECTIVE OF STUDY:**

- 1.A study mental stress faced by patients during dialysis treatment
- 2.A study mental stress faced by chronic renal failure patient for financial management .
- 3.To reduce phobia and fear about dialysis treatment by counseling
- 4.To help patient by providing various fundraising organization options.

**HYPOTHESIS OF THE STUDY**

- 1.By counseling the phobia and fear about dialysis mental pressure during dialysis treatment will be controlled.
- 2.If various financial aid options provide to patient relatives then their mental stress and financial burden for dialysis treatment will be minimize.

**Variable s -** Mental stress, phobia, fear ,financial burden.

**RESEARCH QUESTIONS:**

1. Is the Chronic renal failure patients are in mental stress?
2. Which type of impact occurred on renal failure patients because of continuous dialysis?
3. How much stress, depression, fear and phobia about dialysis in renal failure patient?
4. Which type of financial problem faced by dialysis patient for dialysis treatment?
5. Is he proper advocacy and counseling make relief in chronic renal failure patient?

**STATEMENT OF PROBLEM :**

Researcher worked in hospital set up as a medical social worker. She was looking after dialysis ward. In dialysis ward researcher find out many patients who have financial burden and are in stress. Researcher was approaching near about 20 patients daily. She observed that many of them patients coming as from different age criteria ,sex, different socio economic background etc. Researcher has selected 6case studies .Researcher selected well known six cases who approaching twice or thrice day in week. She knows their family background and their struggle to continuing dialysis treatment. So decided to study on their problem.

**Research Design:** Qualitative research design case study method are used to study case paper.

**Conceptual Framework:** Dialysis major chronic renal failure disease .

**1. Patients of chronic Renal Failure Disease :** The male and female individuals who belongs from lower economic class and middle class families .Which are commonly facing problem of financial management for dialysis treatment. Who have fear and phobia about dialysis treatment. Who have common condition of stress and anxiety about dialysis treatment. Besides this the need assessment study will be conducted and based not need assessment the health education will be given to the respondents.

**2. Life Skills:** The skills will be applied for the health and well-being of human being. The life skills and health education will be provided to Patients of chronic Renal Failure Disease through this case study.

**3. Life Skills and Health Education:** For coping the situation through this research study the research team will give life skill education like coping with stress, emotions, and other life skills too. Also provide them various fundraising options to dialysis treatment.

### **SOCIAL CASE WORK:**

The process of social case work practice implies as: Identify as accurately as possible the problem or problems .Generate possible alternative solutions. Evaluate pros and cons of all alternative solutions.

Decide on a solution or solution to be used, and set goals. Implement the solutions. Follow up to evaluate how the solutions worked .Task-centered approach rejected any specific psychological or sociological base for its methods. It arose from dissatisfaction with long term psychodynamic casework; in task- centered practice, social workers resolve problems presented by the clients. The theory of social work should therefore elucidate how problems arise, what they are, and how they may be dealt with. "Brief work with explicit time limits" is an essential feature of this approach (**Goldstein et al, 1985**). Locally many social work agencies utilize the task-centered approach for their intervention,

### **SCOPE AND METHODOLOGY**

**Scope of the Study:** The case study will be universalized with the Patients of chronic renal failure patients who belongs from lower middle class families and age years of 35 yrs to 50 yrs age and private Dialysis day care centre situated in Pune city. There are 50 Dialysis centre in Pune and they provided dialysis treatment to patients who need dialysis treatment. The researcher selected the chronic renal failure patients and will be involved in the study as respondents.

### **Universe:**

The study will be universalized with the Chronic renal failure patients taking dialysis treatment in dialysis centre in Pune city. In this study chronic renal failure disease patients case studies are involved and interviewed. The patient are both gender and whose age between 35 yrs to 70 yrs.

**Sample Size:** The Sample Size often will be determined by multiplying the number of variables to be simultaneously analyzed by the minimum number of cases per variable required by appropriate statistical procedure. In Pune city there are 50 Dialysis centres .The researcher selected 6 case studies who examined and observed during her job in private hospital settings. She observed their economic condition and struggle to continuing dialysis treatment. They facing fear, phobia of daily insertion of syringe for blood purification process. So she selected these cases for her research study.

### **Data Analysis -**

Researcher used Interviewing tool for data collection. Also keep observation of dialysis patients. Researcher communicate with patients relatives. Researcher studied medical records of patients. She studied their medical history. Researcher communicate with their concern Nephrologists and with dialysis technician.

### **Limitation of study -**

The main objective of this study to access mental stress faced by chronic renal failure patients during dialysis treatment and mental stress faced by chronic renal failure patient for financial management .

To reduce phobia and fear about dialysis treatment by counseling .To help patient by providing various referral services for fundraising organization options.

- In this study we cannot involve higher middle class chronic renal failure patients.
- All chronic renal failure patients not expose their kidney failure history.
- Relatives also have more responsibility to moving patient upto the dialysis centre.
- Stress faced by relatives not included in study.
- Many time dialysis centers authorities not permitting for case study and interviewing with patients.
- Because of patients health issues keeping continuous follow up not possible with chronic renal failure patients .

- Some time dialysis patients change their dialysis centre so not possible to take complete case study and further follow up.

### REVIEW OF LITERATURE :

1) J Nephrol. 2008 Mar-April 21 published in journal National laboratory of medicine they stated about kidney disease faces stress. Patients on forms of dialysis and those who receive kidney transplants face many stresses connected with their illness and forms of treatment. These stresses may result in a variety of psychiatric disorders and other problems. It is the duty of all nephrology personnel to be aware of these problems, and inquire about them so that the appropriate treatment may be instituted. The major stresses of dialysis involve conflicts of dependency and independency, unrealistic expectations, the medical regimen and the many losses these patients sustain. As a consequence of these stresses and other factors, patients experience depression, anxiety, sexual problems, psychosis, problems in rehabilitation and uncooperativeness. The therapies of these disorders include individual and group therapy and the use of psychologically active medications. The pharmacokinetics of medications used to treat these patients require special consideration of the route of elimination, whether or not the medication is dialyzable and the protein binding of the medicine. Renal transplant patients may experience the same psychiatric problems, but usually of a lesser degree. (Nephrol, March-April 2008)<sup>1</sup>

2) A. De Sousa published in their article in Indian Journal of Nephrology ,in April 2008, stated in their article aims to bring to the fore, issues regarding the interface of psychiatry and renal failure. Depression, anxiety, suicide and delirium are common complications observed in patients with renal failure. Pharmacological management of these problems need stringent monitoring on part of the psychiatrist. This article examines the various complications that may be observed in patients with renal failure while discussing treatment approaches and also emphasizing the need for interdisciplinary team work in improving the quality of life of patients with renal failure and those on dialysis. Delirium is a common phenomenon observed in dialysis patients due to electrolyte imbalances that may occur after a dialysis run termed as the dialysis disequilibrium syndrome or as a consequence of medical or surgical complications. Discussing depression further brings up the subject of suicidal behavior in dialysis and renal failure patients. Repeated observational studies have demonstrated that dialysis patients have higher suicide rates than the normal healthy population. The most common psychiatric complication occurring as a result of renal failure is depression in the patient and anxiety in the associated partner. Extreme anxiety and anxiety somatic symptoms such as breathlessness, palpitations, chest pain, sweating and fear of dying may occur in renal failure cases. Many a times, these symptoms are not associated with any triggers and may occur unexpectedly. There are, on the other hand, many reasons regarding the occurrence of anxiety.<sup>2</sup>

3) Sameera sanayake published stated in their article in journal of Psychosomatic research in September 2018. He specially conclude that Depression and psychological distress were significant in this community. Policymakers should consider the likely high prevalence of psychological distress and depression among CKD patients as well as the need for specific mental health services to confirm diagnosis and initiate effective management. Identified associated factors should be used to identify targeted preventative interventions.<sup>3</sup>

4) Marina A bruce published article in 2015 in Journal HHS Public access. They conclude that The prevalence of CKD has increased considerably over the past 2 decades. The rising rates of CKD have been attributed to known co morbidities such as diabetes, hypertension, and obesity; however, recent research has begun to explore the degree to which social, economic, and psychological factors have implications for the prevalence and progression of CKD, especially among high-risk populations such as

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<sup>1</sup> (Nephrol, March-April 2008)<sup>1</sup>

<sup>2</sup> A. De Sousa published in their article in Indian Journal of Nephrology, in April 2008,

<sup>3</sup> Sameer Sanayake in Journal of psychosomatic research in September 2018.

African Americans. It has been suggested that stress can have implications for CKD, but this area of research has been largely unexplored. One contributing factor associated with the paucity of research on CKD is that many of the social, psychological, and environmental stressors cannot be recreated or simulated in a laboratory setting. Social science has established that stress can have implications for health, and we believe that stress is an important determinant of the development and progression of CKD. We draw heavily from the social scientific and social epidemiologic literature to present an intersectional conceptual frame specifying how stress can have implications for kidney disease, its progression, and its complications through multiple stressors and pathways.<sup>4</sup>

5) Greer R, Boulware LE. Published in article National Library of medicine Socio economic status disparities in the health-care and clinical outcomes of patients with chronic kidney disease (CKD) are pervasive. The vast majority of care to decrease incidence of CKD risk and progression occurs in primary care settings. High-quality primary care, therefore, represents a key strategy through which disparities in the incidence and progression of CKD may be eliminated. The Chronic Care Model provides a framework for the delivery of high-quality primary care for chronic diseases, and it is frequently used to guide health-care quality improvement initiatives. Evidence suggests that Chronic Care Model constructs, including provider and organizational quality improvement initiatives focused on team approaches to chronic care (e.g, case management, community health workers), are effective in modifying patients' CKD risks among ethnic minority and low-income patients. Other Chronic Care Model constructs, including clinical information systems (eg, disease registries), decision support interventions, and the provision of patient-centered care have been shown to improve processes related to CKD care but with limited and/or mixed effects on patient outcomes. Few studies have examined the effect of these approaches on reducing disparities. Research is needed to examine the effectiveness of these strategies to eliminate CKD disparities among vulnerable populations.<sup>5</sup>

6) ANUPAM AGARWAL, INDER S. ANAND, VINAY SAKHUJA, and KIRPAL S. CHUGH Departments of Nephrology and Cardiology Stated in their article Kidney international volume 40 (1991)489-495. In summary, based on a sample of patients from 16 home dialysis programs in Ontario, Canada, who were dialyzing at home for a minimum of 2 years, it can be concluded that psychological dysfunctioning, especially Type II depression, is associated with an increased probability of death when a patient enters home dialysis. The profile of those at a high risk to die is one of a tendency toward pre-occupation with complaints, degradation of self as being worthless, unpleasant, and undeserving, and an inclination to be downhearted, despondent, and pessimistic. As financial constraints force renal teams to maintain as large a percentage of patients outside the hospital as possible, it is obviously imperative that we be cognizant of non physiologic parameters that may influence survival for dialysis patients. More importantly, identification of these key determinants may help to minimize unnecessary mortality and morbidity by early appropriate intervention and will likely improve patients' adaptation to their illness, thus influencing their quality of life. What emerges from the analysis of data is two contiguous but independent profiles of depression. Type I depression is associated with those patients who remained on home dialysis. The central finding is one of profound anxiety, with elevated levels of self-depreciation, social introversion, and hypochondrias. Type II depression is associated with those patients who die while on a home program. The central finding here is that of self-depreciation, though there are slight elevations of anxiety and hypochondrias as well. Our findings have immediate implications for rational decision making in the placement of patients on home or in hospital dialysis in addition to the choice of peritoneal or hemodialysis. Those patients dialyzing at home who exhibit a Type I profile should be monitored periodically for rising levels of depressive symptoms associated with high levels of self depreciation. In the absence of such findings, these patients are likely to manage well on a home dialysis program. The authors believe that the elucidation of the clinical and

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<sup>4</sup> Marina A Bruce published in 2015 in Journal HHS Public access.

<sup>5</sup> Greer R Boulware LE published in article National Library of Medicine.

psychological profile associated with our non survivor group warrants emergency intervention on the part.<sup>6</sup>

### CASE STUDY 1

Patient number 1 is 28 years old girl. She completed her education upto 12th standard. She doing half day job as receptionist .She Have very poor economical condition. Father is died when she was 2yrs old. She is staying with her widow mother. Her elder brother not looking after her medical condition and expenses required for dialysis. She suffer from seivour kidney stone from five years. She requires three time dialysis in week. She pays rupees 1200 per dialysis. She is young and her Nephrologists suggest them kidney transplant. Mona not have that much financial condition to does her transplant surgery. Each dialysis she have to manage money. She have more financial burden. She have no moral support and financial support. She is in stress and worrying about his financial burden. Recently she approaching with charitable hospital nearest to her home. She doing dialysis in free of cost. She always in stress and worry.

### CASE STUDY 2

Patient number 2 is 32 years young gentleman on dialysis from last 4 years. He is working in cinema hall in ticket counter. His monthly salary is hardly near about rupees 4000/.Sachin is married man ,He have 4yrs age kids .He had kidney stone in both kidneys. He neglected her kidney stones, not takes any operative treatment. After his medical condition his wife not stay with him. She left him. She tired of his dialysis treatment. Recently sachin staying with his old age parents .His wife not staying with him so he in frustration. He requires dialysis twice daily. Monthly dialysis expense ,every day facing dialysis treatment so he have fear about dialysis .In hand his vesicles are too weaken so now his dialysis going through left hand .So all because of that reason sachin are in mental stress and facing financial burden. He needs emotional support and financial aid.

### CASE STUDY 3

Patient number 3 is 56yrs man have both kidney failure disease. He is on dialysis from 15 yrs. Sixteen yrs ago incidentally he feel temperature and admitted in hospital. After his all test and procedure he diagnosed both kidney failure status .He was working in private company as a labour. He is staying with his wife. Shashikant ji not have kids. His wife is house wife. They require dialysis twice or sometimes thrice in week. For his dialysis he requires monthly 1200 rupees including medicine. For managing dialysis estimate he takes help from his nephew. He have guilt feeling, stress for economical burden. Dialysis is like stressfull situation for him .

### CASE STUDY 4

Patient number 4 is 65 yrs old man renal failure disease. He also have diabetes. By occupation madhukar zanje is farmer. He have his own farm at Daund. Wife and one son and two daughters in his family. Eleven years ago incidentally Mr zanje diagnosed kidney stone in both kidneys. When he admitted in hospital Doctor suggested him prostate surgery and kidney stone removal surgery. High blood sugar level and prostate surgery, chronic kidney stones influence on his renal functions. After prostate surgery Nephrologists declared that his both kidneys are failed. He undergo Dialysis treatment. One healthy person become totally bed ridden ,he totally depends on other members. His family giving him Dialysis treatment in charitable hospital. He have guilt feeling about his condition. His family facing financial burden. Daily travelling expense, more than 6 fistula surgery because of weaken in, etc all these condition he facing stress in his life

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<sup>6</sup> ANUPAM AGARWAL, INDER S. ANAND, VINAY SAKHUJA, and KIRPAL S. CHUGH Departments of Nephrology and Cardiology Stated in his article Kidney international volume 40 (1991)489-495 In Psychosomatic Medicine Vol. 48, No/ 3/4

### CASE STUDY 5

Patient number 5 is very silent and kind person from 7 years taking dialysis treatment .He was daily wager. He was construction labor .He have hard work in his job. He doing too much hard work and physical work. He always facing bodyache and temperature .After any small health issue he taking paracetamol tablet. He feels relief by taking paracetamol tablet. After some days he diagnosed high blood pressure. Because of all these complication he moves towards renal failure. He spending 1200 rupees for each dialysis. Its very difficult to him manage dialysis cost thrice in month. His wife approached charity office for free treatment. Dharmaday ayukt karyalay pune refered him in charity hospital. Now he taking free of cost dialysis treatment in Ratna memorial hospital pune. For his blood test and creatinine test he taking concession. Now a days raju pawar facing problem of dellirium. His wife working as housemaid. His 17 yrs daughter also does household work .Nobody looking after them.

### CASE STUDY 6

Patient no 6 was 68 years man taking dialysis treatment from last 7 years .Basically he is businessman in Pune city .He have two son. Both are looking their business. Seven years ago he accidently diagnosed both failure of kidneys .He is vey successful businessman. Initially his son taken initiatives for treatment and other responsibilities of medication .But after some year they only provide money. Patient cant come independently for dialysis treatment. He needs to take help for travelling .To handling this situation thrice some time four time in weekly .Mr Agnihotri always feel guilty feeling of his dialysis treatment. He have phobia for dialysis treatment. Medical social worker counsel him. Recently he quietly prepared for treatment.

### DISCUSSION :

When patients fails their kidneys they lose their urine filtering ability, dangerous level of waste may accumulate and blood chemical get balance. Acute kidney failure also called acute renal failure .Acute renal failure create acute kidney injury develop rapidly, usually in less than a few days. Acute kidney failure can be fatal and requires intensive treatment and care. However, acute kidney failure may be reversible. If patient are in good health ,patient may recover normal or nearly normal kidney function .Human kidneys are a pair of organs located toward lower back of body. One kidney is on each side of human body. They filter human blood and remove toxins from his body. Kidney send toxins to bladder, which later human body remove toxins from human body during urination .Kidney failure occurs when human kidney lose the ability to sufficiently filter waste from human blood. Many factor interfere with human kidney and his health function such as toxic exposure to environmental pollutants or certain medication, certain acute chronic diseases, several dehydration, kidney trauma. Human body becomes overload with toxins if kidney cant do their regular job. This can lead to kidney failure, which can be life threatening .In these case we can help the patients various ways. We built own network and promote patients for free dialysis. Network and team plays an important role in our effort to raise awareness of kidney disease and ensure that every kidney patient has access to quality health care. We can advocate them how can cope with kidney failure disease and its treatment. Patients with chronic kidney disease (CKD) and the millions more who are at risk. Medical Social Worker plays vital role by influencing legislation and thought leader so that public policy aims to improve the kidney patients life. We can educate communities about symptoms of kidney failure ,its causes ,precaution, remedial majors. Some financial donor will host its second digital advocacy. Medical social worker also be advocating to increase donors for kidney transplantation surgeries, affordable medical coverage options. Also try to increase charitable premium assistance. When medical social worker notice that anybody need for assistance they can suggest to help low income kidney patients to maintain their insurance coverage, the effect on patients can be devastating .Also can raise some personal donation and keep it in hospital accounts for further treatment. In so many government hospital have free dialysis facilities. Medical social worker and concern Doctors can refer the chronic kidney failure patients for free dialysis treatment. Some time social worker, Doctors notice that any genuine case, have younger age patient and by accessing family socioeconomic status they can promote them for kidney transplant surgery .Doctors



promote to patients for transplant surgery registration or one kidney transplant surgery requires 8lakh cost in Pune city. Prime minister relief fund provide 5lakh medical help for kidney transplant surgery .Chief minister relief fund provides 1 lakh medical help for kidney transplant surgery. In that way we can improve quality life of patients.

### CONCLUSION:

Human kidneys are a pair of organs located toward lower back of body. One kidney is on each side of your spine. They filter patients blood and remove toxins from his body. Kidneys send toxins to bladder, which human body later removes toxins during urination. Kidney failure occurs when human kidneys lose the ability to sufficiently filter waste from their blood. Many factors can interfere with your kidney health and function, such as toxic exposure to environmental pollutants or certain medications, certain acute and chronic diseases ,severe dehydration, kidney trauma. Human body becomes overloaded with toxins if your kidneys can't do their regular job. This can lead to kidney failure, which can be life-threatening if left untreated. When patients faces different situations in dialysis treatment their body response to stress and mental pressure. Patient feel anxious, aggressive, irritable, frustrated, depressed, phobia. These symptoms make patients even worse. Patients are worried about their dialysis treatment expenses, travelling and medicine expenses They always need of support of family members. During dialysis treatment they suffering from anemia ,weaken veins and fistula surgeries etc. Patients are taking more stress and phobia of treatment. Counseling and emotional support can provide to renal failure patients from the medical staff who working for renal failure patients .We can provide them financial assistance through various medical help scheme like Pune mahanagapalika shahari garib yojana ,rajiv Gandhi yojana, personal donar and non government organization. Majority of patients can take fianancial assistance under Indigent patient fund scheme which implemented under dharmaday ayukt karyalay Maharashtra state.Building confidence level in patients and emotional support, palliative care,etc all theses remedies can improve their quality of life.

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