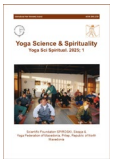
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Interview with Dr Vasilije Tomanoski from Nefroplus, Ohrid, Republic of North Macedonia

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Abstract

BACKGROUND: Chronic kidney disease (CKD) is a progressive condition associated with severe physical, psychological, and social consequences, particularly in patients requiring long-term hemodialysis. Alongside conventional nephrological care, there is growing interest in complementary rehabilitation approaches aimed at improving quality of life.

AIM: To present the historical development of the Dialysis Center in Struga, outline the clinical challenges of CKD and hemodialysis, and evaluate the role and effects of yoga as a complementary method in the rehabilitation of patients with chronic kidney insufficiency by the interview with Dr Vasilije Tomanovski from the Nefroplus, Ohrid, Republic of North Macedonia.

METHODS: This work is based on a descriptive and experiential analysis of clinical practice at the Dialysis Center in Struga, combined with observations from a seven-month pilot yoga therapy program involving patients with end-stage CKD undergoing hemodialysis. Data were derived from clinical experience, patient-reported outcomes, and professional observations, and were further discussed in scientific and international forums.

RESULTS: Hemodialysis significantly prolonged survival and improved metabolic stability but was associated with physical, neurological, and psychological complications. The yoga therapy program was well accepted by both patients and medical staff and led to improvements in dialysis tolerance, physical endurance, mood, sleep quality, social interaction, and adherence to dietary and hygiene regimens. In some patients, profound psychosocial and functional improvements were observed.

CONCLUSIONS: The Dialysis Center in Struga emerged as a leading institution in the former Yugoslavia due to strong professional dedication and team spirit. CKD patients face complex physical and psychological burdens that are only partially addressed by hemodialysis. The integration of yoga as a complementary rehabilitation method was well accepted by both patients and medical staff and was associated with notable improvements in physical endurance, psychological well-being, social interaction, and tolerance to dialysis. These findings support the holistic integration of complementary therapies into conventional care and justify further controlled and long-term research on yoga therapy in CKD rehabilitation.

1. Dr Tomanoski, the Dialysis Center in Struga (Figure 1) was one of the first in the territory of the former Yugoslavia for treatment and rehabilitation of chronic kidney insufficiency as well as other kidney issues. You were among the first generation of doctors who established and worked in this center. Can you tell us more about this period, the enthusiasm, and the challenges that the young team of doctors faced?



Figure 1: Vasilije Tomanoski, MD, PhD, Nefroplus, Ohrid, North Macedonia

Thanks to the founder and visionary Dr Stojan Kovačeski, who made an enormous contribution to the development of healthcare and nephrology in Struga and Macedonia, the first hemodialysis in Struga was performed on September 4, 1978, at the internal medicine department of the Medical Center. On April 7, 1984, the Center for Dialysis, Nephrology and Rehabilitation began operating as a separate, newly constructed hospital, modernly equipped, which represented the only hospital for the needs of the thousands of patients in dialysis centers in the former Yugoslavia.

The interest in the Struga dialysis center from patients from all republics of the former Yugoslavia was so great that the medical staff had to work in four shifts until the early morning hours. This was successfully accomplished, primarily due to the dedication of the professional team, which were highly motivated and human. The doctors and nurses strived to ensure that patients felt not only their professional care but also

friendly warmth and closeness, so that together with the patients they went on excursions to Radožda or Sveti Naum, which provided patients with many joyful moments and restored optimism to their lives.

I started working in 1982, immediately after graduation, and as a young doctor I was part of the team of the first generation of dialysis doctors. Younger doctors like me had much to learn from our older colleagues, and regular education was conducted at professional meetings held on Sundays as the only day off when we could all participate. I believe that thanks to the enthusiasm, motivation, team spirit and unity of the professional team, all challenges were more easily overcome, which contributed to rapid development and success in our work and enabled the Dialysis Center to achieve the reputation of one of the leading healthcare institutions in the former Yugoslavia (Figure 2).



Figure 2: Medical team before the opening of Dialysis Center in Struga, Republic of North Macedonia

2. What is the nature of the disease and what physical and psychological health problems do patients with chronic kidney insufficiency face?

Chronic kidney disease (CKD) signifies partial or complete reduction of the kidney function for longer than 3 months due to various causes, among which the most common are hypertension and diabetes. Patients with CKD often face physical complications due to reduced kidney function, which leads to the accumulation of toxins and disturbances in the balance of fluids and minerals. Psychological problems usually arise from these physical changes, the stress caused by the disease, and chronic fatigue.

Symptoms worsen with the progression of CKD. The most common physical problems are chronic fatigue, weakness, and swelling of the legs, hands, and ankles due to fluid retention, followed by frequent urination, nausea, loss of appetite, anemia, pale skin, bone pain, high blood pressure, and muscle cramps, while in advanced stages there is difficulty breathing, weight loss, constant itching, and sleep problems. The most common psychological and neurological problems are fatigue, apathy, drowsiness, and reduced concentration due to toxin accumulation. Disorientation, confusion, aggression, hallucinations, focus issues, as well as anxiety, depression, and mood disturbances are commonly associated with the chronic nature of the disease.

3. Due to the nature of the disease, in some patients the kidneys are dysfunctional. But in a large number of patients, they do not function at all. In such cases, these patients are prescribed the process of hemodialysis. Tell us more about the hemodialysis process, what are its benefits and effects as well as the difficulties and challenges that patients face during this process.

Hemodialysis is a method for cleansing the blood of waste products and excess fluid in patients with end-stage renal insufficiency, performed 3 times per week for 4-5 hours. It offers significant benefits, but also carries risks and challenges that require careful management. The kidney does not only filter blood and excrete waste materials, but is an endocrine organ in which hormones and enzymes are secreted. Such is erythropoietin which stimulates the production of red blood cells in the bone marrow especially during hypoxia, producing active vitamin D, important for calcium absorption and bone health. It also secretes renin which initiates the renin-angiotensin-aldosterone system for regulating blood pressure and salt balance.

Hemodialysis improves overall health by controlling blood pressure and balancing minerals such as potassium and sodium. Patients often feel more energy, better appetite, and reduced swelling and shortness of breath. Additionally, independent hemodialysis in home settings offers greater flexibility in terms of duration and schedule, and enables patients to continue with regular work. Common difficulties and complications in hemodialysis patients include fatigue after sessions, nausea, dizziness, and muscle cramps during treatment, as well as neurological complications such as uremic encephalopathy, dialysis disequilibrium syndrome, dementia, and peripheral neuropathy. Long-term, patients risk infections of the vascular access, thromboses, heart problems, anemia, renal hypertension, renal osteodystrophy due to disrupted metabolism of vitamin D, calcium, and phosphorus.

4. What is the ultimate sustainable solution for chronic kidney insufficiency?

The ultimate sustainable solution for chronic kidney insufficiency (CKI), especially in advanced stages, is kidney transplantation from a living donor or cadaver, enabling complete restoration of kidney function in successful cases. Dialysis (hemodialysis or peritoneal dialysis) removes toxins and excess fluid and serves as a life-saving replacement before transplantation, but is not a completely sustainable solution due to the need for regular sessions and complications. Conservative measures such as diet, medications such as erythropoietin for correction of anemia, bicarbonate for acidosis slow the progression,

but do not permanently cure the condition. For prevention and slowing the progression of CKI, regular control of diabetes and hypertension as the most common causes of CKI is necessary, with determination of creatinine in the blood and proteinuria, a low-protein diet, and limited intake of salt and potassium.

5. After several contacts and meetings with the hospital's management team, a collaboration between the Yoga Society Struga and the Institute for Dialysis from Struga was established with the initiative of applying yoga as a complementary part of the integral rehabilitation of patients. This collaboration resulted in the organization of a specialized course in yoga therapy for patients. How was this initiative received by the medical team but also by the patients for whom this project was actually intended?

The specialized course in yoga therapy for patients with end-stage CKD was held at the Institute for Nephrology, Dialysis and Rehabilitation in Struga. It lasted seven months and a total of 62 hours were held, three times a week for sixty minutes. The course was attended by a total of 24 patients, of whom 19 were men and 5 were women. The group was inconsistent due to the different dialysis centers the patients would be transferred, travel, shorter stays at the Institute in Struga, which is why the course was fully attended by 5 patients. In addition to the patients, a physiotherapist, doctor, and other support staff participated in the course. The course was well received among the patients, the professional team at the Institute gave full support, and some patients and doctors showed special interest in the course. The results and conclusions of this research were drawn based on their work and the results achieved.

6. What were the changes and improvements on a physical and psychological level in patients as a result of regular yoga practice as a complementary part of rehabilitation at the Institute?

In some patients, specific improvements were noted such as obtaining a healthy body weight, better sleep, reduction of headaches, improved mood, improved elasticity, and stable blood pressure. Among the common improvements registered were better tolerance of dialysis, better tolerance of diet, increased calmness, improved contacts with other people, reduction of muscle cramps and joint pain, increased disciplined attitude toward the hygiene-dietary regimen, increased physical endurance and activity.

In some patients there were drastic positive changes that were surprising for them as well as for the staff.

For example, one young patient did not always accept dialysis, was most often uncommunicative, depressed, and in phases of more serious crises when he would even pull the needles out of the fistula during the dialysis itself. But he was persistent and regularly came to yoga classes. Gradually over time, visible positive changes began to happen: he started to smile more, to participate in conversations after each class, and to socialize with other patients. He would go to town sometimes on foot, sometimes by bicycle to buy groceries for himself, but also for other patients. During the summer period on the beaches, he even began to socialize with girls and boys from the town who were approximately his age.

Another middle-aged patient who was accommodated on the top floor said that he often found it difficult to move on the stairs, both going down and going up. But after the classes, not only was he climbing the stairs, but he climbed with faster steps as if jogging. The patients and staff who saw this were surprised and amazed and asked him how is that possible, and that it must be the yoga classes.

7. These results were summarized in a pilot study on the effects of yogic practice in patients with renal insufficiency. The topic was presented at the World Congress on Yoga and Holistic Medicine in France and at the First Scientific Conference in Ohrid. According to our knowledge at that time, we did not come across anywhere in our country or in the world where yoga had been used as a complementary method of rehabilitation for chronic kidney insufficiency in a health institution. What was the response and reactions of experts in the field of yoga, medicine, Ayurveda, and holistic medicine at these scientific conferences?

Our study on the effects of yogic practice in hemodialysis patients was unique at the Congress, which is why it generated special interest among participants who asked numerous questions. The discussion emphasized that yoga and meditation can improve the quality of life in patients with CKD by having a positive effect on general, physical, and psychological health, and on improving social relationships.

8. At the congress in France, you had the opportunity to meet, exchange opinions and experiences with doctors of Ayurveda, traditional Indian medicine, yoga therapists... What is your experience and position regarding the relationship between traditional Eastern medicine and modern Western medicine?

While Western medicine has a materialistic approach concerning the human body in which the emphasis is placed on the treatment of physical and physiological changes in the body and its organs, traditional Eastern medicine devotes greater attention to the internal functions of the organs and bases its idealistic conception on life energy. Western medicine applies a narrowly specialized method of treatment in which the diagnosis of the disease is the main guide that directs the forms and methods of treatment, while the traditional Eastern system of healing is essentially holistic - viewing the human body as a whole, as an

inseparable part of the Universe that functions according to its laws. Therefore, in traditional Eastern medicine, the type of imbalance is determined, not the diagnosis of the disease.

Eastern medicine treats human health as the ability of the human body to maintain balance and integrity. Man is part of the microcosm surrounded by the Universe in which the same forces operate on which the microcosm is based. Man is part of the whole. Just as the organs of the body communicate with each other, so does man communicate with nature. Western medicine does not take into account the spiritual world, while for Eastern medicine the spirit is in balance with the body, the sick body is identified with a sick spirit. What distinguishes traditional Eastern medicine from Western medicine is herbal medicine and the application of modern dietary preparations based on the principles of traditional Eastern medicine, widely accepted almost throughout the entire world. It can help those who have become ill, but also those who want to maintain vitality and health.

We discussed more broadly the differences and points of contact between Western and Eastern philosophical approaches and religions with some of the Congress participants. From my own experience, I have felt eternity on one occasion, being torn away from time and I mentioned that even people who do not belong to any religion can have a mystical experience, described as "cosmic consciousness" or "oceanic feeling". Various opinions were expressed in the conversation, but what is common to all the great world religions is that mystics give similar descriptions of the mystical experience, but the difference between them is noticeable when one needs to give a religious or philosophical interpretation.

In Western mysticism, that is, in Christianity, Judaism, and Islam, mystics describe the mystical experience as an encounter with God. In these religions, although God is everywhere in nature and in the man’s soul, at the same time God is elevated far above the world. In Eastern mysticism, that is, in Hinduism, Buddhism, and Chinese religion, mystics describe the mystical experience as total union with God or with the "soul of the world," but emphasize that such a mystical experience does not come by itself and that they must pass through the "path of purification and enlightenment" to meet God. That path consists of a simple life and various meditation techniques.

9. In your opinion, should research on yoga therapy as a complementary part of rehabilitation for this type of disease be continued, improved, and elevated to a higher level?

Existing studies on the application of yoga as a complementary method of rehabilitation in patients with CKD presented in several international journals, especially from India, confirm the positive effects of yoga and meditation on improving the quality of life and the hygiene-dietary nutrition regimen in patients with CKD. To confirm the existing results, future studies need to include a control group of patients, and to examine specific aspects and gain a deeper understanding of the experiences and perceptions of CKD patients regarding yoga and meditation, it is necessary to conduct long-term studies designed in detail according to the needs of patients with CKD.