Acute renal failure (ARF) is a common medical emergency with high mortality. Despite the introduction of dialysis, it remains an important and potentially lethal complication of many serious medical, surgical and obstetrical conditions. So, it is important to appreciate the magnitude and gravity of the problem of acute renal failure and realize that prompt application of standard therapeutic measures in these cases is highly rewarding.

Acute renal failure is broadly defined as a rapid deterioration in renal function sufficient to result in accumulation of nitrogenous wastes in the body. The definition of ARF does not mention the volume of urine output. This is because it may be oliguric or non-oliguric.

Traditionally ARF is subdivided according to the clinical department in which it arises - surgical, medical or obstetrical. This generally has a bearing to precipitating factors, management and prognosis. It is conventionally classified into pre renal, post renal and acute damage to renal parenchyma itself.

The pattern of etiologic causes of ARF varies significantly in different parts of the world. In developed countries during earlier years, obstetric and
medical disorders dominated as etiological factors, but recent reports from England \(^2\), France \(^3\) and United States of America \(^4\) indicated that the predominant causes of ARF were surgical (43 to 56%) whereas medical causes were 22 to 35% and obstetrical causes were 7-25%.

This change of etiological spectrum of ARF was due to good medical care, successful treatment of infection, shock, dehydration and electrolyte loss, good medical termination of pregnancy and good obstetric services.

Reports from Singapore \(^5\), Indonesia \(^6\), Argentina \(^7\), Thailand \(^8\), and Ghana \(^9\) indicated that medical causes were 30-67%, surgical 8-34%, and obstetrical 16-30%.

In these series of study medical causes were the predominant causes of ARF.

Chugh et al (1973) \(^10\) and Shah et al \(^11\) reported that, in India, medical causes of ARF were predominant (more than 55%) and second predominant causes were surgical (32%) in Shah et al study while Chugh et al reported obstetrical causes (32%) after medical causes.

During world war II (1944) the incidence and mortality of ARF among combat causalities were 42% and 90% respectively \(^12\). With the advancement in the knowledge of pathophysiological mechanism and therapy the incidence and mortality of ARF were decreased.
During the Vietnam conflict the incidence of ARF follow severe injury was approximately 0.15% and mortality was 77%.\textsuperscript{12} After the introduction of hemodialysis as a part of therapy, the mortality rate was declined to 50% as reported in many series of study on ARF. With the further advancement in dialysis therapy, the mortality rate did not decline but it remained high 50-60% as reported in recent studies.

Although isolated short series of cases of ARF and the efficacy of various dialysis procedure have been reported from some centres of India, but a definite spectrum of ARF has yet to emerge. So this study has been designed with the aim to find out the spectrum of ARF in Bundelkhand region and to assess the incidence rate and outcome of patients with standard therapeutic regimen of treatment.