

The Vow Of A Lifetime

Finding Life-Saving Hope In A Soul Mate

(NAPSA)—“For better or for worse—in sickness and in health.”

When Gary DeGrande and his wife Mary decided to embark on a life together, they accepted this vow with pride. Today, they are living the words on a daily basis. From the outside, Gary appears to be a healthy 57 year-old—active volunteer, enjoys traveling and spending time with family. From the inside, Gary’s body tells a very different story.

“I have polycystic kidney disease, or PKD, which I inherited from my dad,” said Gary. “This means I have cysts growing on my kidneys, which affect their performance and will eventually make them useless—right now I only have 10 percent kidney function. I also live with symptoms of PKD like high blood pressure, periodic low energy, and the discomfort of an extended abdomen and cramped internal organs.”


According to the PKD Foundation, PKD is the most common life-threatening genetic disease, affecting more than 600,000 people in the U.S. and 12.5 million people worldwide. However, thousands more may be living with PKD, unknowingly, as symptoms are often silent. Anyone, regardless of age, sex or race can be affected by PKD.

PKD can be viewed down the family line as well. There is a 50 percent chance that a parent who has PKD will pass the life-threatening illness to their offspring. However, in the DeGrande family that chance increased—all of Gary’s siblings have the disease.

PKD is the most common life-threatening genetic disease.

Symptoms include:

- High blood pressure
- Constant or intermittent pain in the back, side or stomach
- Blood in the urine
- Kidney stones
- Frequent urinary tract infections
- Fatigue
- Family history of kidney problems, heart problems or strokes

If you or a loved one are experiencing similar symptoms, take action—empower yourself with information. Visit www.pkdcure.org to find answers to your questions about PKD. 

“The scariest thing about PKD is the fact that I really have no control over the disease. There are no treatments, so I can’t manage the disease with medicine. There is no cure, so I’ll live with PKD for the rest of my life,” Gary said.

Eventually, Gary will need a risky kidney transplant. Rather than waiting for a donor to come his way, Gary’s wife took it upon herself to drive the next steps—she decided to see if she was a match to donate her kidney to her husband. Initially, results of intensive testing showed a high potassium level—she was rejected as a donor. However, Mary decided not to accept this verdict. She made some lifestyle changes and was tested again. She and

Gary were both delighted to learn that she is an acceptable donor now. The transplant is anticipated in the next year or two, depending on the progress of the PKD, which is unpredictable at any stage.

“Mary has given me the best gift you can give another person, the gift of hope and the gift of life. To make it through this, you must have support, like the support I have found in Mary,” Gary said.

Gary also will be fortunate enough to have the support of his sisters during the transplant. Since they have PKD as well, they know firsthand what it is like to battle the disease daily. One of his sisters also was the recipient of a kidney transplant, which came from her husband. Her support will be an important element as Gary gets closer to the procedure.

Gary says being diagnosed with PKD can stir up important questions: What is the disease? Who is affected? What measures are available to control the PKD? Support and education are key components to arming oneself to fight the disease. The PKD Foundation is the only organization specifically devoted to helping families living with PKD find answers to their questions and to contribute research funds for finding a cure.

Each year, communities all across the country sponsor a Walk for PKD where families share information, provide support to one another and walk to raise funds for research. You can find out more about the Walk for PKD or other information at www.pkdcure.org or by calling (800) PKD-CURE.