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## Case Study

# Ayurvedic Management of Chronic Kidney Disease (Vrikka Vikara): A Case Study

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Attention Regulation

**ABSTRACT**

Chronic kidney disease (CKD) is a progressive disorder characterized by gradual loss of renal function, accumulation of metabolic waste products, and increased risk of cardiovascular and systemic complications. In Ayurveda, CKD can be correlated with *Vrikka Vikara* and disorders involving *Mutravaha Srotodushti,* where impairment of kidney function is associated with *Tridosha* imbalance, particularly *Vata* and *Kapha*, along with the accumulation of *Ama* (metabolic toxins) and vitiation of *Rakta* and *Meda Dhatu*. A 48-year-old male with a known case of chronic kidney disease (diagnosed in July 2022) presented to Jeena Sikho Lifecare Limited Hospital, Derabassi, Punjab, on 07/05/2024, with multiple systemic manifestations. At the time of presentation, the patient exhibited generalized weakness *(Daurbalya),* fatigue *(Shrama/Klama),* foot pain *(Pāda Śhūla),* dyspnea on exertion *(Shrama Janya Shwāsa),* bilateral pedal edema (*Ubhaya Pāda Śotha),* mild facial puffiness *(Mukha Śotha),* frothy urine *(Phenila Mutra),* and nocturia *(Naktamutratā)*. The patient was hospitalized for clinical monitoring and managed with Ayurvedic dietary and lifestyle interventions for ten days from 07/05/2024 to 17/05/2024. Laboratory parameters demonstrated significant improvement following the intervention. Blood urea decreased from 40.50 mg/dl to 17.50 mg/dl, serum creatinine from 1.91 mg/dl to 1.70 mg/dl, and uric acid from 8.74 mg/dl to 6.95 mg/dl. Lipid profile showed reduction in triglycerides (321.20 mg/dl to 201.47 mg/dl) and VLDL cholesterol (64.24 mg/dl to 40.29 mg/dl). Total bilirubin reduced from 1.82 mg/dl to 1.52 mg/dl, with stabilization of direct and indirect bilirubin levels, suggesting improved hepatic and metabolic homeostasis. DTPA renal scan revealed persistently compromised left kidney function (GFR 1.4–1.9 ml/min) and compensatory improvement in the right kidney (GFR 27.9–32.8 ml/min), with global GFR increasing from 29.4 ml/min to 34.7 ml/min. This case demonstrates that comprehensive Ayurvedic management, incorporating dietary regulation, lifestyle modification, and patient-centered care, can lead to significant clinical and biochemical improvement in patients with chronic kidney disease, even in the presence of longstanding comorbidities such as hypertension. While the structural damage in the left kidney remained irreversible, the compensatory improvement in right renal function, along with enhanced metabolic and lipid parameters, underscores the potential of integrative approaches in supporting renal function and overall systemic health.

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# Introduction

A persistent, multifactorial condition, chronic kidney disease (CKD) is typified by a progressive loss of kidney function over months or years, which, if ignored, can proceed to end-stage renal disease (ESRD). Diabetes mellitus and hypertension (HTN) are the main risk factors for chronic kidney disease (CKD), which affects around 10% of the world's population.[1] Kidneys are the organs that have numerous biological roles in maintaining the homeostatic balance of body fluids by removing wastes from the body. Chronic Renal Failure (CRF) is a syndrome characterized by progressive & irreversible deterioration of renal function due to the slow destruction of renal parenchyma, eventually terminating into death when a sufficient number of nephrons are damaged. Chronic renal failure is reported to be a silent epidemic.[2] It is a global threat to health in general and for developing countries in particular, because therapy is very expensive and life-long. It is a matter of concern for all that the prevalence of diabetes, hypertension and associated risk factors such as obesity, hypercholesterolemia and the metabolic syndrome are increasing, which along with increased life span of persons, facilitate sustained and explosive growth of this epidemic.[3] Signs and symptoms of kidney disease are often nonspecific, meaning they can also be caused by some other illness because kidneys are highly adaptable organs in the body and can compensate for their lost function. The signs and symptoms may appear at the stage of irreversible damage, which include nausea, vomiting, loss of appetite, fatigue & weakness, sleep problems, changes in urine output, decreased mental sharpness, muscle twitches & cramps, hiccups, swelling of feet & ankles, persistent itching, shortness of breath, high blood pressure (hypertension) etc.[4] CKD is identified by the blood test for creatinine, which is a breakdown product of muscle metabolism. Higher levels of creatinine indicate a lower glomerular filtration rate and, as a result, a decreased capability of the kidneys to excrete waste products.[5] The modern management of CKD is not satisfactory and the ultimate goal is renal transplant. So, there is a necessity to find suitable remedial measures from other different resources, and *Ayurveda* is one of them. *Ayurveda* proclaims that the naming of diseases is not necessary, but the mainstay is to assess the *Dosha, Dushya* and *Adhishthan* along with the strength of disease and patient, then incorporate the appropriate therapeutic interventions.[6] The disease CKD is not fairly known in *Ayurveda*, but based on pathogenesis, we can assess and plan the management. *Ayurvedic* herbs like *Punarnava (Boerhavia diffusa), Gokshura (Tribulus terrestris)*, *Varuna (Crataeva nurvala),* and formulations such as *Punarnavādi Kaṣāya* and *Chandraprabha Vati* have been traditionally recommended for renal conditions due to their diuretic, anti-inflammatory, and *Mutrala* (uroprotective) properties.[7]

***Samprapti Ghatak* (Components of Pathogenesis)[8]**

| ***Samprapti* Component** | **Details in *Vrikka Vikara*** |
|---|---|
| ***Dosha* (Body humors)** | Predominantly *Kapha* and *Vata Pitta* involvement in inflammatory/degenerative stages |
| ***Dushya* (Vitiated tissues)** | *Rasa, Rakta, Meda, Mamsa, Majja, Shukra* (all *dhatus* get affected sequentially due to *dhatu kshaya* and *mala dushti*) |
| ***Agni* (Digestive/metabolic function)** | *Jatharagni Mandya* → *Dhatvagni dushti* → *Ama utpatti* |
| ***Ama* (Metabolic toxins)** | Formation of *sama rasa* and *sama rakta* → obstruction in *srotas* |
| ***Srotas* (Affected Channels)** | *Mutravaha srotas* (main) also involvement of *Rasavaha, Raktavaha, Medovaha, Majjavaha* |
| ***Srotodushti Prakara* (Obstruction of channels)** | *Sanga* (obstruction), *Atipravritti* (proteinuria, polyuria), *Vimargagamana* (uraemia – *mala* enter bloodstream) |
| ***Udbhava Sthana* (Origin)** | *Amashaya* due to *agnimandya* |
| ***Adhisthana* (Seat of manifestation)** | *Vrikka* (Kidneys) |
| ***Roga Marga* (Disease pathway)** | *Madhyama roga marga* (Intermediate disease pathway) |
| ***Vyadhi Swabhava* (Site of manifestation)** | *Yapya* (manageable, not completely curable) |
| ***Upadrava* (Complications)** | *Pandu* (anemia), *Shotha* (edema), *Prameha, Hridroga, Udararoga* |

# Case Report

A 48-year-old male with known case of chronic kidney disease diagnosed in July 2022, and 9-year history of hypertension. The patient was visited on 7/5/2024 at Jeena Sikho Lifecare Limited Hospital Derabassi, Punjab. The patient suffered from *Daurbalya* (generalized weakness), *Shrama / Klama* (fatigue), *Pada Shoola* (foot pain), *Shrama Janya Shwasa* (shortness of breath on exertion), *Ubhaya Pada Shotha* (bilateral pedal edema), *Mukha Shotha* (mild facial puffiness), *Phenila Mutra* (frothy urine), and *Naktamutrata* (nocturia). The patient was admitted to the hospital from 7/5/24 to 17/5/24.

**Figure 1: *Samprapti* of Chronic kidney disease**

***Nidana* (Etiological Factors)** Unhealthy diet, excessive salt, diabetes, hypertension, stress, sedentary lifestyle

↓

***Dosha Prakopa*** (Vitiation of *Doshas*)
*Vata* ↑ *(Vyana & Apana Vata)*
*Kapha* ↑ *Pitta* ↑

↓

***Agnimandya*** (Impaired *Agni)*

↓

***Ama* Formation** (Metabolic Toxins)

↓

***Srotodushti*** (Vitiation of Channels)
*Raktavah Srotas Dushti*
*Mutravah Srotas Dushti*

↓

***Srotorodha*** (Obstruction of Channels)

↓

***Vyana Vata Vriddhi*** → *Raktagata Vata* (Hypertension)

↓

***Dhatu Kshaya*** (Degeneration of Renal Tissue)

↓

***Mutra Nirman Vikriti*** (Impaired Urine Formation & Filtration)

↓

***Atipravritti*** / *Vimargagamana* / *Sanga of Mutravah Srotas*

↓

***Vrikka Vikara*** (Chronic Kidney Disease)

**Table 1: Vitals during the initial examination visit on 7/5/2024**

| Parameters | Findings |
|---|---|
| **Blood Pressure** | 140/80mmHg |
| **Pulse Rate** | 58/min |
| **Weight** | 78kg |

**Table 2: *Ashta-vidh Pariksha* (Eightfold Examination) on the first-day visit of the patient**

| Parameters | Findings |
|---|---|
| ***Nadi* (Pulse)** | *VataPittaj* |
| ***Mala* (Stool)** | *Malavashtambha* (constipation) |
| ***Mutra* (Urine)** | *Safena* (Frothy urine) |
| ***Jiwha* (Tongue)** | *Saam* (Coated) |
| ***Shabda* (Speech)** | *Spashta* (Clear) |
| ***Sparsha* (Touch)** | *Anushna Sheet* (Moderate temperature) |
| ***Akriti* (Body shape)** | *Madhyam* (Moderate) |
| ***Drik* (Eyesight)** | *Avikrit* (Normal) |

**Table 3: Allopathic Medicines during IPD**

| Salt Name | Patient History Dosage | 1st Day | 2nd Day | 3rd Day |
|---|---|---|---|---|
| Atorvastatin and Aspirin | 1 Tablet HS | ✓ | ✓ | ✓ |
| Rosuvastatin | 1 Tablet HS | ✓ | ✓ | ✓ |
| Labetalol hydrochloride | 1 Tablet BD | ✓ | ✓ | ✓ |
| Metoprolol | 1 Tablet OD | ✓ | ✓ | ✓ |
| Fluphenazine | 1 Tablet TDS | SOS | SOS | SOS |
| Rosuvastatin | 1 Tablet BD | SOS | SOS | SOS |
| Torasemide | 1 Tablet BD | ✓ | ✓ | ✓ |
| Alprazolam | 1 Tablet OD | ✓ | ✓ | ✓ |

***Ahara Krama*[8]:** The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included the following:

## Do's and Don'ts:

Avoid eating after 8 PM.
Take a small bite of solid food and chew it 32 times to aid proper digestion and nutrient absorption.
Do not consume wheat, refined food, milk, milk products, coffee, tea, and packed food.

## *Jala Sevan* (Water intake):

1. Take small sips of water.
2. Drink about 250ml of alkaline water 3 to 4 times a day.
3. Consume Herbal tea 300ml twice daily. To prepare 300 ml of Herbal tea, combine 2 cloves *(Trifolium pratense),* 2 cardamom pods, 10 black pepper seeds *(Piper nigrum),* 5 gm cinnamon sticks *(Cinnamomum verum),* and a half teaspoon of fennel *seeds (Foeniculum vulgare)* with hot water.
4. Drink Red juice taken in quantities of 100-150 ml.
5. Green juice taken in quantities of 10 gm each, 200 ml water added, ground in a mixer grinder, filtered, and consumed in a quantity of (100-150 ml).
6. Living water: The approach involves a three-tiered filtration system using clay pots, each serving a specific purpose to purify and energize the water: Top Pot: Fill this pot with a mixture of small and large river stones, followed by charcoal made from burning wood. This layer acts as an initial filter, removing larger impurities. Middle Pot: Place a similar mix of stones here. Additionally, add *Moringa* seed powder (also known as drumstick or "*Sahjan*" powder), a silver vessel, a copper vessel, and *Rudraksha (Elaeocarpus angustififolium)*. *Moringa* seeds are known for their natural water-purifying properties, while silver and copper are believed to enhance the quality of water. Bottom Pot: This pot remains unaltered and serves as the collection chamber for the purified water. Advised to drink as per the need.

7. Boil 2 liters of water to reduce it to 1 liter and consume.

## Aim to drink 1 liter of alkaline water daily (Procedure as follow):

1. Setup the Glass Jug: Fill a clean jug with fresh drinking water.
2. Add Copper Vessel: Place a copper vessel or glass inside the jug.
3. Infuse Flavors: Add slices of carrot, cucumber, and lemon to the water.
4. Add Herbs: Include ginger slices, mint leaves, and coriander leaves.
5. Optional Spice: Add a slice of green chili for added flavor.
6. Let it Sit: Allow the mixture to sit for 12 hours.
7. Add *Amalaki (Emblica officinalis)* and Basil *(Ocimum tenuiflorum):* After 6 hours, add 3–4 pieces of *Amalaki* and a handful of Basil leaves. Let it infuse for 6 hours.
8. Ready to Drink: 3 to 4 times a day in divided portions

## *Shooka Dhanya Sevan*:

- Incorporate five types of millet into diet: (*Priyaṅgava*) Foxtail (*Setaria italica*), (*Śyāmākā*) Barnyard (*Echinochloa esculenta*), **(***Kodrava)* (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramose*).
- Use only steel cookware for preparing the millets. Cook the millets only using mustard oil.

## *Ayurvedic* and Disciplined & intelligent Person's diet (DIP) includes:

| | |
|---|---|
| **Early Morning 5:45 AM** | - Herbal tea<br>- Curry leaves (chewed: 1 leaf = 1 min; 5 leaves = 5 min)<br>- Raw ginger & turmeric |
| **Breakfast 9:00 – 10:00 AM** | - Steamed fruits<br>- Fermented millet shake (4–5 types)<br>- *Mudga Yusha* (green gram soup) |
| **Morning Snack 11:00 AM** | - red juice (150 ml)<br>- 4–5 soaked almonds |
| **Lunch 12:30 – 2:00 PM** | **Plate 1:** Steamed salad<br>**Plate 2:** Cooked millet-based dish |
| **Evening Snack 4:00 – 4:20 PM** | - Green juice (100–150 ml)<br>- 4–5 almonds |
| **Dinner 6:15 – 7:30 PM** | **Plate 1:** Raw salad, chutney, soup, green garden delight<br>**Plate 2:** Millet khichdi |

## Fasting:

One-day fasting per week.

## Special Instructions:

- Express gratitude to the divine before consuming food or drinks.
- Sit in *Vajrasan* (a yoga posture) after each meal.
- 10-minute slow walk after every meal.

## Diet Types:

1. The diet comprises low-salt solid, semi-solid, and smoothie options.
2. Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

## Lifestyle Recommendations

(i) Include *Dhyana* (meditation) for relaxation.
(ii) Engage in Yoga (*Sukhasan* and *Sukshm pranayam*) from 6:00 AM to 7:00 AM.
(iii) Practice barefoot brisk walking for 30 minutes.
(iv) Ensure 6-8 hours of quality sleep each night.
(v) Adhere to a structured daily routine.

## *Panchkarma* procedures were administered to patient

***Avagaha Swedana upto Navel***[9]
**Procedure:** The patient was immersed up to the navel in a tub of warm water. Sweating was encouraged by maintaining the water temperature at 42˚C. The procedure was recommended to be followed for 40 minutes.

***Lepan* Over Chest with *Dashmool, Punarnava* and *Shunthi***[10]
**Procedure:**The patient's body is first cleansed with lukewarm water before applying the *Lepam. Dashmool* is made into a paste by mixing with suitable medium like warm water or ghee. This paste is applied as a thick layer over the patient body. The application is kept undisturbed until it dries partially, allowing the medicinal properties to penetrate through the skin. After 30 minutes, it is gently removed and the area is cleaned. This therapy helps in reducing pain, inflammation, stiffness, and promoting local healing.

***Shiropichu* with *Brahmi* oil**[11]
**Procedure:** Warm *Brahmi Tail* was massaged on the scalp and neck for 20–30 minutes, a cloth pad soaked in this warm oil was placed on the forehead, covering the *Ajna Chakra* and crown, left in place for 20 minutes. The cloth was removed, & the patient was advised to massage the scalp gently.

***Matra Basti with Punarnava* and *Gokshur* oil**[12]

**Procedure:** *Punarnava (Boerhavia diffusa)* and *Gokshur (Tribulus terrestris)* oil were administered rectally in a 90 ml dose, at 40°C.

***Kashaya Basti* with *Punarnava* and *Gokshur***[13]

**Procedure:** The roots of *Gokshur (Tribulus terrestris)* and *Punarnava (Boerhavia diffusa),* were taken in quantity of 50gm each and 20 gms of *fennel (Foeniculum vulgare) Kalka* boiled with 1600 ml of water, reduced to 400ml, and filtered. Rock salt :10gm was mixed with Honey: 40 ml, & stirred hard till frothing. 30 ml of *Ksheerbala Taila* was taken and the mixture of Honey and Rock salt mixed with The decoction of *Gokshur* and *Punarnava* , totaling a volume of 480 ml. The patient was positioned on his left side with his right knee flexed to his abdominal wall and the left knee fully extended. The enema apparatus was sterilized, the enema tube was lubricated for easy administration. The lukewarm *Gokshur* and *Punarnava Niruha Basti* (480 ml) was gently introduced into the rectum using the enema tube. The patient was asked to retain the liquid as long as comfortably possible.

**Table 4: Daily Vital Chart During Patient Treatment**

| Date & Time | Blood Pressure (mm/Hg) | Pulse Rate (Per min.) | SPO2 (%) |
|---|---|---|---|
| **7/5/24 1:15 PM** | 140/80 | 58 | 99% |
| **8/5/24 5:00 AM** | 130/90 | 62 | 99% |
| **9/5/24 9:00 AM** | 150/80 | 64 | 99% |
| **10/5/24 9:00 PM** | 130/80 | 62 | 99% |
| **11/5/24 5:10 AM** | 140/90 | 68 | 99% |
| **12/5/24 8:00 PM** | 130/80 | 70 | 99% |
| **13/5/24 8:00 PM** | 140/80 | 68 | 99% |
| **14/5/24 8:00 PM** | 130/80 | 78 | 99% |
| **15/5/24 8:15 PM** | 140/90 | 78 | 99% |
| **16/5/24 5:00 AM** | 120/80 | 74 | 99% |
| **16/5/24 8:00 PM** | 140/80 | 74 | 99% |
| **17/5/24 9:00 AM** | 120/80 | 74 | 99% |

# *Shaman Chikitsa*

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 5.

**Table 5: Follow-up medicine**

| IPD medicine on 7/5/24 17/5/24 | Medicine Advised on Discharge 17/5/24 | Follow-up medicine on 17/6/24 | Follow-up medicine on 16/7/24 | Follow-up medicine on 16/8/24 |
|---|---|---|---|---|
| **Divya Shakti powde**r | Divya Shakti Powder | **Divya Shakti powde**r | Chander vati | Chander vati |
| **Hrid Car**e | **Hrid care** | **Hrid Car**e | GFR Powder | **Sarvatobhadra Vat**i |

| | | | | |
|---|---|---|---|---|
| CKD Syrup | CKD syrup | GFR Powder | Dhatuposhak capsule | GFR Powder |
| **Chander Vati Tablet** | - | Samavati capsule | Samavati capsule | Dhatuposhak |
| JS BP cure | - | - | Renal support Syrup | **Nervine Tonic** |
| GFR Powder | - | - | - | **Heart care syrup** |

**Table 6: Medications Given During Treatment Period**

| Medicine | Ingredients | Therapeutic Effect | Dosage |
|---|---|---|---|
| **Chander Vati Tablet** | ***Kapoor Kachri*** *(Hedychium spicatum),* ***Vach*** *(Acorus calamus),* ***Motha*** *(Cyperus rotundus),* ***Giloy*** *(Tinospora cordifolia),* ***Devdaru*** *(Cedrus deodara),* ***Daru Haldi*** *(Curcuma longa),* ***Atees*** *(Aconitum Heterophyllum),* ***Pippali mool*** *(Piper longum),* ***Amla*** *(Phyllanthus emblica),* ***Chitrak*** *(Plumbago Zeylancia),* ***Dhaniya*** *(Coriandrum sativum),* ***Haritaki*** *(Terminalia chebula),* ***Vidanga*** *(Embelia ribes),* ***Peepal*** *(Ficus religiosa),* ***Kalimirch*** *(Piper nigrum),* ***Sonth*** *(Zingiber officinale),* ***Gajpipal*** *(Scindapus Officinalis),* ***Swarn Makshik Bhasma,*** ***Sajjikshar*** *(Salsola stocksii),* ***Senda Namak, Kala Namak, Choti Elaichi*** *(Elettaria cardamomum),* ***Dalchini*** *(Cinnamomum verum),* ***Tejpatta*** *(Cinnamomum tamala),* ***Danti*** *(Baliospermum montanum),* ***Nisoth*** *(Operculina turpethum),* ***Banslochan*** *(Bambusa arundinacea),* ***Loh bhasma, Shilajeet*** *(Asphaltum punjabianum),* ***Guggul*** *(Commiphora wightii)* | Aids in *Ama Nivarana* (toxin prevention), Supports *Mutravah Srotas Shodhan* and Promotes *Mutra Vardhak* | 2 Tablet BD *(Adhobhakta with koshna jala)* |
| **JS BP cure** | ***Sarpgandha*** *(Rauvolfia serpentine),* ***Arjun*** *(Terminalia arjuna),* ***Shigru*** *(Moringa oleifera Linnn.),* ***Haritki*** *(Terminalia chebula),* ***Aamlki*** *(Phyllanthus emblica)* | It is used for maintaining blood pressure | 2 Tablet BD *(Adhobhakta with koshna jala)* |
| **GFR Powder** | ***Varun*** *(Crateva nurvala),* ***Punarnava*** *(Boerhavia diffusa),* ***Gokshur*** *(Tribulus terrestris),* ***Kasni*** *(Cichorium intybus),* ***Bhumi Amla*** *(Phyllanthus niruri),* ***Shirish*** *(Albizia lebbeck),* ***Shigru*** *(Moringa oleifera),* ***Apamarg*** *(Achyranthes aspera)* | Supports *Vrikk Karya* (kidney function) and acts as *Shoth-har* (anti-inflammatory), Helping alleviate renal symptoms. | Half a teaspoon BD (*Adhobhakta with koshna jala)* |
| **Divya Shakti Powder** | ***Trikatu*** *(Piper nigrum (Kali Mirch), Piper longum (Pippali), and dried Zingiber officinale (Saunth),* ***Triphala*** *(Haritaki (Terminalia chebula), Bibhitaki, (Terminalia bellirica) and Amalaki (Phyllanthus niruri),* ***Nagarmotha*** *(Cyperus rotundus),* ***Vidanga*** *(Embelia ribes),* ***Chhoti Elaichi*** *(Elettaria cardamomum),* ***Tej Patta*** *(Cinnamomum tamala),* ***Laung*** *(Syzygium aromaticum),* ***Nisoth*** *(Operculina turpethum),* ***Sendha Namak, Dhaniya*** *(Coriandrum sativum),* ***Pippali Mool*** *(Piper longum root),* ***Jeera*** *(Cuminum cyminum),* ***Nagkesar*** *(Mesua ferrea),* ***Amarvati*** *(Achyranthes aspera),* ***Anardana*** *(Punica granatum),* ***Badi Elaichi*** *(Amomum subulatum),* ***Hing*** *(Ferula assafoetida),* ***Kachnar*** *(Bauhinia variegata),* ***Ajmod*** *(Trachyspermum ammi),* ***Sajjikshar*** *(Salsola stocksii),****Pushkarmool*** | Boosts *Ojas* (vitality), enhances *Bala* (energy levels) and helps alleviate *Shrama* (fatigue) and *Daurbalya* (Weakness) | Half a teaspoon HS (*Nishikala with koshna jala)* (At bed time) |
| **Hrid care** | ***Lahsun*** *(Allium sativum),* ***Arjun*** *(Terminalia arjuna),* ***Brahmi, Giloy*** *(Tinospora cordifolia),* ***Makoy*** *(Solanum nigrum),* ***Sarpgandha*** *(Rauwolf serpentineina),* ***Shankh Bhasm*** | CAD, HTN, Acidity, Insomnia, High blood pressure Aortic disease | 2 Cap. BD *(Adhobhakta with koshna jala)* (After meal with lukewarm water) |

| | | | |
|---|---|---|---|
| **Samavati Capsule** | ***Gokhru*** *(Tribulus Terrestris),* ***Shatavari*** *(Asparagus racemosus),* ***Kaunch*** *(Mucuna pruriens),* ***Bhumi Amla*** *(Phyllanthus niruri),* ***Sounth*** *(Zingiber officinale dried ginger),* ***Jaiphal*** *(Myristica fragrans),* ***Ashwagandha*** *(Withania somnifera),* ***Vidarikand*** *(Pueraria tuberosa),* ***Beej band lal*** *(Sida cordifolia),* ***Akarkara*** *(Anacyclus pyrethrum),* ***Talmakhana*** *(Asteracantha longifolia),* ***Musli*** *(Chlorophytum borivilianum),* ***Swarn makshik, Shilajeet*** *(Asphaltum punjabicum)* | Supports *Yakrit Vikar Shaman,* enhances *Agni Deepan-Pachan*, aids in *Vibandh Nivarana*, boosts *Vyadhikshamatva*, and helps in *Aruchi Shamana* | 2 Caps. BD (*Adhobhakta with koshna jala)* |
| **CKD syrup** | ***Kasani*** *(Cichorium intybus),* ***Gokhru*** *(Tribulus Terrestris),* ***Shatavari*** *(Asparagus racemosus),* ***Giloy*** *(Tinospora cordifolia,* ***Sorbitol, Shilajeet*** *(Asphaltum punjabicum)* | Supports *Vrikk Vikar Shaman* and *Mutravah Srotas* Shuddhi | 20ml BD *(Adhobhakta with sammatra koshna jala)* |
| **Dhatu-poshak Capsule** | ***Chuna Shuddh, Shankh bhasm, Mukta shukti, Prawal pishti, Kapardika, Louh Bhasm*** | Helps to Manage Diabetes, Enhances Vitality and Boosts Vigor Naturally. | 2 Caps. BD (*Adhobhakta with koshna jala)* |
| **Renal support syrup** | ***Nimb*** *(Azadirachta indica),* ***Arjun*** *(Terminalia arjuna),* ***Gokshur*** *(Tribulus terrestris),* ***Haritki*** *(Terminalia chebula),* ***Ashwagandha*** *(Withania somnifera),* ***Karanj*** *(Pongamia pinnata),* ***Chirata*** *(Swertia chirayita)* | Supports Kidney, Bladder and Urinary Tract Health, Promoting Natural Detoxification. | 20ml (*Adhobhakta* with *sam matra koshna jala)* |
| **Sarvato-bhadra Vati** | ***Swarn bhasm, Rajat bhasm, Abhrak bhasm, Louh bhasm, Shilajit, Shuddh Gandhak, Swarn makshik bhasm, Varuna kwath*** | To improve and strengthen kidney function naturally | 1 Tablet OD (*Adhobhakta with koshna jala)* |
| **Nervine Tonic** | ***Balaristha, Ashwagandharistha, Saraswataristha*** | It aids in natural *shodhan* (detoxification), Helps in balancing *manas doshas* to reduce stress and anxiety, Supports *majja dhatu* (Bone marrow tissue) for maintaining nerve health. | 3 teaspoon BD (*Adhobhakta* with *sam matra koshna jala)* |
| **Heart Care Syrup** | ***Arjun*** *(Terminalia arjuna),* ***Brahmi*** *(Bacopa monnieri),* ***Munakka*** *(Vitis vinifera),* ***Mahua phool*** *(Madhuca longifolia),* ***Shatavari*** *(Asparagus racemosus),* ***Vidarikand*** *(Pueraria tuberosa),* ***Haritaki*** *(Terminalia Chebula),* ***Khus*** *(Chrysopogon zizanioides),* ***Ardraka*** *(Zingiber officinale),* ***Saunf*** *(Foeniculum vulgare),* ***Madhu*** *(Glycyrrhiza glabra),* ***Shaker*** | Heart disease, Chest problems, Anorexia, Irregular heart beat | 3 teaspoon BD (*Adhobhakta with samamtara koshna jala)* |

# Results

The table 7 shows that the patient presented with multiple symptoms of Chronic Kidney Disease at admission on 07/05/2024, including Daurbalya (general weakness, 4/10), *Shrama/Klama* (fatigue, 5/10), *Shrama Janya Shwasa* (dyspnea on exertion), *Ubhaya Pada Shotha* (bilateral pedal edema, grade 2), *Mukha Shotha* (facial puffiness), *Phenila Mutra* (frothy urine), *Naktamutrata* (nocturia), and *Pada Shoola* (foot pain, 3/10). After 10 days of Ayurvedic treatment (17/05/2024), most symptoms showed marked improvement, with complete relief in weakness, fatigue, nocturia, edema, facial puffiness, and foot pain. Frothy urine was reduced to mild, and shortness of breath was absent at rest with occasional exertional episodes, indicating significant clinical improvement.

**Table 7: Symptomatic Improvement Over Treatment Period**

| Complaint (with Ayurvedic Term) | Condition at Admission (07/05/2024) | After 10 Days Treatment (17/05/2024) |
|---|---|---|
| ***Daurbalya*** **(General Weakness)**[14] | Present (4/10) | Relief |
| ***Shrama / Klama*** **(Fatigue)**[15] | Present (5/10) | Relief |
| ***Shrama Janya Shwasa*** **(SOB on Exertion)**[16] | Present | No SOB now (on exertion on/off) |

| | | |
|---|---|---|
| ***Ubhaya Pada Shotha* (Bilateral Pedal Edema)**[17] | Present ($2^0$) | Relief |
| ***Mukha Shotha* (Mild Facial Puffiness)**[18] | Present | Relief |
| ***Phenila Mutra* (Frothy Urine)**[19] | Present | Reduced / Mild |
| ***Naktamutrata* (Nocturia)**[20] | Present | Relief |
| ***Pada Shoola* (Foot Pain)**[21] | Present (3/10) | Relief |

The laboratory investigations showed notable improvement in renal and metabolic parameters during follow-up. Serum urea decreased from 40.50 mg/dl (07/05/2024) to 17.50 mg/dl (17/06/2024), while serum creatinine reduced from 1.91 mg/dl to 1.70 mg/dl, indicating improved renal function. Uric acid levels declined from 8.74 mg/dl to 6.95 mg/dl, suggesting better metabolic control. Lipid profile also improved, with triglycerides reducing from 321.20 mg/dl to 201.47 mg/dl and VLDL cholesterol from 64.24 mg/dl to 40.29 mg/dl. Total bilirubin showed a reduction from 1.82 mg/dl to 1.52 mg/dl, with stabilization of direct and indirect bilirubin levels. Overall, these findings suggest a progressive improvement in renal function and metabolic status following the intervention.

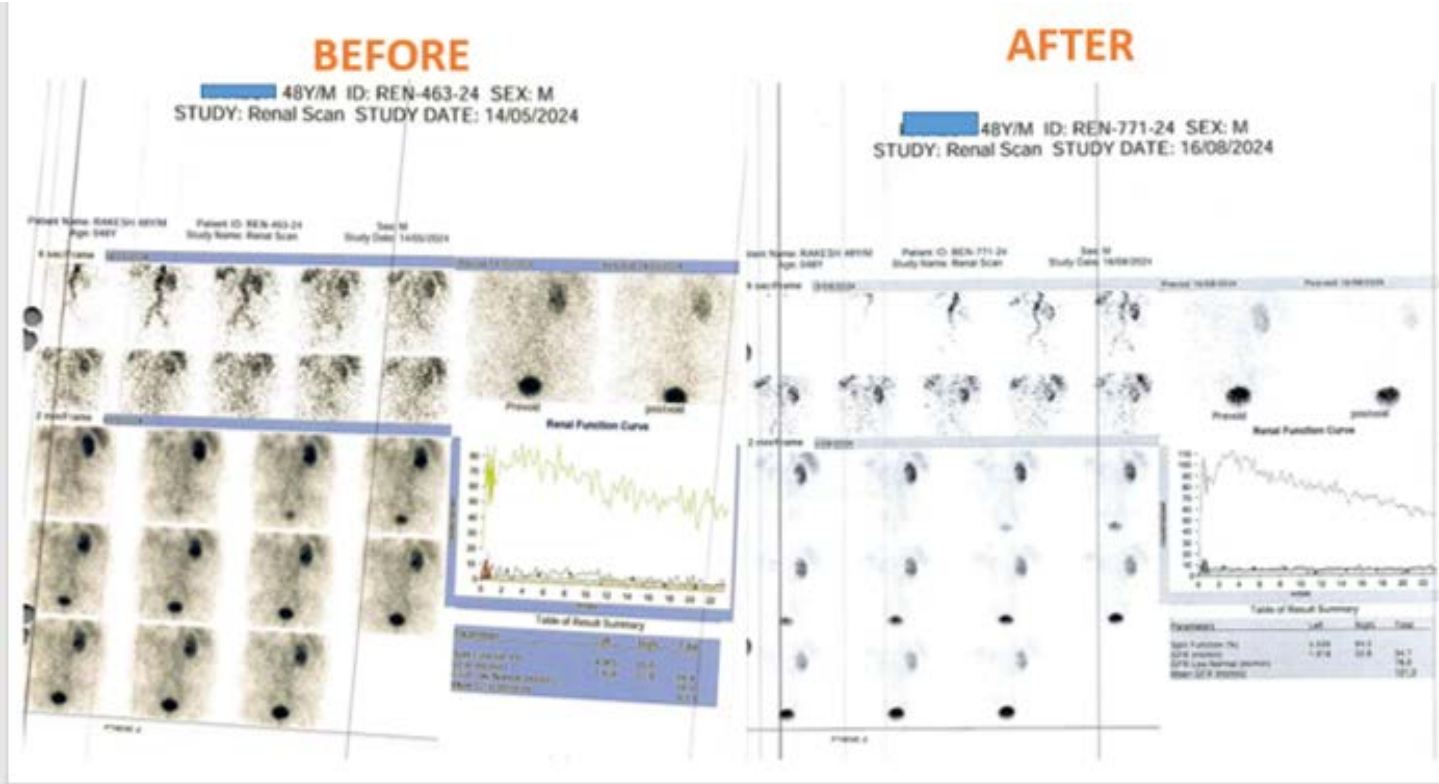
**Table 8: Pre and Post-Intervention Assessment of the Patient**

| Parameter | 7/5/2024 | 12/5/2024 | 15/5/2024 | 17/6/2024 (After 1 month) |
|---|---|---|---|---|
| **Hemoglobin (g/dl)** | 13.3 | — | — | 13.2 |
| **Urea (mg/dl)** | 40.50 | 25.95 | 28.40 | 17.50 |
| **Creatinine (mg/dl)** | 1.91 | 1.70 | 1.78 | 1.70 |
| **Uric Acid (mg/dl)** | 8.74 | 8.48 | 9.0 | 6.95 |
| **Triglycerides (mg/dl)** | 321.20 | 201.47 | — | — |
| **VLDL Cholesterol (mg/dl)** | 64.24 | 40.29 | — | — |
| **Total Bilirubin (mg/dl)** | 1.82 | 1.95 | 1.30 | 1.52 |
| **Direct Bilirubin (mg/dl)** | 0.62 | 0.48 | 0.57 | 0.59 |
| **Indirect Bilirubin (mg/dl)** | 1.20 | 1.47 | 0.73 | 0.93 |

The DTPA renal scan revealed severely compromised function of the left kidney with poor visualization and very low GFR values of 1.4 ml/min (14/05/2024) and 1.9 ml/min (12/08/2024), indicating advanced functional impairment. The right kidney showed comparatively better function, with GFR improving from 27.9 ml/min to 32.8 ml/min, suggesting compensatory renal activity. The global GFR increased from 29.4 ml/min to 34.7 ml/min, reflecting an overall improvement in renal filtration capacity over the follow-up period. Renal size and shape were normal in the right kidney, while the left kidney initially showed reduced size, indicating chronic pathological changes.

**Table 9: Comparative DTPA Renal Scan Findings**

| Parameter | Left Kidney (14/5/2024) | Right Kidney (14/5/2024) | Left Kidney (12/8/2024) | Right Kidney (12/8/2024) |
|---|---|---|---|---|
| **Visualization** | Poor | Sub-normal | Poor | Normal |
| **Size** | Small | Normal | Normal | Normal |
| **Shape** | Normal | Normal | Normal | Normal |
| **GFR (ml/min)** | 1.4 ml/min | 27.9 ml/min | 1.9 ml/min | 32.8 ml/min |
| **Global GFR (ml/min)** | **29.4 ml/min** | | **34.7 ml/min** | |


## Discussion

A 48-year-old male with known case of chronic kidney disease diagnosed in July 2022 , 9-year history of Hypertension, presented to Jeena Sikho Lifecare Hospital Derabassi,Punjab, on 07/05/2024. At the time of presentation, the patient exhibited multiple systemic manifestations including *Daurbalya* (generalized weakness), *Shrama/Klama* (fatigue), *Pāda Śhūla* (foot pain), *Shrama Janya Shwāsa* (dyspnea on exertion), *Ubhaya Pāda Śotha* (bilateral pedal edema), *Mukha Śotha* (mild facial puffiness), *Phenila Mutra* (frothy urine), and *Naktamutratā* (nocturia). The patient was hospitalized and managed with Ayurvedic interventions from 07/05/2024 to 17/05/2024 for comprehensive clinical monitoring and therapeutic management.

## *Nidana* of Chronic Kidney Disease

*Nidana* include excessive intake of heavy, unctuous, salty foods, sedentary lifestyle, and stress. These factors collectively contribute to CKD development by disrupting the balance of *Doshas* and *Dhatus*, leading to progressive renal dysfunction.[22] In *Vrikka Vikara* (kidney disorders), causative *Aahar* includes excessive intake of salty, sour, oily, heavy, processed foods, alcohol, and high-protein diets, while *Vihar* factors involve a sedentary lifestyle, excessive stress, daytime sleep, suppression of natural urges, and irregular sleep patterns, all of which contribute to *dosha* imbalance and renal dysfunction.

## *Samprapti (Pathogenesis)* of Chronic Kidney Disease

CKD is one such disease, which needs to be understood on behalf of *Nidana* (etiology) and *Lakshan* (signs and symptoms) to propose a *Samprapti* (pathogenesis) to adopt congruous treatment for the same. In this study, *Ayurveda* prospective is thoroughly studied regarding the genesis of *Vrikka* (kidney), *Mutra Nirman Pravartan* (urine formation & excretion), involved *Doshas* (biological humor), *Dhatu* (tissues), *Mahabhoot* (five outstanding elements), *Srotas* (circulatory channels), *Srotodushti* (vitiated channels) *Hetu sevan* (etiological factors) & *Lakshana* (signs & symptoms) to understand the etiopathogenesis involved in CKD, Kidney may be correlated with *vrikka.*[23] The embryological origin of *Vrikka* is from *Medas* and *Rakta. Meda* and *Rakta dhatu* vitiating A*ahar viharas* are contributing to the pathogenesis of CKD.

## *Ahara* and *Vihara Chikitsa* (Dietary and Lifestyle Regimen)

The patient was advised to follow a Vata-pacifying, light, and nutritious diet, with strict avoidance of wheat, refined foods, dairy products, tea, coffee, and packaged items. Proper mastication of food and avoidance of late-night meals (after 8 PM) were emphasized. The prescribed diet included alkaline water, herbal teas, fresh fruit and vegetable juices, and various millets such as foxtail, barnyard, kodrava, and browntop millet, cooked in mustard oil and prepared in steel utensils.[24] For lifestyle modification, the patient was instructed to practice Dhyana (meditation) and Yoga, including Sukhasana and Sukshma Pranayama, during the early morning hours, along with 30 minutes of brisk barefoot walking. Adequate sleep (6–8 hours) and adherence to a disciplined daily routine were recommended to promote digestion, enhance musculoskeletal health, and improve overall wellbeing.

## *Panchkarma* Mode of Action

*Avagaha Swedana* promotes peripheral vasodilation and enhances microcirculation, facilitating removal of metabolic wastes and reducing edema and stiffness through *Swedana Karma.*[25] *Lepana* with *Dashmool, Punarnava,* and *Shunthi* exhibits anti-inflammatory, analgesic, and anti-edematous effects due to their *Shothahara* and *Vedanasthapana* properties.[26] *Shiropichu* with *Brahmi Taila* pacifies *Vata* and *Pitta Dosha,* improving neuroendocrine regulation and promoting mental relaxation.[27] *Matra Basti* with *Punarnava* and *Gokshura Taila* acts systemically through the *Pakvashaya*, nourishing *Dhatus* and correcting *Vata* imbalance, thereby improving renal function.[28] *Kashaya Basti* with *Punarnava* and *Gokshura* acts as *Shodhana* therapy, eliminating toxins (*Ama*), reducing *Srotorodha,* and improving *Mutravah Srotas* function.[29] Collectively, these therapies restore *Dosha* balance, improve *Agni,* and enhance renal microcirculation, contributing to clinical improvement in CKD.

## Treatment Result

The laboratory findings demonstrated a significant improvement in renal and metabolic parameters during the follow-up period. Serum urea levels decreased from 40.50 mg/dl to 17.50 mg/dl, while serum creatinine reduced from 1.91 mg/dl to 1.70 mg/dl, indicating enhanced renal function. Uric acid levels also declined from 8.74 mg/dl to 6.95 mg/dl, reflecting improved metabolic regulation. Lipid parameters showed marked improvement, with triglycerides decreasing from 321.20 mg/dl to 201.47 mg/dl and VLDL cholesterol from 64.24 mg/dl to 40.29 mg/dl. Total bilirubin reduced from 1.82 mg/dl to 1.52 mg/dl, with stabilization of direct and indirect bilirubin values, suggesting better hepatic and metabolic homeostasis. The DTPA renal scan revealed severely compromised function of the left kidney with persistently low GFR values (1.4 ml/min and 1.9 ml/min), indicating chronic irreversible damage. However, the right kidney showed compensatory functional improvement, with GFR increasing from 27.9 ml/min to 32.8 ml/min. The global GFR improved from 29.4 ml/min to 34.7 ml/min, suggesting an overall enhancement in renal filtration capacity following the intervention. Clinically, the patient exhibited multiple symptoms of Chronic Kidney Disease *(Vṛikka Vikāra*) at admission, including *Daurbalya* (generalized weakness), *Shrama/Klama* (fatigue), *Shrama Janya Shwāsa* (dyspnea on exertion), *Ubhaya Pāda Śotha (*2°) (bilateral pedal edema), *Mukha Śotha* (facial puffiness), *Phenila Mutra* (frothy urine), *Naktamutratā* (nocturia), and *Pāda Śhoola* (foot pain).

After 10 days of Ayurvedic intervention, there was marked symptomatic improvement, with complete resolution

## Need For Further Research

To confirm the effectiveness of *Ayurvedic* medicines in the larger-scale management of CKD and hypertension, more study is required. To evaluate the long-term advantages and studies with bigger sample sizes, controlled clinical trials and extended follow-ups are crucial.[30] Furthermore, combining *Ayurvedic* principles with contemporary diagnostic methods can offer a deeper comprehension of the mechanisms at play, guaranteeing a more comprehensive approach to treatment.

## Conclusion

A 48-year-old male with a known case of chronic kidney disease (diagnosed in July 2022) and 9-year history of hypertension presented to Jeena Sikho Lifecare Hospital, Derabassi, Punjab, on 07/05/2024, exhibiting multiple systemic manifestations including *Daurbalya* (generalized weakness), *Shrama/Klama* (fatigue), *Pāda Śhūla* (foot pain), *Shrama Janya Shwāsa* (dyspnea on exertion), *Ubhaya Pāda Śotha* (bilateral pedal edema), *Mukha Śotha* (mild facial puffiness), *Phenila Mutra* (frothy urine), and *Naktamutratā* (nocturia). The patient underwent comprehensive Ayurvedic management, including dietary and lifestyle modifications, *Panchkarma* interventions such as *Avagaha Swedana, Lepana, Shiropichu, and Matra and Kashaya Basti.* Post-treatment, there was marked clinical improvement with complete resolution of systemic complaints. Laboratory parameters demonstrated significant enhancement in renal and metabolic function: serum urea decreased from 40.50 mg/dl to 17.50 mg/dl, serum creatinine from 1.91 mg/dl to 1.70 mg/dl, and uric acid from 8.74 mg/dl to 6.95 mg/dl. Lipid profile showed reduction in triglycerides (321.20 mg/dl to 201.47 mg/dl) and VLDL cholesterol (64.24 mg/dl to 40.29 mg/dl). Hepatic markers improved, with total bilirubin decreasing from 1.82 mg/dl to 1.52 mg/dl. DTPA renal scan indicated persistent left kidney dysfunction (GFR 1.4–1.9 ml/min) but compensatory improvement in the right kidney (GFR 27.9–32.8 ml/min), with global GFR increasing from 29.4 ml/min to 34.7 ml/min. These findings suggest that integrative Ayurvedic therapy, combining *Panchkarma,* dietary, and lifestyle interventions, can effectively alleviate clinical symptoms and improve renal and metabolic parameters in CKD patients, supporting its role as a complementary approach in chronic kidney management.

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