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EFFICACY OF *AYURVEDIC PANCHAKARMA* THERAPIES IN *VRIKKAROGA* WITH SPECIAL REFERENCE TO CHRONIC KIDNEY DISEASE

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ABSTRACT
An irreversible deterioration in kidney function that develops over time is called as Chronic Kidney disease and is manifested as biochemical abnormality initially then in later stages hampers the excretory, metabolic and endocrine dysfunctions of the kidney. High blood pressure causes constriction and narrowing the blood vessels throughout the body which reduces blood flow and hampers the kidney function. *Ayurveda* correlation of this condition can be done with *Vrikka Vikara* that encompasses a broader spectrum of kidney-related disorders. This case study is of a 56-year old Male, known Hypertension and Chronic Kidney disease (CKD), complaining of constipation and hyperacidity who underwent *Ayurvedic* treatment *& Panchakarma* therapies *Abhyanga, Swedana, Kayaseka, Shirodhara* and *Basti*. He experienced significant result which reflected in improving symptoms and reducing Blood urea and Sr. Creatinine levels.

KEYWORDS: Chronic Kidney disease (CKD), *Vrikka Vikara, Mutraghat, Panchakarma, Basti, Ayurveda,* Sr. Creatinine.

INTRODUCTION
High blood pressure causes constriction and narrowing the blood vessels throughout the body which reduces blood flow and hampers the kidney function. If kidneys blood vessels are damaged, they no longer function properly and they are not able to remove all wastes and extra fluid from the body. This extra fluid can raise blood pressure even more, creating a dangerous cycle, and cause more damage leading to kidney failure. In early stages this condition may be unnoticed and generally gets diagnosed at later stages as the patient may have nonspecific signs and symptoms such as feeling generally unwell and a reduced appetite.[1] Chronic kidney disease (CKD), is emerging as a global threat, reducing the productive years, life expectancy,[2] causing immense health expenditure, and increased socioeconomic burden, thus dilapidating an individual as well as society.[3,4,5] CKD is diagnosed with blood tests including Sr. creatinine, which is a breakdown product of muscle metabolism. In *Ayurveda*, CKD can be correlated to *Mutraghat*, *Mutravaha Srota dushti vikara*, *Vrikka Vikara*. It involves imbalance of the *Tridoshas*, accumulation of *Doshas* within the *Srotas* causes pathological changes and disturbances in *Saptadhatus* and *Mutra* leading to blockages that impair kidney functions.

CASE REPORT
A 56-year old Male, presented with constipation and hyperacidity at Jeena Sikho Lifecare Limited Hospital, Jaipur, Rajasthan, India.

The patient has a known case of hypertension and chronic kidney disease (CKD) since January 2022. There is no history of surgical interventions. The patient denies any form of substance use and has no known drug or food allergies. Family history is non-contributory.

Table 1: On Examination.

General Examination:	***Samprapti Ghatak:***
Pulse: 60/min	*Dosha: Vata Pradhana, Tridosha*
Blood pressure: 150/80 mm of hg	*Dushya: Rasa, Rakta, Meda*
Weight: 64 kgs	*Srotas: Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shukra, Sweda, Mutra, Prana, Anna, Udaka,*
Height: 5'6"	*Srotodushti: Sanga*
CVS: S1S2 heard normal	*Agni: Dhatvagni*
CNS: Conscious, Oriented	*Vyadhimarga: Abhyantara*
RS: AEBE Clear	*Adhishthan: Vrikka, Basti, Sarva Sharir*
Ashtasthana Pariksha: *Nadi: VataKaphaja* *Mala: Samyaka* *Mutra: Peetavarna, 3-4 times/day* *Jivha: Saama* *Kshudha: Prakrit* *Sparsha: Anushnasheeta* *Drika: Prakrita* *Akriti: Madhyam*	

Table 2: Investigations.

06/07/2024	**13/07/2024**
Hb- 10.1 g/dl Sr. Creatinine – 7.32 mg/dl Blood Urea- 174 mg/dl	Hb- 10.7 g/dl Sr. Creatinine – 5.8 mg/dl Blood Urea- 143.2 mg/dl

Treatment: treated as IPD patient – *Panchakarma* for 7 days.

Abhyanga*- Mahanarayan Tail.*

Kayaseka
Swedana*- Dashamoola kwatha*
Shirodhara*- Bramhi Tail*
Basti*-* alternate day-
Anuvasana*- Punarnava Tail (120 ml)*
Niruha*- Punarnava Kwatha (320 ml)*

Diet
I. Dietary Recommendations
The dietary guidelines provided by Jeena Sikho Lifecare Limited include the following key recommendations:

Foods to Avoid
Eliminate wheat, processed foods, refined products, dairy, animal-based foods, coffee, and tea.

Avoid eating after 8 PM to support better digestion and metabolic function.

Hydration
Drink alkaline water 3-4 times daily, along with herbal tea, living water, and turmeric water.

Millet Inclusion
Incorporate five varieties of millets into your diet: Foxtail, Barnyard, Little, Kodo, and Browntop.

Ensure that millets are cooked using only steel utensils to preserve their nutritional properties.

Meal Timing & Structure
Breakfast (9:00 - 10:00 AM): Steamed fruits (equal to patient's weight × 10 in grams) and steamed sprouts.

Lunch (12:30 - 2:00 PM): Steamed salad (equal to patient's weight × 5 in grams) and cooked millets.

Evening Snacks (4:00 - 4:20 PM): Light, nutritious snacks.

Dinner (6:15 - 7:30 PM): Same as lunch.

Special Practices
Offer gratitude before meals to cultivate positive energy.
Sit in *Vajrasana* after eating to improve digestion and circulation.

II. Lifestyle Recommendations
Sungazing
Spend 30 minutes in direct sunlight each morning to absorb vitamin D and boost overall health and vitality.

Yoga
Practice yoga daily from 6:00 to 7:00 AM, focusing on flexibility, strength, and mental clarity to overall well-being.

Meditation
Incorporate meditation into your daily routine to reduce stress, promote mental clarity, and enhance emotional well-being.

Barefoot Walking
Walk briskly for 30 minutes daily, preferably barefoot on natural surfaces like grass, to improve circulation and foster a deeper connection with nature.

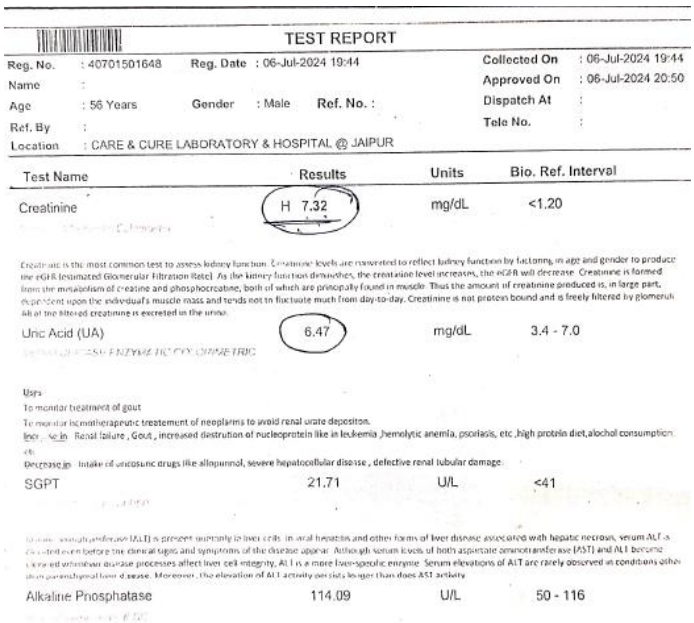
Sleep
Aim for 6-8 hours of restful sleep each night to support physical and mental recovery, ensuring the body's systems function optimally.

Consistent Daily Routine
Follow a balanced and structured daily routine that supports equilibrium between meals, physical activity, and rest, helping to promote long-term health and vitality.

OBSERVATION

Table 3: Observation: Investigations Before and After treatment.

06/07/2024 (Before treatment)	13/07/2024 (After treatment)
Hb- 10.1 g/dl Sr. Creatinine – 7.32 mg/dl Blood Urea- 174 mg/dl	Hb- 10.7 g/dl Sr. Creatinine – 5.8 mg/dl Blood Urea- 143.2 mg/dl

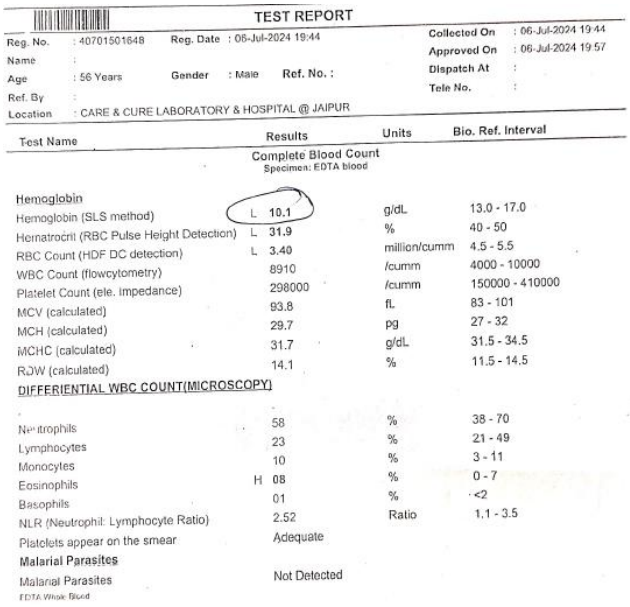


TEST REPORT

Reg. No. : 40701501648 Reg. Date : 06-Jul-2024 19:44 Collected On : 06-Jul-2024 19:44
Name : Approved On : 06-Jul-2024 20:50
Age : 56 Years Gender : Male Ref. No. : Dispatch At :
Ref. By : Tele No. :
Location : CARE & CURE LABORATORY & HOSPITAL @ JAIPUR

Test Name	Results	Units	Bio. Ref. Interval
Creatinine	H 7.32	mg/dL	<1.20
Uric Acid (UA)	6.47	mg/dL	3.4 - 7.0
SGPT	21.71	U/L	<41
Alkaline Phosphatase	114.09	U/L	50 - 116

Figure 1: RFT Before Treatment.



TEST REPORT

Reg. No. : 40701501648 Reg. Date : 06-Jul-2024 19:44 Collected On : 06-Jul-2024 19:44
Name : Approved On : 06-Jul-2024 19:57
Age : 56 Years Gender : Male Ref. No. : Dispatch At :
Ref. By : Tele No. :
Location : CARE & CURE LABORATORY & HOSPITAL @ JAIPUR

Test Name	Results	Units	Bio. Ref. Interval
Complete Blood Count Specimen: EDTA blood			
Hemoglobin			
Hemoglobin (SLS method)	L 10.1	g/dL	13.0 - 17.0
Hematocrit (RBC Pulse Height Detection)	L 31.9	%	40 - 50
RBC Count (HDF DC detection)	L 3.40	million/cumm	4.5 - 5.5
WBC Count (flowcytometry)	8910	/cumm	4000 - 10000
Platelet Count (ele. impedance)	298000	/cumm	150000 - 410000
MCV (calculated)	93.8	fL	83 - 101
MCH (calculated)	29.7	pg	27 - 32
MCHC (calculated)	31.7	g/dL	31.5 - 34.5
RDW (calculated)	14.1	%	11.5 - 14.5
DIFFERENTIAL WBC COUNT(MICROSCOPY)			
Neutrophils	58	%	38 - 70
Lymphocytes	23	%	21 - 49
Monocytes	10	%	3 - 11
Eosinophils	H 08	%	0 - 7
Basophils	01	%	<2
NLR (Neutrophil: Lymphocyte Ratio)	2.52	Ratio	1.1 - 3.5
Platelets appear on the smear	Adequate		
Malarial Parasites			
Malarial Parasites	Not Detected		

Figure 2: Haemogram Before treatment.

P.Name:		S.NO:	6956	Date:	13-07-2024
Ref.By Dr:		Age	56YEAR	Sex:	MALE
	BIO-CHEMISTRY				
Test Name		T. Result	Units		Ref. Range*
UREA		143.2	mg%		<45
Creatinine		5.80	mg%		0.6 - 1.4

Figure 3: RFT after treatment.

NAME MR. PREM PARKASH AGE: 56 YEAR
Lab No. Gender: MALE
Ref By D AT Date : 13-07-2024

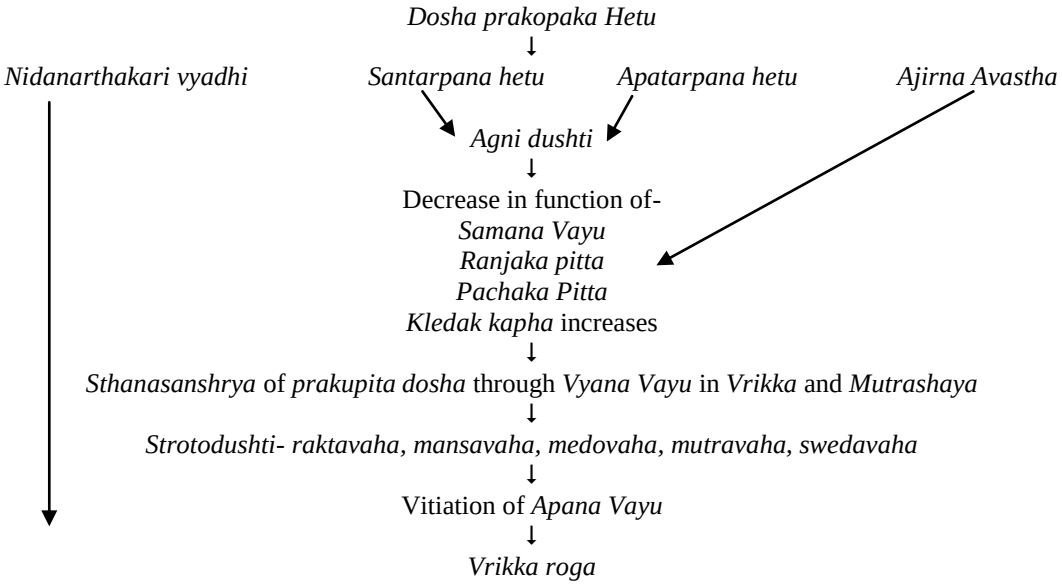
Test Name		Results	Units	Bio.Ref.Interval
HEMATOLOGY				
COMPLETE BLOOD COUNT:CBC				
Hemoglobin	:	10.4	dL	13.00 - 17.0
Packed Cell Volme(PCV	:	33.3	%	40.00-50.00
RBC Count	:	3.55	mill/mmm3	4.50 – 5.50
MCV	:	93.8	fL	80.00-100.0
MCH	:	29.3	Pg	27.00-32.00
MCHC	:	31.2	g/dL	32.00-35.00
Total Leucocytic Count	:	7.9	thou/mm3	4.00 – 10.0
Differential Leucocytic Count				
Neutrophil	:	58	%	40.00-80.00
Lymphocyte	:	33	%	20.00-40.00
Monocyte	:	06	%	2.00 -10.00
Eosinophils	:	03	%	1.00 -6.00
Basophil	:	00	%	<2.00
Platelet Count :	:	256	thou/mm3	150.0-450.0

Test Performed by:-
Fully Automated (SYSMEX XP-100

Figure 4: Haemogram After Treatment.

DISCUSSION

Samprapti



This patient was treated as in patient department and was given *Panchakarma* therapies with *dravya* possessing *Tridoshaghna, Mutrala Raktasanshodhak, Dhatu Pushti* and stress relieving properties. This treatment helped the patient relieve symptoms; he experienced reduction in his hyperacidity and also relief in constipation. *Panchakarma* therapies were as follows-

1. ***Sarvanga Abhyanga-*** It helps relieve tiredness, body aches, nourishes body tissues, induces good sleep, *Mahanarayan Tail* is a well known medications used for *Abhyanga* which helps in relieving musculoskeletal pain. It contains rejuvenating antioxidant herbs.
2. ***Kayaseka-*** It is beneficial in psycho-somatic healing. It is highly beneficial in tackling *Vata Dosha*, helps in relieving musculo-skeletal pain, causes *Dhatudhrudata, Deha Sthairyam, Agni Sthairyam*. Relaxes and rejuvenates the mind. Controls and creates equilibrium in all *doshas*.
3. ***Shirodhara-*** is a classic and widely practiced *Ayurvedic* procedure which involves slow and steady dripping of medicated oil on the forehead. *Taila dhara* is one of the variety of *shirodhara* which is considered specifically effective in various disorders where *vata dosha* play a predominant role.[6] The pressure of oil on to the forehead creates a vibration and then the oil saturates the forehead and scalp and penetrates into nervous system.[7] Gentle pressure and soothing warmth of the oil allows the body, mind and nervous system to experience a deep state of relaxation.[8] It helps to relieve stress. *Bramhi Tail-* is useful in relieving headaches, dizziness, anxiety, lack of sleep. It helps relax the mind. *Bramhi* is a *medhya, rasayana* and *kaphavata shamaka* which is specifically used in *nidravikara* and *manoroga*.[9] It has *medohara nidrajanana, chittowegahara* (anxiolytic) and *hrudya* properties.[10]
4. ***Sarvanga Swedana -*** it improves body's circulation. ***Dashamoola kwatha*** has anti-inflammatory, analgesic, and anti-oxidative properties. It can help to balance *Vata, Kapha*, and *Pitta doshas*. It can help to increase blood circulation and strengthen muscles, nerves, ligaments, tendons, and bones.
5. ***Basti-* alternate day- *Anuvasana-*** it helps remove toxins from the body and improve kidney function and alleviate symptoms associated with the disease by balancing the *Vata dosha*, which is primarily responsible for kidney diseases. ***Punarnava*** is *Bastishodhaka*, helps in regeneration of tissues.

Niruha- Punarnava Kwatha- *Punarnava* is *Bastishodhaka*, helps in regeneration of tissues. *Niruha Basti* is hyper osmotic solution and causes movement of solvent from cells of colon to the lumen. *Dravya* used in *Basti* facilitates the absorption of endotoxin and produce detoxification during elimination.[11] it helps stimulate the nerve ending of rectum and colon activate the autonomic nervous system and helps in excretion of vitiated *Doshas* and *Malas*.

Need for further research

While the outcomes in this case are promising, they are limited to a single patient and short-term follow-up. Larger, well-designed clinical trials are needed to confirm the reproducibility of these results, determine the long-term impact on CKD progression, and clarify the underlying mechanisms of *Panchakarma* interventions. Future research should also explore optimal treatment duration, standardization of protocols, and integration with conventional management to enhance patient outcomes in CKD care. Future research should focus on:

- Evaluating the efficacy of integrative management strategies for CKD with coexisting hypertension in randomized controlled trials.

- Assessing the long-term impact on kidney function preservation, blood pressure control, and overall quality of life.
- Investigating the mechanisms by which such interventions may modulate disease progression and prevent complications.
- Establishing standardized protocols that combine lifestyle modifications, dietary interventions, and pharmacological or *Ayurvedic* therapies.

Such evidence would help guide clinicians in optimizing treatment strategies and improving prognosis for patients with CKD and hypertension.

CONCLUSION

The case of this 56-year-old male with a known case of hypertension and chronic kidney disease demonstrated notable improvement following a 7-day in-patient *Ayurvedic Panchakarma* regimen combined with dietary and lifestyle management. Post-treatment assessments revealed a rise in **hemoglobin from 10.1 g/dl to 10.7 g/dl**, a significant reduction in se**rum creatinine from 7.32 mg/dl to 5.8 mg/dl**, and a decrease in **blood urea from 174 mg/dl to 143.2 mg/dl**. These findings indicate enhanced renal function, improved metabolic balance, and better systemic health. This case highlights the potential of targeted ***Ayurvedic* therapies**—such as ***Abhyanga, Kayaseka, Swedana, Shirodhara*, and *Basti***—when integrated with proper diet and lifestyle guidance, in supporting kidney health and improving quality of life in chronic kidney disease patients.

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