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# ROLE OF PANCHAKARMA AND AYURVEDIC MEDICINE IN CONTORLING CKD AND HTN: A CASE STUDY

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## 1. ABSTRACT

Chronic kidney disease (CKD) is defined as a progressive condition affecting kidney. According to recent studies glomerular filtration rate (GFR) is the basis of CKD detection and classification to five stages. The GFR alone cannot diagnose the disease during of stage 1 and stage 2 CKD because in those individuals the GFR may be normal or borderline normal. It is diagnosed and confirmed by analyzing GFR, serum urea, serum creatinine and serum uric acid. Chronic kidney disease (CKD), falling under the umbrella of non-communicable diseases is emerging as a global threat, reducing the productive years, life expectancy,[1] causing immense health expenditure, and increased socio-economic burden. CKD has become a common disease with a high Prevalence rate of nowadays[2] in people including young individuals. CKD refers to long term kidney damage, often caused by hypertension and type 2 diabetes, leading to irreversible damage to kidney function over time. Chronic kidney disease (CKD) means your kidneys are damaged and can't filter blood the way they should. The disease is called "chronic" because the damage to your kidneys happens slowly over a long period of time. This damage can cause wastes to build up in your body. CKD can also cause other health problems. Kidney diseases are categorized under *Basti* or *Maha Marma* (vital organs) in *Ayurveda* and are recognized for their *Kashtasadhyatva* (poor prognosis). The structural and functional components of *Vrikka* (kidneys) are nourished by *Rakta* (blood) and *Meda* (fat tissue), forming the basis of *Medovahasrotas* (fat-metabolic channels). Chronic Kidney Disease (CKD), considered an *Anukta Vikara* (non-specific disease) in *Ayurveda*.

**2. KEYWORDS:** Chronic Kidney Disease (CKD, *Mutrakriccha, Vrikk Nishkriyata*, Serum creatinine, Anemia, *Panchakarma Chikitsa*.

## 3. INTRODUCTION

Chronic Kidney Disease (CKD), a progressive condition affecting kidneys for ≥3 months, causes over 1 million deaths annually and requires improved resources and healthcare costs. CKD is a growing global disorder, with early diagnosis and intervention reducing cardiovascular events, kidney failure, and death. Screening is most effective in developed countries, targeting high-risk groups like elderly individuals and those with concomitant illnesses. Strategies to slow disease progression include high blood pressure treatment, angiotensin-converting-enzyme inhibitors or blockers, glycemic control, statins and aspirin, and novel clinical methods to identify patients at risk of progression to later stages.

India, like many other developing countries, is experiencing a growing and often under-recognized epidemic of chronic renal failure (CRF). This issue is a key aspect of the ongoing health transition driven by industrialization and urbanization. Contributing factors include a rise in sedentary lifestyles, poor dietary habits, low birth weight, and malnutrition.[3]

Chronic kidney disease (CKD), is the irreversible loss of kidney function over years. Chronic renal failure (CRF) initially presents as a biochemical abnormality. It is diagnosed when the glomerular filtration rate (GFR) drops below 30 ml/min.[4] Type-2 diabetes is one of the main causative factor of CKD, further leading to diabetic nephropathy. A blood test for creatinine, a breakdown product of muscle metabolism, can detect chronic renal

disease. Elevated levels of creatinine (breakdown product of muscle metabolism) signify a reduced glomerular filtration rate, which in turn signifies a diminished kidney's ability to eliminate waste materials. CKD poses a growing problem to society as the incidence of the disease increases at an annual rate of 8.[5]

## 1. CASE REPORT

A 60-year-old male patient with K/C/O CKD which was diagnosed recently & came to the OPD of Jeena Sikho Lifecare Limited, Clinic, Rohini, New Delhi on 30th Nov. 2024 with the chief complaints of gastritis and acidity. The other complaints include low appetite, not clear motion, less urine and mild nausea. There is no any relevant family history and surgical history.

- **Table 1: A detailed assessment of vital signs on the first visit (30.11.2024).**

| Parameters | Findings |
|---|---|
| B.P. | 160/90 mmHg |
| P/R | 90/min |
| Weight | 47 kg |
| Height | 5 ft. 3 in. |

- **Table 2: *Ashtavidha Pariksha* done on 30.11.2024.**

| S.No. | Parameters | Findings |
|---|---|---|
| 1. | *Sparsha* | *Prakrita* |
| 2. | *Shabda* | *Spashta* |
| 3. | *Akriti* | *Prakrita* |
| 4. | *Drishti* | *Prakrita* |
| 5. | *Jivha* | *Niraam* |
| 6. | *Mutra* | *Ishat-peet varna* |
| 7 | *Mala* | *Avikrita* |
| 8. | *Nadi* | *Vaat-Kaphaj* |

- **Table 3: *Dasha Pariksha* done on 30.11.2024.**

| S.No. | Parameters | Findings |
|---|---|---|
| 1. | *Prakriti* | *Vaat-Kaphaj* |
| 2. | *Vikriti* | *Vaataj* |
| 3. | *Sara* | *Madhyam* |
| 4. | *Samhana* | *Madhyam* |
| 5. | *Pramana* | *Madhyam* |
| 6. | *Satmya* | *Madhyam* |
| 7 | *Satva* | *Madhyam* |
| 8. | *Aahar Shakti* | *Madhyam* |
| 9. | *Vaya* | *Vriddha* |
| 10. | *Vyayam Shakti* | *Madhyam* |

The patient was advised for some investigations like CBC, Platelet count, RFT, and LFT.

- **Table 4: A detailed result of investigations done on 30.11.2024.**

**Table 4.1: CBC Report.**

| Parameters | Findings |
|---|---|
| Hemoglobin (HB) | 8.90 g/dL |
| Total Leucocytes Count (TLC) | 7.00 thou/mm$^3$ |
| Total RBC count | **2.91 Mill/mm$^3$** |
| Packed Cell Volume (PCV) | **27.20 %** |
| MCV | 93.40 fL |
| MCH | 30.60 pg |
| MCHC | 32.80 g/dL |

**Table 4.2: Platelets count Report.**

| Parameters | Findings |
|---|---|
| Basophils | 0.04 thou/mm$^3$ |
| Platelets count | 176 thou/mm$^3$ |
| Mean platelet volume | 11.5 fL |

**Table 4.3: LFT Report.**

| Parameters | Findings |
|---|---|
| AST (SGOT) | 13.0 U/L |
| ALT (SGPT) | 12.0 U/L |
| AST:ALT | **1.08** |
| Alkaline Phosphatase (ALP) | **153 U/L** |
| Bilirubin Total | 0.40 mg/dL |
| Bilirubin direct | 0.16 mg/dL |
| Bilirubin indirect | 0.24 mg/dL |
| Total Protein | 7.60 g/dL |
| Albumin | 4.60 g/dL |
| A:G Ratio | 1.53 |

**Table 4.4: KFT Report.**

| Parameters | Findings |
|---|---|
| Creatinine | 9.02 mg/dL |
| GFR estimated | 6 ml/min/1.73 m$^2$ |
| Urea | 190.20 mg/dL |
| Urea Nitrogen Blood | 88.82 mg/dL |
| Uric acid | 7.40 mg/dL |

**Table 4.5: Electrolyte Report.**

| Parameters | Findings |
|---|---|
| Calcium | 9.80 mg/dL |
| Phosphorous | **5.67 mg/dL** |
| Sodium (Na+) | 136.00 mEq/L |
| Potassium ($K^+$) | 6.13 mEq/L |
| Chloride (Cl) | 112.00 mEq/L |

## 2. Treatment Plan

As far as CKD is concerned, it is not separately mentioned in *Ayurveda* texts. So, it can be categorized under the disorders of *Mutra-vaha strotas dushti vikaras* such as *Mutrakriccha* or *Vrikk Nishkriyata* due to similarity of major symptoms are seen. Here, the patient was given medications under the following way:

- **Daily Medication**
  - **Table 5: Daily *Ayurvedic* Medication Schedule on 30.11.2024.**

| S.N. | Medicine Name | Content | Doses |
|---|---|---|---|
| 1. | Nephron plus | **Hazrool Yahood Bhasma, Chandraprabha powder, Pashanbheda** *(Bergenia lingulata)*, **Mulak kshar** *(Raphanus sativus)*, **Yava kshar** *(Hordeum vulgare)*, *Amalaki Rasayan powder*, *Trivikrum Rasa powder*, *Navasara powder*, *Nimbu satva* (*Citrus limon*), *Gokshur* (*Tribulus terrestris*), **Durbhamool** (*Desmostachya bipinnata*), **Shila pushpa** (*Didymocarpus pedicillata*), **Black salt, Hing** (*Ferula foetida*) | 1 Tab. BD |
| 2. | Electro plus | Electolytes, Glucose, Vitamin C, Aplple | 1 BD |
| 3. | Yakrit Shoth Har Vati | **Punarnva** (*Trianthema portulacastrum*), **Kalimirch** (*Piper nigrum*), **Pippali** (*Piper longum*), **Vayavidanga** (*Embella ribes*), **Devdaru** (*Cedrus deodara*), **Kutha** (*Saussurea lappa*), **Haldi** (Curcuma longa), **Chitrak** (*Plumbago zeylanica*), **Harad** (*Terminati chebula*), **Bahera** (*Terminalia belerica*), **Amla** (*Emblica officinalis*), **Danti** (*Baliaspermum mantanum*), **Chavya** (*Piper retrofractum*), **Indra Jon** (*Holarrhena antidysenterica*), **Pippla Mool** (Piper longum), Motha (*Cyperus rotundus*), **Kalajira** (*Carum carvi*), **Kayphal** (*Myrica esculenta*), **Kutki** (*Picrorhiza kurrooa*), **Nishoth** (*Operculina turpethum*), **Sonth** (*Zingiber officinale*), **Kakd singhi** (*Pistacia integerrima*), **Ajwaen** (*Carum copticum*), **Mandur bhasam** (*Ferric Oxide*) | 1 Tab. BD |
| 4. | Mutral vati | **Kajjali, Loh bhasma, Vanga bhasma, Abharaka bhasma, Yavakshar, Gokshura, Haritiki, Baheda, Vasa, Petha, Kusha, Kasha, Charra, Durvaa, Ikhha** | 1 Tab. BD |
| 5. | Gokshuradi Guggulu | **Gokshura** (*Tribulus terrestris*), **Shudha Guggulu** (*Commiphora wightii*), **Shunthi** (*Zingiber officinale*), **Marich** (*Piper nigrum*), **Pippali** (*Piper longum*), **Haritaki** (*Terminalia chebula*), **Bibhitaki** (*Terminalia belliirica*), **Amlaki** (*Emblica officinalis*), **Musta** (*Cyprus rotundus*) | 1 Tab. BD |
| 6. | Syrup CKD | **Kasani** (*Cichorium endivia linn.*), **Gokhru** (*Tribulus terrestris linn.*), **Shatavari** (*Asparagus racemosus willd.*), **Giloy** (*Tinospora cordifolia*), **Sorbitol, Sudha shilajit** (*Asphaltum punjabianum*) | 2 tbsp. BD |
| 7. | Amla Pitta Har Churna | **Shunthi** (*Zingiber officinale*), **Maricha** (*Piper nigrum*), **Pippali** (*Piper longum*), **Amalki** (*Emblica officinalis*), **Bibhitika** (*Terminalia belerica*), **Haritiki** (*Terminalia chebula*), **Musta** (*Cyperus roundus*), **Sukshmaila** (*Elettaria cardamomum*), **Tvak Patra** (*Cinnamomum tamalas*), **Vidanga** (*Embelia ribes*), **Bid Lavana** (*Sodii chloridum*), **Lavanga** (*Syzygium aromaticum*), **Trivrita** | 1 tbsp. BD |
| 8. | GFR Powder | **Bhoomi Amla** (*Phyllanthus fraternus*), **Badi Harad** (*Terminalia chebula*), **Bahera** (*Terminalia belerica*), **Kasni** (*Cichorium lendivia*), **Makoye** (*Solanum nigrum*), **Punarnava** (*Boerhaavia diffusa*), **Gokhru** (*Tribulus terrestris*). | 1 tbsp. BD |

- **DIP diet**

*Pathya-Apathya*[6]

- **Table 6: Dietary plans for *Mootravaha sroto vikaras*.**

| ***Pathya diet*** | ***Apathya diet*** |
|---|---|
| *Mudgarasa* – Once weekly | Protein diet/Dairy food/Animal food |
| *Yava Anna Sewan* | Wheat (*Godhum*) |
| *Patol sewan, Urvaruk* (snake cucumber) and boiled vegetables | Heavy pulses |
| *Saindhav lavana* | Packed items |
| Fruits – apple, papaya | Citrus fruits |
| Strictly fluid intake – 1 to 1.5 L/day | Spices and pickles |

**Hydration**

- Sip water slowly and steadily to ensure proper hydration.
- Drink approximately 1 litre of alkaline water 3 to 4 times a day.
- Include herbal tea, living water, and turmeric-infused water in your daily routine.
- Boil 2 litres of water and reduce it to 1 litre before consumption.

**Include millets like**

- Foxtail
- Little
- Kodo
- Banyard
- Browntop

- **Table 7: Diet Chart.**

| TIME | DIET PLAN |
|---|---|
| **Early Morning (5:45 AM)** | Herbal tea with curry leaves (1 leaf for 1 minute or 5 leaves for 5 minutes)<br>Raw ginger and turmeric |
| **Breakfast (9:00-10:00 AM)** | Steamed seasonal fruits<br>Steamed sprouts (based on the season)<br>Fermented millet shake (containing 4-5 types of millet) |
| **Morning Snacks (11:00 AM)** | Red juice (150 ml)<br>Soaked almonds |
| **Lunch (12:30 PM - 2:00 PM)** | Plate 1: Steamed salad<br>Plate 2: Cooked millet-based dish |
| **Evening Snacks (4:00 – 4:20 PM)** | Green juice (100-150 ml)<br>4-5 almonds |
| **Dinner (6:15-7:30 PM)** | Plate 1: Steamed salad, chutney, and soup<br>Plate 2: Millet khichdi |

- **Lifestyle modification**

(i) Practice deep breathing exercises (*Pranayama*) for 40 mins daily.
(ii) Eat and drink within a bracket of 08 hours (for e.g. If you start your first meal in the morning at 10 AM then finish your dinner by 6 PM).
(iii) Fast once a week on just coconut water.
(iv) 1 glass of Luke warm water added with 1 spoon *haldi* powder, 1 lemon with pinch of black pepper (freshly grated) to be consumed 4 times a day.
(v) Perform oil pooling every day.
(vi) Physical Activity: 60 minutes exercise daily (preferably during sunrise)
(vii) Sunlight: Sit in sunlight for at least 1 hour in the morning and 1 hour in the evening with foot soaked in lukewarm water as advised with chanting.

- ***Panchakarma* therapy**

**1) *Awagaha Swedana*[7]**

Procedure: The patient is seated in a tub containing warm water (42°C) infused with medicinal herbs for approximately 30 minutes under observation.

Physiological Effects

- Warm water induces vasodilation, enhancing skin blood flow and promoting diaphoresis.
- Sweating aids in the elimination of metabolic waste (urea, creatinine, uric acid).
- Transdermal absorption of *ayurvedic* constituents supports systemic effects.

Mode of Action

- Elevated body temperature triggers vasodilation and sympathetic activation, releasing catecholamines and thyroid hormones to boost metabolism and lipolysis.
- Facilitates liquefaction and mobilization of *doshas* within microchannels (*srotas*) as described in *Ayurvedic* texts (*Charaka Siddhi Sthana* 1/8).
- *Awagaha Swedana* is a therapeutic approach within *Sagni Sweda* therapy, promoting detoxification and balancing systemic functions.

**a) *Ruksha Pottali Sweda* after *Abhyangam* for 3 days**

***i. Abhyangam***

Procedure

1. Warm *Mahanarayan Taila* and *Bala Taila* are applied to the body using gentle to moderate pressure in a rhythmic manner.
2. Massage is performed in the direction of hair growth, focusing on *marma* points and major muscles, for 30–45 minutes.
3. Post-massage, the body is covered with a warm cloth or exposed to mild steam for better oil absorption.

**Physiology**

- Improves Circulation: Massage stimulates blood flow, enhancing oxygen and nutrient delivery to tissues.
- Relieves Stiffness: Reduces muscle tension and stiffness by relaxing contracted fibers.
- Nervous System Regulation: Activates parasympathetic responses, reducing stress and promoting relaxation.
- Skin Absorption: Oils penetrate the skin, nourishing deep tissues and enhancing joint lubrication.

**Mode of Action**

- Enhances lymphatic drainage, removing metabolic waste.
- Oils with medicinal properties (e.g., *Mahanarayan Taila*) reduce *vata dosha*, alleviating pain and promoting joint health.

***ii. Ruksha Pottali Sweda***

**Procedure**

1. After *Abhyangam*, a heated *pottali* (bolus) containing dry medicinal herbs (*churna pinda*) is used.
2. The *pottali* is applied over specific areas using tapping or gentle circular strokes.
3. The process lasts 15–30 minutes, ensuring even heat distribution and therapeutic action.

**Physiology**

- Vasodilation: Heat application dilates blood vessels, increasing circulation.
- Sweat Induction: Encourages sweating, facilitating the removal of *ama* (toxins).
- Anti-inflammatory Effect: Reduces swelling and inflammation in targeted areas.

**Mode of Action**

- Dry heat reduces *kleda* (fluid retention) and balances *kapha* and *vata doshas*.
- Mobilizes toxins lodged in deeper tissues for excretion.
- Promotes muscle relaxation and pain relief by improving microcirculation and reducing nerve compression.

Together, *Abhyangam* and *Ruksha Pottali Sweda* provide a synergistic effect, addressing stiffness, pain, and toxin accumulation while enhancing systemic balance.

**2) *Basti* Therapy**

**i. *Matra Basti* with *Sahacharadi Taila*[8] (90 ml)**

**Procedure**

1. Preparation: The patient is advised to empty the bowel and bladder before the procedure.
2. Positioning: The patient lies in the left lateral position with knees flexed.
3. Administration: Warm *Sahacharadi Taila* (90 ml) is introduced slowly into the rectum using a sterile syringe or nozzle.
4. Post-Procedure Care: The patient is advised to remain in the same position for 15–30 minutes to allow optimal absorption of the oil.

**Physiology**

- Lubrication: *Sahacharadi Taila* [9] provides lubrication to the intestinal mucosa, easing bowel movements.
- Nutrient Absorption: The rectal mucosa absorbs the active medicinal components, delivering systemic effects.
- Neuromuscular Relaxation: The warm oil soothes local *vata* imbalances, relieving pain and stiffness.

**Mode of Action**

- Balances *vata dosha* by its *snigdha* (unctuous) and *ushna* (warm) properties.
- Enhances circulation in the pelvic region, relieving congestion and promoting tissue nourishment.
- Acts as a nervine tonic, reducing neuromuscular disorders and enhancing the strength of ligaments and joints.

**ii. *Madhutailik Basti*[10]**

**Procedure**

1. Preparation: The patient is prepared by ensuring an empty bowel and bladder.
2. Mixture Preparation: A medicated combination of honey, oil (commonly sesame or medicated oil), *saindhav lavan* along with *kalka* and *kwatha* of other prescribed ingredients is emulsified.
3. Administration: The warm mixture is gently introduced into the rectum using a sterile enema apparatus with the patient in the left lateral position.
4. Post-Procedure Care: The patient rests for 15–30 minutes to allow absorption and avoid immediate expulsion.

**Physiology**

- Nutrient Absorption: The rectal mucosa absorbs the medicated solution, facilitating systemic delivery.
- Lubrication and Detoxification: Honey and oil synergistically lubricate the colon and aid in toxin removal.
- Neuromuscular Regulation: Promotes relaxation of the intestinal walls, aiding in motility and reducing spasticity.

**Mode of Action**

- Balances *vata dosha* by providing unctuousness and calming hyperactive nerve impulses.
- The combination of honey and oil supports cleansing (detoxification) and rejuvenation (*rasayana*).
- Addresses localized inflammation and systemic metabolic imbalances by improving circulation in the pelvic and abdominal regions. *Madhutailik Basti* is particularly effective in managing digestive disorders, joint pains, and neurological issues while promoting systemic health.

**3) *Shiropichu* and *Shiroabhyangam* with *Ksheerbala***

Procedure:

- *Shiropichu*: A soft cotton pad soaked in warm *Ksheerbala* oil is gently placed on the head's crown region. It is left undisturbed for 30–45 minutes to facilitate absorption of the medicinal oil.
- *Shiroabhyangam*: Following *Shiropichu*, the scalp is massaged with *Ksheerbala* oil using smooth, circular strokes for 20–30 minutes, focusing on *marma* points and areas of tension.

Physiology:

- *Ksheerbala* oil, enriched with nourishing and calming herbs, helps regulate *Vata dosha*, enhances microcirculation, and provides a calming effect on the central nervous system. It alleviates tension and supports nerve health.

Mode of Action:

- *Shiropichu*: Calms the nervous system, reducing stress and promoting relaxation. This directly aids in managing high blood pressure, which is a common concern in CKD patients.
- *Shiroabhyangam*: Amplifies these effects by improving scalp blood flow, soothing the mind, reducing anxiety, and fostering better sleep patterns. Together, these therapies improve mental

clarity, enhance relaxation, and contribute to holistic well-being in individuals with CKD.

These combined therapies play a vital role in balancing *Vata* and promoting tranquillity, which are essential in managing CKD symptoms and improving quality of life.

### 3. Follow up

The patient was treated on the OPD. He was instructed to take the diet according to diet chart and was advised to visit the hospital on 30th Dec. 2024 for follow up. The patient visited the hospital on 09th Jan. 2025 for the follow up. He had the complaints of gastritis and acidity. His vitals were noted and he was advised for some investigations.

- **Table 8: A detailed assessment of vital signs on 09.01.2025.**

| Parameters | Findings |
|---|---|
| B.P. | 160/100 mmHg |
| P/R | 68/min |
| Weight | 50 kg |
| Height | 5 ft 3 in. |

- **Table 9: *Ashtavidha Pariksha* done on 09.01.2025.**

| S.No. | Parameters | Findings |
|---|---|---|
| 1. | *Sparsha* | *Prakrita* |
| 2. | *Shabda* | *Spashta* |
| 3. | *Akriti* | *Prakrita* |
| 4. | *Drishti* | *Prakrita* |
| 5. | *Jivha* | *Niraam* |
| 6. | *Mutra* | *Ishat-peet varna* |
| 7 | *Mala* | *Avikrita* |
| 8. | *Nadi* | *Vaat-Kaphaj* |

- **Table 10: *Dasha Pariksha* done on 09.01.2025.**

| S.No. | Parameters | Findings |
|---|---|---|
| 1. | *Prakriti* | *Vaat-Kaphaj* |
| 2. | *Vikriti* | *Vaataj* |
| 3. | *Sara* | *Madhyam* |
| 4. | *Samhana* | *Madhyam* |
| 5. | *Pramana* | *Madhyam* |
| 6. | *Satmya* | *Madhyam* |
| 7 | *Satva* | *Madhyam* |
| 8. | *Aahar Shakti* | *Madhyam* |
| 9. | *Vaya* | *Vriddha* |
| 10. | *Vyayam Shakti* | *Madhyam* |

- **Table 11: Medicine Prescribed on 09.01.2025.**

| S.N. | Medicine Name | Content | Doses |
|---|---|---|---|
| 1. | Nephron plus | **Hazrool Yahood Bhasma, Chandraprabha powder, Pashanbheda** *(Bergenia lingulata)*, **Mulak kshar** *(Raphanus sativus)*, **Yava kshar** *(Hordeum vulgare)*, *Amalaki Rasayan powder*, *Trivikrum Rasa powder*, *Navasara powder*, *Nimbu satva* (*Citrus limon*), *Gokshur* (*Tribulus terrestris*), **Durbhamool** (*Desmostachya bipinnata*), **Shila pushpa** (*Didymocarpus pedicillata*), **Black salt, Hing** (*Ferula foetida*) | 1 Tab. BD |
| 2. | Electro plus | Electolytes, Glucose, Vitamin C, Aplple | 1 BD |
| 3. | Yakrit Shoth Har Vati | **Punarnava** (*Trianthema portulacastrum*), **Kalimirch** (*Piper nigrum*), **Pippali** (*Piper longum*), **Vayavidanga** (*Embella ribes*), **Devdaru** (*Cedrus deodara*), **Kutha** (*Saussurea lappa*), **Haldi** (Curcuma longa), **Chitrak** (*Plumbago zeylanica*), **Harad** (*Terminati chebula*), **Bahera** (*Terminalia belerica*), **Amla** (*Emblica officinalis*), **Danti** (*Baliaspermum mantanum*), **Chavya** (*Piper retrofractum*), **Indra Jon** (*Holarrhena antidysenterica*), **Pippla Mool** (Piper longum), Motha (*Cyperus rotundus*), **Kalajira** (*Carum carvi*), **Kayphal** (*Myrica esculenta*), **Kutki** (*Picrorhiza kurrooa*), **Nishoth** (*Operculina turpethum*), **Sonth** (*Zingiber officinale*), **Kakd singhi** (*Pistacia integerrima*), **Ajwain** (*Carum copticum*), **Mandur bhasam** (*Ferric Oxide*) | 1 Tab. BD |
| 4. | Mutral vati | **Kajjali, Loh bhasma, Vanga bhasma, Abhraka bhasma, Yavakshar, Gokshura, Haritiki, Baheda, Vasa, Petha, Kusha, Kasha, Charra, Druvaa, Ikhha** | 1 Tab. BD |
| 5. | Gokshuradi Guggulu | **Gokshura** (*Tribulus terrestris*), **Shudha Guggulu** (*Commiphora wightii*), **Shunthi** (*Zingiber officinale*), **Marich** (*Piper nigrum*), **Pippali** (*Piper longum*), **Haritaki** (*Terminalia chebula*), **Bibhitaki** (*Terminalia belliirica*), **Amlaki** (*Emblica officinalis*), **Musta** (*Cyprus rotundus*) | 1 Tab. BD |
| 6. | Syrup CKD | **Kasani** (*Cichorium endivia linn.*), **Gokhru** (*Tribulus terrestris linn.*), **Shatavari** (*Asparagus racemosus willd.*), **Giloy** (*Tinospora cordifolia*), **Sorbitol, Shudha shilajit** (*Asphaltum punjabianum*) | 2 tbsp. BD |
| 7. | Amla Pitta Har Churna | **Shunthi** (*Zingiber officinale*), **Maricha** (*Piper nigrum*), **Pippali** (*Piper longum*), **Amalki** (*Emblica officinalis*), **Bibhitika** (*Terminalia belerica*), **Haritiki** (*Terminalia chebula*), **Musta** (*Cyperus roundus*), **Sukshmaila** (*Elettaria cardamomum*), **Tvak Patra** (*Cinnamomum tamalas*), **Vidanga** (*Embelia ribes*), **Bid Lavana** (*Sodii chloridum*), **Lavanga** (*Syzygium aromaticum*), **Trivrita** | 1 tbsp. BD |

Next follow up for the patient is given on 09th Feb. 2025.

## 4. Results and outcomes

Patient's condition was improved with the decline in the symptoms which were seen on the first OPD visit. Some of the lab investigations got normal in 1months of medications followed by strict *Pathya* diet. The patient was advices for some investigation on 06.01.2025 which is mentioned here. Normalization of the investigation are mentioned below:

- **Table 12: A detailed result of investigations done on 06.01.2025.**

**Table 12.1: CBC Report.**

| Parameters | Findings |
|---|---|
| Hemoglobin (HB) | 9.0 g/dL |
| Total Leucocytes Count (TLC) | 5.90 thou/mm$^3$ |
| Total RBC count | 2.90 Mill/Cumm |
| Packed Cell Volume (PCV) | 27.10 % |
| MCV | 93.20 fl |
| MCH | 30.80 pg |
| MCHC | 33.10 g/dL |

**Table 12.2: Platelets count Report.**

| Parameters | Findings |
|---|---|
| Basophils | 0.04 thou/mm$^3$ |
| Platelets count | **130** thou/mm$^3$ |
| Mean platelet volume | 11.6 fL |

**Table 12.3: LFT Report.**

| Parameters | Findings |
|---|---|
| AST (SGOT) | 19.0 U/L |
| ALT (SGPT) | 21.0 U/L |
| AST:ALT | 0.90 |
| Alkaline Phosphatase (ALP) | **140 U/L** |
| Bilirubin Total | 0.35 mg/dL |
| Bilirubin direct | 0.14 mg/dL |
| Bilirubin indirect | 0.21 mg/dL |
| Total Protein | 7.02 g/dL |
| Albumin | 4.01 g/dL |
| A:G Ratio | 1.33 |

**Table 12.4: KFT Report.**

| Parameters | Findings |
|---|---|
| Creatinine | **8.10 mg/dL** |
| GFR estimated | 7 ml/min/1.73 m$^2$ |
| Urea | **124.85 mg/dL** |
| Urea Nitrogen Blood | **58.3. mg/dL** |
| Uric acid | **9.51 mg/dL** |

**Table 12.5: Electrolyte Report.**

| Parameters | Findings |
|---|---|
| Calcium | 9.30 mg/dL |
| Phosphorous | **5.75 mg/dL** |
| Sodium (Na+) | 139.00 mEq/L |
| Potassium ($K^+$) | 5.12 mEq/L |
| Chloride (Cl) | 111.00 mEq/L |

## 5. DISCUSSION

- As mentioned earlier, CKD is specific form of renal disease. According to *Ayurveda*, CRF is a disease of *Mutravaha Srotas*. Though all the three *Doshas* as well as all the *Dushyas* are involved in the disease, *Kapha* is responsible in blocking microvessels and developing microangiopathy. *Vata* is responsible for degeneration of the structure of the kidney.[11]
- Especially *Punarnava*, *Gokshura* are recommended exclusively in the disorders of *Mootravaha Samsthana*. These drugs should be accepted as *Naimittika Rasayana* for kidney and other organs of *Mootravah Srotas*. *Rasayana* drugs bear the property of anti- oxidant and work as free radical scavengers.[12]

## 6. Future Research perspectives

This study focused on a CKD patient with hypertension and T2DM. While the results were promising, a more thorough evaluation is necessary due to the involvement of only one patient. To validate the reliability, effectiveness, and safety of the integrated *Ayurvedic* therapies used in this study for CKD, further research with a larger sample size and randomized controlled trials is needed. This will help establish standardized protocols and guidelines for clinical practice.

## 7. CONCLUSION

A 60-year-old male patient diagnosed with **Chronic Kidney Disease (CKD)** reported with symptoms including **gastritis, reduced appetite, nausea, low urine output**, and **incomplete bowel evacuation**. These were understood through an *Ayurvedic* lens as manifestations of ***Mutravaha Srotas Dushti Vikara***. The treatment plan involved a multidimensional integrative approach combining ***Ayurvedic* medicines**, a **renal-friendly DIP Diet**, lifestyle modifications, and ***Panchakarma* therapies**. Medications were aimed at correcting digestion (*Deepana-Pachana*), reducing inflammation, and supporting renal detoxification. The DIP Diet focused on anti-inflammatory, low-protein, and nephroprotective foods, while lifestyle practices such as hydration, early sleeping habits, stress reduction, and moderate physical activity were emphasized.

*Panchakarma* therapies including ***Awagaha Swedana***, ***Abhyangam with Ruksha Pottali Sweda***, ***Matra Basti***, ***Madhutailik Basti***, ***Shiropichu***, and ***Shiroabhyangam*** were administered to balance aggravated *Vata*, improve bowel evacuation, and enhance neuromuscular function.

After a period of treatment, **renal function markers showed notable improvement**. Serum **creatinine decreased from 9.02 mg/dL to 8.10 mg/dL**, **urea reduced from 190.20 mg/dL to 124.85 mg/dL**, and **BUN dropped from 88.82 mg/dL to 58.3 mg/dL**. The **GFR improved from 6 to 7 ml/min/1.73 m²**, suggesting stabilization and slight enhancement in kidney filtration capacity.

This case illustrates that an integrative *Ayurvedic* regimen—comprising **individualized *chikitsa***, **dietary guidelines**, **lifestyle corrections**, and **detoxification therapies**—can effectively **slow the progression of CKD**, reduce toxin load, and improve overall renal health. Continued monitoring, long-term diet and medicine adherence, and periodic *Panchakarma* support are essential to sustain progress and enhance patient well-being.

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