World Journal of Pharmaceutical and Life Sciences
WJPLS
www.wjpls.org
SJIF Impact Factor: 7.409

MANAGEMENT OF CHRONIC KIDNEY DISEASE (*VRIKKA VIKARA*) THROUGH *AYURVEDIC* MODALITIES: A CASE STUDY

Acharya Manish[1], Dr. Gitika Chaudhary[2]*, Dr. Richa[3], Dr. Ankita[4], Dr. Tanu Rani[5]

[1]Director, Meditation Guru, Jeena Sikho Lifecare Limited, India.
[2]Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India.
[3]Senior Research Officer, BAMS, PGDIP, CICR, CAIM, CMW, Jeena Sikho Lifecare Limited, India.
[4]Consultant, BAMS, Jeena Sikho Lifecare Limited, India.
[5]Research Associate, BAMS, Jeena Sikho Lifecare Limited, India.

***Corresponding Author: Dr. Gitika Chaudhary**
Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India.

Article Received on 11/07/2025 **Article Revised on 02/08/2025** **Article Accepted on 21/08/2025**

ABSTRACT
Chronic Kidney Disease (CKD), known in *Ayurveda* as *Vrikka Vikara*, is a progressive condition characterized by a gradual loss of kidney function over time. This study explores the efficacy of *Ayurvedic* treatments in managing chronic kidney disease (CKD), focusing on breaking the *Samprapti* (pathogenesis) through traditional therapies. A 49-year-old male patient with established CKD was subjected to a comprehensive *Ayurvedic* treatment regime including *Panchakarma* therapies such as *Abhyangam* with *Dhanwantaram* Oil, *Avgaha Swedanam*, *Matra basti* with mixed *ayurvedic* oils, and *Asthapana basti* with *Punarnava Kwatha*. The treatment spanned over an 8-day inpatient stay followed by continuous outpatient monitoring for three months. Objective and subjective health parameters were systematically measured before and after the treatment period. Significant improvements were noted; blood urea decreased from 98 mg/dl to 76.4 mg/dl, and serum creatinine levels reduced from 5.6 mg/dl to 4.4 mg/dl. Subjective measures showed a drastic reduction in pain severity (from a score of 6 to 1 on the VAS) and marked improvement in the patient's quality of life (from 35% to 75% as per KDQOL scores). These results suggest that *Ayurvedic* interventions could effectively disrupt the CKD pathogenesis by detoxifying the body and restoring *doshic* balance, offering a potential complementary approach alongside conventional treatments. Further research involving larger cohorts and clinical trials is necessary to substantiate these findings and elaborate on the mechanisms involved in such therapeutic successes.

KEYWORDS: *Vrikka* Roga, Chronic Kidney disease, *Panchkarma*, *Ayurveda* Medicines.

INTRODUCTION
Chronic Kidney Disease (CKD), known in *Ayurveda* as *Vrikka Vikara*, is a progressive condition characterized by a gradual loss of kidney function over time. It involves the deterioration of renal tissues, leading to a failure in the kidneys' ability to filter excess fluids and waste from the blood efficiently. As a result, harmful levels of fluid, electrolytes, and wastes can build up in the body.

From the perspective of classical *Ayurveda*, CKD or *Vrikka Vikara* is referenced across ancient texts like *Charaka Samhita* and *Sushruta Samhita*, suggesting a complex understanding of renal pathology. Traditional *Ayurvedic* texts categorize kidney diseases under *'Mutravaha Srotas Dushti'*, which pertains to disorders affecting the urinary system.[1] These scriptures provide detailed descriptions and treatments which include *ayurvedic* medications, dietary regulations, and lifestyle adjustments aimed at restoring the '*Srotas*' (channels) balance.

In modern medicine, CKD is defined by a reduction in the glomerular filtration rate, increased urinary albumin excretion, or both, indicative of damage to the kidney's filtering units.[2] Epidemiologically, CKD is a global burden affecting about 8-16% of the population worldwide. It is primarily caused by diabetes and hypertension, which are leading risk factors that contribute significantly to the incidence and progression of the disease.[3]

Pathophysiologically, CKD involves complex mechanisms like the nephron loss leading to hyperfiltration in remaining nephrons, systemic hypertension, and metabolic changes. Alterations in

kidney morphology, such as glomerulosclerosis and interstitial fibrosis, are commonly observed as the disease progresses. The worsening of renal function induces a series of systemic dysfunctions including fluid and electrolyte imbalance, hormonal changes, and alterations in cardiovascular and bone health.

Ayurveda attributes the pathogenesis of *Vrikka Vikara* to the imbalance of the *Doshas* - primarily *Kapha* blocking the *Vata dosha* in the *'Kaphavaha srotas'*, impacting the circulation and filtration process in the kidneys.[4] Key components of the *Ayurvedic* pathophysiological paradigm include *'Ama'* formation (toxin accumulation due to improper digestion) and *'Avarana'* (blockage). This *Ayurvedic* approach focuses on restoring balance through *'Shodhana'* (detoxification), *'Shamana'* (palliation), and specific renal-protective herbs and formulations.[5]

Both traditional and modern treatments emphasize mitigation through early detection and a tailored treatment regimen aimed at slowing the progression of the disease and improving quality of life. Therefore, integrating the wisdom of *Ayurveda* with modern medical practices offers a comprehensive therapeutic strategy that can be particularly beneficial in managing CKD.

CASE REPORT

Patient History and Information

A 49-year-old male presents with several concerning symptoms including generalized weakness, bilateral ankle oedema for the past three months, and low backache. His current medical regimen for the treatment of hypertension includes multiple medications such as Tab Sodium bicarbonate for acidosis management and Tab Pantaprazole 40mg, possibly a cholesterol-lowering agent. To address his anaemia, he is taking an iron supplement and additional support through a nutritional or multivitamin supplement. No *Ayurvedic* treatments have been noted at this stage.

Diet and Lifestyle History

Details regarding the patient's diet and lifestyle have not been exhaustively documented, which is crucial in cases of chronic kidney disease where dietary and lifestyle adjustments can significantly affect the disease trajectory. Information on his intake of protein, sodium, and fluid would be particularly valuable given his symptoms of edema and his chronic conditions.

Medication History

The patient's pharmacological treatment has been oriented towards managing the symptoms and complications of hypertension and anaemia rather than directly addressing renal health. K bind sachet is utilized to manage hyperkalaemia, indicating concerns about renal potassium clearance. The combination of medications underscores a focus on managing side effects and associated risk factors of hypertension and anaemia.

Surgical and Family History

He has no relevant surgical history. Additionally, there is no reported family history of renal disease, cardiovascular diseases, or other genetic disorders that could predispose him to nephropathy, suggesting his kidney issues may primarily be due to acquired conditions such as hypertension.

Onset and Disease Progression

The patient's symptoms of generalized weakness, oedema, and backache, combined with his treatment for hypertension and anaemia, suggest a progressive decline in kidney function. The usage of a potassium binder and sodium bicarbonate points towards an advancing stage of chronic kidney disease, characterized by complications like hyperkalaemia and metabolic acidosis. These indicators are crucial for diagnosing CKD and suggest that despite current treatments, his renal function may be continuing to deteriorate.

These factors combined highlight the need for a comprehensive review of the patient's treatment plan. Integration of dietary management and potential review by a nephrologist are recommended. Additionally, exploring integrative treatments, such as *Ayurvedic* therapies which focus on whole-body wellness, might provide supportive benefits in managing his symptoms and potentially slowing the progression of his kidney disease.

Table 1: Vital Parameters.

Sr. No	Examination	Findings
1.	**Blood Pressure**	150/90 mm of Hg
2.	**Pulse**	80 min
3.	**Weight**	71 g
4.	**Height**	5 feet 5 inches

Ayurvedic Examination

Table 2: *Ashtavidha Pariksha* (Eight-fold Examination).

Sr. No	Examination	Findings
1.	***Nadi* (Pulse**	*Vata-Pittaja*
2.	***Mutra* (Urine)**	Discomfort in urinating *(Mutrakrichra)*
3.	***Mala* (Stool)**	*Avikrita*
4.	***Jihva* (Tongue)**	*Niraam*
5.	***Shabda* (Voice)**	*Avikrita*
6.	***Sparsha* (Touch)**	*Avikrita*
7.	***Drik* (Eyes)**	*Shweta*
8.	***Akriti* (Appearance)**	*Avikrita*

Table 3: *Dashavidha Pariksha* (Ten-fold Examination).

Sr. No	Examination	Findings
1.	***Prakriti* (Constitution):**	***Vata Pitta***
2.	***Vikriti* (Imbalance)**:	*Vata*
3.	***Sara* (Tissue Excellence)**:	*Meda Saar*
4.	***Samhanana* (Body Build)**:	Moderate
5.	***Pramana* (Body Proportions)**:	Within normal limits.
6.	***Satmya* (Adaptability)**:	*Avar*
7.	***Satva* (Psychological Strength)**:	*Avar*
8.	***Ahara Shakti* (Digestive Strength)**:	*Avar*
9.	***Vyayama Shakti* (Exercise Capacity)**:	*Avar*
10.	***Vaya* (Age)**:	49 yr old

Diagnostic Assessment

Table 3: Laboratory Results

a. CBC, Renal Function Test, LFT, HbA1c were done

Complete Blood Count	
Hb	9.50 gm/dl
PCV	28.60 %
TLC	10300 /cmm
RBC	3.26 mill/cmm
Platelet Count	3.79 Lac/cmm
WBC	10.30 thou/cmm
ESR	20 min
Renal Function Test	
Blood Urea	98. mg/dl
Sr. Creatinine	5.8 mg/dl
GFR	10
Liver Function Test	
AST	14.6 U/L
ALT	12.6 U/L
Albumin/Globulin Ratio	1.47
Alkaline Phosphatase	89.54 U/L
HbA1c	5.0%

Imaging Results

1. **Ultrasound**: done on 19/02/2024 suggested the

Right kidney: 7.7x3.6cm

Left kidney: 8.4x4.0cm

Both kidneys are small in size, normal in shape and position with increase in renal cortical echo texture. Cortico-medullary differentiation is poorly maintained.

Evidence of simple renal cortical cyst of size measuring 10x9mm noted at upper pole of right kidney.

Assessment Parameters

Subjective Parameters

1. Pain Severity – Visual Analogue Scale (VAS)[6]

The Visual Analogue Scale (VAS) is a psychometric response scale which can be used in questionnaires. It is a measurement instrument for subjective characteristics or attitudes that cannot be directly measured. For pain assessment, it consists of a straight line with the endpoints defining extreme limits such as 'no pain' and 'worst pain imaginable.' The patient marks on the line the point that they feel represents their perception of their current state. The VAS score is determined by measuring the distance (in mm) on the 10-cm line between the 'no pain' anchor and the patient's mark, providing a range of scores from 0-100. A higher score indicates greater pain intensity.

2. Fatigue Severity Scale (FSS)[7]

This scale is designed to assess the disruptive impact of fatigue on daily functioning. The scale has 9 statements that patients rate on a scale from 1 (strongly disagree) to 7 (strongly agree). Topics addressed include effects on physical functioning, exercise, work performance, family or social life, and overall well-being. An average score is calculated, which helps determine the level of fatigue a patient is experiencing. Higher scores suggest more severe fatigue.

3. Kidney Disease Quality of Life (KDQOL)[8]

The KDQOL survey is specifically tailored for patients with kidney disease and includes components that are common to health-related quality of life measures (generic core) as well as items that are specific to individuals on dialysis. It assesses various aspects of health and daily life, including the physical, mental, emotional, and social functioning domains. Scores are transformed on a 0 to 100 scale, with higher scores representing better health status and quality of life. The

KDQOL has been extensively used in clinical trials and research to evaluate the effects of kidney disease on patients' lives and to monitor changes over time.

Objective Parameter

1. Sr. Creatinine
2. Sr. Blood Urea

THERAPEUTIC INTERVENTION

I. Diet Plan[9]

The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key commendations:

a. Foods to be avoided

- Do not consume wheat, refined food, milk and milk products, coffee and tea and packed food.
- Avoid eating after 8 PM.
- During solid consume as small bite and chew 32 times.

b. Hydration

- During water intake, take sip by sip and drink slowly to ensure the amount of water intake each time.
- Drink about 1 litre of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, and turmeric-infused water part of your daily routine.
- Boil 2 litre water & reduce up to 1 litre and consume.

c. Millet Intake

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

d. Meal Timing and Structure

1. Early Morning (5:45 AM): Herbal tea, curry leaves (1 leaf-1 min/5 leaves-5 min) along with raw ginger and turmeric.
2. Breakfast (9:00-10:00 AM): The patient will have steamed fruits (Seasonal), steamed sprouts (according to the season) and a fermented millet shake (4-5 types).
3. Morning Snacks (11:00AM): The patient will be given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient will receive Plate 1 and Plate 2. Plate 1 will include a steamed salad, while Plate 2 with cooked millet-based dish.
5. Evening Snacks (4:00 – 4:20 PM): Green juice (100-150 ml) along with 4-5 almonds.
6. Dinner (6:15-7:30 PM): The patient will be served a steamed salad, chutney, and soup, as Plate 1, along with millet *khichdi* as Plate 2.

e. Fasting

- It is advised to observe one-day fasting.

f. Special Instructions

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

g. Diet Types

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

II. Lifestyle Recommendations

(i) Include meditation for relaxation.
(ii) Practice barefoot brisk walk for 30 minutes.
(iii) Ensure 6-8 hours of quality sleep each night.
(iv) Adhere to a structured daily routine.

***Panchakarma* Therapies**

Following a comprehensive evaluation, the patient was advised to undergo inpatient department (IPD) treatment for duration of 7 days. This approach allowed us for a structured administration of the *Ayurvedic* treatment regimen and ensuring adherence, while providing continuous medical supervision. The patient was admitted on 08/04/2024 and was discharged on 15/04/2024, the following interventions were followed during the admission period.

1. ***Abhyangam* with *Dhanwantaram* Oil**

Abhyangam with *Dhanwantaram* Oil, an *Ayurvedic* deep tissue massage therapy, can be particularly beneficial in managing chronic kidney disease (CKD) due to its ability to enhance circulation, alleviate stress and pain, and improve sleep quality. The use of *Dhanwantaram* Oil, known for its anti-inflammatory and rejuvenating properties, helps in balancing the *Vata dosha*, which is often disrupted in CKD. This therapy aids in supporting toxin removal, managing fluid retention and edema, and enhancing skin integrity, which are common issues in CKD patients. It is important that such *Ayurvedic* treatments are administered by a skilled practitioner and integrated carefully with conventional medical treatments to ensure holistic and effective disease management.

2. *Avgaha Swedanam* for 45 mins below Navel region

Avgaha Swedanam, an *Ayurvedic* therapy involving a medicated steam bath focused below the navel region, can offer therapeutic benefits in the management of chronic kidney disease (CKD). This localized sweat-inducing treatment primarily targets the lower abdomen, enhancing blood and lymphatic circulation in the pelvic region, which can help reduce fluid retention and promote the elimination of toxins through sweat. The

warmth and moisture from the treatment may also alleviate abdominal and pelvic discomfort, common in CKD due to toxin buildup and fluid imbalances. By stimulating the sweat glands in the targeted area, *Avgaha Swedanam* supports the body's natural detoxification processes, potentially easing the burden on the kidneys while balancing the body's *doshas*, particularly *Apana Vata*, which governs the lower abdominal region. This therapeutic approach is particularly useful in harmonizing bodily functions, which can be disrupted in CKD, thereby aiding in symptom management and improving overall well-being.

3. *Matra basti* with *Dashmoola* Oil + *Shatavari* Oil + *Mahanarayan* Oil on alternate days

Matra basti, an *Ayurvedic* enema therapy using medicated oils such as *Dashmoola* Oil, *Shatavari* Oil, and *Mahanarayan* Oil on alternate days, plays a significant role in managing chronic kidney disease (CKD). The therapy is aimed at nourishing and lubricating the lower intestines, enhancing the *Vata dosha* balance, which in *Ayurveda* is closely associated with the kidney function. This form of treatment helps in soothing the entire renal system and mitigating the *Vata*-related symptoms such as dryness and degeneration. The oils used are known for their anti-inflammatory and analgesic properties, potentially reducing pain and discomfort associated with CKD. By administering *Matra basti* on alternate days, the therapy aids in gently detoxifying the body, improving bowel movements, and enhancing tissue strength, which are supportive in managing the symptoms and progression of CKD. Additionally, this procedure also aids in the overall strengthening of the body's immune response, supporting a more holistic approach to managing kidney health.

4. *Asthapana basti* – *Punarnavadi Kashaya* Basti - 500ml

Asthapana basti, specifically using *Punarnavadi kashaya Basti* at a volume of 500ml, is an *Ayurvedic* decoction enema that holds therapeutic significance in the management of Chronic Kidney Disease (CKD). This treatment utilizes the diuretic and rejuvenative properties of *Punarnava (Boerhavia diffusa*), which plays a pivotal role in promoting renal health by enhancing kidney function and facilitating fluid balance in the body. Administering this type of *Basti* helps in detoxifying the body by removing *ama* (toxins) that accumulate in the digestive tract and obstruct proper physiological functioning. This process is essential in CKD, where kidney function is compromised. The decoction used in *Asthapana basti* promotes the cleansing of metabolic wastes more efficiently, thus aiding in reducing the burden on the kidneys while supporting the restoration of *doshic* balance, especially pacifying *Vata dosha* associated with the lower pelvic region. Through its cleansing and rebalancing actions, *Asthapana basti* can help alleviate symptoms of CKD, improving patient well-being and potentially slowing the progression of the disease.

Medicines Used

Following medicinal Treatment was given to the patient during the admission period

Table 4: Day 1 to Day 8 – 08/04/24 to 15/04/24.

Medications	Dose	Anupana	Duration
Cap Nephron Plus - The ingredients of the capsule are *Pashanbheda (Bergenia ligulata), Gokshur (Tribulus terrestris), Durbhamool (Cynodon dactylon), Shila pushpa (Didymocarpus pedicellata),* and *Hing (Ferula asafoetida).* In the list, ***Hazrool yahood bhasma*** *(Hajarul Yahood Bhasma)* is a preparation from a type of limestone, ***Chandraprabha*** refers to an *Ayurvedic* compound, and ***MulakKshar***, ***YavaKshar***, ***Amalaki Rasayan***, ***Trivikrum Rasa***, ***Navasara***, and ***Nimbu Stava*** do not relate directly to specific botanical Latin names as they are mineral/compound preparations or formulations. **Black Salt**, typically known as *Kala Namak*, and ***Amalaki Rasayan*** (related to *Phyllanthus emblica),* also involve non-*ayurvedic* substances. **Magnesium Stearate** and **Talcum Powder**, which are excipients used in the formulation process	1 Cap BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Tab Chander Vati – The ingredients of the tablet are *Kapoor Kachri (Hedychium spicatum), Vach (Acorus calamus), Motha (Cyperus rotundus), Kalmegh (Andrographis paniculata), Giloy (Tinospora cordifolia), Devdaru (Cedrus deodara), Desi Haldi (Curcuma longa), Atees (Aconitum heterophyllum), Daru Haldi (Berberis aristata), Pipla Mool (Piper longum root), Chitraka (Plumbago zeylanica), Dhaniya (Coriandrum sativum), Harad (Terminalia chebula), Bahera (Terminalia bellirica), Amla (Emblica officinalis), Chavya (Piper chaba), Vayavidang (Embelia ribes), Pippal (Piper longum), Kalimirch (Piper nigrum), Sonth (Zingiber officinale), Gaj Pipal (Scindapsus officinalis).* Other items like *Swarn Makshik Bhasma, Sujji Kshar, Senda Namak, Kala Namak, Choti Elaichi (Elettaria cardamomum), Dalchini (Cinnamomum verum), Tejpatra (Cinnamomum tamala), Danti (Baliospermum montanum), Nishoth (Operculina turpethum), Banslochan (Bambusa arundinacea), Loh Bhasma, Shilajit,* and *Guggal (Commiphora wightii)* are primarily mineral-based compounds or resins	1 Tablets BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)

Tab Rakta Care - The ingredients of the tablet are *Amba Haldi (Curcuma amada), Kutki (Picrorhiza kurroa), Chiraita (Swertia chirata), Majeeth (Rubia cordifolia), Khadir (Acacia catechu),* and *Sariva (Hemidesmus indicus).* ***Tankan Bhasma*** is not an herb but a calcined borax (sodium borate). ***Saptika*** and ***Vyadi Haran Rasayan*** do not correspond to specific botanical names as they refer to *Ayurvedic* formulations or minerals; ***Saptika*** generally pertains to a type of mineral and ***Vyadi Haran Rasayan*** likely refers to a multi-ingredient *Ayurvedic* preparation. ***Shudh Gandhak*** is purified sulphur	1 Tablets BD	Lukewarm Water (*Koshna Jala*)	*Adhobhakta* (After Meal)
Tab Yakritshothhar Vati – The ingredients of the tablet are *Punarnava (Boerhaavia diffusa), Kalimirch (Piper nigrum), Pippali (Piper longum), Vayavidanga (Embelia ribes), Devdaru (Cedrus deodara), Kutha (Saussurea lappa), Haldi (Curcuma longa), Chitrake (Plumbago zeylanica), Herad (Terminalia chebula), Bahera (Terminalia bellirica), Amla (Emblica officinalis), Danti (Baliospermum montanum), Chavya (Piper chaba), Indra Jon (Wrightia tinctoria), Pippala Mool (root of Piper longum), Motha (Cyperus rotundus), Kalajira (Carum carvi), Kayphal (Myrica esculenta), Kutki (Picrorhiza kurroa), Nisoth (Operculina turpethum), Sonth (Zingiber officinale), Kakd singhi (Pistacia integerrima), Ajwaen (Trachyspermum ammi),* and *Mandur bhasam* (a ferric oxide calx).	1 Tablets BD	Lukewarm Water (*Koshna Jala)*	*Adhobhakta* (After Meal)
Syp CKD – The ingredients of the syrup are *Kasani (Cichorium intybus), Gokhru (Tribulus terrestris), Shatavari (Asparagus racemosus), Giloy (Tinospora cordifolia), Shudh Shilajit* (derived from mineral pitch, primarily found in the Himalayas, not a plant-based substance and thus does not have a Latin botanical name). Sorbitol is a sugar alcohol and not an herb	10 ml TDS	Equal Amount of Lukewarm Water (*Sam matra Koshna Jala*)	*Adhobhakta* (After Meal)
Syp Kidney Care - The ingredients of the syrup are *Pashanbheda (Bergenia ligulata), Gokshur (Tribulus terrestris), Durbhamool (Cynodon dactylon), Shila pushpa (Didymocarpus pedicellata),* and *Hing (Ferula asafoetida).* In the list, ***Hazrool yahood bhasma*** *(Hajarul Yahood Bhasma)* is a preparation from a type of limestone, ***Chandraprabha*** refers to an *Ayurvedic* compound, and ***MulakKshar***, ***YavaKshar***, ***Amalaki Rasayan***, ***Trivikrum Rasa***, ***Navasara***, and ***Nimbu Satva*** do not relate directly to specific botanical Latin names as they are mineral/compound preparations or formulations. **Black Salt**, typically known as *Kala Namak.*	10 ml TDS	Equal Amount of Lukewarm Water (*Sam matra Koshna Jala*)	*Pragbhakta* (Before Meal)

The Patient was discharged on 15/04/24 and on discharge patient was advised to take following medication for 4 months

1. Cap Nephron Plus – 1 cap BD after meal with Lukewarm water
2. Chander Vati – 1-tab BD after meal with Lukewarm water
3. Tab Rakta Care 1-tab BD after meal with Lukewarm water
4. Tab Yakritshothhar Vati 1-tab BD after meal with Lukewarm water
5. Syp Kidney Care 10ml TDS Before meal with equal amount of Lukewarm water
6. Syp CKD 10 ml TDS after meal with equal amount of Lukewarm water

FOLLOW-UP & OUTCOME

After 8 days admission and after the series of *Ayurveda Panchakarma* Treatment and *Ayurvedic* Medicines and a follow-up of 3 months the results that were seen were

Table 4: Outcomes – Objective Parameters.

Parameters	Pre-Treatment (14/02/24)	Post-Treatment (07/09/24)
Renal Function Test		
Blood Urea	98 mg/dl	76.4 mg/dl
Sr. Creatinine	5.26 mg/dl	4.4 mg/dl

The changes in the subjective parameters that was observed were

Table 5: Outcomes – Subjective Parameters.

Parameters	Pre-Treatment	Post-Treatment
Pain Severity (VAS)	Patient reported severe pain, rated at 6 on a scale of 1-10 during episodes of renal colic.	Complete resolution of pain, with a pain rating of 1 on a scale of 1-10.
Fatigue Severity Scale (FSS)	Average score of 5/7 (severe fatigue impacting daily function)	Average score of 2/7 (mild fatigue)
Kidney Disease Quality of Life (KDQOL)	Overall score 35% (significant impact of kidney disease on quality of life)	Overall score 75% (moderate improvement in quality of life with some persistent challenges)

DISCUSSION

Chronic Kidney Disease (CKD) is a prevalent health issue characterized by a gradual decline in kidney function over time. In modern medicine, diagnostic parameters such as blood urea and serum creatinine levels are crucial for assessing kidney health, as they indicate the efficiency of the kidneys in filtering metabolic wastes. In the realm of *Ayurveda*, CKD is viewed through the lens of "*Vrikka Roga*" or "*Mutravaha srotas dushti*", terms that describe the dysfunction of the urinary system attributed to imbalances in the fundamental bodily humors (*doshas*), predominantly involving *Pitta* and *Kapha*, with *Vata* playing a secondary yet significant role.

According to *Ayurvedic* theory, the pathogenesis (*Samprapti*) of CKD is thought to originate from lifestyle and dietary habits that disrupt *doshic* balance, leading to the accumulation of *ama* (toxins). These toxins clog the microchannels (*srotas*) of the kidneys, impeding their function and manifesting symptoms such as fatigue, pain, and edema. *Ayurvedic* treatment approaches, such as *Panchakarma*, aim to detoxify the body and restore *doshic* equilibrium through therapeutic procedures, diet modifications, and *ayurvedic* remedies.

The efficacy of these *Ayurvedic* interventions was observed in a clinical case where a 49-year-old male presented with symptoms indicative of CKD, including severe pain, generalized weakness, and bilateral ankle edema. After undergoing an 8-day *Ayurvedic* treatment program including *Panchakarma*, followed by a three-month period of continued *Ayurvedic* medication, significant improvements were documented both in objective and subjective parameters. Objectively, there was a noticeable reduction in blood urea levels from 98 mg/dl to 76.4 mg/dl, and serum creatinine levels decreased from 5.26 mg/dl to 4.4 mg/dl, suggesting enhanced renal clearance. Subjectively, the patient reported a decrease in pain severity, from a VAS score of 6 to 1, a reduction in fatigue severity from 5/7 to 2/7 on the FSS, and an increase in quality of life from 35% to 75% on the KDQOL scale.

The mode of action of each medicine that was used in this case study was **Cap Nephron Plus and Syp Kidney Care:** Both these formulations contain ingredients like *Pashanbheda, Gokshur,* and *Durbhamool*, noted for their diuretic and kidney-protective properties. These herbs help in increasing renal circulation and decreasing edema and uremic toxins, which are critical in managing CKD. **Tab Chander Vati:** This tablet incorporates detoxifying and rejuvenating herbs like *Kapoor Kachri, Vach*, and *Giloy*, which aid in cleansing the blood, improving liver function and supporting immune health. This holistic approach helps in enhancing overall metabolism and kidney function. **Tab Rakta Care:** Containing potent blood purifiers like *Sariva* and *Manjistha*, this tablet helps in reducing uremia and protecting the kidneys by preventing further damage due to accumulated toxins. **Tab Yakritshothhar Vati:** This is formulated specifically to support liver function, which is crucial in detoxification processes that relieve the kidney's load. Ingredients like *Kutki* and *Chiraita* have hepatoprotective and anti-inflammatory effects. Using these therapies and medications in an integrated manner during the inpatient treatment helps maximize the detoxifying effects and supports the improvement of renal function, directly addressing the root causes and symptoms associated with CKD.

Numerous studies have explored the efficacy of *Ayurvedic* treatments, including *Panchakarma*, in managing chronic kidney disease (CKD), highlighting their potential in both symptom management and overall disease progression. Research by Sharma and Sharma (2018)[10] evaluated the detoxifying effects of *Panchakarma* on urea and creatinine levels in CKD patients, revealing significant improvements. Agarwal and Diwan (2020)[11] conducted a systematic review analyzing the effectiveness of *Ayurvedic* medicine in treating CKD, affirming its role in symptom control and disease management. Patel, Acharya, and Shukla (2017)[12] discussed the integration of *Ayurvedic* practices with conventional medicine, suggesting enhanced outcomes in kidney care. Kumar and Nair (2019)[13] investigated the specific use of *Punarnava* in *Panchakarma*, particularly its application through *Basti* therapy, demonstrating reduced serum creatinine levels among patients. Lastly, Mehta and Balachandran (2021)[14] studied the effects of *Abhyangam* massage using *Dhanwantaram* Oil, noting notable improvements in renal function and patient well-being. These studies collectively emphasize the beneficial impact of *Ayurvedic* therapies in the comprehensive management of CKD.

NEED FOR FURTHER RESEARCH & STUDY

While existing studies have illuminated the beneficial effects of *Ayurvedic* therapies in managing Chronic Kidney Disease (CKD), there remains a critical need for further research and study to fully understand and optimize these traditional methods. Comprehensive, controlled clinical trials with larger patient cohorts are essential to validate the efficacy and safety of *Ayurvedic* treatments, particularly *Panchakarma*, in a systematic and scientifically rigorous manner. Additionally, investigations into the mechanistic pathways through which these treatments exert their effects could contribute to better integration with conventional medical practices. Detailed long-term follow-up studies are also necessary to assess the sustainability of therapeutic benefits and the potential impacts on patient quality of life and disease progression. Expanding this research domain can significantly enhance evidence-based practices in *Ayurveda*, ensuring that it evolves as a well-substantiated complementary approach for CKD and potentially other chronic conditions.

CONCLUSION

The *Ayurvedic* treatment of chronic kidney disease (CKD) emphasizes disrupting the *Samprapti* (pathogenesis) of the disease by addressing *doshic* imbalances and toxin accumulation. In the observed case, after undergoing specific *Panchakarma* therapies like *Abhyangam*, *Avgaha Swedanam*, *Matra basti*, and *Asthapana basti*, significant improvements were noted. Objectively, blood urea was reduced from 98 mg/dl to 76.4 mg/dl, and serum creatinine dropped from 5.26 mg/dl to 4.4 mg/dl. Subjectively, pain severity decreased from a score of 6 to 1 on the VAS, and overall quality of life improved from 35% to 75%, as measured by KDQOL.

These outcomes demonstrate the potential of *Ayurvedic* practices to not just alleviate symptoms but also fundamentally restore physiological balance and halt CKD progression by directly countering the disease's pathogenesis. Continued research, particularly involving larger and more controlled studies, is crucial to validate these findings and integrate *Ayurvedic* treatments more effectively with conventional renal care. Such integrative approaches could offer comprehensive solutions that significantly enhance quality of life and clinical outcomes for CKD patients.

REFERENCE

1. Sharma H, Sharma PK. Classical references of Vrikka Roga in Ayurvedic texts - An overview. J Ayurveda Integr Med Sci., 2017; 35-41.
2. National Kidney Foundation. KDOQI Clinical Practice Guidelines for Chronic Kidney Disease: Evaluation, Classification, and Stratification. Am J Kidney Dis., 2002; 39(2 Suppl 1): S1-266.
3. Jha V, Garcia-Garcia G, Iseki K, Li Z, Naicker S, Plattner B, et al. chronic kidney disease: global dimension and perspectives. Lancet, 2013; 382(9888): 260-72.
4. Acharya YT. Charaka Samhita of Agnivesh, Vimana Sthana. Varanasi, India: Chaukhambha Orientalia, 2011.
5. Lad V. Textbook of Ayurveda: Fundamental Principles of Ayurveda. Albuquerque, NM: Ayurvedic Press, 2002.
6. Huskisson EC. Measurement of pain. The Lancet., 1974; 304(7889): 1127-31.
7. Krupp LB, LaRocca NG, Muir-Nash J, Steinberg AD. The Fatigue Severity Scale. Application to patients with multiple sclerosis and systemic lupus erythematosus. Archives of Neurology, 1989 Oct; 46(10): 1121-3.
8. Hays RD, Kallich JD, Mapes DL, Coons SJ, Carter WB. Development of the Kidney Disease Quality of Life (KDQOL) instrument. Quality of Life Research, 1994 Oct; 3(5): 329-38.
9. Manish, Chaudhary Gitika, Singh Suyash Pratap, Singh Manjeet, Richa. "Clinical Evaluation of Chronic Kidney Disease Management: Integrating Lifestyle Modification and Ayurveda." International Journal of AYUSH, October 2024; 2013(10). DOI: 10.22159/prl.ijayush.v2013i10.1152
10. Sharma H, Sharma PK. Clinical Evaluation of the Detoxifying Effect of Panchakarma and Its Role in Reducing Urea and Creatinine Levels in Chronic Kidney Disease Patients. Journal of Ayurvedic and Herbal Medicine, 2018; 4(3): 148-155.
11. Agarwal R, Diwan A. Efficacy of Ayurvedic Medicine in the Treatment of Chronic Kidney Disease: A Systematic Review. Journal of Traditional and Complementary Medicine, 2020; 10(4): 364-370.
12. Patel SS, Acharya RN, Shukla VJ. Integration of Ayurveda and Conventional Medicine for Improved Kidney Care in India. Integrative Medicine Insights, 2017; 12: 1-6.
13. Kumar A, Nair AG. Role of Punarnava (Boerhaavia diffusa) in Managing Chronic Kidney Disease Through Panchakarma. AYU (An International Quarterly Journal of Research in Ayurveda), 2019; 40(2): 90-95.
14. Mehta V, Balachandran P. Effects of Abhyangam Massage with Dhanwantaram Oil on Renal Health in Patients with Chronic Kidney Disease. Journal of Alternative and Complementary Medicine, 2021; 27(5): 450-456.