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Effective Management of Chronic Kidney Disease (Vrikka Roga) Using Ayurvedic Treatment : A Case Report

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Abstract

This case report explores the integration of *Ayurvedic* medicine in the management of a 24-year-old male diagnosed with chronic kidney disease (CKD), referred to as *Vrikka Roga* in *Ayurveda*. The patient presented with severe symptoms including shortness of breath, general weakness, nausea, pruritus, frothy micturition and an overall loss of vitality. Conventional treatment options such as haemodialysis and medication had been proposed but were delayed at the patient's discretion. In response, an alternative therapeutic strategy was implemented, comprising a series of tailored *Ayurvedic* treatments. Complementing the *Panchkarma* therapies, *Ayurvedic* treatment, lifestyle modifications and *Ayurvedic* diet were advised to enhance overall renal health and mitigate CKD symptoms. Preliminary outcomes post-treatment showed improvement in both subjective symptoms and objective measures of renal function, suggesting potential benefits of this integrative approach. This report underscores the need for further rigorous scientific studies to validate the efficacy of *Ayurvedic* practices in managing CKD and highlights the potential of *Ayurvedic* medicine as a complement to conventional nephrology. This case encourages the exploration of holistic, individualized patient care strategies that address both the symptoms and underlying etiological factors contributing to kidney diseases.

Keywords: *Vrikka Roga*, CKD, *Ayurveda* Treatment, *Panchkarma*, Proteinuria

Introduction :

Chronic Kidney Disease (CKD) is defined as a gradual deterioration of kidney function over a span of months or years, with each advancing stage signifying a more severe loss of the kidney's ability to detoxify the blood. This degradation results in an accumulation of waste products within the bloodstream[1]. An acute exacerbation of CKD refers to a sudden and often rapid decline in kidney function, typically triggered by factors such as infections, dehydration or exposure to nephrotoxic substances[2]. Managing these acute episodes is challenging and may require hospitalization and intensive care due to the complexity of the condition[3]. Conventional management strategies for CKD focus on addressing underlying causes such as hypertension and diabetes. These strategies include stringent dietary management, the use of renal replacement therapies like dialysis, and in severe cases, organ transplantation[4]. Despite these advancements, the rising prevalence of CKD necessitates exploration into additional therapeutic options. From an *Ayurvedic* perspective, renal health is significantly influenced by the balance of the body's *doshas* (fundamental bio elements), with kidney diseases frequently attributed to disturbances in '*Apana Vata'*—a subtype of *Vata dosha* responsible for elimination processes—and '*Kapha Dosha,'* which governs fluid balance and structural stability[5]. *Ayurvedic* texts recommend a variety of herbs such as *Punarnava (Boerhavia diffusa), Gokshura (Tribulus terrestris) and Varun (Crataeva nurvala),* acknowledged for their renal protective and regenerative potentials. These herbs are believed to enhance kidney function through mechanisms like enhanced diuresis, improved renal blood flow and nephroprotective effects[6]. From the *ayurveda* point of view this disease can be co-related with *Vrikka Roga.*

Despite the increasing exploration into these *Ayurvedic* treatments, there remains a considerable gap in comprehensive clinical validations which limits the integration of these traditional remedies into mainstream medical practice[7]. As the global burden of chronic kidney disease continues to escalate, it becomes imperative to bridge the gap between traditional *Ayurvedic* practices and contemporary nephrology. This integration could potentially pave the way for alternate management strategies that address both the chronic progression and acute exacerbations of kidney disease, ensuring these approaches are substantiated by robust scientific evidence to guarantee efficacy and safety[8].

Case Presentation:

1. A 24-year-old male patient visited Jeena Sikho lifecare Limited Hospital, Derabassi, with an established diagnosis of Chronic Kidney Disease (CKD) since August 2024. During the current evaluation, he reported several troubling symptoms including shortness of breath upon exertion, mild fatigue, generalized weakness, nausea, pruritus, lower backache and an increase in body weight. Despite medical advice to initiate haemodialysis owing to worsening renal function, the patient opted to delay this treatment. Notably, his clinical assessment also highlighted frothy micturition, suggestive of proteinuria.

A regimen of *Ayurvedic* medicines and *Panchkarma* treatment was formulated along with conventional renal therapy. The treatment approach was aimed at rebalancing the body's bio elements, specifically targeting improvements in kidney function and overall symptomatology. This case underscores the potential utility of integrating *Ayurvedic* medicine into the management of symptoms of Chronic Kidney Disease, particularly for patients seeking alternatives to conventional therapies. The patient is taking allopathy treatment which include **Darbepoetin** (4k once daily for 14 days), a synthetic hormone for treating anaemia; **Sodium Bicarbonate** (1 tablet TID), used to neutralize stomach acid; **Calcium Acetate** (1 tablet BID), which reduces phosphate levels in patients with kidney disease.

Samprapti* of Chronic Kidney Disease *(Vrikka Vikara):

In *Ayurveda*, the *Samprapti* (pathogenesis) of chronic kidney disease or *Vrikka Vikara* involves a complex interplay of the *Doshas*, primarily *Vata* and *Kapha*, and the buildup of *Ama* (toxins). Initially, factors such as poor nutrition diet, sedentary lifestyle, aggravate *Vata* and *Kapha Doshas*. This aggravation leads to the formation and accumulation of *Ama*, which then circulates throughout the body and eventually lodges in the *Vrikka* (kidneys), causing obstruction and impairment in the *Mutravaha Srotas*.

This blockage hinders the filtration process, leading to the accumulation of waste products and further increasing *Ama*, which exacerbates the condition. As the kidneys' ability to filter blood diminishes, symptoms such as hazy urine, weakness, and nausea manifest. The disruption in the balance of the three *doshas* – *Vata*, *Pitta*, and *Kapha*, along with the continued presence of *Ama* and progressive damage to the *Vrikka*, contributes to the chronicity and severity of the disease.

Underlying Factors (Poor nutrition diet, sedentary lifestyle)

↓

Aggravation of *Kapha* and *Vata*

↓

Formation of *Ama*

↓

***Ama* circulates and lodges in the *Vrikka* (Kidneys)**

↓

Blockage in the *Mutravaha Srotas*

↓

Impaired Filtration and Accumulation of Waste

↓

Symptoms (Hazy Urine, Weakness, Nausea)

↓

Chronic Kidney Disease (CKD)

Table No. 1:. Vital Parameters

Sr. No	Examination	Findings
1.	**Blood Pressure**	132/80 mm of Hg
2.	**Pulse**	90 / min
3.	**Weight**	71 kg
4.	**Height**	5 feet 5 inches

***Ayurvedic* Examination**

Table No. 2. : *Ashtavidha Pariksha* (Eight-fold Examination)

Sr. No	Examination	Findings
1.	***Nadi* (Pulse**	*Vata-Kaphaj*
2.	***Mutra* (Urine)**	*Safena*
3.	***Mala* (Stool)**	*Abadha*
4.	***Jihva* (Tongue)**	*Saam*
5.	***Shabda* (Voice)**	*Spashta*
6.	***Sparsha* (Touch)**	*Anushnasheeta*
7.	***Drik* (Eyes)**	*Avikrita*
8.	***Akriti* (Appearance)**	*Avikrita*

Table No. 3. : *Dashavidha Pariksha* (Ten-fold Examination)

Sr. No	Examination	Findings
1.	***Prakriti* (Constitution):**	*Pitta Kapha*
2.	***Vikriti* (Imbalance):**	*Vata kaphaj*
3.	***Sara* (Tissue Excellence):**	*Madhyam*
4.	***Samhanana* (Body Build):**	Moderate
5.	***Pramana* (Body Proportions):**	Within normal limits.
6.	***Satmya* (Adaptability):**	*Avara*
7.	***Satva* (Psychological Strength):**	*Avara*
8.	***Ahara Shakti* (Digestive Strength):**	*Avara*
9.	***Vyayama Shakti* (Exercise Capacity):**	*Madhyam*
10.	***Vaya* (Age):**	24yr old

Diagnostic Assessment :

Table 6,7. Laboratory Results:

a. CBC, Renal Function Test, Sr. Electrolyte, Lipid Profile.

b. Imaging Results: - DTPA Scan done on 04/09/2024

Treatment Plan :

I. *Ayurvedic* Diet Plan:[9] The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital include the following key recommendations:

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 liter of alkaline water 3 to 4 times throughout the day.
- Include herbal tea, living water, and turmeric-infused water as part of your daily routine.
- Boil 2 liters of water & reduce up to 1 liter and consume.

c. Millet Intake:

"शाल्यादीनां तु धान्यानां यवकाः श्यामकाः प्रियङ्गवः।

कोद्रवाः शालिपर्ण्यश्च लघवः कषायोष्णगुणाः स्मृताः॥

(Charaka Samhita, Sutrasthana 27/88).[10]

- 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 Meal 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 had given steamed fruits (Seasonal), *mugda yusha*, and a fermented millet shake (4-5 types).

3. Morning Snacks (11:00AM): The patient had given Red juice (150 ml) and soaked almonds.
4. Lunch (12:30 PM - 2:00 PM): The patient had received Plate 1 and Plate 2. Plate 1 had included 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 had 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 salt-less solid, semi-solid and smoothie options.
- Suggested foods included Herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds and steamed salads.

II. Lifestyle Recommendations were :

(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.

***Panchkarma* Therapies: -**

Following a comprehensive evaluation, the patient was advised to undergo inpatient department (IPD) treatment for a duration of 5 days. This recommendation was made to closely monitor his condition and administer intensive care, aimed at stabilizing his symptoms and preventing further deterioration of kidney function. This approach also allowed for a structured administration of the *Ayurvedic* treatment regimen and ensuring adherence, while providing continuous medical supervision. The patient was admitted on 03/09/2024 and was discharged on 07/09/2024, the following interventions were followed during the admission period.

1. *Matra Basti with Guduchyadi Ksheer Basti* (amount – 90ml) :

Matra Basti is a form of *Ayurvedic* enema, using medicated oils or ghees. In this case, *Guduchyadi Ksheer Basti* involves the use of a medicated decoction made with *Guduchi* (*Tinospora cordifolia*) and other herbs mixed with milk. The enema primarily works on the *Vata Dosha*, which, according to *Ayurveda*, governs the body's excretory functions, including those of the kidneys. It is soothing, lubricating and can help in reducing inflammation and promoting the healing of the urinary tract and kidneys. It is especially beneficial for restoring and balancing the *Apana Vata*, enhancing the body's natural detoxification processes and aiding in the management of kidney disease-related symptoms.

2. *Abhyangam with Ksheerbala Oil* :

Abhyangam is a traditional *Ayurvedic* oil massage that rejuvenates the body, improves circulation, and helps in detoxification, which is crucial for

patients with kidney issues. *Ksheerbala oi*l, which is commonly used during *Abhyangam*, is prepared from *Bala* (*Sida cordifolia*) infused in milk and *sesame oil*. This treatment is known for its anti-inflammatory and analgesic properties, aiding in reducing pain and discomfort associated with kidney disease. Moreover, it helps in calming the nerves and reducing stress, which can indirectly benefit kidney function.

3. *Avgaha Swedanam* for 2 hrs below Navel region :

Avgaha Swedanam is a sweating therapy that involves sitting in a tub of medicated *ayurvedic* formulations that specifically targets the lower abdomen below the naval region. This therapy is beneficial for directly impacting the organs located in the lower abdomen, including the kidneys and urinary bladder. The steam and heat help in dilating blood vessels, improving circulation to these organs and facilitating the removal of toxins through induced sweating. Improved circulation and detoxification support better kidney function and can help to alleviate symptoms of CKD.

4. *Shiropichu with Dhanvantaram Oil :*

Shiropichu is an *panchakarma* therapy where a cotton pad soaked in medicated oil is placed on the head of the patient. Using *Dhanvantaram oil*, which is a classic *Ayurvedic* oil known for its rejuvenative and calming properties. This treatment is beneficial for relieving stress and tension, which are often heightened in chronic conditions like kidney disease. By soothing the central nervous system, it helps to manage systemic stress which can exacerbate health conditions and impact kidney health negatively.

Medicines Used: - Following medicinal Treatment was given to the patient during the admission period.

Table No.4. : Day 1 – 03/09/24

Medications	**Sanjeevani Vati**
Ingredients of the formulation are	**Bilva** (*Aegle marmelos*), **Sonth** (*Zingiber officinale*), **Pippali** (*Piper longum*), **Haritaki** (*Terminalia chebula*), **Vibhitaki** (*Terminalia bellirica*), **Amalaki** (*Phyllanthus emblica*), **Vacha** (*Acorus calamus*), **Guduchi** (*Tinospora cordifolia*), and **Bhallataka** (*Semecarpus anacardium*).
Dose	2 Tablets BD
Anupana	Lukewarm Water (*Koshna Jala*)
Duration	*Adhobhakta* (After Meal)

Medications	**URI Plus**
Ingredients of the formulation are	**Amalki** *(Phyllanthus emblica)*, ***Bibhitika*** *(Terminalia bellirica)*, **Haritiki** *(Terminalia chebula)*, **Gokshura** *(Tribulus terrestris)*, **Shodhit Guggul** *(Commiphora wightii)*, **Guduchi** *(Tinospora cordifolia)*
Dose	2 Tablets BD
Anupana	Lukewarm Water (*Koshna Jala*)
Duration	*Adhobhakta* (After Meal)

Medications	**Chitrakadi Vati**
Ingredients of the formulation are	***Chitrak*** *(Plumbago zeylanica)*, **Pippali** (*Piper longum*), ***Yava Kshar*** (*Hordeum vulgare*), **Swarjika Kshara**, **Saindhava Lavana** (Rock salt), **Sauvarchala Lavana** (Black salt), **Vida Lavana** (a type of salt), **Samudra Lavana** (Sea salt), **Audbhida Lavana**, **Sonth** (*Zingiber officinale*), **Maricha** (*Piper nigrum*), and **Hing** (*Ferula asafoetida*).
Dose	2 Tablets BD
Anupana	Lukewarm Water (*Koshna Jala*)
Duration	*Pragbhakta* (Before Meal)

Medications	Renotivate Syrup
Ingredients of the formulation are	**Punarnava** (*Boerhaavia diffusa*), **Gokshura** (*Tribulus terrestris*), **Varun** (*Crataeva nurvala*), **Kasani** (*Cichorium intybus*), **Palaash** (*Butea monosperma*), and **Pasankusha** (*Euphorbia tithymaloides*).
Dose	20 ml BD
Anupana	Lukewarm Water (*Koshna Jala*)
Duration	*Adhobhakta* (After Meal)

Medications	Chander Vati
Ingredients of the formulation are	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*), and ***Pipla Mool*** (*Piper longum* root). It also features detoxifying agents like **Chitraka** (*Plumbago zeylanica*), digestive aids like **Dhaniya** (*Coriandrum sativum*), and rejuvenators like **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), and **Amla** (*Emblica officinalis*). Additional components include **Chavya** (*Piper chaba*), **Vayavidang** (*Embelia ribes*), **Pippal** (*Piper longum*), ***Kalimirch*** (*Piper nigrum*), **Sonth** (*Zingiber officinale*), and **Gaj Pipal** (*Scindapsus officinalis*). Flavor enhancers and additional agents include **Choti Elaichi** (*Elettaria cardamomum*), **Dalchini** (*Cinnamomum verum*), **Tejpatra** (*Cinnamomum tamala*), while detoxifying and digestive components like **Danti** (*Baliospermum montanum*), **Nisoth** (*Operculina turpethum*), and **Banslochan** (*Bambusa arundinacea*) also play crucial roles. Minerals used include Loh Bhasma and natural resins like ***Guggul*** (*Commiphora wightii*).
Dose	2 Tablets BD
Anupana	Lukewarm Water (*Koshna Jala*)
Duration	*Adhobhakta* (After Meal)

Table No. 5.: Day 2,3,4 and 5 – 04/09/24, 05/09/24, 06/09/24, 07/09/24.

Medications	Dose	*Anupana*	Duration
Sanjeevani Vati	2 Tablets BD	Lukewarm Water *(Koshna Jala)*	*Adhobhakta* (After Meal)
URI Plus	2 Tablets BD	Lukewarm Water *(Koshna Jala)*	*Adhobhakta* (After Meal)
Chitrakadi Vati	2 Tablets BD	Lukewarm Water *(Koshna Jala)*	*Pragbhakta* (Before Meal)
Renotivate Syrup	20 ml BD	Lukewarm Water (*Koshna Jala)*	*Adhobhakta* (After Meal)
Chander Vati	2 Tablets BD	Lukewarm Water *(Koshna Jala)*	*Adhobhakta* (After Meal)
Mutravardhak Vati	2 Tablets BD	Lukewarm Water *(Koshna Jala)*	*Adhobhakta* (After Meal)

The Patient was discharged on 07/09/24 and on discharge patient was advised to take following medication for 3 months

1. ***Renal Support syrup*** – 20ml BD after meal with equal amount of lukewarm water
2. ***GFR Powder*** – ½ Tsp BD after meal with Lukewarm water
3. ***Chander Vati*** – 2-tab BD after meal with Lukewarm water
4. ***Asthiposhak Vati*** – 2-tab BD after meal with Lukewarm water
5. ***Fe cap*** – 2 cap BD after meal with Lukewarm water
6. ***DS Powder*** ½ Tsp HS after meal with Lukewarm water (to stop if loose motion)

Follow-Up and Outcomes :

After 5 days admission and after the series of *Panchakarma* Treatment and *Ayurvedic* Medicines and a follow-up of 3 months the results that were seen are-

Table No. 6 : Outcomes – Objective Parameters

Parameters	Pre-Treatment (03/09/24)	Post-Treatment (12/12/24)
Sr Electrolyte		
Sr. Sodium	139.3 mEq/L	139.4 mEq/L
Sr. Potassium	5.83 mEq/L	5.69 mEq/L
Sr. Chloride	104.3 mEq/L	102.9 mEq/L
Complete Blood Count		
Hb	8.2 gm/dl	8.0 gm/dl
TLC	11200 /cumm	12500 /cumm
RBC	2.88 mill/cumm	2.43 mill/cumm
Platelet Count	3.63 Lac/cumm	2.10 Lac/cumm
Renal Function Test		
Blood Urea	176.38 mg/dl	114.27 mg/dl
Sr. Creatinine	11 mg/dl	7.17 mg/dl
Sr. Uric Acid	9.60 mg/dl	8.64 mg/dl
Urine Routine/Microscpic		
Urine Protein	Present +	Present +
Pus Cells	8-10 /HPF	1-2 /HPF
Albumin/Globulin Ratio	0.81	1.23

The changes in the subjective parameters that was observed are-

Table No. 7 :Outcomes – Subjective Parameters

Parameters	Pre-Treatment	Post-Treatment
Pain Severity (VAS)[11]	Patient reported severe pain, rated at 7 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.
Modified Borg Scale (Shortness of Breath)[12]	6/10 (marked breathlessness after mild exertion)	2/10 (marked relief in breathlessness after mild exertion)
Fatigue Severity Scale (FSS)[13]	Average score of 6/7 (severe fatigue impacting daily function)	Average score of 3/7 (mild fatigue)
Itch Severity Scale (ISS)[14]	5/10 (moderate itching affecting sleep and daily activities)	2/10 (occasional itching with minimal impact)
Kidney Disease Quality of Life (KDQOL)[15]	Overall score 40% (significant impact of kidney disease on quality of life)	Overall score 70% (moderate improvement in quality of life with some persistent challenges)

The changes in the DTPA were observed as

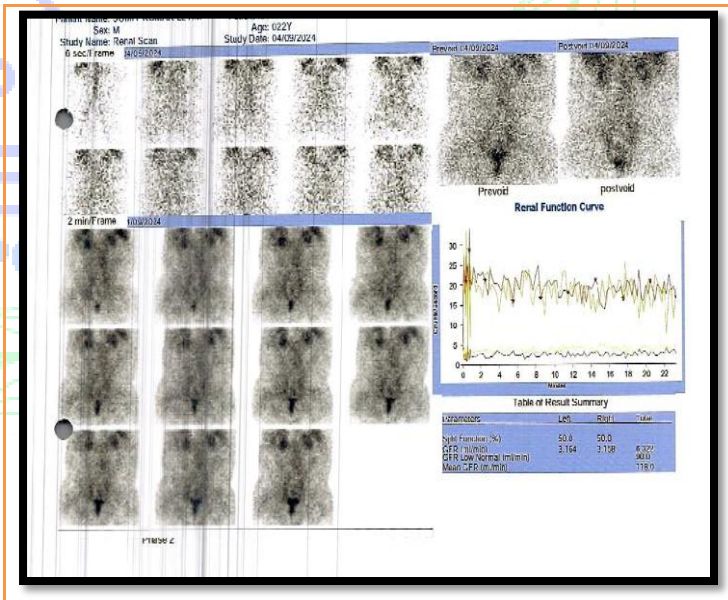
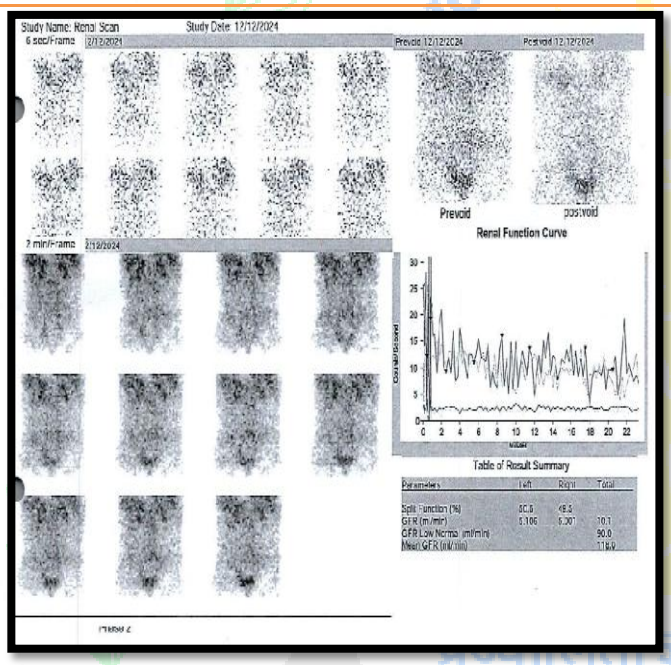


Image 1: Before Treatment

Image 1: Before Treatment



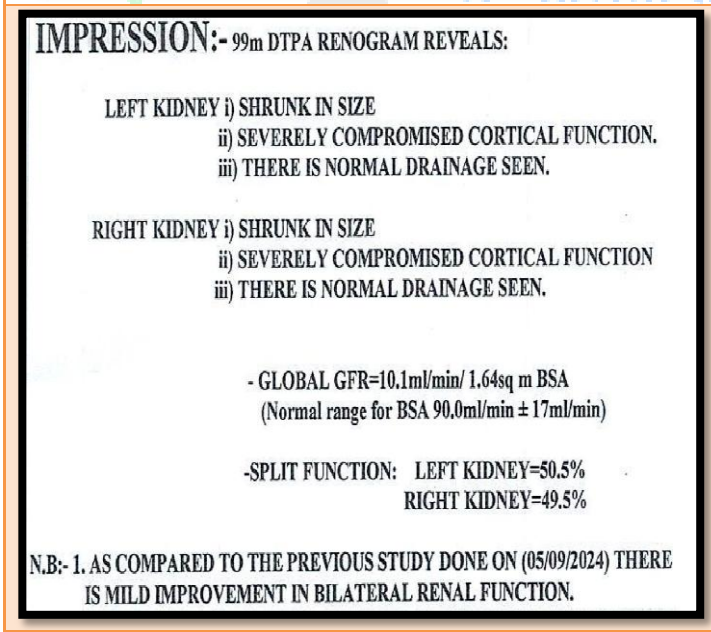


Image 2: After Treatment

Discussion :

Chronic Kidney Disease (CKD) represents a significant challenge in modern medicine due to its complex pathophysiology and the increasing prevalence worldwide. As a multisystem disease, CKD typically progresses silently over years, often diagnosed in advanced stages when therapeutic options are limited. Modern management strategies for CKD focuses on addressing the primary risk factors such as hypertension and diabetes, which are pivotal in slowing disease progression. Pharmacological treatments like ACE inhibitors or ARBs are commonly prescribed to manage hypertension and to reduce the progression of renal damage[16]. Additionally, stringent control of blood glucose levels in diabetes is essential to prevent diabetic nephropathy, a leading cause of CKD[17]. As the disease advances, treatment modalities may include renal replacement therapies such as dialysis or kidney transplantation, which, while life-sustaining, come with significant lifestyle and health burdens[18]. Despite advancements in medical treatment and management strategies, CKD remains a leading cause of morbidity and mortality, underscoring the need for further research into more effective interventions and the potential for prevention strategies starting from earlier life stages[19].

The pathophysiology (*Samprapti*) of chronic kidney disease (CKD) or *Vrikka Roga* in *Ayurvedic* terminology, can be viewed through the lens of the imbalance in the body's doshic energies, primarily involving the vitiation of *Vata, Kapha and Pitta doshas*. *Apana Vata*, which governs the lower part of the body involved in elimination of wastes, plays

a significant role in the functioning of the kidneys. According to *Ayurveda*, disturbance in *Apana Vata* leads to impaired elimination and accumulation of toxins (*Ama*) in the body, which in the context of CKD disturbs the kidney's ability to filter and eliminate waste effectively.

The weakening of the *Dhatus* (tissues), particularly *Mamsa* (muscle tissue) and *Medas* (fat tissue), due to sustained doshic imbalance further exacerbates the disruption of kidney functions. Additionally, the build-up of *Ama* could lead to *Srotorodha* (blockage of channels), which manifests as the progressive symptoms of CKD including fatigue, swelling and metabolic disturbances like electrolyte imbalances.

Successful interruption of this pathogenesis (*Samprapti Vighatana*) involves a multipronged approach aimed at restoring the balance of the *doshas*, enhancing digestive fire (*Agni*), clearing the channels (*Srotas*) of accumulated toxins and rejuvenating affected tissues. In the case presented, several *Panchakarma* therapies were employed as part of *Panchakarma* to address the root causes of CKD. *Matra Basti with Guduchyadi Ksheer Basti* was administered to soothe *Vata* and remove *Ama* from the pelvis. *Abhyangam with Ksheerbala* Oil *and Avgaha Swedanam* procedures were implemented to improve circulation, facilitate the removal of toxins and alleviate pain and discomfort. Additionally, *Shiropichu with Dhanvantaram* Oil was utilized to calm the system and reduce stress, providing a holistic approach to patient care.

Multiple studies in *Ayurveda* have explored similar interventions for kidney diseases. A demonstrated significant improvements in renal function indicators among patients treated with a comprehensive *Ayurvedic* protocol including herbs like *Punarnava* and therapies similar to those employed in this case report[20]. These findings, with significant enhancements in both biochemical and symptomatic profiles of patients with CKD undergoing integrated *Ayurvedic* and conventional treatment[21]. These studies reinforce the potential for *Ayurvedic* interventions to effectively mitigate the progression of CKD and improve quality of life, by addressing both the symptoms and root causes of the disease as described in its *Samprapti*.The array of *Ayurvedic* medicines prescribed in the case of Chronic Kidney Disease (CKD) encompasses various formulations each targeted to support different aspects of the patient's health. ***Sanjeevani Vati*** is noted for its rejuvenative qualities, enhancing systemic resilience and energy, beneficial for tackling the fatigue associated with CKD. ***URI Plus*** aims to support urinary function with diuretic herbs that promote renal clearance and helps to manage fluid retention. ***Chitrakadi Vati*** enhances digestive efficiency, crucial for reducing toxin buildup that could otherwise strain the kidneys. ***Renotivate Syrup*** and herbs in similar formulations are selected for their nephroprotective properties, aimed at directly supporting kidney function and health. ***Chander Vati*** assists in metabolic regulation, potentially easing the burden on the kidneys by improving the handling of metabolic wastes. To stave off complications like urinary tract infections, which are prevalent in CKD due to compromised immunity and altered urinary function, ***Mutravardhak Vati*** incorporates diuretic components to enhance urine output, helps to prevent fluid overload, a common issue in CKD

patients. Through a holistic approach, these medications collectively address the complex symptomatic landscape of CKD, emphasizing not only direct renal support but also broader systemic health enhancement in line with *Ayurvedic* principles.

Need for Further research and Study :

The integration of *Ayurvedic* medicine into chronic kidney disease (CKD) (*Vrikka Roga*) management necessitates rigorous research to validate its efficacy and safety. Well-designed clinical trials, particularly randomized controlled trials, are crucial to assess the therapeutic benefits and risks of *Ayurvedic* treatments compared to conventional therapies. Additionally, mechanistic studies are needed to understand the pharmacodynamics of *ayurvedic* remedies and their interactions with renal pathology. Longitudinal and personalized treatment studies can further elucidate the long-term impacts and individual effectiveness of *Ayurvedic* approaches. Interdisciplinary research combining *Ayurvedic* principles with modern nephrology could lead to innovative, integrative treatment models, helping standardize and globalize *Ayurvedic* treatments within the framework of modern healthcare.

Conclusion :

This case report on the management of chronic kidney disease (CKD) in a 24-year-old male shows significant improvements post-integration of Ayurvedic treatments with conventional methods, as evident through symptomatic, vital, and investigational outputs. Symptomatic relief was substantial, with severe pain, marked breathlessness, severe fatigue, and moderate itching all considerably reduced. Vital signs remained stable with normal pulse and blood pressure throughout the treatment. Investigative results also reflected positive changes; Blood urea reduced from 176.38 mg/dl to 114.27 mg/dl, serum creatinine decreased from 11 mg/dl to 7.17 mg/dl, and both potassium and chloride levels showed slight improvements. DTPA Scan findings also shows significant improvement as global gfr improved from 6.3 ml/min to 10.1 ml/min.These findings suggest that an integrated approach to CKD management can significantly enhance patient outcomes, highlighting the need for further research to validate and optimize these treatment protocols.

References :

1. Levey AS, Eckardt K-U, Tsukamoto Y, et al. Definition and classification of chronic kidney disease: A position statement from kidney disease: Improving Global Outcomes (KDIGO). *Kidney Int*. 2005;67(6):2089-2100.

2. Thomas R, Kanso A, Sedor JR. Chronic Kidney Disease and Its Complications. *Prim Care*. 2008;35(2):329-344.

3. Kidney Disease: Improving Global Outcomes (KDIGO) Acute Kidney Injury Work Group. KDIGO Clinical Practice Guideline for Acute Kidney Injury. *Kidney Int Suppl*. 2012; 2:1-138.

4. Ruggenenti P, Cravedi P, Remuzzi G. The RAAS in the pathogenesis and treatment of diabetic nephropathy. *Nat Rev Nephrology*. 2010;6(6):319-330.

5. Sharma H, Chandola HM. Clinical evaluation of the hepatoprotective effect of Katuki (Picrorhiza kurroa) and Punarnava (Boerhavia diffusa) in patients of acute viral hepatitis. *Int J Ayurveda Res*. 2010;1(4):215-221.

6. Calabrese C, Gregory WL, Leo M, et al. Effects of a standardized Bacopa monnieri extract on cognitive performance, anxiety, and depression in the elderly: a randomized, double-blind, placebo-controlled trial. *J Altern Complement Med*. 2008;14(6):707-713.

7. Mishra A, Shukla S. An Ayurvedic perspective on the management of chronic kidney disease: A case report. *J Ayurveda Integr Med*. 2014;5(3):181-185.

8. Singh AK, Farag YM, Mittal BV, et al. Epidemiology and risk factors of chronic kidney disease in India – results from the SEEK (Screening and Early Evaluation of Kidney Disease) study. *BMC Nephrology*. 2013; 14:114.

9. Acharya M, Chaudhary G, Singh SP, Singh M, Richa. Clinical Evaluation of Chronic Kidney Disease Management: Integrating Lifestyle Modification and Ayurveda. Int J AYUSH. 2024 Oct;2013(10):1152. doi: 10.22159/prl.ijayush.v2013i10.1152.

10. Charaka Saṃhitā, Sutrasthana, Chapter 27 Shloka 88. Edited by Vidyadhar Shukla Acharya, Prof. Ravi Dutt Tripathi: Chaukhambha Sanskrit Pratishthan Delhi.

11. Price DD, McGrath PA, Rafii A, Buckingham B. The validation of visual analogue scales as ratio scale measures for chronic and experimental pain. Pain. 1983 Sep;17(1):45-56.

12. Borg GA. Psychophysical bases of perceived exertion. Med Sci Sports Exerc. 1982;14(5):377-381.

13. Krupp LB, LaRocca NG, Muir-Nash J, Steinberg AD. The fatigue severity scale. Application to patients with multiple sclerosis and systemic lupus erythematosus. Arch Neurol. 1989 Oct;46(10):1121-3.

14. Reich A, Heisig M, Phan NQ, et al. Visual Analogue Scale: evaluation of the instrument for the assessment of pruritus. Acta Derm Venereol. 2012;92(5):497-501.

15. Hays RD, Kallich JD, Mapes DL, Coons SJ, Carter WB. Development of the Kidney Disease Quality of Life (KDQOL) instrument. Qual Life Res. 1994 Oct;3(5):329-38.

16. Lewis EJ, Hunsicker LG, Clarke WR, et al. Renoprotective effect of the angiotensin-receptor antagonist irbesartan in patients with nephropathy due to type 2 diabetes. *N Engl J Med*. 2001;345(12):851-860.

17. Zoungas S, Arima H, Gerstein HC, et al. Effects of intensive glucose control on microvascular outcomes in patients with type 2 diabetes: a meta-analysis of individual participant data from randomised controlled trials. *Lancet Diabetes Endocrinol*. 2017;5(6):431-437.

18. Wolfe RA, Ashby VB, Milford EL, et al. Comparison of mortality in all patients on dialysis, patients on dialysis awaiting transplantation, and recipients of a first cadaveric transplant. *N Engl J Med*. 1999;341(23):1725-1730.

19. Coresh J, Selvin E, Stevens LA, et al. Prevalence of chronic kidney disease in the United States. *JAMA*. 2007;298(17):2038-2047.

20. Mishra S. Therapeutic Potentials of Herbs and Plant Extracts Against Acute on Chronic Kidney Diseases: A Review. *Journal of Ayurveda and Integrative Medicine* 2019; 10(1): 55–63.

21. Gupta A. Clinical Documentation of Kidney Regeneration with Ayurvedic Therapy in Patients with Chronic Kidney Disease.*Ayu (An international quarterly journal of sresearch in Ayurveda)* 2018; 39(4): 257-263.

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