



Management of Chronic Kidney Disease Through Ayurvedic Intervention: A Case Report

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Abstract: Chronic kidney disease (CKD) is progressive loss of renal function leading to end stage renal disease which requires renal replacement therapy or haemodialysis. Early identification and management are necessary to reduce morbidity. Conventional management of the same, is burdensome to lower economic strata people. Seeking an alternative to haemodialysis, a 55 years old male patient presented with pedal oedema, decreased urine output, weakness, shortness of breath, itching and anaemia, to a private Ayurvedic clinic. His investigations reports showed elevated serum creatinine elevated serum urea and reduced haemoglobin. CKD being not directly mentioned in *Ayurveda*, the line of treatment for *Mutravaha Srota Dusti* (*Mutraghat*, *Mutrakrichha*) was adopted. The patient was started on Ayurvedic drugs, *Pranayama* (breathing exercise) and dietary restriction and monitored over 40 days. Improvement in symptoms were observed along with reduction in serum creatinine and urea. This case accentuates the importance of Ayurvedic interventions, Yogic practices in terms of *Pranayama*, and dietary advises in management of CKD.

Key-words: CKD, *Mutraghat*, *Mutrakrichha*

I. Introduction:

Chronic kidney disease (CKD) is defined as reduction of nephron number and function as evidenced by either structural abnormalities or proteinuria, and frequently leads to end stage renal failure^[1]. It is an emerging public health concern, and risk factors are diabetes mellitus, hypertension, old age, past episode of acute renal failure, and autoimmune disorders. There are five stages. In stages 1 and 2, Patients are asymptomatic. In stages 3 and 4, Patients are symptomatic with positive clinical signs and laboratory parameters^[2].

As per *Sushruta Samhita*, the embryological origin of *Vrikka* (kidney) is mentioned to be *Meda* and *Rakta Dhatu*. But no disease directly correlates to CKD in *Ayurveda*. According to the disease presentation, it can be considered under *Mutravaha Srota dusti*. The symptoms may be approximated to *mutraghat* or *mutrakshaya*, and treated accordingly. Hence, in this condition, the involvement of *Mutravaha*, *Medovaha*, and *Raktavaha Srotas* is observed. The treatment strategy should follow the *shaman chikitsa*(palliative therapy) of *Mutraghat*.

[1] Alagappan, R., 2014. Manual of Practical Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers, p. 555

[2] Alagappan, R., 2014. Manual of Practical Medicine. 5th ed. New Delhi: Jaypee Brothers Medical Publishers, p. 557

[3] <https://share.google/WGKje5rVB3GCuTkpR>

[4] <https://share.google/u5tCxmC4VYv9j3gA8>

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II. Case History:

A 55-year-old male patient from Paschim Medinipur District of West Bengal visited an Ayurvedic private clinic on 09.06.2024 with a diagnosed case of CKD. The symptoms were –

Table1: presenting symptoms

1.	Weakness	1 month
2.	Pedal oedema	15 days
3.	Nausea, loss of appetite, itching	15 Days
4.	Shortness of breath	20 days

The patient was found to be hypertensive at the time of the visit, but was not on medication. An occupational hazard of exposure to pesticides was found. No significant family history was present. The patient had not been taking any medication at the time of reporting.

The significant findings of physical examinations were -pitting oedema on bilateral lower limbs and pallor.

Table 2: Timeline

Date / Day	Event / Clinical Findings	Diagnostic Tests & Results	Intervention	Outcome
Day -30	Weakness, exertion in mild to moderate work	None	-	Symptom worsens
Day -16	The previously mentioned symptoms, along with shortness of breath and pedal oedema	Reduced Hemoglobin (10.1gm/dl) Decreased RBC Count 3.89 million/microlitre, Decreased PCV, MCH, MCHC. Decreased lymphocyte count	Diuretics	Mild relief in symptoms
Day -3	Symptoms worsens	Elevated Serum Urea(175 mg/dl) Elevated serum creatinine (8.3mg/dl)	Hemodialysis was advised, but not intervened	No change in symptoms
Day 0	As symptoms worsen, the patient visited the OPD of the Ayurvedic private clinic	-	Ayurvedic drugs were administered, along with diet and <i>Pranayama</i> (breathing exercises)	The patient was monitored
Day 30	Pedal oedema reduced, overall improvement		The same treatment was continued	Patient was kept in monitoring
Day 40	Pedal oedema, shortness of breath, weakness reduced	Significant Reduction in serum urea (88mg/dl) and serum Creatinine (2.90 mg/dl)	Drugs, <i>Pranayama</i> and diet continued	Patient was kept in monitoring

2.1 Therapeutic interventions:

Table 3: Drugs administered

Sr no	Intervention	Dose	Anupana
1	Tab. Mukta Vati	2 tabs twice daily before food	water
2	Tab. Vrikkadoshahara Vati	2 tabs twice daily after food	water
3	Tab. Renogrit	2 tabs twice daily after food	water
4	Tab. Chandraprabha Vati	2 tabs twice daily before food	water
5	Tab. Hridayamrit Vati	1 tab twice daily before food	Water

2.2 Dietary intervention – Patient was advised to avoid excessive salt, red meat, sea fish, dairy products, processed food, spinach, cabbage, turnip, alcohol, and smoking.

2.3 Breathing exercise (Pranayama) – Anuloma- Viloma 15mins, Bhramari 11 times, Kapalbhathi (40 strokes/min) 15mins twice daily morning and evening was advised to the patient .

2.1.1.Mukta Vati ^[3]

Shankhapushpi (*Convolvulus pluricaulis*), Uragandha (*Acorus calamus*), Gojihva (*Onosma bracteatum*), Brahmi (*Centella asiatica*), Jyotishmati (*Celastrus paniculatus*), Pushkaramoola (*Inula racemosa*), Ashwagandha (*Withania somnifera*).

2.1.2Vrikka Doshahara Vati ^[4]

Dhak(*Butea frondosa*) , Pittpapra(*Fumaria indica*) , Punarnava (*Boerhavia diffusa*) , Pashanbhed (*Saxifraga ligulate*), Varun(*Crataeva nurvala*) , Kulthi (*Dolichos biflorus*) , Apamarg (*Achyranthes aspera*) ,Kasni (*Cichorium intybus*),Peepal (*Ficus religiosa*) ,Neem (*Azadirachta indica*), Makoy (*Solanum nigrum*), Gokhru Chhota (*Tribulus terrestris*) Dhamasa(*Fagonia arabica*),Kush(*Desmostachya bipinata*),Kash (*saccharum spontaneum*),Dhan (*Oryza sativa*),Sarkanda (*Saccharum bengalense*), Ikshu(*Saccharum officinarum*) ,Giloy(*Tinospora cordifolia*) ,Oontkatora (*Echinops echinatus*), Arni (*Premna integrifolia*) ,Amaltas (*Cassia fistula*),Bala (*Sida cordifolia*) ,Satavar (*Asparagus racemosus*) ,Vidhari (*Pueraria tuberosa*),Kateri Chhoti (*Solanum xanthocarpum*) ,Kateri Badi(*Solanum indicum*) ,Jav (*Hordeum vulgare*),Kutki (*Picrorhiza kurroo*)

2.1.3.Renogrit^[5]

It is a polyherbal formulation consisting of Apamarga (*Achyranthes aspera*), Pashanbheda (*Saxifraga ligulata*), Palash (*Butea monosperma*), Varun (*Crataeva nurvala*), Punarnava (*Boerhavia diffusa*), Kasni (*Cichorium intybus*), and Gokshur (*Tribulus terrestris*).

2.1.4.Chandraprabha Vati ^[6]

Ativisha (*Aconitum heterophyllum*), Vacha (*Acorus calamus*), Bhunimba(*Andrographis paniculata*), Daruka (*Cedrus deodara*), Haridra (*Curcuma longa*), Daruharidra (*Berberis aristata*), Chitraka (*Plumbago zeylanica*), Dhanyaka (*Coriandrum sativum*), Haritaki (*Terminalia chebula*), Vibhitaki(*Terminalia bellirica*), Amalaki (*Emblica officinalis*), Chavya (*Piper chaba*), Vidanga(*Embelia ribes*), Gajapippali (*Piper chaba*), Shunti (*Zingiber officinale*), Maricha (*Piper nigrum*), Pippali (*Piper longum*), Karpura (*Cinnamomum camphora*), Twak (*Cinnamomum zeylanicum*), Patra (*Cinnamomum tamala*), Ela (*Elettaria cardamomum*), Trivrit (*Operculina turpethum*), Danti (*Baliospermum montanum*), Vamsalochana (*Bambusa bambos*)

2.1.5.Hridayamrit Vati^[7]

Arjun (*Terminalia arjuna*) , Kakamachi (*Solanum nigrum*) , Punarnava (*Boerhavia diffusa*) , Nirgundi (*Vitex negundo*) , Rasna (*Pluchea lanceolata*) , Guduchi (*Tinospora cordifolia*) , Chitrak / Leadwort (*Plumbago zeylanica*) , Nagarmotha / Mustha / Nut grass (*Cyperus rotundus*) , Vaividang (*Embelia ribes*),Haritaki / Chebulic myrobalan (*Terminalia chebula*) , Ashwagandha / Indian ginseng (*Withania somnifera*) , Pippli Mool / Long pepper root (*Piper longum*) , Dalchini / Cinnamon (*Cinnamomum zeylanicum*), Sangeyasav Pishti , Akik Pishti , Praval Pishti , Mukta Shukti Bhasma / Pearl Oyster Calx , Jaharmohra Pishti.

Table 4: Diagnostic report before treatment

Serum urea	175 mg/dl
Serum creatinine	8.3 mg/dl

Table 5: After treatment

Serum urea	88 mg/dl
Serum creatinine	2.90mg/dl

Other investigations were not reported due to non-affordability by the patient. Informed consent was taken before publication of the case report.

III. Discussion:

CKD is not directly mentioned in Ayurveda, but its manifestations come under *Mutravaha Srota Vikara*. The structural deformity is caused by *Vata*, while the *Srotas* (channels) are obstructed due to *kapha*. Gokshuradi guggul, as mentioned in the classical text, is used in Prameha, Mutrakrichha, etc. The probable mode of action of Vrikka Doshahara Vati is diuretic, thereby causing Srotashodhan. Mukta Vati, having the components like Brahmi, Shankhapushpi, and Vacha, exhibits antianxiety and antidepressant effects that contribute to reducing blood pressure. Renogrit has nephroprotective action, along with anti-inflammatory properties^[8]. Hridayamrit Vati acts on hypertension. This way these drugs acts on CKD.

IV. **Conclusion:** This case highlights the role of Ayurvedic drugs, dietary advice and breathing exercise on disintegration of pathogenesis of CKD. Regular monitoring and management is required to delay progression, reduce complication and improves quality of life of the patients.