

Ayurvedic Management of Chronic Kidney Disease (*VrikkaVikara*) with Reference to *MutravahSrotodushti*: A Case Study

ABSTRACT

Chronic Kidney Disease (CKD) is a progressive disorder characterized by irreversible decline in renal function, often associated with significant morbidity and mortality. Ayurveda interprets CKD under the framework of *VrikkaVikara* with *MutravahSrotodushti*, involving vitiation of *Vata-KaphaDosha* and impairment of urinary channels. This case study reports the Ayurvedic management of a 34-year-old male diagnosed with CKD who presented to JeenaSikhoLifecareLimited Hospital Rohini, New Delhi, with bilateral ankle edema (*Shotha*, grade 3°), reduced appetite (*Agnimandya*), body aches (*ShareeraShoola*, 4/10), and decreased urine output (*MutraKshaya*). The patient was managed with Ayurvedic formulations along with dietary and lifestyle modifications, including a millet-based diet and hydration practices. After the intervention, serum creatinine levels significantly reduced from 4.11 mg/dL to 1.95 mg/dL, and blood urea levels stabilized from a peak of 81.6 mg/dL to 51.6 mg/dL. Clinically, edema completely subsided (3° to 0°), body aches were relieved (4/10 to 0), appetite improved, and urine output normalized. The findings suggest that Ayurvedic therapy may contribute to improvement in renal function and symptom relief in CKD patients. However, further controlled clinical trials are required to validate these outcomes and establish evidence-based Ayurvedic protocols for CKD management.

Keywords: Chronic Kidney Disease, *VrikkaVikara*, *MutravahSrotodushti*, *Ayurveda*, Serum Creatinine.

INTRODUCTION

Chronic Kidney Disease (CKD) is a progressive and debilitating condition affecting millions of individuals globally and represents a significant public health challenge in the 21st century. It is a long-term disorder marked by the gradual reduction in kidney function, impairing the kidneys' ability to filter waste products, maintain electrolyte balance, and regulate fluid homeostasis. The clinical hallmarks of CKD include a persistent decline in glomerular filtration rate (GFR) and the presence of proteinuria, both of which are indicative of structural and functional renal damage.^[1] CKD often progresses silently over years, and its clinical manifestations may only become apparent in advanced stages, contributing to its underdiagnosis and delayed therapeutic intervention. The burden of CKD is compounded by its association with increased morbidity and

mortality due to cardiovascular complications, metabolic derangements, and end-stage renal failure requiring renal replacement therapies such as dialysis or transplantation. As the global prevalence of CKD continues to rise, it has become one of the foremost causes of suffering and premature death worldwide, particularly in low- and middle-income regions where access to specialized care is limited.^[2] Therefore, timely identification and regular monitoring of CKD are imperative to implement effective preventive strategies and therapeutic measures that can slow disease progression and improve quality of life. Despite notable advancements in contemporary biomedical science and nephrology, effective management of CKD remains a challenge.^[3] Current therapeutic strategies predominantly focus on slowing the progression of renal damage, controlling hypertension and diabetes, managing proteinuria, and mitigating associated complications; however, the outcomes of conventional treatments are often suboptimal and may not fully arrest disease progression.^[4] Consequently, there remains a pressing need to explore complementary and integrative approaches that can enhance the overall therapeutic efficacy for CKD patients. Ayurveda, the ancient Indian system of medicine with a continuous tradition spanning millennia, is widely respected for its holistic approach to health and disease prevention.^[5] Ayurveda emphasizes individualized treatment protocols based on the understanding of *Dosha* (biological humors), *Dhatu* (tissues), *Srotas* (physiological channels), and *Agni* (metabolic fire), and it offers a broad theoretical framework capable of encompassing various contemporary disease entities.^[6] In Ayurvedic clinical practice, understanding a disease in terms of its causation (*Nidana*), manifestation (*Lakshana*), and progression (*Samprapti*) is central to devising effective treatment strategies tailored to the patient's constitutional makeup (*Prakriti*) and disease dynamics.⁸ Many complex modern diseases, including CKD, do not have direct one-to-one references in classical Ayurvedic texts.^[7] Therefore, CKD must be interpreted within the Ayurvedic conceptual paradigm by correlating its clinical features with the traditional principles of pathology. This involves an in-depth examination of etiological factors (*Hetu*), the involvement of vitiated *Doshas*, disruption of normal *Dhatu* function, and the affliction of *Srotas* leading to *Srotodushti* (vitiation of bodily channels). Such an interpretative approach enables the formulation of a plausible *Samprapti* (pathogenic mechanism) that resonates with both Ayurvedic theory and modern clinical understanding.^[8] In the present study, the Ayurvedic perspective on theetiopathogenesis of CKD is thoroughly explored by examining the *Vrikka* (kidneys), the processes of *MutraNirman* and *Pravartan* (urine formation and excretion), and the

interplay of involved *Doshas*, *Dhatus*, and *Mahabhootas* (five fundamental elements). The study analyzes how deranged physiological channels (*Srotas*) and their vitiation (*Srotodushti*) contribute to the clinical manifestations of CKD.^[9] By aligning Ayurvedic principles with contemporary pathophysiological insights, this research delineates a comprehensive framework that can be further utilized to devise integrative management protocols for CKD, potentially augmenting therapeutic outcomes and enhancing patient care.^[10]

SampraptiGhatak(Components of Pathogenesis)^[11]

<i>SampraptiGhataka</i>	Details
<i>Dosha(Humoral Factors)</i>	Predominantly <i>Kapha</i> and <i>Vata</i> , <i>Pitta</i> vitiation in advanced stages (due to <i>dhatupaka</i> and <i>raktadushti</i>)
<i>Dushya (Affected Tissues)</i>	<i>Rasa Dhatu</i> (plasma/lymph), <i>RaktaDhatu</i> (blood), <i>MedaDhatu</i> (fat/adipose tissue – metabolic imbalance), <i>MamsaDhatu</i> (muscle wasting in chronic stages), <i>Mutra</i> (urine)
<i>Agni (Digestive/Metabolic Fire)</i>	<i>Mandagni</i> (hypofunction) → <i>Amautpatti</i> (toxin/undigested metabolites accumulation)
<i>Srotas (Body Channels)</i>	<i>MutravahaSrotas</i> (urinary channels – root pathology), <i>RasavahaSrotas</i> , <i>RaktavahaSrotas</i> , <i>MedovahaSrotas</i>
<i>Srotodushti(Channel Vitiatio</i>	<i>Sanga</i> (obstruction), <i>Atipravritti</i> (excessive flow in early stages – polyuria), <i>Vilomagati</i> (reverse/irregular functioning)
<i>Udbhavasthana (Origin Site)</i>	<i>Agnimandya</i> → <i>Amautpatti</i> in <i>AnnavahaSrotas</i>
<i>Sanchara (Circulation of Doshas)</i>	Through <i>Rasa</i> and <i>RaktaDhatu</i> to <i>MutravahaSrotas</i>
<i>Adhithana (Seat of Disease)</i>	<i>Vrikka</i> (Kidney)

Vyaktasthana (Manifestation Site)	<i>MutravahaSrotas</i> – altered urine quantity/quality, chronic stage – systemic uremic features affecting all <i>dhatu</i> s
RogaMarga (Pathway)	<i>MadhyamaRogaMarga</i> (Intermediate disease pathway)

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77 CASE REPORT

Figure 1: Samprapti (Pathogenesis) of Chronic Kidney Disease in Ayurveda

A 34-year-old male with a known case of Chronic kidney disease (CKD) was visited on 3/9/2024 at JeenaSikhoLifecare Limited Hospital Rohini, New Delhi. The patient presented with bilateral ankle edema (*Shotha / Padashotha*) (3°), reduced appetite (*Agnimandya / Aruchi*), body aches (*ShareeraShoola*) (4°), and decreased urine output (*AlpaMutrata / MutraKshaya*). The patient was on allopathic medication and was taking Amlodipine once daily (OD).

Table 1: Vitals during the initial examination visit on 3/9/2024

Parameters	Findings
Blood Pressure	160/100mmHg
Pulse Rate	76/min
Weight	82kg

Table 2: AshtavidhPariksha on the first day of the patient

Parameters	Findings
<i>Nadi</i> (Pulse)	<i>VatajPittaj</i>
<i>Mala</i> (Stool)	<i>Avikrit</i> (Normal)
<i>Mutra</i> (Urine)	<i>Safena</i> (Frothy urine)
<i>Jiwha</i> (Tongue)	<i>Saam</i> (Coated)
<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
<i>Sparsha</i> (Touch)	<i>Anushna Sheet</i> (Moderate temperature)
<i>Akriti</i> (Body shape)	<i>Sthool</i> (Overweight)
<i>Drik</i> (Eyesight)	<i>Avikrit</i> (Normal)

INTERVENTIONS

I AharaKrama^[12]: The dietary guidelines provided by JeenaSikhoLifecare Limited Hospital included the following:

1. Do's and Don'ts:

1. Avoid eating after 8 PM.
2. Take a small bite of solid food and chew it 32 times to aid proper digestion and nutrient absorption.
3. Do not consume wheat, refined food, milk, milk products, coffee, tea, and packed food.

b. Jala Sevan (Water intake):

1. Take small sips of water.
2. Consume Herbal tea 300ml twice daily. To prepare 300 ml of Herbal tea, combine 2 cloves (*Trifoliumpratense*), 2 cardamom pods, 10 black pepper seeds (*Piper nigrum*), 5 gm cinnamon sticks (*Cinnamomumverum*), and a half tea spoon of fennel seeds (*Foeniculumvulgare*) with hot water.
3. Drink Red juice made up Beetroot, Pomegranate and Carrot (100-150 ml).
4. Green juice composed of *Neem*(*Azadirachta indica*), *Tulsi*(*Ocimumtenuiflorum*), *Paan*(*Piper betle*), *Karela*(*Momordicacharantia*), *Jamun*(*Syzygiumcumini*), *Sadabahar* (*Vincarosea*) taken in quantities of 10 gm each, 200 ml water added, ground in a mixer grinder, filtered, and consumed in a quantity of (100-150 ml).
5. Living water: The approach involves a three-tiered filtration system using clay pots, each serving a specific purpose to purify and energize the water: Top Pot: Fill this pot with a mixture of small and large river stones, followed by charcoal made from burning wood. This layer acts as an initial filter, removing larger impurities. Middle Pot: Place a similar mix of stones here. Additionally, add *Moringa* seed powder (also known as drumstick or "Sahjan" powder), a silver vessel, a copper vessel, and *Rudraksha*(*Elaeocarpusangustifolium*). *Moringa* seeds are known for their natural water-purifying properties, while silver and copper are believed to enhance the quality of water. Bottom Pot: This pot remains unaltered and serves as the collection chamber for the purified water. Advised to drink as per the need.
6. Boil 2 liters of water to reduce it to 1 liter and consume.

c. Aim to drink 1 liter of alkaline water daily (Procedure as follow):

1. Setup the Glass Jug: Fill a clean jug with fresh drinking water.
2. Add Copper Vessel: Place a copper vessel or glass inside the jug.
3. Infuse Flavors: Add slices of carrot, cucumber, and lemon to the water.
4. Add Herbs: Include ginger slices, mint leaves, and coriander leaves.
5. Optional Spice: Add a slice of green chili for added flavor.
6. Let it Sit: Allow the mixture to sit for 12 hours.

7. Add *Amalaki* (*Emblicaofficinalis*) and Basil (*Ocimumtenuiflorum*): After 6 hours, add 3–4 pieces of *Amalaki* and a handful of Basil leaves. Let it infuse for 6 hours.

8. Ready to Drink: 3 to 4 times a day in divided portions

d. Bhojana Kala and BhojanaVidhi:

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): Steamed fruits, a fermented millet shakes (4 to 5 types) and *mugdayusha*.

3. Morning Snacks (11:00 AM): Carrot juice (150 ml) and 4-5 soaked almonds.

4. Lunch (12:30 PM - 2:00 PM): 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 PM-4:20 PM): Green juice (100-150 ml) accompanied by 4-5 almonds.

6. Dinner (6:15-7:30 PM): Raw salad, chutney, soup and green garden delight as Plate 1, along with millet khichdi, as Plate 2 along.

f. Fasting:

1. One-day fasting per week.

g. Special Instructions:

1. Express gratitude to the divine before consuming food or drinks.

2. Sit in *Vajrasan* (a yoga posture) after each meal.

3. 10-minute slow walk after every meal.

h. 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



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152 II. Shaman Chikitsa

153 Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised,
154 as outlined in Table 3.

155 **Table 3: Medicine is advised during the treatment**

Medicines Advised during Treatment (13/7/24)	Medicines Advised during Treatment (11/8/24 to 12/9/24)
UdarShodhak Powder Half a teaspoon BD (<i>Adhobhakta with koshnajala</i>) (After meal with Lukewarm water)	LIV DS capsule 1 Caps. BD (<i>Adhobhakata with Koshnajala</i>)
Renal Care Powder Half a teaspoon BD (<i>Adhobhakta with koshnajala</i>)	Nephron Plus CAP 1 Caps. BD (<i>Adhobhakta with Koshnajala</i>)
Electro Plus 1 Tablet BD (<i>Adhobhakta with koshnajala</i>)	Electro Plus 1 Tablet BD (<i>Adhobhakta with koshnajala</i>)
GranthiHarVati 1 Tablet BD (<i>Adhobhakta with koshnajala</i>)	MutraVardhakVati Tablet 2 Tablet BD (<i>Adhobhakta with koshnajala</i>)
Renal support syrup 15 ml BD (<i>Adhobhakta with sammatrakoshnajala</i>)	CKD Syrup 20ml BD (<i>Adhobhakta with sammatrakoshnajala</i>)

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Medicine Name	Ingredients	Therapeutic Effects
UdarShodhak Powder	Anardana (<i>Punicagranatum</i>), Peepal (<i>Ficus religiosa</i>), Ajwain (<i>Trachyspermum ammi</i>), Kali Mirch (<i>Piper nigrum</i>), Dhaniya (<i>Coriandrum sativum</i>), Zeera (<i>Cuminum cyminum</i>), Sounth (<i>Zingiber officinale</i>), Dalchini (<i>Cinnamomum verum</i>), Chhoti Elaichi (<i>Elettaria cardamomum</i>), Tejpatta (<i>Cinnamomum tamala</i>), Tatri (Tartaric Acid) Natural Source , Sendha Namak (Rock Salt), Naagkesar (<i>Mesua ferrea</i>), Kala Namak (Black Salt), Kapardik (Cowrie Bhasma), Chini (<i>Saccharum officinarum</i>)	Amlapitta (Minimize Acidity) and Urdhvag Amlapitta (Heartburn), Agni Deepana (Improve Digestion), Adhmana (Minimize Bloating), Grahani Shamana (Soothe the Digestive Tract), Koshtha Shuddhi (Maintain Gut Health), and Agni Balya
Renal Care Powder	Gokhru (<i>Tribulus terrestris</i>), Yavakshar (<i>Hordeum vulgare</i>), Mulikshar , Kamli Shora (<i>Potassium Nitrate</i>), Hajral Yahud Bhasm (<i>Lapis Judaicus</i>), Shweta Parpati (<i>Ammonium Chloride</i>)	Mutra Avarodha (Urinary Obstruction), Ashmari (Kidney Stone), Mutrakrichra (Urinary Tract Infection)
Electro Plus	Bhringraj (<i>Eclipta alba</i>), Khadir (<i>Acacia catechu</i>), Punarnava (<i>Boerhavia diffusa</i>), Gokshur (<i>Tribulus terrestris</i>), Ikshu (<i>Saccharum officinarum</i>), Mooli (<i>Raphanus sativus</i>), Pashanbhed (<i>Bergenia ligulata</i>), Makoy (<i>Solanum nigrum</i>)	Kidney disease, Burning micturition, UTI, CA bladder, Renal stone
Nephron Plus CAP	Hazrool Yahood Bhasm powder , Chandra Prabha powder , Pashanbhed , Mulakkshar powder , Yavakshar powder , Amalaki Rasayan powder (<i>Phyllanthus niruri</i>), Trivikrum Ras powder , Navasar powder , Nimbu Stava powder , Gokshur (<i>Tribulus terrestris</i>), Shila Pushpa , Black Salt powder , Hing powder (<i>Ferula asafoetida</i>).	Supports Koshtha Punarjanana (Regeneration of the Gut), Enhances Mutra Pravartana (urine outflow), aids in Mutravah Srotas
Granthi Har Vati	Kachnar (<i>Bauhinia variegata</i>), Guggul (<i>Commiphora wightii</i>), Bhumi Amalki (<i>Phyllanthus niruri</i>), Bibhitaki (<i>Terminalia bellirica</i>), Haritaki (<i>Terminalia chebula</i>), Shunthi (<i>Zingiber officinale</i>), Marich (<i>Piper nigrum</i>), Pippalimool (<i>Piper longum</i>), Varun (<i>Crateva nurvala</i>), Sukshmaila (<i>Elettaria cardamomum</i>), Dalchini (<i>Cinnamomum verum</i>),	Thyroid dysfunction, Enlarged lymph nodes, Breast lump, PCOD, Weight loss, Fibroids, Endometriosis, Obesity

	Tamalpatra (<i>Cinnamomum tamala</i>)	
Renal support syrup	Gokshur (<i>Tribulus terrestris</i>), Chirata (<i>Swertia chirayita</i>), Harad (<i>Terminalia chebula</i>), Karanja (<i>Milletia pinnata</i>), Ashwagandha (<i>Withania somnifera</i>), Arjuna (<i>Terminalia arjuna</i>), Neem (<i>Azadirachta indica</i>)	Solutions for Vrikka (Kidney Disorders, Bladder) (Basti) Ailments, and Mutravah Srotas (Urinary Tract)
CKD syrup	Kasani (<i>Cichorium intybus</i>), Gokhru (<i>Tribulus terrestris</i>), Shtavari (<i>Asparagus racemosus</i>), Giloy (<i>Tinospora cordifolia</i>), Sorbitol , Shudh Shilajeet (<i>Asphaltum punjabicum</i>)	Supports Vrikk Vikar Shaman (Pacifies Kidney Disorders) and Mutravah Srotas Shuddhi (Cleansing of the Urinary Channels)
Rakatchapvati	Sarp Gandha (<i>Rauvolfia serpentina</i>), Ajwain khurasa ni (<i>Trachyspermum ammi</i>), Jatamansi , Bhang , Pippalimool (<i>Piper longum</i>), Motipishti , Muktashuktipishti	It helps in regulating Rakta Chapa (blood pressure) and pacifying Vata-Pitta imbalance
LIV-DS Capsule	Bhumi Amlaki (<i>Phyllanthus niruri</i>), Kasani (<i>Cichorium intybus</i>), Himsra (<i>Capparis spinosa</i>), Punarnava (<i>Boerhavia diffusa</i>), Guduchi (<i>Tinospora cordifolia</i>), Kakmachi (<i>Solanum nigrum</i> Linn.), Arjun (<i>Terminalia arjuna</i>), Biranjaspitha (<i>Achillea millefolium</i>), Kasamard (<i>Cassia occidentalis</i> Linn), Vidanga (<i>Embelia ribes</i>), Chitrak (<i>Plumbago zeylanica</i>), Kutki (<i>Picrorhiza kurroa</i>), Haritaki (<i>Terminalia chebula</i>), Bhringraj (<i>Eclipta prostrata</i>)	Boosts Agni Deepan (Enhancing Digestion) and promotes Pakvashaya Poshana (Nourishment of the Large Intestine)
Mutra Vardhak Vati Tablet	Gokhru (<i>Tribulus terrestris</i>), Sonth (<i>Zingiber officinale</i>), Guggul (<i>Commiphora wightii</i>), Kalimirch (<i>Piper nigrum</i>), Pippalimool (<i>Piper longum</i>), Bibhitaki (<i>Terminalia bellirica</i>), Harad (<i>Terminalia chebula</i>), Bhumi Amlaki (<i>Phyllanthus niruri</i>), Motha (<i>Cyperus rotundus</i>)	Supports Prakritik Shodhan (Natural Detoxification), Enhances Raktavah Srotas Pravartana (Circulation in the Blood Channel System), and Promotes Agni Deepan (Promotes Digestive Fire)

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160 RESULTS

161 The patient showed significant clinical improvement following Ayurvedic intervention. Bilateral
162 ankle edema (Shotha), which was graded as 3°, completely resolved after treatment, indicating
163 improved fluid balance and renal function. Reduced appetite (*Agnimandya*) improved,
164 suggesting restoration of digestive fire (*Agni*) and better metabolic activity. Body aches
165 (*Shareera Shoola*), initially rated 4/10, were relieved, reflecting the reduction in systemic
166 inflammation and *Vata* imbalance. Additionally, decreased urine output (*Mutra Kshaya*)
167 improved, indicating normalization of *Mutravah Srotas* function and enhanced urinary excretion.

168 Overall, the findings suggest thatAyurvedictherapy contributed to symptomatic relief and
169 functional improvement in the patient.

170 **Table 5: Comparison of Patient’s Complaints Before and After Ayurvedic Treatment**

Complaint (Modern Term)	After Treatment
Bilateral ankle edema (<i>Shotha</i>) (3°) ^[13]	Absent (0°)
Reduced appetite (<i>Agnimandya</i>) ^[14]	Improved
Body aches (<i>ShareeraShoola</i>) (4/10) ^[15]	Relieved
Decreased urine output (<i>MutraKshaya</i>) ^[16]	Improved

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172 The patient's renal function was evaluated using creatinine and blood urea levels both before and
173 after the intervention, as shown in Table 6. After the intervention, serum creatinine levels
174 gradually decreased from their initial high of 4.11 mg/dL to 1.95 mg/dL, a sign of better kidney
175 function. Blood urea levels varied, reaching a maximum of 81.6 mg/dL before leveling out
176 within a 51.6mg/dl regulated range. These patterns point to a favorable reaction to the
177 intervention, which is likely to improve renal clearance and kidney health in general.

178 **Table 6: Pre and Post-Intervention Assessment of the Patient**

Parameter	Findings			
Date	10/8/24	9/9/2024	8/10/24	7/11/24
Serum Creatinine (mg/dl)	4.11	3.05	2.89	1.95
Blood Urea (mg/dl)	81.6	45.0	56.6	51.6

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BEFORE

DEPARTMENT OF BIOCHEMISTRY

Test Name: KIDNEY FUNCTION TEST (KFT)

Specimen Type: SERUM

Test Name	Result	Unit	Bio. Ref. Range	Method
Urea	81.6	mg/dl	18.0-45.0	Spectro-photometry
Creatinine	4.11	mg/dl	0.70-1.40	Spectro-photometry
Uric Acid	7.41	mg/dl	4.40-7.60	Spectro-photometry
Sodium (Na ⁺)	137.00	mmol/L	135.0-145.0	Ion Selective Electrode
Potassium (K ⁺)	4.80	mmol/L	3.50-5.50	Ion Selective Electrode
Chloride	105.00	mmol/L	98-109	Ion Selective Electrode

Interpretation:- Kidney blood tests, or Kidney function tests, are used to detect and diagnose disease of the Kidney.

The higher the blood levels of urea and creatinine, the less well the kidneys are working. The level of creatinine is usually used as a marker as to the severity of kidney failure. (Creatinine in itself is not harmful, but a high level indicates that the kidneys are not working properly. So, many other waste products will not be cleared out of the bloodstream.) You normally need treatment with dialysis if the level of creatinine goes higher than a certain value. Dehydration can also be a cause for increases in urea level. Before and after starting treatment with certain medicines. Some medicines occasionally cause kidney damage (Nephrotoxic Drugs) as a side-effect. Therefore, kidney function is often checked before and after starting treatment with certain medicines.

AFTER

BIOCHEMISTRY

Test Name: KIDNEY FUNCTION TEST (KFT)-BASIC

Specimen Type: SERUM

Test Name	Results	Unit	Bio. Ref. Interval
Urea	51.16	mg/dl	19.0 - 44.0
Creatinine	1.95	mg/dl	0.60-1.30
Uric Acid	9.81	mg/dl	3.50 - 7.20
Sodium (Na ⁺)	137	mmol/L	135 - 150
Potassium (K ⁺)	3.60	mmol/L	3.5 - 5.5
Chloride	103.00	mmol/L	94 - 110
BUN	10.44	mg/dl	8.4 - 10.6
CREATININE RATIO	23.91	Ratio	10-20:1 Normal
U/CREATININE RATIO	12.26	Ratio	40-100:1 Normal

DISCUSSION

A 34-year-old male diagnosed with Chronic Kidney Disease (CKD) was evaluated on 03 September 2024 at JeenaSikhoLifecare Limited Hospital Rohini, New Delhi. At the time of presentation, the patient exhibited multiple systemic manifestations, including bilateral ankle edema (*Shotha / Padashotha*) graded as 3°, reduced appetite (*Agnimandya / Aruchi*), body aches (*ShareeraShoola*) graded as 4°, and decreased urine output (*AlpaMutrata / MutraKshaya*). These clinical features indicate derangement of *MutravahSrotas* and involvement of *Vata-KaphaDosh* in the pathogenesis of CKD.

Nidanaof Vrikkavikara

Nidana (causative factors) of *VrikkaVikara* (kidney disorders) with special reference to *MutravahaSrotodushti* include excessive intake of dry, hot, salty, and incompatible foods, suppression of natural urges (especially micturition), alcohol consumption, and overuse of diuretics or strenuous activity, leading to *Agni Mandya* (digestive fire suppression) and *Ama* formation.^[17]

Samprapti* of *Vrikkavikara

Samprapti involves vitiation of *Vata* and *Kaphadoshas*, obstruction of *MutravahaSrotas*, and impaired urine formation and excretion. Accumulation of *Ama* and *Meda* in the urinary system leads to *Sanga* (obstruction), resulting in symptoms like *Mutrakricchra* (dysuria), *Shotha* (edema), and decreased urine output.^[18]

Diet and Lifestyle Recommendations

The DIP Diet, which placed a strong emphasis on fasting, hydration techniques, millet consumption, and herbal infusions, probably helped the body to detox and lessen kidney stress. Millets are renowned for their high fiber content and low glycemic index, which promote metabolic health and lower inflammation. The elimination of dairy, processed foods and refined grains from the diet may have helped to lower the metabolic burden and support renal function.^[19] These *Ayurveda* formulations and lifestyle changes may have improved kidney function and renal detoxification over time.

Treatment result

Following Ayurvedic intervention, a progressive improvement in renal biochemical parameters was observed. Serum creatinine levels showed a marked reduction from an initial value of 4.11 mg/dL to 1.95 mg/dL, indicating enhanced glomerular filtration and renal functional recovery. Blood urea levels initially fluctuated, reaching a peak of 81.6 mg/dL, and subsequently stabilized within a regulated range of 51.6 mg/dL. These trends suggest a favorable therapeutic response, reflecting improved renal clearance and overall kidney health. The observed biochemical improvements support the potential role of Ayurvedic management in stabilizing renal dysfunction and slowing the progression of chronic kidney disease. Bilateral ankle edema (*Shotha*), which was graded as 3°, completely subsided after treatment (0°), indicating significant

improvement in fluid retention and renal functional status. Body aches (*ShareeraShoola*), initially scored at 4/10, were fully relieved, suggesting effective pacification of aggravated *VataDosha* and reduction of systemic discomfort. Appetite, which was compromised due to *Agnimandya*, showed notable improvement, reflecting enhanced digestive and metabolic function. Additionally, decreased urine output (*MutraKshaya*) improved after therapy, indicating restoration of *MutravahSrotas* function and better urinary excretion. These findings suggest that Ayurvedic management contributed to measurable clinical improvement in CKD-related symptoms.

NEED FOR FURTHER RESEARCH

Large-scale clinical trials and comparisons with traditional therapy are required to confirm the effectiveness of *Ayurvedic* treatments for chronic kidney disease. Scientific support for the usage of nephroprotective drugs like *Punarnava* and *Gokshur* can be obtained by comprehending their molecular mechanisms^[20]. To improve therapeutic results, customized *Prakriti*-based *Ayurvedic* methods should be investigated. Combining *Ayurveda* and contemporary nephrology could provide a comprehensive and economical method of managing CKD.

CONCLUSION

The present case study demonstrates the potential effectiveness of Ayurvedic management in a 34-year-old male patient with Chronic Kidney Disease (CKD) treated at JeenaSikhoLifecare Limited Hospital Rohini, New Delhi. The patient showed significant clinical and biochemical improvement following Ayurvedic interventions along with dietary and lifestyle modifications. Serum creatinine levels decreased markedly from 4.11 mg/dL to 1.95 mg/dL, indicating improved renal filtration capacity. Blood urea levels, which peaked at 81.6 mg/dL, subsequently stabilized within a controlled range of 51.6 mg/dL, suggesting enhanced renal clearance. Clinically, bilateral ankle edema (*Shotha*) reduced from grade 3° to 0°, body aches (*ShareeraShoola*) improved from 4/10 to complete relief, appetite improved from *Agnimandya* to normal digestive function, and urine output increased, indicating restoration of *MutravahSrotas* function. These findings suggest that Ayurvedic management, including diet, lifestyle modification, and ayurvedic formulations, may play a beneficial role in improving renal function and alleviating symptoms of CKD. Although this is a single case, the observed

outcomes highlight the potential of *Ayurveda* as a supportive and integrative approach in CKD management. Further large-scale clinical studies are warranted to validate these findings and establish standardized treatment protocols.

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