Role of *Ayurveda* in the Management of*VrikkaVikar*(Kidney Disorders): A Case Study.

ABSTRACT

Chronic Kidney Disease (CKD) is a progressive and irreversible disorder characterized by gradual deterioration of renal function, leading to systemic complications and reduced quality of life. Ayurveda describes renal disorders under the concept of *VṛikkaVikāra*, emphasizing *Doṣha*imbalance,*Srotoduṣṭi*, and*DhātuKṣhaya* as key pathogenic factors. The present case study evaluates the role of Ayurvedic management in a CKD patient. A 33-year-old male with a three-year history of CKD presented to JeenaSikhoLifecare Hospital, Sundarnagar, Himachal Pradesh, on 08 January 2025, with complaints of generalized weakness *(Daurbalya)*, itching *(Kandu)*, facial puffiness *(MukhaŚotha)*, and redness of the eyes *(Netra Rāga)*. The patient was managed with Ayurvedic formulations along with *Pathya*-based diet and lifestyle modifications. After the treatment, significant improvement was observed in both clinical and biochemical parameters. Blood urea levels reduced from 209 mg/dl to 91.02 mg/dl, serum creatinine decreased from 14.89 mg/dl to 8.78 mg/dl, and serum uric acid declined from 8.75 mg/dl to 4.33 mg/dl. Clinical symptoms such as weakness, itching, edema, and ocular redness showed marked relief. The findings suggest that Ayurvedic interventions, including Ayurvedic formulations with *Mutrala* and *Rasāyana* properties, along with dietary and lifestyle regulation, may contribute to improved renal function and symptomatic relief in CKD. However, large-scale clinical trials are required to validate these outcomes and establish evidence-based integrative protocols for CKD management.

Keywords: *Ayurvedic*Treatment, Chronic Kidney Disease, *Ayurvedic*Medicines, *VrikkaVikar*.

INTRODUCTION

Chronic Kidney Disease (CKD) is a chronic, progressive, and irreversible clinical condition characterized by a gradual decline in renal function, resulting in the accumulation of metabolic toxins, disturbances in fluid and electrolyte balance, and multiple systemic complications. Globally, CKD has become a major public health problem, affecting nearly 10–13% of the adult population, with a rising burden attributed to increasing prevalence of diabetes mellitus, hypertension, population aging, and unhealthy lifestyle patterns.[1] In India, CKD contributes significantly to morbidity and mortality, with late diagnosis, limited accessibility to renal

replacement therapies, and high treatment costs posing major challenges to optimal disease management.[2] Clinically, CKD is defined by persistent abnormalities in kidney structure or function for more than three months, indicated by reduced glomerular filtration rate (GFR <60 mL/min/1.73 m²), albuminuria, or structural renal damage.[3] As the disease advances, patients commonly experience fatigue, edema, anorexia, nausea, sleep disturbances, anemia, electrolyte imbalance, and impaired quality of life. Conventional treatment strategies primarily aim to slow disease progression, manage etiological factors, control complications, and initiate dialysis or renal transplantation in advanced stages.[4] Ayurveda, the traditional system of Indian medicine, adopts a holistic approach to disease management, emphasizing individualized therapy, metabolic correction, detoxification, and rejuvenation. In classical Ayurvedic texts, renal disorders are described under concepts such as *VṛikkaVikāra, MutravahaSrotasDuṣṭi, PramehaJanyaUpadrava, Śotha,* and *UdakaRoga,* based on etiological factors and clinical manifestations.[5] The kidneys (*Vṛikka*) are considered essential organs responsible for fluid regulation, metabolism, and excretion, functioning in association with *Mutravaha* and *MedovahaSrotas*.[6] According to Ayurvedic pathogenesis, *VṛikkaVikāra* occurs due to vitiation of *Kapha* and *VātaDoṣha*, involvement o*f Meda*and *RaktaDhātus*, and obstruction of*MutravahaSrotas.* Etiological factors such as heavy and unctuous diet, sedentary lifestyle, chronic stress, suppression of natural urges, nephrotoxic drug use, and systemic disorders like *Prameha*(diabetes) and *RaktagataVāta* (hypertension) play a significant role in disease progression.[7] These factors result in *Āma* accumulation, *Srotorodha*(channel blockage), *DhātuKṣhay*a, and progressive degeneration of renal tissues, which parallels the pathophysiological progression of CKD in modern medicine. Ayurvedic management of *VṛikkaVikāra* focuses on correcting the underlying pathology through*Doṣha*-specific therapy, *ĀmaPachana, Srotoshodhana,* and *Rasāyana* therapy. Treatment modalities are broadly categorized into *Śamana*(palliative) and *Śodhana*(purificatory) therapies, depending on disease stage and patient condition.[8]Ayurvedic formulations with *Mutrala, Śothahara, Medohara*, and*Rasāyana*properties are used to improve renal function, reduce proteinuria, control edema, and enhance systemic vitality. Classical formulations such as*PunarnavādiKaṣāya*, *GokṣurādiGuggulu, ChandraprabhaVaṭi*, and *VaruṇādiKaṣāya*, along with herbs like*Punarnavā (Boerhaviadiffusa), Gokṣura (Tribulusterrestris), Varuṇa (Crataevanurvala),* and *Śilājatu,* have demonstrated nephroprotective, anti-inflammatory, antioxidant, and diuretic activities.[9–11]

Modern experimental and clinical studies have further supported the potential of these herbs in reducing oxidative stress, improving renal hemodynamics, and modulating inflammatory pathways.[12] Despite increasing interest in Ayurvedic management of CKD, there is limited availability of well-documented clinical case reports and evidence-based data demonstrating objective improvements in biochemical and clinical parameters such as serum creatinine, blood urea, estimated GFR, and symptom severity scores. Case studies are essential to bridge this evidence gap by providing clinical documentation of therapeutic protocols and treatment outcomes in real-world settings.[13] Furthermore, patients with early-stage CKD or those unwilling or unfit for dialysis often seek alternative therapies to improve quality of life and delay disease progression. Ayurveda, with its personalized therapeutic approach, dietary regulation *(Pathya-Apathya)*, lifestyle modifications (*Dinacharya*and *Ritucharya)*, and long-term *Rasāyana* therapy, offers promising benefits in this context.[14]

***SamptiGhatak* (Components of Pathogenesis)[15]**

***Samprapti* Component**	**Details in *VrikkaVikara***
***Dosha*(Body humors)**	Predominantly *Kapha* and*Vata Pitta* involvement in inflammatory/degenerative stages
***Dushya* (Vitiated tissues)**	*Rasa, Rakta, Meda, Mamsa, Majja, Shukra* (all *dhatus* get affected sequentially due to *dhatukshaya* and *mala dushti*)
***Agni* (Digestive/metabolic function)**	*JatharagniMandya → Dhatvagnidushti → Amautpatti*
***Ama* (Metabolic toxins)**	Formation of *sama rasa* and *samarakta*→ obstruction in*srotas*
***Srotas*(Affected Channels)**	*Mutravahasrotas* (main) also involvement of *Rasavaha, Raktavaha, Medovaha, Majjavaha*
***SrotodushtiPrakara*(Obstruction of channels)**	*Sanga* (obstruction), *Atipravritti*(proteinuria, polyuria), *Vimargagamana* (uraemia – *malas* enter bloodstream)
***UdbhavaSthana* (Origin)**	*Aamashaya* due to *agnimandya*

***Adhisthana* (Seat of manifestation)**	*Vrikka* (Kidneys)
***RogaMarga* (Disease pathway)**	*Madhyamarogamarga* (Intermediate disease pathway)
***VyadhiSwabhava* (Site of manifestation)**	*Yapya* (manageable, not completely curable)
***Upadrava*(Complications)**	*Pandu* (anemia), *Shotha* (edema), *Prameha*, *Hridroga*, *Udararoga*

1. *Nidana* (Causes/Predisposing Factors)
•Hypertension → *Raktavaha Srotas Dushti*
•Prameha (Diabetes Mellitus) → *Medovaha Srotas* aggravation
•Lifestyle factors: Excess salt, sugar, sedentary habits
•Stress, obesity, poor diet
↓
2. *Dosha* Involvement (*Dosha* Imbalance)
•***Vata***: *Prana, Apana*, and *Vyana Vata* vitiation → impaired urine formation & elimination
•***Kapha***: *Meda dhatu* accumulation → obstruction in channels
•***Pitta***: Secondary inflammation → kidney tissue damage
↓
3. *Dushya* (Affected Tissues/ *Dhatu*)
•***Rakta***: High blood pressure damages vasculature
•***Meda & Mamsa***: Lipid accumulation and fibrosis in kidney
•***Mutra & Mutravaha Srotas***: Impaired urine formation and excretion
↓
4. *Srotas Dushti* (Channel Impairment)
•***Raktavaha Srotas***: Narrowed, stiff blood vessels → hypertension
•***Mutravaha Srotas***: Blocked urine flow → reduced kidney filtration
•***Meda & Kapha Srotas***: Fat deposition → structural kidney damage
↓
5. *Samprapti Ghataka* (Pathogenesis Elements)
•***Nidana*** → Hypertension, Diabetes, Lifestyle
•***Dosha*** → *Vata-Kapha* predominant
•***Dushya*** → *Rakta, Meda, Mutra*
•***Srotas*** → *Raktavaha, Mutravaha, Medovaha*
•***Adhishthana*** → *Vrikka* (Kidney)
•***Vyakti Lakshana* (Symptoms)** → Proteinuria, Edema, Fatigue, Polyuria/Anuria, Hypertension
↓
6. *Vikara* (Clinical Manifestation)
•CKD stages (from asymptomatic to ESRD)
•Associated complications: hypertension, prameha-induced nephropathy, edema, electrolyte imbalance

CASE REPORT

A 33-year-old male with a known case of Chronic Kidney Disease (*VrikkaVikāra*) for the past 3 years visited JeenaSikhoLifecareLimited Hospital, Sundarnagar, Himachal Pradesh, on 08/01/2025.The patient reported complaints of generalized weakness *(Daurbalya),* itching *(Kandu),* facial puffiness *(MukhaŚotha),* and redness of the eyes *(Netra Rāga)*.

Vitals During initial examination visit (8/1/2025)

Blood Pressure: 190/100mmHg

Weight: 65 Kg

Table 1: *Asth-vidhaPriksha* on the first-day visit of the patient

Parameters	Findings
***Nadi*(Pulse)**	*Vatapittaj*
***Mala* (Stool)**	*Abadha*(Normal)
***Mutra*(Urine)**	*Ishatpeeta*(Normal)
***Jiwha*(Tongue)**	*Saam*(Coated)
***Shabda*(Speech)**	*Spashta*(Clear)
***Sparsha*(Touch)**	*AnushnaSheeta*(Moderate temperature)
***Drika*(Eyesight)**	*Raktima Netra* (reddish discoloration of eyes)
***Akriti*(Appearance)**	*Madhyam* (Moderate)

INTERVENTIONS[16]

Table 2: Treatment Plan

Category	Details
Diet Plan	**Foods to be Avoided:** Avoid eating after 8 PM, chew food 32 times per bite, eliminate wheat, refined food, milk, milk products, coffee, tea, and packed food.
Hydration	Sip water slowly, consume 1 liter of alkaline water 3-4 times daily, drink herbal tea, living water, and turmeric-infused water, boil 2 liters of water to reduce to 1 liter before drinking.
Millet Intake	Include five types of millet: Foxtail, Barnyard, Little, Kodo, and Browntop. Use only steel cookware and cook with mustard oil.

Meal Timing and Structure	**Early Morning (5:45 AM):** Herbal tea, curry leaves, raw ginger, turmeric. ***AyurvedicSupachya diet*** **Breakfast (9:00-10:00 AM):** Steamed seasonal fruits, steamed sprouts, fermented millet shake. **Morning Snacks (11:00 AM):** Red juice (150 ml) and soaked almonds. ***AyurvedicSupachya diet*****Lunch (12:30 PM - 2:00 PM):** Plate 1: Steamed salad. Plate 2: Millet recipe. **Evening Snacks (4:00-4:20 PM):** Green juice (100-150 ml), 4-5 almonds. ***AyurvedicSupachya diet*****Dinner (6:15-7:30 PM):** Plate 1: Steamed salad, chutney, soup. Plate 2: Millet khichdi.
Fasting	One-day fasting recommended.
Special Instructions	Express gratitude before meals, sit in *Vajrasana* after meals, take a 10-minute slow walk after each meal.
Diet Types	Includes low salt solid, semi-solid, and smoothies. Suggested foods: herbal tea, red juice, green juice, steamed fruits, fermented millet shakes, soaked almonds, steamed salads. Disciplined and Intelligent Person diet (**DIP):** - **Breakfast:** Seasonal fruits (weight × 10 grams). - **Lunch & Dinner:** Two-plate system - Plate 1: Salad (weight × 5 grams), Plate 2: Millet-based dishes.
Lifestyle Recommendations	Include meditation, barefoot brisk walking for 30 minutes, *yoga(Sukhasana, Sukshma Pranayama)*, ensure 6-8 hours of quality sleep.

II. ***Shaman Chikitsa***

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

Table 3: Medicine's Advised during Treatment (8/1/25 to 20/1/25)

Medicine	Ingredients	Therapeutic Effects	Dusyage with Apana
Dr. CKD Tablet	***Pashanbhed****(Saxifragalingulata),* ***Varun*** *(Cartaevanurvala),* ***Punarnava****(Boerhavaiadiffusa),* ***Gokshur****(Tribulusterrestris),* ***Apamarga****(Achyranthesaspera),* ***Haldi****(Termenaliachebula),****Chirata****(Swertiachirayita),* ***Kulthi****(Dolichosbiflorus),* ***Haritaki****(Terminalia chebula),* ***Bhumi Amalaki****(Phyllanthusniruri),****Guduchi****(Tinosporacordifolia),* ***Shitalchini****(Piper cubeba),* ***Anantmool****(Hemidesmusindicus),* ***Khas****(Vetiveriazizaniodes),****Yavkshar****(Hordeumvulgare),* ***Moolikshar****(Raphanussativus),* ***Kalmishora****,* ***Sazzikhar****(Seidlitziastocksii)****,Shilajeet****(Asphaltumpunjabianum),****HajrulYahud****,****ShwetParpti***	Supports *VrikkaShodhana*(kidney cleanse and detox) and enhances*VrikkaPoshana* (kidney health).	2 Tablet BD *(Adhobhakta with koshnajala)* (After meal with lukewarm water)
Kidney care BLK	***Punarnavarishta****(Boerhaviadiffusa),****Chandanasava****(Santalum album),****Ushirasava*** *(Vetiveriazizanioides),* ***GokshuradiKwath****(Tribulusterrestris)*	Protect kidney wellbeing *(VṛikkaRakṣaṇa)* and improve detox *(Śodhana, Āma-Nāśaka).*	15ml BD *(Adhobhakta with samamatrakoshnajala)*
Divya Shakti Powder	***Trikatu*** ***(****Zingiberofficinale,Pipernigrum,Piperlongum****),*** ***Triphala****(Phyllanthusemblica, Terminalia chebula, Terminalia bellirica****),*** ***Nagarmotha*** *(Cyperusrotundus),* ***Vidanga*** *(Embeliaribes),* ***ChhotiElaichi*** *(Elettariacardamomum),* ***TejPatta*** *(Cinnamomumtamala),* ***Laung*** *(Syzygiumaromaticum),* ***Nisoth*** *(Operculinaturpethum),*	It improves digestive function and metabolism of the body through its *deepan-pachan* properties. Helps in body detoxification via*virechan*(purgation).	Half a teaspoon HS *(Nishikala with koshnajala)* (At bed time)

	SendhaNamak, Dhaniya *(Coriandrumsativum),* ***PippaliMool*** *(Piper longum root),* ***Jeera*** *(Cuminumcyminum),* ***Nagkesar*** *(Mesuaferrea),* ***Amarvati****classical ayurvedic medicine,* ***Anardana*** *(Punicagranatum),* ***BadiElaichi*** *(Amomumsubulatum),* ***Hing****(Ferula asafoetida),* ***Kachnar*** *(Bauhinia variegata),* ***Ajmod*** *(Trachyspermumammi),* ***Sazzikhar****(Seidlitziastocksii),* ***Pushkarmool*** *(Inularacemosa),* ***Mishri*** *(Saccharumofficinarum)*		
Raktchapvati Tablet	***LohBhasma, AbrakBhasma, Vanslochan, Shilajeet****(Asphaltumpunjabianum),* ***Arjun*** *(Terminalia arjuna),* ***Swarnamakshikbhasma***	Support cardiovascular *(hridya)* well-being.	Added on followup 20/1/25) (1 Tablet TDS *(Adhobhakta with koshnajala)*

RESULTS

Table 4 presents the comparison of the patient's clinical complaints before and after Ayurvedic treatment. Before treatment, the patient exhibited generalized weakness (*Daurbalya)* with a severity score of 4/10, itching *(Kandu)* with a severity score of 6° redness of the eyes *(Netra Rāga),* and facial puffiness *(MukhaŚotha)*. After the completion of Ayurvedic therapy, all these symptoms showed marked improvement, and the patient reported significant relief. The reduction in symptom severity indicates the effectiveness of the Ayurvedic intervention in alleviating systemic manifestations associated with Chronic Kidney Disease (*VṛikkaVikāra*). The improvement in weakness and edema suggests better metabolic and fluid regulation, while relief in itching and ocular redness reflects reduction in toxin accumulation and inflammatory processes.

Table 4: Before and After Treatment Assessment of the Patient

Before Treatment	**After Treatment**
Generalized weakness *(Daurbalya)*(4/10)[17]	Relief (0/10)
Itching(6°) *(Kandu)*[18]	Relief

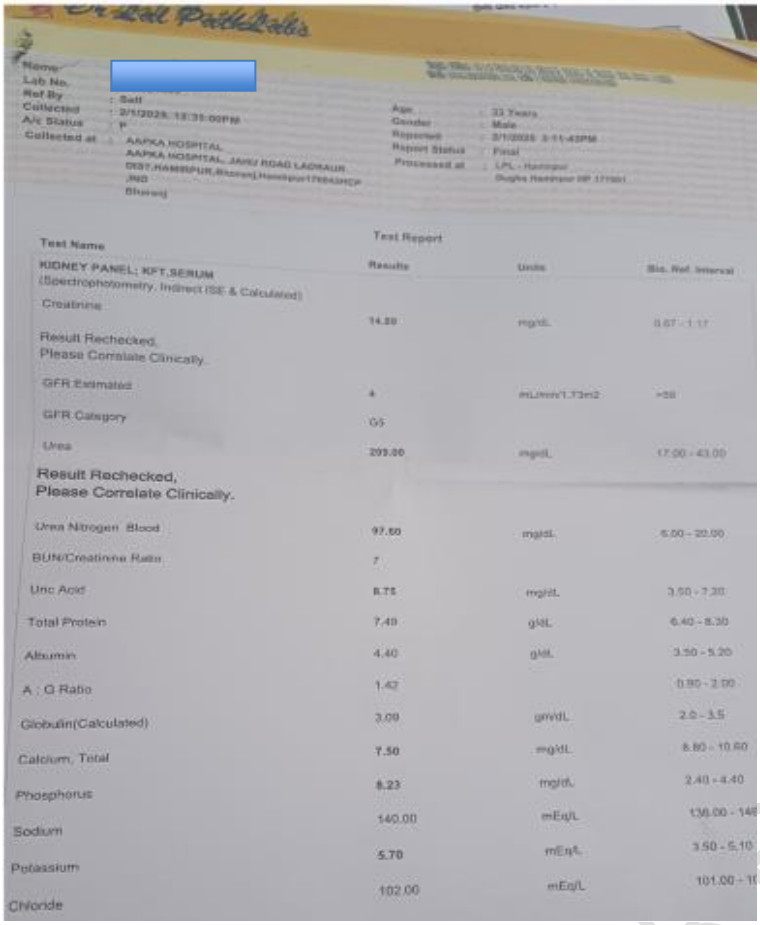
Redness of the eyes *(Netra Rāga)*[19]	Relief
Facial puffiness *(MukhaŚotha)*[20]	Relief

Table 5 shows a significant improvement in renal parameters following Ayurvedic intervention. Blood urea reduced from 209 mg/dl to 91.02 mg/dl, serum creatinine decreased from 14.89 mg/dl to 8.78 mg/dl, and uric acid dropped from 8.75 mg/dl to 4.33 mg/dl. This suggests enhanced renal clearance and reduced toxin accumulation, likely due to the combined effects of ayurvedicformulations, diuretic actions, and dietary regulation. These results indicate the potential efficacy of integrative *Ayurvedic*management in improving kidney function in chronic kidney disease.

Table 5: Pre and Post-Intervention Assessment of the Patient

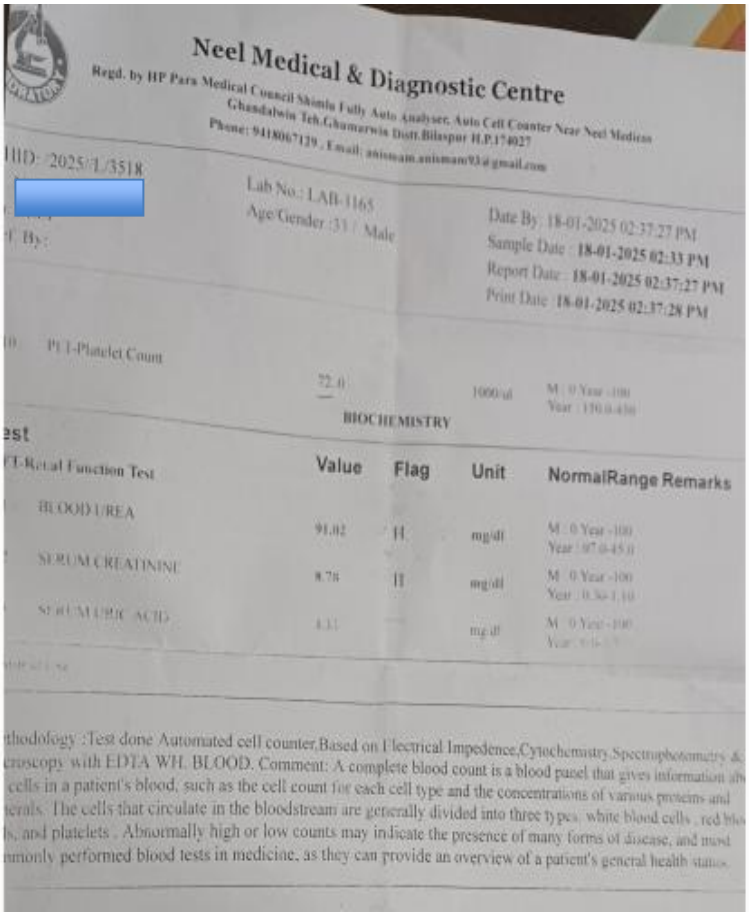
Parameters	**Findings**	
Date	**2/1/25**	**18/1/25**
Blood Urea	209mg/dl	91.02mg/dl
Serum Creatinine	14.89mg/dl	8.78mg/dl
Uric Acid	8.75mg/dl	4.33mg/dl

BEFORE TREATMENT	**AFTER TREATMENT**



Test Report

Test Name	Results	Units	Bio. Ref. Interval
KIDNEY PANEL; KFT,SERUM (Spectrophotometry, Indirect ISE & Calculated)			
Creatinine	14.89	mg/dL	0.67 - 1.17
Result Rechecked. Please Correlate Clinically.			
GFR Estimated	4	mL/min/1.73m2	>59
GFR Category	G5		
Urea	203.00	mg/dL	17.00 - 43.00
Result Rechecked. Please Correlate Clinically.			
Urea Nitrogen Blood	97.60	mg/dL	6.00 - 20.00
BUN/Creatinine Ratio	7		
Uric Acid	8.75	mg/dL	3.50 - 7.20
Total Protein	7.40	g/dL	6.40 - 8.30
Albumin	4.40	g/dL	3.50 - 5.20
A : G Ratio	1.47		0.90 - 2.00
Globulin(Calculated)	3.00	gm/dL	2.0 - 3.5
Calcium, Total	7.50	mg/dL	8.80 - 10.60
Phosphorus	8.23	mg/dL	2.40 - 4.40
Sodium	140.00	mEq/L	136.00 - 146
Potassium	5.70	mEq/L	3.50 - 5.10
Chloride	102.00	mEq/L	101.00 - 10



Neel Medical & Diagnostic Centre

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Phone: 9418067129 , Email: anisoam.anisman93@gmail.com

Lab No.: LAB-1165

Age/Gender :33 / Male

Date By: 18-01-2025 02:37:27 PM

Sample Date : 18-01-2025 02:33 PM

Report Date : 18-01-2025 02:37:27 PM

Print Date : 18-01-2025 02:37:28 PM

PLT-Platelet Count 72.0 1000/ul

BIOCHEMISTRY

Test	Value	Flag	Unit	NormalRange Remarks
RENAL Function Test				
BLOOD UREA	91.02	H	mg/dl	M : 0 Year -100 Year : 97.0-45.0
SERUM CREATININE	8.78	H	mg/dl	M : 0 Year -100 Year : 0.50-1.10
SERUM URIC ACID	8.11		mg/dl	M : 0 Year -100 Year : 3.5-7.2

thodology :Test done Automated cell counter,Based on Electrical Impedence,Cytochemistry,Spectrophotometry & cruscopy with EDTA WH. BLOOD. Comment: A complete blood count is a blood panel that gives information ab cells in a patient's blood, such as the cell count for each cell type and the concentrations of various proteins and cerals. The cells that circulate in the bloodstream are generally divided into three types, white blood cells , red blo s, and platelets . Abnormally high or low counts may indicate the presence of many forms of disease, and most mmonly performed blood tests in medicine, as they can provide an overview of a patient's general health status.

DISCUSSION

A 33-year-old male diagnosed with Chronic Kidney Disease *(VṛikkaVikāra*) for the past three years presented to JeenaSikhoLifecareLimited Hospital, Sundarnagar, Himachal Pradesh, on 08 January 2025. At baseline assessment, the patient reported multiple systemic complaints, including generalized weakness *(Daurbalya),* itching (*Kandu* severity score 6°), facial puffiness (*MukhaSotha),* and redness of the eyes *(Netra Roga),* indicating significant systemic involvement associated with renal dysfunction.

Nidāna (Etiological Factors) of *VṛkkaVikāra*

The etiological factors (*Nidana)* responsible for the development of *VṛkkaVikāra* in the present case can be primarily attributed to the long-standing history of *RaktachapVriddhi* (hypertension), which gradually impaired the structure and function of the*Vṛikka* (kidneys) and *MutravahaSrotas.* Chronic metabolic derangements, improper dietary practices, and a sedentary lifestyle further contributed to *DoshaPrakopa,* predominantly *VātaDosha* with associated

*Kapha*involvement.[21] These pathological factors led to*Srotorodha*(obstruction of channels), progressive *DhātuKṣaya* (tissue depletion), and *OjasKṣaya,* ultimately manifesting as *VṛikkaVikāra*(Chronic Kidney Disease).

Samprāpti*(Pathogenesis) of *VṛikkaVikāra

The *Samprāpti* (pathogenesis) of *VṛikkaVikāra*in this case is characterized by *Vāta-pradhānaTridoṣhaja* vitiation, initiated by chronic *RaktachāpaVṛiddhi*, which caused functional derangement of the *MutravahaSrotas.* Progressive *Kapha*accumulation and *Srotorodha* resulted in obstruction of urinary channels, while persistent *Vāta*aggravation led to*DhātuKṣhaya*and deterioration of renal functional integrity.[22] This sequential involvement of *Doṣha*and *Duṣhya* culminated in impaired urine regulation and systemic manifestations typical of Chronic Kidney Disease.

Diet and Lifestyle Recommendations (*Āhāra–VihāraChikitsā*)

The patient was advised a *Pathya*-based dietary regimen consisting of light (*Laghu*), easily digestible foods supportive of renal health, with emphasis on freshly prepared meals. A low-salt, low-protein, and low-potassium diet was recommended, including Yavāgu (rice gruel), Mudga (green gram), Lauki (bottle gourd), Turai (ridge gourd), Kaddu (pumpkin), and well-cooked vegetables. The intake of excessive salty, sour, oily, fermented, processed foods, red meat, and packaged items was strictly restricted.[23] Fluid intake was advised according to urine output and medical supervision, avoiding both dehydration and overhydration. Lifestyle modifications included adherence to *Dinacharyā* (daily regimen), avoidance of *Divāsvapna*(daytime sleep) and excessive physical exertion. The patient was encouraged to perform gentle physical activities such as walking, along with mild *Yogāsanas*and *Prāṇāyāma* for stress management. Suppression of natural urges (*Vega Dharana)* was discouraged, and adequate rest and mental relaxation were advised to pacify aggravated *VātaDoṣha* and maintain systemic balance.[24]

Treatment Result

Table 4 illustrates the comparative assessment of the patient's clinical symptoms before and after the treatment. Prior to therapy, the patient reported generalized weakness (*Daurbalya*) with a severity score of 4/10, itching (*Kandu)* with a score of 6° redness of the eyes *(Netra Rāga),* and

facial puffiness *(MukhaŚotha)*. Following Ayurvedic treatment, all symptoms showed significant improvement, and the patient experienced substantial symptomatic relief. The reduction in weakness and edema suggests improved metabolic activity and fluid regulation, whereas the alleviation of itching and ocular redness reflects reduced toxin load and inflammatory activity The findings presented in Table 5 demonstrate a notable improvement in renal biochemical parameters following Ayurvedic intervention. Blood urea levels markedly decreased from 209 mg/dl to 91.02 mg/dl, serum creatinine levels reduced from 14.89 mg/dl to 8.78 mg/dl, and serum uric acid levels declined from 8.75 mg/dl to 4.33 mg/dl. These reductions indicate improved renal clearance and a decrease in the accumulation of metabolic waste products. The observed improvements may be attributed to the synergistic effects of Ayurvedic formulations, their *Mutrala* (diuretic) and *Rasāyana* properties, along with dietary and lifestyle modifications that supported renal function. The results suggest the potential role of integrative Ayurvedic management in enhancing kidney function in patients with Chronic Kidney Disease..

NEED FOR FURTHER RESEARCH

Further research is needed to validate the efficacy and safety of *Ayurvedic*treatmentin managing *VrikkaVikar*(kidney disorders) through clinical trials. Long-term studies are essential to assess the sustainability of *Ayurvedic* treatments in slowing disease progression and preventing complications.[25] Additionally, research should focus on integrating *Ayurvedic approaches* with modern nephrology to enhance treatment outcomes. Establishing standardized protocols for *Ayurvedic* formulations, and diet will further strengthen *Ayurveda's* role in kidney care.

CONCLUSION

This case study highlights the potential role of Ayurveda in the management of Chronic Kidney Disease (*VṛikkaVikāra*). A 33-year-old male with a three-year history of CKD presented to JeenaSikhoLifecareLimited Hospital, Sundarnagar, Himachal Pradesh, with complaints of generalized weakness, itching, facial puffiness, and ocular redness. Following Ayurvedic intervention along with dietary and lifestyle modifications, the patient showed marked clinical and biochemical improvement. Blood urea levels decreased from 209 mg/dl to 91.02 mg/dl, serum creatinine reduced from 14.89 mg/dl to 8.78 mg/dl, and serum uric acid declined from 8.75 mg/dl to 4.33 mg/dl, indicating improved renal clearance and reduced toxin accumulation. Clinically, symptoms such as *Daurbalya, Kandu, MukhaŚotha*, and *Netra Rāga* showed

significant relief, reflecting better metabolic regulation and reduced inflammatory and uremic manifestations. The observed improvements may be attributed to the combined effects of Ayurvedic formulations with*Mutrala* and *Rasāyana* properties, along with*Pathya*-based diet and lifestyle regulation. This case suggests that integrative Ayurvedic management can provide symptomatic relief and functional improvement in CKD however, larger clinical trials and long-term follow-up studies are required to establish its efficacy and safety on a broader scale.

REFERENCE

1. Jha V, Garcia-Garcia G, Iseki K, Li Z, Naicker S, Plattner B, Saran R, Wang AY, Yang CW. Chronic kidney disease: global dimension and perspectives. The Lancet. 2013 Jul 20;382(9888):260-72.
2. Klag MJ, Whelton PK, Randall BL, Neaton JD, Brancati FL, Ford CE, Shulman NB, Stamler J. Blood pressure and end-stage renal disease in men. New England Journal of Medicine. 1996 Jan 4;334(1):13-8.
3. Levin A, Tonelli M, Bonventre J, Coresh J, Donner JA, Fogo AB, Fox CS, Gansevoort RT, Heerspink HJ, Jardine M, Kasiske B. Global kidney health 2017 and beyond: a roadmap for closing gaps in care, research, and policy. The Lancet. 2017 Oct 21;390(10105):1888-917.
4. Ilanchezhian R, Roshy JC, Acharya R. Importance of media in Shodhana (purification/processing) of poisonous herbal drugs. Ancient science of life. 2010 Oct 1;30(2):54-7.
5. Saha S, Panwar O, Suresh P, Latha BP. Pharmaceutical study of Apamargakshar to enhance the yield by modified method. Journal of Ayurveda. 2018 Jan;12(1).
6. 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). doi: 10.22159/prl.ijayush.v2013i10.1152.
7. Gangurde VV, Kalarikkal VW, Rahangdale DY, Krishna N, Nagayya S, Bandi V, Singh AG, Devi LR, Bora D, Singh K, Srikanth N. Traditional medicinal plants used by ethnic communities in Senapati and Kangpokpi districts of Manipur, India: a quantitative assessment. Discover Plants. 2025 Mar 25;2(1):82.

8. Sundharamoorthy S, Narayana SK, Shanmugam M, Ramachandran S, Poovan E, Gaddam DR, Rethinam G. Macro-microscopic and HPTLC Atlas of Argyreiasericea Dalzell. Pharmacognosy Research. 2024;16(2).
9. Kumar A, Sharma BD, Ojha N. Therapeutic effect of an Ayurvedic drug in the management of Respiratory Allergic Disorders in children-A comprehensive review. Journal of Ayurveda and Integrated Medical Sciences. 2024 Jun 15;9(4):167-75.
10. Jha V, Garcia-Garcia G, Iseki K, et al. Chronic kidney disease: global dimension and perspectives. *Lancet*. 2013;382(9888):260–272.
11. Singh AK, Farag YM, Mittal BV, et al. Epidemiology and risk factors of chronic kidney disease in India. *Kidney Int Suppl*. 2013;3(2):S63–S67.
12. Kidney Disease: Improving Global Outcomes (KDIGO) CKD Work Group. KDIGO 2012 clinical practice guideline for the evaluation and management of chronic kidney disease. *Kidney Int Suppl*. 2013;3(1):1–150.
13. Levey AS, Coresh J. Chronic kidney disease. *Lancet*. 2012;379(9811):165–180.
14. Sharma RK, Dash B. *Charaka Samhita*. Varanasi: Chaukhambha Sanskrit Series; 2008.
15. Tripathi B. *AshtangaHridaya*. Varanasi: Chaukhambha Sanskrit Pratishthan; 2009.
16. Sushruta Samhita, ShariraSthana. Varanasi: ChaukhambhaOrientalia; 2007.
17. Jangid SK, Binorkar SV, Chhatbar DK, Ravi AK. Management of biliary calculi through Ayurveda-A case report. AYU (An International Quarterly Journal of Research in Ayurveda). 2024 Apr 1;45(2):72-8.
18. Macharla V, lalEslavath J, Narasimha V, Vijayalakshmi A. Critical review of SwethaChandana (Santalum album L.) in Nighantus and Caraka Samhita. Journal of Ayurveda and Integrated Medical Sciences. 2024 May 6;9(3):75-93.
19. Acharya YT. *Charaka Samhita of Agnivesha*. Varanasi: ChaukhambhaOrientalia; 2014.
20. Singh RP, et al. Nephroprotective activity of Boerhaviadiffusa in experimental models. *J Ethnopharmacol*. 2011;134(3):793–801.
21. Sharma P, et al. Herbal drugs in renal disorders. *Indian J TraditKnowl*. 2010;9(3):509–514.
22. Pandey DN, et al. Pharmacological evaluation of Tribulusterrestris in renal disorders. *Phytother Res*. 2006;20(8):673–676.

23. Thatte U, Bhalerao S, Devasagayam TP. Evidence-based Ayurveda: Need for systematic research. *J Ayurveda Integr Med*. 2013;4(1):1–5.
24. Rastogi S, Pandey DN, Singh RH. Ayurvedic medicine: Evidence-based validation and challenges. *J Tradit Complement Med*. 2015;5(4):197–205.
25. Patwardhan B, et al. Ayurveda and integrative medicine: Modern scientific research. *J Ayurveda Integr Med*. 2015;6(2):65–68.