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Role of Ayurveda in the Management of Vrikka Vikar (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 Vṛikka Vikāra, emphasizing Doṣha imbalance, Srotoduṣṭi, and Dhātu Kṣhaya 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 Jeena Sikho Lifecare Hospital, Sundarnagar, Himachal Pradesh, on 08 January 2025, with complaints of generalized weakness (Daurbalya), itching (Kandu), facial puffiness (Mukha Śoṭha), 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, Vrikka Vikar.

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 ($GFR < 60 \text{ mL/min/1.73 m}^2$), 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*, *Śoṭha*, 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 of *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), *DhātuKṣhaya*, 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 Rasāyanaproperties 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 (Dinacharyaand Ritucharya), and long-term Rasāyana therapy, offers promising benefits in this context.[14]

SampraptiGhatak (Components of Pathogenesis)[15]

Samprapti Component

Details in VrikkaVikara

Dosha(Body humors)

Predominantly Kapha andVata 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 insrotas

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

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 (MukhaŚoṭha), 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

Dusya

ge with Apana

Dr. CKD Tablet

Pashanbhed(Saxifragalingulata), Varun (Cartaevanurvala), Punarnava(Boerhavaia diffusa), 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 enhancesVrikkaPoshana (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), SendhaNamak, Dhaniya

(Coriandrumstativum), PippaliMool (Piper longum root), Jeera (Cuminumcyminum),

Nagkesar (Mesuaferrea), Amarvaticlassical ayurvedic medicine, Anardana

(Punicagranatum), BadiElaichi (Amomumsubulatum), Hing(Ferula asafoetida), Kachnar

(Bauhinia variegata), Ajmod (Trachyspermumammi), Sazzikhar(Seidlitziastocksii),

Pushkarmool (Inularacemosa), Mishri (Saccharumofficinarum)

It improves digestive function and metabolism of the body through its deepan-pachan properties. Helps in body detoxification viavirechan(purgation).

Half a teaspoon HS (Nishikala with koshnajala) (At bed time)

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 (MukhaŚoṭha). 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 (MukhaŚoṭha)[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 Ayurvedicmanagement 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

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 RaktachapVridhi (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 Kaphainvolvement.[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-pradhāna Tridoṣhaja vitiation, initiated by chronic RaktachāpaVṛiddhi, which caused functional derangement of the MutravahaSrotas. Progressive Kaphaaccumulation and Srotorodha resulted in obstruction of urinary channels, while persistent Vātaaggravation led to DhātuKṣaya 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 Yogāsanasand 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 (MukhaŚoṭha). 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 treatment in 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, MukhaŚoṭha, 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 withMutrala and Rasāyana properties, along withPathya-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.

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