

REVIEWER'S REPORT

Manuscript No: IJAR-54234

Date: 8/10/2025

Title: AYURVEDIC MANAGEMENT OF VRIKK VIKAR (CHRONIC KIDNEY DISEASE) WITH MUTRAVAH STROTODUSHTI AND HYPERTENSION: A CASE STUDY

Recommendation:

Accept as the article aims to evaluate Ayurvedic management effectiveness in a CKD patient with coexisting hypertension, addressing Dosha vitiation, Strotodushti, and Ama formation through an integrative approach

Accept after correction and

Rating	Excel.	Good	Fair	Poor
Originality	✓			
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name :Mrs. Shreya Vaz

Date:8/10/2025

Reviewer's Comment for Publication.

The article presents a brief, and some of the contents regarding Ayurvedic management effectiveness in a CKD patient with coexisting hypertension, addressing Dosha vitiation, Strotodushti, and Ama formation through an integrative approach

One of the article's key strengths lies in Ayurvedic management effectiveness in a CKD patient with coexisting hypertension, addressing Dosha vitiation, Strotodushti, and Ama formation through an integrative approach

While the article would benefit CKD patients and medical professionals

Detailed Reviewer's Report

This article is based on the Ayurvedic management effectiveness in a CKD patient with coexisting hypertension

The article presents a brief, and some of the contents regarding Ayurvedic management effectiveness in a CKD patient with coexisting hypertension, addressing Dosha vitiation, Strotodushti, and Ama formation through an integrative approach

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

Abstract

Chronic Kidney Disease (CKD) in Ayurveda is viewed as progressive Mutravaha Srotas dysfunction driven by Vata–Kapha vitiation, Agni disturbance, and Ama accumulation. A 33-year-old male with advanced CKD and hypertension underwent a personalized Ayurvedic regimen—including Nidan Parivarjan, Ahar-Vihar modifications, Panchakarma, and Shaman Chikitsa with Rasayan and hepatoprotective formulations—which yielded marked improvements in renal parameters, vitality, and systemic symptoms over one month.

Introduction

CKD is characterized by sustained renal function decline, leading to toxin buildup, electrolyte imbalance, and cardiovascular risk. Diabetes, hypertension, and glomerulonephritis are leading etiologies. Early CKD often lacks symptoms, delaying diagnosis until nonspecific signs emerge. Global CKD prevalence is rising, necessitating early screening and targeted interventions to slow progression and improve outcomes. From an Ayurvedic perspective, CKD aligns with Mutravaha Srotas Vikara. Pathogenesis involves Dosha imbalance—predominantly Vata and Kapha—Agni Dushti, and Ama Sanchaya, obstructing urinary channels and compromising renal structure and function.

Case Report

A 33-year-old male diagnosed with CKD and hypertension in 2022 presented in June 2025 with frothy urine, generalized weakness, cervical stiffness, head heaviness, excessive sleep, proteinuria, and nausea. Renal biopsy (September 2022) revealed diffuse scarring, severe tubulointerstitial chronicity (70% core involvement), and global glomerulosclerosis (21/22 glomeruli) indicating advanced non-immune damage. MCU ruled out reflux but identified urethral stricture and residual urine.

Treatment Protocol

Over 17 days, the patient received:

- Nidan Parivarjan: Elimination of incompatible foods and nephrotoxic agents.
- Ahar-Vihar modifications: Renal-specific diet (millet-based, low sodium/potassium/protein), structured routine, meditation, yoga, footwear-free walking, and sleep hygiene.
- Panchakarma therapies: Awagaha Swedana, Shirodhara with Brahmi oil, Matra and Kashaya Basti, Abhyanga, Vrikk Basti, and Kansya therapy to detoxify, pacify Doshas, and restore channels.

International Journal of Advanced Research

Publisher's Name: Jana Publication and Research LLP

www.journalijar.com

REVIEWER'S REPORT

- Shaman Chikitsa with Rasayan formulations: Gokshur, Punarnava, Giloy, and proprietary tablets tailored to support renal function, reduce inflammation, and enhance tissue rejuvenation.

Observations and Results

Clinical Outcomes

- Frothy urine normalized; weakness, stiffness, and nausea markedly improved.
- Initial hypersomnolence returned to normal sleep duration.

Laboratory Improvements

- Serum creatinine decreased from 6.79 to 4.99 mg/dL.
- Blood urea nitrogen declined from 36.26 to 25 mg/dL.
- eGFR increased from 10.05 to 15 mL/min/1.73 m².
- Hemoglobin rose from 10.2 to 11.5 g/dL.

Discussion

The integrative Ayurvedic regimen effectively pacified aggravated Vata–Kapha, enhanced Agni, cleared Ama, and restored Mutravaha Strotas. Panchakarma facilitated toxin elimination and Dosha balance, while Rasayan therapy supported tissue regeneration. Dietary and lifestyle modifications complemented procedural interventions, highlighting Ayurveda's holistic potential in CKD management.

Future Research Aspects

1. Molecular Mechanisms: Elucidate herb-biochemical pathway interactions.
2. Pharmacokinetics/Pharmacodynamics: Characterize absorption and metabolism of key herbs.
3. Randomized Controlled Trials: Compare Ayurvedic protocols with standard care in CKD stages 3–5.
4. Biomarker Discovery: Identify markers reflecting Ayurvedic treatment response.
5. Gut Microbiome Studies: Assess microbiota modulation by Ayurvedic interventions and its impact on CKD progression.

Conclusion

This case study underscores classical Ayurvedic interventions' therapeutic potential in CKD with hypertension. A comprehensive protocol encompassing Nidan Parivarjan, Ahar-Vihar modifications, Panchakarma, and Shaman Chikitsa yielded substantial clinical and laboratory improvements. Continued Rasayan therapy and vigilant monitoring are recommended for sustained outcomes.

References; All the references are provided