

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

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

ABSTRACT

Chronic Kidney Disease (CKD), understood in *Ayurveda* as a progressive disorder of the *MutravahaSrotas*, primarily arises from the vitiation of *Vata* and *KaphaDoshas*, often accompanied by *AgniDushti* and *AmaSanchaya*. This case study presents the successful *Ayurvedic* management of a 33-year-old male diagnosed with CKD, who exhibited significant renal dysfunction. The patient was managed through a comprehensive *Ayurvedic* regimen comprising *NidanParivarjan*, *Ahar-ViharParimarjan*, *Panchakarma* therapies, and *ShamanChikitsa* with *Rasayan* and hepatoprotective formulations. The treatment aimed to pacify aggravated *Doshas*, enhance *Agni*, eliminate *Ama*, and restore the function of *MutravahSrotas*. Marked clinical improvements were observed in renal parameters, vitality, and systemic symptoms over a one-month period. This case highlights the potential of classical *Ayurvedic* interventions in the integrative management of CKD and underscores the importance of individualized care, lifestyle modification, and *Rasayan* therapy in chronic systemic disorders.

KEYWORDS

Ayurveda, *Panchkarma*, *Mutraghata*, *Mutrakshaya*, *Mutravahasrotas*, *Shaman Chikitsa*, *Shodhanand Vrikk rog*

INTRODUCTION

Chronic Kidney Disease (CKD) is a long-term, progressive disorder marked by a sustained decline in renal function over an extended period. The kidneys are essential for maintaining systemic homeostasis through waste excretion, electrolyte regulation, and blood pressure control. Progressive renal impairment leads to toxin accumulation, fluid-electrolyte imbalances, and an elevated risk of cardiovascular complications.^[1] The most prevalent etiologies include diabetes mellitus, hypertension, and glomerulonephritis. Early stages of CKD are frequently asymptomatic, complicating early diagnosis. As renal function worsens, patients may present with nonspecific symptoms such as fatigue, peripheral oedema, and alterations in urinary frequency or volume. If not adequately managed, CKD may progress to end-stage renal disease (ESRD), requiring renal replacement therapy in the form of dialysis or transplantation.^[2] The global prevalence of CKD is rising, posing a significant burden on patients and healthcare infrastructure. Therefore, early identification through routine screening, along with targeted intervention to control underlying risk factors, is crucial for delaying disease progression and improving patient outcomes.^[3]

Recent research in Chronic Kidney Disease (CKD) has advanced the understanding of its pathogenesis, early diagnostic tools, and personalized therapeutic strategies. Studies on novel biomarkers and genetic factors, such as APOL1 variants, have enabled risk stratification and genotype-guided interventions.^[4] Additionally, the gut microbiome has been implicated in CKD progression via uremic toxin production, with microbiota modulation emerging as a potential adjunctive therapy.^[5] Investigational regenerative approaches, including

mesenchymal stem cell therapy, are being explored for their anti-inflammatory and tissue-reparative effects in renal injury.^[6]

In *Ayurvedic* perspective, **Chronic Kidney Disease (CKD)** is understood as a **progressive disorder** primarily resulting from an imbalance in the *Tridoshas*, with a predominance of *Vata* and *Kapha*. It is typically classified under *MutravahaSrotasVikar* (urinary system disorders) and is closely associated with *Prameh*, particularly in cases linked to diabetic nephropathy.^[7] The pathogenesis involves *Agni Dushti* (impaired digestive fire), leading to the formation and accumulation of *Ama* (metabolic toxins), which obstruct the normal functioning of *MutravahSrotas*. Contributing etiological factors include inappropriate dietary habits (*Ahar*), lack of physical activity (*Vihar*), mental stress, and excessive consumption of processed or incompatible foods. These factors collectively result in progressive deterioration of renal structures, particularly affecting *Rakt*, *Meda*, and *MutravahSrotas*, manifesting clinically as *Shoth* (oedema), *Aruchi* (loss of appetite), *Klama* (fatigue), and *Mutravikara* (altered urinary output).^[8] The *Samprapti* (pathogenesis) and *SampraptiGhatak* (pathogenic components) are illustrated schematically in Figures 1 and 2, respectively.^[9]

Figure 1: Samprapti of this case

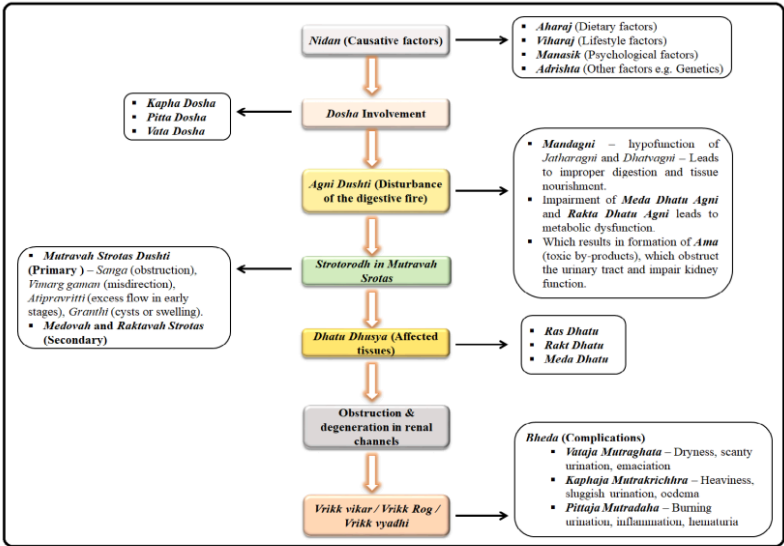
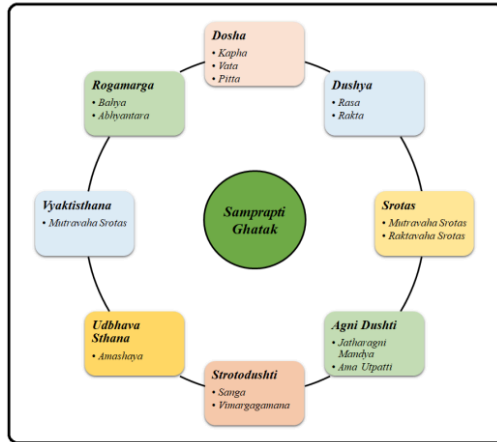


Figure 2: SampraptiGhatak of Vikar rog (CKD)



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61 In the present case of *Vrikk Rog* (chronic kidney disease), the patient was managed using a
 62 structured *Ayurvedic* treatment protocol, with regular monitoring of pertinent laboratory
 63 parameters. A personalized therapeutic plan was formulated based on comprehensive clinical
 64 evaluation, encompassing *Ayurvedic* dietary recommendations, *Ayurvedic* medications, and
 65 selected *Panchakarma* therapies. The patient exhibited marked clinical improvement
 66 following the implementation of this integrative treatment approach.

67 OBJECTIVE

68 The objective of this case study is to evaluate the effectiveness of *Ayurvedic* management in a
 69 patient with Chronic Kidney Disease (CKD) and hypertension, focusing on *Doshavitiation*,
 70 *SrotasDushti*, and *Ama*formation, with an integrative approach involving *NidanParivarjan*,
 71 *Panchakarma*, and *Rasayanthrapy* to restore *MutravahSrotas* function.

72 CASE REPORT

73 A 33-year-old male with a known history of Chronic Kidney Disease (CKD) and
 74 hypertension (diagnosed in 2022) presented to JeenaSikhoLifecare Limited Hospital,
 75 Amritsar, Punjab, on June 5, 2025. He reported symptoms such as frothy urine
 76 (*PhenilaMutra*), generalized weakness (*Daurbalya*), cervical stiffness (*GreevaStambha*),
 77 head heaviness (*ShirahGaurava*), increased sleep (*Atinidra*), proteinuria (*Mutra Rog* with
 78 *PramehLakshan*), and nausea (*Hrillasa*).

79 A renal biopsy dated September 9, 2022, revealed extensive chronic kidney damage
 80 characterized by diffuse scarring, severe tubulointerstitial chronicity (involving 70–75% of
 81 the core), and global sclerosis in 21 out of 22 glomeruli. There was no evidence of immune
 82 complex deposition, and autoimmune markers were either negative or pending. These
 83 findings suggest advanced structural deterioration of non-immune origin. A Micturating
 84 Cysto-Urethrogram (MCU) performed on October 1, 2025, showed no vesico-ureteric reflux.

The bladder and anterior urethra appeared normal; however, a membranous urethral stricture and mild post-void residual urine were noted, indicating incomplete bladder emptying.

A detailed summary of clinical observations from each consultation is provided in Table 1, while the patient's *AshtasthanaPareeksha* (eight-fold *Ayurvedic* diagnostic evaluation) is presented in Table 2. Based on the comprehensive assessment, the patient was admitted for a 17-day inpatient *Ayurvedic* treatment protocol. This involved individualized classical *Ayurvedic* medications, *Panchakarma* therapies, dietary modifications, and lifestyle adjustments. The patient exhibited significant clinical improvement following completion of the treatment plan. The patient continued allopathic medications throughout the treatment course, as detailed in Table 3.

Table 1: Initial Assessment at each consultations

Date	Blood Pressure	Weight	SpO ₂	Respiration
05-06-2025	140/90 mm Hg	92.75 Kg	99%	80/min
05-07-2025	130/80 mm Hg	90 Kg	99%	71/min

Table 2: *AshtasthanaPareeksha* findings

Parameter	Findings
<i>Nadi</i> (Pulse)	<i>Pittaj Vataj</i>
<i>Mala</i> (Stool)	<i>Avikrit</i> (Normal)
<i>Mutra</i> (Urine)	<i>Phenila</i> (Frothy)
<i>Jihwa</i> (Tongue)	<i>Malin</i> (Coated)
<i>Shabda</i> (Voice)	<i>Spashta</i> (Clear)
<i>Sparsh</i> (Touch)	<i>Samsheetoshna</i> (Normal)
<i>Akrti</i> (Physique)	<i>Sthoulya</i> (Obese)
<i>Drika</i> (Eyes)	<i>Prakrit</i> (Normal)

Table 3: Allopathic medicines continued during the treatment

Medicine	Dosage	Day 1 - Day 3	Day 4 - Day 8	Day 9 - Day 11	Day 12 - Day 17
Prednisolone - 40 mg	1 OD	✓	✓	Alternate Days	Alternate Days
Sodium Bicarbonate - 500 mg	1 BD	✓	Alternate Days	Alternate Days	Every 3 rd Day
Sevelamer - 400 mg	1 BD	✓	Alternate Days	Alternate Days	Every 3 rd Day
Cholecalciferol (Vitamin D3)	Weekly 1	✓	HOLD	HOLD	HOLD
Pantoprazole - 40 mg	1 OD	HOLD	HOLD	HOLD	HOLD

TREATMENT PLAN

The patient underwent a 17 day inpatient treatment program that included personalized *Ahar-Vihar* (diet and lifestyle modifications), *NidanParivarjan* along with *Shodhan* and *Shaman Chikitsa*. Vital parameters were closely monitored throughout the treatment period, with daily observations summarized in Table 3.

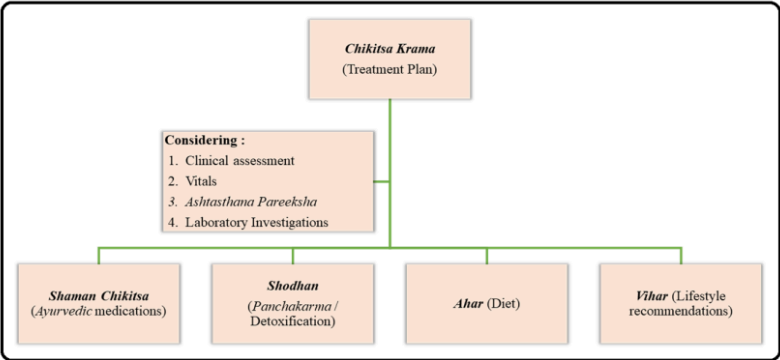


Table 3. The vitals noted during the IPD treatment

Date	Time	Weight (Kg)	Temperature (°F)	Blood Pressure (mm Hg)	Pulse Rate (per min)	Respiration (per min)	SpO ₂ (%)
06-06-2025	9:30 AM	91.20 Kg	98.2 °F	140/90 mm Hg	104/min	22/min	98%
	2:00 PM	91.20 Kg	98.4 °F	150/90 mm Hg	115/min	22/min	97%
	5:00 PM	91.20 Kg	98.3 °F	150/100 mm Hg	110/min	24/min	98%
	8:00 PM	91.20 Kg	98.17 °F	140/90 mm Hg	110/min	22/min	98%
	10:00 PM	91.20 Kg	98.37 °F	150/90 mm Hg	105/min	24/min	99%
07-06-2025	7:00 AM	91.20 Kg	98.2 °F	140/90 mm Hg	107/min	29/min	97%
	9:00 AM	91.70 Kg	98.4 °F	140/90 mm Hg	112/min	20/min	98%
	2:00 PM	91.70 Kg	98.3 °F	150/90 mm Hg	120/min	24/min	97%
	5:00 PM	91.70 Kg	98.2 °F	150/100 mm Hg	98/min	22/min	98%
	8:00 PM	91.70 Kg	98.3 °F	140/90 mm Hg	94/min	19/min	98%
	10:00 PM	91.70 Kg	98.7 °F	140/90 mm Hg	108/min	24/min	97%
08-06-2025	7:00 AM	91.70 Kg	98.7 °F	150/90 mm Hg	98/min	22/min	98%
	9:00 AM	91.50 Kg	98.3 °F	150/90 mm Hg	99/min	20/min	99%
	2:00 PM	91.50 Kg	98.4 °F	140/90 mm Hg	120/min	22/min	98%
	5:00 PM	91.50 Kg	98.2 °F	140/80 mm Hg	118/min	24/min	99%
	8:00 PM	91.50 Kg	98.17 °F	140/90 mm Hg	104/min	24/min	98%
	10:00 PM	91.50 Kg	98.3 °F	150/90 mm Hg	100/min	19/min	99%
09-06-2025	7:00 AM	91.50 Kg	98.9 °F	130/80 mm Hg	110/min	24/min	98%
	9:00 AM	92.25 Kg	98.1 °F	140/90 mm Hg	101/min	22/min	97%
	2:00 PM	92.25 Kg	98.2 °F	150/90 mm Hg	110/min	20/min	98%
	5:00 PM	92.25 Kg	98.1 °F	140/90 mm Hg	124/min	24/min	98%
	8:00 PM	92.25 Kg	98.3 °F	140/90 mm Hg	98/min	22/min	98%
	10:00 PM	92.25 Kg	98.1 °F	140/90 mm Hg	108/min	24/min	99%
10-06-2025	7:00 AM	92.25 Kg	98.4 °F	130/80 mm Hg	110/min	19/min	98%
	9:00 AM	90 Kg	98.2 °F	140/90 mm Hg	104/min	20/min	97%
	2:00 PM	90 Kg	98.4 °F	140/90 mm Hg	102/min	24/min	99%
	5:00 PM	90 Kg	98.3 °F	130/90 mm Hg	100/min	22/min	97%
	8:00 PM	90 Kg	98.1 °F	140/90 mm Hg	108/min	24/min	98%
	10:00 PM	90 Kg	98.3 °F	130/80 mm Hg	110/min	22/min	99%
11-06-2025	6:30 AM	90 Kg	98.9 °F	140/90 mm Hg	106/min	24/min	98%
	9:00 AM	90.10 Kg	98.1 °F	140/90 mm Hg	112/min	20/min	97%
	2:00 PM	90.10 Kg	98.4 °F	130/90 mm Hg	104/min	22/min	99%
	5:00 PM	90.10 Kg	98.2 °F	130/90 mm Hg	112/min	24/min	99%
	8:00 PM	90.10 Kg	98.4 °F	130/80 mm Hg	104/min	22/min	98%
	10:00 PM	90.10 Kg	98.1 °F	140/90 mm Hg	98/min	24/min	99%
12-06-2025	7:00 AM	90.10 Kg	98.9 °F	140/90 mm Hg	100/min	21/min	98%
	9:00 AM	90.10 Kg	98.3 °F	130/80 mm Hg	81/min	20/min	99%
	2:00 PM	90.10 Kg	98.2 °F	150/90 mm Hg	98/min	24/min	99%
	5:00 PM	90.10 Kg	98.4 °F	140/80 mm Hg	98/min	22/min	99%
	8:00 PM	90.10 Kg	98.3 °F	150/90 mm Hg	99/min	24/min	98%
	10:00 PM	90.10 Kg	98.1 °F	130/90 mm Hg	98/min	24/min	98%
13-06-2025	7:00 AM	90.10 Kg	98.3 °F	140/90 mm Hg	90/min	24/min	99%
	9:00 AM	90.85 Kg	98.4 °F	130/90 mm Hg	92/min	20/min	97%
	2:00 PM	90.85 Kg	98.1 °F	120/90 mm Hg	95/min	24/min	98%
	5:00 PM	90.85 Kg	98.3 °F	140/90 mm Hg	102/min	22/min	97%
	8:00 PM	90.85 Kg	98.4 °F	140/90 mm Hg	110/min	20/min	98%
	10:00 PM	90.85 Kg	98.3 °F	140/90 mm Hg	104/min	24/min	99%

14-06-2025	7:00 AM	90.85 Kg	98.1 °F	120/80 mm Hg	92/min	22/min	97%
	9:00 AM	90 Kg	98.2 °F	120/80 mm Hg	90/min	20/min	98%
	2:00 PM	90 Kg	98.3 °F	120/90 mm Hg	92/min	24/min	99%
	5:00 PM	90 Kg	98.4 °F	130/80 mm Hg	95/min	22/min	98%
	8:00 PM	90 Kg	98.9 °F	140/90 mm Hg	88/min	24/min	98%
	10:00 PM	90 Kg	98.1 °F	130/80 mm Hg	99/min	22/min	99%
15-06-2025	7:00 AM	80 Kg	98.3 °F	130/80 mm Hg	95/min	24/min	98%
	9:00 AM	80 Kg	98.1 °F	140/90 mm Hg	100/min	20/min	99%
	2:00 PM	88.10 Kg	98.5 °F	140/80 mm Hg	92/min	24/min	98%
	5:00 PM	88.10 Kg	98.4 °F	140/90 mm Hg	88/min	22/min	99%
	8:00 PM	88.40 Kg	98.9 °F	150/90 mm Hg	70/min	24/min	98%
	10:00 PM	88.40 Kg	98.4 °F	130/80 mm Hg	78/min	22/min	99%
16-06-2025	7:00 AM	88.40 Kg	98.14 °F	130/80 mm Hg	82/min	24/min	98%
	9:00 AM	88.49 Kg	98.2 °F	140/100 mm Hg	90/min	20/min	97%
	2:00 PM	88.40 Kg	98.3 °F	140/90 mm Hg	88/min	24/min	99%
	5:00 PM	88.40 Kg	98.1 °F	140/80 mm Hg	86/min	22/min	98%
	8:00 PM	88.40 Kg	98.4 °F	130/80 mm Hg	90/min	24/min	98%
	10:00 PM	88.40 Kg	98.1 °F	130/80 mm Hg	89/min	24/min	99%
17-06-2025	7:00 AM	88.40 Kg	98.3 °F	140/90 mm Hg	70/min	24/min	98%
	9:00 AM	89 Kg	98.1 °F	140/90 mm Hg	88/min	20/min	97%
	2:00 PM	89 Kg	98.2 °F	130/90 mm Hg	64/min	22/min	98%
	5:00 PM	89 Kg	98.4 °F	140/80 mm Hg	72/min	24/min	99%
	8:00 PM	89 Kg	98.1 °F	140/90 mm Hg	64/min	20/min	98%
	10:00 PM	89 Kg	98.2 °F	130/80 mm Hg	70/min	22/min	99%
18-06-2025	7:00 AM	89 Kg	98.3 °F	140/80 mm Hg	86/min	24/min	97%
	9:00 AM	89.10 Kg	98.1 °F	140/90 mm Hg	89/min	20/min	98%
	2:00 PM	89.10 Kg	98.4 °F	120/80 mm Hg	88/min	24/min	99%
	5:00 PM	89.10 Kg	98.3 °F	120/80 mm Hg	72/min	20/min	98%
	8:00 PM	89.10 Kg	98.3 °F	130/80 mm Hg	90/min	24/min	99%
	10:00 PM	89.10 Kg	98 °F	190/80 mm Hg	80/min	24/min	98%
19-06-2025	7:00 AM	89.10 Kg	98.9 °F	130/80 mm Hg	94/min	20/min	98%
	9:00 AM	89.30 Kg	98.4 °F	140/80 mm Hg	89/min	24/min	99%
	2:00 PM	89.30 Kg	98.1 °F	130/90 mm Hg	88/min	22/min	99%
	5:00 PM	89.30 Kg	98.3 °F	120/80 mm Hg	72/min	24/min	98%
	8:00 PM	89.30 Kg	98.4 °F	130/80 mm Hg	78/min	24/min	98%
	10:00 PM	89.30 Kg	98.1 °F	120/80 mm Hg	84/min	20/min	99%
20-06-2025	7:00 AM	89.30 Kg	98.2 °F	130/80 mm Hg	90/min	20/min	98%
	9:00 AM	90 Kg	98.1 °F	130/80 mm Hg	91/min	20/min	97%
	2:00 PM	90 Kg	98.2 °F	120/80 mm Hg	92/min	22/min	98%
	5:00 PM	90 Kg	98.3 °F	120/80 mm Hg	88/min	24/min	99%
	8:00 PM	90 Kg	98.1 °F	120/80 mm Hg	70/min	24/min	98%
	10:00 PM	90 Kg	98.3 °F	130/80 mm Hg	88/min	24/min	99%
21-06-2025	7:00 AM	90 Kg	98.4 °F	120/80 mm Hg	89/min	24/min	98%
	9:00 AM	86.65 Kg	98.1 °F	120/80 mm Hg	84/min	22/min	99%
	2:00 PM	86.65 Kg	98.2 °F	120/80 mm Hg	68/min	20/min	98%

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I. Shaman Chikitsa

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 4.

Table 4: Ayurvedic medicines prescribed

Visit	Date	Medicines ¹	Dosage with Anupana (Medium)
IPD	06-06-2025	Renal Stone Removing Powder	Half Teaspoon BD (Adhobhakta with Koshna Jala)*
		CKD Tablets ¹	2 Tab BD (Adhobhakta with Koshna Jala)
		Yakrit Shoth Har Vati	2 Tab BD (Adhobhakta with Koshna Jala)
		Chandraprabha Vati	2 Tab BD (Adhobhakta with Koshna Jala)
		Rakt Chap Vati	1 Tab BD (Adhobhakta with Koshna Jala)
	07-06-2025 ¹	Renal Stone Removing Powder	Half Teaspoon BD (Adhobhakta with Koshna Jala)
		CKD Tablets	2 Tab BD (Adhobhakta with Koshna Jala)
		Yakrit Shoth Har Vati	1 Tab BD (Adhobhakta with Koshna Jala)
		Chandraprabha Vati	2 Tab BD (Adhobhakta with Koshna Jala)
		Rakt Chap Vati	1 Tab BD (Adhobhakta with Koshna Jala)
Follow up	05-07-2025	Kidney Care	20 ml BD (Adhobhakta with Sama Matra Koshna Jala)**
		Dhatu Poshak	1 Tab BD (Adhobhakta with Koshna Jala)
		Dr. BP Care	1 Tab BD (Adhobhakta with Koshna Jala)
		CKD Tablets	1 Tab BD (Adhobhakta with Koshna Jala)
		Yakrit Shoth Har Vati	2 Tab BD (Adhobhakta with Koshna Jala)
		Chandraprabha Vati	2 Tab BD (Adhobhakta with Koshna Jala)
		Kidney Care	15 ml BD (Adhobhakta with Sama Matra Koshna Jala)
* Adhobhakta with Koshna Jala - After Meal with Lukewarm Water			
** Adhobhakta with Sama Matra Koshna Jala - After Meal with Equal Amount of Lukewarm Water			

II. Shodhan

Following a thorough clinical evaluation, a customized Panchakarma treatment plan was developed for the patient. The regimen included therapies such as AwegahSwedan, Shirodhara, MatraBasti, Kashaya Basti, Abhyang, VrikkBasti and Kansya therapy specifically tailored to address the underlying condition effectively.

1. AwagahSwedan^[10]

Pre - Procedure (Purv karma)	The patient was assessed for suitability, and a warm ayurvedic decoction was prepared at 39 - 42°C and poured into a tub to immerse the lower back and pelvic region.
Main Procedure (Pradhan karma)	The patient sat comfortably in the tub with the pelvic region immersed in warm decoction for 15–20 minutes, and the temperature was maintained throughout.
Post Procedure (Paschat Karma)	The body was gently dried with a clean towel, and the patient was advised to rest and consume light food with warm water.

2. Shirodhara with Brahmi Oil^[11]

Preparation	The <i>Brahmi</i> oil was gently warmed using a water bath to approximately body temperature (39–40°C).
Pre-Procedure (Purv Karma)	The patient was positioned supine on the <i>Shirodhara</i> table and the eyes and ears were protected using cotton. A 5–10-minute gentle massage of the scalp, forehead, and shoulders was performed using a <i>Brahmi</i> oil to facilitate relaxation.
Main Procedure (Pradhan Karma)	The <i>Shirodhara</i> vessel was positioned approximately 5 inches above the forehead, allowing a continuous stream of lukewarm <i>Brahmi</i> oil end to flow steadily over the <i>Ajna Chakra</i> (forehead region). The oil was rhythmically poured from temple to temple for 45 minutes at a consistent temperature.
Post-Procedure (Paschat Karma)	The patient was rested for 15 minutes post-procedure, excess oil was removed with warm towels, followed by a warm herbal bath, and advised light diet and rest for the day.

3. *MatraBasti with Gokshur*^[12]

Pre-Procedure (Purv Karma)	The patient was assessed for suitability, given light and warm food the previous night, ensured to have an empty bladder and bowel, and positioned in the left lateral position with the right knee flexed prior to administration.
Main Procedure (Pradhan Karma)	The <i>Gokshura</i> oil was warmed to body temperature and approximately 60 ml was drawn into a sterile <i>Basti</i> syringe. The <i>Basti Netra</i> was lubricated and gently inserted into the rectum, following which the oil was administered slowly, and the patient was advised to remain in the same position for 20 minutes.
Post-Procedure (Paschat Karma)	Post-procedure, the patient was advised to rest, provided light warm food after a few hours, and monitored for natural evacuation of the administered oil.

4. *KashayaBasti with Trinpanchmool*^[13]

Pre-Procedure (Purv Karma)	The patient was clinically evaluated and found suitable for <i>Kashaya Basti</i> , following which preparatory measures including light diet and bowel and bladder evacuation were completed before positioning in the left lateral position for administration.
Main Procedure (Pradhan Karma)	<i>Trinpanchamoola Kashaya</i> was prepared with <i>Madhu</i> , <i>Saindhava Lavana</i> , <i>Sneha Dravya</i> , and <i>Kalka</i> as per classical protocol and warmed to body temperature. It was then administered rectally using a sterile <i>Basti Netra</i> with the patient in the left lateral position.
Post-Procedure (Paschat Karma)	Following administration, the patient remained in the same position until the urge to evacuate occurred, was monitored for signs of proper evacuation, and was subsequently advised rest with a light, warm diet and avoidance of physical exertion.

5. *Abhyang* with *BalaAshwagandha Oil*^[14]

Pre-Procedure (Purv Karma)	The patient was assessed for <i>Abhyanga</i> suitability, positioned comfortably in a warm, well-ventilated room, and the <i>Bala-Ashwagandha</i> oil was gently warmed to body temperature before initiating the procedure.
Main Procedure (Pradhan Karma)	Warm <i>Bala-Ashwagandha</i> oil was applied uniformly over the patient's body, and massage was performed using moderate pressure in the direction of hair growth. Circular motions were used over joints and long strokes along muscles, with focused attention on areas of stiffness, following standard <i>Abhyang</i> protocol for 45 minutes.
Post-Procedure (Paschat Karma)	Following <i>Abhyang</i> , the patient was allowed to rest, and was subsequently advised a warm water bath, adequate hydration, and a light, warm diet.

6. *VrikkBasti* with *Gokshur*^[15]

Pre-Procedure (Purv Karma)	The patient was assessed for <i>Vrikk Basti</i> , positioned in the prone posture, and a leak-proof dough ring made of black gram flour was placed over the cleaned and gently massaged lumbar region.
Main Procedure (Pradhan Karma)	<i>Gokshur</i> oil was gently warmed to body temperature and poured into the dough ring placed over the lumbar (<i>Vrikk</i>) region until the cavity was adequately filled. The oil was retained for approximately 30–40 minutes, with temperature maintained by reheating or replacing the oil as required during the procedure.
Post-Procedure (Paschat Karma)	After the retention period, the oil was carefully removed, the area was cleansed with warm water and a sterile cloth, and the patient was advised to rest, avoid cold exposure, and consume a light, warm diet.

7. *Kansya Therapy*^[16]

Pre-Procedure (Purv Karma)	The patient was evaluated for therapy suitability, positioned comfortably in a warm environment, and the targeted area was cleansed and pre-lubricated with warm <i>Bala</i> oil to facilitate effective application and absorption during the procedure.
Main Procedure (Pradhan Karma)	A gently warmed <i>Kansya</i> (copper alloy) plate was moved in circular and linear motions over the oiled area using moderate, consistent pressure. The technique was performed for 20–30 minutes to stimulate <i>Marma</i> points, improve local circulation, reduce muscular tension, and support <i>Vata</i> balancing.
Post-Procedure (Paschat Karma)	Post-therapy, excess oil was removed with a warm damp cloth, the area was dried, and the patient was advised to rest, stay hydrated, and avoid cold exposure or physical exertion.

III. Ahar

A targeted dietary strategy, particularly the adoption of a renal-specific nutritional plan, is essential in managing and decelerating the progression of Chronic Kidney Disease (CKD).^[17] In this case, a meticulously tailored diet was formulated to meet the patient's individual clinical requirements and support overall therapeutic outcomes.

- a) *Pathya* (allowed)^[18]
 - Fresh and homemade food
 - Millet diet
- b) *Apathya* (Avoid):^[18]
 - Wheat, Packaged food, Refined food, Dairy food/ Animal food, Coffee and Tea
 - Never eat after 8 PM
 - In solid take small bite and chew 32 times
 - In liquid take sip and drink slowly
- c) Hydration^[19]
 - Boil 2 litres of water, reduce it to half (1 litre) and consume
 - Alkaline water - 3-4 times a day (1 litre)
 - Herbal tea (32 herbs tea)
 - Living water
 - Turmeric water
- d) Millet Meal^[20]
 - Foxtail (*Setaria italica*)
 - Barnyard (*Echinochloa esculenta*)
 - Little (*Panicum sumatrense*)
 - Kodo (*Paspalum scrobiculatum*)
 - Browntop (*Urochloa ramosa*)
 - Mota Anaj – Sorghum (*Sorghum bicolor*)
- e) Special Instructions^[19]
 - Brisk walking 30 min with barefoot
 - Sit in sunlight for 1 hour

- 10 min slow walk after every meal
- One day fasting is recommended
- Get quality sleep (8 hours)
- Cook millets in a steel cookware using only mustard oil.
- Sit in *Vajrasana* after every meal

f) Meal Structure^[19]

Early Morning (5:45 AM)	Breakfast (09:00 - 10:00 AM)	Morning Snacks (11:00 AM)	Lunch (12:30 - 02:00 PM)	Evening Snacks (04:00 - 04:20 PM)	Dinner (06:15 - 07:30 PM)
• 4 Crushed tulsi leaves + 1 gm ginger + 2 spoons of honey + hot water = on empty stomach / Herbal Tea	• Plate 1: Seasonal fruits (4-5 types) + turmeric water + <i>Mugdalyusha</i> • Plate 2: Millet <i>Khichdi</i> / Millet <i>Poha</i> / Millet <i>Upma</i>	• Red Juice (Beetroot, Carrot, Tomato & Pomegranate) – 150 ml • Soaked Almonds (4-5)	• Plate 1: Steamed Salad • Plate 2: Fermented Millet Meal	• Green Juice (Spinach, Fenugreek, Bathua, Amaranth, Mint, Coriander, Curry leaves & betel leaves) – 100 – 150 ml • Soaked Almonds (4-5)	• Plate 1: Steamed Salad • Plate 2: Green Vegetable Soup

Green Vegetable Soup:

- Spinach, Peas, Carrots, Cabbage, Capsicum, Ghee, Zucchini, Cucumber, Green Gram, etc. (10 grams each)
- Add Ginger, Garlic and Black Salt
- Grind & boil for a minute
- Add lemon as per taste & serve

Plate 1:
Patient Weight X 10

Plate 2:
Patient Weight X 5

Herbal Tea^[19]:

Gauzaban (*Borago officinalis*), *Kulanjan* (*Alpinia galanga*), *Badi Elaichi* (*Anomum subulatum*), *Laung* (*Syzygium aromaticum*), *Badiyan Khitai* (*Illicium verum*), *Banafsha* (*Viola odorata*), *Jafa* (*Hyssopus officinalis*), *Ashwagandha* (*Withania somnifera*), *Mulethi* (*Glycyrrhiza glabra*), *Punarnava* (*Boerhavia diffusa*), *Brahmi* (*Bacopa monnieri*), *Chitrak* (*Plumbago zeylanica*), *Marich* (*Piper nigrum*), *Adoosa* (*Justicia adhatoda* / *Adhatoda vasica*), *Saunf* (*Foeniculum vulgare*), *Shankh Pushpi* (*Convolvulus pluricaulis*), *Arjun* (*Terminalia arjuna*), *Tulsi* (*Ocimum sanctum*), *Motha* (*Cyperus rotundus*), *Senaye* (*Cassia angustifolia*), *Sounth* (*Zingiber officinale*, dried ginger), *Majeth* (*Rubia cordifolia*), *Sarfoka* (*Tephrosia purpurea*), *Dalchini* (*Cinnamomum zeylanicum*), *Galab* (*Rosa damascena*), *Green Tea* (*Camellia sinensis*), *Giloy* (*Tinospora cordifolia*), *Tej Patta* (*Cinnamomum tamala*), *Lal Chandan* (*Pterocarpus santalinus*), *White Chandan* (*Santalum album*) and *Pudina* (*Mentha piperita*)

IV. *Vihar*^[19]

- Meditation:** The patient was advised to practise Meditation daily for 30 minutes atleast.
- Yoga:** Perform *SukshmaPranayam* and *Sukhasan* for 40 minutes daily
- Sleep:** Ensure 6-8 hours of uninterrupted and deep sleep.
- Walking:** Brisk walk for 30 minutes in barefoot.
- DailyRoutine:** The patient was also advised to follow a structured routine.

OBSERVATION & RESULT

During the course of treatment, the patient demonstrated consistent clinical improvement. Quality of life assessments indicated significant enhancement in both physical and emotional domains. Substantial symptomatic relief was observed after 17 days of inpatient care, including reduction in symptoms like frothy urine, general weakness, cervical region stiffness and head heaviness. Notable improvements were also seen in appetite, sleep and nausea. The character of the urine normalized, transitioning from frothy to clear. These clinical outcomes

were corroborated by laboratory investigations, which revealed a significant reduction in Creatinine and Blood Urea Nitrogen (BUN) whereas, a notable improvement in Haemoglobin and e – GFR value. A comparative summary of pre- and post-treatment laboratory values is presented in Table 5, while Table 6 outlines the changes in clinical symptoms.

Table 5: Pre and Post – treatment laboratory evaluations

Tests	Values			
	10-06-2025	16-06-2025	21-06-2025	04-07-2025
Haemoglobin (Hb)	10.2 gm/dl	11.4 gm/dl	11.5 gm/dl	-
Creatinine	6.79 mg/dL	6.86 mg/dL	6.08 mg/dL	4.99 mg/dL
Blood Urea Nitrogen (BUN)	36.26 mg/dL	32 mg/dL	32 mg/dL	25 mg/dL
Estimated Glomerular Filtration Rate (eGFR)	10.05 mL/min/1.73 m ²	10.00 mL/min/1.73 m ²	12 mL/min/1.73 m ²	15 mL/min/1.73 m ²

Table 6: Comparative Analysis of Symptoms Pre- and Post-Treatment

Symptoms before treatment	Symptoms after treatment
Frothy urine (<i>Phenila Mutra</i>)	Improved
Generalized weakness (<i>Daurbalya</i>)	Improved
Cervical stiffness (<i>Greeva Stambha</i>)	Relieved
Increased sleep (<i>Atinidra</i>)	Normalized
Proteinuria (<i>Mutra Rog</i> with <i>Prameh Lakshana</i>)	Improved
Nausea (<i>Hrillasa</i>)	Relieved

DISCUSSION

This case study describes a 33-year-old male patient diagnosed with Chronic Kidney Disease (CKD) and Hypertension (HTN), who sought treatment at JeenaSikhoLifecare Limited Hospital. He presented with symptoms of frothy urine, generalized weakness, cervical stiffness, increased sleep, proteinuria and nausea.

A thorough assessment was conducted, encompassing vital signs, *AshtasthanaPareeksha* findings, and laboratory investigations, to develop an individualized treatment approach. The integrative management plan included *NidanParivarjan*, along with tailored interventions in *Ahar*, *Vihar*, *Shaman Chikitsa* and *Shodhan*.

1. *NidanParivarjan*

As part of the therapeutic plan, the patient was advised to eliminate heavy, oily, fermented, and overly spicy foods from the diet. Emphasis was placed on strict regulation of blood glucose and blood pressure, avoidance of nephrotoxic agents, and adherence to a renal-appropriate diet with controlled intake of salt, protein, and potassium. The patient was also instructed to maintain optimal hydration, avoid strenuous physical exertion, abstain from alcohol and tobacco, and follow a regular daily regimen. This integrated approach aligns with the *Ayurvedic* principle of *NidanParivarjan*, aiming to eliminate contributing factors, preserve renal function, and support improved clinical outcomes.^[17]

2. *Samprapti*

The *Samprapti* (pathogenesis) of the condition is depicted in Figure 1, outlining the etiopathological progression of *VrikkRog* (chronic kidney disorder). The disease is attributed to multiple causative factors (*Nidan*) including improper dietary habits (*Ahar*), sedentary or irregular lifestyle practices (*Vihar*), psychological stress (*Manasik*), and genetic predisposition (*Adrishta*). These factors primarily lead to vitiation of *Tridoshas*, with *Kapha* and *Vata* being predominantly involved. The disturbed *Doshas* contribute to *AgniDushti* (metabolic dysfunction), resulting in the formation and accumulation of *Ama* (toxic metabolic by-products). The presence of *Ama* causes *Strotorodha* (obstruction) within the *MutravahSrotas* (urinary system), either directly or through the dysfunction of associated *Dhatus* such as *Meda*, *Rakta*, and *Rasa*. This sequential pathophysiology progressively impairs renal structure and function, manifesting as *VrikkRog* (CKD). If left unaddressed, the condition advances into *Bhedavastha* (complicated stages), presenting with various forms of *Mutrakrichchhra* (urinary disturbances), classified according to the dominant *Dosha* – *Vataja*, *Kaphaja*, or *Pittaja*.^[9]

3. *Ahar*

It dietary regimen focuses on light, easily digestible, and nutritionally balanced meals spread across six intervals throughout the day. The routine begins with tulsi-ginger water or herbal tea in the early morning, followed by seasonal fruits and millet-based preparations for breakfast. Midday and evening snacks include fresh vegetable juices (such as beetroot or leafy greens) and soaked almonds. Lunch and dinner consist of steamed salads, fermented millet dishes, and green vegetable soups made with low-potassium ingredients like spinach, zucchini, and carrots. This approach enhances digestion, aids detoxification, and aligns with *Ayurvedic* principles to balance the *Doshas* and support renal function. Meals were to be consumed before 8 PM, with an emphasis on including health – promoting beverages such as herbal tea, turmeric water, and naturally energized water.^[18,19]

4. *Vihar*

The patient was guided to adopt targeted lifestyle modifications to support overall well-being. This included practicing daily meditation to alleviate stress and improve mental focus, alongside a tailored *yoga* regimen to enhance physical flexibility, relaxation, and emotional balance. Emphasis was also placed on ensuring 6–8 hours of quality, uninterrupted sleep and maintaining a structured, consistent daily routine to promote holistic health and equilibrium.^[19]

5. *Chikitsa*

A comprehensive therapeutic plan was formulated by the physician, encompassing both *Shodhan* and *ShamanChikitsa*. Based on a detailed clinical evaluation, a personalized *Panchkarma* protocol was designed, including interventions such as *AwagahSwedan*, *Shirodhara*, *MatraBasti*, *Kashaya Basti*, *Abhyang*, *VrikkBasti* and *Kansya* therapy with the objective of targeting the underlying pathology and restoring systemic homeostasis.

- In *AwagahSwedan*, the patient underwent immersion therapy in warm water maintained at 42°C, up to the level of the umbilicus, for approximately 40 minutes to induce therapeutic sweating. This procedure facilitates peripheral vasodilation, enhancing blood circulation and providing relief from musculoskeletal discomfort. The induced

perspiration aids in the elimination of metabolic waste and toxins, thereby supporting systemic detoxification and promoting overall therapeutic benefit.^[10]

- *Shirodhara* was performed using lukewarm *Brahmi* oil, with the patient comfortably positioned in a supine posture and the forehead aligned beneath a vessel delivering a continuous stream of oil over the *Ajna Chakra* from a height of approximately four finger-breadths. This classical *Ayurvedic* therapy is known to enhance cerebral circulation, thereby facilitating improved oxygenation and nutrient supply to brain tissues.^[10] In individuals with Chronic Kidney Disease (CKD), who frequently experience anxiety, cognitive disturbances, and sleep irregularities due to toxin build – up, the bacoside – rich *Brahmi* oil may help regulate the stress response, reduce cortisol levels, activate the parasympathetic nervous system, and promote restful sleep.^[21]
- *MatraBasti* was administered using *Gokshur Tail*. *Gokshur* acts as a natural diuretic in the patient, promoting urine output to reduce fluid retention, facilitate toxin elimination, and support blood pressure management commonly associated with CKD.^[22]
- *Kashaya Basti* was administered using *Trinpanchamoola Kashaya*. *Trinpanchamoola Kashaya* is used to pacify aggravated *Vata* and reduce *Kapha* – induced obstruction in the *MutravahaSrotas*, thereby improving urinary flow and alleviating *Srotorodha* in CKD.^[23]
- *Abhyangimproves* peripheral blood flow through massage, improving overall oxygen and nutrient delivery. *Bala-AshwagandhaTaila*, when used in *Abhyanga*, was used to nourish depleted *Mamsa*, *Meda*, and *MajjaDhatus*, thereby improving physical strength and reducing fatigue and general debility associated with CKD.^[24]
- *VrikkaBasti* was performed with *Gokshur* oil. *Gokshur* supports urinary tract and renal detoxification by preventing further accumulation of *Ama* (metabolic toxins) and minimizing the burden on compromised nephrons. Studies suggest it offers nephroprotective effects by reducing oxidative stress, inflammation, and potentially mitigating glomerular sclerosis and tubulointerstitial damage.^[15,22,25]
- *Kansya* (copper plate) therapy was employed to improve peripheral circulation, reduce muscular stiffness and fatigue, and support *Vata* pacification, thereby enhancing overall vitality and aiding in symptomatic relief in the supportive management of Chronic Kidney Disease.^[16,26]

A carefully structured *ShamanChikitsa* (palliative treatment) protocol was recommended by the physician. A comprehensive overview of the *Ayurvedic* formulations used in this case is provided in Table 7. *Gokshur* (*Tribulusterrestris*), *Punarnava* (*Boerhaviadiffusa*) and *Giloy* (*Tinosporacordifolia*) are the principal herbs commonly incorporated in *Ayurvedic* formulations. Their therapeutic efficacy is determined by their *RasPanchak* – a comprehensive analysis of taste (*Rasa*), qualities (*Guna*), potency (*Virya*), post-digestive effect (*Vipaka*), and specific action (*Prabhava*) – as follows.^[27]

- *Gokshur* (*Tribulusterrestris*) has *MadhurRas* (sweet taste), *Guru* (heavy) and *SnigdhaGuna* (unctuous quality), *ShitaVirya* (cold potency), and *MadhurVipaka* (sweet post-digestive effect), with *Mutrala* (diuretic) and *VrishyaPrabhava* (aphrodisiac-specific action), making it effective in urinary and reproductive disorders.
- *Punarnava* (*Boerhaviadiffusa*) possesses *Tikta-Kashaya Ras* (bitter and astringent taste), *Laghu-RukshaGuna* (light and dry qualities), *UshnaVirya* (hot potency), and

- 301 *KatuVipaka*(pungent post-digestive effect), with *Shothahara*(anti-inflammatory) and
302 *MutralaPrabhava*(diuretic action), useful in managing edema and kidney dysfunction.
- 303 • *Giloy* (*Tinosporacordifolia*) exhibits *Tikta-Kashaya Ras* (bitter and astringent taste),
304 *Laghu-SnigdhaGuna* (light and unctuous qualities), *UshnaVirya* (hot potency),
305 *MadhurVipaka* (sweet post-digestive effect), and *Rasayana* (rejuvenative) and
306 *TridoshaghnaPrabhava* (pacifies all three *doshas*), supporting immunity,
307 detoxification, and chronic disease management.

308 **Table 7: Detailed ¹description of medicines prescribed**

Medicine	Ingredients	Therapeutic effects
Renal Stone Removing Powder	Gokshur (<i>Tribulus terrestris</i>), Yava Kshar (<i>Hordeum vulgare</i>), Muli Kshar (<i>Raphanus sativus</i>), Kalmi Shora (<i>Potassium nitrate</i>), Hajrool Yahood Bhasam (<i>Dolichos biflorus</i>), Shwet Parpati (A compound preparation of Potassium nitrate, Alum, and Ammonium chloride).	Supports kidney health by aiding <i>Shodhan</i> (detox), <i>Kleda Shaman</i> (balancing fluids), and <i>Shotha Har</i> (reducing inflammation).
CKD Tablets	Pashanbhed (<i>Bergenia ciliata</i>), Varun (<i>Crataeva nurvala</i>), Punarnava (<i>Boerhavia diffusa</i>), Gokshur (<i>Tribulus terrestris</i>), Apamarg (<i>Achyranthes aspera</i>), Haridra (<i>Curcuma longa</i>), Charila (<i>Embelia ribes</i>), Kulthi (<i>Dolichos biflorus</i>), Haritaki (<i>Terminalia chebula</i>), Bhumiamlaki (<i>Pyrrosia piloselloides</i>), Guduchi (<i>Tinospora cordifolia</i>), Shitalchini (<i>Vernonia cinerea</i>), Anantmoal (<i>Hemidesmus indicus</i>), Khas (<i>Vetiveria zizanoides</i>), Yava kshar (Alkaline substance, botanical origin unclear), Muli Kshar (<i>Raphanus sativus</i>), Kalmi Shora (Sodium bicarbonate), Sajji kshar (Traditional alkaline substance, botanical origin unclear), Shilajeet (Asphaltum), Hazrool Yahood (Silicon dioxide), Shwet Parpati (Mercury-based preparation in Ayurvedic medicine).	Promotes urination, reduces excess bile, and stimulates liver function.
Yakrit Shoth Har Vati	Punarnava (<i>Boerhavia diffusa</i>), Krishna Marich (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Vaya vidanga (<i>Embelia ribes</i>), Devdaru (<i>Cedrus deodara</i>), Kutha (<i>Saussurea costus</i>), Haridra (<i>Curcuma longa</i>), Motha (<i>Cyperus rotundus</i>), Kalajira (<i>Aminum cuminum</i>), Chitrak (<i>Plumbago zeylanica</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Amlaki (<i>Embelia officinalis</i>), Danti (<i>Baliospermum montanum</i>), Chavya (<i>Piper chaba</i>), Indra (<i>Taraxacum officinale</i>), Pippali-Mool (<i>Piper longum</i>), Kayphal (<i>Myrica exculenta</i>), Kutaki (<i>Picrorhiza kurroa</i>), Nishoth (<i>Operculina turpethum</i>), Shunthi (<i>Zingiber officinale</i>), Kakad Singhi (<i>Cucumis sativus</i>), Ajwain (<i>Trachyspermum ammi</i>), Mandoor Bhasam (<i>Ferrum</i>).	<i>Yakrit Shodhan</i> (Liver and bile detoxifier), (<i>Agni Deepan</i>) digestive and (<i>Pachan</i>) metabolic enhancer, nourishes plasma tissue, and balances Vata-Pitta doshas.
20 Chandraprabha Vati	Camphor (<i>Cinnamomum camphora</i>), Vacha (<i>Acorus calamus</i>), Nagarmotha (<i>Cyperus rotundus</i>), Bhumiamlaki (<i>Phyllanthus niruri</i>), Guduchi (<i>Tinospora cordifolia</i>), Haridra (<i>Curcuma longa</i>), Daru Haridra (<i>Berberis aristata</i>), Dhanyaka (<i>Coriandrum sativum</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellerica</i>), Amlaki (<i>Phyllanthus emblica</i>), Vidanga (<i>Embelia ribes</i>), Shunthi (<i>Zingiber officinale</i>), Krishna Marich (<i>Piper nigrum</i>), Himalayan Salt , Nishoth (<i>Operculina turpethum</i>), Tejpatta (<i>Cinnamomum tamala</i>), Dalchini (<i>Cinnamomum cassia</i>), Cardamom (<i>Elettaria cardamomum</i>), Shilajeet	<i>Mutrakrichra Har</i> (relieves urinary discomfort), <i>Mutrala</i> (diuretic), <i>Krimighna</i> (anti-parasitic), strength promoter, regulates Vata, pacifies Pitta, and enhances immunity (<i>Ojas</i>).
Rakt Chap Vati	Sarpagandha – (<i>Rauvolfia serpentina</i>), Ajwain Khurasani – (<i>Hyoscyamus niger</i>), Jatamansi – (<i>Nardostachys jatamansi</i>), Bhang – (<i>Cannabis sativa</i>), Pippali-mool – (<i>Piper longum</i> – root part), Moti Pisti – (Pearl calcium preparation – derived from <i>Pinctada margaritifera</i> or similar pearl oyster species), Mukta Sukti Pisti – (Prepared from pearl oyster shell – <i>Ostrea edulis</i> or related species)	<i>Raktachaap Samyaka</i> (supports healthy blood pressure), <i>Hridya</i> (heart function), stress relief, circulation, immunity, and kidney detoxification.
Kidney Care	Punarnavarishtha , Chandanasava , Ushirasava , and Gokshuradi Kadha	<i>Shodhan</i> (Aids in detoxification) and <i>Vrikk Vardhak</i> (supports kidney function), <i>Shothahar</i>
Dhatu Poshak	Chuna Shuddh (Calcium carbonate), Shankh Bhasam (<i>Turbinella pyrum</i>), Mukta Shukti (<i>Pinctada margaritifera</i>), Praval Pishti (<i>Corallium rubrum</i>), Kapardika (<i>Cypraea moneta</i>) and Loh (Ferrum or Iron oxide).	<i>Rasayan</i> (Rejuvenative), <i>Ojovardhaka</i> , enhances disease resistance, and nourishes body tissues
Dr. BP Care	Shankh-Pushpi (<i>Convolvulus pluricaulis</i>), Shatavari (<i>Asparagus racemosus</i>), Ashwagandha (<i>Withania somnifera</i>), Brahmi (<i>Bacopa monnieri</i>), Vacha (<i>Acorus calamus</i> Linn), Sarpagandha (<i>Rauvolfia serpentina</i>), Jeerak (<i>Cuminum cuminum</i>), Guduchi (<i>Tinospora cordifolia</i>), Malabar nut (<i>Adhatoda vasica</i>), Jatamansi (<i>Nardostachys jatamansi</i>), and Muktha Pishti (Pearl powder)	Mind-calming action (<i>Manas Shaman</i>), blood pressure stabilizing effect (<i>Raktachaap Shaman</i>), and sleep-inducing property (<i>Nidrajanan</i>).

FUTURE RESEARCH ASPECTS

A key area for future research in the Ayurvedic management of Chronic Kidney Disease (CKD) lies in exploring the molecular mechanisms through which Ayurvedic formulations exert renoprotective effects. Although herbs like *Punarnava*, *Gokshur*, *Haritaki*, *Shilajeet*, and *Vibhitaki* are traditionally recognized for their role in kidney care, there is a need for robust scientific studies to clarify their interactions with critical biochemical pathways involved in CKD pathophysiology.^[28]

Future studies could include:

1. **Pharmacokinetic and pharmacodynamics investigations:** This research would focus on examining the absorption, distribution, metabolism, and excretion of Ayurvedic herbs used in CKD treatment. Gaining insight into how the body processes these herbs could facilitate optimizing their application in contemporary clinical practice.^[29]
2. **Clinical trials:** Conducting well-designed randomized controlled trials (RCTs) to evaluate the safety and effectiveness of Ayurvedic treatments in patients with CKD, especially in stages 3 to 5, would offer robust evidence of their advantages relative to conventional therapies.^[30]
3. **Biomarker discovery and validation:** Research could aim to identify biomarkers that reflect the effectiveness of Ayurvedic treatments, enabling improved monitoring of disease progression and therapeutic outcomes in CKD patients.^[31]
4. **Combination therapies:** Investigating the potential synergistic effects of Ayurvedic treatments combined with modern pharmaceutical interventions could pave the way for more holistic, integrated treatment approaches for CKD management.^[32]
5. **Gut microbiome studies:** Ayurveda places significant importance on digestion and metabolic balance. Future studies could investigate the impact of Ayurvedic treatments on the gut microbiome and their potential role in supporting kidney health, especially since microbiome imbalances are increasingly associated with the progression of CKD.^[33]

CONCLUSION

This case study demonstrates the successful Ayurvedic management of Chronic Kidney Disease (CKD) with coexisting hypertension in a patient presented with significantly impaired renal function. The patient's medical history revealed advanced chronic kidney damage, including diffuse glomerulosclerosis and severe tubulointerstitial chronicity, with no evidence of immune complex deposition and negative or pending autoimmune markers—indicating structural deterioration of non-immune etiology.

A comprehensive Ayurvedic treatment protocol was initiated following detailed clinical assessment, including laboratory parameters and symptomatology. The management strategy focused on *NidanParivarjan* (elimination of causative factors), *Ahar-ViharParivarjan* (dietary and lifestyle modifications), *Panchakarma* therapies for systemic detoxification, and *ShamanChikitsa* incorporating *hepatoprotective* and *Rasayan* (rejuvenative) formulations.

Over the course of one month, the patient showed notable clinical and laboratory improvement in renal function, systemic vitality, and associated symptoms.

Clinical:

- The patient demonstrated marked symptomatic improvement over the course of treatment.
- Notable clinical changes included the gradual **resolution of frothy urine, alleviation of generalized weakness, and relief from cervical stiffness.**
- The patient initially experienced increased **sleep duration**, which subsequently **reduced to a normal range.**
- Additionally, the patient's **proteinuria showed progressive improvement**, and episodes of **nausea resolved completely.**

Laboratory:

- Laboratory findings corroborated the clinical progress. **Serum creatinine levels decreased from 6.79 mg/dL to 4.99 mg/dL**, while **blood urea nitrogen (BUN) levels declined from 36.26 mg/dL to 25 mg/dL.**
- **Estimated glomerular filtration rate (eGFR) improved from 10.05 mL/min/1.73 m² to 15 mL/min/1.73 m²**, indicating partial renal function recovery.
- **Hemoglobin levels also increased from 10.2 g/dL to 11.5 g/dL**, suggesting an improvement in the patient's overall hematologic status.

These improvements correlate with the effective pacification of aggravated *Vata-Kaphadoshas*, enhancement of *Agni* (digestive fire), clearance of *Ama* (metabolic toxins), and restoration of *MutravahStrotas* (urinary channels). This case underscores the therapeutic potential of integrative *Ayurvedic* protocols in managing chronic systemic disorders like CKD, especially in cases with coexisting conditions. Continued *Rasayan* therapy and regular clinical monitoring are recommended to maintain and enhance long-term outcomes.

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