

REVIEWER'S REPORT

Manuscript No.: IJAR-54298

Date: 13/10/2025

Title: Management of Chronic Kidney Disease Utilizing Ayurvedic Therapeutics: A Case Report

Recommendation:

Accept as it is

Accept after minor revision

Accept after major revision

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Do not accept (*Reasons below*)

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

Reviewer Name: Mrs. Shreya Vaz

Date: 13/10/2025

Reviewer's Comment for Publication.

The article presents a brief report of The case report demonstrates promising symptomatic and investigational improvements in a 75-year-old CKD patient managed with Ayurvedic therapeutics alongside diet and lifestyle modifications. However, broader clinical trials with controlled methodologies are needed to validate efficacy, safety, and generalizability of these interventions.

Detailed Reviewer's Report

This article is based comprises a brief contents.

The case report demonstrates promising symptomatic and investigational improvements in a 75-year-old CKD patient managed with Ayurvedic therapeutics alongside diet and lifestyle modifications. However, broader clinical trials with controlled methodologies are needed to validate efficacy, safety, and generalizability of these interventions.

Introduction

The authors present a single-patient case report describing the holistic management of advanced Chronic Kidney Disease (CKD) using Ayurvedic formulations, diet, and lifestyle measures. CKD poses significant global health challenges, often progressing to end-stage renal disease with high morbidity and mortality. Conventional therapies—including pharmacotherapy, dialysis, and

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transplantation—carry high costs and potential adverse effects. Integrative approaches like Ayurveda may offer cost-effective, individualized care.

Case Presentation

A 75-year-old male with CKD (GFR 33.7 mL/min) complicated by polycystic kidney disease, renal cysts, and pleural effusion presented with severe weakness, constipation, gas, acidity, and anorexia.

Baseline investigations included:

- DTPA renal scan: GFR 33.7 mL/min (left 14 mL/min, right 19.7 mL/min).
- HRCT thorax: fibrotic bands, pleural thickening, bronchiectasis.
- CT abdomen/pelvis: heterogeneous interpolar mass, cortical cysts, prostatomegaly, hiatus hernia.
- CT KUB and brain: multiple renal hypodensities; no cerebral abnormalities.

Interventions**Ayurvedic regimen:**

- Formulations such as Nephron Plus, Granthi Har Vati, Detox Lung Churna, Gadood Sudharak Vati, Medhya Tonic, and Triphala Guggulu in specified dosages aimed at dosha balance, detoxification, anti-inflammation, and Rasayana effects.

Dietary modifications:

- CKD-specific whole-food, plant-based diet with millets, restricted sodium and protein, 1.5 L/day fluids (alkaline and turmeric water).

Lifestyle measures:

- Routine individualized according to Ayurvedic principles to support digestive fire (Agni) and eliminate metabolic toxins (Ama).

Outcomes**Symptomatic improvements:**

- Appetite and energy levels restored; constipation and urinary frequency normalized.

Investigational improvements:

- Post-treatment DTPA scan (Jan 1, 2025): total GFR 58.9 mL/min (left 24.5 mL/min, right 34.4 mL/min), reflecting substantial renal function recovery.

Vital stability (Table 1):

Date	BP	Pulse	Temp.	Weight
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07/08/2024	130/80 mmHg	87 bpm	94°F	63 kg

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10/09/2024	120/80 mmHg	84 bpm	94°F	60 kg
14/09/2024	110/70 mmHg	88 bpm	96°F	59.4 kg
11/10/2024	130/80 mmHg	86 bpm	95°F	60.35 kg
19/11/2024	110/70 mmHg	87 bpm	94°F	59.35 kg
02/01/2025	120/70 mmHg	84 bpm	94°F	58.50 kg

Discussion

The integrative Ayurvedic approach yielded notable improvements in both clinical symptoms and renal function. Key strengths include detailed multimodal assessment and clear documentation of pre- and post-treatment metrics. The proposed mechanisms—dosha balancing, detoxification, and Rasayana effects—align with traditional theories and warrant translational investigation.

Limitations:

- Single-case design without control limits causal inference.
- Potential placebo effects and observational bias.
- Lack of long-term follow-up beyond January 2025.

Recommendations for Future Research

- Conduct randomized controlled trials with larger patient cohorts.
- Standardize Ayurvedic formulations and treatment protocols.
- Investigate underlying biochemical and immunological mechanisms.
- Evaluate long-term safety, adherence, and quality-of-life outcomes.

Conclusion

This case report offers preliminary evidence supporting the adjunctive role of Ayurvedic therapeutics in CKD management. While the results are encouraging, rigorous clinical studies are essential to confirm efficacy, optimize treatment regimens, and integrate such approaches into mainstream nephrology practice.

References; All the references are provided