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RESEARCH ARTICLE

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

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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.

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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

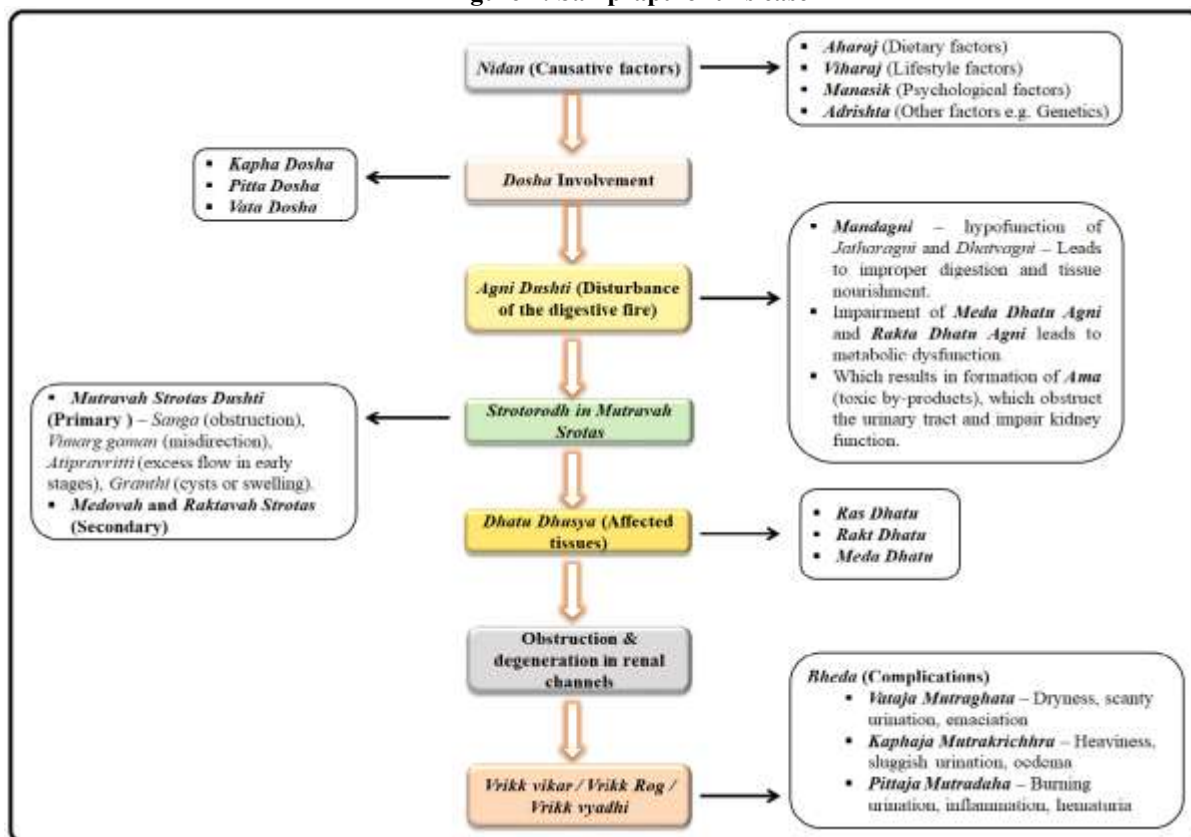
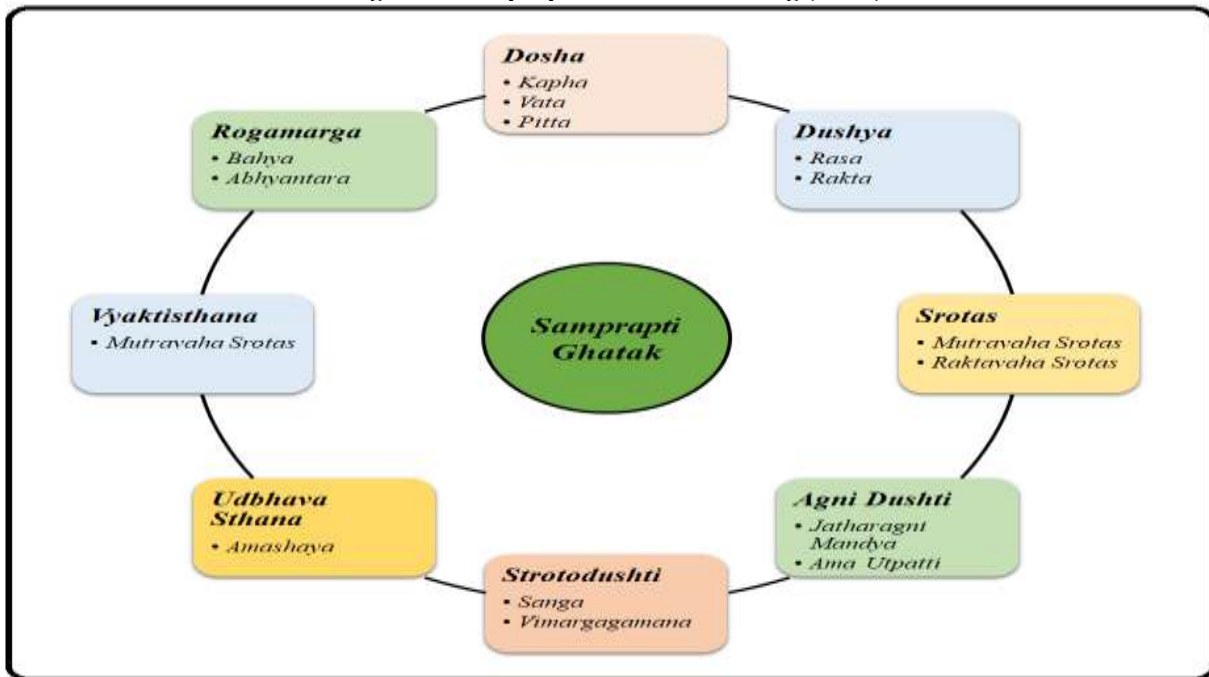


Figure 2: SampraptiGhatakofVrikk rog (CKD)



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

Objective:-

The objective of this case study is to evaluate the effectiveness of Ayurvedic management in a patient with Chronic Kidney Disease (CKD) and hypertension, focusing on Doshavitiations, StrotasDushti, and Amaformation, with an integrative approach involving NidanParivarjan, Panchakarma, and Rasayantherapy to restore MutravahStrotas function.

Case Report:-

A 33-year-old male with a known history of Chronic Kidney Disease (CKD) and hypertension (diagnosed in 2022) presented to JeenaSikhoLifecare Limited Hospital, Amritsar, Punjab, on June 5, 2025. He reported symptoms such as frothy urine (PhenilaMutra), generalized weakness (Daarbalya), cervical stiffness (GreevaStambha), head heaviness (ShirahGaurava), increased sleep (Atinidra), proteinuria (Mutra Rog with PramehLakshan), and nausea (Hrillasa). A renal biopsy dated September 9, 2022, revealed extensive chronic kidney damage characterized by diffuse scarring, severe tubulointerstitial chronicity (involving 70–75% of the core), and global sclerosis in 21 out of 22 glomeruli. There was no evidence of immune complex deposition, and autoimmune markers were either negative or pending. These findings suggest advanced structural deterioration of non-immune origin. A Micturating 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>Jiwha</i> (Tongue)	<i>Malin</i> (Coated)
<i>Shabda</i> (Voice)	<i>Spashta</i> (Clear)
<i>Sparsh</i> (Touch)	<i>Samsheetoshna</i> (Normal)
<i>Akriti</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), NidanParivarjanalong with Shodhan and Shaman Chikitsa. Vital parameters were closely monitored throughout the treatment period, with daily observations summarized in Table 3.

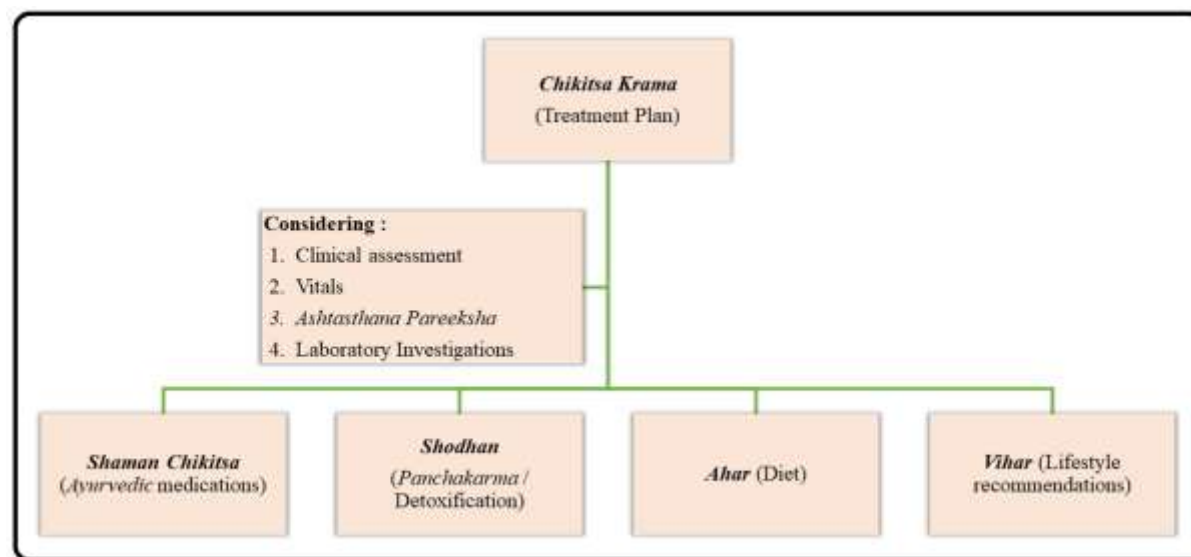


Table 3. The vitals noted during the IPD treatment

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%

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

Shodhan:-

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

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.

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 oil</i> 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.

1. 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.

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.

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.

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.

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.

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, Packed 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>Mugda yusha</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** (*Amomum subulatum*), **Laung** (*Syzygium aromaticum*), **Badiyan Khtayi** (*Illicium verum*), **Banafsha** (*Viola odorata*), **Jufa** (*Hyssopus officinalis*), **Ashwagandha** (*Withania somnifera*), **Mulethi** (*Glycyrrhiza glabra*), **Panarnava** (*Boerhavia diffusa*), **Brahmi** (*Bacopa monnieri*), **Chitrak** (*Plumbago zeylanica*), **Marich** (*Piper nigrum*), **Adoosa** (*Justicia adhatoda* / *Adhatoda vasica*), **Sannf** (*Foeniculum vulgare*), **Shankh Pushpi** (*Convolvulus pluricaulis*), **Arjun** (*Terminalia arjuna*), **Tulsi** (*Ocimum sanctum*), **Motha** (*Cyperus rotundus*), **Senaye** (*Cassia angustifolia*), **Sounth** (*Zingiber officinale*, dried ginger), **Majeeth** (*Rubia cordifolia*), **Sarfoka** (*Tephrosia purpurea*), **Dalchini** (*Cinnamomum zeylanicum*), **Gulab** (*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*)

Vihar^[19]:-

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

Observation and 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	15-06-2025	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.

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]

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]

Ahar:-

Its 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]

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]

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

Table 7: Detailed description 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 Shodhan (detox), Kleda Shaman (balancing fluids), and Shotha Har (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>), Anantmoool (<i>Hemidesmus indicus</i>), Khas (<i>Vetiveria zizanioides</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>Cuminum cyminum</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 Jon (<i>Taraxacum officinale</i>), Pippali-Mool (<i>Piper longum</i>), Kayphal (<i>Myrica esculenta</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>).	Yakrit Shodhan (Liver and bile detoxifier), (Agni Deepan) digestive and (Pachan) metabolic enhancer, nourishes plasma tissue, and balances <i>Vata-Pitta</i> doshas.
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	Mutrakrichra Har (relieves urinary discomfort), Mutrala (diuretic), Krimighna (anti-parasitic), strength promoter, regulates <i>Vata</i> , pacifies <i>Pitta</i> , 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)	Raktachaap Samyaka (supports healthy blood pressure), Hridya (heart function), stress relief, circulation, immunity, and kidney detoxification.
Kidney Care	Punarnavarishtha , Chandanasava , Ushirasava , and Gokshuradi Kadha	Shodhan (Aids in detoxification) and Vrikk Vardhak (supports kidney function), Shothahar
Dhatu Poshak	Chuna Shuddh (Calcium carbonate), Shankh Bhasam (<i>Turbinella pyrum</i>), Mukta Shukti (<i>Pinctada margaritifera</i>), Praval Pisthi (<i>Corallium rubrum</i>), Kapardika (<i>Cypraea moneta</i>) and Loh (<i>Ferrum</i> or <i>Iron oxide</i>).	Rasayan (Rejuvenative), Ojovardhaka , 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 cyminum</i>), Guduchi (<i>Tinosporacordifolia</i>), Malabar nut (<i>Adhatoda vasica</i>), Jatamansi (<i>Nardostachys jatamansi</i>), and Muktha Pisthi (Pearl powder)	Mind-calming action (Manas Shaman), blood pressure stabilizing effect (Raktachaap Shaman), and sleep-inducing property (Nidrajanan).

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.

Reference:-

1. Maringhini, S., & Zoccali, C. (2024). Chronic kidney disease progression—A challenge. *Biomedicines*, 12(10), 2203. <https://doi.org/10.3390/biomedicines12102203>
2. Hill NR, Fatoba ST, Oke JL, Hirst JA, O'Callaghan CA, Lasserson DS, Hobbs FD. Global Prevalence of Chronic Kidney Disease - A Systematic Review and Meta-Analysis. *PLoS One*. 2016 Jul 6;11(7):e0158765. doi: 10.1371/journal.pone.0158765. PMID: 27383068; PMCID: PMC4934905.
3. Korsaa A, Tesfaye W, Sud K, Krass I, Castellino RL. Risk Factor-Based Screening for Early Detection of Chronic Kidney Disease in Primary Care Settings: A Systematic Review. *Kidney Med*. 2025 Feb 12;7(4):100979. doi: 10.1016/j.xkme.2025.100979. PMID: 40166055; PMCID: PMC11957498.
4. Pattaro, C., Teumer, A., Gorski, M., Chu, A. Y., Li, M., Mijatovic, V., Garnaas, M., Tin, A., Sorice, R., Li, Y., Taliun, D., Olden, M., Foster, M., Yang, Q., Chen, M.-H., Pers, T. H., Johnson, A. D., Ko, Y.-A., Fuchsberger, C., ... Fox, C. S. (2016). Genetic associations at 53 loci highlight cell types and biological pathways relevant for kidney function. *Nature Communications*, 7, 10023. <https://doi.org/10.1038/ncomms10023>
5. Ramezani A, Raj DS. The gut microbiome, kidney disease, and targeted interventions. *J Am Soc Nephrol*. 2014 Apr;25(4):657-70. doi: 10.1681/ASN.2013080905. Epub 2013 Nov 14. PMID: 24231662; PMCID: PMC3968507.
6. Tögel FE, Westenfelder C. Mesenchymal stem cells: a new therapeutic tool for AKI. *Nat Rev Nephrol*. 2010 Mar;6(3):179-83. doi: 10.1038/nrneph.2009.229. PMID: 20186233.
7. Tiga, R., Mallik, P. P., & Acharya, B. (2024). A critical review on Vrikk Rog vis-a-vis Chronic Kidney Disease (CKD). *AYUSHDHARA: An International Journal of Research in AYUSH and Allied Systems*, 11(4), 143–148. <https://doi.org/10.47070/ayushdhara.v11i4.1648>
8. Chate, S. B., & Ranade, A. (2024). Ayurvedic pathogenesis of Chronic Kidney Disease: A critical review. *International Journal of Creative Research Thoughts (IJCRT)*, 12(11). <https://www.ijert.org/issn.php?uid=2320-2882>
9. Tiwari, Himanshu & Dang, Poonam & Badyal, Sakshi & Dhawan, Puneet. (2024). Chronic Kidney Disease (CKD) Pathogenesis In Ayurveda Parlance-A Review!. *International Ayurvedic Medical Journal*. 8. 138-145. 10.46607/iamj06p8022024.
10. Nagawade, R. S. (Year). A review article on AvagahaSweda. *International Journal of Research Publication and Reviews*
11. Rawat, V., Kumar, V., & Verma, S. (2020). Role of Shirodhara by Brahmi Taila in Essential Hypertension: A Conceptual Study. *World Journal of Pharmaceutical and Medical Research*, 6(10), 154-158.
12. Sharma, B., Shukla, G. D., & Sharma, P. (2020). Management of chronic kidney disease by Ayurveda with special reference to Basti. *International Ayurvedic Medical Journal*, 8(9), 4426–4430. Retrieved from http://www.iamj.in/posts/images/upload/4426_4430.pdf
13. Chaturvedi, D., & Nakade, M. (2022). Critical review on Basti – An ArdhaChikitsa. *Asian Pacific Journal of Health Sciences*, 9(4S1), 135–139.
14. Madhukar, L. S., Nivrutti, B. A., Bhatnagar, V., & Bhatnagar, S. (2018). Physio-anatomical explanation of abhyanga: An Ayurvedic massage technique for healthy life. *Journal of Traditional Medicine & Clinical Naturopathy*, 7(1), 252.
15. BairagiBhushan, A., Gadkari Parag, U., & More Manjusha, S. Clinical Evaluation Of VarunadiTailaVrikkabasti In The Management Of Renal Calculi.
16. Bhalerao, S. K. (2024). Padabhyanga: Kansa Thali Foot Rub. *A and V Pub International Journal of Nursing and Medical Research*, 3(1), 50-52.
17. Manish, A., Chaudhary, G., Singh, M., & Richa. (2024). A case study for integrating AyurvedicPanchkarma therapies for management of chronic kidney disease. *AYUSHDHARA*, 11(6), 208-223. <https://doi.org/10.47070/ayushdhara.v11i6.1818>
18. Garud, S., Chaudhary, A., & Kotecha, M. (2017). Pathya-Apathya – A peculiarity of Ayurveda. *International Journal of Ayurvedic and Herbal Medicine*, 7(4), 2635–2642. <https://doi.org/10.18535/ijahm/v7i4.01>
19. Hospital & Institute of Integrated Medical Sciences. (HIIMS). What is DIP Diet? How does it help cure kidney disease? HIIMS. <https://hiims.in/blog/dip-diet-for-kidneys/>

20. Suman, & Joshi, N. K. (2024). Millets: Forgotten grains with potential health benefits in Ayurveda with special reference to Kodrava. *Journal of Ayurveda and Integrated Medical Sciences*, 7, 230–236. <https://doi.org/10.21760/jaims.9.7.35>
21. Parmar, D., Rathva, D., Prince Pal, D. S. U., & Upadhyay, U. A Review on Brahmi Oil.
22. Ahmed, A., Ali, S. W., Afzaal, M., Saeed, M. F., Saleem, M. A., Bilal, M., & Ansari, M. J. (2023). *Tribulusterrestris* L.: Gokshur/Gokharu. In A. Sharma & G. A. Nayik (Eds.), *Immunity boosting medicinal plants of the Western Himalayas* (Chapter 23). Springer. https://doi.org/10.1007/978-981-19-9501-9_23
23. Shukla, A. V., & Tripathi, R. D. (Eds.). (2010). *Charaka Samhita of Agnivesha* (Vol. 2, Siddhi Sthana, Chapter 3, Verse 34 - 45). Chaukhambha Sanskrit Pratishthan. (Foreword by A. P. V. Sharma)
24. Raut, R. G. (2014). Analytical study of balaashwagandhataila. *Int J AyurAlliSci*, 3, 171-176.
25. Shelke, R. D., Ramteke, A. D., & Patankar, R. A. (2014). Phytochemical study of gokshur (*Tribulusterrestris* Linn.) And evaluation of its antibacterial activity with special reference to mutrakruachha. *International Journal of Ayurveda and Pharma Research*.
26. Devaki, S., & Sushma, D. (2024). A Literary Review of Kansya (Bell Metal). *Journal of Ayurveda and Integrated Medical Sciences*, 9(10), 221-226.
27. Bhola, S., & Rao, M. P. (2016). Are Rasapanchaka physical effects or pharmacological effects? A detailed review. *World Journal of Pharmaceutical Research*, 404 – 15.
28. Mishra, S., Dash, R., & Kumar, S. (2024). Chronic Kidney Disease in Light of Ayurveda: A Literary Review on Vataj Pandu. *International Journal of Ayurveda and Pharma Research*, 65-68. <https://doi.org/10.47070/ijapr.v12i4.3193>
29. Borkar, P., Yadav, V., Tiwari, R. R., & Samarth, R. M. (2022). A systematic review of potential candidates of herbal medicine in treatment of chronic kidney disease. *Phytomedicine Plus*, 2(4), 100361. <https://doi.org/10.1016/j.phyplu.2022.100361>
30. Patel M, Patel M, Patel K, Wischnewsky M, Stapelfeldt E, Kessler CS, Gupta SN. Deceleration of Disease Progress Through Ayurvedic Treatment in Nondialysis Stages IV-V Patients with Chronic Renal Failure: A Quasi-Experimental Clinical Pilot Study with One Group Pre- and Postdesign and Two Premeasurements. *J Altern Complement Med*. 2020 May;26(5):384-391. doi: 10.1089/acm.2019.0419. Epub 2020 Mar 30. PMID: 32223566.
31. Yan Z, Wang G, Shi X. Advances in the Progression and Prognosis Biomarkers of Chronic Kidney Disease. *Front Pharmacol*. 2021 Dec 21;12:785375. doi: 10.3389/fphar.2021.785375. PMID: 34992536; PMCID: PMC8724575.
32. Patankar S, Gorde A, Patankar S, Raje R, Devanpally C, Ausekar P, Patil G, Chitale S. A prospective, randomized, open label, parallel group, comparative clinical trial to evaluate the safety and efficacy of combination of herbal oral capsule and rectal medication to improve gut health of type 2 diabetic patients having chronic kidney disease (CKD). *J Ayurveda Integr Med*. 2025 Feb 28;16(2):100992. doi: 10.1016/j.jaim.2024.100992. Epub ahead of print. PMID: 40022890; PMCID: PMC11914997.
33. Al Khodor, S., & Shatat, I. F. (2017). Gut microbiome and kidney disease: a bidirectional relationship. *Pediatric Nephrology*, 32, 921-931.