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RESEARCH ARTICLE

REVITALIZING KIDNEY HEALTH: A CASE STUDY EXPLORING THE SYNERGY OF AYURVEDIC INTERVENTIONS IN THE MANAGEMENT OF CHRONIC KIDNEY DISEASE AND HYPERTENSION

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Abstract

Chronic Kidney Disease (CKD) is a progressive disorder characterized by a gradual decline in kidney function, classified into five stages based on glomerular filtration rate (GFR). It is commonly associated with risk factors such as hypertension, diabetes, obesity, aging, and cardiovascul ar diseases. Despite extensive research, the exact etiology remains unclear, although cystic kidney diseases and glomerulonephritis are well-established contributors. CKD is associated with symptoms like elevated blood urea,electrolyte imbalances, anemia, and gastrointestinal issues such as constipation. The global prevalence of CKD is alarming, with around 850 million individuals affected, especially in low- and middle-income countries. Modern treatments focus on lifestyle modifications and restricted fluid intake in advanced stages. Ayurveda, an ancient system of medicine, offers a personalized approach, addressing the imbalance of the doshas and promoting kidney function through Ayurvedic formulations, detoxification therapies like Panchakarma, and lifestyle modifications. This study, conducted at Jeena Sikho Lifecare Limited Clinic, Kota, aims to assess the impact of Ayurvedic interventions in managing CKD, hypertension, and related complications in a 60-year-old male patient. The patient, diagnosed with CKD and hypertension, experienced significant symptom relief following Ayurvedic treatment, demonstrating the potential of integrating Ayurvedic therapies with conventional medicine for managing CKD. Further studies with larger sample sizes are necessary to validate the findings and establish standardized treatment protocols.

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Introduction:-

Chronic Kidney Disease (CKD) is a progressive disorder that involves the gradual decline in kidney function, commonly categorized into five stages based on the glomerular filtration rate (GFR). It is frequently associated with risk factors such as hypertension, diabetes, obesity, aging, and cardiovascular diseases, particularly in developed nations [1]. Despite extensive research, the exact etiology of CKD remains elusive, although conditions like cystic kidney diseases and glomerulonephritis are well-established contributors. The relationship between CKD and hypertension is complex, with ongoing debates about whether hypertension is a cause or consequence of kidney dysfunction. As CKD advances, patients typically experience elevated blood urea, metabolic disturbances such as electrolyte imbalances, anemia, and mineral and bone issues, which, if left untreated, can lead to life-threatening complications [2]. Anemia, frequently due to deficiencies in erythrocytes, iron, folic acid, and vitamin B12, is a common manifestation of CKD [3]. Gastrointestinal problems, particularly constipation, also prevail among CKD patients [4]. The global prevalence of CKD is alarming, with approximately 850 million individuals affected, particularly in low- and middle-income countries lacking adequate healthcare infrastructure [5, 6].

Modern management strategies for CKD include lifestyle modifications, such as dietary changes, regular exercise, and restricted fluid intake during advanced stages. In India, the rising incidence of CKD is primarily attributed to unhealthy dietary habits, uncontrolled diabetes, and hypertension [7]. Additionally, Ayurveda, an ancient system of medicine, offers a personalized approach to CKD management by addressing individual constitution (Prakriti) and imbalances in the body's doshas. Though CKD is not explicitly mentioned in classical Ayurvedic texts, it can be understood through the concepts of vatajpandu and mutravahsrotasvikar[8,9,10]. Ayurveda emphasizes balancing the Vatadosha, which governs fluid movement and elimination, through Ayurvedic formulations, detoxification therapies like Panchakarma, and lifestyle modifications [9,10]. By considering the dosha, dushya, and srotas involved, Ayurveda offers a comprehensive approach to managing CKD, promoting both kidney health and overall well-being [11]. Moreover, incorporating lifestyle changes that address stress management and physical activity is essential for CKD patients to improve both their physical and emotional health.This study aims to assess the impact of Ayurvedic interventions in managing CKD, epilepsy and hypertensionin a 60-year-old male patient.

Case Report:-

On March 22, 2023, a 60-year-old male, visited Jeena Sikho Lifecare Limited Clinic,Kota, Rajasthan, India with known case of Chronic Kidney Disease along with a history of Hypertension since 2018.A comprehensive medical history, family history, physical examination, and diagnostic evaluations were all part of the methodical and thorough examination. He came with complaints ofpedaloedema since 2022, cold, cough and sneezing and loss of appetite since January 2023 and itching all over body since March 2023. There was no relevant family history. He experienced facialoedema, low appetite, itching all over the body, pedal oedema and cold, cough and sneezing. The basic examinations during the visits is detailed in **Table 1**.

Table 1 Vitals during the initial examination on first day of the visit on March 22, 2023

Parameter	March 22, 2023
Blood pressure	130/70 mmHg
Pulse per minute	75/min
Weight	75 Kg
Naadi	*Vataj kaphaj*
Jiwha	*Saam*
Mutra	*Safena*
Agni	*Mandha*
Mala	*Vibandha*
Nidra	*Khandit*
Drika	*Prakrita*
Akriti	*Madhyam*

The patient had a severe pain (6/10). The laboratory investigations on March 22, 2023 and April 10, 2023 is mentioned in **Table 2.**The basic vitals on April 10, 2023 is mentioned in **Table 3.**

Table 2 The laboratory investigations on March 22, 2023 and April 10, 2023

Parameter	March 22, 2023	April 10, 2023
Blood Sugar	98 mg/dl	-
Blood Urea	**198 mg/dl**	**140 mg/dl**
Sr. creatinine	**12.1 mg/dl**	**6.4 mg/dl**

Table 4 The basic vitals on April 10, 2023

Parameter	April 20, 2023
Blood pressure	118/70 mmHg
Pulse per minute	72/min
Weight	74 Kg
Naadi	*Vataj kaphaj*
Jiwha	*Saam*
Mutra	*Safena*
Agni	*Mandha*
Mala	*Prakrita*
Nidra	*Khandit*
Drika	*Prakrita*
Akriti	*Madhyam*

An accurately designed DIP Diet was provided to the patient to complement the *Ayurvedic* treatments administered for CKD [11,12]:

Treatment Plan:-

I. Diet Plan:-

Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital:

- Avoid wheat, refined foods, dairy, coffee, tea, and packaged foods.
- Do not eat after 8 PM.
- When eating solid foods, take small bites and chew each bite 32 times.

Hydration:-

- Sip water slowly, mindful of the amount consumed each time.
- Aim to drink 1 litre of alkaline water 3 to 4 times a day.
- Incorporate herbal tea, living water, and turmeric-infused water into your daily routine.
- Boil 2 litres of water and reduce it to 1 litre before drinking.

Millet Consumption:-

- Include five types of millet in your diet: Foxtail, Barnyard, Little, Kodo, and Browntop millet.
- Cook the millets in mustard oil using stainless steel cookware.

Meal Timing and Structure:-

- Early Morning (5:45 AM): Begin with herbal teaalong with raw ginger and turmeric.
- Breakfast (8:30-9:30 AM): Have steamed fruits (Apple/Papaya) and a fermented millet shake.
- Morning Snacks (11:00-11:20 AM): 100 gm of sprouts and 150 ml of red juice and soaked almonds.
- Lunch (12:30 PM - 2:00 PM): Two plates—Plate 1: steamed salad; Plate 2: cooked millet-based dish.
- Evening Snacks: Green juice (100-150 ml) and 4-5 almonds.
- Dinner (6:15-7:30 PM): Plate 1: raw salad, chutney, green garden delight, and soup; Plate 2: millet khichdi/ fermented millets/ millet chapati.

Fasting:-

- It is recommended to fast for one day.

Special Instructions:-

- Offer thanks to the divine before eating or drinking.
- Practice Vajrasana after every meal.
- Take a slow 10-minute walk after each meal.

Diet Types:-

- The diet includes low-salt solid, semi-solid, and smoothie options.
- Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

Lifestyle Recommendations:-

1. Include meditation as a method for relieving stress.
2. Practice Yoga (Sukhasana and Sukshma Pranayama) between 6:00 AM and 7:00 AM.
3. Go for a brisk 30-minute barefoot walk.
4. Aim for 6-8 hours of restful sleep each night.
5. Follow a structured daily routine to maintain balance and organization in your life.

Medicinal Interventions:-

The Ayurvedic treatment employed in this case included mutravardhakvati, CKD Syrup, Rakt Chap Vati, Relivon Powder, Nephron plus and chandervati Tablet. The medications prescribed on March 22, 2023 and April 10, 2023 is mentioned in **Table 5.**

Table 5The medicine advised on March 22, 2023 and April 10, 2023

Medicine name	Ingredients	Dosage	Therapeutic Effects
Mutra Vardhak Vati	**Gokshura** (*Tribulus terrestris*), **Guggul** (*Commiphora wightii*), **Sonth** (*Zingiber officinale*), **Kalimirch** (*Piper nigrum*), **Pippal** (*Piper longum*), **Bahera** (*Terminalia bellerica*), **Harad** (*Terminalia chebula*), **Amla** (*Phyllanthus emblica*), **Motha** (*Cyperus rotundus*)	1 TAB BD *(Adhobhakta* with *koshna jala)*	Improves urine outflow, helps in dysuria
CKD Syrup	**Kasani** (*Cichorium intybus*), **Gokhru** (*Tribulus terrestris*), **Shatavari** (*Asparagus racemosus*), **Giloy** (*Tinospora cordifolia*), **Sorbitol**, and **Shudh Shilajit** (*Asphaltum punjabianum*)	7.5 ml BD *(Adhobhakta* with *koshna jala)*	Cell rejuvenation, relieves dysuria and improves urine outflow
Rakt Chap Vati	**Loh, abhrak, baslochan, shilajeet, arjun** (*Terminalia arjuna*) **and Swarn maksik**	1 TAB BD *(Adhobhakta* with *koshna jala)*	Helpful in managing blood pressure levels
Relivon Powder	**Saverna Patri** (*Luffa aegyptiaca*), **Misreya**, **Senda Namal**, **Sonth** (*Zingiber officinale*), **Jang Harar** (*Chebulic Myrobalan*), and **Erand Oil** (*Ricinus communis*)	Half a teaspoon HS *(Nishikala* with *koshna jala*)	helps to manage constipation, indigestion, auto immune disease, undigested metabolic waste and rheumatoid arthritis
Nefron Plus Capsules	**Hazrool yahood bhasma powder**, **Chandraprabha powder**, **Pashanbheda**, **MulakKshar powder**, **YavaKshar powder**, **Amalaki Rasayan powder**, **Trivikrum Rasa powder**, **Navasara powder**, **Nimbu Stava powder** (*Citrus limon*), **Gokshur** (*Tribulus terrestris*), **Durbhamool** (*Chlorophytum borivilianum*), **Shila pushpa** (*Dolichos biflorus*), **Black Salt powder**, and **Hing powder** (*Ferula asafoetida*)	1 CAP BD *(Adhobhakta with koshna jala)*	Provides relief from pain and discomfort associated with kidney issues.
Chander Vati Tablet	**Kapoor Kachri** (*Hedychium spicatum*), **Vacha** (*Acorus calamus*), **Motha** (*Cyperus rotundus*), **Kalmegh** (*Andrographis paniculata*), **Giloy** (*Tinospora cordifolia*), **Devdaru** (*Cedrus deodara*), **Desi Haldi** (*Curcuma longa*), **Atees** (*Aconitum heterophyllum*), **Daru Haldi** (*Berberis aristata*), **Pipla Mool** (*Piper longum* root), **Chitraka** (*Plumbago zeylanica*), **Dhaniya** (*Coriandrum sativum*), **Harad** (*Terminalia chebula*), **Bahera** (*Terminalia bellirica*), **Amla** (*Phyllanthus emblica*), **Chavya** (*Piper chaba*), **Vayavidang** (*Embelia ribes*), **Pippal** (*Piper longum*), **Kalimirch** (*Piper nigrum*), **Sonth** (*Zingiber officinale* dried ginger), **Gaj Pipal** (*Scindapsus officinalis*), **Swarn Makshik Bhasma**, **Sujji Kshar**, **Senda Namak**, **Kala Namak**, **Choti Llayachi** (*Elettaria cardamomum* - small cardamom), **Dalchini** (*Cinnamomum verum*), **Tejpatra** (*Cinnamomum tamala*), **Danti** (*Baliospermum montanum*), **Nishothra** (*Operculina turpethum*), **Banslochan**, **Loh Bhasam**, **Shilajit** (*Asphaltum punjabinum*), **Guggal** (*Commiphora wightii*).	1 TAB BD *(Adhobhakta* with *Koshna jala)*	Alleviate urinary tract symptoms and promotes healthy urine flow

Result:-

Effectiveness of Ayurvedic Treatments:The patient underwent treatment for 3 months, after the treatment he experienced noteworthy development in symptoms, which denotes the interventions used in the study are effective against CKD and hypertension.At the time of discharge, the patient was well oriented and there was relief from pedal oedemawhichshows that the Ayurvedic interventions used in the case study are effective for CKD.

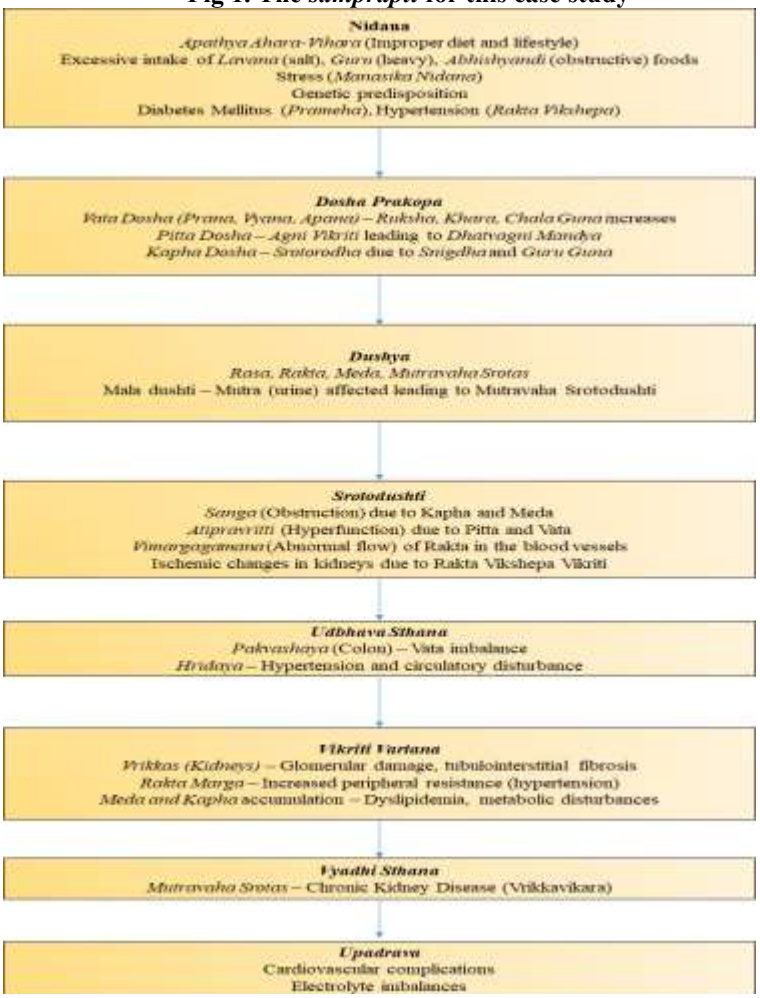
Implications for Future Research:-

A CKD patient with hypertensionwas the subject of the current investigation, which produced encouraging findings. However, a more thorough assessment is necessary because of the small sample size of just one case. Future studies should use randomized controlled trials and bigger sample sizes to verify the safety, effectiveness, and dependability of the integrated Ayurvedic treatments. These kinds of investigations will be essential for creating standardized therapeutic standards and methods.

Discussion:-

Ayurvedic treatment integration for CKD offers a viable substitute for conventional medical methods. This case study describes the application of several Ayurvedic treatments to a 60-year-old man who has been diagnosed CKD with Hypertensionsince 2018. The patient's symptoms included pedal oedema, low appetite, itching, cold, cough and sneezing. The samprapti[13] for this case study is mentioned in **Fig 1**. During his 2 months' treatment, he underwent Ayurvedicmedications.

Fig 1. The *samprapti* for this case study



The Ayurvedic treatment employed in this case involved a combination of formulations designed to address multiple aspects of CKD, focusing on kidney function, fluid balance, and overall health.

Mutravardhakvati is commonly used to promote urine production and support urinary health, especially in cases of kidney dysfunction or fluid retention. It contains medications like Punarnava, known for its diuretic and anti-inflammatory properties, and Gokshura, which promotes kidney health and enhances urinary output. CKD Syrup, includes Ayurvedic medications such as Punarnava, Gokshura, Shatavari, and Ashwagandha, which work to reduce kidney inflammation, rejuvenate kidney tissues, and improve overall health by maintaining electrolyte balance. Rakt Chap Vati is used to purify the blood and support detoxification, featuring ingredients like Manjistha, which helps purify the blood, and Neem, known for its detoxifying and anti-inflammatory effects. Relivon Powder, an adaptogenic formulation, contains Ashwagandha, which reduces stress, and strengthens the body's resilience, particularly helpful in managing chronic conditions.

Nephron Plus supports kidney function by improving glomerular filtration rate and reducing fluid retention, with Punarnava, Gokshura, and Shatavari helping to clear waste products, reduce inflammation, and enhance renal health. Lastly, chandervati Tablet provides antioxidant and anti-inflammatory benefits, managing kidney-related issues such as edema, hypertension, and fluid retention, likely containing Chandana for its cooling and anti-inflammatory properties.This case study highlights the benefits of Ayurvedic treatments for managing CKD. Ayurvedic treatments offer a cost-effective approach targeting underlying imbalances, improving renal function, and addressing coexisting conditions like hypertension. Further research is needed to confirm their effectiveness and safety in CKD management.

Conclusion:-

This case study evaluating the treatment of CKD with hypertensionthrough *Ayurvedic* interventions yields the following findings:

Symptoms: Upon admission, the patient presented with pedal oedema, facial oedema, low appetite, itching, cold, cough and sneezing. After *Ayurvedic* treatment, significant improvements were observed. The patient reported relief from pedal oedemawith no new symptoms emerging, suggesting a marked improvement in kidney function and overall health.

Vitals: The patient's weight decreased from 75 kg to 74 kg, and there was a notable reduction in pedal oedema and facial oedema, reflecting positive changes in both lifestyle and diet.

Investigations: Laboratory tests conducted during the treatment showed significant improvements in renal function. Serum urea levels decreased gradually from 198mg/dl to 140 mg/dl, indicating enhanced kidney function. Similarly, serum creatinine levels reduced from 12.1 mg/dl to 6.4 mg/dl.These results underscore the potential efficacy of

1. Ayurvedic therapies in managing CKD.
2. Ayurvedic therapies for managing CKD showed positive results, improving lab tests, vital signs, and symptoms.
3. Ayurvedic treatments focus on restoring balance and addressing imbalances, enhancing renal health. Further clinical trials are needed to confirm these findings and establish standardized treatment methods for CKD.

Reference:-

1. Levey AS, Coresh J. Chronic kidney disease. Lancet. 2012 Jan 14;379(9811):165-80.
2. Kalantar-Zadeh K, Jafar TH, Nitsch D, Neuen BL, Perkovic V. Chronic kidney disease. Lancet. 2021 Aug 28;398(10302):786-802.
3. Hazin MA. Anemia in chronic kidney disease. Rev Assoc Med Bras. 2020 Jan 13;66(Suppl 1):s55-8.
4. Ikee R, Sasaki N, Yasuda T, Fukazawa S. Chronic kidney disease, gut dysbiosis, and constipation: a burdensome triplet. Microorganisms. 2020 Nov 25;8(12):1862.
5. Jager KJ, Kovesdy C, Langham R, Rosenberg M, Jha V, Zoccali C. A single number for advocacy and communication—worldwide more than 850 million individuals have kidney diseases. Nephrol Dial Transplant. 2019 Nov 1;34(11):1803-5.
6. Shaddick G. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980–2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016 Oct 14;388(10053):1459-544.
7. Agnivesha, Charaka, Chakrapani. Charaka Samhita, Ayurvedadipika. Yadavjitrikamji A, editor. Varanasi: chaukhambakrishnadas Academy; 2021 reprint. Vimanasthana, Chapter 5, Verse 8, p. 251.
8. Alahmad MM, Al Namer Y, Palaian S, Alomar MJ. A nephrological perspective of herbal remedies on the progression of chronic kidney disease: a systematic review. J Appl Pharm Sci. 2024;14(3):011-025.

9. Chate SB, Ranade A. Ayurvedic pathogenesis of chronic kidney disease: a critical review. Int J Crit Rev. 2022;3(2):45-52.
10. Chand GM, Chand TA. Critical review on commonly used herbal drugs in CKD. J Med Plants Stud. 2015;3(4):44-7.
11. Manish, Chaudhary G, Singh SP, Singh M, Richa. Clinical evaluation of chronic kidney disease management: integrating lifestyle modification and Ayurveda. Int J AYUSH. 2013;10:October 2024. DOI: 10.22159/prl.ijayush.v2013i10.1152.
12. Pandey A, Azad AS, Bhardwaj A, Thakur G, Prakash G. Effectiveness of Gravitational Resistance and Diet (GRAD) system in reversing chronic kidney disease (CKD) among dialysis patients. Dayanandayurvedic College, Shridhar University; 2022. Available from: https://davayurveda.com/wp-content/uploads/2022/10/j-GRAD-System-Paper-FINAL-Mar-27-2.pdf.
13. Mishra S, Dash R, Sapna, Kumar S. Chronic kidney disease in light of Ayurveda: a literary review on Vataj Pandu. Int J Ayurveda Pharma Res. 2024;12(4):65-8. DOI: 10.47070/ijapr.v12i4.3193.