



## A Case Study of Chronic Kidney Disease

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### ABSTRACT:

Chronic Renal/Kidney Failure is another name for chronic kidney disease. Kidney illness is becoming more common in India as a result of changing lifestyles, dietary habits, hypertension, and uncontrolled diabetes. It is a silent assassin. Hemodialysis and peritoneal dialysis are the most common treatments for chronic kidney failure, followed by kidney transplantation. Kidney failure treatment is highly costly and out of reach for most Indians. Ayurveda has played an essential role in the early stages of renal failure in the hunt for this effective and safe treatment. A 35-year-old male patient with pitting edoema on his legs, eyes, and face, as well as dyspnea, frothy urine, anorexia, and constipation, is the subject of this case study. Chronic Kidney Disease has been diagnosed. Hemodialysis was recommended, but the patient refused, instead he had Ayurvedic treatment with *Punarnava Mandur*, *Vrukkadoshantak Vati*, *Ark PunarnavaArk Makoe*. Symptoms and investigation have improved. The purpose of this case study is to investigate Chronic Kidney Disease from an Ayurvedic perspective, as well as to examine the results of Ayurvedic therapy in Chronic Kidney Disease as a symptom and modern parameter investigation.

**Keywords:** Ayurveda, Chronic Kidney Disease, Dialysis, *Punarnava Mandur*, *Vrukkadoshantak Vati*

## INTRODUCTION

*Mutra* is a *kleda* product, according to Ayurveda. Acharya Sushruta, a world-renowned surgeon, has a good description of *Mutrapravrutti*. Chronic renal failure is another name for chronic kidney disease. Chronic kidney disease progresses slowly and steadily year after year. Chronic renal disease is divided into five stages. The function of kidney is to expel the waste products from blood of human body and balance the electrolyte, make

red blood cells by releasing erythropoietin hormone. When the kidneys' functions are hampered, waste products are produced. Electrolyte imbalance, increased creatinine, urea, and albuminuria are all symptoms of being saturated in the body. Chronic kidney disease is caused by a variety of factors including a change in lifestyle, diabetes, hypertension, excessive use of painkillers, certain medications, infection, accident injury, congenital, and



inherited. Chronic kidney disease, according to Ayurveda, is similar to *Mutraghat/Aama* in *Mutra vaha Strotas*. The function of the kidney is hampered by ama in the *mutravaha strotas*. Excess toxins build up in the body as a result of this. It mostly involves the doshas *Vata and Kapha*. *Katu, Tikta Rasatmak, Agnidipan, Pachan, and Rasayan* are the therapy plans (Rejuvenate). Ayurvedic medication should be planned according to the patient's situation.

## CASE STUDY

A 35 year old Male Patient came in OPD with the symptoms of

- Pitting edema on leg, face, eye's
- Breathlessness
- Frothy Urine
- Anorexia
- Constipation

### History of Present Illness

Patient was apparently alright 4 year before. He had history of osteoarthritis. For that he has taking pain killer medicine since 2 year. Gradually he experience pitting edema on face, leg and frothy urine

### Past History

- HTN-Known Case
- DM-Non Diabetic
- CVE-No History Stroke in Past
- IHD-No History of IHD
- TB-No History of TB
- BA-No History of Bronchial Asthma

### Personal History

- Marital status-Married
- Smoker-No History
- Tobacco-No History
- Alcohol-No History

### Family History

- Father-HTN
- Mother-NAD

### O/E (On Examination)

- GC -Fair
- Pulse-90/min
- Bp-150/90 mm/Hg
- Spo2-95
- RR-20
- Pallor- ++
- Icterus-Absent

### Asthvidh Pariksha

*Nadi-Vata-Kaf*

*Mala-Malavstambh*  
*Mutra-Frothy*  
*Jiva-Sam*  
*Shabd-Prakrut*  
*Sparsh-Ushna*  
*Druka-Pallor(++)*  
*Aakruti-Madhyam*

### S/E (Systemic Examination)

RS-AE=BS  
 CVS-S1S2 NORMAL  
 CNS-Conscious Oriented  
 GIT-Liver, Spleen, kidney Not Palpable  
 After Examination Patient was sended for USG, KFT, and CBC  
 Investigation: Blood Urea-72.90 MG/DL, Serum Creatinine-3.70 MG/DL, sodium-134mEq/L, Potassium-4.30mEq/L; Hb-14.2 gm%; Phosphorus 3.67mg/dl; Ionized Calcium 4.61 mg/dl; USG- Bilateral kidney shows increased echogenicity with poor cortico-medullary differentiation S/O Grade 11 R.M.D, Relatively small size right kidney.

## MATERIAL AND METHODS

Presenting Complaints of Patient Treatment Plan as shown in Table 1

## RESULT (Table 2)

### Investigation Wise Results (Table 3)

## DISCUSSION

According to Ayurveda *Vasti (Vrukka)* come under *Trimarma* (Three fold of Life). *Dosha (Vata and Kapha)* circulates in body, where is *kha-Vaigunya* (empty channel) present (in Kidney) *Vyadhi* (Kidney Disease) Developed. The Sang (obstruction) type *Vikruti* present in Chronic Kidney Diseases. The Nomenclature of Chronic Kidney Disease is not available in Ayurveda, but According to Charak Acharya the nomenclature of any disease is not possible for every disease, we must understand the *Dosh Dushya Samurchana*. By observing *Prakruti, Adhishthan, Hetues* of disease can start the treatment in Ayurveda a group of Kidney Disease is directly related with *Mutraghat, Mutrakrucha, Ashmari* and indirectly related with *Prameha, Somaroga, and Shopha*.

## Action of Medicine

### 1) *Punarnava Mandur*

*Punarnava* (*Boerhaavia diffusa*), *Trivrit* (*Operculina turpethum*), *Shunti* (*Zingiber officinalis*), *Maricha* (*Piper Nigraum*), *Pippali* (*Piper longum*), *Vidanga* (*Embeliaribes*), *Daru* (*Himalayancedar(bark)*), *Cedrusdeodara*), *Chitraka* (*Plumbagozeylanica*), *Kushta* (*Saussurea lappa*), *Haridra*(*Curcuma longa*), *DaruHaridra* (*Berberis aristata*), *Haritaki*(*Terminalia chebula*), *Bibhitaki* (*Terminalia bellirica*), *Amalaki* (*Emblica officinalis*), *Danti* (*Baliospermum montanum*), *Chavya* (*Piper chaba*), *Kutaj*(*Holarrhena antidysenterica*), *Pippali* (*Piper longum*, *Pippalimoola Long pepper root Piper longum*, *Musta*(*Cyperus rotundus*), *Mandur Bhasma*, *Gomutra*.

*Punarnava mandure* is useful for iron deficiency and formation of red blood cells. It act as *mutral*(Diuretic). *Punarnava* as name suggests regenerate the tissue and cell.

### 2) *Vrukkadoshantak Vati*

*Vrukkadoshantak Vati* is a medicine to treat kidney problems such as stones, renal colic, retention of urine, burning urination etc. It is also beneficial in chronic renal failure. *Vrukkadoshantak Vati*, is prepared from medicinal herbs which have diuretic and anti-urolithic action. *Chandanadi Vati*, *Gokshuradi Guggal*, *RaswantiTriphala GuggalHajrat*, *Berpisthi*, *Kankol*, *MirchKakdi*, *Beej Nimali Shwet Parpati*, *Mulichhar*, *Shilajeet*, *Mutra Kruchhantak Ras*, *Prawal Pishthi*, *Udamber Ghan*, *Jasad Bhasma*.

### 3) *Ark Punarnava*

*Punarnava Ark* is an ayurvedic medicine that is primarily used for the treatment of Diabetes. Secondary and off-label uses of *Punarnava Ark* have also been mentioned below. The key ingredients of *Punarnava Ark* are *Punarnava*. The properties of which have been shared below. The correct dosage of *Punarnava Ark* depends on the patient's age, gender, and medical history. This information has been provided in detail in the dosage section.

### 4) *Ark makoe*

*Ark Makoe* (also known as *Kakamachi Ark*) is a Unani Medicine prepared with distillation method from *Solanum Nigrum* plant. It is used for the diseases of abdominal organs including stomach, intestine, liver, and spleen. It has hepatoprotective action. Generally, it is given in combination with *Ark Kasni* in liver disorders for reducing hepatic inflammation and jaundice.

## CONCLUSION

Although the Nomenclature of Chronic Kidney Disease is not available in Ayurveda but the Ayurvedic Medicine show remarkable effect in the kidney diseases. *Punarnava Mandur*, *Vrukkadoshantak Vati*, *Ark Punarnava*, *Ark makoe* through their pharmacological action helps in the restoration of kidney functions So, it can be concluded that the condition of the patients was markedly improved according to the symptoms with this medicines.

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**Table 1 Shows Ingredients of Drugs**

Sr.No	Name Of Drug	Dose Of Drug	Kala	Frequency
1	<i>Punarnava Mandur</i>	2 tab.	After Food	Twice a day
2	<i>Vrukkadoshantak Vati</i>	2 tab.	After Food	Twice a day
3	<i>Ark Punarnava</i>	10 ml	After Food	Twice a day
4	<i>Ark Makoe</i>	10 mi	After Food	Twice a day

**Table 2 Shows Symptoms Wise Results**

Sr.No	Symptoms Before Treatment	First Follow Up	Second Follow Up	Third Follow Up	Fourth Follow Up
1	Pitting Edema On Face,Eyes,Leg	+++	++	++	+
2	Breathlessness	+++	++	-	-
3	Frothy Urine	++	++	-	-
4	Anorexia	++	++	++	+
5	Constipation	+++	++	++	+

**Table 3 Investigation Wise Results**

Sr.No	Investigation	Before Treatment	After Treatment
1	HB (gm%)	14.2	14.3
2	Blood Urea (mg/dl)	85	50
3	Serum Creatinine (mg/dl)	3.16	2.99
4	S.Sodium(mEq/L)	140	134
5	S.Potassium(mEq/L)	4.3	4.3
6	Albumin	3.85	3.25

PATIENT NAME : ██████████ PATIENT ID : 110122-006  
 AGE/SEX : 35 Years /M RECEIVED : 11-Jan-22 03:19 PM  
 REFERRING DR : DR VIKAS KHANDELIA PRINT TIME : 11-Jan-22 04:41 PM  
 MD,DM (NEPHROLOGY)

TEST PERFORMED	VALUE OBSERVED	REFERENCE RANGE
<b>BIOCHEMISTRY</b>		
SODIUM	140.0 mEq/L	136.00 - 145.00
POTASSIUM	4.3 mEq/L	3.50 - 5.00
IONIZED CALCIUM	4.46 mg/dl	4.40-5.40 mg/dL
BLOOD SUGAR RANDOM	82.8 mg/dl	70 - 130
<b>BLOOD UREA</b>	<b>83.0 mg/dl</b>	<b>10-50</b>
<b>CREATININE</b>	<b>3.16 mg/dl</b>	<b>0.6-1.20</b>
GFR, Estimated	24 ml/min/1.73m2	>90

Not -  
 1. eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012

2. In patients, with eGFRcreat between 45-59 ml/min/1.73 m2 and without any marker of Kidney damage, it is recommended to measure eGFR with cystatin C for confirmation of CKD.

**Before Treatment**

PATIENT NAME :	██████████	PATIENT ID :	250222-002
AGE/SEX :	35 Years /M	RECEIVED :	25-Feb-22 03:32 PM
REFERRING DR :	DR VIKAS KHANDELIA MD,DM (NEPHROLOGY)	PRINT TIME :	25-Feb-22 04:24 PM
TEST PERFORMED	VALUE OBSERVED	REFERENCE RANGE	
<b>BIOCHEMISTRY</b>			
BLOOD UREA	72.9 mg/dl	10-50	
CREATININE	2.99 mg/dl	0.6-1.20	
<i>Not:-</i>			
1. eGFR calculated using the 2009 CKD-EPI creatinine equation and GFR category reported as per KDIGO guideline 2012			
2. In patients, with eGFR <sub>creat</sub> between 45-59 ml/min/1.73 m <sup>2</sup> and without any marker of Kidney damage, it is recommended to measure eGFR with cystatin C for confirmation of CKD.			
SODIUM	134.0 mEq/L	136.00 - 145.00	
POTASSIUM	4.3 mEq/L	3.50 - 5.00	
IONIZED CALCIUM	4.61 mg/dl	4.40-5.40 mg/dL	
PHOSPHORUS	3.67 mg/dl	2.5-5.0 mg/dl Adults 4.0-7.0 mg/dl Children	

**After Treatment**