

# Prakriti- The International Multidisciplinary Research Journal

## Year 2025, Volume-2, Issue-2 (Jul-Dec)



### *Ayurvedic Management Of Vrikka Vikara (Ckd): A Case Study*

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#### ARTICLE INFO

##### Keywords

Chronic Kidney Disease (CKD),  
*Ayurveda*, *Vataj pandu*, *Vrikka vikara*, Renal Detoxification,  
*Mutravaha Srotas Dushti*

doi:10.48165/pimrj.2025.2.2.13

#### ABSTRACT

Chronic Kidney Disease (CKD) is a progressive disorder characterized by a gradual decline in kidney function, often associated with risk factors such as hypertension, diabetes, and cardiovascular diseases. Conventional treatments primarily focus on delaying disease progression through pharmacological interventions and renal replacement therapies. However, *Ayurveda* offers an alternative, holistic approach targeting the underlying pathophysiology through *Dosha* balance and lifestyle modifications. This case study evaluates the *Ayurvedic* management of a 32-year-old male diagnosed with Grade III CKD at Jeena Sikho Lifecare Limited Clinic, Kota, Rajasthan, India. The patient presented with lumbar pain, pedal edema, and weakness. Diagnostic evaluations revealed a simple cortical cyst with cortical echogenicity. After treatment, the patient exhibited significant symptomatic relief, including reduced pedal edema and pain. Laboratory findings showed a decrease in Blood urea levels from 129.8 mg/dL to 69 mg/dL and serum creatinine levels from 8.46 mg/dL to 6.7 mg/dL. Additionally, there was a reduction in body weight from 44 kg to 40 kg, reflecting improved overall health. The results suggest that *Ayurvedic* therapies can enhance renal function and alleviate CKD symptoms, providing a viable complementary approach to conventional treatments. The findings highlight the potential of *Ayurveda* in CKD management by addressing systemic imbalances through personalized interventions. Further research is required to substantiate these observations and explore integrative treatment models that combine *Ayurvedic* and modern medical approaches for optimal patient outcomes.

#### 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 <sup>[1]</sup>. 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 <sup>[2]</sup>. The global prevalence of CKD is alarming, with approximately 850 million individuals affected, particularly in low- and

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middle-income countries lacking adequate healthcare infrastructure<sup>[3,4]</sup>. The economic and social impacts of CKD are profound, particularly in the context of end-stage renal disease (ESRD). The monthly cost of haemodialysis (HD) in private hospitals averages ₹12,000, with annual expenses reaching approximately ₹140,000. Kidney transplantation, while potentially more cost-effective in the long term, has an upfront cost ranging from ₹50,000 in government facilities to ₹300,000 in private hospitals. Post-transplant, the yearly maintenance for immunosuppressive drugs amounts to ₹120,000 or ₹10,000 per month<sup>[5]</sup>.

Previous studies have explored the multifaceted nature of CKD, investigating genetic predispositions, environmental influences, and biochemical markers contributing to disease progression. Research indicates that oxidative stress and inflammation play critical roles in kidney damage, exacerbating renal fibrosis and functional decline. Epidemiological studies highlight that CKD disproportionately affects individuals in socioeconomically disadvantaged populations, underscoring the necessity for public health interventions<sup>[6]</sup>. Studies also reveal that lifestyle factors, such as diet and exercise, significantly impact disease progression, with improved dietary habits showing promising results in mitigating CKD advancement<sup>[7]</sup>.

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<sup>[6]</sup>. Current treatment modalities focus on delaying disease progression through pharmacological interventions, including angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and sodium-glucose co-transporter-2 (SGLT2) inhibitors. Additionally, renal replacement therapies, including dialysis and kidney transplantation, serve as critical interventions for end-stage renal disease patients<sup>[8]</sup>.

Complicated urinary system disorders and other systemic diseases result in an imbalance of the three *Doshas* (*Tridosha*). *Acharya Sushruta* describes the process of urine formation as a pitcher immersed in water, where the *Doshas* enter the *Basti* in a similar manner, filling it from all sides<sup>[9]</sup>. These *Doshas* impair the function of the kidneys. Digestion plays a crucial role, as the kidneys separate and differentiate urine as a metabolic by-product for elimination<sup>[10]</sup>. However, when the kidneys are diseased, they cannot properly differentiate and separate urine, leading to the retention of harmful metabolic waste products in the body, which then circulate and cause systemic harm<sup>[11]</sup>.

*Ayurvedic* treatment of *Vrikka Vikar*, which aligns with CKD, involves a holistic approach targeting the underlying *Doshas* and *Dhatu*s. In *Ayurveda*, this condition is associated with the *Mutravaha Srotas*, and its management is crucial due to its significant impact on public health. The treatment

emphasizes early detection and intervention to reduce morbidity and mortality. *Ayurvedic* principles focus on restoring *Dosha* balance and enhancing the body's natural healing processes through specific therapies and lifestyle modifications.

## Treatment Protocol in Ayurveda

**Nidana parivarjana:** Avoidance of causative factors related to diet (*Ahara*) and lifestyle (*Vihara*).

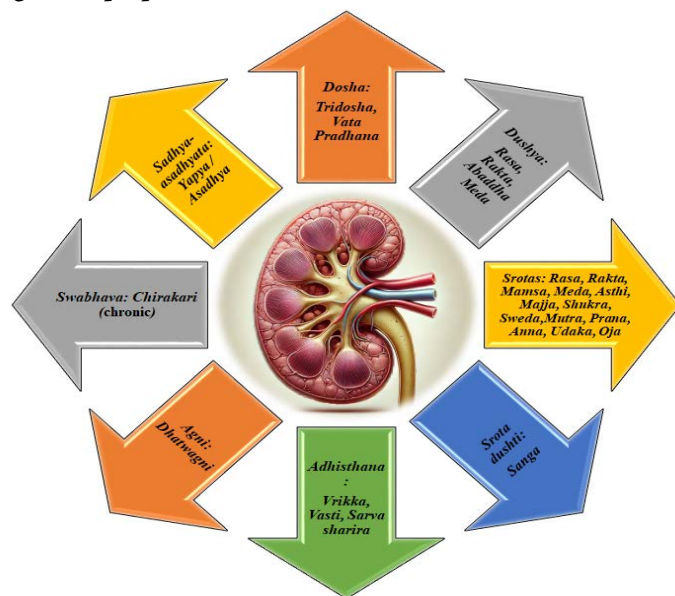
**Lekhana and Mutravaha Srotasa Rasayana:** Useful for repairing and enhancing the function of the affected organ.

**Shodhana Karma:** Supporting the body's excretory functions through detoxification processes<sup>[12]</sup>.

The management of *Vrikka Vikar* begins with *Dosha* balancing, primarily addressing the aggravation in the *Rasavaha*, *Raktavaha*, *Mamsavaha*, and *Medovaha* Srotas, which are closely linked to CKD progression. This is achieved through *Shamana Oushadhis*—*Ayurvedic* formulations aimed at restoring equilibrium and alleviating symptoms<sup>[13]</sup>. Dietary and lifestyle modifications, collectively known as *Pathya Ahara-Vihara Sevana*, play a crucial role in both prevention and symptom management. Avoiding *Nidana* (causative factors) and adopting a regulated lifestyle contribute significantly to overall kidney health.

*Ayurveda*, an ancient system of medicine, offers a personalized approach to CKD management by addressing individual constitution 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 *Vataj Pandu* and *Mutravah Srotas Vikar*<sup>[7,8,14]</sup>. The *Samprapti Ghataka*<sup>[13,15]</sup> of *Vrikka Vikar* is depicted in **Fig 1**. *Ayurveda* emphasizes balancing the *Vata Dosha*, which governs fluid movement and elimination, through *Ayurvedic* formulations, detoxification therapies like *Panchakarma*, and lifestyle modifications<sup>[8,14]</sup>.

**Fig 1. Samprapti Ghataka**



By considering the *dosha*, *dushya*, and *srotas* involved, *Ayurveda* offers a comprehensive approach to managing CKD, promoting both kidney health and overall well-being [16]. This study aims to analyze the impact of *Ayurvedic* treatment for managing CKD in a 32-year-old male patient.

An accurately designed DIP Diet was provided to the patient to complement the *Ayurvedic* treatments administered for CKD [16,17].

## CASE REPORT

On July 23, 2024, a 32-year-old male visited Jeena Sikho Lifecare Limited Clinic, Kota, Rajasthan, India. A thorough examination of medical history, family history, physical examination, and diagnostic evaluations were conducted. He was diagnosed with Grade III Chronic Kidney Disease. There was no relevant family history. He experienced pain in lumbar region, pedal oedema and weakness. Simple cortical cyst was noted with cortical echogenicity. The *Ashtasthana pariksha* during the first visit is mentioned in **Table 1**. The initial assessment during the visits are mentioned in **Table 2**.

**Table 1 The Ashtasthana pariksha during the first visit**

Parameter	July 23, 2024
Naadi	Vataj Pittaj
Mala	Saam
Mutra	Safena
Jiwha	Saam
Shabda	Prakrita
Sparsha	Ushna
Drika	Prakrita
Akriti	Madhyam

**Table 2. The initial assessment during the visits**

Date	Blood Pressure	Pulse/min	Weight
23-07-2024	150/100 mmHg	86	44 Kg
02-09-2024	140/80 mmHg	68	45 Kg
05-10-2024	140/90 mmHg	67	42 Kg
08-11-2024	170/90 mmHg	78	41 Kg
20-01-2025	150/90 mmHg	75	40 Kg

The patient had a severe pain (6/10) during the visit. The laboratory investigations during treatment period is mentioned in **Table 3**.

**Table 3 The laboratory investigations during the treatment period**

Parameter	14-03-2024	02-09-2024	05-10-2024	03-03-2025
Blood Urea	92.09 mg/dl	95 mg/dl	75 mg/dl	69 mg/dl
Sr. creatinine	8.46 mg/dl	7.0 mg/dl	7.5 mg/dl	6.7 mg/dl
Sodium	140 mEq/L	138 mEq/L	138 mEq/L	-
Potassium	6.69 mEq/L	4.4 mEq/L	4.1 mEq/L	-
Calcium	-	7.1 mEq/L	9.1 mEq/L	7.0 mEq/L
Uric Acid	-	6.4 mg/dl	5.6 mg/dl	6.2 mg/dl

## Treatment Plan

**Fig II. Diet Plan:**

**Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital:**

The infographic is divided into six sections, each with a title, a list of guidelines, and an icon:

- Pathya:** Includes a green checkmark icon. Guidelines: "When eating solid foods, take small bites and chew each bite 32 times".
- Apathya:** Includes a red X icon. Guidelines: "Avoid wheat, refined foods, dairy, coffee, tea, and packaged foods." and "Do not eat after 8 PM.".
- Hydration:** Includes a glass of water icon. Guidelines: "Incorporate herbal tea, alkaline water, living water, and turmeric-infused water into your daily routine." and "Boil 2 litres of water and reduce it to 1 litre before drinking.".
- Millet consumption:** Includes a bowl of millet icon. Guidelines: "Include five types of millet in your diet: Foxtail, Barnyard, Little, Kodo, and Browntop millet." and "Cook the millets in mustard oil using stainless steel cookware.".
- Diet types:** Includes a plate icon. Guidelines: "Fast for one day." and "The diet includes salt-free solid, semi-solid, and smoothie options.".
- Special instructions:** Includes a yellow instruction card icon. Guidelines: "Offer thanks to the divine before eating or drinking.", "Practice *Vajrasana* after every meal.", and "Take a slow 10-minute walk after each meal.".

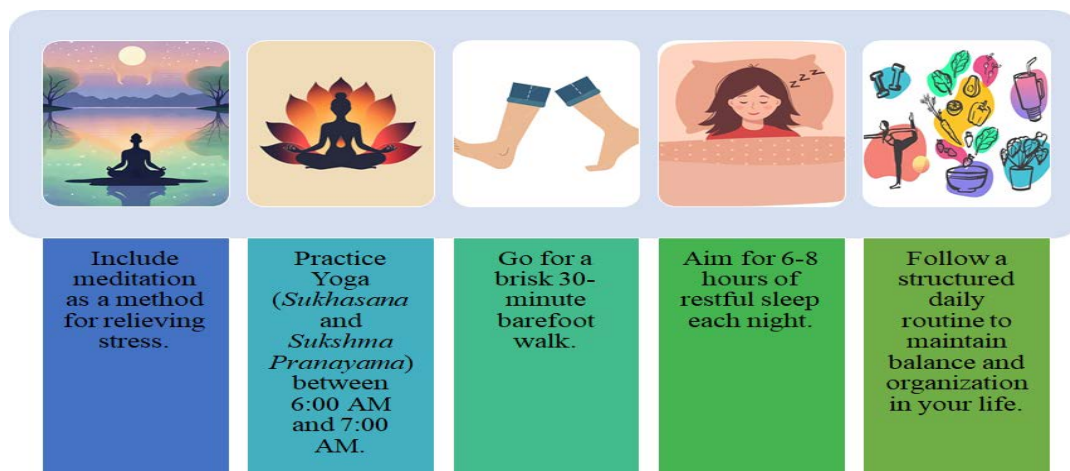
**Fig III. Meal Timing and Structure:**

The infographic shows a vertical timeline of meals and snacks:

- Early Morning (5:45 AM):** Begin with herbal tea along 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 with raw ginger and turmeric.
- 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 with raw ginger and turmeric.



Fig IV. Lifestyle Recommendations



## Medicinal Interventions

The *Ayurvedic* treatment employed in this case included GFR Powder, Nephron plus, Rakt Chap Vati, Kidney Care Syrup, CKD Syrup, Go Flexi Capsule, Telome+ Syrup, Liv DS,

GIT Stimulator syrup, Kidney Shuddhi Tablet, Punarnavadi mandur, Dhatu Poshak Capsule, Vrikk Shuddhi Kwath, CKD Tablet, Renal Support Syrup and Sandhi Aarogya. The medications prescribed on the treatment period is mentioned in **Table 4**. The description of medicines is detailed in **Table 5**.

**Table 4** The medicine advised during the treatment period

Date	Medicines	Dosage with <i>Anupana</i>
23-07-2024	GFR Powder	Half a teaspoon BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Nephron Plus capsule	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Rakt Chap Vati	1 TAB OD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Kidney Care Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	CKD Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
02-09-2024	GFR Powder	Half a teaspoon BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Nephron Plus capsule	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Go Flexi	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	CKD Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Kidney Care Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
05-10-2024	Telome Plus Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	GFR Powder	Half a teaspoon BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Nephron Plus capsule	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Liv Ds Capsule	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Kidney Care Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
10-11-2024	CKD Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	G.I.T Stimulator	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Kidney Shuddhi Tablet	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Punanavadi Mandur	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Dhatu Poshak Vati	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
15-12-2024	Nephron Plus capsule	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Telome Plus Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Vrik Shuddhi Kwath	Half a teaspoon BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	CKD Tablet	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Rakt Chap Vati	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
20-01-2025	CKD Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Renal Support Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Vrik Shuddhi Kwath	Half a teaspoon BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	CKD Tablet	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Rakt Chap Vati	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
03-03-2025	Sandhi Arogya Vati	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Renal Support Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Punanavadi Mandur	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	CKD Tablet	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Rakt Chap Vati	1 TAB BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
	Renal Support Syrup	7.5 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )
	Nephron Plus capsule	1 CAP BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )
Telome Plus Syrup	10 ml BD ( <i>Adhobhakta</i> with <i>sama matra koshna jala</i> )	
GFR Powder	Half a teaspoon BD ( <i>Adhobhakta</i> with <i>koshna jala</i> )	

Table 5. The description of medicines

Medicine name	Ingredients	Therapeutic Effects
<b>GFR Powder</b>	<b>Varun</b> ( <i>Crateva nurvala</i> ), <b>Punarnava</b> ( <i>Boerhavia diffusa</i> ), <b>Gokshur</b> ( <i>Tribulus terrestris</i> ), <b>Kaasni</b> ( <i>Cichorium intybus</i> ), <b>Bhumi Amla</b> ( <i>Phyllanthus niruri</i> ), <b>Shirish</b> ( <i>Albizia lebeck</i> ), <b>Shigru</b> ( <i>Moringa oleifera</i> ) and <b>Apamarg</b> ( <i>Achyranthes aspera</i> )	Improves cell rejuvenation and urine outflow
<b>Nephron plus</b>	<b>Hazrool yahood bhasma powder, Chandraprabha powder, Pashanbheda, MulakKshar powder, YavaKshar powder, Amalaki Rasayan powder, Trivikrum Rasa powder, Navasara powder, Nimbu Stava powder</b> ( <i>Citrus limon</i> ), <b>Gokshur</b> ( <i>Tribulus terrestris</i> ), <b>Durbhamool</b> ( <i>Chlorophytum borivilianum</i> ), <b>Shila pushpa</b> ( <i>Dolichos biflorus</i> ), <b>Black Salt powder</b> , and <b>Hing powder</b> ( <i>Ferula asafoetida</i> )	Provides relief from pain and discomfort associated with kidney issues.
<b>Rakt Chap Vati</b>	<b>Loh, abhrak, baslochan, shilajeet, arjun</b> ( <i>Terminalia arjuna</i> ) and <b>Swarn maksik</b>	Helpful in managing blood pressure levels
<b>Kidney Care Syrup</b>	<b>Punarnavarishta, Chandanasava, Ushirasava and Gokshuradi Kadha</b>	Relieves dysuria
<b>CKD Syrup</b>	<b>Kasani</b> ( <i>Cichorium intybus</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris</i> ), <b>Shatavari</b> ( <i>Asparagus racemosus</i> ), <b>Giloy</b> ( <i>Tinospora cordifolia</i> ), <b>Sorbitol</b> , and <b>Shudh Shilajit</b> ( <i>Asphaltum punjabianum</i> )	Cell rejuvenation, relieves dysuria and improves urine outflow
<b>Go Flexi Capsule</b>	<b>Paneer Dodi Powder</b> ( <i>Caralluma fimbriata</i> ), <b>Ashwagandha Powder</b> ( <i>Withania somnifera</i> ), <b>Amla Rasayan</b> ( <i>Phyllanthus emblica</i> ), <b>Yograj Guggul Powder</b> ( <i>Commiphora wightii</i> ), <b>Methi Powder</b> ( <i>Trigonella foenum-graecum</i> ), <b>Shankh Bhasma Powder, Gokshura Powder</b> ( <i>Tribulus terrestris</i> ), <b>Punarnava Powder</b> ( <i>Boerhavia diffusa</i> ), <b>Nirgundi Powder</b> ( <i>Vitex negundo</i> ), <b>Haldi Powder</b> ( <i>Curcuma longa</i> ), <b>Neem Powder</b> ( <i>Azadirachta indica</i> ).	Used as analgesic, anti inflammatory, immunity booster and pain killer
<b>Telome+ Syrup</b>	<b>Kumari</b> ( <i>Aloe vera</i> ), <b>Giloy</b> ( <i>Tinospora cordifolia</i> ), <b>Bhringraj</b> ( <i>Eclipta prostrata</i> ), <b>Amla</b> ( <i>Phyllanthus emblica</i> ), <b>Kutki</b> ( <i>Picrorhiza kurroa</i> ), <b>Bhoomi Amla</b> ( <i>Phyllanthus niruri</i> ), <b>Daruhaldi</b> ( <i>Berberis aristata</i> ), <b>Vidanga</b> ( <i>Embelia ribes</i> ), <b>Chitraka</b> ( <i>Plumbago zeylanica</i> ), <b>Kalmegh</b> ( <i>Andrographis paniculata</i> ), <b>Nishoth</b> ( <i>Operculina turpethum</i> ), <b>Shahtara</b> ( <i>Fumaria indica</i> ), <b>Triphala, Noni</b> ( <i>Morinda citrifolia</i> ), <b>Pudina</b> ( <i>Mentha piperita</i> ), <b>Tulsi</b> ( <i>Ocimum sanctum</i> ), <b>Bilva</b> ( <i>Aegle marmelos</i> ), <b>Elaichi</b> ( <i>Elettaria cardamomum</i> ), <b>Sonth</b> ( <i>Foeniculum vulgare</i> ), <b>Jeera</b> ( <i>Cuminum cyminum</i> ), <b>Pipal</b> ( <i>Ficus religiosa</i> ), <b>Makoy</b> ( <i>Solanum nigrum</i> ), <b>Kasni</b> ( <i>Cichorium intybus</i> ), <b>Punarnava</b> ( <i>Boerhavia diffusa</i> ), and <b>Sorbitol</b> .	Cell rejuvenation and manages cystic growth
<b>Liv DS</b>	<b>Bhumiamla Ext.</b> ( <i>Barleria prionitis</i> ), <b>Kasani Ext.</b> ( <i>Cichorium intybus</i> ), <b>Himsra</b> ( <i>Leptadenia reticulata</i> ), <b>Punarnava Ext.</b> ( <i>Boerhavia diffusa</i> ), <b>Guduchi Ext.</b> ( <i>Tinospora cordifolia</i> ), <b>Kakamachi</b> ( <i>Solanum nigrum</i> ), <b>Arjuna</b> ( <i>Terminalia arjuna</i> ), <b>Biranjasi</b> ( <i>Berberis aristata</i> ), <b>Kasamarda Jhavuka</b> ( <i>Solanum xanthocarpum</i> ), <b>Vidanga</b> ( <i>Embelia ribes</i> ), <b>Chitraka</b> ( <i>Plumbago zeylanica</i> ), <b>Kutki</b> ( <i>Picrorhiza kurroa</i> ), <b>Haritaki</b> ( <i>Terminalia chebula</i> ), <b>Bhringraj</b> ( <i>Eclipta prostrata</i> ).	Deepan, pachanaa and cell rejuvenation

<b>GIT Stimulator syrup</b>	<b>Usirasava, Kutajarishta, Pipalyasava and Abhyarishta</b>	Improves Metabolism and Appetite
<b>Kidney Shuddhi Tablet</b>	<b>Pashanbhed</b> ( <i>Bergenia ciliata</i> ), <b>Varun</b> ( <i>Crataeva nurvala</i> ), <b>Punarnava</b> ( <i>Boerhavia diffusa</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris</i> ), <b>Apamarg</b> ( <i>Achyranthes aspera</i> ), <b>Haldi</b> ( <i>Curcuma longa</i> ), <b>Charila</b> ( <i>Embelia ribes</i> ), <b>Kulthi</b> ( <i>Dolichos biflorus</i> ), <b>Harad</b> ( <i>Terminalia chebula</i> ), <b>Bhumiawla</b> ( <i>Pyrrosia piloselloides</i> ), <b>Giloy</b> ( <i>Tinospora cordifolia</i> ), <b>Shitalchini</b> ( <i>Vernonia cinerea</i> ), <b>Anantmool</b> ( <i>Hemidesmus indicus</i> ), <b>Khas</b> ( <i>Vetiveria zizanioides</i> ), <b>Yab Kshar</b> (Alkaline substance, botanical origin unclear), <b>Muli Kshar</b> ( <i>Raphanus sativus</i> ), <b>Kalmi Shora</b> (Sodium bicarbonate), <b>Sajji Kshar</b> (Traditional alkaline substance, botanical origin unclear), <b>Shilajit</b> (Asphaltum), <b>Hajral Yahud</b> (Silicon dioxide), <b>Shwet Parpati</b> (Mercury-based preparation in Ayurvedic medicine).	Used for treating kidney disease and urinary tract infections
<b>Punarnavadi mandur</b>	<b>Punarnava</b> ( <i>Boerhavia diffusa</i> ), <b>Trivrit</b> ( <i>Operculina turpethum</i> ), <b>Shunthi</b> ( <i>Zingiber officinale</i> ), <b>Marich</b> ( <i>Piper nigrum</i> ), <b>Pippali</b> ( <i>Piper longum</i> ), <b>Vidang</b> ( <i>Embelia ribes</i> ), <b>Devdaru</b> ( <i>Cedrus deodara</i> ), <b>Chitrakmool</b> ( <i>Plumbago zeylanica</i> ), <b>Haridra</b> ( <i>Curcuma longa</i> ), <b>Daruharidra</b> ( <i>Berberis aristata</i> ), <b>Haritaki</b> ( <i>Terminalia chebula</i> ), <b>Bibhitaki</b> ( <i>Terminalia bellirica</i> ), <b>Amalaki</b> ( <i>Phyllanthus emblica</i> ), <b>Dantimool</b> ( <i>Baliospermum montanum</i> ), <b>Chavya</b> ( <i>Piper chaba</i> ), <b>Indrayav</b> ( <i>Holarrhena antidysenterica</i> ), <b>Pippalimool</b> ( <i>Piper longum</i> Root part), <b>Musta</b> ( <i>Cyperus rotundus</i> ), <b>Mandoor Bhasma</b> (Purified and processed iron oxide), <b>Gomutra</b>	Improved blood circulation, balances digestive health and strengthen immunity
<b>Dhatu Poshak Capsule</b>	<b>Chuna Shudh, Shankh Bhasam, Mukta Shukti, Prawal Pishti, Kapardika and Loh</b>	Boosts immunity and cell rejuvenation
<b>Vrikk Shuddhi Kwath</b>	<b>Kasni</b> ( <i>Cichorium intybus</i> ), <b>Makoy</b> ( <i>Solanum nigrum</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris</i> ), <b>Punarnava</b> ( <i>Boerhavia diffusa</i> ), <b>Neem</b> ( <i>Azadirachta indica</i> ), <b>Peepal</b> ( <i>Ficus religiosa</i> ).	Improves kidney function and digestion
<b>CKD Tablet</b>	<b>Pashanbhed</b> ( <i>Bergenia ciliata</i> ), <b>Varun</b> ( <i>Crataeva nurvala</i> ), <b>Punarnava</b> ( <i>Boerhavia diffusa</i> ), <b>Gokhru</b> ( <i>Tribulus terrestris</i> ), <b>Apamarg</b> ( <i>Achyranthes aspera</i> ), <b>Haldi</b> ( <i>Curcuma longa</i> ), <b>Charila</b> ( <i>Embelia ribes</i> ), <b>Kulthi</b> ( <i>Dolichos biflorus</i> ), <b>Harad</b> ( <i>Terminalia chebula</i> ), <b>Bhumiawla</b> ( <i>Pyrrosia piloselloides</i> ), <b>Giloy</b> ( <i>Tinospora cordifolia</i> ), <b>Shitalchini</b> ( <i>Vernonia cinerea</i> ), <b>Anantmool</b> ( <i>Hemidesmus indicus</i> ), <b>Khas</b> ( <i>Vetiveria zizanioides</i> ), <b>Yab Kshar</b> (Alkaline substance, botanical origin unclear), <b>Muli Kshar</b> ( <i>Raphanus sativus</i> ), <b>Kalmi Shora</b> (Sodium bicarbonate), <b>Sajji Kshar</b> (Traditional alkaline substance, botanical origin unclear), <b>Shilajit</b> ( <i>Asphaltum</i> ), <b>Hajral Yahud</b> ( <i>Silicon dioxide</i> ), <b>Shwet Parpati</b> (Mercury-based preparation in Ayurvedic medicine).	Used as diuretic and for urinary tract infections
<b>Renal Support Syrup</b>	<b>Nimba</b> ( <i>Azadirachta indica</i> ), <b>Arjuna</b> ( <i>Terminalia arjuna</i> ), <b>Gokshura</b> ( <i>Tribulus terrestris</i> ), <b>Hareetaki</b> ( <i>Terminalia chebula</i> ), <b>Ashwagandha</b> ( <i>Withania somnifera</i> ), <b>Karanja</b> ( <i>Pongamia pinnata</i> ), <b>Chirayata</b> ( <i>Swertia chirayita</i> ).	Improves urine outflow, bladder, urinary tract disease
<b>Sandhi Aarogya</b>	<b>Sonth</b> ( <i>Zingiber officinale</i> ), <b>Syah Jeera</b> ( <i>Bunium persicum</i> ), <b>Shilajeet</b> ( <i>Asphaltum punjabianum</i> ), <b>Abhrak Bhasma</b> (Processed Mica), <b>Ashwagandha</b> ( <i>Withania somnifera</i> ), <b>Sugandhbala</b> ( <i>Pavonia odorata</i> ), <b>Shallaki</b> ( <i>Boswellia serrata</i> ), <b>Guggal</b> ( <i>Commiphora wightii</i> ), <b>Yavani</b> ( <i>Trachyspermum ammi</i> ), <b>Chandrasoor</b> ( <i>Lepidium sativum</i> ), <b>Rason</b> ( <i>Allium sativum</i> ), <b>Nirgundi</b> ( <i>Vitex negundo</i> ), <b>Hemvati</b> ( <i>Anisomeles indica</i> ), <b>Pasran</b> ( <i>Echinops echinatus</i> ), <b>Parijat</b> ( <i>Nyctanthes arbor-tristis</i> ), <b>Vaya Vidang</b> ( <i>Embelia ribes</i> )	Helps to maintain joint health, knee mobility and minimizes inflammation



**RESULT**

**Effectiveness of Ayurvedic Treatments:** The patient underwent treatment for 5 months, after the treatment he experienced noteworthy development in symptoms, which denotes the interventions used in the study are effective against CKD. At the time of discharge, the patient was well oriented and there was relief from pedal oedema, pain in lumbar region and weakness which shows that the *Ayurvedic* interventions used in the case study are effective for CKD. Both kidneys were small in size with Grade III CKD, increased echogenicity and loss of corticomedullary differentiation. The conditions during and after treatment is mentioned in **Table 6** & laboratory investigation done during treatment period is mentioned in **Table no. 3**.

**Table 6 The conditions during and after treatment**

During First Visit	During Last Visit
Pain in Lumbar region	Reduced 50 %
Pedal oedema	Reduced 40%
Weakness	Reduced 80%

**NEED FOR FURTHER RESEARCH**

The present study focused on a single case of *Vrikka Vikara* (Chronic Kidney Disease), demonstrating encouraging outcomes that highlight the potential efficacy of *Ayurvedic Chikitsa* in its management. However, given the limited scope of this investigation, a more comprehensive clinical evaluation is necessary to establish the reliability and generalizability of these findings. The small sample size of just one patient restricts the ability to draw definitive conclusions regarding the broader applicability of this *Dosha*-balancing treatment approach.

To validate the safety, efficacy, and clinical dependability of *Ayurvedic* interventions in *Mutravaha Srotas Dushti*, future research should incorporate randomized controlled trials (RCTs) with larger sample sizes. A rigorous study design will help establish *Pramana*-based (evidence-based) credibility, facilitating a more objective assessment of *Ayurvedic* formulations and therapies, including *Shodhana* (detoxification), *Shamana* (palliative), *Rasayana* (rejuvenation), and *Srotoshodhana* (channel-clearing) *Chikitsa*.

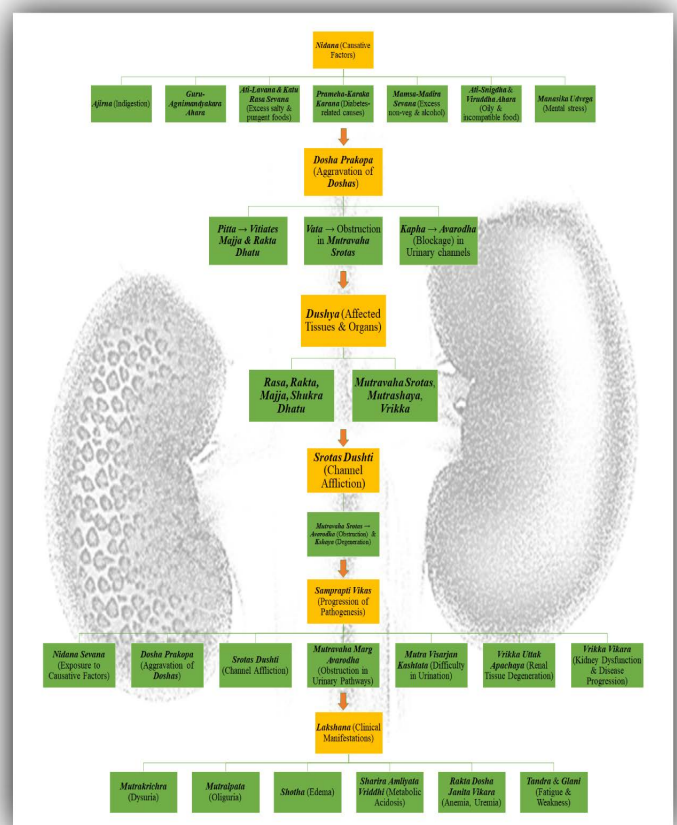
Additionally, such investigations will be crucial in developing *Yukti*-based (rational) standardized protocols for managing *Vrikka Vikara* through *Ayurveda*. Establishing evidence-backed *Ayurvedic* treatment algorithms will not only enhance patient outcomes but also contribute to a more integrative healthcare model, harmonizing *Ayurveda* and modern

nephrology for comprehensive renal care.

**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 32-year-old man who has been diagnosed CKD. The patient's symptoms included pedal oedema, pain in lumbar region and weakness. The *samprapti*<sup>[18,19,20]</sup> for this case study is mentioned in **Fig V**. During his 5 months' treatment, he underwent *Ayurvedic* medications.

**Fig V. The samprapti for this case study**



CKD in *Ayurveda* is primarily a *Vata Pradhana Vyadhi* with the involvement of *Pitta* and *Kapha* in later stages. CKD primarily affects *Mutravaha Srotas* by impairing filtration, *Raktavaha Srotas* (blood circulation) by allowing toxin buildup, and *Medovaha Srotas* (fat metabolism), contributing to metabolic dysfunctions. The disease manifests in *Vrikka* as the primary site of damage, extends to *Basti* affecting urine output, involves *Hridaya* due to hypertension and fluid overload, and impacts *Yakrit*, leading to metabolic imbalances. Clinically, CKD presents with *Mutra Alpa*, *Shotha* (edema), *Daurbalya* (weakness and fatigue), *Hridaya Roga Lakshanas* (cardiac complications), and uremic

symptoms affecting skin and digestion.

The *Ayurvedic* treatment approach focuses on kidney detoxification and rejuvenation using GFR Powder, Nephron Plus, Kidney Shuddhi Tablet, and Vrikk Shuddhi Kwath. Blood purification and nourishment are supported by Punarnavadi Mandur and Dhatu Poshak Capsule, while kidney function is enhanced with CKD Tablet, Renal Support Syrup, Kidney Care Syrup, and CKD Syrup. Hypertension is managed through Rakt Chap Vati and Telome+ Syrup, whereas Go Flexi Capsule and Sandhi Aarogya address *Vata* imbalance, helping with joint pain and musculoskeletal weakness. Digestive and liver health is supported by Liv DS and GIT Stimulator Syrup, improving metabolism and detoxification.

From a *Samprapti* perspective, CKD is characterized by *Mandagni*, leading to *Srotas Dushti*, particularly in *Mutravaha*, *Raktavaha*, and *Medovaha Srotas*. The disease progresses through *Sthana Samshtaya*, mainly affecting the kidneys, bladder, heart, and liver. Given its chronic and *degenerative* nature, CKD is classified as *Krichra Sadhya*, necessitating a comprehensive *Ayurvedic* approach integrating detoxification, rejuvenation, and lifestyle modifications.

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 through *Ayurvedic* interventions yields the following findings:

**Symptoms:** Upon admission, the patient presented with pedal oedema, pain in lumbar region and weakness. After *Ayurvedic* treatment, significant improvements were observed. The patient reported relief from pain and weakness with no new symptoms emerging, suggesting a marked improvement in kidney function and overall health.

**Vitals:** The patient's weight decreased from 44 kg to 40 kg, and there was a notable reduction in pain and weakness, reflecting positive changes in both lifestyle and diet.

**Investigations:** Laboratory tests conducted during the treatment showed significant improvements in renal function. Blood urea levels decreased gradually from 129.8 mg/dl to 69 mg/dl, indicating enhanced kidney function. Similarly, serum creatinine levels reduced from 8.46 mg/dL to 6.7 mg/dL. These results underscore the potential efficacy of *Ayurvedic* therapies in managing CKD.

*Ayurvedic* therapies for managing CKD showed positive

results, improving lab tests, vital signs, and symptoms. *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.

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