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"An in-Depth Study on *Ayurvedic* Management of *Vrikka Vikara* (Renal Disorders) through *Panchkarma Chikitsa* with Special Emphasis on *Mutravah Srotas Dushti* (Disorder of the Urinary System)": A Case-Based Approach

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Abstract

Chronic Kidney Disease (CKD) is a progressive condition often associated with comorbidities such as Type 2 Diabetes Mellitus (T2DM) and hypertension. Conventional management may involve dialysis and lifelong medication, prompting interest in integrative approaches. This case study evaluates the effectiveness of *Ayurvedic* interventions in improving renal function and overall health in a patient with CKD, diabetes, and hypertension. A 49-year-old male patient with complaints of weakness, frothy urine, constipation, and pedal edema underwent an integrative *Ayurvedic* treatment protocol including *Panchkarma* therapies, *Ayurvedic* formulations *Punarnava (Boerhavia diffusa), Gokshur (Tribulus terrestris)*, and *Mulethi (Glycyrrhiza glabra)*. Lifestyle measures such as *yoga, pranayama,* and early meals were also incorporated. After the intervention, notable clinical improvements were recorded. Blood urea decreased from 210.50 mg/dl to 150.99 mg/dl and serum creatinine from 10.40 mg/dl to 8.88 mg/dl in 8 days. Hemoglobin levels improved, and electrolyte balance was maintained. Symptomatic relief included reduced fatigue, frothy urine, constipation, and edema. The Disciplined & Intelligent Person's Diet (DIP) & *Ayurvedic* diet helped stabilize metabolic function, while selected herbs demonstrated specific *Rasapanchaka* properties aligned with *Tridosha* balancing. *Ayurvedic* interventions, when integrated with dietary and lifestyle changes, may provide a beneficial adjunct in CKD management. This approach demonstrated improved renal biomarkers and symptomatic relief.

Keywords: *Ayurveda,* Chronic Kidney Disease, Lifestyle Modifications, *Panchkarma* Therapy, *Vrikka vikara*.

Introduction

Chronic kidney disease encompasses a spectrum of pathophysiologic processes that are associated with a progressive decline in glomerular filtration rate (GFR) and abnormal kidney functions [1]. It is usually developed over some time. Major risk factors for CKD are childhood obesity, hypertension, diabetes mellitus, a family history of CKD, leading to intestinal kidney diseases, and or glomerular diseases causing proteinuria, CKD etc. evolutionally requiring RRT (renal replacement therapy) [2]. It has been estimated from population data that at least 13% of the adult population in the India has CKD at stages 1 and 2 [3]. The occurrence of 40 to 60% of chronic kidney cases in India is due to hypertension and diabetes [4]. Raised serum urea and serum creatinine levels are usually found accidentally in routine blood tests and also during screening for high-risk patients, such as diabetes and hypertension, which are typical presentations for CKD. Common manifestations include fatigue and shortness of breath, likely stemming from renal anemia and fluid retention [5]. As renal function continues to

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decline, additional symptoms such as itching, loss of appetite, weight loss, nausea, vomiting, and hiccups may develop.

There is no direct correlation between CKD mentioned in *Ayurveda.* So, according to clinical presentation, it is considered under *mutravah srotas vikar* (disorders of the urinary system), and its main symptom is *mutrakshaya* (Reduced urine output), which is primarily seen in *mutraghaat* (Urinary retention), so it is treated accordingly. *Acharya Sushrut* mentioned the origin of the term *vrikka* (Kidney) by *meda* (Adipose tissue) and *rakta dhatu* (Blood tissue). So, both the *dhatus* will be involved in CKD. Also, all three *doshas* (functional principles of the body), *mutravah* (Urinary tract pathways), *udakvah* (Water-carrying channels) and *raktavah srotas* (Blood-carrying channels), will be involved [6].

***Samprapati Ghatak* (Components of Pathogenesis) [7]**

***Dosha*:** *Tridoshas* (three humors: *Vata, Pitta* and *Kapha*), with a predominance of *Vata dosha.*

***Agni* (Digestive fire):** *Manda* (weak metabolism)

***Marga* (Pathway):** *Madhyama rogamarga* (Intermediate pathways of disease).

***Srotas* (Body Channels):** *Medovah, Mutravah* (Adipose Tissue & renal system)

***Strotodushti* (Channel Dysfunction):** *Srotosanga* (obstruction in microchannels of *Mutravah srotas*) and *Vimarg gaman* (abnormal presence of excretory metabolites in blood).

***Adhishthan* (Location):** *Basti* (urinary tract channels)

***Vyadhi swabhav* (Nature of the Disease):** *Chirkari* (chronic)

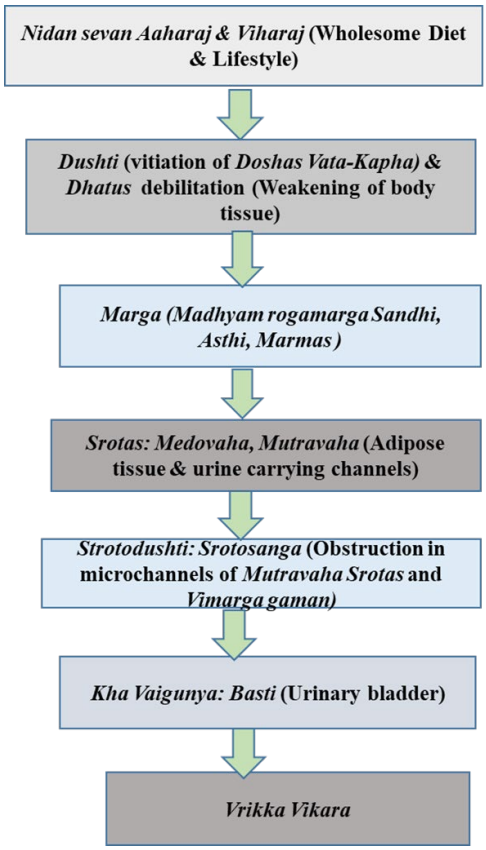


Fig 1: *Samprapati* of *Vrikka vikara*

Case Report

A 49-year-old male, known case of CKD for 6 months, Diabetes for 15 years, and Hypertension for 5 years visited on 31/1/2025 at Jeena Sikho Lifecare Limited Hospital, Derabassi, Punjab, India. The patient chief complaints were Weakness, Pain, Frothy urine, Dyspnea, constipation, and Pedal edema. Vitals during the initial examination on 31/1/2025 were as follow:

- **Blood Pressure:** 140/90 mmHg
- **Pulse Rate:** 88/min.
- **Weight:** 68 kg
- **BMI:** 24.38

Table 1: Allopathic Medicine of Patient

Medicine	Dosage
Atorvastatin (10 mg) + Aspirin (75mg)	HS
Sodium Bicarbonate (500 mg)	OD

Table 2: *Asthvidha Pariksha* during the initial examination visit on 31/1/2025

Parameters	Findings
Nadi (Pulse)	*VataPittaj*
Mala (Stool)	*Badha* (Constipation)
Mutra (Urine)	*Safena* (Frothy urine)
Jiwha (Tongue)	*Saam* (Coated)
Shabda (Speech)	*Spashta* (Clear)
Sparsha (Touch)	*Anushna Sheeta* (Moderate Temperature)
Drika (Eyesight)	*Avikrit* (Normal)
Akriti (Body Appearance)	*Madhyam* (Normal)

Interventions

***Ayurvedic* Treatment Plan [8]**

i). ***Ahara Krama*:** The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included the following recommendations:

a) Dos and don'ts:

i). Avoid eating after 8 PM.

ii). Solid food should be consumed in small bites and chewed at least 32 times to aid proper digestion

iii). Do not consume wheat, refined food, milk, milk products, coffee, tea and packed food.

b) Water Intake:

i). Take small sip of water.

ii). Drink about 250ml of alkaline water 3 to 4 times a day.

iii). Consume Herbal tea 300ml twice daily. To prepare 300 ml of Herbal tea, combine 2 cloves *(Trifolium pratense),* 2 cardamom pods, 10 black pepper seeds *(Piper nigrum),* 5 gm cinnamon sticks *(Cinnamomum verum),* and a half tea spoon of fennel *seeds (Foeniculum vulgare)* with hot water.

iv). Drink Red juice made up Beetroot, Pomegranate and Carrot (100-150 ml).

v). Green juice composed of *Neem (Azadirachta indica), Tulsi (Ocimum tenuiflorum), Paan (Piper betle), Karela (Momordica charantia), Jamun (Syzygium cumini), Sadabahar (Vinca rosea)* taken in quantities of 10 gm each, 200 ml water added, ground in a mixer grinder, filtered, and consumed in a quantity of (100-150 ml).

vi). Living water: The approach involves a three-tiered filtration system using clay pots, each serving a specific purpose to purify and energize the water: Top Pot: Fill this pot with a mixture of small and large river stones, followed by charcoal made from burning wood. This layer acts as an initial filter, removing larger impurities. Middle Pot: Place a similar mix of stones here. Additionally, add *Moringa* seed powder (also known as drumstick or "*Sahjan"* powder), a silver vessel, a copper vessel, and *Rudraksha (Elaeocarpus angustifolius)*. *Moringa* seeds are known for their natural water-purifying properties, while silver and copper are believed to enhance the quality of water. Bottom Pot: This pot remains unaltered and serves as the collection chamber for the purified water. Advised to drink as per the need.

vii). Boil 2 liters of water to reduce it to 1 liter and consume.

c) Aim to Drink 1 Liter of Alkaline Water Daily (Procedure as Follow):

i). Setup the Glass Jug: Fill a clean jug with fresh drinking water.

ii). Add Copper Vessel: Place a copper vessel or glass inside the jug.

iii). Infuse Flavors: Add slices of carrot, cucumber, and lemon to the water.

iv). Add Herbs: Include ginger slices, mint leaves, and coriander leaves.

v). Optional Spice: Add a slice of green chili for added flavor.

vi). Let it Sit: Allow the mixture to sit for 12 hours.

vii). Add *Amalaki (Emblica officinalis)* and Basil *(Ocimum tenuiflorum):* After 6 hours, add 3–4 pieces of *Amalaki* and a handful of Basil leaves. Let it infuse for 6 hours.

viii). Ready to Drink: 3 to 4 times a day in divided portions

d) *Shooka Dhanya Sevan*:

i). Incorporate five types of millet into diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), *Kodrava* (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramose*).

ii). Use only steel cookware for preparing the millets. Cook the millets only using mustard oil.

e) *Bhojana Kala* (Meal Timing) and *Bhojana Vidhi* (Method of Eating):

Early Morning 5:45 AM	Breakfast 9:00 —10:00 AM	Morning snacks 11:00 AM	Lunch 12:30-2:00 PM	Evening Snacks 4:00 — 4:20 PM	Dinner
Herbal tea, Coconut Water.	Steamed seasonal fruits (weight x 10 grams), Mugda yusha, fermented millet shake.	Red juice (150 ml), Ingredients include Carrot *(Daucus carota),* Beetroot *(Beta vulgaris)*	**Plate 1:** Steamed salad (weight x 5 grams) **Plate 2:** Millet recipe	Green juice (100-150 ml), ingredients include Coriander leaves *(Coriandrum sativum),* Mint leaves *(Mentha spicata),* Spinach leaves *(Spinacia oleracea),* Curry leaves *(Murraya koenigii),* Tulsi leaves *(Ocimum tenuiflorum)*	**Plate 1:** Steamed salad (weight x 5 grams), chutney, soup **Plate 2:** Millet khichdi
Curry leaves (1 leaf per minute, up to 5 leaves), raw ginger, turmeric	**Plate 2:** Millet Khichdi/Millet Poha.				

e) Fasting: One-day fasting was advised.

f) Special Instructions:

i). Express gratitude to the divine before consuming food or drinks.

ii). Sit in *Vajrasan* (a yoga posture) after each meal.

iii). 10-minute slow walk after every meal.

g) Diet Types:

i). The diet comprises low salt solid, semi-solid, and smoothie options.

ii). Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

ii). *Jeevana Vidhi*:

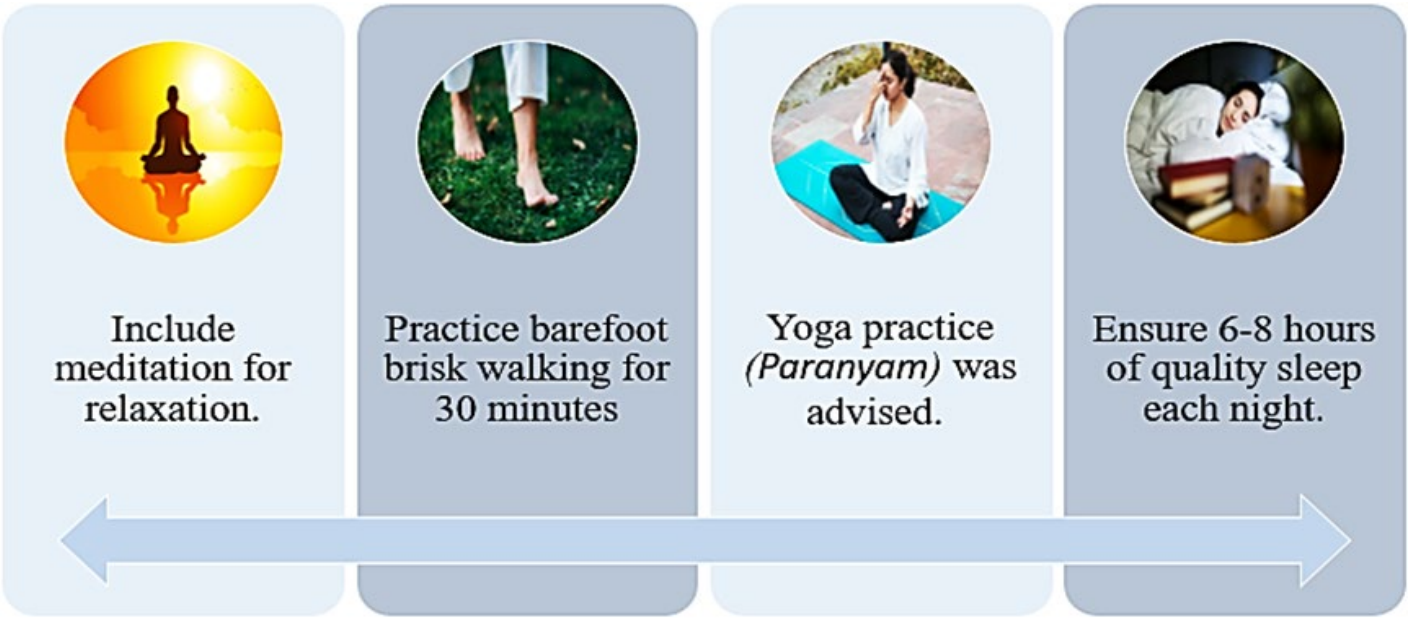


Table 3: Diabetic Chart of the patient during Treatment

Date	FBS mg/dl	PPBS mg/dl
31/01/25	200	380
01/02/25	213	251
02/02/25	98	160
03/02/25	108	140
04/02/25	130	140
05/02/25	134	120
06/02/25	128	145
07/02/25	116	200
08/02/25	122	130
09/02/25	136	170

***Panchkarma* Therapies**

Panchkarma therapies were administered to patients from 31/1/2025 to 9/2/2025.

i). *Matra Basti with Punarnava* and *Gokshur* oil[9]

Procedure: *Punarnava (Boerhavia diffusa)* and *Gokshur (Tribulus terrestris)* oil were administered rectally in a 90 ml dose, at 40°C.

ii). *Shirodhara* with *Dhanwantram and Brahmi* Oil [10]

Procedure: *Brahmi* and *Dhanwantram* oils at 40° celsius were continuously poured on the forehead *(Ajna chakra)* for 45 minutes. The volume of the oils taken was 500ml each, out of which approx 100ml per day was consumed in this *shirodhara* procedure in one seating.

iii). *Avagha Swedana* [11]

Procedure: The patient was immersed up to the navel in a tub of warm water. Sweating was encouraged by maintaining the water temperature at 42˚C. The procedure was recommended to be followed for 40 minutes.

iv). *Vrikk Basti* with *Punarnava Tail* [12]

Procedure: It was kept at a steady, pleasant temperature. Deep penetration into the underlying tissues was ensured by the oil's retention for 20 to 30 minutes. With the removal of *Tail*, the area was gently massaged to improve blood flow and absorption.

v). *Kashaya Basti* with *Punarnava* and *Gokshur* [13]

Procedure: The roots of *Gokshur (Tribulus terrestris)* and *Punarnava (Boerhavia diffusa),* were taken in quantity of 50gm each and 20 gms of *fennel (Foeniculum vulgare) Kalka* boiled with 1600 ml of water, reduced to 400ml, and filtered. Rock salt: 10gm was mixed with Honey: 40 ml, & stirred hard till frothing. 30 ml of *Ksheerbala Taila* was taken and the mixture of Honey and Rock salt mixed with the decoction of *Gokshur* and *Punarnava*, totaling a volume of 480 ml. The patient was positioned on his left side with his right knee flexed to his abdominal wall and the left knee fully extended. The enema apparatus was sterilized, the enema tube was lubricated for easy administration. The lukewarm *Gokshur* and *Punarnava Niruha Basti* (480 ml) was gently introduced into the rectum using the enema tube. The patient was asked to retain the liquid as long as comfortably possible.

Medications Administered During Treatment

Table 4: Tapering Schedule of Allopathic Medicine during 9-Day IPD Treatment

Day	Atorvastatin + Aspirin	Sodium Bicarbonate
Day 1	✓	✓
Day 2	✓	✓
Day 3	✓	✓
Day 4	✓ (1/2)	✓
Day 5	✓ (1/2)	✓
Day 6	✓ (1/2, alt days)	✓I (A)
Day 7	X	✓I (alt days)
Day 8	X	X
Day 9	X	X

Table 5: IPD Medicine's 31/1/25 to 9/2/25

Medicine Name	Ingredients	Dosage	Therapeutic Effects
Prameh Har Powder	*Kutaki (Picrorhiza kurroa), Chiraita (Swertia chirata), Neem (Azadirachta indica), Karela (Momordica charantia), Rasonth (Berberis aristata), Imli beej (Tamarindus indica), Giloy (Tinospora cordifolia), Sounth (Zingiber officinale), Babool chhaal (Vachellia nilotica), Sarpgandha (Rauvofia serpentina), Tivang bhasm, Yashad bhasm, Revend chinni (Rheum emodi), Sodhit Guggul (Commiphora wightii), Methi (Trigonella foenum-graecum), Jamun (Extractum berberies), Babool fruit (Syzygium cuminii), Karanj (Vachellia nilotica), Shilajit (Bitumen mineral), Haldi (Curuma longa), Harad (Terminalia Chebula), Inderjaun (Holarrhena pubescens), Vanshlochan (Bambusa arundinacea), Bahera (Terminalia bellirica), Amla (Phyllanthu emblica), White musli (Chlorophytum borivallianum), Gurmar (Gymnema sylvestre)*	Half a teaspoon OD *(Pragbhakta with koshna jala)* (Before meal with lukewarm water)	Promotes *Deha Samya* (Body Balance), *Enhances Agni Deepan* (Digestive Fire), *Increases Ojasvardhak* (Vitality), *and Strengthens Balavardhak* (*Immunity)*
Divya Shakti Powder	*Trikatu (Piper nigrum (Kali Mirch), Piper longum (Pippali), and dried Zingiber officinale (Saunth), Triphala (Haritaki (Terminalia chebula), Bibhitaki, (Terminalia bellirica) and Amalaki (Phyllanthus niruri), Nagarmotha (Cyperus rotundus), Vay Vidang (Embelia ribes), Chhoti Elaichi (Elettaria cardamomum), Tej Patta (Cinnamomum tamala), Laung (Syzygium aromaticum), Nisoth (Operculina turpethum), Sendha Namak, Dhaniya (Coriandrum sativum), Pipla Mool (Piper longum root), Jeera (Cuminum cyminum), Nagkesar (Mesua ferrea), Amarvati (Achyranthes aspera), Anardana (Punica granatum), Badi Elaichi (Amomum subulatum), Hing (Ferula assafoetida), Kachnar (Bauhinia variegata), Ajmod (Trachyspermum ammi), Sazzikhar, Pushkarmool (Inula racemosa), Mishri (Saccharum officinarum).*	Half a teaspoon HS *(Nishikala with koshna jala)* (Before bed)	It improves digestive function and metabolism of the body through its *deepan-pachan* properties. Helps in body detoxification via *virechan* (purgation).
Dr. CKD Tablet	*Apamarg (Achyranthes aspera), Gokhru (Tribulus terretris), Punarnava (Boerhavia diffusa), Varun chhaal (Crateva nurvala), Mulethi (Glycyrrhiza glabra), Sheetal chini (Piper cubeba)*	1 Tablet TDS (*Adhobhakta with koshna jala)* (After meal with lukewarm water)	Supports *Vrikka Shodhan* (Kidney Purification) and enhances *Vrikka Poshana* (Kidney Nourishment)
Amalpit Nashak Capsule	*Mulethi (Glycyrrhiza glabra), Pudina (Mentha spicata), Hing (Ferula asafoetida), Chitrak (Plumbago zeylanica), Jeera (Cuminum cyminum), Vidang (Embelia ribes), Ajwain (Trachyspermum ammi), Marich (Piper nigrum), Pippali (Piper longum), Sounth (Zingiber officinale), Amla (Phyllanthus emblica), Bahera (Terminalia bellirica), Harad (Terminalia chebula), Shankh Bhasma (Turbinella pyrum), Bhawna Dravya, Lavang (Syzygium aromaticum)*	1 Cap. BD (*Adhobhakta with koshna jala)*	Balances *Agni,* relieves *AmlaPitta* (Hyperacidity), *soothes Udara Shoola* (Relieves Abdominal Pain), and alleviates *Chhardi* (Vomiting)
GFR Powder	*Varun (Crateva nurvala), Punarnava (Boerhavia diffusa), Gokshur (Tribulus terrestris), Kaasni (Cichorium intybus), Bhumi Amla (Phyllanthus niruri), Shirish (Albizia lebbeck), Shigru (Moringa oleifera), Apamarg (Achyranthes aspera)*	Half a teaspoon BD *(Adhobhakta with koshna jala)*	Supports *Vrikk Karya* (works) and acts as *Shoth* (Inflammation)*har*, helping alleviate renal symptoms.

The IPD medicine was continued after discharge, but the GFR powder was excluded.

Results

A 49-year-old male with CKD, Hypertension and Diabetes showed significant improvement in his general health following the *Ayurvedic* treatment plan. At first, he had symptoms including Weakness, pain (3/10 to 0/10), Frothy urine, Disturbed sleep, Dyspnea, constipation and Pedal edema (II to 0) problems. The patient reported a significant decrease in the frequency and intensity of these symptoms over time after implementing dietary and lifestyle modifications and *Panchkarma* therapy.

- **Pedal Edema Scale [14]**
  i). (1°: 2mm depression, barely detectable – Immediate rebound)
  ii). (2°: 4mm deep pit – A few seconds to rebound)
  iii). (3°: 6mm deep pit – 10 to 12 sec to rebound)
  iv). (4°: 8mm very deep pit – >20 sec to rebound)
- **Pain Scoring Scale [27]:** (0 – No pain & 10 – Unimaginable pain)
- **Dyspnea Scoring Scale [28]:** (0 – No Shortness of Breath & 10 – Max Shortness of Breath)
- **Disturbed Sleep [29]:** (0-2) very bad sleep, (3-4) bad sleep, (5-6) disturbed sleep, (7-8) good sleep, (9-10) very good sleep

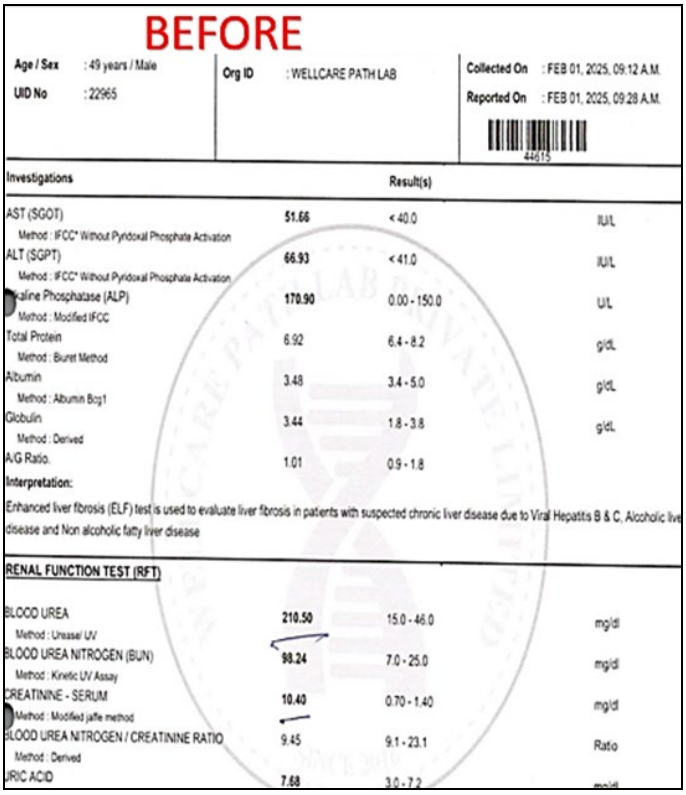
Table 6: Comparison of symptoms before and after the treatment

Before Treatment	After Treatment
Generalized weakness	Relief
Dyspnoea on Exertion (3/10)	Relief
Bilateral Pedal oedema (2°)	Relief (05
Constipation	Relief
Pain (3/10)	Relief (0/10)
Disturbed Sleep (4/10)	Relief (9.10)
Frothy Urine	Relief

Table 7: Pre- and Post-Lab Assessment of the Patient

Parameter	Findings	
Date	**1/2/2025**	**7/2/2025**
Hemoglobin	10.4 g/dI	11 g/dI
Blood Urea	210.50mg/dI	150.99mg/dI
Creatinine	10.40mg/dI	8.88mg/dI

Table 7 presents the comparative assessment of key biochemical parameters before and after the intervention. The patient's urea levels showed a significant reduction from 210.50 mg/dl to 150.99 mg/dl within a week, indicating improved renal function and enhanced nitrogenous waste excretion. Similarly, creatinine levels decreased from 10.40 mg/dl to 8.88 mg/dl, suggesting better kidney filtration efficiency and reduced metabolic stress. These improvements reflect the positive impact of the intervention in managing renal dysfunction and promoting overall kidney health.


BEFORE

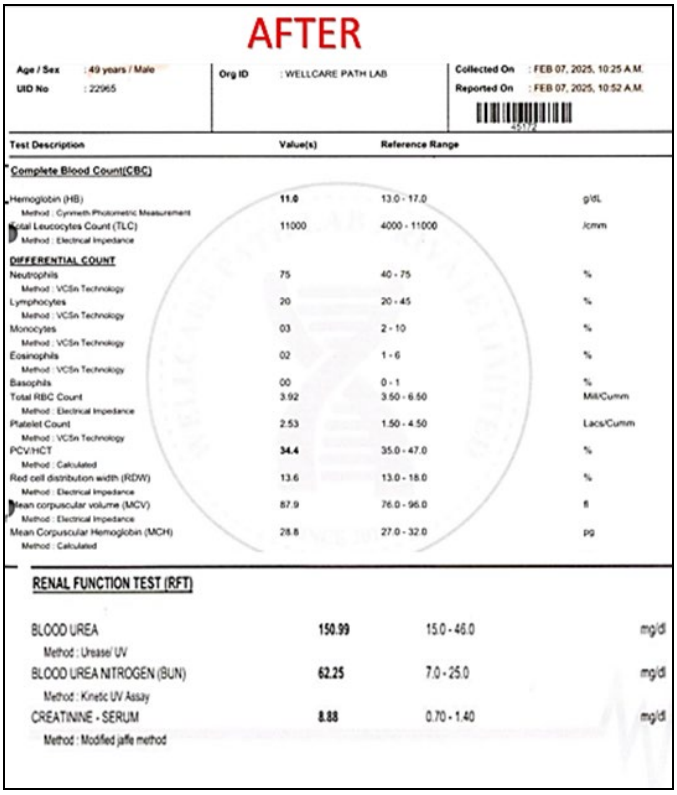
Age / Sex : 49 years / Male
UID No : 22965
Org ID : WELLCARE PATH LAB
Collected On : FEB 01, 2025, 09:12 A.M.
Reported On : FEB 01, 2025, 09:28 A.M.

Investigations	Result(s)		
AST (SGOT)	51.66	< 40.0	IU/L
Method : IFCC* Without Pyridoxal Phosphate Activation			
ALT (SGPT)	66.93	< 41.0	IU/L
Method : IFCC* Without Pyridoxal Phosphate Activation			
Alkaline Phosphatase (ALP)	170.90	0.00 - 150.0	U/L
Method : Modified IFCC			
Total Protein	6.92	6.4 - 8.2	g/dL
Method : Biuret Method			
Albumin	3.48	3.4 - 5.0	g/dL
Method : Albumin Bcg1			
Globulin	3.44	1.8 - 3.8	g/dL
Method : Derived			
A/G Ratio	1.01	0.9 - 1.8	

Interpretation:
Enhanced liver fibrosis (ELF) test is used to evaluate liver fibrosis in patients with suspected chronic liver disease due to Viral Hepatitis B & C, Alcoholic liver disease and Non alcoholic fatty liver disease

RENAL FUNCTION TEST (RFT)

BLOOD UREA	210.50	15.0 - 46.0	mg/dl
Method : Urease/ UV			
BLOOD UREA NITROGEN (BUN)	98.24	7.0 - 25.0	mg/dl
Method : Kinetic UV Assay			
CREATININE - SERUM	10.40	0.70 - 1.40	mg/dl
Method : Modified jaffe method			
BLOOD UREA NITROGEN / CREATININE RATIO	9.45	9.1 - 23.1	Ratio
Method : Derived			
URIC ACID	7.68	3.0 - 7.2	mg/dl


AFTER

Age / Sex : 49 years / Male
UID No : 22965
Org ID : WELLCARE PATH LAB
Collected On : FEB 07, 2025, 10:25 A.M.
Reported On : FEB 07, 2025, 10:52 A.M.

Test Description	Value(s)	Reference Range	
Complete Blood Count(CBC)			
Hemoglobin (HB)	11.0	13.0 - 17.0	g/dL
Method : Cyanmeth Photometric Measurement			
Total Leucocytes Count (TLC)	11000	4000 - 11000	/cmm
Method : Electrical Impedance			
DIFFERENTIAL COUNT			
Neutrophils	75	40 - 75	%
Method : VCSn Technology			
Lymphocytes	20	20 - 45	%
Method : VCSn Technology			
Monocytes	03	2 - 10	%
Method : VCSn Technology			
Eosinophils	02	1 - 6	%
Method : VCSn Technology			
Basophils	00	0 - 1	%
Total RBC Count	3.92	3.50 - 6.50	Mill/Cumm
Method : Electrical Impedance			
Platelet Count	2.53	1.50 - 4.50	Lacs/Cumm
Method : VCSn Technology			
PCV/HCT	34.4	35.0 - 47.0	%
Method : Calculated			
Red cell distribution width (RDW)	13.6	13.0 - 18.0	%
Method : Electrical Impedance			
Mean corpuscular volume (MCV)	87.9	76.0 - 96.0	fl
Method : Electrical Impedance			
Mean Corpuscular Hemoglobin (MCH)	28.8	27.0 - 32.0	pg
Method : Calculated			

RENAL FUNCTION TEST (RFT)

BLOOD UREA	150.99	15.0 - 46.0	mg/dl
Method : Urease/ UV			
BLOOD UREA NITROGEN (BUN)	62.25	7.0 - 25.0	mg/dl
Method : Kinetic UV Assay			
CREATININE - SERUM	8.88	0.70 - 1.40	mg/dl
Method : Modified jaffe method			

Discussion

The intervention led to a noticeable improvement in the patient's overall health, particularly in kidney function and general well-being. The increase in hemoglobin suggests better blood health, which is essential for CKD patients who often suffer from anemia due to reduced erythropoietin production.

***Nidana* of *Vrikka Vikara*:** In *Ayurveda, Vrikka Vikara* (renal disorders) primarily arises from the vitiation of *Vata* and *Kapha doshas,* leading to *Mutravaha Srotas Dushti* (disorder of the urinary system). Contributing factors include improper diet (*Mithya Ahara)*, sedentary lifestyle, excessive intake of salty or processed foods, and chronic systemic diseases such as diabetes and hypertension. These factors cause impaired urine formation, retention, or excessive passage, leading to urinary abnormalities, edema, and toxin accumulation [30].

***Samprapti* of Chronic Kidney Disease (CKD):** Chronic Kidney Disease (CKD) in Ayurveda can be understood under the spectrum of *Mutravaha Srotas Dushti* with progressive involvement of *Vata, Pitta,* and *Kapha doshas*. The initial stage involves *Agnimandya* (weakened digestive fire) leading to the formation of *Ama* (toxic metabolites), which circulates in the body and accumulates in *Rakta, Meda,* and *Mamsa dhatus*, gradually impairing the function of *Mutravaha Srotas*. Prolonged *Ama* and *Dosha* vitiation block the minute *srotas (sroto-avarodha),* particularly at the level of the nephrons *(mutravaha sira),* resulting in disturbed urine formation. *Kapha* contributes to *srotorodha* (obstruction) by increasing *kleda* and causing proteinuria and edema. *Pitta* leads to inflammatory changes and burning micturition, while *Vata* predominates in later stages, manifesting as degeneration, weakness, and oliguria.[15] The *Rogamarga* here is *Madhyama* due to involvement of deeper *srotas. Nidanas* such as excessive intake of *lavana, amla, kshara*, alcohol, chronic hypertension, diabetes, and irregular lifestyle further aggravate *doshas.*

***Panchkarma Chikitsa* and Mode of Action:** The reduction in urea and creatinine levels indicates improved kidney filtration and detoxification. *Ayurvedic* treatments such as *Matra Basti, Kashaya Basti* and *Vrikk Basti,* along with formulations like *Punarnava* and *Gokshur,* likely played a role in enhancing renal circulation and function. The *Punarnava (Boerhavia diffusa)* and *Gokshur (Tribulus terrestris)* penetrate the rectal mucosa, lubricating the intestines to aid digestion and promote bowel movements. This *Matra Basti* balances *Vata dosha,* facilitating the elimination of stool, and urine. The oil, after entering the large intestine *(Pakwashaya)*, spreads systemically to pacify *Vata dosha*. *Shirodhara* with *Brahmi* and *Dhanwantram* oil works on the central nervous system, inducing relaxation, reducing stress, and enhancing cognitive function [16].

Brahmi oil acts as a nootropic, while *Dhanwantram* oil improves neuromuscular coordination. *Avagah Swedan* also induces the elimination of body toxins such as urea, creatinine, ammonia and uric acid through the skin because of the increase in body temperature and sweating This *Kashaya*

Basti with *Punarnava* and *Gokshur* targets and controls *Vata dosha* at its root site in the large intestine *(Pakwashaya)*, helping to regulate *Vata* throughout the body, thus addressing all *Vata* disorders [17].

***Ahara* and *Vihara*:** The DIP and *Ayurvedic* diet is a comprehensive, plant-based nutritional approach that excludes oil, salt, and sugar, aiming to manage and potentially reverse chronic conditions such as Chronic Kidney Disease (CKD), Type 2 Diabetes Mellitus (T2DM), and hypertension. This regimen emphasizes natural detoxification, immune system strengthening, and maintaining pH balance by focusing on whole, unprocessed foods. Raw fruits, vegetables, and sprouts make up approximately 50–70% of the daily intake in the DIP Diet [18, 19]. In the case this diet is effective due to high contents of complex carbohydrates and being *kashya ras* predominant *Kashya Ras*, Being very active against *Aam* predominant disease as CKD, DM, HTN etc. of diabetes, it encourages the consumption of low-glycemic index millets and bitter-tasting vegetables.[20] Supportive lifestyle practices include daily yoga and *pranayama* (such as *Anulom-Vilom:* A controlled alternate nostril breathing technique that balances the flow of *prana,* calms the mind, and improves respiratory function, *Kapalabhati:* A forceful exhalation breathing exercise that detoxifies the lungs, energizes the body, and enhances mental clarity, early and light evening meals, adequate sleep, and walking after meals. [21]

Ayurvedic detox techniques such as weekly fruit fasting and exposure to sunlight are also incorporated. This integrated method combines DIP dietary guidelines with classical *Ayurvedic* principles to promote metabolic harmony, purify the body, and encourage self-healing, all under proper medical guidance.

Table 8: *Rasapanchaka* of Common Herbs in Prameh Har Powder, GFR Powder & Amalpit Nashak

(Botanical Name)	***Rasa* (Taste)**	***Guna* (Qualities)**	***Virya* (Potency)**	***Vipaka* (Post-digestive effect)**	***Prabhava* (Specific action)**
Amlaki (Phyllanthus emblica) [22]	*Madhura* (Sweet), *Amla* (Sour), *Kashaya* (Astringent)	*Laghu* (Light), *Ruksha* (Dry)	*Shita* (Cold)	*Madhura* (Sweet)	*Rasayana* (Rejuvenative), *Pitta-shamaka,* promotes tissue regeneration
Gokshura (Tribulus terrestris) [23]	*Madhura* (Sweet)	*Guru* (Heavy), *Snigdha* (Unctuous)	*Shita* (Cold)	*Madhura* (Sweet)	Mutrala (Diuretic), *Balya* (Strengthening), beneficial in CKD & UTI
Mulethi (Glycyrrhiza glabra) [24]	*Madhura* (Sweet)	*Guru* (Heavy), *Snigdha* (Unctuous)	*Shita* (Cold)	*Madhura* (Sweet)	*Pittashamaka, Vranashodhana* (heals ulcers), supports gastric & adrenal health
Sonth (Zingiber officinale – Dry Ginger) [25]	*Katu* (Pungent)	*Laghu* (Light), *Snigdha* (Unctuous)	*Ushna* (Hot)	*Madhura* (Sweet)	*Deepana* (stimulates *Agni), Pachana* (digestion), relieves bloating & metabolic imbalance

Need For Further Study [26, 27]

i). **Role of *Ayurvedic* Formulations:** Investigating specific *Ayurvedic* formulations such as *Punarnava, Gokshur*, Chandraprabha Vati and *Varunadi Kwath* in improving renal health.

ii). **Clinical Trials and Evidence-Based Approach:** Conducting controlled clinical trials to validate the effectiveness of *Ayurvedic* interventions in CKD, nephrotic syndrome and urinary tract disorders.

iii). **Comparative Study with Modern Medicine:** Evaluating how *Ayurvedic* treatments can complement or serve as an alternative to allopathic management, reducing dependency on dialysis and synthetic drugs.

iv). **Long-Term Impact on CKD Patients:** Assessing the potential of *Ayurveda* in slowing the progression of chronic kidney disease and improving quality of life.

v). **Dietary and Lifestyle Modifications:** Understanding the impact of *Ayurvedic Aahar-Vihar* (diet and lifestyle) on renal function, focusing on personalized dietary recommendations for kidney patients.

Conclusion

This case study highlights the positive impact of an integrative *Ayurvedic* approach in the management of Chronic Kidney Disease (CKD) in a 49-year-old male patient with associated Type 2 Diabetes Mellitus and Hypertension. The patient presented with symptoms such as weakness, frothy urine, constipation, and pedal edema. Alongside ongoing allopathic medications**,** the patient underwent a tailored *Ayurvedic* treatment regimen comprising *Panchkarma* therapies (*Matra Basti, Kashaya Basti*, and *Vrikka Basti*), herbal formulations including *Punarnava, Gokshur, and Mulethi***,** and lifestyle interventions like *yoga, pranayama*, and an *Ayurvedic* DIP diet.

Within just 8 days, notable clinical improvements were observed. Serum urea decreased from 210.50 mg/dl to 150.99 mg/dl**,** & serum creatinine reduced from 10.40 mg/dl to 8.88 mg/dl**,** reflecting improved kidney filtration**.** Hemoglobin levels increased**,** & electrolyte balance was maintained, preventing further complications. Symptomatic relief included Weakness, pain (3/10 to 0/10), Frothy urine, Disturbed sleep, Dyspnea, constipation and Pedal edema (II to 0) problems. The use of herbs selected based on *Rasapanchaka* principles supported *Tridosha* balance and renal detoxification. The combination of *Ayurveda* and modern medicine contributed synergistically to the patient's recovery, suggesting that integrative approaches can enhance outcomes in CKD care.

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