Integrative *Ayurvedic* Approach in Managing Chronic Kidney Disease: A Case Study

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Abstract

Chronic Kidney Disease (CKD) is a common disorder which can be primary, secondary and from the *Ayurvedic* perspective this can be linked to *sarvang shoth* or *mutraghat*. A 64-year-old Male with Stage 5 CKD, Diabetes Mellitus Type 2, and Hypertension was the subject of this case study. Renal function markers demonstrated significant improvement: serum creatinine decreased from 5.02 mg/dL to 3.0 mg/dL, and blood urea levels dropped from 103.3 mg/dL to 41 mg/dL. The patient had backache, frothy urine, itching, and shortness of breath. Significant improvements in kidney function and overall quality of life were achieved after 5 months of *Ayurvedic* treatment, which included *Panchkarma* therapies and comprehensive *Ayurvedic* management.

Keywords: Ayurveda, Chronic Kidney Disease, Dosha imbalance, Hypertension, Panchkarma, Shoth, Vrikka vikara.

Introduction

Chronic kidney disease (CKD), diabetes mellitus (DM) and hypertension (HTN) are among the most prevalent and interconnected global health challenges, contributing significantly to morbidity and mortality worldwide. More than two-thirds of instances of end-stage renal disease are caused by poorly controlled diabetes and hypertension, which frequently result in CKD [1]. Nephropathy, a major cause of CKD, is one of the microvascular and macrovascular consequences brought on by diabetes mellitus, which is typified by persistent hyperglycemia [2]. Similarly, by causing glomerular hyper filtration and vascular damage, hypertension makes kidney disease worse [3]. Although medication and lifestyle changes continue to be the mainstay of managing CKD, DMT2 and HTN, conventional treatment modalities are frequently linked to adverse effects, and high expenses. In this regard, complementary methods for managing these chronic illnesses are provided by integrative systems like Ayurveda. By addressing the underlying causes of illness and balancing the body's doshas (biological energies Vata, Pitta and

Kapha), Ayurveda, the traditional Indian medical system, emphasizes on holistic approach [4]. As per Ayurvedic principles, CKD can be understood as an outcome of shoth roga (inflammation disease, edema) caused by vata dominated tridosha imbalance. individualized interventions such as Ahar (dietary changes) vihar (lifestyle modifications), shaman chikitsa (Ayurvedic formulations), & Panchkarma (detoxification therapies) and are recommended under the ayurvedic protocol [5]. Clinical research established has that certain Ayurvedic herbs, including Punarnava (Boerhavia diffusa), Gokshura (Tribulus terrestris) and Guduchi (Tinospora cordifolia), have renoprotective, anti-diabetic and anti-hypertensive qualities [7].

Samprapati Ghatak (Components of Pathogenesis in CKD

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

Agni (Digestive Fire): Manda (weak metabolism)

Marga (Pathway): *Madhyama rogamarga* (Internal 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)

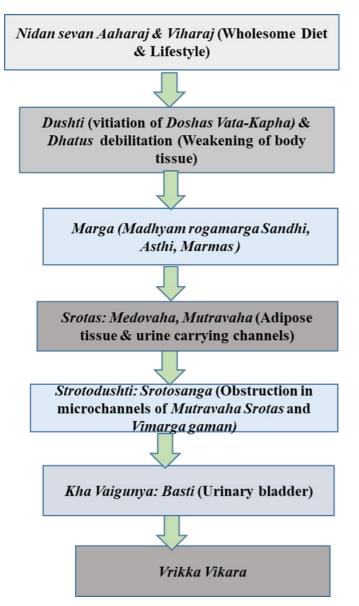


Fig 1: Ayurvedic Pathogenesis of CKD

Case Report

A 64-year-old male known case of stage 5 CKD (August 2024), Diabetes mellitus (6 months), and hypertension for 9 months visited at Jeena Sikho Lifecare Limited Hospital, Derabassi, Punjab, India. The patient suffered from generalized weakness, fatigue, itching, backache, B/L knee joint pain, frothy urine, and shortness of breath (SOB). Vitals during the initial examination on the first day (25/8/24) of the

Blood Pressure: 130/74 mmHg

Pulse Rate: 66/min

Random Blood Sugar: 139 mg/dL

Weight: 125 kg

Table 1: Ashta vidh Pariksha on the first day of the patient

Parameters	Findings
Nadi (Pulse)	VataPittaj
Mala (Stool)	Abadh (loose)
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 shape)	Sthula (Obesity)

Interventions

Treatment Plan [9]

- 1. *Ahara Krama*: The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included the following:
- a) Do's and Don'ts:
- i). Avoid eating after 8 PM.
- ii). Take a small bite of solid food and chew it 32 times to aid proper digestion and nutrient absorption.
- iii). Do not consume wheat, refined food, milk, milk products, coffee, tea, and packed food.

b) Jala Sevan (Water intake):

- i). Take small sips 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 angustififolium). 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):

- 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.
- 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 *Amla (Emblica officinalis)* and Basil (*Ocimum tenuiflorum*): After 6 hours, add 3–4 pieces of *Amla* 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: (*Priyangava*) Foxtail (*Setaria italica*), (*Śyāmākā*) 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) Ayurvedic and Disciplined & Intelligent Person's diet (DIP) Includes:

Time	Meal	Items Included			
5:45 AM	Early Morning	Herbal tea, curry leaves (1 leaf per minute, up to 5 leaves), raw ginger, turmeric			
9:00 – 10:00 AM	Breakfast	Steamed seasonal fruits (weight × 10 grams), mugda yusha, fermented millet shake			
11:00 AM	Morning Snack	Red juice (150 ml), ingredients include Carrot (Daucus carota), Beetroot (Beta vulgaris)			
12:30 – 2:00 PM	Lunch	Plate 1: Steamed salad (weight × 5 grams) Plate 2: Millet recipe			
4:00 – 4:20 PM	LEvening Snack I				
6:15 – 7:30 PM	Dinner	Plate 1: Steamed salad (weight × 5 grams), <i>chutney</i> , soup Plate 2: Millet <i>khichdi</i>			

e) Fasting: One-day fasting per week was advised.

f) Special Instructions:

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

2. Lifestyle Recommendations:



Table 2: Diabetic Chart of the patient during Treatment (FBS/PPBS)

Date	FBS mg/dl	PPBS mg/dl
25/8/24	159	240
26/8/24	116	246
27/8/24	112	165
28/8/24	114	140
29/8/24	119	140
30/8/24	120	120
31/8/24	129	145

Panchkarma Therapies

Panchkarma therapies were administered to patient:

1. Awagah swedan upto Navel [10] 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.

2. Guduchi Punarnava Kashaya Basti (480ml) [11] Procedure:

- The stem of *Guduchi (Tinospora cordifolia)*, and the roots of *Punarnava (Boerhavia diffusa)*, were taken in quantity of 50gm each and 20gm of *fennel (Foeniculum vulgare) Kalka* boiled with 1600 ml of water, reduced to 400ml, and filtered.
- Rock salt: 10gm was mixed with Honey: 40ml & stirred hard till frothing.
- 30 ml of *Ksheerbala Taila* was taken, and a mixture of honey and rock salt was added to a decoction of *Guduchi* and *Punarnava*, making a total 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 *Guduchi* and *Punarnava Niruha Basti* (480ml) was gently introduced into the rectum using the enema tube. The patient was asked to retain the liquid as long as comfortably possible.

3. Gokshur Punarnava, Siddha Sneha Basti (90ml) [12] Procedure:

- 90ml of this oil was inserted with the patient laying in left lateral Position.
- The Gokshur and Punarnava Siddha Sneha was gently introduced into the rectum using an enema tube.
- The patient usually this *sneha basti* for 8-12 hours.

4. Shiropichu on alternate days with Ksheerbala Brahmi Tail, and Brahmi kapoor Tail [13, 14] Procedure:

- Warm *Ksheerbala Brahmi Tail* was massaged on the scalp and neck for 20–30 minutes, a cloth pad soaked in this warm oil was placed on the forehead, covering the *Ajna Chakra* and crown, left in place for 20 minutes.
- On days 1, 3, 5, 7
- The cloth was removed, & the patient was advised to massage the scalp gently.
- The same procedure was repeated with *Brahmi-Kapoor Tail* on the days 2, 4, &6.

5. *Janu Basti* with *Mahanarayan Tail* [15] Procedure:

- The patient was comfortably positioned, and a dough ring was placed around the knee joint to hold the *Mahanarayan Tail*.
- *Mahanarayan Tail* was gently heated to a lukewarm temperature and poured into the dough ring, fully covering the knee joint.
- The oil remained on the knee for 30 minutes, with the oil replenished as needed to maintain warmth and effectiveness.
- After the procedure, the dough ring was removed, excess oil was wiped off, the knee was massaged with warm *Mahanarayan Tail*.

6. Lepam over Abdomen, Legs and Chest with Dashmool, Trikatu, Shunthi and Punarnava [16]

Procedure:

- A smooth, thick paste was prepared by mixing *Dashmool, Trikatu, Shunthi* and *Punarnava* powders with warm water.
- The paste was evenly applied over the abdomen, legs and chest.
- The *Lepam* was kept for 30–45 minutes until it started drying, then gently wiped off with a damp cloth and warm water.
- The patient was kept warm, exposure to cold was avoided.

Table 3: Allopathic Medicines of the patient during the treatment

Medicine	Dosage (1-2 Days)	Dosage (3-4 Days)	Dosage (5-6 Days)	Dosage (7 Day)
IPD days	1-2 Days	3-4 Days	5-6 Days	7 day
Atenolol 50 mg	SOS	SOS	SOS	SOS
Sodium Bicarbonate 500 mg	1 OD	1 OD	1 OD	Alternate Day
Alpha Ketoanalogue 200 mg	1 BD	1 BD	1 OD	Alternate Day
Taurine and Acetyl cysteine 200 mg	1 OD	1 OD	1 OD	Alternate Day
Domperidone and Pantoprazole 40 mg	Hold	Hold	Hold	Hold
Tramadol hydrochloride 500 mg	Hold	Hold	Hold	Hold

Table 4: Medications Administered During Treatment

Medicine					
Name	Ingredients	Therapeutic Effects			
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)	Supports Vrikk Karya (kidney function) and acts as Shothhar (anti-inflammatory) beling alleviate renal			
ChanderVati 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), Chitrak (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), Gaj Pipal (Scindapsus officinalis), Swarn Makshik Bhasm, Sajjikhar, Sendha Namak (Black salt), Chhoti Elaichi (Elettaria cardamomum), Dalchini (Cinnamomum verum), Tejpatra (Cinnamomum tamala), Danti (Baliospermum montanum),	Supports <i>Mutravah Srotas</i> (Urinary System), helps to alleviate <i>Mutrakrichhha</i> (urinary tract symptoms) and promotes healthy urine flow.			

	in. Global bournar of Ayurveda, Toga and Integrative Medicine	
	Nisoth (Operculina turpethum), Vanslochan, LouhBhasm (Iron ash), Shilajeet (Asphaltum punjabinum), Guggul (Commiphora wightii)	
Powder	Trikatu, Triphala, 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).	It improves digestive function and metabolism of the body through its <i>deepan-pachan</i> properties. Helps in body detoxification via <i>virechan</i> (purgation).
MutroVordholz	Gokshru (Tribulus terrestris), Sonth (Zingiber officinale dried ginger), Guggul (Commiphora wightii), Kalimirch (Piper nigrum), Pippal (Piper longum), Bahera (Terminalia bellirica), Harad (Terminalia chebula), Bhumi Amla (Phyllanthus niruri), and Motha (Cyperus rotundus).	Diuretics (Mutravirechan Dravya) aid in enhancing urine outflow, supporting kidney function and promoting
	Neem (Azadirachta indica), Giloy (Tinospora cordifolia), Kalmegh (Andrographis paniculata), Papaya (Carica papaya), Wheatgrass (Triticum aestivum Linn.), Punarnava (Boerhavia diffusa), Tulsi (Ocimum tenuiflorum), Haldi (Curcuma Longa), Vasapatra (Adhatoda vasica Nees), Karan beej (Pongamia pinnata Pierre)	Provides Respiratory Relief, Supports Natural
Nephron Plus CAP	Hazrool Yahoo bhasm powder, Chandra Prabha powder, Pashanbhed, Mulakkshar powder, Yavakshar powder, Amalaki Rasayan powder (Phyllanthus niruri), Trivikrum Ras powder, Navasar powder, Nimbu Stava powder, Gokshur (Tribulus terrestris), Shila Pushpa, Black Salt powder, Hing powder (Ferula asafoetida)	Supports Koshtha Punarjanana (Rejuvenation of the Digestive System) enhances Mutra Pravartana (urine outflow) and aids in Mutravah Srotas
Sama Vati Tablet	Gokhru (Tribulus Terrestris), Shatavari (Asparagus racemosus), Kaunch (Mucuna pruriens), Bhumi Amla (Phyllanthus niruri), Sonth (Zingiber officinale dried ginger), Jaiphal (Myristica fragrans), Ashwagandha (Withania somnifera), Vidarikand (Pueraria tuberosa), Beej band lal (Sida cordifolia), Akarkara (Anacyclus pyrethrum), Talmakhana (Asteracantha longifolia), Musli (Chlorophytum borivilianum), Swarn makshik, Shilajeet (Asphaltum punjabicum)	Liver disorders, Indigestion, Deepan-Pachan, Constipation, Immunity booster, Anorexia
Renal support	Nimb (Azadirachta indica), Arjun (Terminalia arjuna), Gokshur (Tribulus terrestris), Harad (Terminalia chebula), Ashwagandha (Withania somnifera), Karanj (Pongamia pinnata), Chirayata (Swertia chirayita)	Supports Kidney, Bladder and Urinary Tract Health,
	Kasani (Cichorium intybus), Gokhru (Tribulus Terrestris), Shatavari (Asparagus racemosus), Giloy (Tinospora cordifolia, Sorbitol, Shilajeet (Asphaltum punjabicum)	Supports Vrikk Vikar Shaman (Relief from Renal Diseases) and Mutravah Srotas Shuddhi (Purification of the Urinary Channels)
De-tox Lung Powder	Sajjikhar powder, Arjun (Terminalia arjuna), Saunth (Zingiber officinale), Kantakari powder, Haridra powder (Curcuma longa), Vasa powder, Pushkamool powder, Sphatika bhasm powder, Kartakshringi powder, Pippali (Piper longum), Magnesium stearate, Talcum powder	Disorders), aids in Kasa Shaman (Relief from Cough), helps in Urah Stambha Nivarana (Removal of Chest
Granthi Har Vati	Kachnar (Bauhinia variegata), Guggul (Commiphora wightii), Amla (Phyllanthus emblica), Bahera (Terminalia bellirica), Harad ((Terminalia chebula), Saunth (Zingiber officinale), Marich (Piper nigrum), Pippli (Piper longum), Varuna (Crateva religiosa), Sukshamala (Elettaria cardamomum), Dalchini (Cinnamomum verum), Tamal patar (Cinnamomum tamala)	Thyroid dysfunction, Enlarged lymph nodes, PCOD,
Dhatuposhak	Chuna Shuddh (Calcium carbonate), Shankh bhasm (Conch shell calx), Mukta shukti (Mother of Pearl calx), Prawal pishti (Coral calx), Kapardika (Cowrie shell calx), Louh Bhasm (Incinerated iron)	Helps to Manage Diabetes, Enhances Vitality and Boosts
Dr. CKD Tablet	Apamarg (Achyranthes aspera), Gokhru (Tribulus terretris), Punarnava (Boerhavia diffusa), Varuna (Crateva nurvala), Mulethi (Glycyrrhiza glabra), Sheetal chini (Piper cubeba), Bhumi Amla (Phyllanthus niruri), Haldi (Curcuma Longa), Charila (Parmelia perlata), Kulthi (Macrotyloma uniflorum), Harad(Terminalia chebula), Mulikshar (Raphanus sativus), Yava kshar (Hordeum vulgare), Sajjikhar, Anantmool (Hemidesmus indicus)	Supports Vrikka Shodhan (Renal Detoxification) and enhances Vrikka Poshana (Kidney Nutrition)

Table 5: IPD Medicine's 25/8/24 to 30/8/24

Medicine	Dosage		
Divya Shakti Powder	Half a teaspoon HS (<i>Nishikala with koshna jala</i>) (At Bedtime)		
Sama vati	1 Tablet BD (<i>Adhobhakta with koshna jala</i>) (After meal with lukewarm water)		
GFR Powder	Half a teaspoon BD (Adhobhakta with koshna jala)		
Nephron Plus CAP	2 Cap BD (Adhobhakta with koshna jala)		
Renal support syrup (31/8/24) was added at discharge, while the rest of the medications remained the same as in IPD treatment.	20ml BD (Adhobhakta with sam matra koshna jala)		

Table 6: Follow-up Medicine's 5/11/24

Medicine Follow-up Medicine's 5/11/24	Dosage with Anupaan	Medicine Follow-up Medicine's 8/1/25	Dosage with Anupaan
CKD syrup	15ml BD (Adhobhakta with sam matra koshna jala)	CKD syrup	15ml BD (Adhobhakta with sam matra koshna jala)
Lung Detox Syrup	20ml BD (Adhobhakta with sam matra koshna jala)	Dhatuposhak Capsule	1 Cap BD (Adhobhakta with koshna jala)
Granthi Har Vati	2 Tablet BD (Adhobhakta with koshna jala)	Mutra Vardhak Vati	2 Tablet BD (Adhobhakta with koshna jala)
Divya Shakti Powder	Half a teaspoon HS (<i>Nishikala</i> with koshna jala)	Dr. CKD Tablet	1 Tablet TDS (Adhobhakta with koshna jala)
GFR Powder	Half a teaspoon BD (Adhobhakta with koshna jala)	Chander Vati Tablet	2 Tablet BD (Adhobhakta with koshna jala)
Chander Vati Tablet	2 Tablet BD (Adhobhakta with koshna jala)		

Results

The patient, a 64-year-old man with Type 2 Diabetes Mellitus (T2DM), hypertension and chronic kidney disease stage 5 (CKD), reported a significant improvement in his general health following the *Ayurvedic* treatment plan. At first, he had symptoms including weakness, fatigue, itching, backache, B/L knee joint pain (5 to 0), frothy urine, and shortness of breath (SOB). The patient reported a significant decrease in the frequency and intensity of these symptoms over time after implementing dietary and lifestyle modifications as well as *Panchkarma* therapy. The patient was on allopathic medicines before the treatment after experiencing a reduction in backache, B/L knee joint pain, and weakness. The patient also reported increased energy, better sleep and increased mental clarity, which he attributed to the regular practice of yoga, meditation and dietary changes.

- **Itching Scoring Scale:** (0 No itch, 10 worst itch)
- Pain scoring scale visual analogue scale & 5 max. Pain. [21]
- **Dyspnea Scoring Scale:** (0 No Shortness of Breath & 10 Max Shortness of Breath)

Table 7: Comparison of symptoms before and after the treatment

Before Treatment	After Treatment
Generalized weakness	Relief
Dyspnea (5/10)	Relief (1/10)
Itching (7/10)	Relief (0/10)
Joint Pain (5/10)	Relief (0/10)

Table 8: Pre- and Post-Intervention Assessment of the Patient

Parameter	26/8/24	31/8/24	5/11/24	21/12/24	8/1/25
Date	26/8/24	31/8/24	5/11/24	21/12/24	8/1/25
Haemoglobin (gm/dl)	10.2	10.1	9	10.5	11.5
Blood Urea (mg/dl)	103	83.21	50	49	41
Serum Creatinine (mg/dl)	5.02	4.65	3.27	3.23	3.0

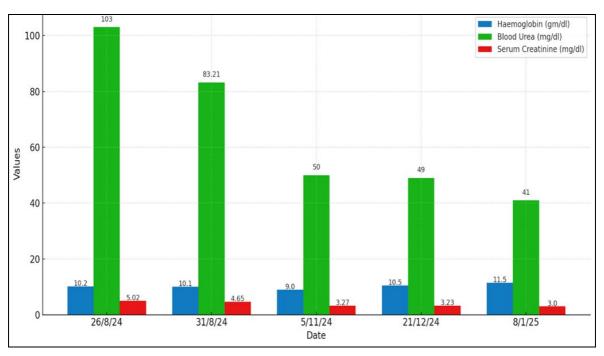


Fig 1: Kidney Function Test Parameters over Time

In Figure 1 shows, values indicate changes in renal function over time. Blood Urea levels have decreased from 103.3 mg/dL to 41 mg/dL and creatinine levels have reduced from

5.02 mg/dL to 3.0 mg/dL, suggesting an improvement in kidney function, possibly due to treatment such as dialysis, hydration, or medications.

BEF		AFTER					
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LABORATORY REPORT				PATIENTNAMENT	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is th		
				REFERRED BY	REP	STANG DATE	WEDNESDAY, SANUARY OR, 2025
Patient Name : 7	45265360		Referral Dr. JEENA SIKHO LIFECARE LTD	S NO 04	257	ORTING DATE	WEDSHEDAY, UNUARY OR 2023
Age / Gender : 64 years / Male	Scan to	Validane	Collection Time : AUG 26, 2024, 06:00 A.M.	MOBILE NO +	215	ORTINE DATE	WEDNESDAY SANSARY SR 2025
Patient ID : 65332024		R O	Receiving Time AUG 26, 2024, 06:00 A.M.		MI	ONT IN STREET	WEDNESON, PANDANI 90, 2123
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Source : WELLCARE CLINICAL LAB	6	600	Reporting Time AUG 26, 2024, 08:01 A.M.				
		4411	Sample ID:	1000			
Test Description	Value(a)	Reference P	lange	TEST	RESULT	UNITS	NORMAL RANGE
Complete Blood Count(CBC)				-			
Hemoglobin (HB)	10.2	13.0 - 17.0	g/IL				
Cotal Leucocytes Count (TLC)	7000	4000 - 11000		HAEMOGLOBIN	115		11.5-16.0 GM%
PETERENTIAL COUNT				BLOOD SUGAR (F)			
him/brochés	63	40 - 75		BLOOD SUGAR (F)	000	117.754	
Lymphocytes	29	20 - 45	2	S DEDOUGLE (F)	90	MG/DL	(70-110)
Monocytes	04	2 - 10					
Commoghés	04	1 - 6		SERUM CREATININE	3.0	MG/DL	(0.5-150)
Basophile	00	0-1				110100	(65-156)
Folial RBC Count	3.68	3.50 - 6.50	MECumm				
Planelet Count	2.57	1.50 - 4.50	Lack/Cumm				
PCVHCT	31.8	36.0 - 47.0	%				
Red cell distribution width (RDW)	13.2	13.0 - 18.0	56 56 56 MARCLemon Labb/Cumon 56				
Mean corpuscular volume (MCV)	86.5	76.0 - 96.0			-END OF	DEDOOR	
Mean Corpuscular Hemoglobin (MCH)	27.8	27.0 - 32.0	20		-END OF	KEPUKI-	
Mean Corpuscular Hermoglobin Concentration(MCHC)		30.0 - 35.0	*				
Microscopy, Fully Automated Hematology Analyses at	a swetab double o	chamber 3 Part	-				
SENAL FUNCTION TEST (RFT)		VISCOUNTE A					
Multinal Medical Impacar UV	103.33	15.0 - 46.0	myn#				
Serum Creatnine	(3.42)	0.70 - 1.60					
Method: Method: Enlymais:			mg/a.				
NeFrid Method Union Paramites	5.53	3.0 - 7.2	mg/sL				
iver Function Test (LFT)				MERCHANIST AND ADDRESS OF THE PARTY OF THE P			
osel Britruces	0.53	0.20 - 1.00	mg/N.				
irect Billrubin	0.12	0.00 - 0.60	mg/ML				
direct Bilinution	0.41	0.00 + 0.80	mords.				
ST (SGOT)	16.21	15.0 - 50.0	844				
LT (SOPT)	15.33	15.0 - 50.0	MAG.				
kaline Phosphalase (ALP)	290.32	0.00 - 150.0	U4.				
rial Protein	6.59						
Dumin .	3.33	34-50	g/d.				
lobulin	3.26	18-38	gvit.				
		1.0 . 0.0	g/dl.				

Discussion

Chronic Kidney Disease (CKD) is a progressive disorder marked by declining kidney function, often accompanied by hypertension. In *Ayurveda*, CKD and hypertension are attributed to *dosha* vitiation, primarily involving *Vata*, *Pitta* and *Kapha* and the accumulation of *Ama* (toxins). These factors obstruct the *Mutravah Srotas* (urinary channels), leading to impaired kidney function and systemic complications.^[17] During the IPD treatment, the patient's vital signs remained stable and within normal limits. *Awagah Swedan* upto Navel targeted heat therapy between the chest and navel to enhance circulation, relax muscles and eliminate toxins. *Gokshur Punarnava*, *Siddha Sneha Basti* (90ml), *ayurveda* enema to promote colon detoxification, reduce inflammation and restore intestinal balance.^[18] *Guduchi*

Punarnava Kashaya Basti (480 ml) medicated enema for systemic detoxification, reduced inflammation and improved nutrient absorption. Shiropichu on alternate days with Ksheerbala Brahmi Tail, and Brahmi kapoor Tail massages for relaxation, improved sleep and anxiety reduction. [19] Janu Basti with Mahanarayan Tail warm medicated oil pooled around the knees to relieve pain, reduce inflammation and improve joint mobility. Dashmool, Punarnava and other anti-inflammatory herbs support renal function and reduce systemic inflammation [14, 22]. Lepam with Dashmool, Trikatu, Shunthi, and Punarnava reduces inflammation, enhances local circulation, and pacifies Vata-Kapha. It promotes detoxification and relieves pain by clearing Srotorodha and improving tissue metabolism.

Table 9: Therapeutic effects according to the Ras panchaka of the ingredients

Herb (Botanical Name)	Rasa (Taste)	Guna (Qualities)	Virya (Potency)	Vipaka (Post- digestive Effect)	Dosha Action	Prabhava (Special Effect)	Present In
Gokshura (Tribulus terrestris)	Madhura (Sweet)	Guru (Heavy), Snigdha (Unctuous)	Sheet (Cold)	Madhura (Sweet)	Pacifies Vata and Pitta	Mutrala (Diuretic)	GFR Powder
Punarnava (Boerhavia diffusa)	Tikta (Bitter), Kashaya (Astringent)	Laghu (Light), Ruksha (Dry)	Ushna (Hot)	Katu (Pungent)	Pacifies <i>Kapha</i> and <i>Vata</i>	Shothahara, Mutrala	Vish Har Ras Syrup, Dr. CKD Tablet
Amla (Phyllanthus emblica)	All except Lavana (primarily Amla/Sour)	Ruksha (Dry), Laghu (Light)	Sheet (Cold)	Madhura (Sweet)	Mainly pacifies <i>Pitta</i> , supports <i>Tridosha</i>	Rasayana, tissue regeneration	Chander Vati Tablet, Samavati Tablet, Granthi Har Vati
Harad (Terminalia chebula)	Panchrasa (Except Lavana, mainly Kashaya)	Laghu (Light), Ruksha (Dry)	Ushna (Hot)	Madhura (Sweet)	Balances Tridosha	Ama-pachana, digestive enhancer	Renal Support Syrup, Granthi Har Vati
Giloy (Tinospora cordifolia)	Tikta (Bitter), Kashaya (Astringent)	Laghu (Light), Snigdha (Unctuous)	Ushna (Hot)	Madhura (Sweet)	Balances Tridosha, esp. Pitta, Kapha	Jwaraghna, Rasayana, immunity enhancer	Vish Har Ras Syrup, CKD Syrup, Sama vati Tablet

Need for Further Research

Chronic Kidney Disease (CKD) is a complex condition requiring a multifaceted management approach. Combining *Ayurvedic* principles with lifestyle changes has demonstrated the potential to improve patient outcomes, more research is required to validate and standardize these approaches. To assess the effectiveness, safety, and long-term advantages of *Ayurvedic* treatments such as *Ayurveda* formulations, *Panchkarma* procedures, and dietary regimens in the management of chronic kidney disease, clinical trials are required.

Conclusion

This case highlights that a holistic *Ayurvedic* approach significantly improved renal function and overall health in a 64-year-old male with Stage 5 Chronic Kidney Disease (CKD). The improvement was evidenced by a reduction in serum creatinine from 5.02 to 3.0 mg/dL and blood urea from 103.3 to 41 mg/dL over the course of treatment. Following the intervention, the patient's vitals stabilized, and symptoms showed substantial improvement: joint pain decreased from 5/10 to 0/10, itching from 7/10 to 0/10, and dyspnea from 5/10 to 1/10. These changes reflect a marked improvement in kidney function and overall well-being.

The treatment was rooted in classical Ayurvedic principles, targeting the underlying causes of disease through purification (Shodhana), dosha balancing, and tissue rejuvenation (Rasayana). Therapies such as Awagaha Swedana, Gokshur-Punarnava Siddha Sneha Basti (90 ml), Shiropichu on alternate days using Ksheerbala Brahmi Taila and Brahmi-Kapoor Taila, Janu Basti with Mahanarayan Taila, and Lepam with Dashmool, Trikatu, Shunthi, and Punarnava were used to reduce systemic inflammation, enhance kidney function, and improve general health.

In addition, the patient was administered a comprehensive combination of *Ayurvedic* formulations, including GFR Powder, Vish Har Ras Syrup, Dr. CKD Tablet, Chander Vati, Samavati Tablet, Granthi Har Vati, Renal Support Syrup, and CKD Syrup, all of which supported renal function and managed symptoms holistically

After treatment, the patient was advised to continue only Sodium Bicarbonate 500 mg, Taurine & Acetylcysteine 200 mg, and Alpha-Ketoanalogue 200 mg on alternate days, alongside the prescribed *Ayurvedic* formulations. Significant clinical improvement was observed over the five-month treatment period, indicating the potential effectiveness of integrative *Ayurvedic* care in advanced CKD management.

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