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RESEARCH ARTICLE

INTEGRATING AYURVEDIC PANCHAKARMA IN THE MANAGEMENT OF CHRONIC KIDNEY DISEASE: A CLINICAL CASE REPORT

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Abstract

Chronic kidney disease (CKD), also known as chronic renal failure (CRF), is a progressive medical condition resulting from impaired kidney function, often triggered by various systemic illnesses prevalent in today's fast-paced lifestyle. Numerous contributing factors cited in modern medical literature can accelerate the progression from early-stage kidney disease to end-stage renal disease (ESRD), where treatment options become costly and offer limited success in advanced stages. Ayurveda, the ancient holistic science, focuses on early intervention and prevention to mitigate such complications. While CKD is not explicitly mentioned in Ayurvedic texts, its principles of addressing the root cause and applying treatments based on the underlying pathophysiology can effectively manage the condition. This case study evaluates the combined effect of Shodhana (purification therapy) and Shamana (pacification therapy) in managing CKD. A 30-year-old male patient, diagnosed with CKD stage V and having undergone dialysis four times, was treated with an Ayurvedic regimen including lifestyle modifications, Panchakarma and Ayurveda medications. Following this treatment, the patient no longer required dialysis and experienced significant relief from symptoms. This case demonstrates the potential efficacy of Ayurvedic therapies in managing chronic kidney disease and reducing dependency on conventional dialysis.

Introduction:-

Chronic kidney disease (CKD) is a progressive condition in which kidney function gradually deteriorates over months or years. Without timely intervention, it can evolve into severe, life-threatening stages. CKD has become a significant health concern in many developing nations, with India reporting a prevalence rate of 0.79% to 1.4%. According to more recent studies, the incidence of CKD progressing to end-stage renal disease (ESRD) is approximately 232 per million population, highlighting the growing burden of the disease in India.[1] CKD primarily affects individuals with risk factors including age, gender, hypertension, diabetes, atherosclerosis, excessive use of

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analgesics, obesity, hyperuricemia and socio-economic status. Among these, prolonged high blood pressure and the overuse of painkillers are the most significant contributors to the onset of CKD.[2] These factors cause damage to the nephrons and renal parenchyma, impairing the kidneys' ability to filter waste products from the blood.

In modern times, lifestyle-related disorders—such as poor diet, lack of exercise and stress—exacerbate the risk factors for CKD, making the condition increasingly prevalent. CKD is classified into five stages, each characterized by a progressive decline in renal function. The primary pathology involves chronic glomerulonephritis or other kidney infections, which impair the kidneys' capacity to filter blood, accumulating metabolic toxins. This results in elevated serum blood urea and creatinine levels and symptoms like reduced urine output, haematuria, proteinuria (particularly albuminuria) and swelling (pitting edema). The disease may first manifest as mild abnormalities in biochemical parameters or with specific clinical symptoms. Early detection and management are essential to prevent the progression of CKD to ESRD.

Ayurveda, the traditional Indian system of medicine, offers a holistic approach to CKD. Although CKD is not directly mentioned in Ayurvedic texts, it can be correlated with various conditions classified under Mutraghata. This term refers to urinary obstructions or defects in urine formation.[3] These conditions are considered Tridoshaja in nature and are caused by both intrinsic and extrinsic factors such as the suppression of natural urges (urination and defecation), improper diet and excessive use of harsh medicines or foods. This case report showcases the effective implementation of Ayurvedic therapies in treating a patient with chronic kidney disease (CKD) and high blood pressure, underscoring the significance of individualized treatment plans in optimizing patient outcomes.

Case Report:

A 30-year-old male patient, diagnosed with Chronic Kidney Disease Stage V and Hypertension, presented to Jeena Sikho Lifecare Ltd, Hospital in Derabassi, Chandigarh, on March 16, 2024. He reported symptoms including decreased urine output, low back pain and loss of appetite. On March 13, 2024, the patient underwent an ultrasound (USG) and a 2D echocardiogram (Echo). The USG revealed bilateral parenchymal kidney disease along with multiple simple cortical cysts in both kidneys. The 2D Echo indicated regional wall motion abnormality (RWMA) in the left ventricle and moderate systolic dysfunction. The left ventricular ejection fraction (LVEF) was measured at 42%. The patient had undergone four dialysis sessions prior to this visit, with the most recent session performed on March 14, 2024.

A DTPA Renogram performed on March 18, 2024, following the patient's admission, revealed that both the left and right kidneys were shrunk in size with severely compromised cortical function. However, normal drainage was observed in both kidneys. The global glomerular filtration rate (GFR) was calculated at 3.7 ml/min/1.73sq m body surface area (BSA). The split renal function showed 74% for the left kidney and 26% for the right kidney. The observations made during the patient's initial assessment on the first day are detailed in Table 1.

Table 1:- Examination Findings.

Parameter	Findings		Parameter	Findings
Temperature	98.6 F		Jivha	Saam
Blood Pressure	110/80 mm of Hg		Shabda	Spashta
Pulse Rate	84/min		Sparsha	Samshitoshna
Weight	63.7 Kg		Akruti	Madhyam
Height	5'6''		Drik	Avikruta
Nadi	VataPittaj		Kshudha	Alpa
Mala	Malavashthamba		Agni	Mandya
Mutra	Aplafenayukta		Nidra	Avikruta

The diagnostic investigations conducted on the day of admission are presented in Table 2.

Table 2:- Investigations on the day of Admission.

Parameter	Findings
Haemoglobin	11.3 gm%
Sr. Urea	96.82 mg/dl
Sr. Creatinine	10.21 mg/dl
Sr. Uric acid	8.60 mg/dl

Na+	140.5
K+	4.13
Cl-	96.2
Urine Protein	++

The patient was discharged on March 22, 2024, after a 7-day hospital stay. Upon discharge, the patient exhibited adequate urine output, which had been reduced prior to admission. Additionally, there was a significant improvement in appetite, and the patient reported relief from back pain. The diagnostic evaluations conducted during the subsequent follow-ups are presented in Table 3.

Table 3:- Diagnostic Assessment.

S.No	Investigation	16/03/24	19/03/24	07/04/24	05/05/24	02/06/24	03/07/24
1.	Blood Urea	96.82	136.65	_	_	_	78
2.	Sr. Creatinine	10.21	11.44	8.97	7.40	6.48	6.38
3.	Sr. Uric Acid	8.60	12.56	_	_	_	6.68
4.	Sr. Sodium	140.5	142.9	_	_	_	142.5
5.	Sr. Potassium	4.13	4.17	_	_	_	5.18
6.	Sr. Chloride	96.2	99.2	_	_	_	102.9
7.	Urine Protein	++	_	_	_	_	+

Treatment Plan

I. Dietary Plan:

The nutritional guidelines [4] provided by Jeena Sikho Lifecare Ltd. Hospital, Derabassi (Chandigarh) are as follows:

a. Foods to Avoid:

- Exclude wheat, processed foods, refined products, dairy products, meat, coffee and tea from the diet.
- Refrain from eating after 8 PM.

b. Hydration Guidelines:

- Consume alkaline water 3-4 times a day.
- Integrate herbal tea, "living" water, and turmeric-infused water into your daily routine.
- Drink water in small sips only when thirsty, ensuring limited amounts are consumed at each time.

c. Millet Consumption:

- Incorporate five types of millets into the diet: Foxtail, Barnyard, Little, Kodo and Browntop.
- Use only stainless-steel cookware for millet preparation.

d. Meal Structure and Timing as per Disciplined and Intelligent Diet Plan (DIP Diet) [5]:

1. Breakfast (9:00-10:00 AM): Plate 1 was served, featuring a variety of steamed seasonal fruits.
2. Lunch (12:30-2:00 PM): Both Plate 1 and Plate 2 were provided. Plate 1 included a steamed vegetable salad or steamed sprouts, while Plate 2 featured a millet-based dish.
3. Dinner (6:15-7:30 PM): Similar to lunch, the patient received both Plate 1 and Plate 2, but dinner was scheduled earlier.

e. Fasting Recommendation:

- Fasting is encouraged once a week or once every 3-4 days.

f. Additional Instructions:

- Offer a moment of gratitude before consuming any food or drink.
- Sit in Vajrasana (a yoga pose) for a few minutes after meals.

g. Types of Diet:

- The diet includes solid, semi-solid and smoothie variations without added salt.
- Recommended foods include herbal tea, red juice, steamed seasonal fruits, fermented millet beverages, steamed sprouts, soaked almonds and salads.

Lifestyle Recommendations:-

The following lifestyle practices were incorporated during the patient's hospitalization:

a. Daily Sun Gazing:

- Spend at least 30 minutes each day absorbing sunlight for its therapeutic benefits.

b. Morning Yoga Routine:

- Participate in a daily yoga session which includes Sukhasana and SukshmaPranayam from 6:00 AM to 7:00 AM to enhance flexibility and well-being.
c. Meditation for Relaxation:
- Practice meditation regularly to promote mental calmness and stress relief.
d. Barefoot Walking:
- Engage in a brisk 30-minute walk barefoot to connect with nature and improve circulation.
e. Sufficient Sleep:
- Aim for 6 to 8 hours of restful, uninterrupted sleep each night to support overall health and recovery.
f. Structured Daily Routine (Dincharya):
- Follow a disciplined daily routine to maintain balance and promote physical and mental wellness.

Panchakarma Procedures Administered to the Patient

1. AwgahaSwedan[6]

Procedure:
- The patient sits in a tub of warm, herb-infused water at 42°C for 30 to 60 minutes to induce sweating.
Physiology:
- Warm water dilates blood vessels, enhancing circulation and promoting the elimination of toxins through sweat. Herbal properties are absorbed through the skin.
Mode of Action:
The elevated body temperature from the warm water boosts vasodilation, increases metabolism, and promotes the breakdown of fat. This process helps flush out toxins like urea and creatinine through sweat, aiding in detoxification.

2. Gokshuraadi and Punarnava Siddha Sneha Matra Basti

Procedure:
- Warm 120ml of medicated oil (Gokshuraadi and Punarnava Siddha Sneha) is administered rectally, allowing for absorption over a set duration.
Physiology & Mode of Action:
The oil is absorbed through the rectal mucosa, lubricating the intestines, promoting bowel movements and balancing Vata dosha. It aids in the elimination of gas, faeces and urine, offering both local and systemic benefits.
Benefits of Gokshuraadi and Punarnava:
- Gokshuraa: Acts as a diuretic, supports urinary health and balances doshas.
- Punarnava: Reduces inflammation, supports kidney function, detoxifies and helps manage fluid retention.[7]
This formulation enhances kidney health, detoxification and waste elimination while balancing doshas.

3. **ShiroPichu with Brahmi Oil**

Procedure:
- A cotton pad soaked in warm Brahmi oil is applied to the forehead for 30 to 60 minutes.
Physiology:
- The oil is absorbed through the skin, nourishing tissues and calming the mind, reducing mental fatigue.
Mode of Action:
ShiroPichu is an Ayurvedic therapy where herbal oil penetrates the skin, increasing local temperature and promoting blood circulation. This improved blood flow helps deliver oxygen and nutrients while eliminating toxins. The therapy also relaxes muscles, relieves headaches, migraines and mental stress and enhances overall well-being through its anti-inflammatory and calming properties.

4. Head Down Tilt:

As part of the Gravitational Resistance and Diet system, the patient was advised to perform Head Down Tilt (HDT) therapy.[8] In this procedure, the patient is positioned to lie down at a 10-degree angle with the head lowered. This posture causes a reduction in plasma aldosterone and renin hormone levels, leading to a decrease in overall plasma volume. Consequently, this results in enhanced natriuresis, promoting the excretion of sodium from the body.

Medicinal Interventions:

The Ayurvedic treatment protocol implemented in this case comprised a combination of Ayurvedic formulations, including GFR Powder, Chander Vati, Divya Shakti Powder, Renal Support Syrup, Lipi Capsule, Sama Vati, Dhatuposhak Capsule, Vrikka Tonic, alongside Panchakarma therapies. The detailed list of Ayurvedic medications, their ingredients, dosages, duration of administration and their respective therapeutic benefits are outlined in Table 4.

Table 4:- Ayurvedic Medications, Composition, Dosage, Duration, and Therapeutic Benefits in the Management of CKD.

Medicine Name	Ingredients	Dosage	Duration	Therapeutic Effects
GFR Powder	BhoomiAmla, Haritaki, Bahera, Kasni, Makoy, Punarnava, Gokshuraa	Half a teaspoon BD (Adhobhakta with Koshna Jala)	5 months	Supports kidney function and reduces inflammation, helping with renal symptoms.
Chander Vati	Kapoor Kachri, Vacha, Motha, Kalmegha, Giloy, Devdaru, Desi haldi, Atees, Daru haldi,Chitraka and other herbs	2 tablets BD (Adhobhakta with Koshna Jala)	5 months	Alleviates urinary tract symptoms and promotes healthy urine flow.
Divya Shakti Powder	Trikatu, Triphala, Nagarmotha, VayaVidang, ChotiElaichi, Jeera, Nagkesar, Amarvati, Anardana, Hing and other herbs	Half a teaspoon HS(Nishikala with KoshnaJala)	3 months	Enhances overall vitality and energy levels, addressing fatigue and weakness.
Renal Support Syrup	Nimba, Arjun, Gokshuraa, Hareetaki, Ashwagandha, Karanja, Chirayata	20 ml BD (Adhobhakta kala with samamatra koshna jala)	4 months	Aids in detoxification and supports kidney function, addressing swelling and pain.
URI Plus Tablets	Amalaki, Bibhitaki, Haritaki, Gokshuraa, ShodhitGuggulu, and Guduchi	2 tablets BD (Adhobhakta with Koshna Jala)	1 month	Helps manage urinary tract infections and associated symptoms.
Lipi Capsule	Arjuna, Guggulu, Resin Ext., Haridra, Bhumiamla, Guduchi, Amla, Haritaki, Muktapishti, AbhrakBhasma, ShankhaBhasma and other herbs	2 Cap. HS (Nishakala with KoshnaJala)	3 months	aid in protecting renal tissue, improving circulation, and managing associated conditions like hypertension, thus slowing CKD progression
Sama Vati	Vidarikand, Beej Band Lal, Akarkara, Talmakhana, Musli, Aawla, Sonth, Jaiphal, SwarnaMakshik, Shilajit, etc	2 tablets BD (Adhobhakta with Koshna Jala)	1 month	enhance kidney function, improving vitality, and promoting diuresis, support tissue regeneration, reduce inflammation
Dhatuposhak Capsule	ChunaShudha, ShankhaBhasma, MuktaPishti, Kapardika, Loh, PrawalPishti	1Cap. BD (Adhobhakta with Koshna Jala)	1 month	promote mineral balance and strengthen tissues,reduce inflammation and protect renal function
Vrikka Tonic	Chandan White, AamChaal, Suhandla, Kachoor, Nagarmotha, Pitpapra, Gambhari, Mulethi, Nilofer, and other drugs.	20ml BD (Adhobhakta kala with samamatra koshna jala)	1 month	diuretic, anti-inflammatory, and antioxidant properties that help in flushing out toxins, protecting renal tissues

Table 5 provides a comprehensive overview of the medications given to the patient during hospitalization, upon discharge, and at the three-month follow-up. The patient had been on a daily regimen of allopathic medications, including calcium channel blockers and beta blockers, for the management of hypertension. Additionally, calcium supplements were administered every other day.

Table 5:- Medications Prescribed During Hospital Stay, Upon Discharge and After Three-Month Follow-Up.

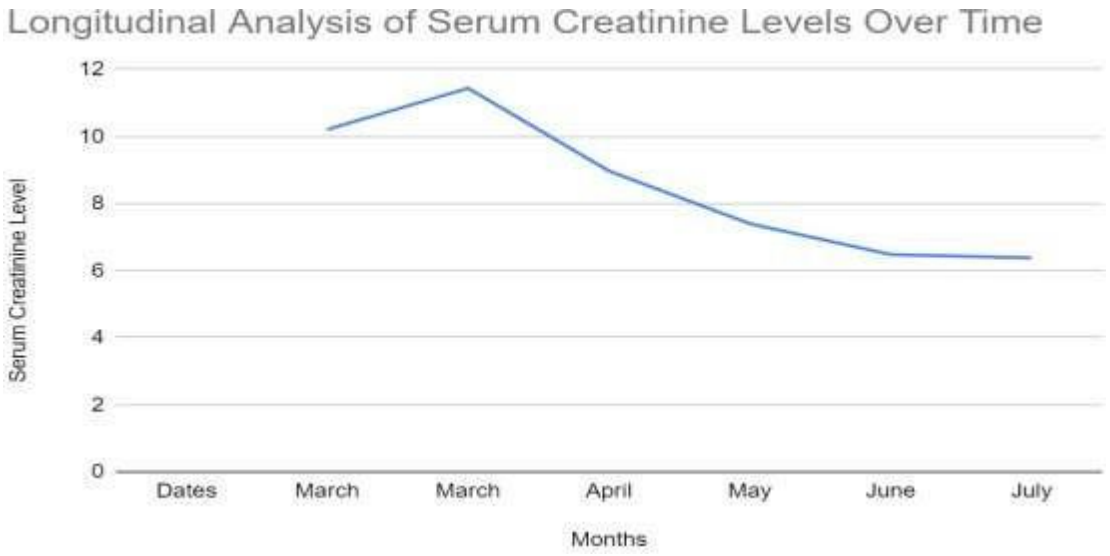
Medicine	Dosage
Medication during patient's hospitalization	

Chander vati	2 Tab. BD (Adhobhakta with Koshna Jala)
GFR powder	Half Tsp BD (Adhobhakta with Koshna Jala)
Renal Support Syrup	20ml BD (Adhobhakta with samamatra koshna jala)
Medication given on discharge	
GFR powder	Half Tsp BD
Chander Vati	2 Tab. BD (Adhobhakta with Koshna Jala)
Divya Shakti powder	Half Tsp HS (Adhobhakta with Koshna Jala)
Lipi Capsule	2 Tab. HS (Adhobhakta with Koshna Jala)
Renal Support Syrup	20ml BD (Adhobhakta with samamatra with koshna jala)
Medication during follow-up on 3rd July 2024	
GFR powder	Half Tsp BD (Adhobhakta with Koshna Jala)
Chander Vati	2 Tab. BD (Adhobhakta with Koshna Jala)
Sama Vati	2 Tab. BD (Adhobhakta with Koshna Jala)
Dhatuposhak Capsule	1 Cap. BD (Adhobhakta with Koshna Jala)
URI Plus Tab	2 Tab. BD (Adhobhakta with Koshna Jala)
Vrikka Tonic	20 ml BD (Adhobhakta with samamatra koshna jala)

Result:-

Following a 7-day hospital stay, the patient demonstrated significant clinical improvement. Key outcomes included:

- Increased urine output and resolution of back pain.
- Enhanced appetite and overall well-being.
- Post-treatment laboratory results indicated a reduction in serum creatinine levels to 6.38 mg/dl and serum urea to 78 mg/dl by the end of the treatment period.



- The Global GFR improved to 9.7 ml/min/1.64sq m BSA, indicating a positive response to the Ayurvedic interventions.
- Table 6 presents a comparison of the DTPA Renogram results before and after treatment.

Table 6:- Comparison of DTPA Renogram Results Pre- and Post-Treatment.

Date	**18/03/2024**		**03/07/2024**	
	Left Kidney	**Right Kidney**	**Left Kidney**	**Right Kidney**
Visualization	poor	poor	poor	poor
Relative Perfusion	poor	poor	poor	poor
Size	shrunk	shrunk	shrunk	shrunk

Shape	normal	normal	normal	normal
Position	normal	normal	normal	normal
Concentration	poor	Poor	poor	Poor
Cortical Margin Delineation	Poorly defined	Poorly defined	Poorly defined	Poorly defined
Split Function	74%	26%	72%	28%
Collecting phase	normal	normal	normal	normal
Drainage pattern	normal	normal	normal	normal
Diuretic response	normal	normal	normal	normal
Ureter	Normal	Normal	Normal	Normal
GFR	2.7 ml/min	0.9 ml/min	7.0 ml/min	2.7ml/min
Global GFR	3.7 ml/min/1.75 sq m BSA		9.7 ml/min/1.64 sq m BSA	

This case report illustrates the potential efficacy of individualized Ayurvedic therapies in managing chronic kidney disease. The patient's significant clinical and biochemical improvements underscore the importance of holistic treatment approaches in optimizing patient outcomes in CKD management. Further studies are warranted to validate these findings and explore the broader applicability of Ayurvedic interventions in renal health.

Discussion:-

Mutraghata [9] arises due to the aggravation of Vata dosha in the Basti region (the bladder), disrupting normal urinary function. Ayurvedic treatments focus on correcting these imbalances through therapies like Sthoulyahara (anti-obesity measures), Mutrala (diuretics), and Mutraghatahara (remedies for urinary obstructions), as well as ShothaVyadhiChikitsa (treatment for swelling-related disorders). This case study presents a compelling example of how Ayurvedic principles can offer a safe and effective alternative in managing CKD, even in advanced stages.

Panchakarma is a fundamental aspect of Ayurvedic medicine that focuses on detoxification processes to enhance metabolic activity and promote kidney health. The Ayurvedic regimen consisted of various Panchakarma therapies:

1. AwagahaSweda: This therapy employs warm, herb-infused water to stimulate sweating, effectively aiding in the elimination of metabolic byproducts like urea and creatinine. This method aligns with physiological principles that suggest enhanced blood circulation and perspiration can support detoxification and alleviate symptoms linked to CKD V.

2. Gokshuraadi and Punarnava Siddha Sneha Matra Basti: In this treatment, warm oil made from Gokshuraadi and Punarnava is introduced rectally, providing lubrication to the intestines and harmonizing the Vata dosha. The oil then disperses throughout the body from the large intestine, optimizing overall bodily functions.

3. Shiropichu: Shiropichu involves applying herbal oil to the scalp, allowing it to penetrate the skin, which raises local temperature and enhances blood circulation in that area.

4. Head Down Tilt: In this technique, the patient lies at a 10-degree incline with the head positioned lower than the body. This posture effectively reduces plasma levels of aldosterone and renin hormones, resulting in a decreased overall plasma volume.

GFR Powder, an Ayurvedic blend of BhoomiAmla, Haritaki, Bahera, Kasni, Makoy, Punarnava, Gokshura, and Kapoor Kachri, supports kidney health in CKD.[10]BhoomiAmla acts as a nephroprotective, reducing inflammation and oxidative stress. Punarnava and Gokshura are diuretics, aiding in urine output and kidney function restoration. Kapoor Kachri and Makoy provide anti-inflammatory benefits, helping alleviate discomfort.[11] This formulation enhances detoxification, balances fluid levels and supports overall renal health in CKD patients.

Chander Vati is an Ayurvedic formulation designed to support kidney health in Chronic Kidney Disease (CKD). Key ingredients like Kapoor Kachri, with anti-inflammatory and analgesic properties, and Vacha, known for enhancing blood circulation, help alleviate discomfort and promote renal function. Motha acts as a diuretic, aiding in detoxification, while Kalmegh'shepatoprotective effects support overall metabolic health. Giloy and Devdaru boost immunity and reduce inflammation, improving urinary function. Desi Haldi's antioxidant benefits reduce oxidative stress in the kidneys, and herbs like Atees and Daru Haldi promote digestion, further enhancing renal health. Together, these herbs detoxify the body and support overall kidney function.

Divya Shakti Powder is an Ayurvedic blend beneficial for managing Chronic Kidney Disease (CKD). Key ingredients like Trikatu (black pepper, long pepper, ginger) enhance digestion and nutrient absorption, while Triphala offers antioxidant and detoxifying benefits that reduce oxidative stress.[12]Nagarmotha and VayaVidang support urinary tract health and aid in toxin elimination. ChotiElaichi and Jeera improve digestion and have anti-inflammatory properties, indirectly benefiting kidney function. Nagkesar, known for its anti-inflammatory effects, and Amarvati, along with Anardana, help in detoxification. Together, these herbs support kidney function, improve digestion, and promote detoxification.

Renal Support Syrup contains a blend of Ayurvedic herbs that support kidney health and aid in managing Chronic Kidney Disease (CKD). Nimba (Neem) has antimicrobial and anti-inflammatory properties that help reduce renal inflammation, while Arjun improves kidney function by enhancing renal blood flow.[13] Gokshuraa acts as a natural diuretic, promoting the elimination of excess fluids and waste. Haritaki's antioxidants mitigate oxidative stress, and Ashwagandha helps reduce inflammation and stress in CKD patients. Karanja improves metabolic functions and detoxification, while Chirayata supports liver health, aiding in overall detoxification. Together, these ingredients enhance kidney function and promote detoxification.

URI Plus Tablet combine Amalaki, Bibhitaki, Haritaki, Gokshuraa, ShodhitGuggulu, and Guduchi to support kidney health in chronic kidney disease (CKD).[14]Amalaki, rich in antioxidants, reduces oxidative stress and aids detoxification, while Bibhitaki's diuretic properties enhance urine output, relieving fluid retention. Haritaki supports digestion and metabolic function, crucial for kidney health and Gokshura improves urinary function. ShodhitGuggulu reduces inflammation and detoxifies and Guduchi strengthens immunity and supports renal function. Together, these herbs work to promote kidney health and manage CKD symptoms.

Lipi Capsule contains a blend of herbs and minerals, including Arjuna, Guggulu, Haridra, Bhumiamla, Guduchi, Amla, MuktaPishti, AbhrakBhasma, and ShankhaBhasma, offering comprehensive support for kidney health in chronic kidney disease (CKD).[15]Arjuna and Guggulu provide cardioprotective and anti-inflammatory benefits, essential for managing CKD. Haridra and Bhumiamla act as powerful antioxidants and nephroprotective agents, promoting detoxification and kidney health. Guduchi enhances immune function, while Amla supports renal detoxification. Together, these ingredients improve kidney function, metabolic balance and help manage CKD complications.

Sama Vati is an Ayurvedic blend of Vidarikand, Beej Band Lal, Akarkara, Talmakhana, Musli, Aawla, Sonth, Aiphal, SwarnaMakshik, and Shilajit, offering comprehensive support for managing chronic kidney disease (CKD).[16]Vidarikand and Beej Band Lal improve renal function and vitality, while Akarkara reduces inflammation and discomfort. Talmakhana and Musli support stress adaptation and overall health. Aawla, rich in antioxidants, reduces oxidative stress, and Sonth aids digestion, enhancing nutrient absorption. SwarnaMakshik and Shilajit provide essential minerals, promoting detoxification and kidney health.

Dhatuposhak Capsule is an Ayurvedic blend of Chuna,Shudha, ShankhaBhasma, MuktaPishti, Kapardika and Loh, supporting chronic kidney disease (CKD) management. ChunaShudha and MuktaPishti provide essential calcium, aiding bone health and reducing oxidative stress.[17]ShankhaBhasma helps balance the body's pH, easing kidney strain, while Kapardikasupports detoxification and renal health. Loh improves hemoglobin levels, addressing anemia common in CKD. Together, these ingredients enhance kidney function, balance electrolytes and help manage CKD complications.

Vrikka Tonic is an Ayurvedic formulation containing Chandan White, AamChaal, Suhandla, Kachoor, Nagarmotha, Mulethi, and other herbs, designed to manage chronic kidney disease (CKD).[18]Chandan White reduces inflammation and supports renal function, while AamChaal aids detoxification and toxin elimination. Suhandla promotes urine formation, facilitating waste expulsion and Kachoor enhances circulation and reduces edema, benefiting kidney health. Nagarmotha helps alleviate urinary tract infections, and Mulethi adds anti-inflammatory properties, soothing the kidneys. Together, these ingredients work synergistically to support kidney function, enhance detoxification and relieve CKD symptoms.

Conclusion:-

The case report demonstrates significant improvements in the patient's condition following a comprehensive Ayurvedic treatment regimen along with previously mentioned Allopathic medicines for Chronic Kidney Disease (CKD).

Symptoms: The patient experienced a marked increase in urine output, resolution of low back pain and a notable enhancement in appetite. These symptomatic improvements indicate a positive response to the Ayurvedic interventions, contributing to an overall better quality of life.

Vitals: Upon admission, the patient's vital signs were stable, with a blood pressure of 140/90 mmHg and a pulse rate of 84 beats per minute. Throughout the treatment period, these vital parameters remained within normal ranges, suggesting effective management of the patient's hypertension and overall stability.

Investigations: Laboratory investigations revealed a significant reduction in serum creatinine levels from 10.21 mg/dl at admission to 6.38 mg/dl after three months of treatment. Similarly, serum urea levels decreased from 96.82 mg/dl to 78 mg/dl, indicating improved renal function. The global glomerular filtration rate (GFR) also showed a notable increase from 3.7 ml/min/1.75sq m BSA to 9.7 ml/min/1.64sq m BSA, reflecting enhanced kidney performance.

In conclusion, the combination of symptomatic relief, stable vital signs and favourable laboratory results underscores the potential efficacy of Ayurvedic therapies in managing CKD, warranting further exploration and validation in larger studies.

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