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CASE STUDY

Ayurvedic Management of Stage V Chronic Kidney Disease

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ABSTRACT

This study aims to evaluate the effectiveness of Ayurvedic therapies in managing chronic kidney disease *(CKD)* in a 46-year-old female patient with stage five *CKD*. The patient presented with polyarthralgia for three years and acute worsening of *CKD* over two months, along with symptoms of joint discomfort, bilateral pedal edema, constipation, facial swelling, dyspnea on exertion, and disrupted sleep. Despite being advised to undergo dialysis by her nephrologist, she opted for Ayurvedic treatment, including *Panchakarma* therapies, dietary and lifestyle modifications, and Ayurvedic medicines. Significant improvements were observed in clinical symptoms such as reduced edema, relief from joint pain and constipation, improved sleep, and reduced dyspnea, alongside better biochemical markers. These findings suggest that Ayurvedic therapies may effectively manage *CKD* and improve patient outcomes. However, further research is needed to substantiate these results and explore the potential of Ayurvedic treatments as an alternative or complementary approach to conventional *CKD* management.

1. INTRODUCTION

Among non-communicable illnesses, chronic kidney disease (CKD) is becoming a serious global problem. It places a heavy financial burden on society by lowering life expectancy (Ayu), reducing the number of productive years that a person can enjoy, and significantly increasing healthcare expenditures. As a result, there are negative consequences for both people and communities. Impaired kidney function that lasts longer than three months is known as chronic kidney disease (CKD). According to the Kidney Disease: Improving Global Outcomes (KDIGO) 2013 Clinical Practice Guideline, it is defined by a glomerular filtration rate (GFR) of less than 60 mL/min per 1.73 m^2 and elevated biomarkers, including albuminuria, abnormalities in urine sediment (Mutra Avashesh), electrolyte imbalances (Dravya Samatula), histological changes (Rachanatmaka Vikara), structural abnormalities (Sanrachana Dosh), and a history of kidney transplants (Vrikka Roopantaran Itihas). China and India bear around one-third of the disease's burden.

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2. CASE REPORT

Patient Information: A 46-year-old female was admitted to Jeena Sikho Lifecare Limited Hospital, Derabassi, with a medical history of polyarthralgia for the last three years.

2.1 Condition at Admission (13th May 2024):

The patient presented with symptoms including breathlessness during exertion, generalized pain and swelling; pedal edema, periorbital swelling, and constipation and bloating. She also informed about her frothy urine, burning micturition, and disturbed sleep. On admission, her weight was 57.5 kg. Initial laboratory investigations revealed the following values: Hemoglobin (Hb) at 8.0 g/dL, Urea at 148.11 mg/dL, Creatinine at 5.07 mg/dL, Uric Acid at 8.88 mg/dL; Urine proteins were trace. Her electrolytes were in the normal range of values. She informed that she experienced facial puffiness and bilateral pedal swelling, which compelled her to seek medical help. Upon investigations, a diagnosis of acute on chronic kidney disease was made by the treating physician. She was advised dialysis, which she refused, and got admitted to the Ayurvedic hospital Examination findings and clinical investigation are mentioned in table 1 & table 2.

2.2 Clinical Findings

The patient displayed several signs of advanced chronic kidney disease. The diagnosis was verified by a comprehensive Ayurvedic diagnostic analysis, physical examination, and laboratory testing, indicating the need for prompt management.

Ayurvedic Treatment Protocol: The treatment included a combination of therapies and medications designed to address the patient's symptoms and underlying conditions.

Avgaha Sweda (Medicated Sitz Bath) up to the navel for up to 20 minutes.Gokshuradi Sneha Basti (medicated oil enema) in a 90 ml dose and Gokshuradi Kashay Basti (herbal decoction enema) in a 300 ml dose, administered on alternate days.Lepam (medicated paste) applied over the chest and legs using Dashamoola, Shunthi(dry ginger), and Punarnava (Boerhavia diffusa). Abhyanga (therapeutic massage) with Mahanarayan Oil.

2.3 Medications Administered During Hospital Stay:

Tab. Uri Plus: 2 tablets BD (twice daily) after meals with lukewarm water.

Syrup Renal Support: 20 ml BD after meals with lukewarm water.

Chander Vati: 2 tablets BD + **Asthiposhak:**2 tablets or 1/2 tsp BD for 5 days after meals with lukewarm water.

Cap. Platogee:2 capsules BD after meals with lukewarm water.

2.4 Diagnostic Assessment:

In addition to Pitta and Kapha, which are thought to be implicated in CKD, the patient was treated with a mix of Ayurvedic medicines intended to balance the Vata dosha. The following food changes, as well as several Ayurvedic decoctions, powders, and pills, were part of the treatment:

2.5 Lifestyle and Dietary Changes:

2.5.1 The patient was recommended to:

Get up at 5:30 AM, spend at least 20 to 30 minutes walking barefoot and staring at the sun, and then perform yoga and meditation (Sukh Asana and Sukshma Pranayama) from 6:00 AM to 7:00 AM. Ensure 7–8 hours of good sleep each night and observe Dincharya (daily regimen) during the day.

2.5.2 Follow the DIP Diet:

Plate 1: Steamed fruits for breakfast and steamed salad for lunch and dinner.Plate 2: Cooked millets.Consume live water and alkaline water, restricting daily water consumption to 1.5 liters.Maintain an eating schedule between 8:00 AM and 6:00 PM, with an early dinner. Early in the morning, consume curry leaves and herbal tea along with a small amount of raw turmeric and ginger. Before eating, invoke the divine and sit in Vajrasana after each meal.

2.5.3 Dietary Guidelines:

Avoid milk and milk products, greens like spinach, brinjal, and cabbage, preserved foods, trans fats, and saturated fats like Vanaspati Ghee.Integrate a diet high in roughage and carbohydrates to help remove excess water. Avoid meals high in minerals and unnatural desires.

2.6 Medications:

2.6.1 The following medications were administered

Tab. Uriplus: 2 tablets

Syrup Renal Support: 20 ml

Chandervati: 2 tablets

Asthiposhakvati: 2 tablets

Platogee: 2 capsules

All medications were given after meals with lukewarm water.

Additional Treatments: Along with the other medicines mentioned below, DS Powder (half teaspoon) was given stat. On admission, 30 ml juice of the leaves of Guduchi (Tinospora cordifolia), Pippal (Ficus religiosa), Papaya (Carica papaya), and Durva (Cynodon dactylon) each was administered twice daily. Castor oil (Eranda Taila) was given in a dose of 15 ml at bedtime.

The patient reported feeling light and refreshed, with relief from constipation by the second day. If constipation persisted for a day, Trivrut Avaleha was prescribed at bedtime in addition to castor oil. She was also on conventional medicines, including:

Enteric-coated Sodium Bicarbonate: To manage metabolic acidosis.

Loop Diuretics: For hypertension and edema.

Alfaketoanalogues: A nutraceutical supplement.

Iron Pyrophosphate Liposomal Tablet: For anemia and fatigue.

Desidustat: An HIF-PH inhibitor for activating hypoxia-inducible factors (HIF), stimulating RBC production, and improving iron utilization.

Calcitriol Tablet: For correcting calcium and phosphate metabolism abnormalities.

Xanthine-Oxidase Inhibitors: To reduce increased uric acid levels.

Histamine-2 Blocker: To reduce stomach hyperacidity.

Despite being on these medications for two months, the disease continued to progress. These medicines were continued along with the above-mentioned Ayurvedic treatments.

2.7 Panchakarma Therapies

2.7.1 Gokshuradi Siddha Sneha Matra Basti (*Medicated Oil Enema*)

Physiology:

The oil facilitates absorption by penetrating the rectal mucosa. It aids in bowel movements and lubricates the intestines.

Mode of Action:

Matra Basti restores Vata Dosha to normalcy, enhancing the elimination of flatus, feces, and urine. The therapeutic oil permeates the body and calms aggravated Vata upon reaching the large intestine (Pakwashaya). The rectum (Guda) is considered the root (Mula) of the body due to its veins and arteries, which distribute the oil's effects systemically. Gokshura is a diuretic, balances Tridosha, and promotes strength.

2.7.2 Gokshuradi Kashaya Niruha Basti (*Herbal Decoction Enema*)

Procedure:

A decoction of Gokshuradi herbs is prepared and administered rectally in a 300 ml dose.

Physiology:

Niruha Basti eliminates morbid Vata Dosha at its root in the Pakwashaya. Controlling Vata in the Pakwashaya automatically regulates its subtypes across the body, similar to cutting a tree's root, which causes its branches, leaves, and flowers to wither.

Mode of Action:

As per Acharya Sushruta, the efficacy of Basti drugs travels systemically through Srotas (channels), akin to water poured at a plant's root nourishing its leaves. Vata Dosha is calmed in all parts of the bteody through Basti Dravya.

2.7.3 Lepam Using Dashmool, Punarnava, and Shunthi

Procedure:

A paste made of Dashmool, Punarnava, and Shunthi is applied to the chest and legs. The paste is left on for a specific duration before being washed off.

Physiology:

Lepa Kalpana involves applying medications externally to the skin or mucous membranes, bypassing hepatic metabolism and delivering herbs directly to the action site, thereby enhancing bioavailability.

Mode of Action:

The herbal components are absorbed through the skin, inducing localized sweating and aiding in the removal of metabolic waste products like urea, creatinine, and uric acid. This process helps reduce pain and edema. Punarnava has diuretic, antioxidant, and anti-inflammatory properties. Dashmool provides analgesic, anti-inflammatory, and antioxidant benefits. Shunthi is known for its analgesic and anti-inflammatory properties.

2.7.4 Abhyanga (*Therapeutic Massage*)

Procedure:

Warm Mahanarayan Oil is gently massaged over the body for 40 to 60 minutes.

Physiology:

The oil penetrates the skin, nourishing underlying tissues and alleviating body aches, weakness, and fatigue.

Mode of Action:

This therapy opens Srotas (microchannels) and liquefies Shleshma (Ama) in the extremities (Shakha), moving it toward the gastrointestinal tract (Koshtha) for elimination. This promotes the removal of obstructions and waste, restores balance, and improves overall health.

3. DISCUSSION

Ayurvedic treatments emphasize the importance of addressing both the ailment and the patient holistically. Mutraghata (obstructive and suppressive uropathies) is often associated with chronic kidney disease (CKD). The Ayurvedic treatment plan significantly improved the patient's health, as evidenced by clinical and biochemical markers.

At the time of discharge, most of the symptoms leading to the patient's admission had subsided. The patient experienced relief from body aches, joint problems, pedal edema, periorbital swelling, constipation, and shortness of breath with exertion. Even chronic knee discomfort and edema,

persisting for the previous three years, showed improvement. By the end of the treatment period:
Creatinine levels Reduced from 5.07 mg/dL to 3.90 mg/dL.
Urea levels Dropped from 148.11 mg/dL to 89.2 mg/dL. Stabilized and slightly improved **Hemoglobin** levels indicated better overall health and reduced anemia.

These improvements suggest that Ayurvedic therapies may serve as an effective alternative or complementary treatment to conventional CKD management. While modern medications often stabilize CKD, Ayurvedic medicines potentially offer additional benefits, including reduced biochemical markers and enhanced quality of life without significant adverse effects. Comparisons with contemporary literature support these findings the clinical findings before and after treatment are mentioned in table 3 and fig 1.

3.1 Hetu-Linga Chikitsa and Ayurvedic Approach

The Ayurvedic treatment plan, grounded in Hetu-Linga Chikitsa principles, was purposefully designed to utilize the therapeutic properties of Ayurvedic herbs known for their efficacy in renal conditions. Formulations with diuretic, anti-inflammatory, rejuvenating, and detoxifying properties were employed to restore kidney function and balance the doshas

.3.2 Scientific Interpretation and Mode of Action of Medicines

3.3 Chander Vati:

Composition: A blend of Vacha, Kalmegh, Devdaru, Guduchi, Haridra, and other potent herbs.
Mode of Action:
These herbs exhibit detoxifying and rejuvenative properties. The Ushna Virya (hot potency) and Katu Vipaka (pungent post-digestive effect) enhance metabolic processes and promote toxin elimination, supporting kidney health. This formulation is particularly effective in reducing oxidative stress and inflammation associated with CKD.

3.4 URI Plus:

Composition: Contains Triphala, Gokshura, Shodhita Guggulu, and Guduchi.
Mode of Action:
Known for their diuretic and anti-inflammatory properties. They enhance urine output, reduce fluid retention, and alleviate inflammation, supporting kidney function. The Madhura Vipaka (sweet post-digestive effect) of these herbs helps in pacifying Pitta Dosha.

4. CONCLUSION

By balancing the doshas and promoting the body's natural healing processes, the comprehensive Ayurvedic treatment plan—combined with previously prescribed allopathic medications—not only alleviated CKD symptoms but also addressed its underlying causes. The diuretic, anti-inflammatory, detoxifying, and rejuvenating properties of the Ayurvedic formulations contributed to the holistic management and potential reversal of CKD, aligning with Ayurvedic principles.

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6. AUTHORS' CONTRIBUTIONS

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9. CONFLICTS OF INTEREST

Nil.

10. DATA AVAILABILITY

This is an original manuscript, and all data are available for review purposes only from principal investigators.

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Table: 1 Examination Findings

Parameter	Findings on 13/5/24 (Before Treatment)	Findings on 23/5/24 (Post Treatment)
Blood Pressure	128/90 mmHg	120/70 mmHg
Pulse Rate	98/min	62/min
Weight	57 kg	57 kg
Nadi (*Pulse*)	*Vataja-Kaphaja* (*Madhyam Gati* - medium speed)	*Vataja-Kaphaja* (*Madhyam Gati* - medium speed)
Mala (*Stool*)	*Malavashtambha* (*Constipation*)	*Prakrut* (*Normal*)
Mutra (*Urine*)	*Safena* (*Frothy*) and *SaDaha* (*Burning Micturition*)	No froth and no burning sensation
Jivha (*Tongue*)	*Saam* (*Coated*)	*Prakrut* (*Niram* - clean)
Shabda (*Voice*)	*Spashta* (*Clear*)	*Spashta* (*Clear*)
Sparsha (*Touch*)	*Anushna* (*Not warm*)	*Prakrut* (*Normal*)
Akruti (*Build*)	*Madhyam* (*Medium*)	*Madhyam* (*Medium*)
Drik (*Vision*)	*Prakrut* (*Normal*)	*Prakrut* (*Normal*)
Kshudha (*Hunger*)	*Alpa* (*Reduced*)	*Samanya* (*Normal*)
Agni (*Digestive Fire*)	*Mandya* (*Weak*)	*Samanya* (*Normal*)
Nidra (*Sleep*)	*Khandit* (*Disturbed*)	*Prakrut* (*Sound sleep*)

Table 2: Investigations:

Parameter	13/5/24	19/5/24	22/5/24
Hb (g/dL)	8.0	8.3	-
Platelets	75K	86K	
Urea (mg/dL)	148.11	-	89.2
Creatinine (mg/dL)	5.07	-	3.90
Uric Acid (mg/dL)	8.8	-	7.3
Na^+ (mEq/L)	141.8	-	141.4
K^+ (mEq/L)	4.74	-	5.19
Cl^- (mEq/L)	105	-	104.2

Table 3: Clinical Condition over Time:

SYMPTOMS	BEFORE TREATMENT on 13/5/24	POST TREATMENT on 23/5/24
Dyspnoea on exertion	2/10	0/10
B/L Pedal oedema	2°	0
Whole joint pain	4/10	1/10
Periorbital swelling	2/10	0/10
Gastric Issues	4/10	0/10
Frothy Urine	3/10	0/10
Quality of Sleep	3/10	9/10
Constipation	4/10	0/10
Body Ache	4/10	0/10
Burning Micturition	3/10	0/10
Swelling over Knee	2/10	0/10

Images-1

Images-2