



Ayurvedic Management of Chronic Kidney Disease (Vrikka Roga): A Case Study

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ABSTRACT

Chronic Kidney Disease (CKD), referred to as Vrikk rog in Ayurveda, is a progressive disorder caused by an imbalance in Tridoshas (Vata, Pitta and Kapha), leading to dysfunction in Mutravah Srotas (urinary system channels). According to Ayurveda, Agni Dushti (digestive impairment) results in the accumulation of Ama (toxins), which obstructs the microchannels responsible for renal filtration, causing renal degeneration. This case study presents a 35-year-old female CKD patient treated at Jeena Sikho Lifecare Limited Hospital, Agra, Uttar Pradesh through an integrated Ayurvedic approach. Ayurvedic management included Shaman (palliative care), Rasayan (rejuvenation therapy) and dietary modifications. The treatment aimed to balance Kapha (reducing blockages and toxin accumulation), Pitta (minimizing oxidative stress and inflammation) and Vata (preventing renal degeneration). Through Nidan Parivarjana (elimination of causative factors) and Rasayan therapy, the patient experienced symptomatic relief and improved renal function. This case highlights the broad potential of Ayurveda in CKD management, emphasizing the importance of root-cause elimination, detoxification and lifestyle modifications.

INTRODUCTION

Chronic Kidney Disease (CKD) is a progressive condition characterized by the gradual loss of kidney function over time. The kidneys play a crucial role in filtering waste and excess fluids from the blood, maintaining electrolyte balance and regulating blood pressure. CKD is a significant public health issue, affecting millions worldwide and leading to severe complications if left untreated. This essay explores the causes, symptoms, diagnosis and management of CKD. CKD can result from various underlying health conditions, with the most common causes being:

- Diabetes Mellitus – High blood sugar levels can damage the kidneys' filtering units (nephrons), leading to diabetic

nephropathy^[1]

- Hypertension (High Blood Pressure) – Persistent high blood pressure exerts excess force on the kidneys, impairing their function over time.^[2]

- Glomerulonephritis – Inflammation of the kidney's filtering units can lead to CKD, often resulting from infections or autoimmune diseases.^[3]

- Polycystic Kidney Disease (PKD) – A genetic disorder causing cysts to develop in the kidneys, eventually impairing their function.^[4]

- Other Risk Factors – Age, obesity, smoking and prolonged use of nonsteroidal anti-inflammatory drugs

(NSAIDs) also contribute to CKD development.^[5]

CKD progresses in stages; symptoms often appear in the later stages. Common symptoms include:

- Fatigue and weakness
- Swelling in the legs, ankles or feet due to fluid retention
- Shortness of breath
- Decreased urine output or foamy urine
- High blood pressure
- Persistent itching and dry skin
- Loss of appetite and nausea^[6]

Early detection is crucial for managing CKD effectively. Common diagnostic methods include:

- Blood Tests – Measuring serum creatinine and estimating the glomerular filtration rate (eGFR) help to assess kidney function.
- Urine Tests – Checking for proteinuria (excess protein in urine) and other abnormalities.
- Imaging Studies – Ultrasound or CT scans to detect structural kidney abnormalities.
- Kidney Biopsy – In some cases, a small tissue sample is taken for microscopic examination.^[2]

While CKD has no cure, its progression can be slowed through various management strategies:

● Lifestyle Changes

- Maintaining a balanced diet low in sodium and protein
- Regular physical activity
- Smoking cessation and alcohol moderation

● Medications

- ACE inhibitors and ARBs to control blood pressure
- Medications to manage diabetes and cholesterol levels
- Diuretics to reduce fluid retention

● Dialysis and Kidney Transplantation

- In advanced stages (End-Stage Renal Disease, ESRD), dialysis or a kidney transplant becomes necessary.^[3]

CKD is a progressive disease that significantly impacts health and quality of life. Early detection and management can slow its progression and reduce complications. Public awareness and preventive measures, including lifestyle modifications and regular medical check-ups, play a vital role in combating CKD.

Recent research in chronic kidney disease (CKD) has yielded significant advancements across various domains, including pharmacological interventions, genetic discoveries and diagnostic methodologies. A

comprehensive meta-analysis involving over 85,000 participants from 11 large clinical trials demonstrated that GLP-1 receptor agonists, commonly prescribed for type 2 diabetes and obesity, can significantly enhance kidney health. The study revealed a 16% reduction in the risk of kidney failure and a 22% decrease in the worsening of kidney function among users of these medications^[7]. Genomic advances link UMOD variants to CKD and hypertension via salt handling, while APOL1 variants heighten CKD risk, especially in African Americans.^[8] Epigenetic research links microRNA-21 to CKD fibrosis, offering potential therapeutic targets.^[8] CKD incidence rose 144% in three decades, affecting 19M in 2019. Prevalence grew 104% (697M cases), with a 137% rise in deaths (1.4M), highlighting a major public health challenge.^[9] Researchers have identified new genetic variants associated with CKD by analysing data from over 900,000 individuals. These findings suggest that certain genetic factors may contribute to CKD development, with some effects differing between men and women. This discovery enhances understanding of the disease's pathogenesis and could lead to more personalized treatment approaches.^[10]

Chronic Kidney Disease (CKD), known in *Ayurveda* as *Vrikka rog* (disorders of the kidneys), is primarily caused by an imbalance in the *Tridoshas*—*Vata*, *Pitta* and *Kapha*—leading to impaired kidney function. According to *Ayurvedic* principles, CKD manifests due to *Agni Dushti* (digestive fire impairment), leading to the accumulation of *Ama* (toxins) that block the microchannels (*Srotas*) responsible for renal filtration.^[11] *Ayurvedic* management of CKD emphasizes holistic healing through *Panchkarma* (detoxification therapies), *Rasayan* (rejuvenation therapy) and dietary modifications. *Ayurvedic* medicines such as **Punarnava** (*Boerhavia diffusa*), **Gokshur** (*Tribulus terrestris*) and **Varun** (*Crataeva nurvala*) are traditionally used to support kidney function and balance *doshas*. Research suggests that *Ayurvedic* formulations can help to manage CKD symptoms by reducing oxidative stress, improving renal circulation and supporting detoxification pathways.^[12] The *samprapti ghatak* of this case is shown in figure 1.

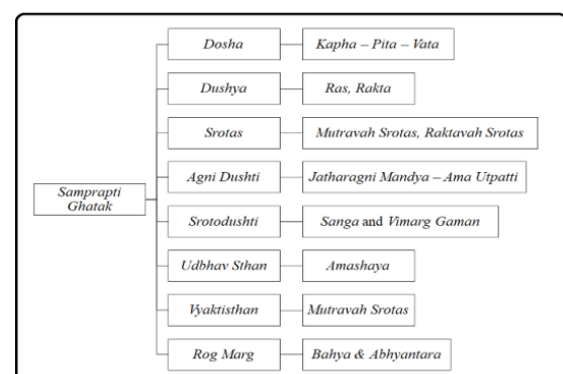


Figure 1. Samprapti Ghatak of this case

CASE REPORT

A 35-year-old female patient with history of Chronic Kidney Disease (CKD) visited Jeena Sikho Lifecare Limited Hospital, Agra, Uttar Pradesh on 29th of January, 2025. The initial investigations are shown in table 1. The patient’s vitals and *Ashta sthan Pareeksha* is shown in table 2. The patient had been receiving treatment for chronic kidney disease (CKD) and Hypertension (HTN) for the past 3 years. The patient was also diagnosed with severe Anaemia. Laboratory reports of the patient is mentioned in

table 3. She visited for two more follow-ups and eventually showed significant improvement in her symptoms. The patient’s laboratory reports indicate that she experienced notable improvement after just one consultation. In keeping all these facts, the patient was advised a combination of *Ayurvedic* treatments which covered a tailored therapeutic diet, lifestyle recommendations and medications. *Ayurvedic* medications prescribed throughout the course of treatment are mentioned in table 4. The detailed case timeline and follow-up schedule are presented in Table X.

Table 1. Initial Investigations	
Analysis and Diagnosis	
Symptoms	Oedema Acidity – past 15 days Weakness
Family History	None
Diagnosis	Chronic Kidney Disease (CKD)
Line of Treatment	Shaman Chikitsa Rasayan

Table 2. Vitals and Ashta sthan Pareeksha	
Parameters	Values
Blood Pressure	100/60 mm Hg
Pulse Rate	105/min
Weight	45 kg
Height	4’8”
Nadi	Vataj Pittaj
Mala	Avikrit
Mutra	Avikrit
Jivha	Peet
Shabda	Spashta

Sparsha	Samsheetushna
Akriti	Madhyam
Drik	Avikrit

Table 3. Laboratory Reports observed on 03-02-2025

Tests	Values
Hemoglobin	7.1 g/dL
Creatinine	8.00 mg/dL
Glomerular Filtration Rate (GFR)	6.21 mL/min/1.73 m ²
Urea	132 mg/dL
Blood Urea Nitrogen (BUN)	61.8 mg/dL
Uric Acid	6.4 mg/dL

Table 4. Ayurvedic medications prescribed

Medicines	Ingredients	Therapeutic Effects
HIMS Michli	Shunthi (<i>Zingiber officinale</i>), Kali Mircha (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Ansafal-Chakraphool (<i>Illicium verum</i>), Dalchini (<i>Cinnamomum zeylanicum</i>), Nagkeshar (<i>Mesua ferrea</i>), Kapoor (<i>Cinnamomum camphora</i>), Javitri (<i>Myristica fragrans</i>), Loung (<i>Caryophyllus aromaticus</i>), Jayphal (<i>Myristica fragrans</i>), and Sugar (<i>Saccharum</i>)	<i>Yakrit-uttejaka</i> , <i>Agni-deepan</i> , <i>Annavaha Srotas sodhana</i> , and <i>Ama-pachan</i>
Vish har ras syrup	Giloy (<i>Tinospora cordifolia</i>), Papaya Leaf (<i>Carica papaya</i>), Wheat Grass (<i>Triticum aestivum</i>), Punarnava (<i>Boerhavia diffusa</i>), Neem (<i>Azadirachta indica</i>), Vasapatra (<i>Adhatoda vasica</i>), Kalmegh (<i>Andrographis paniculata</i>), Karanj Beej (<i>Pongamia pinnata</i>), Haldi (<i>Curcuma longa</i>), and Tulsi (<i>Ocimum sanctum</i>)	<i>Vata-anulomaka</i> , <i>Sandhi-sulaha</i> , <i>Vedana-samaka</i> , <i>Grahani-sthapana</i> , and <i>Bala-varadhaka</i>
CKD Tablet	Pashanbhed (<i>Bergenia ciliata</i>), Varun (<i>Crataeva nurvala</i>), Punarnava (<i>Boerhavia diffusa</i>), Gokshur (<i>Tribulus terrestris</i>), Apamarg (<i>Achyranthes aspera</i>), Haldi (<i>Curcuma longa</i>), Charila (<i>Embelia ribes</i>), Kulthi (<i>Dolichos biflorus</i>), Harad (<i>Terminalia chebula</i>), Bhumiawala (<i>Pyrrosia piloselloides</i>), Giloy (<i>Tinospora cordifolia</i>), Shitalchini (<i>Vernonia cinerea</i>), Anantmool (<i>Hemidesmus indicus</i>), Khas (<i>Vetiveria zizanioides</i>), Yavakshar (alkaline substance; botanical origin unclear), Muli Kshar (<i>Raphanus sativus</i>), Kalmi Shora (sodium bicarbonate), Sajji Kshar (traditional alkaline substance; botanical origin unclear), Shilajeet (<i>Asphaltum</i>), Hajrul Yahud (silicon dioxide), and Shwet Parpati (mercury-based preparation)	<i>Mutravirechana</i> , <i>Pittahara</i> , and <i>Yakrituttejaka</i>
Sama vati	Gokshur (<i>Tribulus terrestris</i>), Kaunch (<i>Mucuna pruriens</i>), Shatawar (<i>Asparagus racemosus</i>), Ashwagandha (<i>Withania somnifera</i>), Vidarikand (<i>Pueraria tuberosa</i>), Beej Band Lal (<i>Sida cordifolia</i>), Akarkara (<i>Anacyclus pyrethrum</i>), Talmakhana (<i>Hygrophila auriculata</i>), Musli (<i>Chlorophytum borivilianum</i>), Aawla (<i>Emblica officinalis</i>), Sonth (<i>Zingiber officinale</i>), Jaiphal (<i>Myristica fragrans</i>), Swarn Makshik (<i>Chalcopyrite</i>), and Shilajeet Shudh (<i>Asphaltum punjabianum</i>)	<i>Raktasodhaka</i> , <i>Ojovardhaka</i> , <i>Hrdaya</i> , <i>Agni-deepana</i> , <i>Grahani-sthapana</i> , and <i>Ksudha-varadhaka</i>
Fe Capsule	Makoy (<i>Solanum nigrum</i>), Shilajeet (<i>Shilajeet</i>), Yasad Bhasm (zinc oxide), Loh Bhasm (iron oxide), Swarn Makshik Bhasm (gold and copper bhasma), and Mukta Shukti Pishti (pearl and oyster shell powder)	<i>Raktavardhaka</i> , <i>Rakta-dhatu-poshaka</i> , <i>Pandu-hara</i> , <i>Balya</i> , and <i>Ojovardhaka</i>
CKD Syrup	Kasani (<i>Cichorium intybus</i>), Gokshur (<i>Tribulus terrestris</i>), Shatavari (<i>Asparagus racemosus</i>), Giloy (<i>Tinospora cordifolia</i>), Sorbitol , and Shudh Shilajeet (<i>Asphaltum punjabianum</i>)	<i>Mutrakrichrahara</i> , <i>Mutravirechaka</i> , <i>Vedanashamaka</i> , and <i>Vata-anulomaka</i>

Medicines	Ingredients	Therapeutic Effects
M u t r a Vardhak Vati	Gokshura (<i>Tribulus terrestris</i>), Guggulu (<i>Commiphora wightii</i>), Sonth (<i>Zingiber officinale</i>), Kalimirch (<i>Piper nigrum</i>), Pippal (<i>Piper longum</i>), Bahera (<i>Terminalia bellerica</i>), Harad (<i>Terminalia chebula</i>), Amla (<i>Phyllanthus emblica</i>), and Motha (<i>Cyperus rotundus</i>)	Mutrakrichrahara, Ashmarighna, Mutravirechana, Shirovirechana, Shothahara, and Amapachana
Hemotone-I Plus	Laung (<i>Syzygium aromaticum</i>), Badi Elaichi (<i>Amomum subulatum</i>), Javitri (<i>Myristica fragrans</i> – Aril), Dal Chini (<i>Cinnamomum verum</i> / <i>Cinnamomum cassia</i>), Haldi (<i>Curcuma longa</i>), Nag Kesar (<i>Mesua ferrea</i>), Ajwain (<i>Trachyspermum ammi</i>), Chavya (<i>Piper chaba</i>), Kutaki (<i>Picrorhiza kurroa</i>), Pippali (<i>Piper longum</i>), Gaj Pipal (<i>Scindapsus officinalis</i>), Devadaru (<i>Cedrus deodara</i>), Kaunch (<i>Mucuna pruriens</i>), Baybidang (<i>Embelia ribes</i>), Chitrak (<i>Plumbago zeylanica</i>), Danti (<i>Baliospermum montanum</i>), Daru Haldi (<i>Berberis aristata</i>), Dhania (<i>Coriandrum sativum</i>), Gangayran (<i>Clerodendrum serratum</i>), Gokshur (<i>Tribulus terrestris</i>), Rasna (<i>Pluchea lanceolata</i>), Kanghi–Atibala (<i>Abutilon indicum</i>), Kherati–Bala (<i>Sida cordifolia</i>), Tauber–Hapusa (<i>Lepidium sativum</i>), Lodhra (<i>Symplocos racemosa</i>), Marorphali–Murva (<i>Clematis triloba</i> / <i>Marsdenia tenacissima</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Nagarmotha (<i>Cyperus rotundus</i>), Pohkar (<i>Aconitum heterophyllum</i>), Lal Punarnava (<i>Boerhavia diffusa</i>), Saunf (<i>Foeniculum vulgare</i>), Supari (<i>Areca catechu</i>), Tejpatra (<i>Cinnamomum tamala</i>), Utangan (<i>Blepharis edulis</i>), Vaividanga (<i>Embelia ribes</i>), Akarkara (<i>Anacyclus pyrethrum</i>), Triphala (combination of <i>Terminalia chebula</i> , <i>Terminalia bellirica</i> , and <i>Phyllanthus emblica</i>), Trikatu (combination of <i>Piper longum</i> , <i>Piper nigrum</i> , and <i>Zingiber officinale</i>), Munakka (<i>Vitis vinifera</i> dried grapes), Dhay Phool (<i>Woodfordia fruticosa</i>), Gwar Patha (<i>Aloe barbadensis</i> / <i>Aloe vera</i>), Loh Bhasm (Iron Ash – Ayurvedic preparation), Ashwagandha (<i>Withania somnifera</i>).	R a k t a v a r d h a k a , Raktaprasadana , and Srotoshodhaka
N e p h r o n Plus	Hajrul Yahud Bhasm (Siliceous calcareous concretion), Chandraprabha (Classical formulation), Pashanbhedha (<i>Bergenia ligulata</i>), Mulak Kshar (Alkali derived from <i>Raphanus sativus</i>), Yavakshar (Alkali derived from <i>Hordeum vulgare</i>), Amalaki Rasayan (<i>Phyllanthus emblica</i>), Trivikram Rasa (Classical herbo-mineral formulation), Navasara (Ammonium chloride), Nimbu Satva (<i>Citrus limon</i>), Gokshur (<i>Tribulus terrestris</i>), Durbhamool (<i>Cynodon dactylon</i>), Shila Pushpa (<i>Didymocarpus pedicellatus</i>), Black Salt (Kala Lavan – mineral salt blend), Hing (<i>Ferula asafoetida</i>), and Magnesium Stearate (Magnesium salt of stearic acid).	Mutravirechana and Rasayana
Yakrit Tonic	Lal Punarnava (<i>Boerhavia diffusa</i>), Safed Punarnava (<i>Boerhavia verticillata</i>), Bala (<i>Sida cordifolia</i>), Atibala (<i>Abutilon indicum</i>), Patha (<i>Cissampelos pareira</i>), Giloy (<i>Tinospora cordifolia</i>), Chitrak (<i>Plumbago zeylanica</i>), Kakoli (<i>Roscoeia procera</i>), Vasa (<i>Justicia adhatoda</i>), Nagarmotha (<i>Cyperus rotundus</i>), Ajwain (<i>Trachyspermum ammi</i>), Sonth (<i>Zingiber officinale</i>), Kali Mirch (<i>Piper nigrum</i>), Long (<i>Syzygium aromaticum</i>), Methi (<i>Trigonella foenum-graecum</i>), White Jeera (<i>Cuminum cyminum</i>), Roheda Chhal (<i>Tecomella undulata</i>), Dalchini (<i>Cinnamomum verum</i>), Tejpatra (<i>Cinnamomum tamala</i>), Badi Elaichi (<i>Amomum subulatum</i>), Chhoti Elaichi (<i>Elettaria cardamomum</i>), Jaiphal (<i>Myristica fragrans</i>), Nagkesar (<i>Mesua ferrea</i>), Kankol (<i>Piper cubeba</i>), Multhi (<i>Glycyrrhiza glabra</i>), Laliki (<i>Ardisia solanacea</i>), Mahua (<i>Madhuca indica</i>), Shaker (<i>Saccharum officinarum</i>), Madhu (<i>Apis mellifera</i> – Honey), and Water (H ₂ O).	Yakrit Shodhana , Raktashodhana , Ama Pachana , Yakrit U t t e j a k a , Pittavardhaka , and Rasayana
Dr. BP Care	Shankh-Pushpi (<i>Convolvulus prostratus</i> / <i>Evolvulus alsinoides</i>), Shatavar (<i>Asparagus racemosus</i>), Ashwagandha (<i>Withania somnifera</i>), Brahmi (<i>Bacopa monnieri</i>), Vacha (<i>Acorus calamus</i>), Sarpagandha (<i>Rauvolfia serpentina</i>), Jeera (<i>Cuminum cyminum</i>), Giloy (<i>Tinospora cordifolia</i>), Malabar Nut (<i>Justicia adhatoda</i>), Jatamansi (<i>Nardostachys jatamansi</i>), and Mukta Pishti (Pearl Calcium Preparation).	Manas Shamana , R a k t a c h a a p S h a m a n a , and Nidrajanana

Table 5. Medicine Schedule

Visit	Date	Medicine	Dosage
1st Consult	29-01-2025	HIIMS Michli	1 Teaspoon TDS (<i>Adhobhakta with Koshna Jala</i>)
		Vish har ras syrup	10 ml TDS (<i>Adhobhakta with Sama Matra Koshna Jala</i>)
2nd Consult	08-02-2025	CKD Tablet	2 TABS TDS (<i>Adhobhakta with Koshna Jala</i>)
		Sama vati	2 TAB BD (<i>Adhobhakta with Koshna Jala</i>)
		Fe Capsule	2 CAP BD (<i>Adhobhakta with Koshna Jala</i>)
		CKD Syrup	15 ml BD (<i>Adhobhakta with Sama Matra Koshna Jala</i>)
		Mutra Vardhak Vati	2 TABS TDS (<i>Adhobhakta with Koshna Jala</i>)

Visit	Date	Medicine	Dosage
3rd Consult	25-02-2025	Hemotone-I Plus	20 ml BD (<i>Adhobhakta with Sama Matra Koshna Jala</i>)
		Nephron plus	2 CAP BD (<i>Adhobhakta with Koshna Jala</i>)
		CKD Tablet	2 TABS TDS (<i>Adhobhakta with Koshna Jala</i>)
		Fe Capsule	2 CAP BD (<i>Adhobhakta with Koshna Jala</i>)
		Nephron plus	2 CAP BD (<i>Adhobhakta with Koshna Jala</i>)
		Mutra Vardhak Vati	2 TABS TDS (<i>Adhobhakta with Koshna Jala</i>)
		Yakrit Tonic	15 ml BD (<i>Adhobhakta with Sama Matra Koshna Jala</i>)
		Shuddhi Dr. BP Care	2 TAB BD (<i>Adhobhakta with Koshna Jala</i>)

TREATMENT PLAN

Diet

A therapeutic diet, particularly through the

implementation of renal diet is a vital therapeutic strategy in decelerating CKD progression. A perfectly tailored DIP diet was administered.^[12]

Pathya [14]	- Fresh and homemade food - Millet diet
Apathya [14]	- Avoid wheat, packed food, refined food, dairy food/animal food, coffee, and tea - Never eat after 8 PM - For solid food, take small bites and chew 32 times - For liquids, take small sips and drink slowly
Hydration	- Boil 2 litres of water, reduce it to half (1 litre), and consume - Alkaline water: 3–4 times a day (1 litre) - Herbal water - Living water - Turmeric water
Millet Ingest	- Foxtail (<i>Setaria italica</i>) - Barnyard (<i>Echinochloa esculenta</i>) - Little (<i>Panicum sumatrense</i>) - Kodo (<i>Paspalum scrobiculatum</i>) - Browntop (<i>Urochloa ramosa</i>)
Special Notes	- Brisk walking for 30 minutes barefoot - Sit in sunlight for 1 hour - Walk slowly for 10 minutes after every meal - One day of fasting is recommended - Get quality sleep (8 hours) - Cook millets in steel cookware using only mustard oil - Sit in <i>Vajrasana</i> after every meal

Time	Food Items
Early Morning (5:45 AM)	Curry leaves (5 leaves) + Herbal tea
Breakfast (09:00–10:00 AM)	Seasonal fruits (4–5 types) + Fermented milk shake + Steamed sprouts
Morning Snacks (11:00 AM)	Red juice (150 ml) + Soaked almonds (4–5)
Lunch (12:30–02:00 PM)	Plate 1: Steamed salad Plate 2: Millet recipe
Evening Snacks (04:00–04:20 PM)	Green juice (100–150 ml) + Soaked almonds (4–5)
Dinner (06:15–07:30 PM)	Plate 1: Steamed salad + Chutney + Soup Plate 2: Millet khichdi

Lifestyle Recommendations

Activity	Practice	Details
Meditation	Stress Relief	Practice meditation daily to reduce stress and enhance mindfulness.
Yoga (40 min)	Sukshma Pranayama & Sukhasana	Perform these yoga exercises for flexibility, relaxation, and mental clarity.
Sleep	Quality Rest	Ensure 6–8 hours of uninterrupted, deep sleep for optimal health.
Daily Routine	Balance & Organization	Follow a structured routine to maintain discipline and productivity.

Medicinal Interventions

The medicinal interventions included in this case were HIIMS Michli, Vish har ras syrup, CKD Tablet, Sama vati, Fe Capsule, CKD Syrup, Mutra Vardhak Vati, Hemotone-I Plus, Nephron plus, Yakrit Tonic and Shuddhi Dr. BP Care.

OBSERVATION & RESULT

Effectives of the treatment

After 3 consults, the patient shown significant

improvement in symptoms. This proves that the combination of treatments used in this case is very effective in *Vrikk rog* patients. The patient got relief from symptoms like oedema, acidity and weakness. The symptoms experienced by the patient gradually diminished during the treatment period. A comparison between symptoms before and after treatment are shown in table 6. The patient’s laboratory observation during the treatment indicated significant improvement which is shown in table 7.

Table 6. Comparison between symptoms before treatment and after treatment

Symptoms Before Treatment	Symptoms After Treatment
Oedema (4+)	Relieved (1+)
Acidity	Relieved
Weakness	Improved

Table 7. Improvement in Laboratory Investigations

Tests	03-02-2025	16-02-2025
Hemoglobin	7.1 g/dl	7.76 g/dl
Creatinine	8.00 mg/dl	6.73 mg/dl
Glomerular Filtration Rate (GFR)	6.21 mL/min/1.73 m ²	8 mL/min/1.73 m ²
Urea	132 mg/dl	129.43 mg/dl
Blood Urea Nitrogen (BUN)	61.8 mg/dl	60.44 mg/dl
Uric Acid	6.4 mg/dl	5.57 mg/dl

Safety and Adverse Events

Throughout the treatment and follow-up period, the patient was monitored through regular clinical assessments and laboratory investigations. No treatment-related adverse events, allergic reactions, or significant deterioration in clinical or biochemical parameters were observed. The prescribed Ayurvedic interventions were well tolerated, and the patient adhered to the treatment and dietary recommendations without any reported safety concerns.

DISCUSSION

In this case study, a 35 years old female patient with history of CKD was subjected to an extensive treatment at

Jeena Sikho Lifecare Ltd Hospital to undergo a combination of *Ayurvedic* treatments. The patient presented symptoms like oedema, acidity and weakness. The extensive treatment included maintaining a perfectly tailored diet, making serious lifestyle recommendations and *Shaman Chikitsa*. During the course of treatment, regular vitals of the patient were taken regularly. *Samprapti* of this case is shown in figure 2. During the treatment, the patient was given medications like HIIMS Michli, Vish har ras syrup, CKD Tablet, Sama vati, Fe Capsule, CKD Syrup, Mutra Vardhak Vati, Hemotone-I Plus, Nephron plus, Yakrit Tonic and Shuddhi Dr. BP Care. The management strategy incorporated *Shamana Chikitsa*, dietary regulation (*Pathya-Apathya*), lifestyle

modifications, and herbal formulations selected according to the patient's clinical condition. Dietary modification is considered an essential component of CKD management in both modern medicine and Ayurveda, as appropriate nutrition may help reduce metabolic burden while supporting overall health. Similarly, Ayurvedic principles emphasize *Nidana Parivarjana* (avoidance of causative factors) and correction of impaired *Agni* to improve systemic homeostasis. Published case reports and observational studies have also described improvements in serum creatinine, blood urea, and quality of life following individualized Ayurvedic management in CKD patients. However, most available studies are limited by small sample sizes, lack of control groups, and methodological heterogeneity. Therefore, the findings of the present case should be interpreted cautiously and considered hypothesis-generating rather than confirmatory.

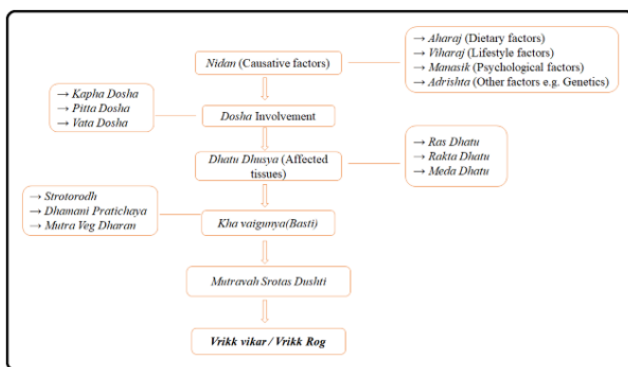


Figure 2. Samprapti of this case

- **HIIMS Michli** maintains smoother digestion by protecting liver wellbeing, which may improve gut wellness and overall comfort.
- **Vish har ras syrup** manages acute abdomen Pain, intestinal colic pain, joint pain, analgesic, antidiarrheal, fever and lethargy
- **CKD Tablet** is used for treating kidney disease, urinary tract infections (UTI), burning micturition and supporting liver health.
- **Sama vati** assist in the regular function of the cardiovascular system and enhance digestion
- **Fe Capsule** is used for anaemia and weakness
- **CKD Syrup** provides relief from pain and discomfort associated with kidney issues.
- **Mutra Vardhak Vati** is used for treating kidney stones, dysuria, painful micturition, high blood pressure and inflammatory conditions, while also providing relief in osteoarthritis (O.A.), hyperuricemia, and exhibiting antithesis properties.
- **Hemotone-I Plus** aims to maintain natural bodily balance and nourishment to support daily energy and

strength

- **Nephron plus** is beneficial to kidney diseases and urinary problems
- **Yakrit Tonic** helps in eliminating toxins from the liver and promotes healthy liver function. Also Enhances metabolism and supports proper digestion by regulating bile production.
- **Shuddhi Dr. BP Care** supports healthy blood circulation and regulate blood pressure and also strengthens the heart muscles, improves cardiac function, and promotes overall cardiovascular well-being.

FUTURE RESEARCH ASPECTS

A promising future research aspect of *Ayurvedic* treatment for chronic kidney disease (CKD) could focus on understanding the molecular mechanisms behind the efficacy of *Ayurvedic* herbs and formulations in kidney health. While traditional *Ayurvedic* practices have used herbs such as *Punarnava*, *Gokshur*, *Bhringaraj* and *Ashwagandha* for kidney support, there is limited scientific data on how these substances interact with the body's biochemical pathways in CKD ^[15].

Future studies could include:

- **Pharmacokinetic and pharmacodynamic investigations:** This would involve studying the absorption, distribution, metabolism and excretion of *Ayurvedic* herbs used in CKD treatment. Understanding how these herbs are processed by the body could help to optimize their use in modern clinical settings ^[16].
- **Clinical trials:** Well-structured randomized controlled trials (RCTs) to assess the safety and efficacy of *Ayurvedic* treatments in CKD patients, particularly in stages 3-5, would help to provide solid evidence of their benefits compared to conventional treatments ^[17].
- **Biomarker discovery and validation:** Research could focus on identifying biomarkers that could indicate the effectiveness of *Ayurvedic* treatments, allowing for better monitoring of disease progression and therapeutic response in CKD patients ^[18].
- **Combination therapies:** Investigating the potential synergistic effects of *Ayurvedic* treatments combined with modern pharmaceutical interventions could pave the way for more holistic, integrated treatment approaches for CKD management ^[19].
- **Gut microbiome studies:** *Ayurveda* emphasizes digestion and metabolic balance. Future research could explore how *Ayurvedic* treatments influence the gut microbiome and how this might contribute to kidney health, as an imbalance in the microbiome is increasingly

linked to CKD progression^[20].

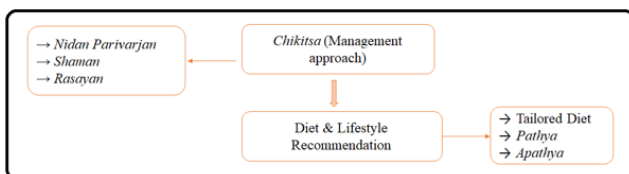
These studies could help to integrate traditional *Ayurvedic* practices with contemporary medicine, providing a more comprehensive approach to CKD treatment.

CONCLUSION

This case report describes the clinical course of a patient with Chronic Kidney Disease (CKD) managed with an individualized *Ayurvedic* treatment approach, including *Shamana Chikitsa*, *Pathya-Apathya* (dietary and lifestyle modifications), and *Nidāna Parivarjana*. During the treatment period, the patient showed improvement in clinical symptoms and laboratory parameters, including reductions in serum creatinine, blood urea, blood urea nitrogen (BUN), and uric acid levels, along with an increase in the estimated glomerular filtration rate (eGFR). These observations suggest that the integrative *Ayurvedic* management employed in this case was associated with favorable clinical and biochemical changes. However, as this is a single case report, the findings cannot establish treatment efficacy or a causal relationship between the intervention and the observed outcomes. Further well-designed prospective studies and randomized controlled trials involving larger patient populations are needed to evaluate the safety, effectiveness, and long-term role of *Ayurvedic* interventions in the management of CKD.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this case report and the accompanying laboratory data. The patient was informed that all personal identifiers would be removed to maintain confidentiality and anonymity. The patient reviewed and approved the publication of the clinical details.



“ इष्टवर्णगन्धरसस्पर्श विधिविहितमन्नपानं प्राणिनां प्राणिसञ्ज्ञकानां प्राणमावक्षते कुशलाः प्रत्यक्षफलदर्शनात् तदिन्धना हन्तरयोः स्थितिः तत् सत्त्वमूर्जयति तच्छरीरातुक्वृहबलवर्णैर्द्रियप्रसादकरं यथोक्तमुपसेव्यमानं विपरीतमहिताय सम्पद्यते ॥ ” [13]

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