



Management of Vrikk Rog Through Ayurvedic Principles: A Case-based Perspective

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ABSTRACT

Chronic Kidney Disease (CKD) or Vrikk Rog, though not described explicitly in Ayurvedic texts, can be understood within the framework of Mutravah Strotodushti, Rakta Dushti, and Dhatukshaya. Traditional medical approaches often focus on managing blood sugar, blood pressure, and symptoms, whereas Ayurveda views CKD as a result of an imbalance in the Tridoshas (Vata, Pitta and Kapha), particularly Vata and Kapha imbalances. The accumulation of Ama (toxins) and improper digestion (Agni Dushti) lead to kidney dysfunction, which is often exacerbated by lifestyle factors, poor diet, and stress. This case study presents a 54-year-old male patient diagnosed with CKD, who was admitted to Jeena Sikho Lifecare Limited Hospital, Derabassi, and treated with an extensive Ayurvedic approach. Management was planned according to the principles of Chikitsa Siddhanta, focusing on Shodhan and Shaman therapies. Throughout the IPD stay, the patient showed notable improvements observed in urinary output, general well-being, and energy levels. The holistic approach, integrating Ahar, Vihar, and Aushadhi, demonstrated significant enhancement in renal function and quality of life, supporting the efficacy of Ayurvedic management in chronic renal conditions.

INTRODUCTION

Chronic Kidney Disease (CKD) is a long-term condition involving the gradual loss of kidney function, leading to serious health complications. It is a growing global health concern, particularly due to increasing rates of diabetes and hypertension.^[1] According to the Global Burden of Disease Study (2019), CKD ranks among the top ten causes of death worldwide. Key risk factors include diabetes, hypertension, cardiovascular disease, obesity, and family history. In developing countries, infections, limited healthcare, and nephrotoxic drug exposure worsen the burden.^[2] CKD involves a gradual loss of nephrons, leading

to decreased glomerular filtration rate (GFR). The disease progresses through five stages, from mild damage (Stage 1) to kidney failure (Stage 5 or end-stage renal disease, ESRD). As nephron loss continues, the remaining nephrons undergo hyper filtration, leading to glomerular hypertension and further damage.^[3] In early stages, CKD is often asymptomatic, making early detection difficult. As the disease progresses, symptoms may include fatigue, fluid retention, hypertension, anemia, bone disorders, and electrolyte imbalances. Late stages may require dialysis or kidney transplantation for survival.^[4] CKD is diagnosed based on decreased GFR (<60 mL/min/1.73 m² for more than 3 months) and markers of kidney damage such as

proteinuria or structural abnormalities (Kidney Disease: Improving Global Outcomes [KDIGO], 2012). Routine laboratory tests, including serum creatinine, blood urea nitrogen (BUN), and urine analysis, are commonly used.^[5] The management of CKD involves controlling underlying conditions like diabetes and hypertension, slowing disease progression, and managing complications. Angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs) are often prescribed for renal protection. Nutritional management, including protein and salt restriction, plays a crucial role. In advanced stages, renal replacement therapies such as dialysis or transplantation become necessary.^[6,7] Early screening in high-risk populations, patient education, and lifestyle modifications such as maintaining healthy weight, avoiding NSAIDs, and staying hydrated can help in preventing CKD or slowing its progression. Public health policies must aim to integrate CKD care into non-communicable disease (NCD) frameworks.^[8,9]

Recent CKD research focuses on early detection and personalized care. A transformer-based model, STRAFE, outperforms traditional methods in predicting progression from stage 3 to 5 CKD using electronic health records, aiding timely intervention for high-risk patients.^[10] Scientists developed an AI method combining ensemble learning with explainable AI to improve early CKD detection and support personalized treatment by identifying key patient data features.^[11] Studies suggest that

a ketogenic diet could help slow the progression of autosomal dominant polycystic kidney disease (ADPKD) by triggering metabolic shifts that inhibit cyst development in the kidneys.^[12]

Chronic Kidney Disease (CKD) is a progressive condition involving the steady decline of kidney function and poses a serious global health challenge. In *Ayurveda*, it is interpreted as *Vrikk Rog* or disturbance in the *Mutravah Srotas*, mainly caused by the imbalance of *Vata* and *Kapha doshas* and the buildup of *Ama* (toxins). This reflects a disruption in *Agni* (digestive/metabolic fire), leading to poor tissue nourishment (*dhatu poshana*) and dysfunction in the kidney-urinary system (*Shukra-Vrikk-Sandhi Vikriti*).^[13] Table 1 outlines the main *Samprapti Ghatak* (components of pathogenesis) involved, while Figure 1 illustrates the schematic overview of the *Samprapti* (pathogenesis) of the case.^[14]

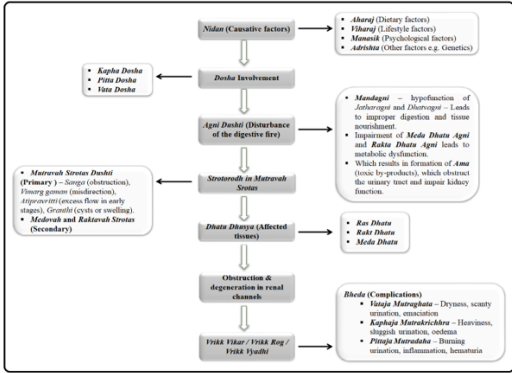


Figure 1. Samprapti of this case

Table 1: Samprapti Ghataka of Vrikk Rog		
Category	Component	Details
Samprapti Ghataka	Dosha	Kapha – Pitta – Vata
	Dushya	Rasa, Rakta
	Srotas	Mutravaha Srotas, Raktavaha Srotas
	Agni Dushti	Jatharagni Mandya – Ama Utpatti
	Srotodushti	Sanga and Vimargagamana
	Udbhava Sthana	Amashaya
	Vyaktisthana	Mutravaha Srotas
	Rogamarga	Bahya & Abhyantara

OBJECTIVE

To manage *Vrikk Vikar* (CKD) by correcting *Dosha* imbalance (primarily *Vata-Kapha*), enhancing *Agni* (digestive fire), eliminating *Ama* (toxins), and reducing *Kleda* (fluid retention) through *Ayurvedic* formulations, *Panchkarma*, and *Ahar-Vihar* (diet-lifestyle) interventions for symptomatic relief and improved quality of life.

CASE REPORT

A 54-year-old male with a known history of Chronic Kidney Disease (CKD) presented to Jeena Sikho Lifecare Limited Hospital, Derabassi, on March 28, 2025. The patient reported symptoms of persistent cough, generalized weakness, pedal oedema (Grade 4+), abdominal bloating, and fatigue. Initial clinical assessment revealed constipation, while sleep, appetite, and urination remained normal. The patient's medical history included CKD Stage V (diagnosed 4 months prior), Type II Diabetes Mellitus (1

year), Hypertension (5 months), and Ascites (2 months). He also had a surgical history of cholecystectomy (2021), ocular surgery (2022), and a past episode of jaundice during childhood.

Vital signs and findings from *Ashtasthana Pareeksha* were documented in Table 2, along with baseline laboratory investigations in Table 3. He was on conventional allopathic medications, including Torsemide and Sodium Bicarbonate.

In view of his condition, the patient was admitted for a 10-day inpatient *Ayurvedic* management plan. A customized

therapeutic approach was adopted, incorporating classical *Ayurvedic* formulations, specific *Panchkarma* procedures, individualized dietary recommendations, and lifestyle modifications. At discharge, the patient exhibited marked clinical improvement. Follow-up assessments confirmed sustained symptomatic relief and enhanced overall quality of life. The patient was admitted to the hospital from 28 March 2025 to 6 April 2025, during which daily clinical assessments and laboratory monitoring were performed. No post-discharge follow-up visits were available for this case.

Table 2: The patient's Vitals (a) and Ashtasthana Pariksha (b)

Parameter	Value
Blood Pressure	120/70 mm Hg
Pulse Rate	108/ min
Weight	57 Kg
Height	168 cm
Blood Sugar	RBS - 184 mg/dl
BMI	20.2

a)

Parameter	Values
<i>Nadi</i>	<i>Vataj Pittaj</i>
<i>Mala</i>	<i>Avikrit</i>
<i>Mutra</i>	<i>Safena</i>
<i>Jiwha</i>	<i>Malin</i>
<i>Shabda</i>	<i>Spasht</i>
<i>Sparsha</i>	<i>Anushnasheet</i>
<i>Akriti</i>	<i>Madhyam</i>
<i>Drik</i>	<i>Avikrit</i>

b)

Table 3: Laboratory investigations done on 28-03-2025

Tests	Values
Hemoglobin (Hb)	7.2 g/dl
Total Leucocyte Count (TLC)	3400/cumm
Platelet (PLT)	1.07 lacs/cumm
Glycosylated Hemoglobin A1C (HbA1C)	5.70%
estimated Glomerular Filtration (eGFR)	07 mL/min/1.73 m ²
Electrolyte: Sodium	138.1 mEq/L
Electrolyte: Potassium	4.96 mEq/L
Random Blood Sugar (RBS)	140 mg/dl
Total Protein	6.10 g/dl

Tests	Values
Albumin	2.54 g/dl
Blood Urea	121.48 mg/dl
Blood Urea Nitrogen	56.69 mg/dl
Creatinine	7.91 mg/dl
Uric Acid	6.58 mg/dl

TREATMENT PLAN

The patient underwent a 10-day inpatient treatment program that included personalized *Ahar-Vihar* (diet and lifestyle modifications), *Nidan Parivarjana* along with *Shodhan* and *Shaman Chikitsa*.

I. Shaman Chikitsa

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 4.

Table 4: Ayurvedic medicines prescribed

Date	Medicines	Dosage with Anupana (Medium)
28-03-2025	Divya Shakti Powder	Half Teaspoon HS (<i>Nishikala</i> with <i>Koshna Jala</i>)*
	Dr. CKD Tablet	1 Tab TDS (<i>Adhobhakta</i> with <i>Koshna Jala</i>)**
	GFR Powder	1 Teaspoon BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Jalodar vati	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
29-03-2025	Divya Shakti Powder	Half Teaspoon HS (<i>Nishikala</i> with <i>Koshna Jala</i>)
	Dr. CKD Tablet	1 Tab TDS (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	GFR Powder	1 Teaspoon BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Jalodar vati	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
30-03-2025	Sanjeevni capsule	1 Cap BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Divya Shakti Powder	Half Teaspoon HS (<i>Nishikala</i> with <i>Koshna Jala</i>)
	Dr. CKD Tablet	1 Tab TDS (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	GFR Powder	1 Teaspoon BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Jalodar vati	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Sanjeevni capsule	1 Cap BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
31-03-2025	Gokshuradi Guggulu Tablet	2 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Divya Shakti Powder	Half Teaspoon HS (<i>Nishikala</i> with <i>Koshna Jala</i>)
	Dr. CKD Tablet	1 Tab TDS (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	GFR Powder	1 Teaspoon BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Jalodar vati	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Sanjeevni capsule	1 Cap BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
01-04-2025 to 06-04-2025	Gokshuradi Guggulu Tablet	2 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Divya Shakti Powder	Half Teaspoon HS (<i>Nishikala</i> with <i>Koshna Jala</i>)
	Dr. CKD Tablet	1 Tab TDS (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	GFR Powder	1 Teaspoon BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Jalodar vati	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Sanjeevni capsule	1 Cap BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
Discharge	Gokshuradi Guggulu Tablet	2 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	LIV Shuddhi Tablet	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Dr. CKD Tablet	1 Tab TDS (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	GFR Powder	1 Teaspoon BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)

Date	Medicines	Dosage with Anupana (Medium)
	Jalodar vati	1 Tab OD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	LIV Shuddhi Tablet	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Gokshuradi Guggulu Tablet	2 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Chander Vati Tablet	2 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)

* *Nishikala* with *Koshna Jala* - At Bedtime with Lukewarm Water

** *Adhobhakta* with *Koshna Jala* - After Meals with Lukewarm Water

II. Shodhan

Based on comprehensive clinical evaluation, a personalized

Panchkarma treatment regimen was formulated for the patient. This regimen included interventions such as administration of *Matra Basti* and *Kashaya Basti* on alternate days, along with procedures like *Vrikk Basti*, *Udar Lepa*, and *Shirodhara*.

1. *Matra Basti* with *Gokshur* and *Punarnava*^[15]

Stage / Procedure	Details
Preparation of <i>Sneha</i>	<i>Punarnava</i> and <i>Gokshur</i> were processed into <i>Siddha Sneha</i> using the classical <i>Sneha Paka</i> method as per Ayurvedic protocol.
Pre-Procedure (<i>Purv karma</i>)	The patient was advised a light diet the day prior, followed by mild <i>Abhyanga</i> and <i>Swedan</i> to enhance the procedure's efficacy.
Main Procedure (<i>Pradhan karma</i>)	- The patient was positioned in the left lateral posture, and a sterilized <i>Basti Netra</i> was attached to the <i>Basti Putaka</i>. - Approximately 90 ml of lukewarm <i>Punarnava</i> and <i>Gokshur Siddha Sneha</i> was gently administered rectally.
Post Procedure (<i>Paschat Karma</i>)	The patient was advised to retain the <i>Sneha</i> as tolerated, followed by a light warm diet and avoidance of cold, exertion, and stress.

2. *Kashaya Basti* with *Gokshur* and *Punarnava*^[15,16]

Preparation of <i>Kwath</i>	- The decoction was prepared by coarsely powdering <i>Gokshur</i> (20–30 g) and <i>Punarnava</i> (20–30 g), then boiling them in 400 ml of water until it reduced to 100 ml. - The mixture was then filtered through a sterile muslin cloth and allowed to cool to a lukewarm temperature suitable for administration.
Pre - Procedure (<i>Purv karma</i>)	The patient was advised a light diet the day prior, followed by mild <i>Abhyanga</i> and <i>Swedan</i> to enhance the procedure's efficacy.
Main Procedure (<i>Pradhan karma</i>)	- The patient was positioned in the left lateral posture, and a sterilized <i>Basti Netra</i> was attached to the <i>Basti Putaka</i>. - Approximately 90 ml of lukewarm <i>Gokshur</i> and <i>Punarnava Siddha Kwath</i> was gently administered rectally.
Post Procedure (<i>Paschat Karma</i>)	The patient was advised to retain the <i>Kwath</i> as tolerated, followed by a light warm diet and avoidance of cold, exertion, and stress.

3. *Vrikk Basti* with *Punarnava Oil*^[17]

Pre-Procedure (<i>Purv Karma</i>)	The patient was assessed for <i>Vrikk Basti</i> , positioned in the prone posture, and a leak-proof dough ring made of black gram flour was placed over the cleaned and gently massaged lumbar region.
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Main Procedure (Pradhan Karma)	• <i>Punarnava</i> oil was gently warmed to body temperature and poured into the dough ring placed over the lumbar (<i>Vrikk</i>) region until the cavity was adequately filled. • The oil was retained for approximately 30–40 minutes, with temperature maintained by reheating or replacing the oil as required during the procedure.
Post-Procedure (Paschat Karma)	After the retention period, the oil was carefully removed, the area was cleansed with warm water and a sterile cloth, and the patient was advised to rest, avoid cold exposure, and consume a light, warm diet.

4. Dashamool – Trikatu – Shunthi Udar Lepam^[18]

Preparation of Lepam	<i>Dashamool</i> , <i>Trikattu</i> and <i>Shunthi</i> powders were mixed with warm water to prepare a smooth, lump-free paste suitable for topical application.
Pre - Procedure (Purv karma)	The patient had a light meal, voided bladder and bowels, and was positioned comfortably after cleansing and drying the affected area with lukewarm water.
Main Procedure (Pradhan karma)	The paste was evenly applied over the affected area and left undisturbed until it reached a semi-dry state.
Post Procedure (Paschat Karma)	Once semi-dry, the paste was gently removed with lukewarm water, the area was cleaned and dried, and the patient was advised to avoid cold exposure, exertion, and immediate washing.

5. Shirodhara with Brahmi Oil^[19]

Preparation	The <i>Brahmi</i> oil was gently warmed using a water bath to approximately body temperature (39–40°C).
Pre-Procedure (Purv Karma)	• The patient was positioned supine on the <i>Shirodhara</i> table and the eyes and ears were protected using cotton. • A 5–10-minute gentle massage of the scalp, forehead, and shoulders was performed using a <i>Brahmi</i> oil to facilitate relaxation.
Main Procedure (Pradhan Karma)	• The <i>Shirodhara</i> vessel was positioned approximately 5 inches above the forehead, allowing a continuous stream of lukewarm <i>Brahmi</i> oil to flow steadily over the <i>Ajna Chakra</i> (forehead region). • The oil was rhythmically poured from temple to temple for 45 minutes at a consistent temperature.
Post-Procedure (Paschat Karma)	The patient was rested for 15 minutes post-procedure, excess oil was removed with warm towels, followed by a warm herbal bath, and advised light diet and rest for the day.

III. Ahar

A targeted dietary strategy, particularly the adoption of a renal-specific nutritional plan, is essential in managing and decelerating the progression of Chronic Kidney Disease (CKD).^[20] In this case, a meticulously tailored diet was formulated to meet the patient's individual clinical requirements and support overall therapeutic outcomes.

a) *Pathya* (allowed)^[21]

- Fresh and homemade food
- Millet diet

b) *Apathya* (Avoid):^[21]

- Wheat, Packed food, Refined food, Dairy food/ Animal

food, Coffee and Tea

- Never eat after 8 PM
- In solid take small bite and chew 32 times
- In liquid take sip and drink slowly

c) Hydration^[22]

- Boil 2 litres of water, reduce it to half (1 litre) and consume
- Alkaline water - 3-4 times a day (1 litre)
- Herbal tea (32 herbs tea)
- Living water
- Turmeric water

d) Millet Meal^[23]

- Foxtail (*Setaria italica*)
- Barnyard (*Echinochloa esculenta*)
- Little (*Panicum sumatrense*)
- Kodo (*Paspalum scrobiculatum*)
- Browntop (*Urochloa ramosa*)
- Mota Anaj – Sorghum (*Sorghum bicolor*)

e) Special Instructions^[22]

- Brisk walking 30 min with barefoot
- Sit in sunlight for 1 hour
- 10 min slow walk after every meal
- One day fasting is recommended
- Get quality sleep (8 hours)
- Cook millets in a steel cookware using only mustard oil.
- Sit in *Vajrasana* after every meal

f) Meal Structure^[22]**IV. Vihar [22]**

a) Meditation: The patient was advised to practise Meditation daily for 30 minutes atleast.

b) Yoga: Perform *Sukshm Pranayam* and *Sukhasan* for 40 minutes daily

c) Sleep: Ensure 6-8 hours of uninterrupted and deep sleep.

d) Walking: Brisk walk for 30 minutes in barefoot.

e) Daily Routine: The patient was also advised to follow a structured routine.

OBSERVATION & RESULT

After 10 days of extensive treatment, the patient has shown significant improvement in symptoms. This proves that the combination of treatments used in this case is very effective in Vrikka Roga patients. The patient's symptoms gradually subsided over the course of the treatment, providing relief. A comparison between symptoms before and after treatment are shown in table 5. The patient's laboratory reports indicate a steady improvement, as presented here in table 6. The patient's Fibro scan reports are shown in table 7.

Table 5: Comparison between symptoms before treatment and after treatment

Symptoms before treatment	Symptoms after treatment
Pain - Score: 3/10 [24]	Relieved - Score: 0/10 [24]
Cough	Relieved
General Weakness	Improved
Pedal Oedema - Score: 4+ [25]	Improved - Score: 1+ [25]
Bloating	Relieved
Exhaustion	Relieved

Table 6: Improvement in Laboratory Investigations

Tests	Values (28-03-2025)	Values (02-04-2025)
Total Leucocyte Count (TLC)	3400/cumm	3400/cumm
Platelet (PLT)	1.07 lacs/cumm	1.34 lacs/cumm
Electrolyte: Potassium	4.96 mEq/L	4.60 mEq/L
Blood Urea	121.48 mg/dl	115.11 mg/dl
Blood Urea Nitrogen	56.69 mg/dl	53.72 mg/dl
Creatinine	7.91 mg/dl	7.23 mg/dl

Table 7: Fibro scan reports

E (Liver Fibrosis)		CAP (Fatty Liver)	
E Value (kPa)	Interpretation	CAP Value (dB/m)	Interpretation
11.3	Moderate Fibrosis	200	Grade 0 (<11% fat)

DISCUSSION

In this case study, a 54 years old male patient with a 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 *Kasa* (Cough), *Shaithilya* (General Weakness), *Patha Shotha* (Pedal Oedema) – (4+), *Adhmana* (Bloating) and *Klama* (Exhaustion).

A comprehensive evaluation, including vital parameters, *Ashta sthan Pareeksha*, and relevant laboratory investigations, was undertaken to formulate a personalized treatment protocol. The integrative therapeutic approach comprised *Nidan Parivarjan* (elimination of causative factors) and condition-specific interventions encompassing *Ahar*, *Vihar*, *Shaman Chikitsa*, and *Shodhan* therapies.

1. *Nidan Parivarjan*

As part of the therapeutic strategy, the patient was advised to avoid heavy, oily, fermented, and excessively spicy foods. Key recommendations included stringent control of blood glucose and blood pressure, avoidance of nephrotoxic substances, and adherence to a renal-specific diet with restricted salt, protein, and potassium intake. The patient was further guided to maintain adequate hydration, refrain from strenuous activities, abstain from alcohol and smoking, and follow a consistent daily routine. This comprehensive approach reflects the *Ayurvedic* principle of *Nidan Parivarjan*, focusing on the elimination of causative factors to slow disease progression, protect renal function, and improve overall clinical outcomes.^[20]

2. *Samprapti*

The *Samprapti* (pathogenesis) of this case is illustrated in Figure 1, detailing the etiopathological progression of *Vrikk Rog* (kidney disorders). The condition arises from multiple *Nidan* (causative factors) such as inappropriate *Ahar* (dietary pattern), *Vihar* (sedentary or irregular lifestyle habits), *Manasika* (psychological stress), and *Adrishta* (genetic predisposition). These factors primarily vitiate the *Tridoshas*, with a predominant involvement of *Kapha* and *Vata*. The vitiated *Doshas* contribute to *Agni Dushti* (impairment of digestive/metabolic fire), leading to the production of *Ama* (metabolic toxins). Accumulated *Ama* causes *Srotorodha* (obstruction) in the *Mutravaha Srotas* (urinary channels), either directly or via dysfunction in related *Dhatus* such as *Meda*, *Rakta*, and *Rasa*. This pathological cascade compromises renal structure and function, culminating in *Vrikk Rog* (Chronic Kidney Disease). If not appropriately managed, the disease advances to *Bhedavastha* (complicated stages), presenting as various types of *Mutrakrichchhra* (urinary disorders), categorized based on the predominance of *Vata*, *Kapha*, or *Pitta Doshas*.^[14]

3. *Ahar*

Its dietary regimen focuses on light, easily digestible, and nutritionally balanced meals spread across six intervals throughout the day. The routine begins with tulsi-ginger water or herbal tea in the early morning, followed by seasonal fruits and millet-based preparations for breakfast. Midday and evening snacks include fresh vegetable juices (such as beetroot or leafy greens) and soaked almonds. Lunch and dinner consist of steamed salads, fermented millet dishes, and green vegetable soups made with low-potassium ingredients like spinach, zucchini, and carrots. This approach enhances digestion, aids detoxification, and aligns with *Ayurvedic* principles to balance the *Doshas* and support renal function. Meals were to be consumed before 8 PM, with an emphasis on including health – promoting beverages such as herbal teas, turmeric water, and naturally energized water.^[21, 22]

4. *Vihar*

The patient was guided to adopt targeted lifestyle modifications to support overall well-being. This included practicing daily meditation to alleviate stress and improve mental focus, alongside a tailored *yoga* regimen to enhance physical flexibility, relaxation, and emotional balance. Emphasis was also placed on ensuring 6–8 hours of quality, uninterrupted sleep and maintaining a structured, consistent daily routine to promote holistic health and equilibrium.^[22]

5. *Chikitsa*

A comprehensive therapeutic plan was formulated by the physician, encompassing both *Shodhan* and *Shaman Chikitsa*. Based on a detailed clinical evaluation, a personalized *Panchkarma* protocol was designed, including interventions such as administration of *Matra Basti* and *Kashaya Basti* on alternate days, along with procedures like *Vrikk Basti*, *Udar Lepa*, and *Shirodhara*.

● *Matra Basti* was administered using a formulation of *Gokshur* and *Punarnava* oils. This therapeutic enema, recognized for its mild diuretic and detoxifying actions, promotes urinary excretion and supports the elimination of metabolic waste and systemic toxins (*Ama*), thereby contributing to improved renal function and internal detoxification.^[15,26,27]

● *Kashaya Basti* was administered using a formulation of *Gokshur* and *Punarnava kwath*. This helps in rejuvenating the cells in the *Pakvashay* (lower abdomen), where urine formation occurs. This treatment helps in improving renal function and overall health.^[15,16,26,27]

● *Vrikk Basti* was performed with *Punarnava* oil. *Punarnava* supports urinary tract and renal detoxification by preventing further accumulation of *Ama* (metabolic

toxins) and minimizing the burden on compromised nephrons. Studies suggest it offers nephroprotective effects by reducing oxidative stress, inflammation, and potentially mitigating glomerular sclerosis and tubulointerstitial damage.^[17, 26]

● *Dashamool*, *Trikattu* and *Shunthi* powders were formulated together to make the *lepam*. The formulation acted through its anti-inflammatory, analgesic, and detoxifying properties, balancing *Vata* and *Kapha*, relieving pain and stiffness, and enhancing local circulation.^[18,28,29,30]

Shirodhara was performed using lukewarm *Brahmi* oil,

This classical *Ayurvedic* therapy is known to enhance cerebral circulation, thereby facilitating improved oxygenation and nutrient supply to brain tissues.^[19] In individuals with Chronic Kidney Disease (CKD), who frequently experience anxiety, cognitive disturbances, and sleep irregularities due to toxin build – up, the bacoside – rich *Brahmi* oil may help regulate the stress response, reduce cortisol levels, activate the parasympathetic nervous system, and promote restful sleep.^[31] A carefully structured *Shaman Chikitsa* (palliative treatment) protocol was recommended by the physician. A comprehensive overview of the *Ayurvedic* formulations used in this case is provided in Table 8.

Table 8: Detailed description of medicines prescribed

Medicine	Ingredients	Therapeutic Effects
Divya Shakti Powder	Trikatu (<i>Zingiber officinale</i> , <i>Piper nigrum</i> and <i>Piper longum</i>), Triphala (<i>Embllica officinalis</i> , <i>Terminalia bellirica</i> and <i>Terminalia chebula</i>), Nagarmotha (<i>Cyperus rotundus</i>), Vay Vidang (<i>Embelia ribes</i>), Chhoti Elaichi (<i>Elettaria cardamomum</i>), Tej Patta (<i>Cinnamomum tamala</i>), Laung (<i>Syzygium aromaticum</i>), Nisoth (<i>Operculina turpethum</i>), Sendha Namak , Dhaniya (<i>Coriandrum sativum</i>), Pipla Mool (<i>Piper longum</i> root), Jeera (<i>Cuminum cyminum</i>), Nagkesar (<i>Mesua ferrea</i>), Apamarg (<i>Achyranthes aspera</i>), Anardana (<i>Punica granatum</i>), Badi Elaichi (<i>Amomum subulatum</i>), Hing (<i>Ferula assa-foetida</i>), Kachnar (<i>Bauhinia variegata</i>), Ajmod (<i>Trachyspermum ammi</i>), Sajjikhhar , Pushkarmool (<i>Inula racemosa</i>), Misri (<i>Saccharum officinarum</i>)	Appetiser (<i>Deepan</i>), Digestive stimulant (<i>Pachan</i>), and Rejuvenative therapy (<i>Rasayan</i>)
Dr. CKD Tablet	Pashanbhed (<i>Bergenia ligulata</i>), Varun (<i>Crateva nurvala</i>), Punarnava (<i>Boerhavia diffusa</i>), Gokshur (<i>Tribulus terrestris</i>), Apamarg (<i>Achyranthes aspera</i>), Haldi (<i>Curcuma longa</i>), Chavila (<i>Embelia ribes</i>), Kulthi (<i>Dolichos biflorus</i>), Harad (<i>Terminalia chebula</i>), Bhumiamla (<i>Phyllanthus niruri</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 (<i>Sodium bicarbonate</i>), Sajjikhhar (Traditional alkaline substance, botanical origin unclear), Shilajit (Asphaltum), Hajral Yahoood (Silicon dioxide), Shwet Parpati (Mercury-based preparation in Ayurvedic medicine)	Promotes urination, reduces excess bile, and stimulates liver function
GFR Powder	Bhoomi Amla (<i>Phyllanthus niruri</i>), Badi Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), Kasni (<i>Cichorium intybus</i>), Makoy (<i>Solanum nigrum</i>), Punarnava (<i>Boerhavia diffusa</i>), Gokshur (<i>Tribulus terrestris</i>)	<i>Srotoshodhan</i> thus increasing Glomerular filtration rate
Jalodar Vati	Shuddh Gandhak , Kutaki (<i>Picrorhiza kurroa</i>), Pippali (<i>Piper longum</i>), Triphala , Chitrak (<i>Plumbago zeylanica</i>), Jeerak (<i>Cuminum cyminum</i>), Nimbu (<i>Citrus limon</i>), Sahadevi (<i>Sida cordifolia</i>)	Increase urine output, eliminate excess fluids, and support overall urinary and kidney function
Sanjeevani Capsule	Sanjeevani Vati , Bhumiamla (<i>Phyllanthus niruri</i>) and Ajwain (<i>Trachyspermum ammi</i>)	Reduce fever, stimulate liver function, and balance excess bile in the body
Gokshuradi Guggulu Tablet	Gokshur (<i>Tribulus terrestris</i>), Shuddh Guggul (<i>Commiphora mukul</i>), Sonth (<i>Zingiber officinale</i> - dried ginger), Marich (<i>Piper nigrum</i>), Peepal (<i>Piper longum</i>), Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), Amla (<i>Embllica officinalis</i> or <i>Phyllanthus emblica</i>) and Nagarmotha (<i>Cyperus rotundus</i>)	Increase urination, reduce swelling, and eliminate toxins from the body
LIV Shuddhi Tablet	Milk Thistle (<i>Silybum marianum</i>), Bhumiamlaki (<i>Phyllanthus niruri</i>), Extract Kutaki (<i>Picrorhiza kurroa</i>), Kalmegh (<i>Andrographis paniculata</i>), Chhoti Makoy (<i>Solanum nigrum</i>), Curcuminoids (derived from <i>Curcuma longa</i>), Marich (<i>Piper nigrum</i>) and Punarnava (<i>Boerhavia diffusa</i>)	Support liver detox, purify blood, boost digestion, and improve overall vitality

Medicine	Ingredients	Therapeutic Effects
Chander Vati Tablet	Kapoor Kachri (<i>Hedychium spicatum</i>), Vacha (<i>Acorus calamus</i>), Motha (<i>Cyperus rotundus</i>), Kalmegh (<i>Andrographis paniculata</i>), Giloy (<i>Tinospora cordifolia</i>), Devdaru (<i>Cedrus deodara</i>), Desi Haldi (<i>Curcuma longa</i>), Atis (<i>Aconitum heterophyllum</i>), Daru Haldi (<i>Berberis aristata</i>), Pipla Mool (<i>Piper longum</i> root), Chitrak (<i>Plumbago zeylanica</i>), Dhaniya (<i>Coriandrum sativum</i>), Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), Amla (<i>Phyllanthus emblica</i>), Chavya (<i>Piper chaba</i>), Vay Vidang (<i>Embelia ribes</i>), Pippali (<i>Piper longum</i>), Kalinmirch (<i>Piper nigrum</i>), Sonth (<i>Zingiber officinale</i> dried ginger), Gaj Pipali (<i>Scindapsus officinalis</i>), Swarn Makshik Bhasm (Gold iron pyrite ash - Ayurvedic preparation), Sajji Kshar (Potassium carbonate - traditional alkali preparation), Senda Namak (Rock salt), Kala Namak (Black salt), Chhoti Elaichi (<i>Elettaria cardamomum</i> - small cardamom), Dalchini (<i>Cinnamomum verum</i>), Tejpatra (<i>Cinnamomum tamala</i>), Danti (<i>Baliospermum montanum</i>), Nisoth (<i>Operculina turpethum</i>), Vanshlochan (<i>Bamboo silica</i>), Loh Bhasm (Iron ash - Ayurvedic preparation), Shilajit (<i>Asphaltum punjabianum</i>), Guggul (<i>Commiphora wightii</i>)	Increase urination, boost immunity, stimulate digestion, and enhance metab

Pippali, *Haritaki* and *Nagarmotha* are the principal herbs commonly incorporated in Ayurvedic formulations. Their therapeutic efficacy is determined by their *Ras Panchak* – a comprehensive analysis of taste (*Rasa*), qualities (*Guna*), potency (*Virya*), post-digestive effect (*Vipaka*), and specific action (*Prabhav*) – as follows.^[32]

- *Pippali* (*Piper longum*) possesses *Katu Ras* (pungent taste), *Laghu-Snigdha Guna* (light and unctuous qualities), *Ushna Veerya* (hot potency), and *Madhur Vipaka* (sweet post-digestive effect), with *Deepan* (appetizer) and *Rasayan* (rejuvenative) as its notable *Prabhav* (special actions).^[32,33]

- *Haritaki* (*Terminalia chebula*) is unique for its *Pancharas* (five tastes excluding salt), along with *Laghu-Ruksha Guna* (light and dry qualities), *Ushna Veerya* (hot potency), and *Madhur Vipaka* (sweet post-digestive effect). Its *Tridoshaghna Prabhav* (balancer of all three *doshas*) and *Rasayan* (rejuvenator) properties make it highly revered in Ayurveda.^[32,34]

- *Nagarmotha* (*Cyperus rotundus*) exhibits *Tikta-Katu Ras* (bitter and pungent taste), *Laghu-Ruksha Guna* (light and dry qualities), *Ushna Veerya* (hot potency), and *Katu Vipaka* (pungent post-digestive effect). It holds *Tridoshahara Prabhav* (balancer of all three *doshas*), especially effective as a *Kapha-Pitta Shamak* (alleviator of *Kapha* and *Pitta*).^[32,35]

FUTURE RESEARCH ASPECTS

A key area for future research in the Ayurvedic management of Chronic Kidney Disease (CKD) lies in exploring the molecular mechanisms through which Ayurvedic formulations exert renoprotective effects. Although herbs like *Punarnava*, *Gokshur*, *Harad*, *Shilajeet*, and *Bahera* are traditionally recognized for their role in kidney care, there is a need for robust scientific studies to clarify their interactions with critical biochemical pathways involved in CKD pathophysiology.^[36]

Future studies could include:

1. Pharmacokinetic and pharmacodynamics investigations:

This research would focus on examining the absorption, distribution, metabolism, and excretion of Ayurvedic herbs used in CKD treatment. Gaining insight into how the body processes these herbs could facilitate optimizing their application in contemporary clinical practice.^[37]

2. Clinical trials:

Conducting well-designed randomized controlled trials (RCTs) to evaluate the safety and effectiveness of Ayurvedic treatments in patients with CKD, especially in stages 3 to 5, would offer robust evidence of their advantages relative to conventional therapies.^[38]

3. Biomarker discovery and validation:

Research could aim to identify biomarkers that reflect the effectiveness of Ayurvedic treatments, enabling improved monitoring of disease progression and therapeutic outcomes in CKD patients.^[339]

4. 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.^[40]

5. Gut microbiome studies:

Ayurveda places significant importance on digestion and metabolic balance. Future studies could investigate the impact of Ayurvedic treatments on the gut microbiome and their potential role in supporting kidney health, especially since microbiome imbalances are increasingly associated with the progression of CKD.^[41]

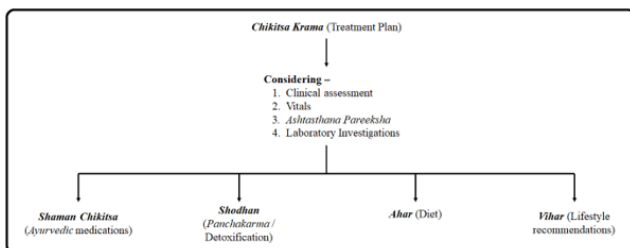
CONCLUSION

The present case describes a patient with *Vrikk Vikara* (Chronic Kidney Disease) characterized by features consistent with *Mutravaha Srotas Dushti*, involving *Vata-Kapha* vitiation, *Ama* accumulation, and *Agni Mandya*. The patient underwent an individualized Ayurvedic management plan comprising *Shamana Chikitsa*, supportive therapies, dietary and lifestyle modifications

(Ahar-Vihar), and classical Ayurvedic formulations. During the treatment period, improvement was observed in clinical symptoms, including pedal edema, ascites, and weakness, along with favorable changes in laboratory parameters. These findings suggest that the individualized Ayurvedic approach was associated with symptomatic and biochemical improvement in this patient. 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 are warranted to evaluate the safety, effectiveness, and long-term role of Ayurvedic interventions in the management of Chronic Kidney Disease.

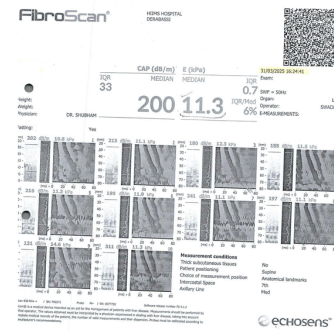
PATIENT CONSENT

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.



Early Morning (5:45 AM) • 4 Crushed tulsi leaves + 1 gm ginger + 2 spoons of honey + hot water = on empty stomach / Herbal Tea	Breakfast (09:00 - 10:00 AM) • Plate 1: Seasonal fruits (4-5 types) + turmeric water + <i>Adagda yasha</i> • Plate 2: Millet <i>Khichdi</i> / Millet <i>Poha</i> / Millet <i>Upma</i>	Morning Snacks (11:00 AM) • Red Juice (Beetroot, Carrot, Tomato & Pomegranate) - 150 ml • Soaked Almonds (4-5)
Lunch (12:30-02:00 PM) • Plate 1: Steamed Salad • Plate 2: Fermented Millet Meal	Evening Snacks (04:00 - 04:20 PM) • Green Juice (Spinach, Fennel, Bitter Melon, Amaranth, Mint, Coriander, Curry leaves & betel leaves) - 100 - 150 ml • Soaked Almonds (4-5)	Dinner (06:15 - 07:30 PM) • Plate 1: Steamed Salad • Plate 2: Green Vegetable Soup

Herbal Tea [22]: <i>Gauzaban</i> (<i>Borago officinalis</i>), <i>Kulanjan</i> (<i>Alpinia galanga</i>), <i>Badi Elachi</i> (<i>Amomum subulatum</i>), <i>Laung</i> (<i>Scyzygium aromaticum</i>), <i>Badiyan</i> (<i>Elettaria cardamomum</i>), <i>Ranajha</i> (<i>Phala edocata</i>), <i>Jafa</i> (<i>Passiflora officinalis</i>), <i>Adwagandha</i> (<i>Withania somnifera</i>), <i>Malathi</i> (<i>Chrysanthemum glaberr</i>), <i>Panarnava</i> (<i>Boerhaavia diffusa</i>), <i>Brahmi</i> (<i>Bacopa monnieri</i>), <i>Chitrak</i> (<i>Plumbago zeylanica</i>), <i>Marich</i> (<i>Piper nigrum</i>), <i>Adona</i> (<i>Justicia adhatoda</i> / <i>Adhatoda vasica</i>), <i>Saunf</i> (<i>Foeniculum vulgare</i>), <i>Shankh Pushpi</i> (<i>Convolvulus platicaulis</i>), <i>Arjun</i> (<i>Terminalia arjuna</i>), <i>Tulsi</i> (<i>Ocimum sanctum</i>), <i>Motha</i> (<i>Cyperus rotundus</i>), <i>Senaye</i> (<i>Cassia angustifolia</i>), <i>Saunth</i> (<i>Zingiber officinale</i> , dried ginger), <i>Majeth</i> (<i>Rubia cordifolia</i>), <i>Sarfoka</i> (<i>Tephrosia purpurea</i>), <i>Dulchini</i> (<i>Cinnamomum zeylanicum</i>), <i>Gulab</i> (<i>Rosa damascena</i>), <i>Green Tea</i> (<i>Camellia sinensis</i>), <i>Gilay</i> (<i>Thouasera cordifolia</i>), <i>Taj Patta</i> (<i>Cinnamomum tamala</i>), <i>Lal Chandan</i> (<i>Pterocarpus santalinus</i>), <i>White Chandan</i> (<i>Santalum album</i>) and <i>Padina</i> (<i>Mentha arvensis</i> or <i>Mentha piperita</i>)



FibroScan	
E (Liver Fibrosis)	
E Value (kPa)	Interpretation: Suggestive of
6 - 7	No fibrosis - Normal
7 - 10	Mild Fibrosis
10 - 13	Moderate Fibrosis
13 +	Severe Fibrosis/Cirrhosis
CAP (Fatty Liver)	
CAP Value (dB/m)	Interpretation: Suggestive of
<237	Grade 0 (<11% fat) - Normal
237 - 259	Grade I (11 - 33% fat)
260 - 292	Grade II (34 - 66% fat)
> 292	Grade III (> 67% fat)

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