

Ayurvedic Management of Acute Kidney Disease in Garbhavastha Janita Raktachaap – A Clinical Case Study

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DOI: <https://doi.org/10.48165/prakriti.2025.2.01.17>

ABSTRACT

Acute Kidney Disease (AKD), though not explicitly described in Ayurveda, aligns closely with conditions involving Mutravaha Srotas Dushti, Vrikkarog, and certain stages of Mutrakricchra, Mutraghata, and Prameh. In Ayurvedic understanding, AKD represents Strotorodh (obstruction) and Strotodusti (vitiation) of urinary channels caused by Tridosha vitiation—Vata leading to degeneration, Pitta to inflammation, and Kapha to congestion. Impaired Agni results in Ama accumulation, obstructing renal function. A 23-year-old female diagnosed with AKD secondary to pregnancy-induced hypertension presented with generalised weakness and altered urinary patterns. Ayurvedic management included Tridosha Shamana, Srotoshodhan, and Rasayan therapies, supported by dietary and lifestyle modifications. Within one month, the patient showed marked improvement in energy, appetite, and urinary function, along with a significant reduction in serum creatinine. This case highlights the potential of Ayurvedic interventions in restoring renal function, preventing progression to CKD, and enhancing overall quality of life in AKD patients.

Keywords: Agnimandya; Ama; Dhatu Kshaya; Mutravaha Srotodushti; Raktavaha Srotodushti; Rasayan Chikitsa; Tridoshaja Vyadhi; Vrikk Vikar; Vrikk Rog

INTRODUCTION

Acute Kidney Disease (AKD) is a recently recognized clinical entity that bridges the gap between Acute Kidney Injury (AKI) and Chronic Kidney Disease (CKD). AKD refers to kidney abnormalities—structural or functional—of less than 3 months' duration, including AKI, ongoing renal dysfunction after AKI, or newly detected subacute kidney damage without meeting CKD criteria. This definition allows clinicians to capture patients who do not fully recover kidney function after AKI but have not yet progressed to CKD. ^[1] AKD is increasingly recognized as a critical stage in the continuum of kidney health. Studies show that a significant proportion of hospitalized patients with AKI fail to recover full renal function within 7 days, placing them in the AKD category.

^[2] These patients are at heightened risk for adverse outcomes, including progression to CKD, recurrent AKI episodes, cardiovascular complications, and increased

mortality. ^[3] The pathophysiology of AKD reflects ongoing injury, incomplete repair, and maladaptive healing processes within the kidneys. Persistent inflammation, tubular atrophy, interstitial fibrosis, and microvascular rarefaction contribute to long-term damage. Clinically, AKD may present as sustained elevation in serum creatinine, reduced glomerular filtration rate (GFR), or abnormal urinalysis findings that persist beyond the acute phase but have not yet reached the chronic threshold. ^[4]

The introduction of AKD as a diagnostic stage stresses the importance of monitoring kidney function after AKI, detecting subacute disease early, and intervening to prevent irreversible damage. ^[5] AKD (7–90 days) is now standardized through ADQI/KDIGO guidelines, with studies linking it to higher mortality, CKD progression, ESKD, and increased healthcare costs. Research focuses on predictive biomarkers (e.g., TIMP-2-IGFBP7, NGAL, KIM-1) to identify high-risk patients and on mechanisms

like persistent inflammation, fibrosis, and mitochondrial dysfunction to guide therapies. EHR-based tools and national data are being developed to detect and manage AKD in both inpatient and outpatient settings.^[6,7,8,9,10]

In *Ayurveda*, although the term “AKD” is not explicitly mentioned, its pathophysiological parallels can be drawn from conditions described under *Mutravaha Srotas Dushti*, *Vrikkaroga*, and certain stages of *Mutrakricchra*, *Mutraghata*, and *Prameha*. AKD can be understood as a *Srotorodha* (obstruction of urinary channels) or *Srotodusti* (vitiation of channels) in *Mutravaha Srotas*, precipitated by *Dosha* vitiation — especially *Vata* (causing obstruction and degeneration), *Pitta* (causing inflammation and tissue damage), and *Kapha* (causing congestion and sluggish filtration).^[11]

The therapeutic approach focuses on *Tridosha Shamana*, *Srotoshodhana* (channel cleansing), and *Rasayana* (tissue rejuvenation) to restore kidney function and prevent progression to CKD.^[12] The pathogenesis is characterized by *Agni Dushti* (impairment of the digestive fire), resulting in the generation and accumulation of *Ama* (metabolic toxins), which impede the normal functioning of the *Mutravaha Srotas*. Key etiological factors include *Ahar* (improper dietary practices), *Vihar* (sedentary lifestyle), psychological stress, and excessive intake of processed or incompatible foods. These factors collectively contribute to the progressive degeneration of renal structures, with a particular impact on *Rakta*, *Meda*, and *Mutravaha Srotas*, ultimately presenting clinically as *Shotha* (oedema), *Aruchi* (loss of appetite), *Klama* (fatigue), and *Mutravikara* (altered urinary output).^[13]

OBJECTIVE

The objective of *Ayurvedic* management is to restore *Mutravaha Srotas* function through *Tridosha Shaman*, *Srotoshodhan*, *Agni Deepan*, and *Rasayan*, thereby promoting renal recovery and preventing progression to chronic kidney disease.

CASE REPORT

A 23-year-old female with a known case of Acute Kidney Disease (AKD) presented to Jeena Sikho Lifecare Limited Hospital, Pune, Maharashtra, on July 3, 2025. The AKD developed secondary to pregnancy-induced hypertension (*Garbhavastha Raktachaap*). The patient’s chief complaint at presentation was generalized weakness. Her obstetric history included two full-term deliveries – one via caesarean section and the other through normal vaginal delivery. During her initial consultation, laboratory investigations revealed a serum creatinine level of 9.48 mg/dL, indicative of significant renal impairment. Details regarding concurrent conventional (allopathic)

medications were not available from the patient’s medical records or history.

A comprehensive account of clinical findings from each consultation is summarized in Table 1, and the patient’s *Ashtasthana Pareeksha* (eight-fold *Ayurvedic* diagnostic assessment) is detailed in Table 2.

Complete renal investigations were performed at baseline and repeated during follow-up visits on 05 July, 09 July, and 12 July 2025 to assess changes in renal function. The detailed laboratory findings are presented in Table 4.

Table 1: Initial Assessment at each consultations

Date	Blood Pressure	Weight
03-07-2025	120/80 mm Hg	48.50 Kg
05-07-2025	120/80 mm Hg	43.63 Kg
09-07-2025	110/70 mm Hg	43 Kg

Table 2: Ashtasthana Pareeksha findings

Parameter	Values
Nadi (Pulse)	Vataj Pittaj
Mala (Stool)	Avikrit (Normal)
Mutra (Urine)	Avikrit (Normal)
Jiwha (Tongue)	Malin (Coated)
Shabda (Voice)	Spasht (Clear)
Sparsha (Touch)	Anusheetoshna (Normal)
Akriti (Face)	Madhyam (Normal)
Drikk (Eyes)	Prakrit (Normal)

The *Samprapti* (pathogenesis) and *Samprapti Ghatak* (pathogenic components) are illustrated schematically in Figures 1 and Table 3, respectively.^[14]

Figure 1: Samprapti of this case

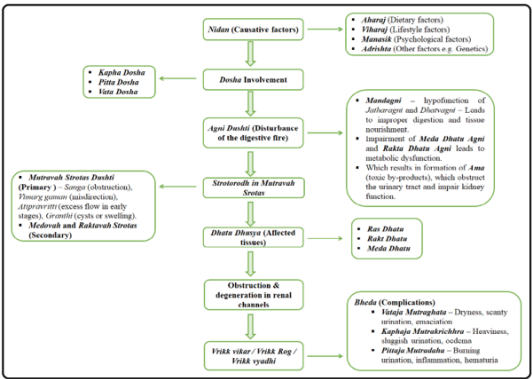


Figure 1. Samprapti of this case

Table 3: Samprapti Ghatak of Vrikk rog (AKD)

Samprapti Ghatak	Dosha (bio-energetic forces)	Kapha – Pita – Vata
	Dushya (affected tissues)	Ras (plasma) & Rakta (blood)
	Srotas (body channels)	Mutravah Srotas (urinary channels) & Raktavah Srotas (blood-carrying channels)
	Agni Dushti (impairment of digestive fire)	Jatharagni Mandya (weak digestive fire) – Ama Utpatti (toxin formation)
	Srotodushti (vitiation in the channels)	Sanga (obstruction) & Vimarg gaman (abnormal movement)
	Udbhav Sthan (origin site of the disease)	Amashaya (stomach)
	Vyaktisthan (site where the disease manifests)	Mutravah Srotas (urinary channels)
	Rog marg (pathway of disease progression)	Bahya (external) & Abhyantar (internal)

TREATMENT PLAN

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

Consult	Date	Medicines	Dosage with Anupana (Medium)
1st OPD	05-07-2025	Ladies Tonic	20 ml BD (Adhobhakta with Sama Matra Koshna Jala)
2nd OPD	09-07-2025	Amal Pitt Har Powder	1 Teaspoon BD (Adhobhakta with Koshna Jala)
		Punarnava tablet	1 Tab BD (Adhobhakta with Koshna Jala)
		CKD Syrup	10 ml BD (Adhobhakta with Sama Matra Koshna Jala)
		Yakrit Tonic	20 ml BD (Adhobhakta with Sama Matra Koshna Jala)
		Dhatu Poshak Capsule	1 Cap BD (Adhobhakta with Koshna Jala)
		Imnu+ Syrup	20 ml BD (Adhobhakta with Sama Matra Koshna Jala)
		She Capsule	1 Tab BD

3rd OPD	12-07-2025	Vish har ras syrup	20 ml BD (Adhobhakta with Sama Matra Koshna Jala)
Adhobhakta with Sama Matra Koshna Jala - After Meal with Equal Amount of Lukewarm Water			
Adhobhakta with Koshna Jala - After Meal with Lukewarm Water			

Shodhan

Based on comprehensive clinical evaluation, a personalized Panchkarma treatment regimen was formulated for the patient. The regimen included therapies such as Avagah Sweden, Sarwang Abhyang, Sweden and Matra Basti specifically tailored to address the underlying condition effectively.

1. Avagah Sweden^[15]

Pre - Procedure (Purv karma)	The patient was assessed for suitability, and a warm ayurvedic decoction was prepared at 39 - 42°C and poured into a tub to immerse the lower back and pelvic region.
Main Procedure (Pradhan karma)	The patient sat comfortably in the tub with the pelvic region immersed in warm decoction for 15–20 minutes, and the temperature was maintained throughout.
Post Procedure (Paschat Karma)	The body was gently dried with a clean towel, and the patient was advised to rest and consume light food with warm water.

2. Sarwang Abhyang with Chandrabala lakshadi oil^[16]

Pre-Procedure (Purv Karma)	The patient was assessed for Abhyanga suitability, positioned comfortably in a warm, well-ventilated room, and the Chandrabala lakshadi oil was gently warmed to body temperature before initiating the procedure.
Main Procedure (Pradhan Karma)	Warm Chandrabala lakshadi oil was applied uniformly over the patient's body, and massage was performed using moderate pressure in the direction of hair growth. Circular motions were used over joints and long strokes along muscles, with focused attention on areas of stiffness, following standard Abhyang protocol for 45 minutes.

Post-Procedure (Paschat Karma) Following *Abhyang*, the patient was allowed to rest, and was subsequently advised a warm water bath, adequate hydration, and a light, warm diet.

3. Swedan with Mahamanjishthadi Kwath^[17]

Preparation of Kwath Approximately 2–3 liters of *Mahamanjishthadi Kwath* were diluted as required, heated to 40–45 °C, and maintained at this temperature throughout the procedure to ensure therapeutic efficacy and patient safety.

Pre-Procedure (Purv Karma) The procedure was explained to the patient, and informed consent was obtained after assessing *Roga* and *Rogi Bala*.

The patient was asked to empty the bladder and bowels, positioned comfortably on the *Droni*, and a thin layer of medicated oil was applied to the areas selected for fomentation.

Main Procedure (Pradhan Karma) The warmed *Mahamanjishthadi Kwath* was administered using the selected fomentation method, ensuring uniform temperature throughout the session.

The procedure was continued for 15–20 minutes until mild perspiration and a sense of lightness were observed, with care taken to avoid overheating.

Post-Procedure (Paschat Karma) Excess moisture was removed, and the patient was rested in a warm, draft-free environment with post-therapy instructions on hydration, light diet, and avoidance of cold exposure or exertion.

4. Matra Basti with Dashamool and Gandharva Hastadi oil^[18]

Preparation of Sneha Equal parts of *Dashamoola* oil and *Gandharva Hastadi* oil were blended and gently heated in a water bath to body temperature to enhance absorption and reduce viscosity.

Pre-Procedure (Purv Karma) The patient had emptied the bladder and bowel prior to the session, and vital signs were assessed.

The patient was then positioned in the left lateral decubitus posture with the right knee flexed, and the anal–perineal region was cleansed using sterile cotton swabs dipped in warm water.

Main Procedure (Pradhan Karma) The required quantity of warmed medicated oil was drawn into a sterile syringe fitted with a lubricated, flexible rubber catheter.

The catheter was gently inserted into the rectum, and the oil was administered slowly to avoid discomfort or reflux.

Post-Procedure (Paschat Karma) The catheter was withdrawn, and the patient was advised to maintain the same position for 15–20 minutes while being monitored for any immediate discomfort, bloating, or urge to defecate.

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).^[18] 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)^[19]

- Fresh and homemade food
- Millet diet

b) *Apathya* (Avoid):^[19]

- 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 a sip and drink slowly

c) Hydration^[20]

- 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^[21]

- Foxtail (*Setaria italica*)

- Barnyard (*Echinochloa esculenta*)

- Little (*Panicum sumatrense*)

- Kodo (*Paspalum scrobiculatum*)

- Browntop (*Urochloa ramosa*)

- Mota Anaj – Sorghum (*Sorghum bicolour*)

e) Special Instructions^[20]

- Brisk walking for 30 min 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 steel cookware using only mustard oil.
- Sit in *Vajrasana* after every meal

f) Meal Structure ^[20]

Vihar [20]

- **Meditation:** The patient was advised to incorporate a one-hour daily meditation practice as part of the prescribed therapeutic protocol.
- **Yoga:** The patient was recommended to practice Sukshma Pranayama and Sukhasana for 40 minutes daily.
- **Sleep:** The patient was advised to maintain 6 to 8 hours of continuous and restorative sleep each night.
- **Walking:** The patient was instructed to perform a daily 30-minute brisk walk without footwear.
- **Daily Routine:** The patient was advised to follow a structured and disciplined daily regimen.

OBSERVATION & RESULT

Throughout the treatment course, the patient exhibited steady clinical improvement, with quality-of-life evaluations reflecting marked enhancement in both physical and psychological well-being. Noticeable symptomatic relief, particularly in generalised weakness, was achieved within one month of outpatient management. These improvements were supported by laboratory findings, which demonstrated a significant decline in serum creatinine levels, as summarised in the comparative pre- and post-treatment values presented in Table 5.

Table 5: Pre and post-treatment laboratory evaluations

Test	Values	
	02-07-2025	30-07-2025
Creatinine	9.48 mg/dl	3.8 mg/dl

DISCUSSION

This case study describes a 23-year-old female diagnosed with Acute Kidney Disease (AKD), who presented to Jeena Sikho Lifecare Ltd. Hospital with elevated serum creatinine levels. Comprehensive clinical evaluation, including vital signs assessment, *Ashtasthana Pareeksha*, and pertinent laboratory investigations, was undertaken to guide a tailored treatment approach. The integrative

management strategy focused on *Nidan Parivarjan* (elimination of causative factors) in conjunction with individualised *Ahar*, *Vihar*, and a combination of *Shodhan* and *Shaman Chikitsa* interventions.

Nidan Parivarjan

As part of the treatment protocol, the patient was advised to avoid heavy, oily, fermented, and excessively spicy foods. ^[22] Emphasis was placed on maintaining optimal blood pressure and glucose levels, avoiding nephrotoxic agents, and adhering to a renal-appropriate diet with controlled intake of salt, protein, and potassium. Additional guidance included maintaining proper hydration, avoiding strenuous activity, abstaining from alcohol and tobacco, and following a stable daily routine. This holistic regimen aligned with the *Ayurvedic* principle of *Nidan Parivarjan*, aimed at eliminating causative factors to preserve renal function, slow disease progression, and enhance clinical outcomes. ^[18, 22]

Samprapti

The *Samprapti* (pathogenesis) of this case is illustrated in Figure 1, detailing the etiopathological progression of AKD. The chart outlines the *Ayurvedic* pathogenesis of *Vrikka Vikar/Vrikka Rog*, starting from *Nidan* (causative factors) such as improper diet, lifestyle, psychological stress, and genetics. These factors disturb the balance of the *Doshas* (*Kapha*, *Pitta*, *Vata*), leading to *Agni Dushti* (digestive fire impairment), which disrupts *Strotas* (body channels), particularly the *Mutravaha Strotas* (urinary channels). This cascade affects the *Dhatus* (tissues), especially *Ras*, *Rakta*, and *Meda*, resulting in obstruction, degeneration, and ultimately kidney pathology. The disease may present with complications like dryness, burning urination, inflammation, and swelling, depending on the dominant *Dosha*. ^[14]

Ahar

The prescribed dietary plan emphasised light, easily digestible, and nutritionally balanced meals distributed over six intervals throughout the day. The regimen commenced with tulsi-ginger-infused water or herbal tea in the early morning, followed by seasonal fruits and millet-based dishes for breakfast. Midday and evening snacks included fresh vegetable juices (e.g., beetroot or leafy greens) and soaked almonds. Main meals—lunch and dinner—comprised steamed salads, fermented millet preparations, and green vegetable soups using low-potassium ingredients like spinach, zucchini, and carrots. This structured dietary approach was designed to enhance digestion, facilitate detoxification, and harmonise the *Doshas* while supporting renal function. All meals were advised to be taken before 8 PM, complemented by health-promoting beverages such as turmeric water, herbal teas,

and naturally energised water. [19,20, 23]

Vihar

The patient was advised to implement specific lifestyle modifications aimed at enhancing overall well-being. This included daily meditation to reduce stress and improve mental clarity, along with a personalised yoga routine to promote physical flexibility, relaxation, and emotional stability. Additionally, emphasis was placed on achieving 6–8 hours of restful, uninterrupted sleep and adhering to a structured and consistent daily schedule to support holistic health and systemic balance. [20, 24, 25]

Chikitsa

A comprehensive therapeutic plan was formulated by the physician, encompassing both *Shodhan* and *Shaman Chikitsa*. Based on a detailed clinical evaluation, a personalised *Panchkarma* protocol was designed, including interventions such as *Avagah Swedan*, *Sarwang Abhyang*, *Sweden* and *Matra Basti* to target the underlying pathology and restore systemic homeostasis.

Avagah Swedan

● In kidney disorders, *Avagah Swedan* exerts therapeutic effects through *Vata-Kapha* modulation, enhancement of regional circulation, and promotion of metabolic waste elimination.

● It facilitates the clearance of urinary tract obstructions and supports optimal urine output, making it beneficial in conditions such as oliguria and mild urinary retention. [15]

Sarwang Abhyang

● It supports lymphatic drainage, facilitates the removal of metabolic wastes, and improves overall vitality, thereby aiding renal function and complementing detoxification processes. [16]

● *Chandanabala Lakshadi* oil helps strengthen the nervous and musculoskeletal systems, alleviates fatigue and weakness, supports urinary system function, and promotes systemic balance — thereby aiding in overall renal health and recovery. [26]

Swedan with Mahamanjishthadi Kwath

● *Swedan* with *Mahamanjishthadi Kwath* in kidney diseases provides a dual therapeutic effect — the sudation promotes *Vata-Kapha* pacification, improves circulation, and facilitates *srotoshodhana* (cleansing of body channels), while the decoction's *Raktashodhaka* (blood purifying), *Mutralla* (diuretic), and *Shothahar* (anti-inflammatory) properties aid in detoxification and reduction of oedema. [17, 27]

Matra Basti with Dashamool and Gandharva Hastadi

oil

● *Dashamool* provides potent *Shothahar* (anti-inflammatory) and *Mutralla* (diuretic) actions, reducing oedema and supporting urinary function. [28]

● *Gandharva hastadi* oil enhances mild *Anulomana* (bowel regulation), reduces abdominal congestion, and aids in systemic detoxification. [29]

A comprehensive overview of the *Ayurvedic* formulations used in this case is provided in Table 4. *Shunthi* and *Punarnava* are among 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 (*Prabhava*) – as follows. [30]

● *Shunthi* (*Zingiber officinale*) possesses *Katu* (pungent) *Rasa* (taste), with *Laghu* (light) and *Snigdha* (unctuous) *Guna* (qualities). Its *Virya* (potency) is *Ushna* (hot), and *Vipaka* (post-digestive taste) is *Madhur* (sweet). The *Prabhava* (special action) of *Shunthi* includes *Deepan* (enhances digestive fire), *Pachan* (improves digestion), and *Shoola – Prashamana* (pain reliever), making it effective in promoting digestion, relieving abdominal discomfort, and balancing *Vata* (air element) related disorders. [31]

● *Punarnava* (*Boerhavia diffusa*) exhibits *Tikta* (bitter), *Kasaya* (astringent), and *Madhur* (sweet) *Rasa* (taste), with *Laghu* (light) and *Ruksha* (dry) *Guna* (qualities). It has *Ushna* (hot) *Virya* (potency) and *Madhura* (sweet) *Vipaka* (post-digestive taste). Its *Prabhava* (special action) includes *Mutralla* (diuretic), *Shothahar* (reduces swelling), and *Rasayan* (rejuvenative), which collectively aid in reducing fluid retention, improving kidney function, and supporting overall vitality. [32] (fig 2.) (fig 3.)

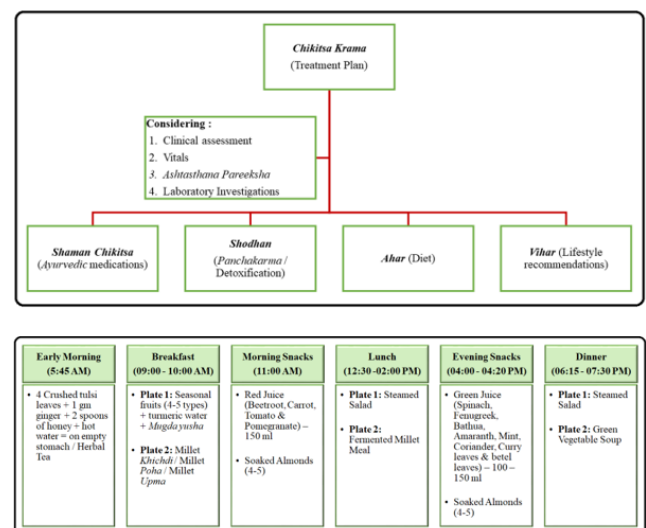


Table 6: Detailed description of medicines prescribed

Medicine	Ingredients	Therapeutic Effects			
Ladies tonic	Aloe Vera (<i>Aloe barbadensis miller</i>), Shunthi (<i>Zingiber officinale</i>), Krishna Marich (<i>Piper nigrum</i>), Lavang (<i>Syzygium aromaticum</i>), Dalchini (<i>Cinnamomum verum</i>), Tej Patra (<i>Cinnamomum tamala</i>), Brihat Ela (<i>Amomum subulatum</i>), Naag Kesar (<i>Crocus sativus</i>), Chitrak (<i>Plumbago zeylanica</i>), Pippali-mool (<i>Piper longum</i>), Balbrihn (<i>Convolvulus pluricaulis</i>), Gaj Pippali (<i>Ficus lacor</i>), Chavya (<i>Piper chaba</i>), Hriber , Dhanyaka (<i>Coriandrum sativum</i>), Kutaki (<i>Picrorhiza kurroa</i>), Supari (<i>Areca catechu</i>), Nagarmotha (<i>Cyperus rotundus</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Amalaki (<i>Phyllanthus emblica</i>), Rasna (<i>Pluchea lanceolata</i>), Devdaru (<i>Cedrus deodara</i>), Haridra (<i>Curcuma longa</i>), Daru Haridra (<i>Berberis aristata</i>), Munakka (<i>Vitis vinifera</i>), Danti Mool (<i>Baliospermum montanum</i>), Bala (<i>Sida cordifolia</i>), Atibala (<i>Abutilon indicum</i>), Konchbeej (<i>Mucuna pruriens</i>), Gokshur (<i>Tribulus terrestris</i>), Shunthi (<i>Zingiber officinale</i>), Hina Patra (<i>Lawsonia inermis</i>), Akarkara (<i>Anacyclus pyrethrum</i>), Uttannan (<i>Anethum graveolens</i>), Punarnava (<i>Boerhavia diffusa</i>), Shalparni (<i>Desmodium gangeticum</i>), Gambhari (<i>Gmelina arborea</i>), Ashok Chaal (<i>Saraca asoca</i>), Visar (<i>Alstonia scholaris</i>), Ronuka (<i>Pongamia pinnata</i>), Kakad Sinhi (<i>Eclipta alba</i>), Meda , Mahameda , Patha (<i>Acorus calamus</i>), Patla (<i>Eruca sativa</i>), Chitrak (<i>Plumbago zeylanica</i>), Sariva (<i>Hemidesmus indicus</i>), Kalajeera (<i>Carum carvi</i>), Nishoth (<i>Cissampelos pareira</i>), Ridhi , Sidhi , Jeevak (<i>Glycyrrhiza glabra</i>), Kakoli (<i>Gloriosa superba</i>), Ksheer Kakol (<i>Gloriosa superba</i>), Priyanuv , Khair Chaal (<i>Acacia catechu</i>), Soi (<i>Tragopogon porrifolius</i>), Yashtimadhu (<i>Glycyrrhiza glabra</i>), Madhu , Ikshu (<i>Saccharum officinarum</i>) Mahua Flower (<i>Madhuca longifolia</i>).	Yoni Vyapadahar (alleviates gynaecological disorders), Raktashodhan (purifies the blood), Artava Shuddhi (regulates and purifies menstruation), Vata-Pitta Shaman (Balances Vata and Pitta doshas), Balya (strengthening or tonic) and Prakriti Samya (restores natural balance)	Punarnava tablet	Punarnava (<i>Boerhavia diffusa</i>) Extract.	Mutrala (Diuretic), Ama Pachan , Shotha Har (anti-inflammatory), Sandhivatahar (pacifying Vata disorders of the joints), and Rasayan
			She Capsule	Ashwagandha (<i>Withania somnifera</i>), Ulatkambal (<i>Cissampelos pareira</i>), Ashok (<i>Saraca asoca</i>), Supari (<i>Areca catechu</i>), Bhumi Amlaki (<i>Phyllanthus niruri</i>), Harmal (<i>Peganum harmala</i>), Lodhra (<i>Symplocos racemosa</i>), Shatpushpa (<i>Anethum sowa</i>), Vansh (<i>Bambusa vulgaris</i>), Ashwath (<i>Ficus religiosa</i>), Jiyapota (<i>Leucas aspera</i>), Shivlingi (<i>Bryonia laciniosa</i>), Bala (<i>Sida cordifolia</i>), Aluva (<i>Alocasia indica</i>), Naag Kesar (<i>Mesua ferrea</i>), Jiwanti (<i>Leptadenia reticulata</i>).	Stri Swasthya Vardhak (Supports women's health), Rasadhatu-Hormone Samyak Niyamak (balances hormones), Sukha-Swasthya Pradayak (promotes wellness), Manonmaya Shaman (reduces stress), and Vishranti Vardhak (enhances relaxation).
			CKD Syrup	Kasani (<i>Cichorium intybus</i>), Gokshur (<i>Tribulus terrestris</i>), Shatavari (<i>Asparagus racemosus</i>), Guduchi (<i>Tinospora cordifolia</i>), Sorbitol , and Shuddh Shilajeet (<i>Asphaltum punjabianum</i>)	Mutrala Karma
			Yakrit Tonic	Lal Punarnava (<i>Boerhavia diffusa</i>), Shweta Punarnava (<i>Boerhavia verticillata</i>), Bala (<i>Sida cordifolia</i>), Atibala (<i>Abutilon indicum</i>), Patha (<i>Cissampelos pareira</i>), Guduchi (<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>), Shunthi (<i>Zingiber officinale</i>), Krishna Marich (<i>Piper nigrum</i>), Lavang (<i>Syzygium aromaticum</i>), Methika (<i>Trigonella foenum-graecum</i>), Shweta Jeerak (<i>Cuminum cyminum</i>), Roheda Chhal (<i>Tecomella undulata</i>), Dalchini (<i>Cinnamomum verum</i>), Tejpatta (<i>Cinnamomum tamala</i>), Brihat Ela (<i>Amomum subulatum</i>), Kshudra Ela (<i>Elettaria cardamomum</i>), Jaiphal (<i>Myristica fragrans</i>), Naagkesar (<i>Mesua ferrea</i>), Kankol (<i>Piper cubeba</i>), Yashtimadhu (<i>Glycyrrhiza glabra</i>), Laliki (<i>Ardisia solanacea</i>), Madhuka (<i>Madhuca indica</i>), Shaker (<i>Saccharum officinarum</i>), Madhu (<i>Apis mellifera</i> - Honey), and Water (H_2O)	Yakrit Shodhan (Liver detoxification), Raktashodhan (blood purification), Ama Pachan (digestion and elimination of toxins), Yakrit Uttejaka (liver stimulant), Pittavardhak (Pitta-increasing action) and Rasayan (rejuvenation)
Amal Pitt Har Powder	Shunthi (<i>Zingiber officinale</i>), Krishna Marich (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Amalaki (<i>Phyllanthus emblica</i>), Vibhitaki (<i>Terminalia belerica</i>), Haritaki (<i>Terminalia chebula</i>), Musta (<i>Cyperus rotundus</i>), Sulshmaila (<i>Sida cordifolia</i>), Tvak patra (<i>Cinnamomum verum</i>), Vidanga (<i>Embelia ribes</i>), Bid lavan (<i>Sodium chloride</i>), Lavang (<i>Syzygium aromaticum</i>), Trivita (<i>Tribulus terrestris</i>), Sharkara (<i>Saccharum officinarum</i>).	Agni Deepan (stimulating digestive fire), Ama Pachan (digestion and elimination of toxins), Rasayan (rejuvenation)	Dhatu Poshak Capsule	Chuna Shuddh (<i>Calcium carbonate</i>), Shankh Bhasam (<i>Turbinella pyrum</i>), Mukta (<i>Pinctada margaritifera</i> or <i>Pinctada radiata</i>), Praval (<i>Corallium rubrum</i>), Kapardika (<i>Cypraea moneta</i>), and Loh (<i>Ferrum</i> or <i>Iron oxide</i>).	Rasayan (rejuvenation), Ojasvardhak (enhance immunity), Vyadhikshamatva Vriddhi (Increasing disease resistance) and Dhatu Pushikar (nourishing the body tissues)

Imnu + Syrup

Lauki (*Lagenaria siceraria*), **Tulsi** (*Ocimum tenuiflorum*), **Guduchi** (*Tinospora cordifolia*), **Wheatgrass** (*Triticum aestivum*), **Amalaki** (*Phyllanthus emblica*), **Lemongrass** (*Cymbopogon citratus*), **Bhumi Amalaki** (*Phyllanthus niruri*), **Grape seed** (*Vitis vinifera*), **Alfa Alfa** (*Medicago sativa*), **Curry Patha** (*Murraya koenigii*), **Moringa** (*Moringa oleifera*), **Ashwagandha** (*Withania somnifera*), **Sorbitol Base** (Sorbitol – a sugar alcohol, not a plant)

Vish har ras syrup

Guduchi (*Tinospora cordifolia*), **Erandakarkati Leaf** (*Carica papaya*), **Wheat Grass** (*Triticum aestivum*), **Punarnava** (*Boerhavia diffusa*), **Nimba** (*Azadirachta indica*), **Vasapatra** (*Adhatoda vasica*), **Kalmegh** (*Andrographis paniculata*), **Karanj Beej** (*Pongamia pinnata*), **Haridra** (*Curcuma longa*), and **Tulsi** (*Ocimum sanctum*)

Vyadhikshamatva Vardhak (supports natural immunity), **Ojasvardhak** (boosts vitality), **Dhatu Pushtikar** (promotes optimal nutrition)

Vata-anulomaka (regulates and balances Vata), **Sandhi-sula-har** (relieves joint pain), **Grahani-sthapan** (supports intestinal health) and **Bala-vardhak** (enhances strength and immunity)

FUTURE RESEARCH ASPECTS

A potential direction for future research in the *Ayurvedic* management of chronic kidney disease (CKD) lies in exploring the molecular mechanisms through which *Ayurvedic* formulations support renal function. Although herbs such as *Punarnava*, *Gokshur*, *Haritaki*, *Shilajeet*, and *Vibhitaki* have been traditionally employed in kidney care, robust scientific studies clarifying their interactions with critical biochemical pathways involved in CKD are still limited.^[33]

Future studies could include:

1. Pharmacokinetic and pharmacodynamic investigations: This research would aim to investigate the pharmacokinetics—absorption, distribution, metabolism, and excretion—of *Ayurvedic* herbs used in CKD management. Understanding how these herbs are processed within the body could help optimise their integration into modern clinical practice.^[34]

2. Clinical trials: Implementing rigorously designed randomised controlled trials (RCTs) to assess the safety and efficacy of *Ayurvedic* interventions in CKD patients, particularly those in stages 3 to 5, could provide strong evidence of their potential benefits compared to conventional treatments.^[35]

3. Biomarker discovery and validation: Future research could focus on identifying specific biomarkers indicative of the efficacy of *Ayurvedic* treatments, thereby enhancing the ability to monitor disease progression and evaluate therapeutic outcomes in CKD patients.^[36]

4. Combination therapies: Exploring the potential synergistic benefits of combining *Ayurvedic* therapies with

modern pharmaceutical interventions may open avenues for more holistic and integrated approaches to CKD management.^[37]

5. Gut microbiome studies: *Ayurveda* emphasises the importance of digestion and metabolic harmony. Future research could explore the influence of *Ayurvedic* interventions on the gut microbiome and their potential role in promoting kidney health, particularly given the growing evidence linking microbiome imbalances to CKD progression.^[38]

CONCLUSION

This case describes the *Ayurvedic* management of a patient with Acute Kidney Disease (AKD) secondary to pregnancy-induced hypertension. During the treatment period, improvements were observed in the patient's clinical symptoms, including energy levels, appetite, and urinary function, along with favorable changes in serum creatinine. These findings suggest that an individualized *Ayurvedic* approach, incorporating Shamana therapy, Rasayana, and dietary and lifestyle modifications, was associated with clinical and biochemical improvement in this patient. However, as this is a single case report, no causal relationship or definitive conclusions regarding treatment efficacy can be established. Further well-designed clinical studies are needed to evaluate the safety and effectiveness of *Ayurvedic* interventions in the management of Acute Kidney Disease. (fig 4) (fig 5)

Herbal Tea [36]:
Guzgaban (*Borago officinalis*), *Kulanjan* (*Alpinia galanga*), *Badi Elaichi* (*Annonum subulatum*), *Laung* (*Syzygium aromaticum*), *Badiyan Kitay* (*Illicium verum*), *Banafsha* (*Viola odorata*), *Jafa* (*Hyssopus officinalis*), *Ashwagandha* (*Withania somnifera*), *Mulathi* (*Glycyrrhiza glabra*), *Punarnava* (*Boerhavia diffusa*), *Brasini* (*Brassica oleracea*), *Chitrak* (*Plumbago zeylanica*), *Marich* (*Piper nigrum*), *Adousa* (*Justicia adhatoda* / *Adhatoda vasica*), *Saunf* (*Foeniculum vulgare*), *Shankh Pashpi* (*Convolvulus pluricaulis*), *Ajru* (*Terminalia arjuna*), *Tulsi* (*Ocimum sanctum*), *Motha* (*Cyperus rotundus*), *Senage* (*Cassia angustifolia*), *Sounth* (*Zingiber officinale*, dried ginger), *Majeeth* (*Rubia cordifolia*), *Sarfoka* (*Tephrosia purpurea*), *Dalchini* (*Cinnamomum zeylanicum*), *Gulab* (*Rosa damascena*), *Green Tea* (*Camellia sinensis*), *Giloy* (*Tinospora cordifolia*), *Tej Patra* (*Cinnamomum tamala*), *Lal Chandan* (*Pterocarpus santalinus*), *White Chandan* (*Santalum album*) and *Padina* (*Mentha piperita*)

Plate 1:
 Patient Weight X 10

Plate 2:
 Patient Weight X 5

Green Vegetable Soup:

- Spinach, Peas, Carrots, Cabbage, Capsicum, Ghee, Zucchini, Cucumber, Green Gram, etc. (10 grams each)
- Add Ginger, Garlic and Black Salt
- Grind & boil for a minute
- Add lemon as per taste & serve

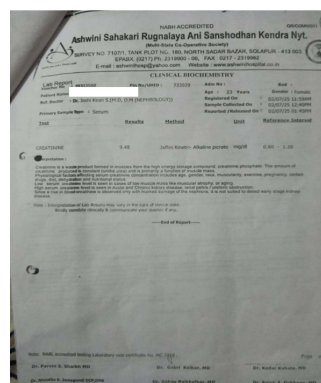


Figure 5. 1. Before Ayurvedic Intervention

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. fig (6)

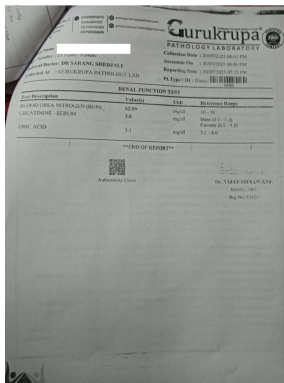


Figure 6. 2. After Ayurvedic Intervention

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How to Cite this Article: Manish A., Goel A.J., Rani T., Chandrasekharan P.. (2025). Ayurvedic Management of Acute Kidney Disease in Garbhavastha Janita Raktachaap – A Clinical Case Study. *Prakriti*, 2(1), 34-43. <https://doi.org/10.48165/prakriti.2025.2.01.17>