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Case Report

Chronic Kidney Disease

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Assessing Ayurvedic treatment efficacy in Chronic Kidney Disease - A Case Study

Rathor P[1*], Shivhare S[2], Sharma V[3]

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[1*] Preeti Rathor, Post Graduate Scholar, PG Department of Kayachikitsa, Pt Khushilal Sharma Government Ayurveda College and Hospital, Bhopal, Madhya Pradesh, India.

[2] Shwetal Shivhare, Reader, PG Department of Kayachikitsa, Pt Khushilal Sharma Government Ayurveda College and Hospital, Bhopal, Madhya Pradesh, India.

[3] Vivek Sharma, Lecturer, PG Department of Kayachikitsa, Pt Khushilal Sharma Government Ayurveda College and Hospital, Bhopal, Madhya Pradesh, India.

Evidence-based Ayurvedic practices and clinical studies have been increasingly utilized to assess the efficacy of Ayurvedic treatments in managing chronic kidney disease (CKD), highlighting their potential as complementary approaches in improving patient outcomes. Chronic kidney disease (CKD) has become a focal point in recent years due to its increasing prevalence and the heightened risks of cardiovascular issues and mortality associated with it. In certain instances, CKD can advance to end-stage renal disease, necessitating treatments such as kidney transplantation or dialysis. Although the Kidney Disease Outcomes Quality Initiative (K/DOQI) has established guidelines for the diagnosis and classification of CKD, traditional treatment methods often fall short. Kidney transplantation is associated with the best outcomes and enhanced quality of life; however, not all patients qualify, and the assessment process is intricate, compounded by a significant shortage of available organs. Additionally, transplantation typically requires a hospital stay of 4 to 7 days and lifelong immunosuppressive therapy, which necessitates meticulous monitoring of blood levels and raises the risk of infections and certain cancers. While dialysis serves as an alternative, its risk-benefit ratio can limit its overall effectiveness. This is a case report of a male patient having age 64 years who was newly diagnosed as CKD & on regular conservative treatment in modern science. However, due to persistent increase in value of renal profile, he approached to superspecialist OPD Pt. KLS Bhopal. Conversely, a comprehensive Ayurvedic approach seeks to alleviate symptoms, slow CKD progression, and potentially eliminate the need for dialysis. Ayurvedic treatments such as Veertharvayadi Ghana Kwath and Shatvaryadi Ghana Vati have demonstrated potential in enhancing kidney health and rectifying underlying imbalances. For adults experiencing compromised kidney function, particularly those whose conditions have not responded well to diuretics, antihypertensive drugs, or angiotensin-converting enzyme inhibitors, these Ayurvedic solutions present viable alternatives. They have resulted in clinically significant improvements in serum creatinine levels, glomerular filtration rate (GFR), blood urea, serum uric acid, and electrolyte balance.

Keywords: Chronic kidney disease, Veertharvayadi Ghana Kwath, Shatvaryadi Ghana Vati, Kidney transplant, Dialysis, Ayurveda

Corresponding Author

Preeti Rathor, Post Graduate Scholar, PG Department of Kayachikitsa, Pt Khushilal Sharma Government Ayurveda College and Hospital, Bhopal, Madhya Pradesh, India.
Email: preetirathore5407@gmail.com

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Introduction

Chronic kidney disease (CKD) refers to the irreversible deterioration of renal function, typically developing over years. Initially, it presents as a biochemical abnormality but eventually leads to the loss of the kidneys' excretory, metabolic, and endocrine functions, resulting in clinical signs and symptoms of kidney disease.**[1]** The global prevalence of CKD is approximately 250 million people, with 9 million individuals in the stage of end-stage renal disease (ESRD).**[2]**

In India, the estimated prevalence of CKD is about 800 cases per million population, with evidence of ESRD observed in 150–200 per million patients. India currently has 710 hemodialysis units equipped with 2,500 dialysis stations and 172 transplant centers, most of which are in the private sector.**[3]** Nearly 18000–20000 Indians undergo renal replacement therapy annually, with approximately 3,500 kidney transplants performed each year.**[4]**

The government has initiated efforts to establish standalone hemodialysis units across the country to enhance access to affordable facilities. Additionally, a national program has been launched to facilitate kidney transplantation on a larger scale**.**

The primary causes of CKD include diabetes mellitus (20–40%), interstitial diseases (20–30%), glomerular diseases (10–20%), hypertension (5–20%), systemic inflammatory diseases (5–10%), renal artery stenosis, and congenital or inherited conditions (5%), such as polycystic kidney disease. **[5]**

CKD is commonly identified by elevated levels of serum creatinine, a byproduct of muscle metabolism. Increased serum creatinine levels indicate a reduced glomerular filtration rate (GFR), reflecting a diminished capacity of the kidneys to excrete waste products.

Common signs and symptoms of CKD include anemia, hematuria, edema (affecting feet, hands, ankles, and, in severe cases, the face), fatigue, hypertension, insomnia, pruritus, erectile dysfunction in men, muscle cramps, nausea, breathlessness, unexplained headaches, sudden weight changes, proteinuria, decreased mental alertness, and reduced urine output. Modern management of CKD is expensive, with renal transplantation being the ultimate treatment.

This has prompted nephrologists and researchers to explore alternative treatment options, including *Ayurveda*. In Ayurvedic literature, CKD can be associated with "*Mutraghata*," a condition causing significant discomfort and reducing the quality of life, especially in elderly individuals. According to Ayurveda, urine *(Mutra*) is a product of "*Kleda,*" and its proper flow (*Mutrapravrutti*) has been well described by *Acharya Sushruta*.

CKD is a progressive condition that worsens gradually over the years, necessitating timely and effective management. The Samhita period (2000–1000 B.C.) is regarded as a golden era during which *Ayurveda* flourished as a systematic and scientific discipline.

Comprehensive knowledge on physiology, etiopathogenesis, classification, and management of urinary system disorders was documented during this time. Ancient *Acharyas* described 13 types of *Mutraghata* (obstructive and suppressive uropathies), 8 types of *Mutrakrichha* (dysuria), and 20 types of *Prameha* (metabolic disorders).

However, none of these conditions completely correspond to chronic kidney disease (CKD). Only *Mutrasada* and *Mutrakshaya* share some similarities with the symptoms of oliguria and anuria, which are characteristic of advanced CKD and end-stage renal disease (ESRD). CKD refers to the irreversible decline in renal function, leading to the failure of the body to maintain metabolic, fluid, and electrolyte balance. This condition typically progresses over several years.

In its early stages, CKD may present solely as a biochemical abnormality, but as it advances, the loss of the kidney's excretory, metabolic, and endocrine functions results in clinical symptoms and signs of renal failure, including uremia or azotemia. CKD is a chronic condition distinguished from acute kidney disease by the persistence of reduced kidney function for more than three months.

There are five stage of chronic kidney disease. The function of kidney is to expel the waste from blood of human body and balance the electrolyte, make red blood cells by releasing Erythropoietin hormone. The function of kidney hamper then this waste products Saturated body causing electrolyte imbalance, increase in creatinine, urea and, albuminuria. Changing life style, diabetes, hypertension, excessive use of painkillers,

Some Medicine, infection, Accident injury, congenital, hereditary are the causes of chronic kidney disease. Ama in *Mutravaha Strotas* hamper the function of kidney.

Stages of chronic kidney disease:

Stage 1	GFR> 90%	Kidney damage with normal kidney function
Stage 2	GFR 60-89%	Kidney damage with mild loss of kidney function
Stage 3A	GFR 45-59%	Mild to moderate loss of kidney function
Stage 3B	GFR 30-44%	Moderate to severe loss of kidney function
Stage 4	GFR 15-29%	Severe loss of kidney function
Stage 5	GFR <15%	Kidney failure

Creatinine Grade

Grade 1 - Creatinine level increase>0.3mg /dl or creatinine 1.5-2.0
Grade 2 - Creatinine 2-3mg/dl
Grade 3 - Creatinine >3 or more than 4.0mg/dl
Grade 4 - Having life threatening consequences

Case Report

In March 2024, a 64-year-old man was diagnosed with chronic renal disease for the first time in the superspecialty OPD at Pt. Khushilal Sharma Ayurveda Hospital and Institute in Bhopal. His main complaints were Nocturia, fluid retention, pedal oedema, exhaustion, vomiting, appetite loss, dyspnea, and disturbed sleep, among other symptoms. He had been treated for hypertension for 15 years. According to the patient, he has been experiencing these symptoms for the last three to four months. He sought advice from numerous well-known physicians in an effort to address the issues, but when his condition did not improve, he was recommended to undergo dialysis. The patient, who was hesitant to undergo dialysis, came to our hospital for a conservative treatment.

SN	Complaints	Duration
1.	Vomiting	1month
2.	Swelling in B/L lower limbs	2 months
3.	Hiccups	15 days
4.	Decreased urine output	2 months
5.	Weakness	2 months
6.	Decreased appetite	1month

For above mentioned case we have given the medications that are described below-

SN	Drug Prescribed	Dose	Anupana
1.	Veertharvayadi Ghana Kwath	40ml BD	With normal Water
2.	Shatavaryadi Ghana Vati	2BD	With normal Water

The above treatment was prescribed for 2 months.

Criteria For Assessment

Subjective parameter-

1. Breathlessness
2. Edema (feet, ankle joint, face)
3. Decreased urine output
4. Fatigue
5. Anorexia

Assessment

Dyspnea grading - Modified medical research council dyspnea scale

Grade	Description
0	No breathlessness except on strenuous exercise.
1	Shortness of breath when hurrying on level ground or walking up a slight heel.
2	Walk slower than people of same age.
3	After walking about 100Yerds or after few minutes on level ground.
4	Breathlessness to leave the house or when dressing

Odema: NCI Common Terminology Criteria for Adverse Events.

Grade	Depth	Rebound time
0	No clinical odema	No clinical oedema
1	Up to 2mm depression or slightly pitting	Immediate
2	>2mm-up to 4mm depression or Somewhat Deeper pit.	<15 sec.
3	>4mm -up to 6mm depression or noticeably Deep pit.	<30sec
4	>6mm depression or very Deep pit	>30sec

Decreased Urine Output.

Grade	Decreased urine output
0	2000ml in 24 hours
1	2000-1500ml in 24 hours
2	Between 1500-1000ml in 24 hours
3	<1000 ml in 24 hours
4	<800ml (oliguria less than 400ml)

Fatigue

Energy index point scale

0	Bedridden, up to bathroom only
1	Out of bed 30-60minutes a day (sitting in chair is out of bed)
2	Out of bed sitting, standing, walking 1-2 hours per day
3	Out of bed sitting, standing, walking 2-4 hours per day
4	Out of bed sitting, standing, walking 4-6hours per day
5	Perform with difficulty sedentary job 40 hours a week, daily naps

Recovery

6	Daily naps in bed, may maintain a 40 hour send entry work week plus light, limited housekeeping and /or social activities
7	No naps in bed, up 7:00am to 9:00pm. Able to work a sedentary job plus light housekeeping
8	Full sedentary workweek, no naps, some social activities plus light exercise
9	Same as 8 above plus exercise approximately ½ to 2/3 normal without excessive fatigue, awakens next morning refreshed
10	Normal

Anorexia

Grade 1	Loss of appetite without alteration in eating habits	Mild
Grade 2	Oral intake altered without significant weight loss or malnutrition, oral nutritional supplements indicated	Moderate
Grade 3	Associated with significant weight loss or malnutrition (e.g. inadequate oral caloric and /or fluid intake); Tube feeding	Severe
Grade 4	Life threatening consequences urgent intervention indicated	Life threatening disabling
Grade 5	Death	

Result

Within just two-month, notable progress was observed, with significant improvements noted in serum creatinine, glomerular filtration rate, uric acid and Blood urea nitrogen (BUN) levels, electrolyte imbalance, previously elevated.

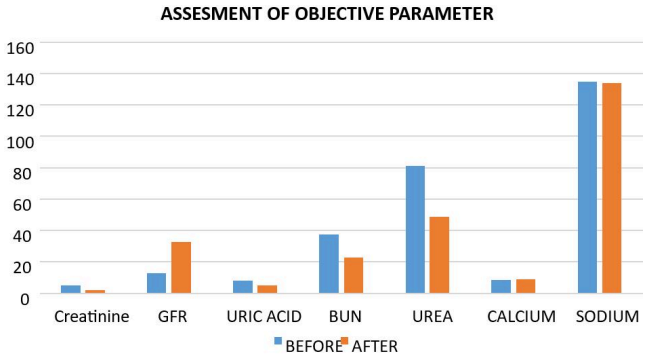
Moreover, the patient experienced considerable alleviation of symptoms.

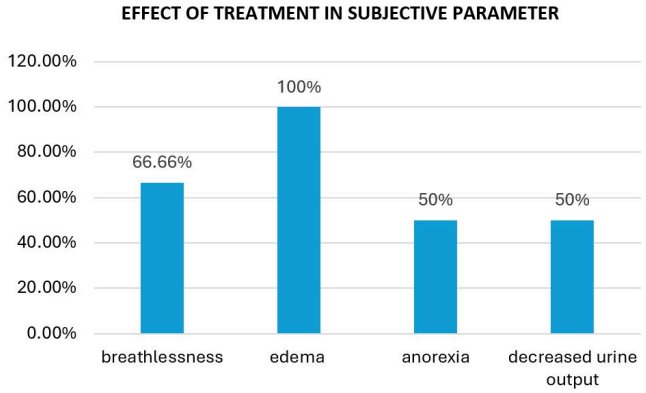
Before Treatment

Date	Creatinine	GFR	Uric acid	BUN	Urea	Calcium	Sodium
10/05/24	4.82mg/dl	12.73ml/min/1.73m2	8.0mg/dl	37.7mg/dl	81mg/dl	8.4mg/dl	135mmol/l

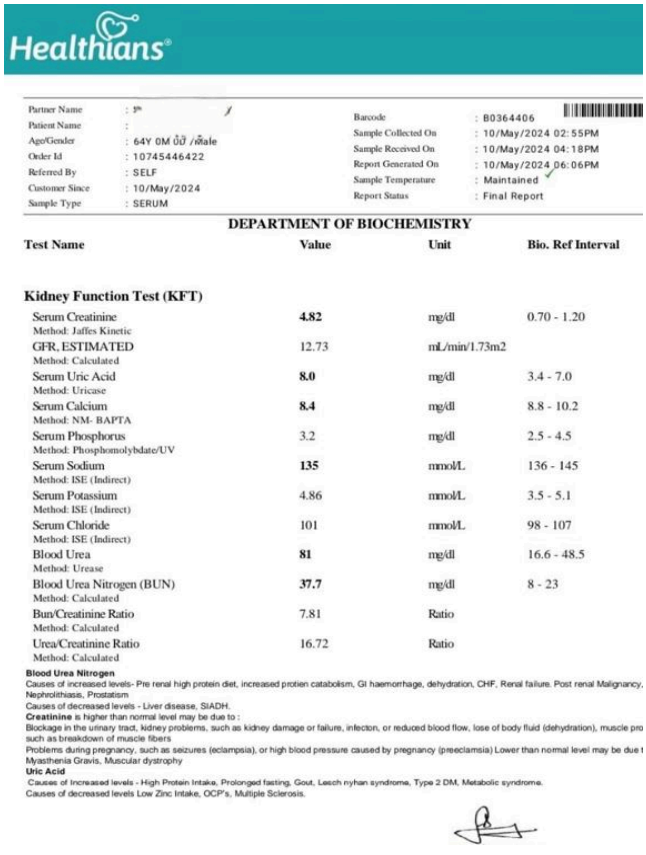
After Treatment

Date	Creatinine	GFR	Uric acid	BUN	Urea	Calcium	Sodium
03/08/24	2.23mg/dl	32.91ml/min/1.73m2	5.2mg/dl	22.8mg/dl	49mg/dl	8.8mg/dl	134mmol/l





Patient were having chief complaints chronic kidney disease such breathlessness (66.66%), edema (100%), anorexia (50%), decreased urine output (50%).



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Partner Name : Mr.
Patient Name :
Age/Gender : 64Y 0M 0D /Male
Order Id : 10745446422
Referred By : SELF
Customer Since : 10/May/2024
Sample Type : SERUM

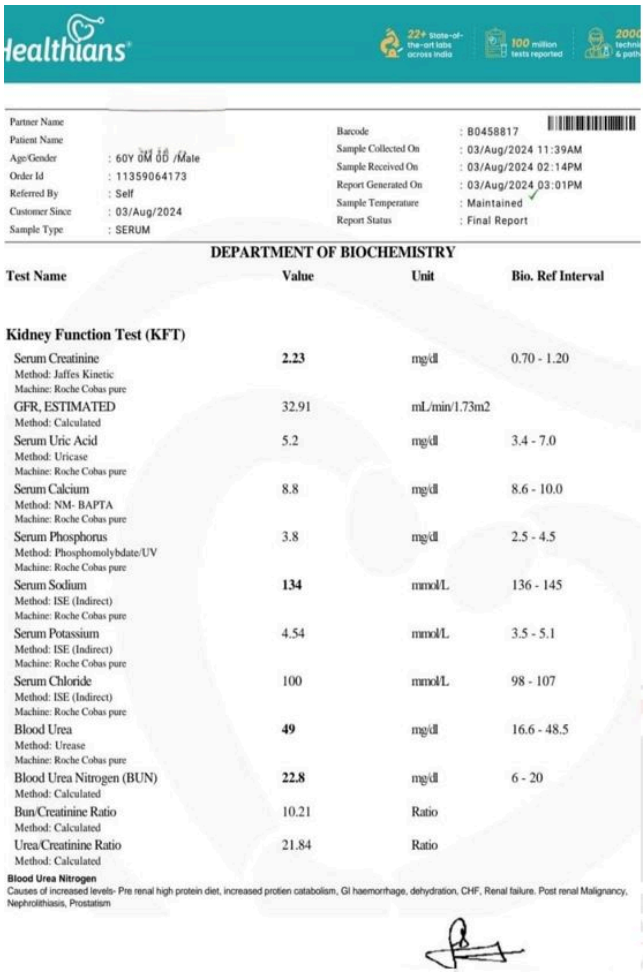
Barcode : B0364406
Sample Collected On : 10/May/2024 02:55PM
Sample Received On : 10/May/2024 04:18PM
Report Generated On : 10/May/2024 06:06PM
Sample Temperature : Maintained
Report Status : Final Report

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test (KFT)			
Serum Creatinine Method: Jaffes Kinetic	**4.82**	mg/dl	0.70 - 1.20
GFR, ESTIMATED Method: Calculated	12.73	mL/min/1.73m2	
Serum Uric Acid Method: Uricase	**8.0**	mg/dl	3.4 - 7.0
Serum Calcium Method: NM- BAPTA	**8.4**	mg/dl	8.8 - 10.2
Serum Phosphorus Method: Phosphomolybdate/UV	3.2	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect)	**135**	mmol/L	136 - 145
Serum Potassium Method: ISE (Indirect)	4.86	mmol/L	3.5 - 5.1
Serum Chloride Method: ISE (Indirect)	101	mmol/L	98 - 107
Blood Urea Method: Urease	**81**	mg/dl	16.6 - 48.5
Blood Urea Nitrogen (BUN) Method: Calculated	**37.7**	mg/dl	8 - 23
Bun/Creatinine Ratio Method: Calculated	7.81	Ratio	
Urea/Creatinine Ratio Method: Calculated	16.72	Ratio	

Blood Urea Nitrogen
Causes of increased levels- Pre renal high protein diet, increased protien catabolism, GI haemorrhage, dehydration, CHF, Renal failure. Post renal Malignancy, Nephrolithiasis, Prostatism
Causes of decreased levels - Liver disease, SIADH.
Creatinine is higher than normal level may be due to :
Blockage in the urinary tract, kidney problems, such as kidney damage or failure, infecton, or reduced blood flow, lose of body fluid (dehydration), muscle pro such as breakdown of muscle fibers
Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclamsia) Lower than normal level may be due t
Myasthenia Gravis, Muscular dystrophy
Uric Acid
Causes of Increased levels - High Protein Intake, Prolonged fasting, Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome.
Causes of decreased levels Low Zinc Intake, OCP's, Multiple Sclerosis.

Before Treatment



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Referred By	: Self	Sample Temperature	: Maintained
Customer Since	: 03/Aug/2024	Report Status	: Final Report
Sample Type	: SERUM		

DEPARTMENT OF BIOCHEMISTRY

Test Name	Value	Unit	Bio. Ref Interval
Kidney Function Test (KFT)			
Serum Creatinine Method: Jaffes Kinetic Machine: Roche Cobas pure	2.23	mg/dl	0.70 - 1.20
GFR, ESTIMATED Method: Calculated	32.91	mL/min/1.73m2	
Serum Uric Acid Method: Uricase Machine: Roche Cobas pure	5.2	mg/dl	3.4 - 7.0
Serum Calcium Method: NM- BAPTA Machine: Roche Cobas pure	8.8	mg/dl	8.6 - 10.0
Serum Phosphorus Method: Phosphomolybdate/UV Machine: Roche Cobas pure	3.8	mg/dl	2.5 - 4.5
Serum Sodium Method: ISE (Indirect) Machine: Roche Cobas pure	134	mmol/L	136 - 145
Serum Potassium Method: ISE (Indirect) Machine: Roche Cobas pure	4.54	mmol/L	3.5 - 5.1
Serum Chloride Method: ISE (Indirect) Machine: Roche Cobas pure	100	mmol/L	98 - 107
Blood Urea Method: Urease Machine: Roche Cobas pure	49	mg/dl	16.6 - 48.5
Blood Urea Nitrogen (BUN) Method: Calculated	22.8	mg/dl	6 - 20
Bun/Creatinine Ratio Method: Calculated	10.21	Ratio	
Urea/Creatinine Ratio Method: Calculated	21.84	Ratio	

Blood Urea Nitrogen
Causes of increased levels- Pre renal high protein diet, increased protien catabolism, GI haemorrhage, dehydration, CHF, Renal failure. Post renal Malignancy, Nephrolithiasis, Prostatism

After Treatment

Discussion

Ayurvedic mentions of chronic kidney disease (CKD) are not directly correlated but are treated based on clinical presentations, placing it under *Mutravaha Srotas Vikar*. The primary symptom, *Mutrakshaya* (reduced urine output), is often observed in *Mutraghata*. According to *Acharya Sushruta*, the term "*Vrikka*" originates from *Meda* and *Rakta Dhatu*, indicating that CKD affects both these *Dhatus*. Additionally, *Mutravaha Srotas, Udakavaha Srotas*, and *Raktavaha Srotas* are involved, along with imbalances in all three *Doshas (Vata, Pitta*, and *Kapha*). Treatment involves addressing the condition's *Lakshana* (symptoms) through *Srotoshodhak*, *Tridoshahar*, and *Mutraghata Chikitsa*. *Ayurvedic* formulations like *Veertharvayadi Kwath* and *Shatavaryadi Ghan Vati* have shown promising results in improving kidney health and correcting underlying imbalances. These remedies are especially effective for adults with impaired kidney function, particularly those not well-managed with diuretics, antihypertensive medications, Or angiotensin-converting enzyme inhibitors. They have demonstrated significant clinical improvements in parameters such as serum creatinine, glomerular filtration rate (GFR), blood urea, serum uric acid, and electrolyte balance. *Shatavaryadi Ghan Vati* functions as a *Rasayana* medicine. *Shatavari* possesses *Snigdha* and *Guru* properties, which help pacify *Pitta Dosha*. It has *Madhura Rasa, Tikta Rasa*, *Sheetavirya,* and *Madhur Vipaka*, which can also aggravate *Kapha Dosha*. Key ingredients in *Shatavaryadi Ghan Vati*, such as *Shatavari, Bhumiamalaki*, and *Gokshura,* contribute to its mode of action, which includes *Mutral, Srotoshodhak*, and *Shothhar* effects.

These herbs, primarily of *Madhura Rasa*, exhibit *Jeevaniya* effects, supporting the regeneration of damaged tissues while protecting the kidneys. *Veertharvayadi Kwath*, traditionally used for managing urinary disorders resembling kidney diseases, is recognized in classical Ayurvedic texts for its diuretic, anti-inflammatory, and detoxifying properties.

It is particularly effective in conditions like *Mutrakshaya* (oliguria), *Mutrasada* (anuria), and other renal dysfunctions. With properties like *Madhura Rasa, Sheetavirya*, and *Guru Guna, Veertharvayadi Kwath* acts as a *Mutral* (diuretic), *Shothhar (*anti-inflammatory), *Raktaprasadak*, and immunomodulator, helping to balance all three *Doshas.*

Conclusion

Veertharvayadi Ghana Kwath and *Shatavaryadi Ghana Vati* holds potential as a supportive treatment for kidney diseases in *Ayurveda*. While traditional use and preliminary research are encouraging, more extensive clinical trials are needed to establish its efficacy and safety for chronic kidney disease management. Combining *Veertharvayadi Ghana Kwath* with *Shatavaryadi Ghana Vati* approaches could provide an integrative and holistic solution for kidney health.

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