E-ISSN:2456-3110

Case Report

Chronic Kidney Disease

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Journal of Ayurveda and Integrated Medical Sciences

2025 Volume 10 Number 6 JUNE

Publisher

Maharshi Charaka Ayurveda

www.maharshicharaka.in

Ayurvedic Management of Chronic Kidney Disease (CKD) - A Single Case Study

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DOI:10.21760/jaims.10.6.59

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Background: Chronic Kidney Disease (CKD) is a progressive condition characterized by the gradual loss of kidney function. The kidneys play a vital role in eliminating waste, regulating fluids, electrolytes, and blood pressure, and producing red blood cells. Globally, CKD affects more than 10% of the population and often leads to end-stage renal failure requiring dialysis or transplantation both of which are expensive and not always successful.

Case Presentation: A 73-year-old male presented with complaints of frequent and frothy urination, fatigue, swelling, disturbed sleep, and a history of uncontrolled hypertension. Laboratory tests revealed elevated serum creatinine and a reduced estimated glomerular filtration rate (eGFR), indicating stage 3b CKD.

Intervention: The patient was managed at Jeevalaya Ayurveda Retreat LLP, Bengaluru, using Ayurvedic formulations including Guluchyadi Kashaya, Punarnavadi Mandoora, Neeri KFT syrup, and supportive in-house preparations. Treatment was complemented with a CKD-specific diet and lifestyle regimen. Clinical progress was tracked using serum creatinine, eGFR, hemoglobin, and blood glucose levels.

Outcome: Over five months, significant improvements were recorded, including reduced serum creatinine, improved eGFR, and better overall well-being. Thus, it can be concluded that Ayurvedic approaches are helpful to manage CKD.

Keywords: Chronic Kidney Disease (CKD), Glomerular Filtration Rate (GFR), Hemoglobin, Ayurvedic Formulations, Lifestyle Management

Corresponding Author	How to Cite this Article	To Browse
AP Shrilata, Senior Ayurveda Physician, , Jeevalaya Ayurveda Retreat LLP, Bengaluru, Karnataka, India. Email: drshrilata.ap@gmail.com	AP Shrilata, Ayurvedic Management of Chronic Kidney Disease (CKD) - A Single Case Study. J Ayu Int Med Sci. 2025;10(6):418-422. Available From https://jaims.in/jaims/article/view/4390/	

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted
2025-05-11	2025-05-27	2025-06-07	2025-06-17	2025-06-27

Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	Not required	10.32	

Introduction

The kidneys are vital organs in the body that play a key role in eliminating waste products and excess fluids, maintaining acid-base and electrolyte balance, producing red blood cells, and regulating blood pressure.

Chronic kidney disease (CKD) refers to the gradual decline in the filtration function of the kidney's nephrons over time. In its early stages, it may present only as biochemical abnormalities, but as the disease progresses, it leads to the loss of the kidney's excretory, metabolic, and endocrine functions, eventually resulting in the clinical signs and symptoms of renal failure.**[1]**

Table 1: Stages of CKD[2]

Stage	eGFR (ml/min/1.73m2	Description
1	≥90	Kidney damage with normal or increased GFR
2	60-89	Mild reduction in GFR Mild kidney damage Kidneys still work well
3a	45-59	Mild to Moderate Kidney damage Moderate reduction in GFR Kidneys don't work as well as they should
3b	30-44	Moderate to severe damage Moderate reduction in GFR Kidneys don't work as well as they should
4	15-29	Severe Kidney damage Severe reduction in GFR Kidneys are close to not working at all
5	< 15 or ESRD	Most severe kidney damage Kidneys are very close to not working or have stopped working Kidney failure

Case Report

A 73-year-old male patient visited Jeevalaya Ayurveda Retreat LLP, Bengaluru on 19th July 2024 with complaints of frequent and urgent urination during both day and night, accompanied by frothy urine. He also reported disturbed sleep, occasional swelling in the face and feet, fatigue, irritability, dizziness, reduced appetite, constipation, muscle cramps and recurrent respiratory infections since 6 months. He also mentioned a longstanding history of high blood pressure, for which he was not taking medication. The patient had a history of hospital admissions for symptoms such as weakness, Severe low back pain, and episodes of disorientation 4 years ago. During those admissions, diagnostic tests revealed elevated serum creatinine and other solutes, along with the presence of renal calculi. Symptomatic management was provided at that time. Patient had no relevant family history.

Table 2: *Ashtavidha Pareeksha*

Nadi	84/min, regular
Mutra	7-8 times a day, 3-4 times a night, frothy
Mala	Once daily constipated
Jihwa	Coated
Shabda	Gambhira
Sparsha	Anushna Sheeta, Ruksha
Drik	Normal
Akriti	Madhyama

Vitals:

Pulse rate - 84/min
Respiratory rate - 24/min
Temp - 98.6°F
BP - 160/98 mm of Hg

Systemic Examinations:

CNS - Well oriented to time, place, person

CVS - S1, S2 Normal, Blood pressure - 160/98 mm Hg

RS - Normal vesicular breathing

P/A - Soft non-tender, no organomegaly, umbilicus centrally placed

Patient was advised to undergo fresh investigations. The results showed abnormalities in several parameters, including elevated serum creatinine and blood glucose levels. His estimated glomerular filtration rate (eGFR) was 44 mL/min/1.73m², indicating reduced kidney function.

Diagnosis: *Mutravaha Sroto Vikara* (chronic kidney disease stage 3b)

Materials and Methods

Chronic Kidney Disease though not described distinctly in *Ayurveda* classics similar conditions are discussed under disorders of the *Mutravaha Srotas* such as *Vrikka Roga*, *Mutrakricchra*, *Mutraghata*, *Mutrasangha*, *Ashmari*, and *Prameha*, which provide comparable clinical insights.**[3]**

Prior consent was taken from the patient.

Table 3: Treatment schedule

SN	Medicine	Dosage	Time of Administration	Anupana
1.	Guluchyadi Kashaya	3tsp tid	30 minutes Before food	6tsp water
2.	Tab. Punarnavadi Mandoora	2 bd	After food	Water
3.	Syrup Neeri Kft	2tsp tid	After food	2tsp water
4.	Tab. Calmbp	2 bd	After food	Water
5.	Tri2sen Powder	1tsp HS	Bed time	50 ml warm water

Results

In addition to *Ayurvedic* medications, the patient was advised on appropriate dietary and lifestyle modifications. Within two weeks, notable improvement was observed in the patient's kidney function and other health parameters. By the end of five months, significant overall progress was recorded.

Table 4: Laboratory Parameters before and after treatment.

Laboratory Parameters	21/07/2024	03/08/2024	27/12/2024
Serum cretinine (mg/dL)	1.55	1.31	1.16
eGFR (mL/min/1.73m2)	44	54	62
FBS (mg/dL)	106.3	91.7	91
HbA1c	7.1	6.4	6.2
Hb (g/dL)	11.2	11.6	15.6


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NAME : [redacted]
REF. BY : SELF
TEST ASKED : BLOOD SUGAR (F),COMPLETE URINE ANALYSIS,ESR,NEW AAROGYAM ADVANCED WITH
HOME COLLECTION : [redacted]

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	44	mL/min/1.73 m

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

The normal serum creatinine reference interval does not necessarily reflect a normal GFR for a patient. Because mild and moderate kidney injury is poorly inferred from serum creatinine alone. Thus, it is recommended for clinical laboratories to routinely estimate glomerular filtration rate (eGFR), a "gold standard" measurement for assessment of renal function, and report the value when serum creatinine is measured for patients 18 and older, when appropriate and feasible. It cannot be measured easily in clinical practice, instead, GFR is estimated from equations using serum creatinine, age, race and sex. This provides easy to interpret information for the doctor and patient on the degree of renal impairment since it approximately equates to the percentage of kidney function remaining. Application of CKD-EPI equation together with the other diagnostic tools in renal medicine will further improve the detection and management of patients with CKD.

Reference

Levey AS, Stevens LA, Schmid CH, Zhang YL, Castro AF, 3rd, Feldman HI, et al. A new equation to estimate glomerular filtration rate. Ann Intern Med. 2009;150(9):604-12.

Please correlate with clinical conditions.
Method:- CKD-EPI Creatinine Equation

Sample Collected on (SCT) : 21 Jul 2024 07:30
Sample Received on (SRT) : 21 Jul 2024 10:20
Report Released on (RRT) : 21 Jul 2024 13:10

Figure 1: Before Treatment


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NAME : [redacted]
REF. BY : DR A P SHRILATA MD
TEST ASKED : AAROGYAM C PRO INCLUDING CRM WITH UTSH
SAMPLE COLLECTED AT : [redacted]

TEST NAME	TECHNOLOGY	VALUE	UNITS
EST. GLOMERULAR FILTRATION RATE (eGFR)	CALCULATED	62	mL/min/1.73 m2

Bio. Ref. Interval. :-

> = 90 : Normal
60 - 89 : Mild Decrease
45 - 59 : Mild to Moderate Decrease
30 - 44 : Moderate to Severe Decrease
15 - 29 : Severe Decrease

Clinical Significance

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Please correlate with clinical conditions.
Method:- CKD-EPI Creatinine Equation

~~ End of report ~~

Sample Collected on (SCT) : 27 Dec 2024 12:00
Sample Received on (SRT) : 27 Dec 2024 23:46
Report Released on (RRT) : 28 Dec 2024 03:15

Figure 2: After Treatment

Discussion

Effective *Ayurvedic* management of *chronic kidney disease* (*CKD*) involves understanding the disease (*Roga*), patient (*Rogi*), and *Dosha-Dooshya* involvement.

CKD, seen as a *Mutravaha Srotas* disorder, primarily involves *Vata*, with *Pitta* and *Kapha*. Treatment aims to enhance *Agni (Digestive fire)*, balance *Doshas (body humour)*, promote diuresis, and rejuvenate *Srotas (Micro channels)*.[4]

Therapeutic interventions included:

- *Guluchyadi Kashaya*
- *Punarnavadi Mandoora*
- *Neeri KFT* syrup
- In-house preparations: *CalmBP* and *Tri2Sen*

1. Guluchyadi Kashaya

Guluchyadi Kashaya, a classical Ayurvedic formulation mentioned in *Ashtanga Hridaya*, possesses multiple therapeutic properties, including *Pittahara* (*Pitta*-pacifying), anti-inflammatory, antimicrobial, antioxidant, anti-diabetic, depurative, detoxifying, and immunomodulatory actions. *Guduchi*, being the key ingredient, positively influences kidney index and *GFR*.

This formulation supports immune function, enhances liver and kidney performance and helps balance the *Tridoshas*. It primarily acts on the *Rasa*, *Rakta*, and *Medo Dhatus (Tissues).[5]*

2. Punarnavadi Mandoora

Punarnavadi Mandoora, a classical *Ayurvedic* formulation widely used in managing kidney-related disorders such as *CKD*, addresses symptoms like *Panduta* (pallor) and *Shotha* (edema) due to decreased hemoglobin levels. This formulation acts on both *Rasavaha (Lymph channels)* and *Raktavaha Srotas (Blood vessels)*, supporting improved circulation and blood quality.

Components of *Punarnavadi Mandoora* mentioned in *Bhaishajya Ratnavali[6]* are helpful in balancing *Kapha* and *Pitta Doshas* by acting on the *Srotas* (microchannels) and enhancing *Agni* (digestive fire), promoting *Deepana* (carminative), *Pachana* (digestive), and *Rasayana* (rejuvenative) properties.

Impaired erythropoiesis leading to anemia is addressed by the ingredient *Mandoora Bhasma.* The key herb *Punarnava*, along with other ingredients, acts as nephroprotective by reducing swelling, oxidative damage, blood sugar, creatinine, eliminating toxins and excess fluids, and improving *GFR*.

***3. Neeri KFT* Syrup**

Neeri KFT [7] syrup by AIMIL Pharmaceuticals supports kidney function through its nephroprotective, anti-inflammatory, and antioxidant properties. It alleviates symptoms like pedal edema, puffiness, nocturia, cramps, and fatigue. The formulation lowers serum creatinine, uric acid, and blood urea while enhancing *Agni* and improving *eGFR* by regenerating kidney cells. It strengthens nephrons, corrects renal architecture, and reduces cardiovascular risks associated with *CKD*. Herbs like *Punarnava* and *Kamala* aid healing, while *Kasini* improves blood flow by reducing vascular congestion. *Neeri KFT* also decreases lipid peroxidation and protein carbonyls, slowing kidney damage and disease progression.

4. Tab. CalmBP

Tab. CalmBP is an in-house formulation containing a blend of herbs, including *Jatamamsi* (*Nardostachys jatamansi*), *Mukta Pishti* (pearl paste), *Sarpagandha* (*Rauvolfia serpentina*), *Punarnava* (*Boerhavia diffusa*), *Vacha* (*Acorus calamus*), *Ashwagandha* (*Withania somnifera*), *Brahmi* (*Bacopa monnieri*), *Shankhapushpi* (*Convolvulus pluricaulis*), *Jyotishmati* (*Celastrus paniculatus*), *Arjuna* (*Terminalia arjuna*), *Amla* (*Emblica officinalis*), and *Rasona* (*Allium sativum*).

Jatamamsi reduces blood pressure through vasodilation, aids sleep, and supports cardiovascular health.**[8]** *Jyotishmati*, *Shankhapushpi*, *Vacha*, *Brahmi*, and *Ashwagandha* calm the nervous system and lower stress-induced hypertension. *Mukta Pishti* cools *Pitta* and balances *Vata*. *Sarpagandha*'s reserpine content makes it a potent antihypertensive.**[9]** *Arjuna*, *Punarnava*, *Amla*, and *Rasona* offer antioxidant, diuretic, and vasodilatory effects, helping reduce blood pressure and remove excess fluid and solutes from the body.

Overall, *Tab. CalmBP* successfully managed the patient's high blood pressure without the need for medications from other medical systems.

5. Tri2Sen

Tri-2-Sen is an in-house Ayurvedic formulation containing *Hareetaki* (*Terminalia chebula*), *Vibheetaki* (*Terminalia bellirica*), *Amalaki* (*Emblica officinalis*), *Pippali* (*Piper longum*), *Mareecha* (*Piper nigrum*), *Shunti* (*Zingiber officinale*), and *Swarnapatri* (*Cassia angustifolia*). Primarily used to relieve constipation, *Tri2Sen* also offers anti-inflammatory, antioxidant, and detoxifying benefits. The formulation contains *Triphala*, which supports kidney health by reducing proteinuria, preserving glomerular function, and regulating blood glucose and lipid levels. It contributes to gut microbiota balance and helps reduce the uremic toxin load in chronic kidney disease (*CKD*).**[10]** *Trikatu* enhances digestion, pacifies *Vata* and *Kapha Doshas*, and improves nutrient absorption. *Swarnapatri* promotes bowel cleansing, thereby aiding overall digestive and renal health.

***Pathya-Apathya* (Dietary and Lifestyle Guidelines)**

Based on patient's symptoms, food habits, and *Dosha* imbalances, appropriate *Pathya* (wholesome) and *Apathya* (unwholesome) guidelines were advised. The patient was also instructed to avoid strenuous physical activities to aid recovery and support renal function.

Table 5: *Pathya Apathya*

Pathya	Apathya
Vegetables - Ridge gourd, egg plant, cabbage, cucumber, bittergourd, drumstick, carrot, raddish, onion, tomato, knol-khol,	**Vegetables -** Potato, Sweet potato, Cauliflower, Palak, spinach
Fruits - Apple, watermelon, jamun, pomogranate, custard apple, pear	**Fruits -** Banana, pineapple, mango, jackfruit
Ragi, red rice, barley, wheat, foxtail millet, jowar (limited), white rice (limited), flax seeds, rock salt(limited), desi ghee	Refined wheat flour, fried food, deep fried food, Sugar
Water intake - not exceeding 1.5 L/day	

Conclusion

Based on clinical history, laboratory investigations, & presenting complaints, case was diagnosed as chronic kidney disease (CKD). The Ayurvedic treatment strategy was framed in accordance with principles of *Mūtravaha Srotovikāra* management, addressing vitiation of *Vāta*, along with associated *Pitta* & *Kapha* disturbances. The use of classical & proprietary Ayurvedic medicines, alongside tailored dietary & lifestyle modifications, resulted in marked improvement in patient's clinical condition & hematological parameters. This case highlights potential efficacy of *Ayurvedic* management in CKD & supports its role as complementary approach in chronic renal care.

Acknowledgement

I would like to express my sincere gratitude to Mr. Mehul Doshi and Ms. Ami Sheth Doshi, Founders of Jeevalaya Ayurveda Retreat, for providing me with the opportunity and support to complete this work.

References

1. Colledge NR, Walker BR, Ralston SH, editors. Davidson's Principles and Practice of Medicine. 21st ed. Amsterdam: Elsevier; 2010. *p. 487 [Crossref] [PubMed][Google Scholar]*

2. Kirpalani AL, Shah H. Chronic kidney disease. In: Munjal YP, editor. API Textbook of Medicine. *12th ed. New Delhi: Jaypee Brothers Medical Publishers; 2022. p. 2019–29 [Crossref][PubMed][Google Scholar]*

3. Kumar M, Rohila SC, Sharma RK. A conceptual study of Vrikka and Vrikkaroga with special reference to chronic kidney disease: a review. Int J Recent Adv Sci Eng Technol. 2023;10:556–8. *[Crossref][PubMed][Google Scholar]*

4. Patel MV, Gupta SN, Patel NG. Effects of Ayurvedic treatment on 100 patients of chronic renal failure (other than diabetic nephropathy). Ayu. 2011;32(4):483–7. *[Crossref][PubMed][Google Scholar]*

5. Joladarashi D, Chilkunda ND, Salimath PV. Tinospora cordifolia consumption ameliorates changes in kidney chondroitin sulphate/dermatan sulphate in diabetic rats. J Nutr Sci. 2012;1:e9. *PMID: 25191554; PMCID: PMC4153103 [Crossref] [PubMed][Google Scholar]*

6. Govind Das Sen. Bhaishajya Ratnavali. Mishra S, editor. Varanasi: Chaukhamba Surabharati Prakashana; Chapter 12, Verses 63–65. *p. 381 [Crossref][PubMed][Google Scholar]*

7. Gautam G, Parveen B, Khan MU, Sharma I, Sharma AK, Parveen R, et al. A systematic review on nephron protective AYUSH drugs as constituents of NEERI-KFT (a traditional Indian polyherbal formulation) for the management of chronic kidney disease. Saudi J Biol Sci. 2021;28(11):6441–53. *[Crossref][PubMed][Google Scholar]*

8. Lucas DS. Dravyagun Vijnana. Varanasi: Chaukhambha Visvabharati; p. 230–3. *[Crossref] [PubMed][Google Scholar]*

9. Lucas DS. Dravyagun Vijnana. Varanasi: Chaukhambha Visvabharati; p. 263–7. *[Crossref] [PubMed][Google Scholar]*

10. Phimarn W, Sungthong B, Itabe H. Effect of Triphala on lipid and glucose profiles and anthropometric parameters: a systematic review. J Evid Based Integr Med. 2021;26:1–9. *[Crossref] [PubMed][Google Scholar]*