



MANAGEMENT OF CHRONIC KIDNEY DISEASE THROUGH AYURVEDA – A CASE STUDY

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ABSTRACT

Chronic kidney disease is progressive forms of renal disorders associated with reduced renal function having no well known etio-pathogenesis. The conventional approach of management includes dialysis and renal transplantation, which are involving the high costs and complexity so very few patients are able to obtain adequate treatment for kidney disorders because of financial limitation. Therefore, exploration of a safe and alternative therapy is needed, which proves to be helpful in reducing the requirement of dialysis and in postponing the renal transplantation. The use of herbal drugs for the prevention and treatment of various diseases is constantly developing throughout the world. The present case is totally treated through Ayurvedic approach and it seems to be effective and safe.

KEYWORDS : Ayurvedic, Chronic kidney disease.

INTRODUCTION

Kidneys are the organs that have numerous biological roles in maintaining the homeostatic balance of body fluids by removing wastes out of the body. Chronic Renal Failure (CRF) is a syndrome characterized by progressive & irreversible deterioration of renal function due to slow destruction of renal parenchyma, eventually terminating into death when sufficient numbers of nephron are damaged¹. Chronic renal failure is reported to be a silent epidemic². It is a global threat to health in general and for developing countries in particular, because therapy is very expensive and life-long³. It is a matter of concern for all of us that prevalence of diabetes, hypertension and associated risk factors such as obesity, hypercholesterolemia and the metabolic syndrome increasing⁴; which along with increased life span of persons facilitate sustained and explosive growth of this epidemic.

Signs and symptoms of kidney disease are often nonspecific, meaning they can also be caused by some other illnesses because kidneys are highly adaptable organ in the body and able to compensate for its lost function. The signs and symptoms may appear at the stage of irreversible damage, which include nausea, vomiting, loss of appetite, fatigue & weakness, sleep problems, changes in urine output, decreased mental sharpness, muscle twitches & cramps, hiccups, swelling of feet & ankles, persistent itching, shortness of breath, high blood pressure (hypertension) etc⁵.

CKD is identified by blood test for creatinine, which is a breakdown product of muscle metabolism. Higher level of creatinine indicate a lower glomerular filtration rate and as a result a decreased capability of the kidneys to excrete waste products. The modern management of CKD is not satisfactory and the ultimate goal is renal transplant. So there is necessity to find out suitable remedial measure from other alternative resources, *Ayurveda* is one of them. *Ayurveda* proclaims that naming of diseases is not necessary but the mainstay is to assess the *Dosha*, *Dushya*, *Adhishthana* along with strength of disease and patient, then incorporate the appropriate therapeutic interventions. The disease CKD is not fairly known in *Ayurveda*, but on the basis of pathogenesis we can assess and plan the management.

CASE REPORT-

A 50 year old male patient came to OPD in May 2019 with following complaints-

Present complaints – Breathlessness, reduced appetite, swelling over face & lower limb, feverishness, incomplete

evacuation of bowel, reduced urinary output and general weakness since last one and half year.

History Of Present Illness - A 50 years old male patient was brought to us at the OPD with complaints of breathlessness, reduced appetite, swelling over face and lower limbs and reduced urinary output since last one and half years. According to patient he had complaint of frequent onset of high grade fever and reduced appetite. He took treatment for this but he did not get any relief in symptoms. For better management, he came to our OPD.

Past History - Patient has no h/o DM, TB or any allergy, no h/o worm infestation, no h/o any chronic inflammatory condition likes RA, carcinoma, no h/o jaundice, no history of surgical intervention.

Family History - No any relevant family history.

Physical examination –

General condition – ill looking,	B.P – 128/84 mm Hg
Pallor +,	Pulse rate – 80
Icterus-absent,	Respiration rate – 16/min.
Cyanosis-absent,	Temperature – 98.4 F
Clubbing-absent,	
Pedal oedema with facial puffiness,	
Lymph node not palpable,	

Personal history-

Diet – mixed	Appetite – reduced
Sleep – disturbed	Addiction – no addiction
Bowel habit – constipation	Micturition – reduced frequency

Systemic examination-

Respiratory system- NAD,
Cerebro-vascular system - NAD,
Gastro-intestinal tract - NAD,
Central nervous system - NAD

Investigations on admission-

Blood Examination-

HB – 10.7 g/dl
TLC – 7.8 Th/cu.mm
RBC – 2,50,000/ μ l
PLT – 210000/ μ l
ESR – 68 mm/hr

RFT

Serum urea - 96 mg /dl
 Serum creatinine - 7.32 mg/dl
 Serum uric acid - 10.5 mg/dl
 Urine protein - + +

USG

-B/L Echogenic kidney with poor corticomedullary differentiation and relatively small sized left kidney, MRD.

Treatment plan-

The patient was treated with certain combinations of the drugs.

1. *Prameha Prahar Churna* (3gm.)+*Madhuyashti Churna* (1gm.)+*Shubhra Bhasma* (500mg.)
2. *Punaranawadi Kwath*
3. *Gokshuradi Guggulu*
4. *Trinapanchmoola Kwatha*
5. *Haritaki Churna*

Patient was advised to restrict salty, fried, spicy, heavy and oily food items.

OBSERVATION AND RESULT-

The treatment response was assessed on the basis of clinical symptomatology after a course of medicines for 3 months with follow up of 15 days and improvement was found. The patient was then discharged and advised to continue the following medicine for 3 months.

After 3 months, it was found that patient got improvement. The improvement in term of the patient's view in clinical symptoms was as follows:

- Reduction in breathlessness
- Reduction in facial and pedal edema
- Improvement in desire of intake of food
- Improvement in bowel function
- Improvement in weakness

Relevant investigations-**Blood examination-**

HB - 11.6 g/dl
 TLC - 7.8 Th/cu.mm
 RBC - 3,50,000/ μ l
 PLT - 250000/ μ l
 ESR- 30 mm/hr

RFT

Serum urea - 91 mg /dl
 Serum creatinine - 4.3 mg/dl
 Serum Uric acid - 5.61 mg/dl
 Urine protein - +

DISCUSSION

Here, in this case we observed that the patient got improvement in his condition due to *Ayurvedic* medicines. This is probably due to reno-protective and nephro-genetic effect of *Punarnawa*², which is the major part of current *Ayurvedic* prescription. *Punarnawa* revitalizes kidneys weakened by *Vata*, calms *Pitta* inflammations and reduces swelling due to excess *Kapha*. *Punarnawa* speeds up the filtration process of Kidneys and flushes out the excessive fluids and other waste products. *Punarnawa* works as *Rasayana* for the body as it rejuvenates the body by cleansing it. Further, it along with *Gokshuradi Guggulu*, *Trinapanchamoola Kwatha* not only reduced the fluid overload due to renal impairment by diuretic action but also strengthen the renal system⁷. *Kankola* present in *Prameha Prahar Churna* works as *Mutrajanaka*, *Vatanashaka*, *Deepaka* and *Kaphaghna*. *Yashtimadhu* and *Subhra Bhasma* are known to be effective herbs to resolve the respiratory complications. *Yashtimadhu* is *Rasayana*, *Balya*, *Mutrala*,

Shothhara. Thus, we can say that the given *Ayurvedic* drugs are effective and completely safe.

CONCLUSION

On the basis of above case study it can be concluded that *Ayurvedic* medicines are quite effective in management of chronic renal failure.

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