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MANAGEMENT OF CHRONIC KIDNEY DISEASE THROUGH AYURVEDA: A CASE STUDY

Ayurveda

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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 available treatment modalities in conventional system of medicine are still evolving but peritoneal and hemo-dialysis along with nutritional supplements and renal transplant is the final step. In this regard Ayurveda provides leads through its holistic line of management by incorporating dietary & lifestyle invention and bio- balancing effects of Ayurvedic drugs. The present case is totally treated through Ayurvedic approach and it seems to be effective and safe.

KEYWORDS

Ayurvedic drugs, CKD, Mutraroga, Mutrakrichchra, Punarnawa.

INTRODUCTION

Chronic kidney disease (CKD) is progressive loss in renal function over a period of months or years. It is also called as chronic kidney failure. 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) etc.

[1] Often, it is diagnosed as a result of screening of people known to be at risk of kidney problems, such as those with high blood pressure or diabetes and those with a blood relative with renal disorders. It is considered as long term form of kidney disease and is differentiated from acute kidney disease in that the reduction in kidney function must be present for over 3 months. It is an internationally recognized public health problem affecting 5-10% of world population.

[2] 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. It seeks attention from nephrologists and researchers to find out suitable remedial measure from other alternative resources, Ayurveda is one of them. The management diseases in Ayurveda are based on its totalistic effect of drugs and measures with minimal unwanted and side effects. 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 pathogenetic events we can assess and plan the management. In this regard we share our clinical experience of a 60 years old female who was suffering from chronic kidney disease since last 10 months.

MEDICAL CASE HISTORY

Mr Jagtap Sahnkar Ramchandra 75 years old fqrmer was brought to us at the SHALYA TANTRA OPD, RIARCH MAYANI with complaints of multiple infected cyst over right lower limb, pain in right leg while walking,reduced appetite, swelling over face and reduced urinary output since last 1 year According to patient before 1year he had complaint of frequent onset of high grade fever with chills increased frequency of micturition and reduced appetite. He took treatment for this from local doctor as well as well equipped hospital but HE got no any relief in clinical & laboratorial outcome and expenses lot money during this period. Nephrologists advised to the patient for dialysis and if the problems are under control then go for renal transplant at Bharati hospital sangali. Due to worsening of clinical condition he takes hemodialysis twice. But her families could not wear the burden of dialysis and unable to arrange kidney for transplant due to poor socio-economic status. Gradually after 2 months her signs and symptoms get aggravated and she developed breathlessness, pedal and facial edema. he had taken treatment from local doctors and got little relief in clinical symptoms. For the search of better management and advice by someone he came RIARCH mayani.

Patient has H/O HTN since 5 years
Patient has no H/O DM, TB or no any other major illness.

We carefully examined all the reports made available to us pertaining to the investigations and treatment done till date in this case. All the routine investigations were done. There was no place for diagnostic confusion as per the clinical picture and the investigation reports were in favor of diagnosis of chronic kidney disease. he was treated by allopathic nephrologist's doctors but he & families were no satisfied.

CHIEF COMPLAINTS

Rt. Foot swelling, pain,due to multiple infected cyst in rt foot.Difficulty in breathing, reduced appetite, swelling over face, feverishness, incomplete evacuation of bowel, reduced urinary output and general weakness- since last 1 year.

PHYSICAL EXAMINATION

General condition- Ill looking
B.P.:140/80mm of Hg. PR:70 regular, full bound Temprature:98.4 F
Respiration:20/min
Jugular venous pressure: Not raised
Pallor: Present(+) Icterus: Absent Clubbing: Absent Cyanosis: Absent
Lymph node: Not palpable
Edema: Pedal edema ,eyelids & facial swelling present
Lymphadenopathy: Not noticeable
Local lesion: Absent

PERSONAL DETAILS:

Build - Medium
Height - 5.5" Weight -60kg Personal history: Diet: mixed Appetite: reduced
Bowel habits: constipated & off and on mucoid stool
Micturition habit: reduced frequency, quantity and presence of sediments. Sleep: disturbed
Marital status: married
Addiction: no addiction

Family history: no any history present
Systemic examination:
CNS: Well oriented to person, place and time with intact higher mental function (memory,
speech & intelligence)
Motor- Normal DTR, Plantar-flexion
Sensory- Intact sensory function (touch, pain, temp. pressure) CVS: Normal apex beat in 5th ICS, no murmur found.
R/S: Inspection-B/l symmetry with normal movement of chest having no any scar. No
abnormal pulsation
Palpation-Not any tenderness
Percussion- Normal resonating note.
Auscultation- b/l equal air entry. b/l basal crepts present.
P/A: Normal scaphoid shape of abdomen with no any scar mark or venous engorgement. Abdomen is Soft, non-tender no organomegaly.

Investigation at the time of admission
CBC:
Hb- 8.0g/dl
TLC- 7,800/cu.mm
DLC- N73, L18, E1, M5
RBC: 256000/µl
HCT: 23.2% MCV: 90fl MCH: 29.7pg PLT: 160000/µl
GBP: anisopoikilocytosis +, microcytosis
+++, hypochromia+++, no haemoparasites seen
Serum iron: 52µg/dl TIBC: 292 µg/dl RBS: 91.7mg/dl
Lipid profile: within normal range.
LFT:
Total bilirubin: 0.9mg/dl
Direct bilirubin:0.6mg/dl Total protein: 5.5 gm/dl Albumin: 2.7 gm/dl
AST: 30 u/l ALT: 44 u/l ALP: 300 u/l
RFT: Na+ - 140.2meq/l
K+ -3.8meq/l
Cl- -107.1meq/l

Creat-9.1 mg/dl urea- 225 mg/dl
Serum Calcium: 10mg/dl
Serum Phosphate: 3.0 mg/dl
Stool R & M: ova and cyst-negative &
Occult blood- absent.
Urine (R/M): Reaction- Acidic Albumin-++ Sugar- Nil
Cast- Granular Pus cell- 4-6/hpf RBCs- 8-10/hpf
Epithelial cell- 2-4/hpf
ECG: left ventricular hypertrophy X ray chest: cardiomegaly
US abdomen;
s/o of b/l diffuse renal parenchymal disease
Treatment history: H/O iron supplements, multivitamins and antibiotics and two times hemodialysis (1sttime- January 2018 and 2nd time March 2019).
Treatment given at the time of admission: After thorough physical & systemic examination along with laboratorial investigations, the patient was admitted in male shalya tantar ward and the following Ayurvedic medicines were given after meal with water.

- Tab Abhra lauh (125mg)- 1 BD
- Haritaki Churna- 1tsf/HS with warm water.
- Prawala pishti (125mg)- 1 TDS
- Punarnavashtaka kwatha- 40 ml BD,

Diet
Patient was advised to restrict salty, fried, spicy, heavy and oily food items. He was restricted for fluid intake & take fluid as per 24 hours urine output and protein rich diet.
The treatment response was assessed on the basis of clinical symptomatology after a course of medicines for 15 days and significant improvement was found in the associated symptoms. The patient was then discharged and advised to continue the following medicine for 15 days and asked to report.
In first follow up (after 15 days) it was found that patient got 50% improvement. The improvement in term of the patient's view in clinical symptoms was as follows:

1) Reduction in breathlessness
2) Reduction in facial and pedal edema
3) Improvement in desire of intake of food
4) Improvement in bowel function
5) Improvement in weakness

Relevant investigations
CBC: Hb-8.5g/dl
RFT: Na+ -135.2meq/l
TC-7030/µl
K+ -4.1meq/l DC- N68, L22, E4, M 6
Cl- -108.1meq/l RBC: 257000/µl
Sr. Creat-5.8 mg/dl HCT: 24.4% Sr. Cal: 10.4 mg/dl
MCV: 94.0fl
Blood urea- 202 mg/dl
MCH: 31.0pg
Phosphate-3.7mg/dl

After thorough interrogation and physical and systemic examination the following medicines advised for another 15 days:

Treatment advised:
Gokshuradi gugglu (125mg)-2 BD,
Punarnawastaka kwath -40 ml BD,
Prawal pishti(125mg)-1TDS,
Punarnawa mandoor (500mg) 1TDS &
Haritaki Churna-1tsf/HS with warm water.

In Second follow up (after 15 days) it was found that patient got 70% improvement in clinical symptoms. 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

CBC: Hb-10.2g/dl RFT: Na+ -140.2meq/l TLC-6570/µl K+ -3.8meq/l
DLC- 7000,N59, L25, E2, M 4
Cl- -105.1meq/l
RBC: 267000/µl Sr. Creat-4.5 mg/dl HCT: 29.4%
Sr. Cal: 11.0 mg/dl MCV: 95.0fl Blood urea- 187 mg/dl MCH: 30.0pg
Phosphate-3.9mg/dl

After physical and systemic examination the following medicines were advised for 15 days: Treatment advised:]

Trun Panchamool kwath -40 ml BD,
Prawal pishti (125mg)-1TDS,
Tab, Haritaki Churna-
1tsf/HS with warm water.

DISCUSSION
It would be right to say that modern system of medicine is capable of offering reasonably effective treatment for so many diseases. The diagnostic tools to find out disease causing factors are also equally good. But here in this case neither the investigations nor the treatment helped much for considerable period of time. Patient was not satisfied by modern management. In this case we observed that the given Ayurvedic drugs were significantly reduced the blood urea, sr. creatinine level and improved the hemoglobin level. This is probably due to reno-protective and nephro-genetic effect of Punarnawa, which is the major part of current Ayurvedic prescription. The hemoglobin level was also improved from 8.0 gm/dl to 10.2 gm/dl, without any conventional hemetinic drugs and blood transfusion because of using Tab. Abhralauha and punaranawa mandoor, which provides sufficient nutrition at the level of Saptadhatus and helps in the blood formation by directly or indirectly interfering to the hemopoetic system. The Tab. Abhralauha is also worked as cardiotonic and cardioprotective. Further, it along with Gokshuradi guggulu, trunpanchamoola kwatha , poonarnava kwath and prawal pishti not only reduced the fluid overload due to renal impairment by diuretic action but also strengthen the renal and cardiac systems.The Haritaki churna stabilizes the gut system by improving the gut musculature and purgative action.Thus, we can say that the given Ayurvedic drugs are effective and completely safe. It warrants such type of therapeutic intervention on large sample of population.

CONCLUSION
Effectively these Ayurvedic drugs have capacity to normalize associated clinical symptoms and laboratorial parameters pertaining to CKD patients. It provides leads for further research based on scientific

parameters.

Drug Sources

1. Punarnavastaka kwath (Bhaishajyaratnawali)
2. Punarnava mandoor (Bhaishajyaratnawali)
3. Prawal pisti tab (Dhutapapeswara)
4. Green punarnawa syp (Dhanwantri pharmaceuticals)
5. Gokshuradi gugglu (Bhaishajyaratnawali)
6. Haritaki Churna (Bhaishajyaratnawali)

AFTER NORMALISED OF CREATININE UNDER LA INFECTED CYST EXCISION DONE FROM RIGHT FOOT.

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