

**AYURVEDIC MANAGEMENT OF CHRONIC RENAL FAILURE:
A CASE REPORT**

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ABSTRACT

Chronic Renal Failure (CRF) is progressive loss in kidney function over a period of months or years. Current definition of CRF is the presence of kidney damage for a period greater than 3 months. An estimated or measured glomerular filtration rate of less than 60 ml/min/1.73 m² is considered abnormal for all adults. In Ayurveda, chronic renal failure cannot be correlated directly to any disease. According to the principles, CRF is a disease of *mūtravahasrotas*. The signs and symptoms of CRF suggests aggravation mainly of *vāta* and *kapha* along with vitiation of multiple *dūṣya* (i.e. initially *rasa*, *rakta*, *mūtra*, *udaka* and later on all the *dhātus* and *upadhātus*). Multiple *srotas* (mainly *rasavaha*, *udakavaha*, *mūtravaha* and *medavaha*) involved in chronic renal failure. A 22yrs old male patient with a prior diagnosis of CRF was admitted in P. D. Patel Ayurveda Hospital, Nadiad. He was treated with *nirūha basti* of *punarnavādi kvātha* and *nadisvedana* (*kaṭipradeśe*) daily along with oral medicaments including *varūnādi kvātha*, *ikṣūmūla kvātha*, *gokṣurādī guggulu*, *rasāyana cūrṇa*, *bhūmyāmalakī cūrṇa*. Serum creatinine and blood urea levels were also decreased. GFR level was increased and became 15/ml/min/1.73m² which was 6/ml/min/1.73m² before the treatment. This case report is presented here to share the encouraging results of Ayurvedic treatment in this particular patient of CRF.

Keywords: Chronic renal failure, *Vṛkkadoṣa*, Ayurvedic management.

INTRODUCTION: Chronic renal failure (CRF), also known as chronic kidney disease (CKD), is progressive loss in kidney function over a period of months or years. The symptoms of worsening kidney function are not specific, and might include feeling generally unwell and experiencing a reduced appetite.¹ the definition of chronic kidney disease has been simplified over the last 5 years. It is now defined as the presence of kidney damage for a period greater than 3 months. An estimated or measured glomerular filtration rate of less than 60 ml/min/1.73 m² is considered abnormal for all adults.² In Ayurveda, chronic renal failure cannot be correlated directly to any disease. According to the principles, CRF is a

disease of *mūtravahasrotas*. The signs and symptoms of CRF suggests aggravation mainly of *vāta* and *kapha* along with vitiation of multiple *dūṣya* (i.e. initially *rasa*, *rakta*, *mūtra*, *udaka* and later on all the *dhātus* and *upadhātus*).

PATIENT'S HISTORY OF PRESENT ILLNESS: According to patient he was physically fit before 6 months. He was diagnosed to have hypertension in routine check-up before 6 months. He was on allopathic management for it and taking amlopress AT tablet once in a day. After 1 month he has complain of Fever, Nausea and vomiting Hence, he went to family physician where his bio-chemistry shows raised serum creatinine and blood urea level. So he was referred to nephrologist

where he diagnosed to have chronic kidney disease (CKD). Then he was on oral medicaments of i.e. Tab torsemide 10mg twice in a day after breakfast and after dinner, Tab.Ondansetron sos before meal, calcitrol capsule once in a day after meal, encipher O capsule once in a day after meal and Tab lanum C 500 mg twice in a day after meal. Gradually his symptoms being worst and he has other complains like weakness, loss of appetite. So he was advised hemodialysis but he didn't start and came to P D Patel ayurved hospital, Nadiad on 13th April 2017 with the complaints of weakness, loss of appetite and nausea-vomiting. He was hospitalized and treated with ayurvedic medicines for 1 month period as IPD and then on OPD bases.

CLINICAL FINDINGS:

- He had an anxious look.
- He was conscious with intact mental status.
- urine output was 1000 ml/24 hours,
- BP 130/90 mm of hg,
- Pulse 70/min,
- Respiration rate 19/min and regular.

DIAGNOSTIC FINDINGS:

Ultrasonography of lower abdomen (07/04/17) – Bilateral kidneys is echogenic with blurred CMD. Bilateral small kidneys with renal paranchymal disease, Changes of CRF.

BIO-CHEMISTRY: Before ayurvedic treatment serum creatinine level was

10.4mg/dl, Blood urea 124mg/dl, Haemoglobin 9.5gm%, Electrolytes: Sodium 138.0mEq/L, Chloride 104mEq/L, Potassium 5.3mEq/L; Urine: Specific Gravity 1.015, Albumin trace.

AYURVEDIC TREATMENT (THERAPEUTICS) AND TIME LINE:

Following treatment was given for 1 month time period (from 13/04/2017 to 12/05/2017) to the patient of CRF:

- *Gokṣurādi Guggulu* 3 tablets three times in a day after meal.
- *Varūṇādi kvātha* 40ml twice in a day before 2 hour of meal.
- *Rasāyaṇa cūrṇa* 3gm three times in a day after meal.
- *Bhūmyāmalakī cūrṇa* 3 gm three times in a day after meal.
- *Īkṣūmūlakvātha* 40ml twice in a day before 2 hour of meal.
- *Nirūha basti* with *Punarnavādi kvātha* 320ml in the morning.
- *Gokṣurādi ghṛta* 20 ml twice in a day add in *Varūṇādi kvātha*.
- *Nadisvedana (kaṭipradeśe)* daily.

DIET:

Breakfast: *Cyavanprāsāvaleha* with cow milk.

Lunch: boiled *mudga*, *mudga* beans soup, boiled vegetables and rice.

Dinner: *mudga* beans soup, rice or *khīcadī* (Indian recipe which contains equal quantity of *mudga* beans and rice), boiled vegetables.

OUTCOMES AND FOLLOW-UP:

Table: 1.1

Particulars	BT (13/04/17)	AT (12/05/17)
Urine output	1000ml/24hrs	2100ml/24hrs
S.creatinine (mg/dl)	10.4	5.0
GFR level	6ml/min/1.73 m ²	15 ml/min/1.73 m ²

Table: 1.2

Date	Serum creatinine (mg/dl)	Blood urea (mg/dl)	Hb(gm %)	Na+ (mEq/L)	Cl- (mEq/L)	K+(mEq/L)	Ca+(mg/dl)	Urine albumin
13/04/17	10.4	124	9.5	138	104	5.3	9.5	Trace
19/04/17	8.1	79.0	10.6	135	100	4.1	8.2	Trace
26/04/17	6.2	72.0	11.7	126	87	3.5	8.2	Trace
03/05/17	5.6	68.0	10.8	129	92	3.2	8.1	Trace
12/05/17	5.0	68.0	11.2	131	80	3.7	7.6	Nil
09/06/17 **	4.8	70.0	11.0	134	83	4.1	7.8	Nil
07/07/17 **	4.7	65.0	10.9	132	80	3.9	7.8	Nil

- During one month of time period nausea and vomiting decreased and no other clinical symptoms.
- S.creatinine level marked decreased so he continued ayurvedic medicine at opd level after discharged.
- Also other bio chemistry level maintained.
- After discharged patient was instructed to come for follow up after four weeks.
- ** OPD based follow-up after four weeks.
- During follow-up also clinical symptoms and bio-chemistry well maintained.

DISCUSSION: As mentioned earlier, CRF is specific form of renal disease. According to Ayurveda, CRF is a disease of *mūtravaha srotas*. Though, all the three *doṣas* as well as all the *duṣyas* are involved in the disease. *Kapha* is responsible in blocking microvessels and developing microangiopathy. *Vāta* is responsible for degeneration of the structure of the kidney. According to the Ayurvedic principles of management of the disease, tissue damage can be prevented and repaired by *rasāyana* drugs

because they have the capability to improve qualities of tissues and hence increased resistance of the tissues. On the other hand blockage can be removed by *lekhana* drugs having scraping effect on blocked channels. *gokṣurādi guggulu*³ is *rasāyana* for *mūtravaha srotas* and it has also *lekhana* effect because of *guggulu*. *Varūṇādi kvātha*⁴ relieve the *kapha* and *vāta doṣas*. *Rasāyana cūrṇa*⁵ has *rasāyana* properties especially beneficial in *mūtravaha srotas* because of *gokṣura*. *Īkṣūmūla kvātha*⁶ has diuretic property. *Nirūha basti* is a minor alternative of dialysis. *nādisvedan* help to remove *vāta* and *kapha* locally in kidney. During one month of treatment period he got remarkable improvement in renal function test as well as signs and symptoms.

CONCLUSION: Ayurvedic treatment has shown encouraging result with relief of the symptoms in the patient of chronic renal failure suffering from 6 months. Long follow up and more number of patients are required to rich up to any conclusion but with this case it can be stated that this treatment is a hope for the patients of chronic renal failure. In a difficult condition where conventional treatments are beyond

the financial capacities of a common man of the country, this therapy can be hopeful and promising.

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