

THERAPEUTIC POTENTIAL OF *AYURVEDIC* TREATMENT REGIME IN A PATIENT WITH ACUTE KIDNEY INJURY (AKI) ON CHRONIC KIDNEY DISEASE (CKD) STAGE V- CASE REPORT

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ABSTRACT

Aim: To evaluate the therapeutic potential of an integrative *Ayurvedic* treatment regimen in a patient with AKI on chronic kidney disease CKD stage V undergoing maintenance hemodialysis. **Background:** CKD is a progressive condition characterized by irreversible decline in renal function, often requiring renal replacement therapy in advanced stages. Acute kidney injury (AKI) superimposed on CKD further worsens clinical outcomes and is associated with high morbidity, poor symptom control, and increased dependence on dialysis. Evidence for complementary interventions that improve both clinical symptoms and biochemical parameters in this setting remains limited. This case highlights the potential role of individualized *Ayurvedic* therapy as a supportive modality.

Case Description: A 63-year-old male, previously employed as a private bus driver, with diabetes, hypertension, and obstructive uropathy developed AKI on CKD stage V and was initiated on thrice-weekly hemodialysis. He presented with severe pruritus, dysuria, lower limb pain, fatigue, vertigo, and poor appetite. An integrative *Ayurvedic* regimen including Siddha kṣhīr-pāka formulations and herbomineral preparations was administered orally. Over two months, the patient showed marked symptomatic improvement. Serum creatinine reduced from 8.4 mg/dl during hospitalization to 2.02 mg/dl, with improvement in estimated GFR to 41 mL/min/1.73 m². Hemodialysis was discontinued, and no adverse events were reported.

Conclusion: This case demonstrates significant symptomatic relief and notable biochemical improvement following integrative *Ayurvedic* intervention in a patient with AKI on CKD stage V.

Clinical Significance: *Ayurvedic* therapy may serve as a safe, supportive adjunct for symptom control and possible renal function stabilization in advanced CKD with AKI, warranting further controlled clinical studies.

Keywords: Acute kidney injury, Chronic kidney disease, Ayurveda, Siddha kṣhīr-pāka, Hemodialysis, Integrative medicine.

INTRODUCTION:

Chronic kidney disease (CKD) is a progressive condition characterized by persistent abnormalities in kidney structure or function lasting ≥ 3 months, with significant consequences for health. It affected nearly 788 million people worldwide had CKD and is a leading cause of morbidity and mortality, ranking as the 9th leading cause of death globally in 2023 (1,2) In advanced stages, CKD often necessitates renal replacement therapies such as hemodialysis or transplantation. When complicated by acute kidney injury (AKI), outcomes worsen, with patients experiencing frequent hospitalizations, infections, severe symptom burden (pruritus, dysuria, fatigue), and diminished quality of life (3,4).

The primary causes of CKD include diabetes mellitus, hypertension, glomerulonephritis, polycystic kidney disease, autoimmune disorders, nephrotoxic drugs, recurrent infections, and lifestyle factors (5). In addition, several emerging risk factors are increasingly recognized: low nephron number at birth; maternal, fetal, and childhood health; nutritional imbalances such as malnutrition or obesity; and socio-economic and educational status. Environmental exposures, including high altitude, nephrotoxins, contaminated water, and pollution also play a role. Importantly, these factors interact across the life course, amplifying vulnerability to CKD progression. These conditions contribute to progressive nephron loss, metabolic disturbances, and systemic complications (6).

CKD is classified into stages based on estimated glomerular filtration rate (eGFR, mL/min/1.73 m²) as follows:

- Stage 1: ≥ 90 with evidence of kidney damage

- Stage 2: 60–89 mild reduction
- Stage 3a/b: 30–59 moderate reduction
- Stage 4: 15–29 severe reduction
- Stage 5: < 15 , kidney failure requiring dialysis or transplantation

Stage V CKD (end-stage renal disease) manifests with uremia, pruritus, fatigue, anorexia, edema, metabolic acidosis, hyperkalemia, and cardiovascular complications. Current management includes renal replacement therapy (hemodialysis, peritoneal dialysis, transplantation), alongside supportive pharmacological interventions such as erythropoiesis-stimulating agents, phosphate binders, and antihypertensives (7,8).

CKD is associated with high cardiovascular morbidity and mortality. Kidney transplantation is associated with higher survival than dialysis within 1–5 years. Complications include anemia, mineral bone disease, infections, malnutrition, and reduced quality of life (7, 9,10)

Despite advances in allopathic management, symptom control remains suboptimal, and treatment dependence can be lifelong. Ayurveda, the traditional system of Indian medicine, describes renal dysfunction under entities such as *mutrakṛcchra* and *mutraghāta*. It recommends therapeutic modalities including *kvātha* (decoctions prepared by reduction/*ātva*), *kṣhīr-pāka* (milk-processed formulations), *basti* (medicated enemas), external *snehana* (oleation), and *svedana* (sudation) for restoring balance of *doṣa* and improving systemic function (11,12). Modern studies support the renoprotective and anti-inflammatory roles of key *Ayurvedic* botanicals such as *Tinospora cordifolia* (Guduchi), *Boerhaavia diffusa* (Punarnava), and *Tribulus terrestris* (Gokṣura), which demonstrate improve-

ments in kidney histopathology and serum creatinine in animal and clinical studies (3,13). Case reports and small trials have also shown that basti therapies can reduce microalbuminuria and improve uremic symptoms (14).

This case of a 63-year-old male with obstructive uropathy leading to AKI on CKD stage V, maintained on thrice-weekly hemodialysis, who continued to experience severe pruritus, lower limb pain, dysuria, and fatigue despite conventional care. He received integrative *Ayurvedic* therapy at Madhavpriya *Ayurvedic* Clinic & Panchkarm Kendra, including individualized *Siddha kshir-paka*, and adjunct external therapies. The case documents not only the preparation methods but also laboratory outcomes (serum creatinine, eGFR, uric acid, hemoglobin) and subjective improvements over follow-up.

This case is unique as it documents integrative *Ayurvedic* therapy in a patient with AKI superimposed on CKD stage V maintained on dialysis, with objective biochemical improvements (serum creatinine, eGFR, uric acid, hemoglobin) and subjective relief of pruritus, dysuria, and fatigue. It details individualized *Siddha kshir-paka* preparation methods and adjunct therapies, adding novel evidence to the literature on integrative nephrology. While acknowledging the limitations of a single-patient observation and emphasizing the need for systematic evaluation in larger controlled trials.

CASE PRESENTATION:

Patient information and consent: A 63-year-old male, father of six children, previously employed as a driver (stopped working 6 months prior), presented to Madhavpriya *Ayurvedic* Clinic & Panch-

karm Kendra on 11 May 2023. Written informed consent was obtained for integrative *Ayurvedic* management.

Medical history: He was a known case of type 2 diabetes mellitus (15 years) and recently diagnosed hypertension (6 months). He had a history of chronic alcohol consumption for approximately 22 years and was a heavy smoker (20 to 25 cigarettes) (quit 1 month prior). There was no history of ischemic heart disease, cerebrovascular accident, bronchial asthma, or tuberculosis. Family history was significant for diabetes mellitus in his brother.

Renal history and hospital course: In December 2022, he underwent laparotomy for obstructive uropathy due to right ureteric calculus with hydronephrosis. He required percutaneous nephrostomy (PCN) and right DJ stenting. During this admission he developed acute kidney injury (AKI) lasting approximately 10 days. He later underwent PCN removal. Despite these interventions, his renal function progressively worsened, and he developed AKI on chronic kidney disease (CKD stage V).

He was admitted at another Hospital, Mumbai, from 30 March 2023 to 24 April 2023 with complaints of abdominal distension, fever with chills, vomiting, and oliguria. He was initiated on maintenance hemodialysis (MHD) three times per week and discharged on multiple medications including antihypertensives, antiplatelet agents, phosphate binders, calcium supplements, iron, and vitamins.

Presenting complaints at *Ayurvedic* consultation: At the time of *Ayurvedic* evaluation (11 May 2023), the patient reported:

- Severe pruritus and discoloration over the lumbar region (*katipradeśī kaṇḍū, vivarnya*)

- Pain and itching extending from the knee to ankle joints (*jānu sandhi to gulfa sandhi sūla & kaṇḍū*)
- Dysuria with dribbling and reduced urine output (*mutrakṛcchra*)
- Excessive flatus (*adhovāyu pravartan*)
- Sensation of vertigo (*bhrama*)
- Fatigue, disturbed sleep, and low appetite

Clinical findings: On examination, the patient's weight was 57.45 kg. Vital signs were stable: pulse 76/min, blood pressure 110/70 mmHg. Systemic examination revealed clear chest, normal heart sounds, and soft abdomen without organomegaly. Neurological examination was normal.

Laboratory evaluation: Hospital discharge summary (April 2023) showed hemoglobin 8.9 g/dl (after blood transfusion), serum creatinine 8.4 mg/dl, and oliguria. At follow-up testing (10 July 2023), HbA1c

was 5.5% (estimated average glucose 118.5 mg/dl), serum creatinine 2.02 mg/dl, blood urea nitrogen 19 mg/dl, serum uric acid 8.4 mg/dl, serum calcium 8.0 mg/dl, phosphorus 3.9 mg/dl, total protein 6.9 g/dl, albumin 4.0 g/dl, and eGFR approximately 41 mL/min/1.73 m².

Methods (Therapeutic Intervention)

The patient received an integrative *Ayurvedic* regimen comprising oral formulations designed to balance *doṣa*, improve renal function, and relieve symptoms. All preparations were freshly made according to classical *Ayurvedic* methods, under supervision at Madhavpriya *Ayurvedic* Clinic & Panchkarm Kendra (Table 1). The preparation of *Kṣīra Pāka* followed the classical method described in *Sharangdhar Samhita Madhyam Khand - Dwitiodhyaya, Sloka - 165(15)*.

Oral formulations

Table 1. Detailed Ayurvedic Therapeutic Regimen (Oral Administration)

Formulation and Ingredients (Botanical Name)	Dose & Preparation	Prakshep (Dose)	Frequency	Anupāna	Duration	Route
Morning Siddha Kṣhīr-pāka: Siddha kṣhīr-pāka prepared from Laghupanchmul, Śarivā (<i>Hemidesmus indicus</i>), Śveta candana (<i>Santalum album</i>), Rakta candana (<i>Pterocarpus santalinus</i>), Mustā (<i>Cyperus rotundus</i>), Vidari	Prepared using 100 mL water + 100 mL A2 milk, reduced to 100 mL	Muktipishti (120 mg) ushiradi churna (360 mg), vidaryadi gana (720 mg), Trifala Guggul (360 mg), kautjadi shilajit (360 mg), madhusudana vati (360 mg), laghusutshehar ras (360 mg), musta (720 mg)	Once daily (morning)	Elādi ghṛita	2 months	Oral

(<i>Cynodon dactylon</i>), and <i>Suvarna</i> (pure gold) <i>sidhha kshira</i>		(<i>Cyperus rotundus</i>), <i>survari Hirda</i> (<i>Terminalia chebula</i>) (360 mg), <i>sukshma Abhrak</i> (15 mg)				
Evening Siddha Kshir-pāka: <i>Siddha kshir-pāka</i> prepared from <i>Vidhārī</i> (<i>Pueraria tuberosa</i>), <i>Laghupanchmul</i> , <i>Guḍūcī</i> (<i>Tinospora cordifolia</i>), <i>Rakta candana</i> , <i>Śveta candana</i> , <i>Mañjiṣṭhā</i> (<i>Rubia cordifolia</i>), and <i>Suvarna</i> (pure gold) <i>sidhha kshira</i> .	Prepared using 100 mL water + 100 mL A2 milk, reduced to 100 mL	<i>madhusudan vati</i> (360 mg), <i>ushiradi churna</i> (720 mg), <i>vidyardi gana</i> (720 mg), <i>Trifala Guggul</i> (360 mg), <i>kautjadi shilajit</i> (360 mg), <i>survari Hirda</i> (<i>Terminalia chebula</i>) (360 mg), <i>sukshma Abhrak</i> (15 mg), <i>Vyoshadi virechana</i> (360 mg).	Once daily (evening)	<i>Durvādyaghṛita</i>	2 months	Oral

Monitoring and follow-up

- Clinical symptoms (pruritus, pain, dysuria, fatigue, appetite, sleep) were recorded at baseline and follow-ups by investigator.
- Laboratory tests (creatinine, BUN, electrolytes, uric acid, albumin, Hb, HbA1c) were performed before initiation and after therapy (10 July 2023).
- Dialysis frequency and tolerance were documented.
- No adverse events were noted after follow-up.

RESULTS / OUTCOMES

Clinical outcomes:

After initiation of integrative *Ayurvedic* therapy on 11 May 2023, the patient re-

ported progressive improvement in multiple symptoms:

- **Pruritus and skin discoloration (lumbar region, lower limbs):** markedly reduced
- **Pain and itching (knee to ankle joints):** decreased in intensity, with improved ability to ambulate.
- **Dysuria:** dribbling and burning sensation improved; urine flow reported subjectively as easier.
- **Gastrointestinal symptoms:** excessive flatus (*adhovāyu pravartan*) reduced.
- **General well-being:** patient reported better sleep, increased appetite, reduced fatigue, and decreased episodes of vertigo.

Dialysis status:

At baseline, the patient had undergone 7 hemodialysis sessions before Ayurvedic therapy

which was completely stopped once Ayurvedic treatment has started (11th May 2023).

Table 2: Serial Laboratory Parameters at Pre-hospitalization, During Hospitalization, and Post-intervention Follow-up in a Patient with AKI on CKD Stage V

Parameter	Observation			Normal Range
	16/4/2023	23/4/2023 Pre- hospitalization	10/7/2023 Post-hospitalization	
Glucose	86	145	118.5	80–100 mg%
HbA1c:	-	-	5.5%	
Urea Nitrogen	85	29.3	19	10–15 %
Creatinine	10	6.3	2.02	0.1–0.2 mg%
eGFR	-	-	41	mL/min/1.73 m ²
Serum uric acid	-	-	8.4 mg/dl	
Sodium	137	136	-	132–144 mEq/L
Potassium (K)	5.5	4.4	-	3.6–4.8 mEq/L
Chloride (Cl)	104	105	-	96–105 mEq/L

These results indicate biochemical improvement, especially in serum creatinine and eGFR compared to baseline hospitalization values.

Safety outcomes:

No adverse effects related to Ayurvedic formulations, were reported. Vital signs remained stable during therapy.

DISCUSSION

This case describes a 63-year-old male with obstructive uropathy leading to AKI on underlying CKD stage V, maintained on hemodialysis, who received Ayurvedic therapy comprising *Siddha kshir-paka* and herbomineral preparations mentioned above. Notable outcomes included marked symptomatic relief (pruritus, joint pain, dysuria, fatigue) and biochemical improvement, with serum creatinine decreasing from 8.4 mg/dl during hospitalization to 2.02 mg/dl with an estimated GFR of 41 mL/min/1.73 m² at follow-up. These find-

ings suggest a potential supportive role of Ayurvedic formulations in symptom management and stabilization of renal function in advanced CKD with AKI.

Ayurvedic therapies have been explored in chronic renal failure and CKD, with several studies reporting improvements in renal parameters and symptom burden. Patel et al. (2011) observed a ~20% reduction in serum creatinine among 100 patients with chronic renal failure following Ayurvedic treatment. Ramteke et al. (2012) demonstrated clinical efficacy of *Gokshura-Punarnava basti* in reducing microalbuminuria in diabetic nephropathy, highlighting the potential of basti therapy in renal disorders. A recent randomized trial suggested that combined herbal oral and rectal formulations could benefit patients with type 2 diabetes complicated by CKD (3-5).

The botanicals used in this case—*Tinospora cordifolia* (Guduchi), *Tribulus ter-*

restris (Gokşura), *Pueraria tuberosa* (Vidhārī), *Rubia cordifolia* (Mañjiṣṭhā), in some formulations)—have documented antioxidant, anti-inflammatory, and nephroprotective effects (Joladarashi et al., 2012). Mechanistic studies suggest attenuation of oxidative stress, modulation of extracellular matrix deposition, and improvement in renal histopathology. The decoction process in *kṣhīr-pāka* is believed to enhance solubility and bioavailability of phytochemicals in both aqueous and lipid media. *Kṣhīr-pāka* may deliver bioactive compounds with antioxidant and anti-inflammatory activity, supporting renal tissue integrity. Together, *Ayurvedic* therapy has supported better appetite, sleep, and general well-being, which are often compromised in CKD patients.

The strengths of this case include the detailed documentation of *Ayurvedic* treatment along with objective laboratory parameters such as creatinine, eGFR, BUN, calcium, phosphorus, and protein profile were available for comparison before and after therapy. *Ayurvedic* treatment, also ensured safety in patient management. However, this report is limited by being a single-patient observation and long term follow-up is required to rule out spontaneous recovery.

This case suggests that *Ayurvedic* treatment can provide symptomatic relief and possible biochemical stabilization in patients with advanced CKD on dialysis. Such findings warrant systematic evaluation in larger cohorts, ideally through prospective pilot studies with standardized *Ayurvedic* protocols, laboratory monitoring, dialysis records, and validated symptom scales. Collaboration and vigilance is essential to en-

sure safety, avoid herb–drug interactions, and generate robust clinical evidence.

PATIENT PERSPECTIVE:

The patient was diagnosed with kidney disease in December 2022 and underwent multiple treatments, including hemodialysis, without significant improvement. He also had obstructive uropathy due to a kidney stone, along with a history of diabetes mellitus and hypertension. A ureteric stent was placed; however, serum creatinine levels remained elevated (~10 mg/dL), and symptoms persisted.

In April 2023, the patient initiated *Ayurvedic* treatment. Following the start of therapy, gradual clinical improvement was observed. Within two weeks, the ureteric stent was removed. Over the subsequent three months, serum creatinine levels decreased to 2.02 mg/dL.

Marked improvement in symptoms was reported, including reduction in pruritus of the lower limbs, improved urine flow, and decreased abdominal discomfort, breathlessness, and dizziness.

Under medical supervision, dialysis was gradually discontinued without reported adverse effects. Overall, the patient reported a substantial improvement in general well-being and quality of life.

CONCLUSION

This case demonstrates the potential role of *Ayurvedic* therapy in the management of a patient with acute kidney injury on chronic kidney disease stage V undergoing hemodialysis. The combined use of *Siddha kṣhīr-pāka*, and herbomineral preparations were associated with improvements in pruritus, musculoskeletal pain, dysuria, appetite, sleep, and overall well-being, as well as a notable reduction in serum creatinine and improved estimated GFR. While causality

cannot be established from a single observation, this report highlights the need for further systematic evaluation of such Ayurvedic therapies in advanced renal disease. Carefully designed controlled studies are required to determine safety, efficacy, and mechanisms, and to inform evidence-based Ayurvedic care.

DECLARATIONS

Patient consent for publication

Written informed consent was obtained from the patient for treatment, clinical documentation, and publication of anonymized details and images in a scientific journal.

REFERENCES

- 1) Chen TK, Knicely DH, Grams ME. Chronic Kidney Disease Diagnosis and Management: A Review. *JAMA*. 2019 Oct 1;322(13):1294-1304. doi: 10.1001/jama.2019.14745. PMID: 31573641; PMCID: PMC7015670. Accessed April 19, 2026, 20:15 IST.
- 2) Mark, P. B., Stafford, L. K., Grams, M. E., Aalruz, H., Abd ElHafeez, S., Abdelgalil, A. A., & Do, T. H. P. (2025). Global, regional, and national burden of chronic kidney disease in adults, 1990–2023, and its attributable risk factors: a systematic analysis for the Global Burden of Disease Study 2023. *The Lancet*, 406(10518), 2461-2482. Accessed April 19, 2026, 20:16 IST.
- 3) AJoladarashi, D., Chilkunda, N. D., & Salimath, P. V. (2012). Tinospora cordifolia consumption ameliorates changes in kidney chondroitin sulphate/dermatan sulphate in diabetic rats. *Phytotherapy Research*, 26(10), 1539–1546. <https://doi.org/10.1002/ptr.4593>. Accessed April 19, 2026, 20:17 IST.
- 4) KDIGO. (2022). Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. *Kidney Disease: Improving Global Outcomes*

(KDIGO). *Kidney International*, 102 (Suppl 5S), S1–S127. Accessed April 19, 2026, 20:18 IST.

- 5) Maringhini, S.; Zoccali, C. Chronic Kidney Disease Progression—A Challenge. *Biomedicines* 2024, 12, 2203. <https://doi.org/10.3390/biomedicines12102203>

- 6) Romagnani, P., Agarwal, R., Chan, J.C.N. *et al.* Chronic kidney disease. *Nat Rev Dis Primers* 11, 8 (2025). <https://doi.org/10.1038/s41572-024-00589-9>. Accessed April 19, 2026, 20:18 IST.

- 7) Vaidya SR, Aeddula NR. Chronic Kidney Disease. [Updated 2024 Jul 31]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK535404/>. Accessed April 19, 2026, 20:19 IST.

- 8) Bello AK, Alrukhaimi M, Ashuntantang GE, Basnet S, Rotter RC, Douthat WG, Kazancioglu R, Köttgen A, Nangaku M, Powe NR, White SL, Wheeler DC, Moe O. Complications of chronic kidney disease: current state, knowledge gaps, and strategy for action. *Kidney Int Suppl* (2011). 2017 Oct;7(2):122-129. doi: 10.1016/j.kisu.2017.07.007. Epub 2017 Sep 20. PMID: 30675426; PMCID: PMC6341007. Accessed April 19, 2026, 20:20 IST.

- 9) Li Y, Jiang R, Ouyang C, Wang J, Yu Q, Lu J, Hong W, Liu S, Chen Y, Cai J, Yuan H, Zhang L, Lu Y. Chronic kidney disease is associated with increased risk of sudden cardiac death. *Nat Commun*. 2025 Oct 16;16(1):9180. doi: 10.1038/s41467-025-64254-9. PMID: 41102190; PMCID: PMC12533083. Accessed April 19, 2026, 20:20 IST.

10) Shi, B., Ying, T., & Chadban, S. J. (2023). Survival after kidney transplantation compared with ongoing dialysis for people over 70 years of age: a matched-pair analysis. *American Journal of Transplantation*, 23(10), 1551-1560. Accessed April 19, 2026, 20:22 IST.

11) Jatav, R., Jaitwar, A. P., Sasmal, S., Masodkar, P., & Tiwari, R. (2021). A review article of management of Mutrakriccha (UTI) according to Ayurveda. *World Journal of Pharmaceutical and Medical Research*, 7(13), 63–66. Accessed April 19, 2026, 20:41 IST.

12) Patel MV, Gupta SN, Patel NG. (2011). Effects of *Ayurvedic* treatment on 100 patients of chronic renal failure. *Journal of Ayurveda and Integrative Medicine*, 2(4), 195-204.

<https://doi.org/10.4103/0975-9476.90769>
Patel MV, Gupta SN, Patel NG. Effects of Ayurvedic treatment on 100 patients of chronic renal failure (other than diabetic nephropathy). *Ayu*. 2011 Oct;32(4):483-6. doi: 10.4103/0974-8520.96120. PMID: 22661841; PMCID: PMC3361922. Accessed April 19, 2026, 20:25 IST.

13) Ramteke, R. S., Thakar, A. B., Trivedi, A. H., & Patil, P. D. (2012). Clinical efficacy of Gokshura-Punarnava Basti in the management of microalbuminuria in diabetes mellitus. *Ayu*, 33(4), 537–541. <https://doi.org/10.4103/0974-8520.110535>. Accessed April 19, 2026, 20:45 IST.

14) Patankar, S., Gorde, A., Patankar, S., Raje, R., Devanpally, C., Ausekar, P., Patil, G., & Chitale, S. (2025). A prospective, randomized, open label, parallel

group, comparative clinical trial to evaluate the safety and efficacy of combination of herbal oral capsule and rectal medication to improve gut health of type 2 diabetic patients having chronic kidney disease (CKD). *Journal of Ayurveda and integrative medicine*, 16(2), 100992. <https://doi.org/10.1016/j.jaim.2024.100992>. Accessed April 19, 2026, 20:46 IST.

15) *Sharangdhar samhita*. Acharya Sharangdhar Editor/Commentator/Translator - Acharya Shri Radhakrushna Parashar (Ayurvedacharya). 4th edition, (1994), Publisher: Shri Baidyanath Ayurved Bhavan, Pvt Ltd., Nagpur. Madhyam Khand - Dwitiyodhyaya, Sloka – 165

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