



**AYURVEDIC MANAGEMENT OF CHRONIC KIDNEY DISEASE DUE TO  
HYPERTENTION & TYPE-II DM–A CASE REPORT**

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**ABSTRACT**

The chronic kidney disease (CKD) with its high prevalence, morbidity and mortality is an important worldwide public health problem. In India diabetes and hypertension report 40-60% cases of CKD. It is progressive loss of kidney function, which develops over a period of years. CKD is considered when glomerular filtration rate (GFR) falls below 30 ml/min. the management include dialysis and renal transplantation, which are not affordable by every patient because in India large number of patients below the poverty line. Therefore exploration of safe and alternative therapy is needed which proves to be helpful in reducing the requirement of dialysis and in delaying the renal transplant. A patient of CKD comes to our OPD and treated with Ayurvedic principles, the line of treatment advised by *Acharyas* provides symptomatic relief and reduction in the level of blood urea, serum creatinine, and albuminuria. Overall result of Ayurvedic management in present case was highly significant.

**KEYWORDS:** Chronic kidney disease (CKD), glomerular filtration rate (GFR).

**INTRODUCTION**

Chronic kidney disease (CKD) slowly gets worse over time. In the early stages, there may be no symptoms. Each patient is classified into one of the following 5 stages of CKD because management and prognosis varies according to the progression of damage. Stage-1 kidney damage with normal or increase GFR (>90ml/min), stage-2 mild reduction in i.e. GFR 60-89 ml/min, stage-3 moderate reduction in GFR 30-59, Stage-4 severe reduction in GFR 15-29ml/min, Stage-5 kidney failure (GFR<15ml/min). The loss of function usually takes months or years to occur. It may be so slow that symptom does not appear until kidney function is less than one-tenth of the normal. The final stage of chronic kidney disease is called end-stage renal disease (ESRD). At this stage, the kidneys are no longer able to remove enough wastes and excess fluids from the body. The patient needs dialysis or a kidney transplant. Diabetes and high blood pressure are the two most common cause and account for most cases. Chronic kidney disease leads to a buildup and waste product in the body. This condition affects most body system and function, including: Blood pressure control, Red blood cell production, Vitamin-D and Bone Health. Chronic kidney disease described in modern system of medicine shows close resemble with symptom of prameha upadravam.<sup>[1]</sup> It occurs when kapha meda vriddhi,

malasanchayam than produce symptom like- loss of appetite, general feeling weakness and fatigue and difficulty in balancing. Treatment in Ayurveda as described by Acharyas is shodhan<sup>[2,3]</sup> as well as shaman chikitsa (mala apanayanan, Rakt sudhi, Tikt Rasa Ruksha Dravya prayog, Ruksha virechan.).<sup>[4,5]</sup>

**AIMS AND OBJECTIVES**

1. To prove the efficacy of Ayurvedic formulations in management of CKD.
2. To provide cost effective and safer treatment to prevent dialysis and kidney transplant in future.

**CASE REPORT**

A 65 year old male patient visited our hospital OPD with complaints of generalized edema, weakness, nausea, vomiting, dyspnea and difficulty in balancing while walking.

**Past history**

According to the patient he was suffering from hypertension last 10 years. Then he developed constipation, pedal edema, weakness and difficulty in balancing while walking gradually. Patient took allopathic treatment and got symptomatic relief. But after some time he again develops such severe condition than he went to Safdarganj hospital New Delhi to get further

treatment but he did not get relief. After that he went to nephrology department of AIIMS hospital, New Delhi Where Doctors team advised him dialysis but he was not comfortable with this treatment. Finally for the search of better management came to Ayurvedic hospital CBPACS Najafgarh New Delhi for conservative treatment.

### General Examination

**BP-** 180/110 mm of Hg **P/R-**100/ min  
**Pallor-** Present **Icterus-** absent  
**Clubbing-** absent **Cyanosis-** absent  
**Lymph node-** not palpable **Temperature-** 98.6°C  
**CVS** –S<sub>1</sub> S<sub>2</sub> high pitched  
**Chest-B/L** equal air entry, no added sound  
**CNS-**Patient was conscious, well oriented to name, place and person.  
**Edema-** pedal edema, eye lids and facial swelling was present.  
**Locomotor system-**Difficulty in walking due to pedal edema but the muscle bulk and tone was normal.

### Astavidha pariksa

**Nadi-** 100/min, regular **Sabda-** sapahta (soft)  
**Mutra-** yellow and decrease output **Sparsa-** normal (Anushnasheeta)  
**Mala-**Sama (constipation) **Drika-** pallor  
**Jihva-**Sama (coated) **Akruti-** normal

### Treatment

1. Goksuradi guggulu- 2TDS
2. Vrunadi kwath-40ml BD
3. Ajaji churna and patoladi churna 5gms daily.
4. Haritaki churna. - 10 gms at night
5. Take of takra (100 ml) with 5 gm Trikatu ch. And 2 tab punarnva mandoor 500 mg (to prevent secondary anemia)
6. Niruha basti of punarnavadi kwatha.

**Diet** –Salt restricted hospital diet with minimal intake of fluids was advised to patient.

### Assessment of the result

The patient was clinically assessed before and after treatment, on the basis of change in symptoms and laboratory investigations.

Investigations	BT	AT
Serum creatinine	5.54 mg/dl	2.1 mg/dl
Blood urea	105 mg/dl	63 mg/dl
Albuminuria	1.98 g/l	0.68 mg/dl
Hemoglobin	10.4 gm.%	11.2 gm.%

Symptoms	BT	AT
Urine out put	750ml/day	1500ml/day
Edema	3+	1+

Edema was measured with the help of edema scale made by clinical medicine & research.<sup>[6]</sup> The relief was also noted on the basis of following symptoms i.e. nausea,

vomiting, weakness and dyspnea. Difficulty in balancing and walking was also subsided because pedal edema was reduced from grade III to grade I.

**Follow up-** After 21 days of IPD treatment, it was found that patient got 60% relief in symptoms. After thorough interrogation and physical and systemic examination, medicine was advised to further 14 days with follow up of 7 days.

### DISCUSSION

There is abnormal accumulation of urea and creatinine in CKD It can be considered as mala sanchyadi such conditions, tikta, ruksa, virechana Ausadhi should be given e.g. Varuna (Crataeva Nurvala). Varuna is a very effective anti-inflammatory herb which is grossly used in kidney disorders.<sup>[7]</sup> Patoladi churna (Trichosanthes dioica) have tikta, ruksa and anuloman properties which are useful in improving appetite, digestion and hyperglycemic conditions. The tikta dravya was used into two form that is sodhan and shaman. Patoladi kasayam was used as shaman dravya (Trichosanthes Dioica) whereas Punarnavadi kasayam (Boerhavia Diffusa) was used in niruha vasti as shodhan dravya. The Punarnva rejuvenate the dying cells and improves the renal function by removal of waste from the body.<sup>[8]</sup> Haritaki churna (Terminalia Chebula) is a natural laxative and contains dietary fibers which provide relief in the symptoms associated with CKD. Ajaji churna (Cuminum Cyminum) is explained in astang hridaya in sophā chikitsa.<sup>[9]</sup> It has laghu, rooksha and kapha-vatahara properties. Takra has laghu, rooksha, ushna and kapha-vataharnam properties. In Charak Samhita the takra is indicated in a number of diseases like sophā, arsha, grahni, mutragriha etc. Thus combined use of these drugs may show relief in the symptoms of CKD.

### CONCLUSION

On the basis of relief in clinical signs and symptoms and laboratory investigations, the present case shows significant result in 35 days of IPD & OPD treatment. Though the improvement was noted in this patient as in single case study, further elaborated study including more number of patients can be done for the confirmatory result and to get more data to establish the fact with more statistical strength.

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