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CASE REPORT

Ayurvedic Management of Chronic Kidney Disease: A Case Report

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ABSTRACT:

Chronic Kidney Diseases (CKD) are one of the leading causes of mortality in the world. With the raise in number of patients with hypertension and diabetes mellitus around the world, the cases of CKD continue to rise. Most of the times patients cannot afford the expensive treatment modalities like dialysis and renal transplantation, and also everybody cannot be a candidate for renal transplant due to various factors like age and other diseases. In this scenario Ayurveda can play a very significant role in improving the lives of CKD patients. A case of CKD with chronic history of Type I Diabetes mellitus and Hypertension, has shown encouraging results with ayurvedic medications in a short time. Chronic diseases like CKD can be managed by Ayurveda after assessing the dosha, dushya and vyadhi awastha properly and the quality of life of patients can be improved.

Keywords: Chronic Kidney Diseases, Chandraprabha vati, Gokshurdai Guggulu, Trinapanchamool kwath

Introduction

Kidneys are specialized organs of the body with a wide range of functions. They maintain the volume of the various body fluids, acid base balances, various electrolyte concentrations and remove toxic metabolites. Kidney diseases have always been a leading health problem worldwide. Incidences of kidney diseases leading to renal failure are increasing day by day. The most common kidney disease in the present scenario is chronic kidney disease (CKD). CKD is defined by persistent urine abnormalities or impaired renal excretory functions suggestive of irreversible loss of functional neurons. It is differentiated from

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acute kidney disease in that kidney function has declined persistently for over 3 months. Symptoms of kidney diseases are often non-specific and are generally detected while routine screening blood work by either increase in serum creatinine or protein in urine. CKD is caused by a variety of factors but Diabetes mellitus and Hypertension are the two leading causes.¹

Clinical and laboratory manifestations of CKD include fluid, electrolyte and acid base disorders, disturbed potassium homeostasis, metabolic acidosis, disorders of calcium and phosphate metabolism, cardiovascular abnormalities, hematological abnormalities such as anemia, neuromuscular abnormalities, endocrine and metabolic disturbances, etc. ²

CKD is classified into 5 stages based on GFR and the extent of kidney damage. Kidney damage is defined as pathological abnormalities or markers of damage , including abnormalities in blood and urine tests or imaging studies.³

Stage 1: Slightly diminished function; kidney damage with normal or relatively high GFR(≥90ml/ min/1.73m2)

Stage 2: mild reduction in GFR (60-89 ml/min/1.73m2) with kidney damage

Stage 3: moderate reduction in GFR (30-59 ml/min/1.73m2) with kidney damage

Stage 4: severe reduction in GFR (15-29 ml/min/ 1.73 m2) with kidney damage

Stage 5: established kidney failure GFR (\leq 15 ml/ min/ 1.73 m2)

Treatment of CKD at various stages requires treatment of the underlying cause , such as aggressive control of high blood pressure and blood sugar, dietary modifications, cessation of smoking and use of various drugs. At the end stages of CKD the toxic metabolites retained inside the body slowly start affecting the other organs. Restoration of kidney functions is possible only through dialysis or kidney transplantation which is costly and not affordable to every one. In Nepal with the population of more than 30.5 million, every year 100/ million patients are diagnosed with end stage renal disease.4 Due to limited resources providing easily ascessible care to kidney patients is challenging. In this scenario many reluctant patients turn to Ayurveda for treatment. The advantages of using Ayurvedic treatment for CKD is that the frequency of dialysis can be significantly reduced and the risk of death can be minimized.

A CASE REPORT

A 81 year old male came to OPD of ACTH Kirtipur, with the following complaints.

Chief complains; B/L Swelling of the lower limbs since 5 years, Nausea since 3 years.

Associated complains; itching all over the body, indigestion and generalized weakness

History of Present Illness: Patient was quite asymptomatic 5 years ago. Gradually, he noticed swelling of the lower limbs, which got worse day by day and he started to have discomfort in walking. After few months the patient developed nausea, with occasional vomiting. He also developed discomfort in the abdomen at all times.

Past history: Patient was diagnosed with Type I Diabetes mellitus 36 years back and secondary hypertension 25 years back. He had high levels of blood urea and creatinine since 5 years. He was diagnosed with CKD 5 years ago after laboratory diagnostic tests, radiological investigation.

Previous treatment history: For type I diabetes mellitus and was taking 20 units of insulin in the morning and 6 units insulin in the evening since the last 36 years. Patient was also known case of secondary hypertension since 25 years and was on antihypertensive medications (tab prazosin , tab furosemide), statins, probiotics, calcium, vitamin supplements.

Personal history:

Patient had normal bowel and urine habits, with decreased appetite.

Addiction history:

Past smoker, Non-alcoholic	Pedal oedema with facial puffiness: +		
On examination; Patient was afebrile, conscious,	Lymph node not palpable		
well oriented.	Respiratory system; NAD		
Vitals examination:	CVS; NAD		
Pulse was 88bpm and blood pressure was 140/70 mm of Hg.	GIT: NAD		
Physical examination;	CNS: NAD		
General condition; fair	Based on observations the patient showed kaphavrit vata lakshana like sotha, agnimandhya, basded on		
Pallor; +	which kaphavrit vatajanya mutraghata with sahaj		
Icterus; -	prameha and raktagata vata was diagnosed.		
Cyanosis:-	The prognosis of this m, anifestation is krihcha sadhya, difficult to cure. As per the treatment prin-		
Clubbing:-	ciples and lab reports, internal medicines wer planned.		

Date	Medicines	Dose	Duration	Anupana
079/1/22	1. Trinapanchamool kwath	40 ml	BD	-
	2. varunadi kwath	40 ml	BD	-
	3. Tab sheeta Prabha vati	2 tab	BD	Luke warm
				water
	4. Tab Gokshuradi guggulu	2 tab	BD	water
	5. Tab Chandraprabha vati	2 tab	BD	water
	6. Syp harit punarnava	4 tsf	BD	water
	7. Tab kaisore guggulu	2 tab	BD	water

Treatment was same continuing for 1 month. follow up after 1 month showed decreased swelling of limbs and increased appetite of the patient. Itching and nausea was also reduced. Blood sugar, blood urea and creatinine levels also decreased significantly.

Progress of the treatment

Date	2079/01/13	2079/01/22	2079/02/05	2079/02/28
1. Serum urea	218mg/dl	190mg/dl	67 mg/dl	90 mg/dl
2. Serum creatinine	5.1 mg/dl	5.1 mg/dl	3.3 mg/dl	2.1 mg/dl
3. Serum sodium (Na+)	133mmol/L	140mmol/1	141mmol/L	141mmol/L
4. Serum potassium(K+)	3.2mmol/L	4.2mmol/1	4.2mmol/L	4.2mmol/L
5. Blood sugar (fasting)		151mg/dl	96mg/dl	88md/dl
6. Hemoglobin%	10gm/dl	10gm/dl	11.2gm/dl	12.2gm/dl

Probable mode of action

1. Trinapanchamool kwath

It consists of 5 drugs, kush, kash, sara, darva and ikchu. They have been included in the mutra virechaniya mahakashaya by acharya charak. They are capable of treating many disorders related to the urinary system. This kwath has vata pitta shamak property, is diuretic, kidney stimulant and hematopoietic in action. ⁵

2. Varunadi kwath

Ingredients of varunadi kwath are Varuna, Gokshura, shunthi and yavakshara. It has properties of chedana, bhedana, lekhana, tridoshaghna, mutrala, anulomana and krimighna.⁶

3. Sheetaprabha Vati

Sheetaprabha vati is a proprietary ayurvedic medicine by Shree dhootpapaeshwor limited.

It has ingredients such as Shweta parpati, hajrul yahood bhasma, badarasma bhasma which help in ayurvedic treatment of any disorders of the mutravaha srotas, such as mutrakriccha, mutradaha, hematuria etc. this medicine maintains the overall health of the patient and also supports the functions of the kidneys.

4. Gokshuradi Guggulu

Gokshuradi guggulu is a commonly used preparation for diseases of genitourinary system. Gokshur is the main ingredient of this preparation along with guggulu, trikatu,trifala and musta . it is very effective in prameha, mutrakriccha, sweta pradar, rakta pradar, vatarakta, vatavyadhi, shukra dosha and ashmari.⁷

5. Chandra Prabha vati. 8

This famous herbomineral preparation consists of shilajatu, guggulu, triphala, trikatu, guduchi, guggulu, yavakshara, sarjikshara etc. It is indicated in various diseases related to the mutravaha srotas, shukravaha srotas, medorog etc. According to Sarangdhar Samhita, 20 types of prameha, mutrakriccha, mutraghat, ashmari, upadamsha, arbuda, katishool etc are its indications. It appears that Chandraprabhavati mostly acts on Tridoshas, Rakta, meda, mamsa, shukra dhatus, purish, mutra, and srotas such as raktavaha, mamsavaha, medovaha, shukravaha, mutravaha srotas etc and improve the overall health of the body.

6.Harit Punarnava

Syp. Harit Punarnava is a proprietary Ayurvedic medicine, consisting of Punarnava, Gokshur, sarapunkha, swetaparpati, Varun, Guduchi, Kush, Manjistha etc. It is indicated in oedema, urinary disorders, hepatomegaly, spleenomegaly.

7. Kaisore Guggulu

Kaisore Guggulu consists of Triphala, trikatu, guduchi, vidanga, trivrit, danti, guggulu etc as its ingredients. Its main indications are prameha, udarroga, vatarakta, kustha, mandagni, pandu etc. It acts as a natural blood cleanser. On long term usage it also acts as a Rasayan.

DISCUSSION

Mutra or urine is an essential waste product, mala. Excess udaka(water), kleda(moisture), and various other toxins are removed from the body with it. The total quantity of mutra is 4 anjali (personified unit).9 The formation of urine starts in the pakwashaya or the large intestines. The waste products of digestion of food get diluted in water in the large intestines. After absorption the products are circulated for filtration and metabolic transformation to form urine which then goes to the urinary bladder(basti), and is excreted via the urethra.¹⁰ The channels carrying the urine originate in the pelvic region including the kidneys and the urinary bladder (vasti and vankshan).¹¹ The symptoms of affictition of the channels carrying urine include excessive exertion, excessive obstruction or suppression of urine, vitiated, diminished, or frequent voiding of urine with pain. ¹² Urinary disorders including diabetes (prameha) is characterized by excessive quantity of urine with altered characters. Excess fluid content of the body (kleda), vitiated kapha and medas enter the kidney and urinary bladder vitiating the urine and increasing its turbidity and frequency.¹³ These types of abnormalities should be treated by removing the cause by either sodhana or medicines that facilitate natural excretion. In the above case this very principle was applied and the medicines were selected accordingly. Since the origin of mutra is in the pakwashaya drugs that act on these very areas along with the mootravaha srotas should be considered.

CONCLUSION

In this study, various Ayurvedic formulations like Trinapanchamool kwath, Gokshurdai Guggulu, Chandraprabha vati etc. were used in a patient with chronic Renal faliure and improvement in Renal functions as well as overall health was observed. Thus, we can suggest that Ayurvedic management is beneficial CKD and it reduces the need for dialysis and renal transplant. Early diagnosis and early use of Ayurvedic treatment gives better results in every case. This single case study has given a satisfactory treatment result, further studies are needed in a larger scale with many CKD patients.

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