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Clinical Response to Ayurveda Management in Chronic Kidney Disease: A Case Series

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ABSTRACT:

Renal functions gradually deteriorate over months or years in chronic kidney disease (CKD), also referred to as chronic renal failure (CRF). In this case series, three patients with chronic kidney disease (CKD) were treated with a customized Ayurveda regimen that focused on *Āma pachana, Agni* correction*, Dosha* pacification, and *Mutravaha Srotas* support. Prior to and following a two-week intervention, renal function was evaluated and found improved. Renal parameters improved in all cases: eGFR increased from 16 to 40 mL/min/1.73 m^2 and serum creatinine decreased from 3.98 to 1.81 mg/dL in Case 01; eGFR improved from 26 to 34 mL/min/1.73 m^2 and creatinine decreased from 2.5 to 2.0 mg/dL in Case 02; and eGFR increased from 38 to 57 mL/min/1.73 m^2 and creatinine decreased from 1.86 to 1.34 mg/dL in Case 03. There was also a noticeable improvement in the quality of sleep, appetite, and fatigue. These results imply that short-term improvements in renal function and patient well-being may be supported by Ayurveda treatments. To validate these results, more research with larger cohorts and long-term follow-up is necessary.

KEYWORDS: Chronic kidney disease, Ayurveda, eGFR, Serum creatinine.

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INTRODUCTION:

Chronic kidney disease (CKD) is defined by kidney damage or an estimated glomerular filtration rate (eGFR) below 60 mL/min/1.73 m^2, lasting for a minimum of 3 months. CKD involves a progressive loss of kidney function, often leading to the need for renal replacement therapy, such as dialysis or transplantation.[1] CKD affects approximately 800 million individuals worldwide. Early diagnosis and management of CKD are crucial to prevent disease progression and minimize the risk of adverse outcomes.[2] The measurement or estimation of GFR is widely acknowledged as crucial for the diagnosis and management of CKD and is integral to clinical practice recommendations. The five-stage classification system based on GFR levels (Table 1) offers a framework for doctors to evaluate CKD severity and customize therapy regimens accordingly.[3]

Serum creatinine (S.Cr) concentration is the most used clinical indicator of declining kidney function and for assessing the glomerular function rate. Its widespread use is based on the correlation of its concentration with the precise measurement of the GFR using the clearance of substances like inulin. Elevated creatinine originates from the breakdown of muscle creatine and reflects diminished glomerular filtration, whereas elevated urea, a byproduct of protein metabolism, indicates reduced renal excretion capacity. Normal Creatinine level is 0.7 - 1.3 mg/dL for males and 0.6 - 1.1 mg/dL for females. [4] In actuality, this ignorance increases the morbidity and mortality of chronic kidney disease (CKD) since the longer a patient remains in each stage of the disease prior to starting dialysis, the longer they are exposed to risk factors, which increases cumulative damage and total risk. The kidneys and the cardiovascular system are closely related. In CKD Stages 3 and 4, the risk of CVD mortality doubles and triples, respectively.[5] Objective of the study was to evaluate the effect and efficacy of Ayurveda treatment protocol in comparison with different cases.

The pathophysiology of CKD can be understood through a progressive chain of pathological events based on Ayurvedic principles. According to Ayurveda, CKD is categorized as a disorder of the *mootravaha srotas* and is considered *yapya vyadhi* (palliative disease). Origin of *mootravahasrotasa* is *basti* (urinary bladder) and *vankshana* (pelvic region including kidneys, adipose tissue, and the urinary bladder). *Vrukka* (kidney and adipose tissue) can co-relate as it is formed from *rakta* and *meda dhatu* mainly, and it is *moolasthana* for *medovaha srotas*.[6] In CKD, the involvement of multiple *srotas* notably *rasavaha*, *udaka vaha*, *mootravaha*, and *medovaha* is evident. The disease initially affects *dushyas* mainly *rasa*, *rakta*, *mootra*, and *udaka* but later extends to all *dhatus* (tissues) and *upadhatus* (secondary tissues). The vitiated *kapha dosha* obstructs the micro-channels, causing microangiopathy due to its *guru* (heavy)

and *picchila* (sticky) qualities. *Pitta dosha* contributes to inflammatory processes and tissue necrosis due to its *ushna* (hot) nature, while *vata* is responsible for tissue degeneration and structural deterioration of the kidneys because of its *ruksha* (dry) and *khara* (rough) qualities. This collective vitiation of *doshas* leads to a progressive decline in renal function.[7]

MATERIAL AND METHODS:

Selection of Patients:

Who was diagnosed with chronic kidney disease (CKD) based on symptoms.

Diagnostic Criteria:

Diagnosis is based upon clinical findings and lab investigation like eGFR, Sr. Creatnine.

Assessment Criteria:

eGFR (Glomerular Filtration Rate)
Serum Creatinine

Case 01: A 70 years old male patient having loss of appetite, fatigue and discoloration on palms and face for 6 months. Before seeking medical attention, the patient had not taken any regular medication or received any particular treatment for the current condition. He had no history of diabetes mellitus, hypertension, cardiovascular disease, or other chronic systemic illnesses, making his past medical history unremarkable. When questioned further, the patient also reported having trouble falling asleep and staying asleep, which shortened their overall sleep duration. Upon physical examination, the patient looked elderly and had hyperpigmentation on their face and palms. Vital signs were within normal ranges. Pallor, icterus, cyanosis, clubbing, lymphadenopathy, and pedal edema were absent. There were no notable anomalies found during the systemic examination. Reduced renal function was found by laboratory tests. In line with chronic kidney disease, serum creatinine levels were high (3.98 mg/dL) and the estimated glomerular filtration rate (eGFR) was markedly decreased (GFR: 16 mL/min/1.73 m^2).

Case 02: A 71 years old male patient who was a retired police officer with a history of long-standing type 2 Diabetes mellitus (T2DM) for 15 years and has taken Metformin 1000 mg twice daily for glycemic control. He was having general complications including numbness of the B/L feet, exhaustion and swelling in ankles. These symptoms had developed gradually over time. Additionally, the patient had a long history of drinking alcohol, which he recently stopped. Prior to this presentation, there was no history of other chronic conditions like kidney disease, cardiovascular disease, or hypertension. After clinical examination of the patient, it was revealed that he was moderately built and elderly. Vital signs were within normal ranges. Physical examination revealed bilateral ankle edema, diminished sensation in the distal lower extremities, and signs consistent with chronic diabetic neuropathy. There was no evidence of lymphadenopathy, pallor, or jaundice. On investigations, his eGFR was 26

mL/min/1.73 m2 and Serum Creatinine (2.5 mg/dL).

Case 03: A male patient, age 62, who works for an insurance company, had a high-grade fever that was linked to a urinary tract infection (UTI). Other systemic diseases, such as diabetes mellitus, hypertension, or cardiovascular disorders, are not present. His estimated glomerular filtration rate (GFR: 38 mL/min/1.73 m2), and Serum Creatinine (1.86 mg/dL) which indicates chronic kidney involvement, was found to be impaired during the diagnostic work-up for the UTI. The patient had a lengthy history of urinary calculi and recurrent UTIs. He previously had shockwave lithotripsy (SWL) and had a kidney stent placed after the procedure. He claimed to have had persistent back pain for the previous six months. Other than an elevated temperature, vital signs were stable. Examining the abdomen and kidneys showed no palpable masses, but there was some mild tenderness over the lumbar area. Renal function tests revealed impaired kidney function corresponding to the GFR mentioned above, and laboratory investigations verified urinary tract infection. By considering the results of investigations and clinical features the case is related with obstructive uropathy.

THERAPEUTIC INTERVENTION:

This study is designed as a descriptive observational case series to document the clinical response to Ayurveda therapeutic management in patients with chronic kidney disease (CKD). The study was conducted at the Gampaha Medical Center, Malabe, over 14 days of period. Three patients diagnosed with CKD who attend the clinic during the study period were selected for the observations (Table 2).

Diagnosis of CKD was confirmed based on clinical features, previous medical records, and available laboratory investigations, including serum creatinine, estimated glomerular filtration rate (eGFR), and urine routine examination. Adult patients aged above 60 years who were receiving Ayurveda management on clinic and who provide informed written consent were included in the study.

Table-1: Stages of chronic kidney disease (CKD) based on estimated glomerular filtration rate (eGFR)

CKD Stages	Description	eGFR (ml/min/1.73m^2)
G1	Mild renal impairment with normal or reduced GFR	>90
G2	Kidney damage, slightly reduced GFR	60-89
G3a	Mildly to moderately reduced GFR	45-59
G3b	Moderately to severely reduced GFR	30-44
G4	Severely decreased GFR	15-29
G5	Renal failure	<15

Table-2: Treatment protocol and Time line

Time duration	Treatment plan
1st week	*Eranda Saptaka Kashaya* 120 ml/before meals M/E
	Sulupaha Phanta Kashaya 120 ml/before meals D/N
	Gokshuradi guggulu 1 gm + *Chandraprabha vati* 1 gm with luke warm water M/E
2nd week	*Punarnavashtaka phanta Kashaya* 120 ml/after meals M/E
	Panchamuli Laghu draksha phanta Kashaya 120 ml/after meals D/N
	Gokshuradi guggulu 1 gm + *Chandraprabha vati* 1 gm with luke warm water M/E
Foods instructed to take during treatment	Whole grains, White rice Apple, Papaya, Guava, Pear Carrot, Okra, Cabbage, Peas, Bottle gourd, Bitter gourd, Boiled potatoes, Cauliflower, Onion, Radish, Ginger, Lettuce, Broccoli Low-fat milk (occasionally)
Foods restricted to take during treatment	Brown rice All Citrus fruits Watermelon, Jackfruit, Banana, Dates, Orange, Lemon, Avocado, Apricot, Pineapple, All canned and packaged fruits, Fruits with seeds All green leafy vegetable, Tomato, Garlic, Spinach, Asparagus, Sweet potatoes, Mushroom, Cucumber, Lotus stem, Eggplant, Coconut, Frozen vegetables, Raw salad Whole milk and Cream, Curd, Cheese, Yogurt, Butter

Table-3: Laboratory findings

Patient	GFR (mL/min/1.73m^2)			Serum Creatinine (mg/dL)		
	Before treatment	After treatment	Reference range	Before treatment	After treatment	Reference range
01	16	40	>90	3.98	1.81	0.5-1.3
02	26.63	34.81	>90	2.50	2.00	0.5-1.3
03	38	1.86	>90	57	1.34	0.5-1.3

RESULTS:

Based on findings, the eGFR of the patient in case 01 has an increment from 16 ml/min/1.73m^2 to 40 ml/min/1.73m^2, while serum creatinine level has declined 3.98 to 1.81 mg/dl. (Figure 1) The patient in the case 02 reveled an improvement of the renal function with GFR rising from 26 ml/min/1.73m^2 to 34 ml/min/1.73m^2 and serum creatinine decreasing from 2.5 mg/dl to 2 mg/dl. (Figure 2) In case 03 renal function parameters improved with evidence on GFR increment from 38 ml/min/1.73m^2 to 57 ml/min/1.73m^2 and a reduction in serum creatinine from 1.86 mg/dl to 1.34 mg/dl. (Table 3)

DISCUSSION:

Although prevention is the key strategy for maintaining health, it is never too late to take action by making better health decisions and taking proactive measures to enhance results, regardless of prior experiences. Sorting out the etiologies and then reducing or eliminating causation are the first steps in mitigating a health issue. Many of these actions are common sense and well-known, such abstaining from drinking, exercising every day, eating a healthy, clean, anti-inflammatory diet that promotes health and manages weight, getting enough sleep, and avoiding exposure to exogenous chemicals.[8] By concentrating on the mitigation and reversal of a disease state that has long been considered irreversible, good pharmacological treatment of chronic kidney disease (CKD) can, at most, halt the inevitable deterioration in kidney function. Kidney failure can have a wide range of etiologies and pathophysiologies, much like any other disease. Renal dysfunction can occasionally be brought on by heredity, polycystic kidney disease, or physical trauma to the kidneys. The most prevalent risk factors for cardiovascular disease in chronic kidney disease (CKD) include high blood pressure, diabetes, atherosclerosis, and high blood pressure post-surgery for renal stone.[9]

The clinical significance of early detection, routine renal function monitoring, and timely treatment of contributing factors like infections and urinary obstruction is highlighted by this case. Prompt intervention can improve quality of life, lessen complications, and slow the progression of the disease. Effective management of chronic kidney disease requires a comprehensive approach that includes lifestyle modification, renal-protective strategies, infection control, and routine follow-up.[10] Effective Ayurvedic management of chronic kidney disease involves understanding the disease (*Roga)*, patient (*Rogi)*, and *Dosha-Dooshya* involvement. CKD, seen as a *Mutravaha Srotas* (Micro channels) disorder, primarily involves *Vata*, with *Pitta* and *Kapha* (three body humors). Treatment aims to enhance *Agni* (Digestive fire), balance *Doshas* (body humour), promote diuresis, and rejuvenate *Srotas* (Micro channels).[11] Laboratory investigations revealed a notable reduction in serum creatinine levels and elevation in GFR following treatment, indicating an improvement in renal function. This aligns with existing literature that supports the use of Ayurvedic therapies in managing renal disorders. Moreover, the holistic perspective of Ayurveda emphasizes on the importance of individualized treatment plans that consider the unique constitution (*Prakriti*) and imbalances (Vitiated *Dosha*) of each patient.[12] This personalized approach may contribute to the observed improvements in the patient's condition, as it addresses not only the physical symptoms but also the underlying imbalances that contribute to disease progression. During the follow up *Gokshuradi guggulu* along with *Chandraprabha vati* has been used except decoctions. Only one patient has had DM in his past medical history and

others were free from other systemic illnesses including DM and HTN. During the treatment period the person having DM, had continued his conventional medication for DM and have not reported any drug interaction reactions.

CONCLUSION:

The present case series demonstrates a favorable short-term response to the ayurvedic treatment protocol for CKD patients. Follow-up with a specific treatment plan for two weeks, a significant improvement in renal function parameters was observed with evidence of laboratory findings on eGFR and serum creatinine levels. It can be concluded the sustainability of renal function improvement and to establish the efficacy and safety of ayurvedic treatment in the management of CKD. This case series supports the potential role of Ayurveda medicine as a complementary medical system to manage CKD.

Limitation of study:

The present study is limited by a small number of cases and lack of randomization.

Written informed consent:

All the patients selected for the study has been informed the nature of the study and written consent has been obtained**.**

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