



AYURVEDA MANAGEMENT OF CHRONIC KIDNEY DISEASE-A CASE STUDY

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ABSTRACT

The kidneys are the primary functional organ of renal system. They are essential in homeostatic functions such as the regulation of electrolytes, maintenance of acid-base balance, and the regulation of blood pressure. CKD is a type of kidney disease which is very progressive in nature, and is associated with gradual loss of kidney function over a period of time. As per the presenting complaints of the patient, Ayurvedic diagnosis goes in favor of *Vatakaphaja jwara*. As the incidence and prevalence of disease is high and the available treatment is financially very high, Ayurvedic approach (*Shodhana/Shamana*) seems to be much effective and safe in treating the disease.

KEYWORDS

Chronic kidney disease, Serum creatinine, *Asanadi Niruha Basti*

INTRODUCTION

Chronic kidney disease (CKD) is defined as a sustained damage of renal parenchyma leading to irreversible chronic deterioration of renal function that may gradually progresses to end – stage renal disease. CKD is recognized as a major health problem with high morbidity and mortality worldwide. As per GBD CKD is 12th leading cause of deaths globally in 2017¹. ICD -10 code N18 for CKD is a medical classification as listed by WHO under range-Diseases of the genitourinary system². Various stages of CKD like N18.1 for stage 1 of CKD, N18.9 for CKD unspecified etc. are specified under this. The global estimated prevalence of CKD I 13.4% (11.7-15.1 %) ³. The prevalence of CKD in India is 13-15.04% with stage 1, 2, 3 as 6.62%, 5.40% and 3.02% respectively⁴. Sr. creatinine is commonly used to diagnose CKD. It is an insensitive marker of GFR early in the course of CKD⁵. A 33% of decrease in GFR may raise the creatinine level from 0.8 to only 1.2 mg/dl⁶. CKD can be correlated to *Mutravaha Srotodusti* or *Rasavaha Srotodushti Vikara* due to the symptomatology seen⁷. But here as the presenting symptom of the patients were *Jwara*, *Bhrama*, *Agnimandya*, it correlates more to *Vata Kaphaja Jwara*⁸. Basti is known as *Ardha chikitsa*⁹ and helps in curing many disease whether *Ekdoshaja* or *tridoshaja*.so, this study was taken to see the results of *Asandi Niruha Basti* and other *Shamana Aushadhis*, which are good in alleviating the *doshas* involved in the pathology of this disease.

CASE REPORT

A female patient aged about 29 years complained of recurrent fever, abdominal pain and vomiting, low back ache since 2015. Reduced appetite associated with weight loss and generalized weakness, raised sr. creatinine level since august 2017

DETAILED HISTORY

A female patient aged about 29 years was said to be apparently healthy before 7 years. 7 years ago, there was a recurrent episode of mild fever almost every day which lasted for a month. After detailed investigation it was found that except serum creatinine, all other reports were said to be within normal limits. She underwent allopathic medication for the same which helped her to get rid of the symptom fever within few days and again fever was recurring within a short span of time. The same sequence was continued for a period of 2 years. After 2 years, she insidiously developed fever, vomiting, severe abdominal pain which was even associated with low back ache along with reduced appetite. After investigating through abdominal scan it was revealed that there was a swelling observed in left kidney. So, she underwent allopathic treatment (oral medications and injections) and got little relief. After one year, mild fever started which used to occur once in a month or in 2 months, but low back ache and abdominal pain was not subsided. Hence she continued the symptomatic treatment for few months. After a year, as the symptoms were not significantly reduced and she was advised for an ultra-sonography of abdomen and pelvis which revealed bilateral small kidneys having associated with grade II medical renal disease. So, she continued the same treatment. As the pathology was still active and was ongoing, last year she developed reduced appetite which resulted in weight loss of about 3kgs which was even associated with generalized weakness along with increased back ache. Since much of the expected benefits from the contemporary medicines were not being acquired to the patient and hence she approached to Ayurveda treatment.

Examination and investigational finding during first visit are given in table 1, 2

Table 1: General examination

ASHTA STHANA PARIKSHA	GENERAL EXAMINATION
<i>Nadi-67/min</i>	Pallor-present
<i>Mala –kathina</i>	Icterus-absent
<i>Mutra-prakrut</i>	Clubbing-absent
<i>Jihwa-lipta</i>	Lymph nodes-absent
<i>Shabda- prakrut</i>	Oedema-absent
<i>Sparsha-ushna</i>	
<i>Druk-prakrut</i>	
<i>Akruti-krisha</i>	

Table 2: Systemic examination

CNS – HMF intact

CVS – S1 S2 HEARD

RS - NVBS HEARD

GIT- SOFT, NONTENDER, NO ORGANOMEGALY

Investigations done before treatment

<i>TEST</i>	<i>RESULT</i>
BLOOD UREA	235.0mg/dl
SERUM CREATININE	8.6mg/dl
SERUM URIC ACID	8.3mg/dl

DIAGNOSIS: CHRONIC KIDNEY DISEASE

INTERVENTION-The patient was admitted in the hospital on 19/11/21

The following treatment was given to patient listed in table 3

Table 3

<i>PANCHAKARMA</i>	<i>DASHAMOOLA PARISHEKA</i>	7 DAYS
	<i>ASANADI NIRUHA BASTI</i>	8 DAYS
	<i>ANUVASNA WITH DHANWANTARA TAILA (60 ML)</i>	8 DAYS
<i>SHAMANA</i>	<i>DHATRI LOHA</i>	1TID
	<i>TRIPHALA KWATHA</i>	10ML BD
	<i>SOOTHASHEKHARA RASA</i>	1TID
	<i>KAMADUGHA RASA WITH MOUKTIKA</i>	1TID
	<i>CHANDRAPRABHA DS</i>	1TID

On discharge she was advised to take following oral medications listed in table 4

Table 4

Medication	Dose	Anupana
<i>SHIVA GUTIKA</i>	1 TID	<i>Ushnajala</i>
<i>NEPHRO ABHAYA</i>	5TSF BD	<i>Ushnajala</i>
<i>KAMADUGHA WITH MOUKTIKA</i>	1 TID	<i>Ushnajala</i>
<i>MRITYUNJAYA RASA</i>	1 TID	<i>Ushnajala</i>

Result –there was a decrease in symptoms of patient after treatment and sr.creatinine level as shown in table 5

Table 5

	Sr.creatinine	Symptoms
Before treatment	8.3mg/dl	Reduced appetite, generalized weakness, abdominal pain, severe back pain
After treatment	7.5mg/dl	Abdominal pain reduced; appetite slightly increased
1st follow up	7.0mg/dl	good appetite, abdominal pain reduced
Before 2nd treatment	7.0mg/dl	Good appetite, back pain
After 2nd treatment	6.7mg/dl	Back pain reduced

Discussion –

The diseases which are chronic lingering in nature requires methodic approach of the treatment in terms of *Shodhana, Shamana and Rasayanachikitsa*. The preliminary aim of the treatment is to reduce the toxic condition of the body and also to maintain the equilibrium state of dosha, dhatu and mala. Hence the approach of the treatment has to be starting with the *Nidanaparivarjana, Shodhana* followed by *Shamana* treatment. Ultimately the *Apunarbhavachikitsa* has to be started which is aiming towards complete remission of the disease. Hence as a part of *Shodhana chikitsa, Niruha basti with Asanadi qwatha*¹⁰ was started. This was a yoga *Basti* course¹¹, wherein 3 *Niruha basti* and 5 *Anuvasana basti* was administered. Patient was administered with 2nd course of the *Niruha basti* also. During the *Niruha basti* course there was no complications which was observed, and patient's well-being was also appreciated after the completion of the course of *Niruha basti*. Only biochemical parameters were assessed and which was giving promising results in terms of reduction in the value of serum creatinine. After the second course of *Niruha basti* also there was still reduction in the value of serum creatinine.

Conclusion: The present day life style has added one more addition of the disease called as chronic kidney disease which is a morbid situation can lead to mortality also. Hence the treatment modality which was adopted gives us some sort of challenge towards the management of chronic kidney disease. From the modern counterpart as a part of the treatment modality there is one option considered to be hemodialysis. If such studies are continued and if we can give better results both from clinical aspect as well as through bio chemical parameters then we can uplift the principles and practice of Ayurveda.

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