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Case Study

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# ROLE OF AYURVEDA IN CHRONIC KIDNEY DISEASE: A CASE STUDY

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#### **ABSTRACT**

Chronic kidney Diseases is also known as Chronic Renal/Kidney Failure. In India prevalence of kidney disease increases due changing life style, eating habit, hypertension, uncontrolled diabetes. It is a silent killer. According to Modern, the treatment of chronic kidney failure is Hemodialysis and peritoneal dialysis, lastly kidney transplant. The treatment of kidney failure is quite expensive and not affordable to Indian people. in search of this effective and safe medicine Ayurveda have play important roles in initial stage of kidney failure. Present case study 55 year old male patient having symptoms of pitting edema on legs, eyes, face, breathlessness, Frothy urine, Anorexia and constipation. Diagnosed as Chronic Kidney Disease. Advised for hemodialysis but unwilling to take, hence Undergo for Ayurveda treatment with medicine Guduchyadi Kashay, Punarnava Mandur,

Vaishwanar Churns, Neeri KFT. Improvement seen in Symptoms and investigation. Present case study is to aim to study the Chronic Kidney disease in Ayurveda perspective and observed the result with Ayurveda medicine in Chronic Kidney Disease as Symptom and Investigation of modern parameter.

**KEYWORDS**: Ayurveda, Dialysis, Punarnava Mandur, Neeri-KFT, Chronic Kidney Disease.

#### INTRODUCTION

According to Ayurveda Mutra is product of kleda. Mutrapravrutti is well described by Acharya Sushruta, a world fist surgeon. Chronic kidney disease is also called as chronic kidney failure. Chronic kidney disease is slowly and gradually progress in year. There are five stage of chronic kidney disease. The function of kidney is to expel the waste products

from blood of human body and balance the electrolyte, make red blood cells by releasing erythropoietin hormone. The function of kidney hamper then this waste products Saturated in body causing electrolyte imbalance, increase in creatinine, urea and, albuminuria. Changing life style, diabetes, hypertension, excessive use of painkillers, Some Medicine, infection, accident injury, congenital, hereditary are the causes of chronic kidney disease. According to Ayurveda chronic kidney disease resemble with Mutraghat/ Aama in Mutra vaha Strotas. Ama in mutravaha strotas hamper the function of kidney. That causes excessive toxins in the body. Dosha Vata and Kapha mainly involved in it. The treatment plan Katu, Tikt Rasatmak, Agnidipan, Pachan, and Rasayan (Rejuevenate). Ayurvedic medicine to be plan accordingly condition of the patient.

#### **CASE STUDY**

A 55 year old Male Patient came in OPD with the symptoms of

- -Pitting edema on leg, face, eye's
- -Breathlessness
- -Frothy Urine
- -Anorexia
- -Constipation

# **History of Present Illness**

Patient was apparently alright 4 year before. He had history of osteoathrities. For that he has taking pain killer medicine since 2 year. Gradually he experience pitting edema on face, leg and frothy urine.

#### **Past History**

HTN-Known Case

DM-NonDiabetic

CVE-No History Stroke in Past

IHD-No History of IHD

TB-No History of TB

BA-No History of Bronchial Asthma

# **Personal History**

Marital status-Married

Smoker-1 bundle a day

Tobacco-No History

Alcohole-occasionly

# **Family History**

Father-HTN

Mother-NAD

# O/E (On Examination)

GC -Fair

Pulse-90/min

Bp-150/90 mm/Hg

Spo2-95

**RR-20** 

Pallor-++

Icterus-Absent

#### **Asthvidh Pariksha**

Nadi-Vata-Pitta

Mala-Malavstambh

Mutra-Frothy

Jiva-Sam

Shabd-Prakrut

Sparsh-Ushna

Druka-Pallor(++)

Aakruti-Madhyam

# S/E (Systemic Examination)

RS-AE=BS

**CVS-S1S2 NORMAL** 

**CNS-Conscious Oriented** 

GIT-Liver, Spleen, kidney Not Palpable

After Examination Patient was sended for USG, KFT, and CBC

Investigation: KFT (Kidney function tests show) Blood Urea-205.9 MG/DL, Serum Creatinine-9.24 MG/DL, sodium-131 mEq/L, Potassium-3.56mEq/L; Hb-7.8 gm%; USG

shows:-Both Kidney are small in size with increased cortical echogenicity, corticomedullary differentiation is lost S /O CH. Renal Medical Disease.

# MATERIAL AND METHODS

Presenting Complaints of Patient Treatment Plan as

Sr. No	Name Of Drug	Dose of Drug	Kala	Frequency and Anupan
1	Punarnava Mandur	2 Tab	After Food	Twice a day with Lukewarm
				water
2	Vaishavnar Churna	4 Gm.	After Food	Twice a day with Lukewarm
				water
3	Guduchyadi Kashay	15 ml	Before Food	Twice a day with Lukewarm
				water
4	Neeri KFT	15 ml	After Food	Twice a day with Lukewarm
				water

# **RESULT**

Sr No	Symptoms Before Treatment	First Follow Up After 1 day	Second Follow Up	Third Follow Up	Fourth Follow Up
1	Pitting Edema On Face, Eyes, Leg	+++	++	++	++
2	Breathlessness	+++	++	++	+
3	Frothy Urine	+++	++	+	+
4	Anorexia	++	+	1	-
5	Constipation	+++	++	+	-

# **Investigation Wise Results**

Sr No	Investigation	Before Treatment 28/5/2018	After Treatment First Follow Up 14/06/2018	After Treatment Second Follow Up 30/06/2018	After Treatment Third Follow Up 18/7/2018
1	Hb (gm %)	7.8	8.2	9	9.3
2	Blood Urea(mg/dl)	205.9	93.4	85.07	80
3	Serum creatinine(mg/dl)	9.24	8.5	7.02	5.3
4	S.Sodium(mEq/L)	131	143	131	135
5	S.Potassium(mEq/L)	3.56	5.04	5.9	5.04
6	Albumin	+++	++	+	Traces

# **DISCUSSION**

According to Ayurveda Vasti (Vrukka) come under Trimarma (Three fold of Life). Dosha (Vata and Kapha) circulates in body, where is kha Vaigunya (empty channel) present (in Kidney) Vyadhi (Kidney Disease) Developed. The Sang (obstruction) type Vikruti present in

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Chronic Kidney Diseases. The Nomenclature of Chronic Kidney Disease is not available in Ayurveda, but According to Charak Acharya the nomenclature of any disease is not possible for every disease, we must understand the Dosh Dushya Samurchana. By observing Prakruti, Adhishthan, Hetues of disease can start the treatment.in Ayurveda a group of Kidney Disease is directly related with Mutraghat, Mutrakrucha, Ashmari and indirectly related with Prameha, Somaroga, and Shopha.

#### **Action of Medicine**

#### 1) Punarnava Mandur

Punarnava (Boerhaavia diffusa), Trivrit(Operculina turpethum), Shunti(Zingiber officinalis), Maricha(Piper Nigraum), **Pippali** (Piper longum), Vidanga(Embeliaribes), Daru(Himalayancedar(bark), Cedrusdeodara), Chitraka(Plumbagozeylanica), Kushta (Saussurea Haridra(Curcuma DaruHaridra lappa), longa), (Berberis aristata), Haritaki(Terminalia chebula), Bibhitaki (Terminalia bellirica), Amalaki (Emblica officinalis), Danti (Baliospermum montanum), Chavya (Piper chaba), Kutaj (Holarrhena antidysenterica), Pippali (Piper longum, Pippalimoola Long pepper root Piper longum, Musta(Cyperus rotundus), Mandur Bhasma, Gomutra.

Punarnva mandure is useful for iron deficiency and formation of red blood cells. It act as mutral(Diuretic). Punarnava as name suggests regenerate the tissue and cell.

#### 2) Guduchyadi Kashay

Guduchi (Tinospora cordifolia), Dhanyaka (Coriandrum sativum), Nimba (Azadirachta indica), Raktachandana (Pterocarpus santalinus), Padmaka (Prunus cerasoides).

Guduchi is Katu, Tikta Rasa, act as a Raktprasadan.Guduchi is Rasayan Dravya and act as Rejuvenation of body.

#### 3) Vaishwanar Churn

Saindhava lavana (Rock salt), Yamani(Trachyspermum ammi), Ajamoda (Trachyspermum roxburghianum), Nagara Ginger (Zingiber officinalis), Haritaki (Terminalia chebula), Vaishwanar Churna can tackle jatharagni Mandya and Dhatwagni mandya in strotas. Vaishwanar churn having Agniwardhak Property as well as Vatanuloman Property.

# 4) Neeri-KFT(Aimil pharma)

Neeri-KFT-contains, Punarnava (Boerhavia), gokshur (Tribulus terrestris), Panchtrinmoola, varuna (Crataeva nurvala). This act as mutraldravya, ushir (Vetiveria zizanioides), raktachandan (Pterocarpus santalinus), kakri beeja (Cucumis sativus), dhanyak (Coriandrum sativum), palashpushpa (Butea monosperma). The study conducted by Manish kr.Tiwari and all Neeri KFT is found to be Nephroprotective, Kidney regulator and Diuretic.

#### **CONCLUSION**

From this study it is clear that a patient of Chronic Kidney Disease can be managed with Ayurveda treatment. Early Diagnosis and early starting Ayurveda treatment can gives Better Result in Chronic Kidney Disease. This is a single case study shows satisfactory results further more study needed in large scale with more number of Chronic Kidney Disease Patients.

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