

AYURVEDIC MANAGEMENT OF CHRONIC RENAL FAILURE-A SINGLE CASE STUDY

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ABSTRACT

Chronic Renal failure is irreversible deterioration in renal function, develops over months or years mostly occurs in middle aged persons having previous illness. The commonest causes in Indian Subcontinent mainly Undiagnosed & illcontrolled HTN, Overuse of NSAIDs & other nephrotoxic drugs etc. GFR rate below than 30 ml / min is considered as CRF. In modern medicine there is dialysis & renal transplant surgery which itself is life threatening & Costly. Hence there is need of alternate therapeutic methods. In Ayurveda CRF is considered as disease of *Mutravaha Strotas* (*Mutraghat*). A 51 year old female patient, housewife by profession came to Ayurveda hospital OPD; having HTN since 7 yrs on Tab. Ramipril 10 mg OD. The patient complained of fatigue, low urine output, anorexia & mild swelling over legs. Continued 1. 5 months Of Ayurvedic treatment not

only there was changes seen in blood & urine values but also reduced swelling & changes in urine output was seen.

KEYWORDS: Chronic renal failure, *Ayurveda*, *Mutravaha Strotas*.

INTRODUCTION

Chronic Renal failure is irreversible deterioration in renal function. According to Ayurveda it is considered as disease of *Mutravaha Strotas*. Though all the three *doshas* as well as all the

dushyas are involved in the disease, *Kapha* is responsible in blocking micro vessels & developing microangiopathy. *Vata dosha* degenerates the structure of the kidney. Chronic renal failure is global threat to health for developing countries like India. Initially manifested only as a biochemical abnormality but eventually loss of excretory, metabolic & endocrine functions of the kidneys. The prevalence rate is 0.78% worldwide. The first step in the differential diagnosis of CRF is establishment of its chronicity, i. e disproving a major acute component. The two most common means of determining disease chronicity are the brief previous medical history & prior laboratory data.

There are several common conditions in which kidney disease may be chronic without any reduction may be chronic without any reduction in kidney size. Once chronicity had established, clues from the physical examination, laboratory investigation used for detection of its aetiology.

Patient Information- A 51-year-old female, housewife by profession, with H/o HTN since 7 years on T. Ramipril 10 mg OD, complained of fatigue, low urine output, anorexia & mild swelling over legs since 1.2 years but from 1 month mild dyspnoea on exertion was seen, then she came on 06/12/2021 in opd for ayurvedic treatment. There was no renal illness history in family members.

Clinical Finding – On examination, wt-62 kg & ht- 5ft 3”. Her vitals were within normal limits.

MATERIALS AND METHODS

A patient was selected for single case study for opd of Dept of *Kayachikitsa* in Hospital. Patient was investigated before the treatment and after 1.5 month of treatment. Patient was treated with *Chandraprabha vati* (Camphor, *vacha*, *nagarmotha* etc 37 contents) 2 tablets (500 mg) 2 times with warm water, *Rasayan churna* (*Gokshura*+*Amalaki*+*Guduchi* equal quantity) 3 gm two times after meal with warm water, *Varunadi Kvath* (*varun twak*+*bilvamool* etc) 20 ml for two times. In this time duration patient kept on normal healthy diet with plenty of water intake. The dose of the continuous antihypertensive drugs of patient was not held.

Duration of treatment- The duration of the treatment was 1.5 months.

Assessment of treatment- The patient was clinically and laboratory assessed before and after treatment.

	Before Treatment (0 Day)	After Treatment (45th day)
Fatigue	2+	No Fatigue 0
Anorexia	1+	Increased appetite
DOE	1+	No DOE
HB	9.4 gm%	10.0 gm%
Urine albumin	1+	Nil
Serum creatinine	2.4 mg/dl	0.9 mg/dl
Serum Urea	55.0 mg/dl	35.0 mg/dl
Sr blood urea nitrogen	25.82 mg/dl	16.43 mg/dl
Appearance of urine	Turbid	Clear
Urine sugar	Nil	Nil
BSL(Random)	146.5 mg/dl	147.0 mg/dl

RESULT AND DISCUSSION

The most common etiological factor in chronic renal failure is chronic hypertension. As previously explained CRF is disease of *mutravaha strotas* by Ayurveda. There is involvement of all three *doshas* and *dushyas* in this disease, *kapha dosha* is responsible for blocking of microvessels i. e *strotorodha* by its *guru, picchil gunas*, *vata dosha* is responsible for *kshaya* i. e degenerative changes in kidney by is *sukshma, ruksha gunas*. Here the blockages by *kapha* is removed by the *lekhan* drugs and according to Ayurveda's principle of *Rasayana* the damage to tissues and its resistance is increased.

Here Chandraprabha vati contents the drug which did *lekhan karma* and eliminates *kapha dosha* by its *ushna, tikshna gunas*. *Rasayan churna* helps to cure the degenerative changes of kidney by its *balya guna* and reduces *vata*. *Varunadi kwath* also helpful in reduction of *vata* and *kapha*. *Rasayan churna* also had *Gokshur* which is diuretic in action and thus it increase the urine output of patient resulting to reduce oedematous changes.

CONCLUSION

The main etiological factor which cause CRF is Chronic illness like hypertension. Thus the result attributed to the disease modifying effect of therapy by its *Rasayan* and anti *vata-kapha*; which is safe and effective alternative in the treatment of chronic renal failure.

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