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AYURVEDIC MANAGEMENT OF HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH REFERENCE TO VRIKKA ROGA: A CASE REPORT

Dr. Bhagyashree Jayarao Desai*[1], Dr. Janaki Y. S.[2]

[1]PG Scholar, Department of PG Studies In Kayachikitsa. Taranath Government Ayurvedic Medical College and Hospital. Ballari.

[2]Principal, HOD and Professor, Department of PG studies in kayachikitsa. Taranath Government Ayurvedic Medical College and Hospital. Ballari.

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***Corresponding Author**

Dr. Bhagyashree Jayarao Desai

PG Scholar, Department of PG Studies In Kayachikitsa. Taranath Government Ayurvedic Medical College and Hospital. Ballari.

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ABSTRACT

Hypertensive chronic kidney disease (CKD) is a progressive renal disorder associated with persistent hypertension and deterioration of renal function. The condition may remain asymptomatic despite significant biochemical abnormalities. In Ayurveda, hypertensive CKD may be correlated with Vrikka Roga based on the involvement of Dosha, Kleda, Dhatu and Mutravaha Srotas. The present case describes a male patient, a known case of hypertensive CKD, who was asymptomatic at the time of evaluation. Pre-treatment investigations revealed elevated blood urea and serum creatinine. The patient was treated with Manjistadi Churna Prakshepita Brihatyadi Gana Kashaya Ayugma Basti in two sittings with an intervening interval, along with Tilanala Kshara and Shilajatwadi Yoga. Following treatment, a reduction in blood urea and serum creatinine was observed. The observed improvement may be attributed to the combined Kledahara**,** Shodhana**,** Srotoshodhana**,** Mutrala**,** Shothahara and Rasayana actions of the intervention.

KEYWORDS: Hypertensive CKD, Vrikka Roga, churna Basti, Tilanala Kshara, Shilajatwadi Yoga, bhrihatyadi gana.

INTRODUCTION

Chronic kidney disease is a progressive condition characterised by impairment of renal structure and function. Hypertension is an important cause as well as consequence of CKD. Persistent elevation of blood pressure can produce progressive vascular and glomerular damage, leading to nephron loss and deterioration of renal function. CKD is defined as kidney damage or glomerular filtration rate (GFR) <60ml/min/1.73m^2 for 3 months or more irrespective of the cause.[1] In 2021, the global prevalence of CKD attributed to hypertension exceeded 24 million cases, with an age-standardized prevalence rate of 291.19 per 100,000. (KDGIO 2024). CKD may remain clinically silent for a considerable period, and patients may be detected through laboratory investigations despite the absence of prominent symptoms.

In Ayurveda, hypertensive CKD may be considered under Vrikka Roga, based on the similarity of its clinical manifestations and pathogenesis. The disease involves Tridosha, Kleda, Rasa, Rakta, Mamsa and Meda Dhatu, along with Rasavaha, Raktavaha and Mutravaha Srotas.

AIM AND OBJECTIVES

To evaluate the effect of Manjistadi Churna Prakshepita Brihatyadi Gana Kashaya Ayugma Churna BastiTilanala Kshara, Shilajatwadi Yoga and Manjistadi Kashaya on renal biochemical parameters, particularly Blood Urea and Serum Creatinine.

MATERIALS AND METHODS

The Ayurvedic drugs and formulations used in the present case were procured from S. P. Kajarekar Pharmacy, KLE Pharmacy, Belagavi, and Pavaman Pharmacy, Bijapur. The drugs were procured from these pharmacies and utilized for the prescribed treatment protocol.

CASE PRESENTATION

A 45-year-old male, a known case of hypertensive chronic kidney disease, visited OPD of kayachikitsa complaining of agnimandhya and dourbalya since 3 months.

History of present illness

The patient had been a known case of hypertension for the past 8 years and Diabetes mellitus 3years. About 1.5 years ago, he developed an episode of malarial fever, during the course of the illness, routine investigations showed an increase in serum creatinine and blood urea

levels. Further evaluation was carried out, following which he was diagnosed with chronic kidney disease (CKD).

Family history

There is a positive family history of chronic kidney disease, as his mother and brother were affected. At present, the patient is asymptomatic and has no active complaints.

Previous Medical History

The patient was a known case of:

- Hypertension since 8 years
- Diabetes mellitus since 3 years
- Chronic kidney disease since 1.5 years

Present medicine history

- Tab. telmisartan 40mg 1 OD
- Tab dapagliflozin 10 mg OD
- Tab torsemide 10mg OD

Table No. 1: Showing The Timeline Of Events.

Event	Duration	Date
1st Basti sitting	7 days	28/02/2026 to 6/03/2026
interval	7-day	07/03/2026 to 13/03/2026
2nd Basti sitting	7-day	14/03/2026 to 20/03/2026
interval	7-day	21/03/2026 to 27/03/2026
Shamanoushadhi	30 days	28/03/2026 to 30/032026

Clinical Examination

General Examination

- Pulse:81 b/min
- Blood pressure:140/100 mmHg
- Respiratory rate: 18 breadth/min
- Temperature: 98.6
- Pallor: absent
- Icterus: absent
- Cyanosis: absent
- Clubbing: absent

- Lymphadenopathy: absent
- Pedal oedema: absent

Asta vidha pareeksha

The Prakriti (~somatic constitution) of the patient was Vata- Pittaja, Nadi (~pulse) was 81bpm, regular, Mutra (~urine) was 8-10 times/day frequency. Mala (~excreta)- hardstool, Jiwha (~tongue) were Nirama (~devoid of toxic by-product generated due to improper or incomplete digestion),Shabda (~sound) was Spashta (~clear), Sparsha (~tactile examination) was Anushnasheeta (~not too hot and cold), Drik (~eye sight) was Prakrita (~normal), and Akriti (~body stature) was Madhyama (~moderate).

Systemic Examination

Cardiovascular system: S1 and S2 heard

Respiratory system: NBVS

Central nervous system: oriented

Per abdomen: soft

Laboratory Investigations

Table 4: objective parameter before treatment.

Parameter	Finding
Blood Urea	93 mg/dL
Serum Creatinine	3.6 mg/dL

Table No. 5: showing the Samprapti Ghataka.

Factor	Finding
Dosha	Kapha Pradhana Tridosha
Vata	Samana, Apana, Vyana
Pitta	Pachaka, Ranjaka
Kapha	Kledaka
Dhatu	Rasa, Rakta, Mamsa,
Mala	Mutra, Sweda
Agni	Jatharagni, Dhatwagni
Dushya	Kleda
Srotas	Rasavaha, Raktavaha, mamsavaha, Udakavaha, Mutravaha,
Srotodushti	Sanga, Vimargagamana
Sanchara Sthana	Sarvasharira
Adhisthana	Vrikka, Basti
Vyakta Sthana	Sarvadeha
Rogamarga	Abhyantara, Madhyama, Bahya
Vyadhi Swabhava	Chirakari
Sadhyasadhyata	Yapya

Samprapti

Nidana sevana

↓

Pitta prakopa

↓

Dravatha guna of pitta leads to Jatharagni mandya

↓

Ama formation

↓

The drava guna and Sneha guna of pitta does srotoavarodha

↓

Then there will be pittavruta vata prakopa

↓

Due to vata vruddhi there will be ruksha and khara guna vruddhi in sira and khandara

↓

Raktachhapa(pittavruta vata)

↓

This vruddha vata takes sthana samshraya in vrikka and basti

↓

Snehamsha shoshana of vrikka

↓

Dhatwagni mandya

↓

Malasanchaya in the form of kapha and pitta

↓

Vimarga gaman of mala rupi kapha and pitta

↓

Sarva sharira sanchara

↓

Leading to kleda vrudhi in sarva sharira

↓

Vrikka roga

Diagnosis- Hypertensive Chronic Kidney Disease

Treatment

The patient was treated according to the principles of Shodhana, Kledahara, Srotoshodhana, Mutrala, Shothahara and Rasayana Chikitsa.

Table 6: Treatment schedule.

Treatment	Schedule
Manjistadi Churna Prakshepita Brihatyadi Gana Kashaya Ayugma churna Basti – 1st sitting Bhrihatyadi gana kashaya 300ml + manjistadi churna 20gm	7 days
Interval	7 days
Manjistadi Churna Prakshepita Brihatyadi Gana Kashaya Ayugma churna Basti – 2nd sitting Bhrihatyadi gana kashaya 300ml + manjistadi churna 20gm	7 days
Interval	7 days
Tilanala Kshara 500mg 2 BD After food	30 days
Shilajatwadi Yoga 500mg 2 BD after food	30 days
Manjistadi kashaya 50 ml BD after food	30 days

Table No. 7: showing ingredients of Brihatyadi Gana Kashaya.[2]

Sl. No.	Ingredients	Botanical Name	Quantity
1	Bhrihati	*Solanum indicum*	1 part
2	Kantakari	*Solanum xanthocarpum*	1 part
3	Kutaja	*Holarrhena antidysentrica*	1 part
4	Pata	*Cissampelos pareira*	1 part
5	Madhuka	*Glycyrrhiza glabra*	1 part

Table 8: Showing Ingredients of Manjistadi Churna/kashaya.

Sl. No.	Ingredients	Botanical Name	Quantity
1	Manjista[3]	*Rubia Cordifolia*	1 PART
2	Bhrungaraja[4]	*Eclipta Prostrata*	1 PART
3	Krishna Jeeraka[5]	*Nigella Sativa*	1 PART
4	Sariva[6]	*Hemidesmus Indicus*	1 PART

Table No. 9: showing ingredients of Shilajatwadi Yoga.

Sl. No.	Ingredients	Botanical Name	Quantity
1	Shuddha Shilajatu[7]	*Asphaltum punjabianum*	1 part
2	Shodhita Kuchala[8]	*Strychnos noxvomica*	1 part
3	Shuddha Guggulu[9]	*Commiphora mukul*	1 part
4	Mandura Bhasma[10]	Ferric oxide	1 part

Table No. 10: showing ingredients of Tilanala Kshara.[11]

Sl. No.	Ingredients	Botanical Name	Quantity
1	Tila	*Sesamum indicum*	QS

OBSERVATION AND RESULTS

Table No. 11: Comparison of renal parameters before and after treatment.

Parameter	Before Treatment	After Treatment
Blood Urea	93 mg/dL	52 mg/dL
Serum Creatinine	3.6 mg/dL	2.4 mg/dL
Blood pressure	140/100mmHg	130/90mmHg

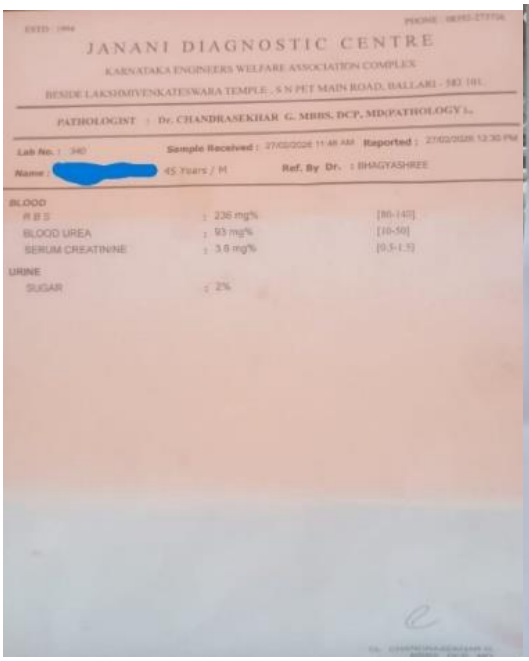

Figure 1: before treatment.

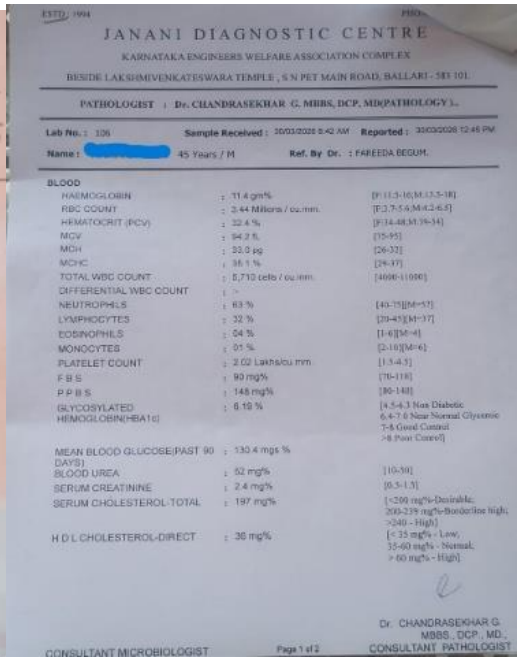

Figure 2: after treatment.

Table No. 12: comparison of the subjective parameter before and after treatment.

Parameter	Before treatment	After 1st siiting of basti	After 2nd sitting of basti
agnimandya	++	+	-
dourbalya	++	+	-

DISCUSSION

The treatment was planned according to Samprapti Vighatana, with emphasis on eliminating Kleda and morbid Doshas, improving Agni and Srotas function, promoting fluid and waste excretion, and supporting renal tissue.

Churna Basti is a type of Niruha Basti. Possess Laghu, Ruksha and Ushna Guna, which produce Deepana, Pachana and Amahara actions. These properties help in pacifying vitiated Vata-Kapha along with Ama. The Basti also produces Rookshana, Shoshana and Kledahara effects. Being Ushna and Teekshna in nature, it also possesses Shulahara and Shothahara actions.

Brihatyadi Gana Kashaya, containing Brihati, Kantakari, Kutaja, Patha and Yashtimadhu, possesses Deepana, Pachana, Shothahara, Hrudya, Mutrala and nephroprotective, antioxidant, anti-inflammatory, diuretic, antihypertensive, hypolipidemic and cardioprotective properties. The Mutrala action facilitates the excretion of excess fluid and sodium, thereby reducing fluid overload. The antihypertensive action of Brihati and ACE-inhibitory property of Kutaja may help in blood pressure regulation, while the hypolipidemic effects of Kutaja and Kantakari may support renal and cardiovascular health. Thus, the combined and nephroprotective actions make Brihatyadi Gana Kashaya beneficial in the management of CKD and associated hypertension.

Manjistadi Churna, containing Manjishta, Sariva, Krishna Jeeraka and Bhringaraja, possesses Amapachana, Agnideepana, Raktashodhaka, Shothahara, Lekhaniya, Balya and Tridoshahara properties. The Deepana and Pachana actions improve Agni and facilitate Ama Pachana, thereby preventing further Srotorodha. Its Raktashodhaka action may help in reducing toxic metabolites and systemic inflammation, while its Mutrala and natriuretic actions facilitate the excretion of excess water and sodium.

Tilanala Kshara possesses Pachana, Vilayana, Lekhana, Shodhana, Shoshana and Mutrala actions. It helps in Kledahara and reduction of fluid accumulation, while its Shothahara and Ropana actions support renal tissue.

Shilajatwadi Yoga contains Shilajatu, Kupilu, Guggulu and Mandura Bhasma and possesses Mutrala, Lekhana, Shothahara, Balya and Rasayana properties. Shilajatu contributes to renal and metabolic support, Guggulu contributes to lipid metabolism and vascular protection, while Mandura supports haemopoiesis.

CONCLUSION

The present case highlights the potential role of Ayurvedic intervention in the management of hypertensive chronic kidney disease with special reference to Vrikka Roga. The patient, despite being asymptomatic, showed elevated renal biochemical parameters before treatment. Following treatment with Manjistadi Churna Prakshepita Brihatyadi Gana Kashaya Basti, administered in two sittings with an intervening gap, along with Tilanala Kshara and Shilajatwadi Yoga, improvement was observed in blood urea and serum creatinine levels.

The treatment approach was aimed at Samprapti Vighatana through Amapachana, Kledahara**,** Srotoshodhana, Shodhana, Mutrala and Shothahara actions. The intervention may have helped in reducing the accumulation of Kleda and Mala, facilitating Srotoshodhana and supporting renal function.

DECLARATIONS

Patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient's parents have given their consent for images and other clinical information to be reported in the journal. The subject understand that names and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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