

MANAGEMENT OF CAST NEPHROPATHY WITH MULTIPLE MYELOMA THROUGH AYURVEDA; A CASE STUDY

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ABSTRACT

Cast nephropathy is a severe complication of multiple myeloma (MM) characterized by the intratubular precipitation of monoclonal light chains. In elderly patients, this often leads to acute kidney injury (AKI) manifesting as oliguria and profound physical debility. While conventional management focuses on chemotherapy and hydration, *Ayurvedic* interventions offer a supportive strategy to improve renal perfusion and systemic vitality. A 72-year-old female, who had a known history of Multiple Myeloma, suddenly developed symptoms such as oliguria, generalized weakness, and anorexia. Her blood reports indicated raised serum creatinine and blood urea. She was Treated with a combination of *Shamana* therapies. After the treatment, a significant increase in daily urine output was observed, alongside a stabilization of renal parameters and a marked improvement in the patient's quality of life and

functional status. This case suggests that individualized *Ayurvedic* protocols can effectively manage the symptoms of cast nephropathy in MM. *Ayurveda* provides a viable complementary approach for elderly patients who may have limited tolerance for aggressive conventional renal interventions.

KEYWORDS: Multiple Myeloma, Cast Nephropathy, Oliguria, *Ayurveda*.

INTRODUCTION

Cast nephropathy is a common cause of AKI in patients with multiple myeloma. It happens because of the overproduction of monoclonal free light chains from malignant plasma cells, which are filtered through glomeruli and then bind to Tamm–Horsfall protein in the renal tubules. This interaction results in the formation of obstructive tubular casts that ultimately produce tubular injury, inflammation, and impaired renal function.

Renal involvement is a frequent and serious complication of multiple myeloma, affecting a significant proportion of patients during the course of the disease. The accumulation of light chain casts within distal tubules and collecting ducts not only causes mechanical obstruction but also induces direct cytotoxic effects on tubular epithelial cells, contributing to progressive kidney damage.

In *Ayurveda*, there is no single direct term for Cast Nephropathy but the condition can be understood as *Mutravaha sroto dushti* caused by *Ama visha* involvement.

Monoclonal Light Chains could be correlated with *Ama-Visha* and Tubular Obstruction as *Mutravaha Srotas Sanga*.

Multiple Myeloma is often correlated with *Asthi-Maja Gata Vata*. Since the bone marrow (*Majja*) and kidneys (*Vrukka*) are both rooted in the metabolic chain of *Meda Dhatu* (fatty tissue), the toxins from the diseased marrow easily migrate to and damage the kidneys.

Case Presentation: A 72-year-old female who has been previously diagnosed with Multiple Myeloma presented to the OPD of *kayachikitsa* department in Govt. Dhanwantari ayurveda hospital Ujjain (M.P.) in July 2025 with complaint of oliguria, burning micturition, generalized weakness. Diagnostic laboratory studies showed that the level of serum creatinine and blood urea are highly elevated which is indicative of acute renal impairment secondary to cast nephropathy.

MATERIAL AND METHOD

To cure this according to the Ayurvedic approach, the attention is on *Mutravaha srotas dushti vikar* that is comparable to *Mutrakriccha chikitsa*.

Here the patient was given oral medications under the following way;

Treatment schedule

SN	Shamana aushadh	Matra and sevan kala
1.	Castor oil	20 ml with lukewarm water at night once in 7 days
2.	<i>Gokshur churna</i> + <i>Raktachandan churna</i> + <i>Guduchi churna</i>	03 gm two times a day before meal
3.	<i>Gokshuradi guggulu</i>	1 tab. Two times a day before meal
4.	Tab. Nirocil	1 tab. Two times a day before meal
5.	Tab. Nefrol	1 tab. Two times a day before meal
6.	Cap. Allerplan	1 cap. Two times a day before meal
7.	Syp. Neeri KFT	15ml Two times a day before meal

RESULTS

Treatment	Date	Haemoglobin	TLC	S. creatinine	B. urea	ESR
Before	06/07/2025	10.5 gms%	11200/cumm	3.16 mg/dl	427 mg/dl	38 mm/hr
After	30/07/2025	9.5 gms%	9100/cumm	1.12 mg/dl	48 mg/dl	58 mm/hr

DISCUSSION

The management of Cast Nephropathy (often associated with Multiple Myeloma) through the lens of *Mutravahasrotodushthi* requires a multi-pronged approach. In Ayurveda, this condition involves the accumulation of *Ama* that obstruct the *Srotas* leading to *Sanga* (obstruction) and subsequent renal parenchymal damage.

The therapeutic goal is to achieve *Srotoshodhana* and *Rasayana* (rejuvenation of nephrons).

1. Castor Oil (Eranda Taila)

Vata-Anulomana: It ensures the downward movement of *Vata*, which is crucial since *Apana Vayu* governs urinary function.

Srotoshodhana: By clearing the gut, it indirectly reduces the systemic load of *ama*, potentially slowing the accumulation of pathological proteins in the renal tubules.

2. Combination of Gokshur, Raktachandan, and Guduchi

- **Gokshur (*Tribulus terrestris*):** A premier *Mutrala* (diuretic), *Bastishodhak* and *Ashmarighna* herb. It helps flush out obstructing casts and reduces tubular inflammation. Gokshur churna also acts as *Rasayana* for urinary tract.
- **Raktachandan (*Pterocarpus santalinus*):** Its *Sheeta Virya*, *Tikta* and *Madhura rasa*, *Katu vipaka* acts as *raktashodhak*, *raktapittashamak*, *kapha pitta shamak*. Raktachandan has *vishapaham*(anti poisonous) property.

- **Guduchi (*Tinospora cordifolia*):** Acts as an *Rasayana* and *Vayasthapana*. It has *Tridosha hara*, *Amahara*, *Raktashodhak* and *raktavardhak* property. It provides nephroprotection against the nephrotoxic effects of light chain proteins.

3. Gokshuradi Guggulu: Vati is made out of *Gokshura*, *Guggulu*, *Musta*, *Triphala* and *Trikatu*. *Mutrakrichha*, *Mutraghata*, and *Ashmari roga* were pointed out by *gokshuradi guggulu*.

Guggulu has *Lekhana* property. It particularly attacks the casts inside the tubules, which contributes to the breaking of the proteinaceous obstructions.

Triphala and *Trikatu* which are included in this tablet, boosts metabolism and lowers the *Kleda* in the urinary system.

4. Specialized Proprietary Interventions

Modern Ayurvedic preparations are integrated to give a specific biochemical response:

- **Tab. Nirocil (*Phyllanthus niruri*):** It is rich in *Bhumi-Amalaki* and is very effective in reducing oxidative stress in the kidneys and regulating the systemic inflammatory response.
- **Tab. Nefrol:** It is usually to maintain GFR (Glomerular Filtration Rate), and to support the structural integrity of the basement membrane against the "clogging" effect of the casts.
- **Cap. Allerplan:** In Cast Nephropathy, the deposition of light chains frequently results in an exaggerated immune/allergic response in the interstitium. *Allerplan* is useful to down-tune this hyper-reactivity, mitigating interstitial nephritis.
- **Syp. Neeri KFT:** An all-inclusive nephro-protective syrup. It is especially appreciated due to its effect on lowering the blood urea and serum creatinine levels as well as providing a soothing effect on the urinary mucosa.

CONCLUSION

This case emphasizes the possibility of Ayurvedic treatments being effective to treat renal complications of Multiple Myeloma. The patient responded to the Ayurvedic intervention with remarkable clinical improvement within 15 days of intervention. Tests of Renal functioning showed a rapid decrease in serum creatinine and blood urea, returning to near-

normal levels to the tests. The Ayurvedic preparations could be a good adjuvant therapy to enhance the quality of life and renal prognosis in geriatric oncology patients.

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