



Management of Chronic Kidney Disease (*Mutraghata*) through *Ayurveda* regimen: A Case Report

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ABSTRACT: Chronic Kidney Disease (CKD), prevalence is 17.2% with stage 1, 2, 3, 4, 5 as 7%, 4.3%, 4.3%, 0.8% and 0.8% respectively, 43.1% of their cohort had hypertension and 18.8% had diabetes. It is a global threat to health in general and for developing countries in particular because in modern science, therapy is expensive and lifelong. In India, 90% patients cannot afford the cost. Ayurveda can help in such conditions. A 55-year-old male patient of Chronic Kidney Disease with chief complaints of swelling in bilateral lower leg, constipation and he was on dialysis (three times in a week). He was known case of Hypertension in the last 15 years. On examination, this manifestation was diagnosed as ¹*Mutraghata*. Considering the case, different *Panchakarma* procedures including *Snehana*, *Avagahana swedana* and *Virechana*, *Kala Basti* were adopted along with other internal medicines. Assessments were made using laboratory



examinations and symptoms. At the end of the treatment, there was considerable improvement in the subjective and objective clinical features. The observations reveal that, internal medicines can play a key role in the management of chronic kidney disease. The treatment strategies followed in this study can be safely adopted under the supervision of competent specialist.

Key words: Chronic Kidney Disease, Dialysis, *Mutraghata*, *Virechana*, *Avagahana swedana*, *Kala Basti*.

Introduction: Chronic Kidney Disease, also called Chronic Kidney Failure, describes the gradual loss of kidney function. ²Kidney filter wastes and excess fluids from blood of our body. In early stages of chronic kidney disease, patient may have few signs and symptoms. Chronic kidney disease may not become apparent until kidney function is significantly impaired. The global burden

of CKD is high with increasing incidences, mortality and economic impact. CKD is a gradual process which goes on for weeks, months, years, and the kidneys slowly stop working. The symptoms of CKD are different according to different stage of kidney failure. CKD caused by hypertension, ³diabetes, taking long standing pain killer, etc. Common symptoms of CKD are swelling, electrolyte disorder, blood in urine, itching, vomiting, poor appetite, nausea, higher creatinine level and uric acid. Chronic Kidney Disease can be correlated with *Mutraghata* in *Ayurveda*. Such manifestations can be managed in *Ayurveda* successfully and a case has been treated that is presented here.

Case report: A 55 years old male patient with swelling in bilateral lower leg, constipation in the last 15 years was attend the OPD, AIIA on 02.11.2017. Initial history revealed that the patient developed gradually swelling over bilateral lower legs 15 years back, at that time hypertension was also diagnosed and was under conventional medical supervision for approx. 14 years then allopathic doctors suggested haemodialysis three times in a week. As above treatment exhausted, patient opted for *Ayurvedic*

treatment and consulted in OPD No.-1, AIIA, NEW DELHI. On examination, patient was afebrile, conscious, well oriented, Pulse was 76/min, and blood pressure was 110/80 mm of Hg.

Ayurveda perspective: The patient showed *Kaphaavruta vata lakshana* like *Shotha* (swelling in bilateral lower legs), *Guruta* (heaviness) *Vibandha* (constipation) and *Agni mandya* (poor appetite) based on which *kaphaavruta vatajanya Mutraghat* was diagnosed. The symptoms resemble with CKD. The prognosis of this manifestation is *kruchha Sadhya* (difficult to cure) *Prakriti* of the patient was *kapha vataj*. He has *Pravara satva*. As per treatment principles *Panchakarma* procedures and internal medicines were planned (Table 1-5).

Previous treatment history: Patient was known case of hypertension in the last 15 years. he was on Antihypertensive medicines, Calcium and Erythropoietin, Iron, Vitamin D, Diuretics, Dialysis 3 times in a week under medical supervision. No other significant medical history was observed.

Table 1: Ayurvedic medicines adopted- Considering the *Vrikka* and *Yakrita* involvement these oral medicines were planned in this case.

Date	Medicines	Dose	Duration	Anupana
02/11/2017	1. ⁴ <i>Gokshuradi Guggulu</i>	2 tab.	TDS	Luke warm water
	2. <i>Arogyavardhini Vati</i>	2 tab.	TDS	Water
	3. <i>Pancha trinamoola Kwath</i>	40 mL	BD	-
	4. ⁵ <i>Punarnavasava</i>	3 TSF	BD	with equal amount of water
	5. ⁶ Tab. <i>Shilajeeta</i>	1 tab.	TDS	Water
	6. Syp. Neeri KFT	2 TSF	BD	Water

- Treatment was same continuing for 1 month from 2/11/2017 to 30/11/2017 but followed up after 1 week and monitors the vitals, Dialysis frequency decreased, like 3 times in one

month and Blood urea, serum creatinine value was decreased.

- Albumin in urine – present (+++) throughout the treatment
- Swelling was decreased.

Table 2:

Date	Medicines added	Dose	Duration	Anupana
On 01/12/2017, B.P. was 164/100 mm of Hg	<i>M.Sarpagandha ghan vati</i>	1 tab.	TDS	Water

- Treatment was same continuing for 2 months from 01/12/2017 to 08/02/2018 but followed up after 1 week and monitors the vitals, Dialysis frequency decreased, like 1 time in one

month and Blood urea, serum creatinine value was decreased.

- On 08/02/2018, itching over all body, appetite was decreased, constipated bowel; B.P. was 150/90 mm of Hg.

Table 3:



Date	Medicines added	Use
08/02/2018	Neem oil	For local application

- Treatment was same continuing for 2 months from 08/02/2018 to 11/04/2018 but followed up after 1 week and monitors the vitals, Dialysis was not done and Blood urea, serum creatinine value was decreased.

- On 11/04/2018, appetite was decreased, constipated bowel, B.P. was 160/110 mm of Hg, and weight was 85 kg.
- Albumin in urine – present (+++)

Table 4:

Date	Medicines	Dose	Duration	Anupana
11/04/2018	Tab. <i>Vangashila</i>	2 tab.	BD	Water
	Tab. <i>Shillajeeta</i>	STOP	-	-

- Treatment was same continuing for 2 months from 11/04/2018 to 08/06/2018 but followed up after 1 week and monitors the vitals, Dialysis was not

done and Blood urea, serum creatinine value was decreased.

- On 08/06/2018, appetite was decreased, constipated bowel, B.P. was

150/90 mm of Hg, and weight was 85 kg.

- Pedal oedema, obstructed urination was present.

- Patient advised for admission in IPD, AIIA (Plan for panchakarma)

Table 5:

Date	Medicines	Dose	Duration	Anupana
08/06/2018	<i>Phalatrikadi kashaya</i>	3 TSF	BD	Water
	⁴ <i>Gokshuradi guggulu</i>	2 tab.	BD	Luke warm water
	⁷ <i>Chandraprabha vati</i>	2 tab.	BD	Water
	⁸ <i>Varunadi kwath</i>	10 gm.	BD	-
	<i>Arogyavardhani vati</i>	2 tab.	BD	Water
	Syp. Neeri KFT	2 TSF	BD	Water
	<i>Shilajatwadi lauh</i>	2 tab.	BD	Water

- Treatment was same continuing for 7 days from 08/06/2018 to 14/06/2018 in IPD, AIIA and monitors the vitals.



- After that, Patient suggested for ⁹*virechana* with stop all internal medicines.

Table 6: Schedule of Deepana pachana

Date	Medicines	Dose	Duration	Anupana
15/06/2018 to 20/06/2018	<i>Lashunadi vati</i>	2 tab.	TDS	Luke warm water
	<i>Hingwashtaka choorna</i>	3 gm.	TDS	Luke warm water
	<i>Phalatrikadi kwath</i>	3 TSF	BD	Water

After *Deepana pachana*, Appetite was normal, Bowel was clear, *Shuddha udgara*, *Hridaya vishuddhi* etc. present

Table 7: Schedule of Snehapana with ¹⁰*Vastyamayantaka Ghritam*

Date	Dose	Time (<i>Ghrita</i> given)	Symptoms observed
21/06/2018	40ml	6.30 AM	Had comfortable

			<i>Vatanulomana</i> (flatulence).
22/06/2018	70ml	6.00 AM	Had comfortable <i>Vatanulomana</i> (flatulence), 3-4-time loose stool
23/06/2018	100ml	6.00 AM	Had comfortable <i>Vatanulomana</i> (flatulence), appetite at 4.00 PM
24/06/2018	140ml	6.30 AM	Appetite was decreased, Weakness, Breathlessness, Bowel was clear

Note: *Bastyamayantaka Ghritam* was administered for four days in increasing dose before 7 AM.

Table 8: Schedule of *Sarvanga abhyanga* and *Swedana*

Date	Medicines	Symptoms observed
25/06/2018	<i>Sarvanga abhyanga</i> with <i>Bala tail</i> , <i>Sarvanga bashpa swedana</i> with <i>Dashmoola kwath</i>	Appetite decreased, Bowel clear, Vitals stable
26/06/2018	Same as above	No fresh complain
27/06/2018	Same as above	No fresh complain
28/06/2018	Same as above	No fresh complain

Table 9: Schedule of *Virechana* adopted (on 28/06/2018)

Drug	Vegas*	Symptoms observed
80gm of <i>Trivrit avaleha</i> was administered along with 100ml <i>Triphala kwatha</i> , 10 gm. <i>Kutaki choorna</i> and <i>Ushnodaka pana</i> at an interval of 15 to 20 minutes was advised.	11	Increased appetite, lightness of the body and a feeling of weakness were observed.

Sansarjana krama advised for 5 days from 28/06/2018 to 02/07/2018.

- On 03/07/2018, *Avagahana swedana* with *Trinapanchamoola kwath* and *Dashamoola kwath* with Internal medicines as mentioned in table.

Table 10:

Date	Medicines	Dose	Duration	Anupana
03/07/2018	<i>Panchatrinamoola kwath</i>	1 gm.	BD	-

	<i>Gokshuradi guggulu</i>	2 tab.	BD	Above kwath
	<i>Chandraprabha vati</i>	2 tab.	BD	Water
	<i>Arogyavardhani vati</i>	2 tab.	BD	Water
	<i>Shilajatwadi lauh</i>	2 tab.	BD	Water
	<i>Guduchyadi kashaya</i>	3 TSF	BD	Water
	Syp. Neeri KFT	2 TSF	BD	Water

Treatment was same continuing for 20 days from 03/07/2018 to 23/07/2018.

On 06/07/2018, *Kala basti* were suggested along with *Sarvanga abhyanga* with *Bala tail*, *Avagahana swedana* with *Trinapanchamoola kwath* and *Dashamoola kwath*.

Kala basti – (from 06/07/2018 to 23/07/2018)

<i>Anuvasana basti</i>	<i>Niruha basti</i>
<i>Dhanvantaram tail</i> – 100 ml	<i>Trinapanchamoola</i> + <i>Punarnava</i> = 400 ml
<i>Shatapushpa</i> – 5 gm	<i>Madhu</i> – 50 gm
<i>Saindhava</i> – 2 gm	<i>Saindhava</i> – 10 gm
	<i>Hinguvachadi</i> + <i>Gokshura</i> = 30 gm
	<i>Vastyamayantaka ghrita</i> – 90 ml

During *Basti*, appetite was decreased, bowel was not clear and constipated but it was managed by adding *Trivrita choorna* 1 TSF HS with Luke warm water.

***Panchakarma* procedures adopted:**

	Procedure	Duration
1	<i>Deepana pachana</i>	1 st to 6 th day
2	<i>Snehapana</i> (with ¹⁰ <i>Vastyamayantaka ghritam</i>)	7 th to 10 th day
3	<i>Sarvanga abhyanga</i> (with <i>Bala taila</i>) followed by <i>Bhashpa Swedana</i> (with ¹² <i>Dashmoola kwatha</i>)	11 th to 14 th day
4	<i>Virechana</i> (with ¹³ <i>Trivrut avaleha</i> , <i>Kutaki choorna</i> , ¹⁴ <i>Triphala kashayam</i>)	15 th day
5	<i>Kala Basti</i>	For 15 days

Table 3: Kala basti schedule

Date	Pratyagamana kala	Anuvasana basti	Niruha basti	Symptoms observed
06/07/2018	6 hr.	✓		Single bowel movement, Appetite normal
07/07/2018	5.30 hr.	✓		Single bowel movement, Appetite normal
09/07/2018	7 min.		✓	Bowel not clear, appetite was decreased
10/07/2018	5 hr.	✓		Bowel not clear, appetite was improved
11/07/2018	6 min.		✓	Single bowel movement, Appetite normal
12/07/2018	7 hr.			Bowel not clear, appetite was improved
13/07/2018	7 min.		✓	Bowel not clear, appetite was increased
14/07/2018	5 hr.	✓		Single bowel movement, Appetite normal
16/07/2018	6 min.		✓	Bowel clear, appetite decreased
17/07/2018	5.30 hr.	✓		Bowel clear, appetite decreased
18/07/2018	5 min.		✓	Single bowel movement, Appetite normal

19/07/2018	6 hr.	✓		Single bowel movement, Appetite normal
20/07/2018	5 min.		✓	Single bowel movement, Appetite normal
21/07/2018	7 hr.	✓		Single bowel movement, Appetite normal
23/07/2018	6.30 hr.	✓		Single bowel movement, Appetite normal

Criteria for selection of procedure / medicine:

The present case was diagnosed as *Mutraghata* in which Oral medicines were selected on the basis of the properties of ingredients in the respective formulation that help in regeneration of *vrikka* and *yakrita*; *Virechana* and *Kala basti* also have property of regeneration of tissues and elimination of toxins.

Assessment criteria: Before and after treatment, assessment was made using

laboratory examinations and subjective parameters.

Observations: Patient came with following investigations and Dialysis done 3 times in a week.

On date 29/oct./2017)

- ✓ **Blood Urea = 145.54 mg/dl**
- ✓ **S. Creatinine = 9.21 mg/dl**
- ✓ **Haemoglobin = 11.6 gm/dl**
- ✓ **Albumin in urine = present (+++)**
- ✓ **S.Potassium = 4.77 mmol/lit. i.e. Normal**
- ✓ **R.B.S. = 112.79 mg/dl**

PROGRESS OF THE TREATMENT -

Date	Blood Urea	Serum Creatinine	Haemoglobin	Serum Potassium	Serum Phosphorus	Serum Uric acid	A/G ratio
ON DATE= 11/11/2017	115.05 mg/dl	7.81 mg/dl	10.1 gm/dl	5.49 mmol/lit.	6.36 mg/dl	7.63 mg/dl	1.20 %
ON DATE= 21/11/2017	77.98 mg/dl	6.75 mg/dl	-	5.50 mmol/lit.	3.98 mg/dl	7.72 mg/dl	1.15 %

ON DATE= 25/11/2017	78.58 mg/dl	6.62 mg/dl	11.0 gm/dl	5.55 mmol/lit.	4.52 mg/dl	8.24 mg/dl	1.04 %
ON DATE= 30/11/2017	69.24 mg/dl	5.81 mg/dl	-	5.35 mmol/lit	4.78 mg/dl	7.29 mg/dl	1.07 %
ON DATE= 7/12/2017	76.92 mg/dl	6.08 mg/dl	-	6.15 mmol/lit.	4.67 mg/dl	7.03 mg/dl	1.21 %
ON DATE= 20/12/2017	90.50 mg/dl	5.48 mg/dl	10.6 gm/dl	5.92 mmol/lit.	4.31 mg/dl	7.60 mg/dl	1.34 %
ON DATE= 3/1/2018	93.95 mg/dl	5.26 mg/dl	11.7 gm/dl	5.14 mmol/lit.	4.45 mg/dl	9.80 mg/dl	1.12 %
ON DATE= 18/1/2018	83.06 mg/dl	5.53 mg/dl	10.7 gm/dl	5.11 mmol/lit.	3.92 mg/dl	9.17 mg/dl	1.36 %
ON DATE= 30/1/2018	86.30 mg/dl	5.28 mg/dl	10.7 gm/dl	4.96 mmol/lit.	3.78 mg/dl	9.88 mg/dl	1.56 %
ON DATE= 16/02/2018	71.46 mg/dl	4.77 mg/dl	11.0 gm/dl	4.99 mmol/lit.	4.05 mg/dl	10.14 mg/dl	1.14 %
ON DATE= 07/03/2018	91.98 mg/dl	5.17 mg/dl	10.7 gm/dl	5.26 mmol/lit.	4.50 mg/dl	10.55 mg/dl	1.25 %
ON DATE= 02/04/2018	80.25 mg/dl	5.16 mg/dl	10.5 gm/dl	5.57 mmol/lit.	4.70 mg/dl	8.90 mg/dl	1.00 %
ON DATE= 17/05/2018	69.64 mg/dl	5.25 mg/dl	-	5.49 mmol/lit.	6.67 mg/dl	11.22 mg/dl	1.11 %
ON DATE= 04/06/2018	74.08 mg/dl	5.69 mg/dl	10.1 gm/dl	5.36 mmol/lit.	4.44 mg/dl	7.61 mg/dl	1.10 %
ON DATE= 09/06/2018	94.19 mg/dl	5.80 mg/dl	10.2 gm/dl	-	-	-	-
ON DATE= 18/06/2018	103.77 mg/dl	5.44 mg/dl	-	-	-	-	-



ON DATE= 29/06/2018	115.09 mg/d	6.41 mg/dl	10.6 gm/dl	-	-	-	-
ON DATE= 06/07/2018	121.3 mg/dl	7.2 mg/dl	-	-	-	-	-
ON DATE= 14/07/2018	93.6 mg/dl	7.3 mg/dl					
ON DATE= 23/07/2018	91.0 mg/dl	6.77 mg/dl	-	-	-	-	-
ON DATE= 02/08/2018	77 mg/dl	4.52 mg/dl	9.3 gm/dl	-	-	7.56 mg/dl	-

Discussion:

Chronic kidney disease is defined as improper functioning of kidney; this condition is later on kidney failure. The present case was a typical example of CKD caused by hypertension. Patient showed symptom like swelling in bilateral lower leg. Patient also had symptoms like *agnimandya* (decreased appetite), *koshtha badhhata* (constipated bowel). After *Virechana, Basti* was planned. *Virechana* is best for detoxifying the blood of our body.

Conclusion:

This case study shows effectiveness of *ayurvedic* medicines and stage wise *Panchakarma* management in Chronic Kidney Diseases (CKD) comparable to *Mutraghata*. Whilst there is enormous scope for further research but still it proves that with proper diagnosis and proper treatment protocol. Ayurveda can be beneficial in such cases of CKD. Recovery in the present case was promising and worth documenting.

Conflict of interest - Nil

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Cite article:

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Ayurlog: National Journal of Research in Ayurved Science- 2019; (7)(1): 1-11