

Review article

Psychological and Social Impact of Recurrent Aphthous Ulcers among Young Adults

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ABSTRACT

Chronic kidney disease (CKD) is a progressive and irreversible renal disorder associated with systemic complications and reduced quality of life. In Ayurveda, CKD can be correlated with *Vrikka Vikāra*, arising due to imbalance of *Tridoṣha* (primarily *Vāta* and *Kapha*) leading to impaired *Mutravaha Srotas* function. Ayurvedic management focuses on *Śodhana* (detoxification) and *Śamana* (pacification) therapies along with ayurvedic formulations to improve renal function and alleviate symptoms. This holistic approach aims to enhance quality of life and slow disease progression. A 44-year-old male with a known case of CKD presented to Jeena Sikho Lifecare Limited Hospital, Lucknow, with complaints of fever (*Jvara*), generalized weakness (*Daurbalya*), gastric disturbances (*Amlapitta*), headache (*Śiraśhūla*), vomiting (*Chhardi*), throat infection (*Kaṇṭhaśoṭha*), shortness of breath (*Śvāsa*), disturbed sleep (*Nidrānāśha*), and generalized body ache (*Aṅgamarda*). The patient was managed with a comprehensive Ayurvedic treatment protocol including *Ahāra-Vihāra Chikitsā* (dietary and lifestyle modifications) and *Panchkarma* therapies. Following the intervention, complete resolution of fever, headache, vomiting, and generalized weakness was observed, with marked improvement in dyspnea, sleep quality, and body pain. Laboratory investigations showed a reduction in blood urea from 78.23 mg/dl to 68.8 mg/dl and improvement in glomerular filtration rate (GFR) from 12.11 ml/min to 24.08 ml/min. However, serum creatinine slightly increased from 3.22 mg/dl to 3.60 mg/dl, indicating persistent chronic renal impairment. Ayurvedic and *Pañchkarma*-based interventions demonstrated significant symptomatic relief and supportive improvement in renal function parameters in this CKD patient. These findings suggest that Ayurveda may serve as an adjunctive therapy in CKD management further controlled clinical studies are required to validate its efficacy.

Introduction

Chronic kidney disease (CKD) encompasses a broad spectrum of pathophysiological processes associated with a progressive decline in glomerular filtration rate (GFR) and

persistent abnormalities in kidney structure or function. It is a chronic, irreversible condition that develops gradually over months to years and ultimately leads to end-stage renal disease (ESRD) if not adequately managed.^[1] CKD is recognized as a major public health problem worldwide due to its increasing prevalence, associated cardiovascular morbidity, mortality, and high healthcare costs. The disease is often insidious in onset and remains asymptomatic in early stages, which leads to delayed diagnosis and treatment. CKD is defined as abnormalities of kidney structure or function present for more than three months, with implications for

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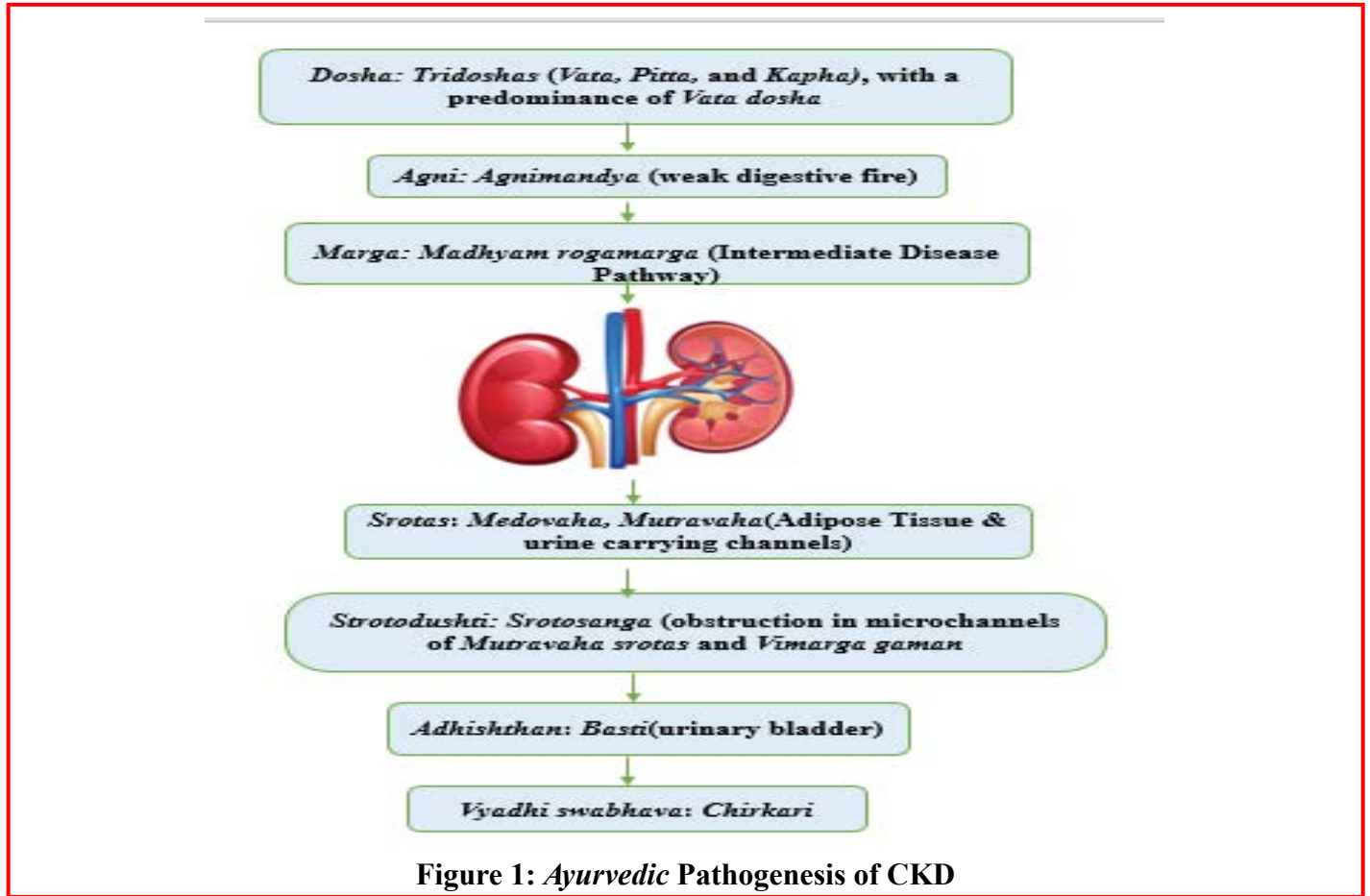
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health, and classified into five stages based on GFR values.^[2] Stage 5 CKD, also known as ESRD, is characterized by GFR <15 ml/min/1.73 m² and requires renal replacement therapy (RRT) such as dialysis or kidney transplantation for survival. The burden of CKD is increasing globally, driven largely by the rising prevalence of diabetes mellitus and hypertension, which are the two most important etiological factors.^[3] Several risk factors contribute to the development and progression of CKD. Major risk factors include childhood and adult obesity, diabetes mellitus, hypertension, family history of kidney disease, glomerular diseases, interstitial nephritis, urinary tract obstructions, and the presence of persistent proteinuria. Among these, diabetes mellitus and hypertension are considered the leading causes of CKD worldwide, accounting for more than 60–70% of CKD cases.^[5] Epidemiological data indicate that CKD affects approximately 9–13% of the global population, representing a substantial public health burden. In the United States, it is estimated that at least 6% of the adult population has CKD stages 1 and 2, while a significant proportion remain undiagnosed.^[6] In India, the prevalence of CKD is increasing rapidly due to the growing burden of diabetes and hypertension, although large-scale epidemiological data are still limited. Studies suggest that 40–60% of CKD cases in India are attributed to diabetes and hypertension.^[7] The lack of awareness, late diagnosis, and limited access to healthcare services further contribute to disease progression and complications. CKD is often asymptomatic in its early stages, particularly when GFR remains above 30 ml/min/1.73 m². Patients may remain undiagnosed for years, and elevated serum urea and creatinine levels are frequently detected incidentally during routine laboratory investigations or screening of high-risk

individuals such as those with diabetes and hypertension.^[8] As the disease progresses and GFR declines below 30 ml/min/1.73 m², symptoms begin to appear, with nocturia being one of the earliest manifestations due to impaired urine concentrating ability. When GFR decreases to less than 15–20 ml/min/1.73 m², systemic symptoms become prominent and affect multiple organ systems. Common clinical manifestations include fatigue, weakness, dyspnea, edema, and fluid overload, often resulting from renal anemia and sodium and water retention.^[9] Gastrointestinal symptoms such as anorexia, nausea, vomiting, and weight loss may occur due to uremic toxins. Patients may also experience pruritus, hiccups, cognitive disturbances, and sleep disorders as uremia progresses.^[10] These symptoms significantly reduce quality of life and increase the risk of cardiovascular morbidity and mortality. In Ayurveda, there is no direct classical description corresponding exactly to the modern concept of CKD. However, based on clinical features, etiology, and pathogenesis, CKD can be correlated with disorders of the *Mutravaha Srotas* (urinary system) and conditions such as *Mutraghata*, *Mutrakrichra*, and *Prameha*.^[11] The symptom of reduced urine output (*Mutrakshaya*) is primarily seen in *Mutraghata*, and therefore CKD is often considered under this category for therapeutic purposes. *Acharya Sushruta* described the origin of the term *Vrikka* (kidney) as being related to *Meda* and *Rakta Dhātu*, indicating the involvement of adipose tissue and blood in renal physiology and pathology.^[12] This classical concept suggests that disorders affecting *Meda* and *Rakta Dhatus* may contribute to renal dysfunction, which aligns with modern understanding of metabolic and vascular contributions to kidney disease.

Samprapati Ghatak Chronic Kidney Disease (CKD) in Ayurveda^[13]

Samprapti Component	Description
Primary bio-factors (Dosha)	<i>Kapha</i> (causing obstruction), <i>Vata</i> (causing degeneration and dryness), <i>Pitta</i> (inflammation in advanced stages)
Affected Body Tissues (Dushya)	Plasma, Blood, Fat tissue, Muscle tissue, Vital essence (<i>Ojas</i> /immunity)
Channels Involved (Srotas)	Urinary channels, Circulatory channels, Blood channels, Fat channels
Type of Channel Vitiation	Obstruction, Structural deformities, Excessive flow (polyuria initially → oliguria later)
Digestive Fire (Agni)	Weak digestion and metabolism leading to toxin (<i>Ama</i>) accumulation
Origin Site (Udbhava Sthana)	Stomach and Intestines
Path of Spread (Sanchara)	Through plasma and blood into urinary system
Site of Manifestation (Vyakta Sthana)	Kidneys
Seat of Disease (Adhithana)	Urinary system
Pathway of Disease (Roga Marga)	<i>Madhyama Roga Marga</i> (Intermediate Disease Pathway)
Nature of Disease (Swabhava)	Difficult to cure (<i>Krichrasadhya</i>) to Incurable (<i>Asadhya</i>) in advanced stages



Case Report

A 44-year-old male with a known case of CKD and hypertension for 6 months visited Jeena Sikho Lifecare Limited Hospital, Lucknow. The patient suffered from fever (*Jvara*), generalized weakness (*Daurbalya*), gastric disturbances such as indigestion and acidity (*Amlapitta*), headache (*Shirashoola*), vomiting (*Chhardi*), throat infection with irritation (*Kanthashotha*), shortness of breath with a severity score of 6 (*Shwasa*, score 6/10), disturbed sleep with a severity score of 6 (*Nidranasha*, score 6/10), and generalized body ache with a severity score of (*Angamarda*, score 4/10). A systematic evaluation was performed, including a complete medical history of the patient's last underwent one session of hemodialysis (HD) and Acute Kidney Injury (AKI) in July 2023. Serum Creatinine (Scr) elevated to 10 mg/dL. The patient was admitted to the hospital from 18/12/2023 to 25/12/2023 for clinical evaluation and management.

Table 1: Vitals during the initial examination on the visit

Parameters	Findings
Blood Pressure	140/100mmHg
Pulse Rate	100/min
Blood Sugar (RBS)	107 mg/dl
Weight	56kg

Table 2: *Asthvidha Pariksha* on the first-day visit of the patient

Parameters	Findings
<i>Nadi</i> (Pulse)	Vatapittaj
<i>Mala</i> (Stool)	<i>Abadha</i> (Normal)
<i>Mutra</i> (Urine)	<i>Avikrit</i> (Normal)
<i>Jiwha</i> (Tongue)	<i>Saam</i> (Coated)
<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
<i>Sparsha</i> (Touch)	<i>Anushna Sheeta</i> (Moderate temperature)
<i>Drika</i> (Eyesight)	<i>Avikrit</i> (Normal)
<i>Akriti</i> (Appearance)	<i>Madhyam</i> (Moderate)

INTERVENTIONS

I Ahara Krama^[13]: The dietary guidelines provided by Jeena Sikho Lifecare Limited Hospital included the following recommendations:

Dos and don'ts

1. Avoid eating after 8 PM.
2. Solid food should be consumed in small bites and chewed at least 32 times to aid proper digestion
3. Do not consume wheat, refined food, milk, milk products, coffee, tea and packed food.

Water intake

1. Take a small sip of water.
2. Drink about 250ml of alkaline water 3 to 4 times a day.
3. Consume Herbal tea 300ml twice daily. To prepare 300 ml of Herbal tea, combine 2 cloves (*Trifolium pratense*), 2 cardamom pods, 10 black pepper seeds (*Piper nigrum*), 5 gm cinnamon sticks (*Cinnamomum verum*), and a half teaspoon of fennel seeds (*Foeniculum vulgare*) with hot water.
4. Drink Red juice taken in quantities of (100-150 ml).
5. Green juice taken in quantities of 10 gm each, 200 ml water added, ground in a mixer grinder, filtered, and consumed in a quantity of (100-150 ml).
6. Living water: The approach involves a three-tiered filtration system using clay pots, each serving a specific purpose to purify and energize the water: Top Pot: Fill this pot with a mixture of small and large river stones, followed by charcoal made from burning wood. This layer acts as an initial filter, removing larger impurities. Middle Pot: Place a similar mix of stones here. Additionally, add *Moringa* seed powder (also known as drumstick or “*Sahjan*” powder), a silver vessel, a copper vessel, and *Rudraksha* (*Elaeocarpus angustifolium*). *Moringa* seeds are known for their natural water-purifying properties, while silver and copper are believed to enhance the quality of water. Bottom Pot: This pot remains unaltered and serves as the collection chamber for the purified water. Advised to drink as per the need.

Meal Timing and Structure:

5:45 AM	Early Morning	Herbal tea + Curry leaves (1 leaf = 1 min chewing; up to 5 mins) + Raw ginger + Turmeric
9:00 – 10:00 AM	Breakfast	Steamed fruits + Fermented millet shake (4–5 types) + <i>Mugda yusha</i>
11:00 AM	Morning Snack	Red juice (150 ml) + 4–5 soaked almonds
12:30 – 2:00 PM	Lunch	Plate 1: Steamed salad Plate 2: Cooked millet.
4:00 – 4:20 PM	Evening Snack	Green juice (100–150 ml) + 4–5 almonds
6:15 – 7:30 PM	Dinner	Plate 1: Steamed salad (weight × 5 grams), chutney, soup Plate 2: Millet khichdi

Fasting

One-day fasting was advised.

Special Instructions

1. Express gratitude to the divine before consuming food or drinks.
2. Sit in *Vajrasana* (a yoga posture) after each meal.
3. 10-minute slow walk after every meal.

7. Boil 2 liters of water to reduce it to 1 liter and consume.

Aim to drink 1 liter of alkaline water daily

(Procedure as follow):

1. Setup the Glass Jug: Fill a clean jug with fresh drinking water.
2. Add Copper Vessel: Place a copper vessel or glass inside the jug.
3. Infuse Flavors: Add slices of carrot, cucumber, and lemon to the water.
4. Add Herbs: Include ginger slices, mint leaves, and coriander leaves.
5. Optional Spice: Add a slice of green chili for added flavor.
6. Let it Sit: Allow the mixture to sit for 12 hours.
7. Add *Amalaki* (*Embllica officinalis*) and Basil (*Ocimum tenuiflorum*): After 6 hours, add 3–4 pieces of *Amalaki* and a handful of Basil leaves. Let it infuse for 6 hours.
8. Ready to Drink: 3 to 4 times a day in divided portions

Shooka Dhanya Sevan:

1. Incorporate five types of millet into diet: Foxtail (*Setaria italica*), Barnyard (*Echinochloa esculenta*), Kodrava (*Paspalum scrobiculatum*) and Browntop (*Urochloa ramosa*).
2. Use only steel cookware for preparing the millets. Cook the millets only using mustard oil.

Diet Types

1. The diet comprises low salt solid, semi-solid, and smoothie options.
2. Suggested foods include herbal tea, red juice, green juice, a variety of steamed fruits, fermented millet shakes, soaked almonds, and steamed salads.

Jeevana Vidhi

1. Include meditation for relaxation.

2. Practice barefoot brisk walking for 30 minutes.
3. Ensure 6-8 hours of quality sleep each night.
4. Adhere to a structured daily routine.

II. Panchkarma procedures administered to patient

Avagha Swedana upto Navel^[14]

Procedure: The patient was immersed up to the navel in a tub of warm water. Sweating was encouraged by maintaining the water temperature at 42°C. The procedure was recommended to be followed for 40 minutes.

Snehana with Ksheerbala Oil^[15]

Procedure: *Snehana Ksheera Bala Taila* for 20 min given in *Hrusva Matra* after sunrise. As the *snehana* process goes on, *samyak snigdha lakshanas* appear one by one. First of all, *annavaha srotas* become *snigdha*, so *vatanulomana* and *Agnidipti* are observed in the initial days.

Matra Basti with Nirgundi and Rasnadi

Taila^[16]

Procedure: *Nirgundi* and *Rasnadi Taila* and *Gokshur* (*Tribulus terrestris*) oil were administered rectally in a 90 ml

dose, at 40°C.

Shiropichu with Brahmi oil^[17]

Procedure: Warm *Brahmi Taila* was massaged on the scalp and neck for 20–30 minutes, a cloth pad soaked in this warm oil was placed on the forehead, covering the *Ajna Chakra* and crown, left in place for 20 minutes. The cloth was removed, and the patient was advised to gently massage the scalp, which resulted in noticeable therapeutic benefits. *Brahmi* oil in the form is used, which has good compact concentration with a longer duration of contact. Also, the skin over the scalp is thin as compared to other parts of the body, and absorption is quicker and extra from the scalp.

Naturopathy Treatment

Head Down Tilt^[18]

Procedure: To improve systemic detoxification, the therapy includes a controlled head-down tilt (5°) during the administration of treatments including *Swedana* (sudation therapy), *Abhyanga* (therapeutic oil massage).

Shaman Chikitsa

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 3.

Table 3: Medicine Name, Ingredients, Therapeutic Effect

Medicine Name	Ingredients	Therapeutic Effects
Yakrit Shoth Har vati	<i>Punarnava</i> (<i>Boerhavia diffusa</i>), <i>Kalimirch</i> (<i>Piper nigrum</i>), <i>Pippali</i> (<i>Piper longum</i>), <i>Vayavidanga</i> (<i>Embelia ribes</i>), <i>Devdaru</i> (<i>Cedrus deodara</i>), <i>Turmeric</i> (<i>Curcuma longa</i>), <i>Chitrak</i> (<i>Plumbago zeylanica</i>), <i>Bibhitaki</i> (<i>Terminalia bellerica</i>), <i>Haritaki</i> (<i>Terminalia chebula</i>), <i>Amalaki</i> (<i>Emblica officinalis</i>), <i>Danti</i> (<i>Baliospermum montanum</i>), <i>Chavya</i> (<i>Piper chaba</i>), <i>Indrajau</i> (<i>Holarrhena pubescens</i>), <i>Pippali Moola</i> (<i>Piper longum</i>), <i>Motha</i> (<i>Cyperus rotundus</i>), <i>Kayphal</i> (<i>Myrica esculenta</i>), <i>Kutki</i> (<i>Picrorhiza kurroa</i>), <i>Nisoth</i> (<i>Operculina turpethum</i>), <i>Sonth</i> (<i>Zingiber officinale</i>), <i>Karkatshringi</i> (<i>Pistacia integerrima</i>), <i>Ajwain</i> (<i>Trachyspermum ammi</i>), <i>Mandur Bhasma</i> (<i>Carum copticum</i>)	Helps maintain <i>Agnisthiti</i> (digestive balance) and supports <i>Yakrit Shodhana</i> (liver detoxification)
Mutra Vardhak Vati	<i>Gokhru</i> (<i>Tribulus terrestris</i>), <i>Sonth</i> (<i>Zingiber officinale</i> dried ginger), <i>Guggul</i> (<i>Commiphora wightii</i>), <i>Kalimirch</i> (<i>Piper nigrum</i>), <i>Pippali Moola</i> (<i>Piper longum</i>), <i>Bibhitaki</i> (<i>Terminalia bellerica</i>), <i>Haritaki</i> (<i>Terminalia chebula</i>), <i>Bhumi Amalaki</i> (<i>Phyllanthus niruri</i>), <i>Motha</i> (<i>Cyperus rotundus</i>).	Acts as a <i>Mutrala</i> (diuretic), promoting <i>Mutra Pravritti</i> (healthy urine outflow).

Nephron Plus CAP	Hazrool yahoo bhasma powder, Chandra Prabha powder, Pashanbheda (<i>Bergenia lingulata</i>), Mulakkshar (<i>Raphanus Sativus</i>), Yavakshar (<i>Hordeum Vulgare</i>), Amalaki Rasayan, powder, Trivikrum Rasa powder, Navasra powder, Nimbu Stava (<i>Citrus limon</i>), Gokshur (<i>Tribulus terrestris</i>), Durbhamool (<i>Desmostachya bipinnata</i>) Shila Pushpa (<i>Didimocarpus pedicillata</i>), Black Salt powder, Hing powder (<i>Ferula foetida</i>)	It is beneficial in <i>Vrikka Roga</i> and disorders of the <i>Mutravaha Srotas</i> .
Dr. Kidney Tablet	Apamarg (<i>Achyranthes aspera</i>), Gokhru (<i>Tribulus terrestris</i>), Punarnava (<i>Boerhavia diffusa</i>), Varun chhaal (<i>Crateva nurvala</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Sheetal chini (<i>Piper ubeba</i>)	Boosts <i>Ojas</i> (natural energy) and supports <i>Swasthya Poshana</i> (overall wellness).
Dr. Immune Tablet	Kesar (<i>Crocus sativus</i>), Ashwagandha Ext. (<i>Withania somnifera</i>), Shatawari Ext. (<i>Asparagus racemosus</i>), Pippali moola (<i>Piper longum</i>), Tulsi (<i>Ocimum tenuiflorum</i>), Laung (<i>Syzygium aromaticum</i>), Chhoti Elachi (<i>Ellettaria cardamomum</i>), Sounth (<i>Zingiber officinale</i>), Haldi (<i>Curcuma longa</i>), Loh Bhasm, Sawarn Makshik Bhasm, Mukta Shukti Bhasm	Supports <i>Bala</i> (immunity) and <i>Agni</i> (digestive fire), promoting overall <i>Swasthya</i> (wellness) and comfort.
Divya Shakti Powder	Trikatu (<i>Piper nigrum</i> (<i>Kali Mirch</i>), <i>Piper longum</i> (<i>Pippali</i>), and dried <i>Zingiber officinale</i> (<i>Saunth</i>), Triphala (<i>Haritaki</i> (<i>Terminalia chebula</i>), <i>Bibhitaki</i> , (<i>Terminalia bellirica</i>) and <i>Bhumi Amalaki</i> (<i>Phyllanthus niruri</i>), Nagarmotha (<i>Cyperus rotundus</i>), Vay Vidanga (<i>Embellia ribes</i>), Chhoti Elaichi (<i>Elettaria cardamomum</i>), Tej Patta (<i>Cinnamomum tamala</i>), Laung (<i>Syzygium aromaticum</i>), Nishoth (<i>Operculina turpethum</i>), Sendha Namak, Dhaniya (<i>Coriandrum sativum</i>), Pippali Moola (<i>Piper longum</i> root), Jeera (<i>Cuminum cyminum</i>), Nagkesar (<i>Mesua ferrea</i>), Amarvati (<i>Achyranthes aspera</i>), Anardana (<i>Punica granatum</i>), Badi Elaichi (<i>Amomum subulatum</i>), Hing (<i>Ferula assafoetida</i>), Kachnar (<i>Bauhinia variegata</i>), Ajmod (<i>Trachyspermum ammi</i>), Sajji Kṣāra (alkaline ash) , Pushkarmool (<i>Inula racemosa</i>), Mishri (<i>Saccharum officinarum</i>).	Boosts <i>Ojas</i> and <i>Bala</i> (energy levels), helping to combat <i>Shrama</i> (fatigue) and <i>Daurbalya</i>
Vrikka Shudhi kwath	Dalchini (<i>Cinnamomum verum</i>), Sounth (<i>Zingiber officinale</i>), Tulsi (<i>Ocimum tenuiflorum</i>)	Boosts <i>Ojas</i> (energy and vitality) and supports <i>Vyadhikshamatva</i> (immune health).
Vrikka care Syrup	Shweta Chandan (<i>Santalum album</i>), Aamchaal (<i>Mangifera indica</i>), Sugandhbala (<i>Valeriana jatamansi</i>), Kachoor (<i>Curcuma zedoaria</i>), Nagarmotha (<i>Cyperus scariosus</i>), Pitpapra (<i>Fumaria indica</i>), Gambhari (<i>Gmelina arborea</i>), Mulethi (<i>Glycyrrhiza glabra</i>), Nilofer (<i>Nymphaea alba</i>), Rasna (<i>Pluchea lanceolata</i>), Punarnava (<i>Boerhavia diffusa</i>), Priyangu (<i>Calli-carpa macrophylla</i>), Majeeth (<i>Rubia Cordifolia</i>), Lal chandan (<i>Petrocarpus santalinus</i>), Patha (<i>Cissanpelos pareira</i>), Chirata (<i>Swertia chirayita</i>), Bargad (<i>Ficus bengalensis</i>), Gokshur (<i>Tribulus terrestris</i>), Peepalchaal (<i>Ficus religiosa</i>), Kachnarchaal (<i>Bauhinia variegata</i>)	Helps in <i>Mutrakrcchra</i> (burning micturition) and recurrent UTIs

Syrup Blood Purifier	Gokshur (<i>Tribulus terrestris</i>), Chirata (<i>Swertia chirayita</i>), Harad (<i>Terminalia chebula</i>), Karanja (<i>Milletia pinnata</i>), Ashwagandha (<i>Withania somnifera</i>), Arjuna (<i>Terminalia arjuna</i>), Neem (<i>Azadirachta indica</i>)	Boosts Ojas (immune system strength) and supports Twak Poshana (skin health improvement).
GFR Powder	Bhoomi Amla (<i>Phyllanthus niruri</i>), Badi Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia bellirica</i>), Kasni (<i>Cichorium intybus</i>), Maize (<i>Zea mays</i>), Punarnava (<i>Boerhavia diffusa</i>), Gokshur (<i>Tribulus terrestris</i>)	Supports Vrikka Karya (kidney function) and acts as Shothahara (anti-inflammatory), helping alleviate renal symptoms.
CKD syrup	Kasni (<i>Cichorium intybus</i>), Gokhru (<i>Tribulus Terrestris</i>), Shatavari (<i>Asparagus racemosus</i>), Giloy (<i>Tinospora cordifolia</i>), Sorbitol , Shudh Shilajeet (<i>Asphaltum punjabicum</i>)	Supports Vrikka Vikar Shamana and Mutravaha Srotas Shuddhi

Table 4: Medicine is advised during the treatment.

Medicine Advised on 18/12/23	Follow-up Medicine's 27/2/24 to 30/3/24	Follow-up Medicine's 29/4/24 to 30/6/24	Follow-up Medicine's 30/7/24 TO 30/8/24	Follow-up Medicine's 30/10/24 to 29/12/24
Nephron Plus CAP 1 Cap. TDS (<i>Adhobhakta with koshna jala</i>) (After meal with Lukewarm water)	Nephron Plus CAP 2 Cap. BD (<i>Adhobhakta with koshna jala</i>)	Nephron Plus CAP 2 Cap. BD (<i>Adhobhakta with koshna jala</i>)	Nephron Plus CAP 2 Cap. BD (<i>Adhobhakta with koshna jala</i>)	Nephron Plus CAP 1 Cap. BD (<i>Adhobhakta with koshna jala</i>)
Yakrit Shoth Har vati 1 Tablet TDS (<i>Adhobhakta with koshna jala</i>)	Yakrit Shoth Har vati 1 Tablet BD (<i>Adhobhakta with koshna jala</i>)	Vrikka care Syrup 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)	Vrikka care Syrup 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)	Vrikka care Syrup 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)
CKD Syrup 10ml BD (<i>Adhobhakta with sama matra koshna jala</i>)	CKD Syrup 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)	Yakrit Shoth Har vati 2 Tablet BD (<i>Adhobhakta with koshna jala</i>)	Syrup Blood Purifier 10ml BD (<i>Adhobhakta with koshna jala</i>)	Syrup Blood Purifier 10ml BD (<i>Adhobhakta with koshna jala</i>)
MutraVardhak Vati 1 Tablet TDS (<i>Adhobhakta with koshna jala</i>)	GFR Powder Half a teaspoon BD (<i>Adhobhakta with koshna jala</i>)	Dr. Nephron Syrup 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)	Vrikka Shudhi kwath 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)	Vrikka Shudhi kwath 15ml BD (<i>Adhobhakta with sama matra koshna jala</i>)
Divya Shakti Powder Half a teaspoon HS (<i>Nishikal with koshna jala</i>) (At Bed time) 25/12/23 to 30/12/23 Rest of medicine was the same. Dr. Immune Tablet 1 Tablet TDS (<i>Adhobhakta with koshna jala</i>)		GFR Powder Half a teaspoon BD (<i>Adhobhakta with koshna jala</i>)	Dr. CKD Tablet 2 Tablet TDS (<i>Adhobhakta with koshna jala</i>) Yakrit Shoth Har vati 2 Tablet BD (<i>Adhobhakta with koshna jala</i>)	Dr. CKD Tablet 2 Tablet TDS (<i>Adhobhakta with koshna jala</i>) Yakrit Shoth Har vati 2 Tablet BD (<i>Adhobhakta with koshna jala</i>)

Results

Table 5 demonstrates a marked clinical improvement in the patient's symptoms following Ayurvedic intervention. Fever (*Jvara*), generalized weakness (*Daurbalya*), headache

(*Shirashoola*), and vomiting (*Chhardi*) were completely resolved, while gastric disturbances (*Amlapitta*) and throat infection (*Galashotha*) showed significant relief. Respiratory distress (*Shwasa*) reduced from a severity score of 6/10 to 0/10, indicating complete symptomatic recovery. Sleep

quality improved from *Nidranasha* (6/10) to near-normal levels (9/10), and generalized body ache (*Angamarda*)

reduced to minimal levels (0–1/10), reflecting overall systemic restoration and enhanced quality of life.

Table 5: Before and After Treatment Assessment of the Patient

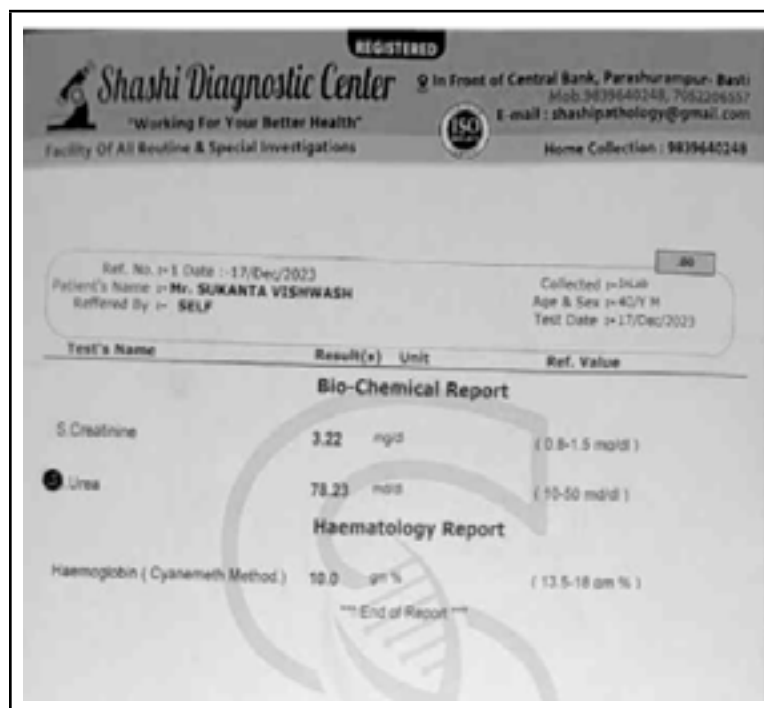
Before Treatment	After Treatment
Fever (<i>Jvara</i>) ^[19]	Absent (0)
Generalized Weakness (<i>Daurbalya</i>) ^[20]	Absent (0)
Gastric Issues (Indigestion/Acidity) (<i>Amlapitta</i>) ^[21]	Relieved
Headache (<i>Shirashoola</i>) ^[22]	Absent
Vomiting (<i>Chhardi</i>) ^[23]	Absent
Throat Infection (<i>Galashotha</i>) ^[24]	Relieved
Shortness of Breath (<i>Shwasa</i>) (6/10) ^[25]	Relieved 0/10
Disturbed Sleep (<i>Nidranasha</i>) (6/10) ^[26]	Relieved 9/10
Generalized Body Ache (<i>Angamarda</i>) (4/10) ^[27]	Relieved 0/10

Table 6 presents the pre- and post-intervention laboratory parameters of the patient recorded on 17/12/2023 and 29/07/2024. The findings indicate an improvement in renal function markers, as blood urea levels decreased from 78.23 mg/dl to 68.8 mg/dl, suggesting reduced uremic burden. Serum creatinine showed

a slight increase from 3.22 mg/dl to 3.60 mg/dl, which may reflect ongoing chronic renal impairment. The GFR improved from 12.11 ml/min (06/12/2023) to 24.08 ml/min (29/12/2024), indicating a significant enhancement in glomerular filtration and renal functional status following the intervention.

Table 6: Pre and Post-Intervention Assessment of the Patient

Parameters	Findings	Findings
Date	17/12/23	29/7/24
Haemoglobin	10 gm	
Blood Urea	78.23mg/dl	68.8mg/dl
Serum Creatinine	3.22mg/dl	3.60mg/dl
GFR	12.11ml/min (Report on 6/12/23)	24.08 ml/min (Report on 29/12/24)



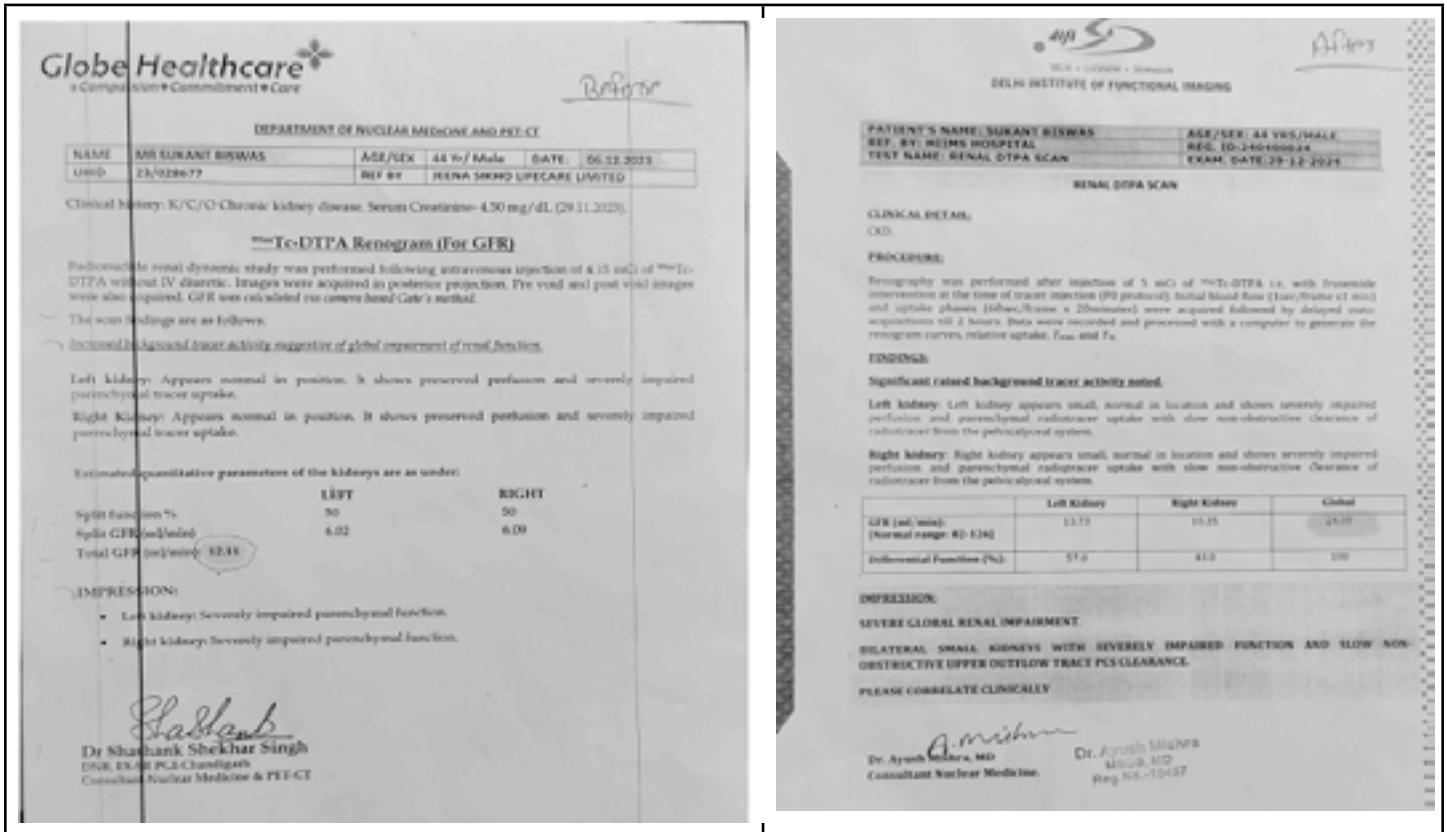


Table 7: Vitals During (IPD)

Date	B.P (mmHg)
18/12/23	120/80
19/12/23	100/70
20/12/23	110/90
21/12/23	120/80
22/12/23	110/70
23/12/23	120/80
24/12/23	110/70
25/12/23	120/80

Discussion

A 44-year-old male diagnosed with chronic kidney disease (CKD) and hypertension for the past six months presented to Jeena Sikho Lifecare Limited Hospital, Lucknow. The patient reported multiple clinical complaints including fever (*Jvara*), generalized weakness (*Daurbalya*), gastric disturbances such as indigestion and hyperacidity (*Amlapitta*), headache (*Shirashoola*), vomiting (*Chhardi*), throat irritation and infection (*Kanthashotha*), shortness of breath with a severity

score of 6/10 (*Shwasa*), disturbed sleep with a severity score of 6/10 (*Nidranasha*), and generalized body ache with a severity score of 4/10 (*Angamarda*).

Nidana (Causative Factors) of Vrikka Vikara

In Ayurveda, the etiological factors (*Nidana*) of *Vrikka Vikara* (renal disorders) are considered multifactorial and include dietary, behavioral, and psychological determinants that primarily vitiate *Vata* and *Kapha Doshas*, with occasional involvement of *Pitta*. Regular consumption of *guru* (heavy), *snigdha* (unctuous), *madhura* (sweet), and *abishyandi* (channel-obstructing) foods, excessive alcohol intake, exposure to cold environments, suppression of natural urges (*Vega Dharana*), and chronic psychological stress are recognized as major causative factors.^[28] These factors weaken *Agni* (digestive and metabolic fire), leading to the production and accumulation of *Ama* (metabolic toxins). The interaction of aggravated *Doshas* and *Ama* results in obstruction of the *Mutravaha Srotas* (urinary channels), ultimately giving rise to the manifestation of *Vrikka Vikara*.

Samprapti (Pathogenesis) of Vrikka Vikara

The pathogenesis of *Vrikka Vikara* is characterized by the accumulation and aggravation of *Kapha* and *Vata Doshas* in the *Mutravaha Srotas*. The presence of *Ama* further contributes to *Srotorodha* (channel obstruction), which

interferes with normal urine formation and excretion, leading to progressive impairment of renal function. Clinically, this condition presents with symptoms such as *Mutrakrichra* (dysuria), *Mutraghata* (urinary retention or obstruction), *Shotha* (edema), and *Daurbalya* (generalized weakness).^[29] With disease progression, disturbances occur in *Dhatu* metabolism, particularly involving *Rasa*, *Rakta*, and *Meda Dhatus*, resulting in systemic complications and gradual deterioration of organ function.

Ahara and Vihara Chikitsa (Dietary and Lifestyle Management)

The patient was advised a *Vata*-pacifying and renal-supportive diet consisting of light, easily digestible, and nutritionally balanced foods. The dietary regimen included millets such as foxtail, barnyard, kodrava, and browntop, along with fresh vegetable and fruit juices, alkaline water, and herbal infusions. To minimize metabolic burden, wheat, refined and processed foods, milk, coffee, tea, and late-night meals were restricted. Additional dietary instructions included thorough mastication, cooking with mustard oil, and the use of steel utensils to enhance digestion and nutrient assimilation.^[30] Lifestyle interventions comprised early morning meditation, gentle *Prāṇāyāma* (*Sūkṣma Prāṇāyāma*), and 30 minutes of barefoot brisk walking. Adequate sleep (6–8 hours) and adherence to a structured daily routine were emphasized to maintain digestive efficiency, systemic equilibrium, and musculoskeletal health.

Panchkarma Mode of Action

According to Ayurvedic *Panchkarma* principles, therapies such as *Avagha Swedana*, *Snehana*, *Matra Basti*, and *Shiropichu* act through *Dosha Shodhana*, *Srotoshodhana*, and *Agni Deepana* mechanisms. *Swedana* facilitates liquefaction and mobilization of aggravated *Doshas* and *Ama*, promoting their elimination through the skin and *Mutravaha Srotas*.^[31] *Snehana* enhances tissue lubrication, corrects *Vata* imbalance, and improves cellular metabolism, thereby supporting renal tissue nourishment.^[32] *Matra Basti* is considered the prime therapy for *Vata* disorders and helps regulate *Apana Vayu*, improving urinary function and systemic detoxification.^[33] *Shiropichu* with *Brahmi Taila* exerts calming effects on the nervous system, reducing stress-related *Vata* aggravation and promoting neuroendocrine balance.^[34] Head-down tilt therapy aids lymphatic drainage, improves circulation, and supports metabolic detoxification, thereby enhancing systemic homeostasis and renal functional support.^[35]

Treatment Result

Table 5 illustrates a substantial improvement in the patient's clinical symptoms following Ayurvedic management. Fever (*Jvara*), generalized weakness (*Daurbalya*), headache (*Shirashoola*), and vomiting (*Chhardi*) were completely alleviated, while gastric disturbances (*Amlapitta*) and

throat infection (*Galashotha*) showed marked symptomatic relief. Shortness of breath (*Shwasa*) improved significantly, decreasing from a severity score of 6/10 to 0/10, indicating complete resolution. Sleep disturbances (*Nidranasha*) improved from a score of 6/10 to near-normal levels (9/10), and generalized body ache (*Angamarda*) was reduced to minimal intensity (0–1/10), reflecting overall systemic recovery and enhanced patient well-being. Table 6 presents the laboratory findings recorded on 17/12/2023 and 29/07/2024, demonstrating changes in renal function parameters over the treatment period. Blood urea levels decreased from 78.23 mg/dl to 68.8 mg/dl, suggesting a reduction in uremic toxin accumulation. Serum creatinine showed a marginal increase from 3.22 mg/dl to 3.60 mg/dl, indicating persistent chronic renal pathology. However, a notable improvement was observed in the glomerular filtration rate (GFR), which increased from 12.11 ml/min (06/12/2023) to 24.08 ml/min (29/12/2024), signifying enhanced renal filtration capacity following the intervention.

Need For Further Research

Chronic Kidney Disease (CKD) is a complex condition requiring a multifaceted management approach. Combining *Ayurvedic* principles with lifestyle changes has demonstrated the potential to improve patient outcomes, more research is required to validate and standardize these approaches. To assess the effectiveness, safety, and long-term advantages of *Ayurvedic* treatments such as *Ayurveda* formulations, *Panchakarma* procedures, and dietary regimens in the management of chronic kidney disease, clinical trials are required.^[35] Future research should focus on identifying biomarkers to assess the impact of *Ayurvedic* treatments on inflammation, kidney function, and overall quality of life.

Conclusion

This case study documents the Ayurvedic management of a 44-year-old male patient diagnosed with chronic kidney disease (*Vrikka Vikāra*), who presented to Jeena Sikho Lifecare Limited Hospital, Lucknow, with multiple systemic complaints including fever (*Jvara*), generalized weakness (*Daurbalya*), hyperacidity (*Amlapitta*), headache (*Śirashūla*), vomiting (*Chardi*), throat infection (*Kanthashotha*), shortness of breath (*Śvāsa*; 6/10), disturbed sleep (*Nidrānāsa*; 6/10), and generalized body ache (*Aṅgamarda*; 4/10). Following comprehensive Ayurvedic intervention including *Ahara-Vihara Chikitsa* and *Panchkarma* therapies such as *Snehana*, *Avagha Swedana*, *Matra Basti*, and *Shiropichu*, the patient exhibited marked clinical and biochemical improvement. Symptom severity scores for *Śvāsa* reduced from 6/10 to 0/10, *Nidrānāsa* improved from 6/10 to 9/10, and *Aṅgamarda* decreased from 4/10 to 0/10, with complete resolution of *Jvara*, *Chardi*, *Śirashūla*, and *Daurbalya*. Laboratory findings showed a reduction in blood urea from 78.23 mg/dl to 68.8

mg/dl and a significant improvement in GFR from 12.11 ml/min to 24.08 ml/min, although serum creatinine increased slightly from 3.22 mg/dl to 3.60 mg/dl, indicating persistent chronic renal pathology. Overall, the Ayurvedic therapeutic protocol demonstrated significant symptomatic relief and improvement in renal functional parameters, highlighting the potential role of *Panchkarma* and holistic Ayurvedic management as supportive therapy in CKD patients.

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