

An Ayurvedic Approach in Treatment of Chronic Kidney Disease: A Case Series

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Abstract:-

➤ *Background:*

A kidney damage or glomerular filtration rate (GFR) < 60ml / min/1.73m for 3 months or more irrespective of cause is define as a chronic kidney disease. In many kidney diseases, kidney damage can be ascertained by the presence of albuminuria, defined as albumin – creatinine ratio > 30 mg / gm in two of three spot urine specimens. Severity of kidney diseases is classified into five stages according to level of GFR from G1 to G5.

➤ *Methods-*

Case series of 10 patients were managed with Ayurvedic treatment. Assessment was done on the basis of KFT, CBC, ESR and GFR

➤ *Result-*

Improvement in GFR and Decreased Sr. creatinine and urea level will be stated in full paper.

➤ *Discussion and Conclusion-*

After administration of Ayurvedic drug changes in KFT observed with changes in GFR, which is mention in full paper. ON this we concluded that Ayurvedic treatment is beneficial in treatment of chronic kidney failure than acute kidney failure.

Keywords:- Gokshuradi Guggul, Chronic Kidney Failure (CKD), Punarnavashtak Kwath, Panchakarma, Basti Chikitsa, Shodhana Chikitsa.

I. INTRODUCTION

A kidney damage or glomerular filtration rate (GFR) < 60ml / min/1.73m for 3 months or more irrespective of cause is define as a chronic kidney disease. In many kidney diseases, kidney damage can be ascertained by the presence of albuminuria, defined as albumin – creatinine ratio > 30 mg / gm in two of three spot urine specimens. Severity of kidney

diseases is classified into five stages according to level of GFR. The total of the filtration rate of the functioning nephron in the kidney is equal to the GFR. The most common cause of CKD are Diabetes and Hypertension. The complication and common comorbidities associated with CKD are Hypertension, Malnutrition, Metabolic Disorder, Anaemia, Dyslipidemia, Secondary Hyperparathyroidism, Mineral and Bone Disorder, Hypoalbuminemia, Neuropathy, Cardiovascular Diseases.

➤ *Criteria of Diagnosis –*

- KFT
- Urine test – routine & microscopic

➤ *Assessment Criteria –*

- KFT
- Hb
- Urine test – routine and microscopic
- Sr. Uric Acid
- ESR
- CRP

➤ *Inclusion Criteria –*

- Sr. Creatinine level from 1.3 mg/dl to 5 mg/dl
- Sr. Urea level from 20 mg/dl to 40 mg/dl
- Hb % from 8 gm% to 16 gm%
- Patient age in between 18 years to 60 years.

➤ *Exclusion Criteria –*

- Sr. Creatinine level more than 5 mg/dl and Sr. Urea level more than 40 mg/dl
- Albumin in urine more than 300 mg/d
- Severe CKD patients [GFR 29-15] and Kidney failure patients. [GFR < 15]

II. MATERIAL AND METHOD

Ten known cases of CKD from 3 months to 12 months included in this study according to diagnosis criteria of the study. Tablet Raktapachaka Vati 1tab bd (before meal) and Tablet Medopachaka Vati 1tab bd (Before meal) are prescribed to all the patients for 5days. Triphala Churna 5gm OD HS given to patients at night. After Dipana Pachana and Anulomana Chikitsa, Shodhana was advice to patients for that Yoga Basti Kram. In Yoga Basti Kram Anuvasana and

Niruha Basti was advised in alternate manner. In Anuvasana Basti, Sahachar tail and Punarnavaashtaka Gruta are added on 1st, 3rd, 5th, 7th and 8th day. In Niruha Basti, Madha + Saindhav + (Gokshura + Punarnava + Sariva + Vidanga + Musta) Kwath + Tila Tail 20-30 ml + Shatapushpa Kalka on 2nd, 4th, 6th day. Shamana Chikitsa was started on 9th day. In Shamana Chikitsa tablet Gokshuradi Guggul 2 tablets BD (after meal), Musta + Vidang + Sariva churna 5gm BD (before meal), Punarnavashataka Kwath 10ml QID, Triphala Churna 5gm HS are given to all patients for one month.

III. OBSERVATION AND RESULT

Table 1: Table Showing Percentage of Relief in Parameters of 10 CKD Patients

Sr. No.	Parameters	(B.T.)	(A.T.)	Difference	% of Relief
1	Hb%	90	127	37	41.11 %
2	Sr. Urea	480	203	277	57.70%
3	Sr. Creatinine	40.2	11.5	28.7	71.39 %
4	Sr. Uric Acid	54.5	37.9	16.6	30.45 %
5	Alkaline Phosphate	830	570	260	31.32%
6	Sodium	1405	1371	34	2.41 %
7	Potassium	40.2	26.7	13.5	33.58 %
8	Urinary Protein	1990	1230	760	38.19 %
9	ESR	218	125	93	42.66 %
10	CRP	19.4	5.5	13.9	71.64 %
11	GFR	425	902	477	112.23%

➤ Graphical Presentation-

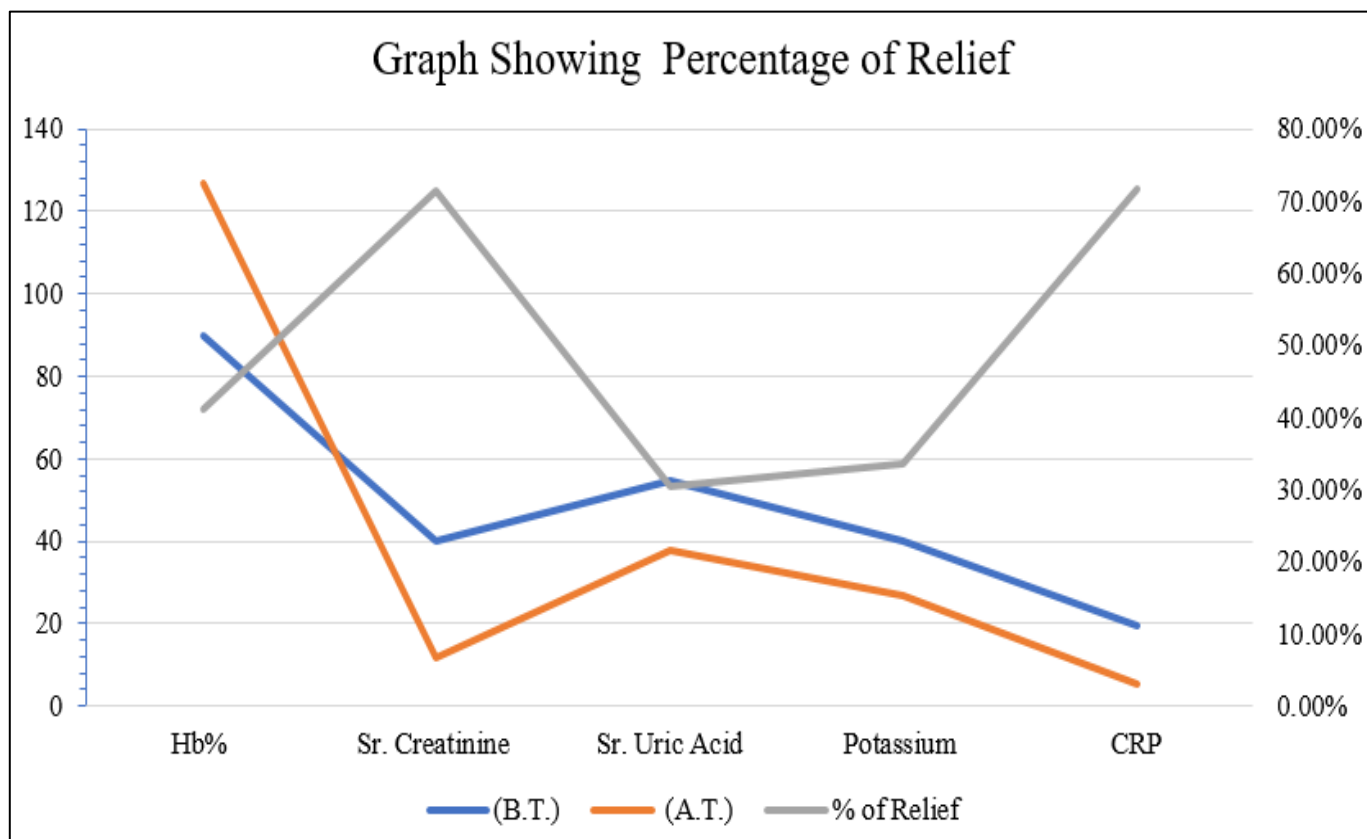


Fig 1: Figure Showing Effect of Therapy on Parameters of 10 CKD Patients

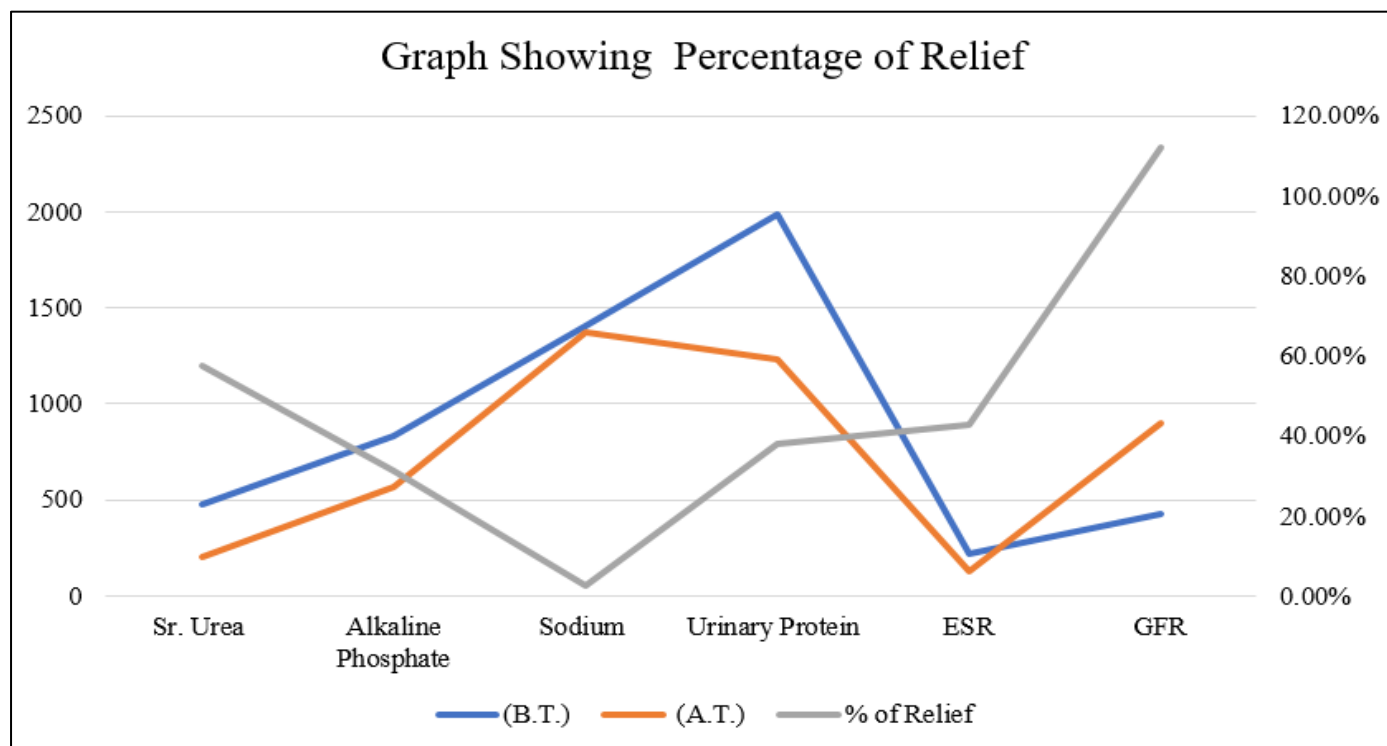


Fig 2: Figure Showing Effect of Therapy on Parameters of 10 CKD Patients

➤ *Statistical Analysis / Observation-*

Table 2: Table Showing Statistical Analysis in Parameters of 10 CKD Patients

Sr. No.	Parameters	Mean ± SD (B.T.)	Mean ± SD (A.T.)	Mean of diff. ± SD	Sed	't'	P
1	Hb%	10 ± 1.197	12.700 ± 1.160	2.600 ± 0.5164	0.1633	15.922	<0.0001
2	Sr. Urea	48 ± 3.742	20.300 ± 6.219	27.700 ± 7.861	2.486	11.144	<0.0001
3	Sr. Creatinine	4.020 ± 0.7584	1.150 ± 0.1354	2.870 ± 0.7602	0.2404	11.936	<0.0001
4	Sr. Uric Acid	5.450 ± 0.8003	3.790 ± 0.3957	1.660 ± 0.9155	0.2895	5.734	<0.0001
5	Alkaline Phosphate	83.000 ± 22.136	57.000 ± 18.886	26.000 ± 5.164	5.164	15.922	<0.0001
6	Sodium	140.50 ± 3.028	137.10 ± 1.197	3.400 ± 2.171	0.6864	4.954	0.0008
7	Potassium	4.020 ± 0.7036	2.670 ± 0.2003	1.350 ± 0.7721	0.2442	5.529	0.0004
8	Urinary Protein	199.00 ± 30.350	123.00 ± 14.944	76.000 ± 29.136	9.214	8.249	<0.0001
9	ESR	21.800 ± 3.521	12.500 ± 2.068	9.300 ± 2.214	0.7000	13.286	<0.0001
10	CRP	1.940 ± 0.4719	0.5500 ± 0.20678	1.390 ± 0.4977	0.1574	8.832	<0.0001
11	GFR	42.500 ± 7.075	90.200 ± 4.803	47.700 ± 7.917	2.564	19.053	<0.0001

IV. DISCUSSION

According to Sushruta development of Vrukka occurs from the Prasadbhaga of Rakta and Meda. So, for the Dipana and Pachana, Raktapachakat and Medopachaka Vati are the best choice of drug. Triphala Churna is Tridoshaghna and Vatanulomaka which is helpful in proper functioning of excretion of urine through body. Basti is a consider as an alternative of dialysis. Basti could increase the digestive power of body (Agni), purifies all channel of body and helps to normalised the function of Rasavaha, Raktavaha, Medovaha and Mutravaha Strotas. Basti itself the procedure having rejuvenation effect. Due to correction of Agni and Strotosa Shodhana, oral medicine gets more effective. Pakvashaya is origine of Mutranirmiti. Basti is a best treatment of Pakvashayagata Vyadhi and Vata Dosha. Gokshuradi Guggul is a Rasayana with Lekhana property

with help of that it is useful in Kaphna Dosha. Musta Churn and Vidanga Churna are beneficial in CKD as because of its work on Meda Dhatu as a Medoghna Karma. Sariva Churna is also helpful in Raktadhatu Dusti. Punarnavashtaka Kwatha is useful to reduce inflammation of kidney in CKD, decreases pain and swelling in body, improve kidney function and prevents from complication.

V. CONCLUSION

Ayurvedic Shodhana and Shamana Chikitsa are beneficial in Chronic Kidney Diseases (CKD). It is helpful in decrease the dependency of patients on dialysis or decreases the numbers of dialysis. Ayurvedic treatment improve patient quality of life, cost effective, improve urine output and increases kidney life.

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