

MANAGEMENT OF CHRONIC RENAL FAILURE WITH AYURVEDIC THERAPY – A CASE STUDY

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ABSTRACT

Chronic renal failure (CRF) refers to an irreversible deterioration in renal function which develops over a period of years. This initially manifests only as a biochemical abnormality. The conventional approach of management includes dialysis and renal transplantation. The cost of Dialysis is about Rs. 25,000 per month. The average Indian population cannot afford this expense. Therefore, exploration of a safe and alternative therapy is needed. *Ayurvedic* texts described various herbo mineral drugs in various *mutraroga*. This is a case of impairment of kidney function. Patient was treated with combination of *Ayurvedic* medicines containing *shivagutika*, capsule *Unex* and *punarnavadi kwatha*. It resulted in significant reduction in serum creatinine and blood urea as well as improvement in frequency of micturition.

Keywords: Chronic renal failure, *Ayurvedic* combination therapy, *shiva gutika*, capsule *Unex* and *punarnavadi kwatha*

INTRODUCTION

Chronic kidney disease (CKD) and end-stage renal disease (ESRD) are emerging problem in developing countries¹. One of the reasons is rapidly increasing worldwide incidence of diabetes² and hypertension^{3,4}. It has been recently estimated that in India, the incidence rate of end stage renal disease (ESRD) to be 229 per million population (pmp)⁵ and more than 100,000 new patients enter renal replacement programs annually.⁶

The current therapy in kidney pathology is having minimal scope for specific curative treatment. Dialysis & renal transplantation are applicable only in a selected class of sufferer. So the management of kidney diseases is a challenge for medical profession.

Ayurvedic classics like *charaka samhita* & *Sushruta samhita* exhibit a vivid description of anatomy & physiology

of *mutravaha srotus*. In *Ayurveda*, the term '*Basti*' refers to urinary organ from kidney to bladder. *Apanavayu* is the controlling principle for proper functioning of *Basti*. In vitiation of *apana vayu*, the act of micturition is affected. They also described various categories of *mutraroga* like *mutraghata*, *mutrakricchra*, *ashmari* and wide range of herbo mineral drugs as therapeutic measures. This clinical observation was undertaken to notice the action of *Ayurvedic* drugs against CRF.

CASE REPORT

A 69 years old male patient attended outdoor patient department at Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod. He came with the complaints of increased frequency of micturition since one year. He had history of partial prostatectomy before 2 years and sudden retention of urine on the eighth day of prostatectomy for that he had cathete-

rized. After some days of removal of catheter, he developed increased frequency of micturition (every 20-30 minutes) so again he catheterized. He took allopathic treatment, but did not get relief. Catheterization was the only option for him. He had recurrent burning sensation as well as inconveniency due to catheterization so he preferred *Ayurvedic* treatment. He had no history of Diabetes mellitus. He was taking anti hypertensive medicines since 3 years.

On clinical examination, Patient was afebrile, Paleness 1+, Mild bilateral ankle edema, Blood pressure was 130/80 mm of Hg, Pulse 76/min. The case was diagnosed as *sannipatika mutrakriccha* as there was manifestation of mixed symptoms of *Vata, pitta* and *Kapha*.

The symptoms like *muhurmuhur mutra pravritti* (increased frequency of micturition, *Mutradaha* (Recurrent burning sensation) and *shotha* (ankle oedema) had indicated vitiation of *Vata, pitta* and *Kapha* respectively. So he was treated with *Shivagutika* (Amrita pharma) - 1 tablet twice a day, Cap *Unex* (Unijoule pharma.) – 1 capsule twice a day and *Punarnavadi kwatha* (Sandu pharma) – 15 ml twice a day with equal quantity of water after meals. He was advised to continue tablet Amlodipine 5mg once a day for hypertension. Patient was advised to continue medicines for four months.

The details of the medicines are given in following table.

<i>Shiva Gutika</i>	<i>Shuddha shilajeet processed with triphala Dashmoola Guduchi Bala Patol Yashtimadhu Gomutra Godugdha Prakshepa of Karkatashringi, Marich, Vidarikanda, Talispatra. Sita, Dalchini, Tejapatra, Ela, Magkeshar</i>
Cap. <i>Unex</i>	Extract derived from <i>Punarnava moola</i> – 2g <i>Gokshura</i> fruit – 1g
<i>Punarnavadi kwatha</i>	<i>Punarnava</i> - 0.7462% <i>Kadunimba</i> - 0.7462% <i>Patol</i> - 0.7462% <i>Sunthi</i> - 0.7462% <i>Guduchi</i> - 0.7462% <i>Katuki</i> - 0.7462% <i>Daruharidra</i> - 0.7462% <i>Haritaki</i> - 0.7462% <i>Dhataki</i> – 2.5376% <i>Madhukpushpa</i> – 2.3314 <i>Babool</i> – 1.1688% <i>Guda</i> -29.14%

OBSERVATIONS AND RESULT

It was observed that the frequency of micturition and ankle edema was reduced gradually within 15 days. Patient's

sleep was improved which was disturbed due to frequent micturition. Findings of Kidney function test (KFT) and USG abdomen were as follows:

Investigations	Before treatment	After treatment
Serum creatinine	2.53 mg/dl	1.5 mg/dl
Blood urea	46.33 mg/dl	40 mg/dl
Serum sodium	132 mEq/L	131 mEq/L
Serum potassium	4.1 mEq/L	4.0 mEq/L
USG abdomen	Bilateral small sized kidneys. C.M. differentiation lost. S/o bilateral RMD (chronic)	Bilateral normal sized kidneys with renal cortex moderately echoic, Bilateral C.M. differentiation maintained.

DISCUSSION

According to *Ayurveda*, it is a disease of *Mutravaha Srotas*. All the three *Doshas* are involved in the disease. Vitiation of *Kapha* leads to blockage of micro vessels. Aggravated *Vata* causes degeneration of kidneys. As per *Ayurvedic* principles of management of the disease, tissue damage can be prevented and repaired by *Rasayana* drugs. On the other hand, blockages can be removed by *Lekhana dravyas*. *Shivagutika* is described as *shreshtha rasayan*. It can be used in multiple disorders which are difficult to cure like *rajayakshma*, *prameha*, *Medoroga*, *kushtha*, *shwitra* and all chronic conditions.

Punarnavadi kwatha is especially useful in oedema, anemia and oliguria. It ensures proper functioning of liver and improves digestion. It helps to maintain healthy metabolism and removes toxins from the body. It is presumed that the benefit was due to the combined action of the ingredients.

The probable mode of action of individual herb is being made as follows: *Punarnava* (*Boerhavia diffusa*) is an important rejuvenative drug used in *Ayurveda*⁷. It has diuretic, anti-inflammatory & antibacterial activity.⁸ One study showed its nephroprotective effect in acetaminophen induced nephro toxicity possibly through improving the renal function and its antioxidant status.⁹ In another study, aqueous extract of *Boerhaavia diffusa* pro-

duced a notable diuretic effect which compared with reference diuretic frusemide.¹⁰

The fruit of *Gokshura* (*Tribulus terrestris*) has been widely used in the *Ayurvedic* system of medicine for the treatment of many urinary disorders. The herb is very effective in most of the urinary tract disorders because it promotes the flow of urine, cool and sooth the membranes of the urinary tract. It is known to nourish and to strengthen the kidneys and reproductive organs. It also possesses a mild diuretic action as well as useful in prostatomegaly.¹¹

Shilajit is an ancient medicine and wonder drug of the *Ayurveda* used by the Hindu physicians for the treatment of several body disorders. According to *Ayurveda*, it arrests the process of aging and produces rejuvenation¹². The humic matter component of *Shilajit* has numerous beneficial effects on the human body. *Punarnava*, *Gokshura* and *Shilajit* are recommended exclusively in the disorders of *Mutravaha Samsthana*. Even plenty of research works in the field of phyto-chemistry have exposed the rich anti-oxidant activity and free radical scavenging properties of these drugs.

CONCLUSION

In summary, combination therapy of *punarnava*, *gokshura* and *shilajeet* has improved kidney function as well as there was significant decrease in frequency of micturition and ankle oedema. It also im-

proved the quality of life of patient. Further clinical trials are needed to better understand the effectiveness of this treatment.

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