

Ayurvedic Management of Chronic Kidney Disease through Mutravaha Srotodushti Chikitsa: A Case Report

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Abstract:

Background: Chronic kidney disease (CKD) is a progressive clinical condition characterized by persistent structural or functional abnormalities of the kidneys lasting for more than three months. Progressive deterioration of renal function may lead to fluid retention, electrolyte imbalance, anemia, cardiovascular complications, and end-stage kidney disease. In Ayurveda, the clinical manifestations of CKD may be understood through the concepts of Mutravaha Srotodushti, Mutraghata, Agnimandya, Srotorodha, and progressive Dhatu Kshaya. **Case Presentation:** A 55-year-old male patient presented with bilateral pedal edema, generalized weakness, fatigue, reduced appetite, decreased urine output, and exertional dyspnea for six months. The patient had a history of hypertension for eight years. Laboratory investigations revealed elevated serum creatinine of 4.2 mg/dL, blood urea of 85 mg/dL, estimated glomerular filtration rate (eGFR) of 15 mL/min/1.73 m², and urine albumin of. Based on the clinical findings and laboratory investigations, the patient was diagnosed with Stage 4 chronic kidney disease. **Intervention:** The patient was treated with an individualized Ayurvedic protocol consisting of Punarnavadi Kashaya, Gokshuradi Guggulu, Chandraprabha Vati, and Punarnava Mandura. Matra Basti with Bala Taila was administered for eight days. Dietary modifications, salt restriction, controlled fluid intake, and lifestyle advice were provided according to the clinical condition. **Outcomes:** After three months of treatment, improvement was observed in pedal edema, appetite, fatigue, urine output, and general well-being. Serum creatinine decreased from 4.2 mg/dL to 2.8 mg/dL, blood urea decreased from 85 mg/dL to 56 mg/dL, and eGFR increased from 15 to 24 mL/min/1.73 m². The findings of this case indicate that an individualized Ayurvedic treatment protocol, along with appropriate dietary and lifestyle modifications, may have a supportive role in improving clinical symptoms and renal function parameters in patients with CKD.

Keywords: Chronic kidney disease, CKD, Mutravaha Srotodushti, Mutraghata, Punarnava, Basti.

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INTRODUCTION:

Chronic kidney disease (CKD) refers to a gradually worsening state in which the kidney's structure or function remains abnormal for longer than three months, with meaningful consequences for a person's overall health. Clinicians typically recognize it through a falling estimated glomerular filtration rate, abnormal findings on urine testing, the presence of albuminuria, structural changes visible on imaging, or other signs pointing to renal damage. Among the most common causes are diabetes mellitus and hypertension,¹ alongside contributors such as chronic glomerulonephritis, recurring urinary tract infections, obstructive uropathy, inherited kidney conditions, long-term use of nephrotoxic drugs, and a range of systemic diseases.

How CKD presents clinically depends heavily on its stage and the extent of renal impairment. Many patients in the earlier stages notice nothing unusual, whereas those with more advanced disease commonly experience fatigue, poor appetite, nausea, widespread weakness, swollen feet, a drop in urine output, shortness of breath, anemia, disturbed electrolyte levels, and higher blood pressure. Left unchecked, this decline can eventually reach end-stage renal disease, a point at which dialysis or a kidney transplant becomes unavoidable.²

Standard treatment focuses on pinpointing and managing the root cause, holding blood pressure and blood sugar within target limits, cutting down proteinuria, addressing anemia and electrolyte disturbances, controlling fluid buildup, and slowing the pace of renal decline. Yet despite meaningful progress in medical care, CKD still brings considerable illness burden, mortality risk, financial cost, and loss of quality of life — which is precisely why supportive treatment options that might relieve symptoms and help protect remaining kidney function deserve rigorous scientific scrutiny.³

Trying to equate CKD with one exact disease category from classical Ayurveda would misrepresent the tradition. Even so, its clinical features and underlying disease process can be reasonably interpreted through Ayurvedic concepts such as Mutravaha Srotodushti, Mutraghata, Mutrakshaya, Agnimandya, Srotorodha, and progressively worsening Dhatu Kshaya. The formation and elimination of urine fall largely under the control of Vata Dosha — specifically Apana Vata — and when Apana Vata is disturbed, together with involvement from Pitta and Kapha, the normal working of Mutravaha Srotas can be compromised.⁴ A weakened Agni can trigger Ama formation and disordered Dhatu metabolism, and the Kleda buildup and channel blockage that follow may further drive the edema, reduced urine output, and other systemic features seen in this disease.⁵ This case report documents the clinical results of a personalized Ayurvedic treatment plan — built around Shamana medicines, Matra Basti, and adjustments to diet and lifestyle — given to a patient with Stage 4 CKD.

Case Report:**Patient Information:**

A 53-year-old male patient reported to the outpatient department with complaints of swelling over both feet, generalized weakness, fatigue, reduced appetite, decreased urine output, and breathlessness on exertion. The patient had been apparently healthy eight years earlier, when he was diagnosed with hypertension during a routine health examination. He was prescribed antihypertensive medication but reported irregular treatment adherence during the initial years. Approximately one year before presentation, he developed generalized weakness, reduced appetite, and occasional swelling over both feet. The symptoms gradually increased over the following six months. The patient consulted a physician and underwent laboratory investigations. Elevated serum creatinine and blood urea levels were observed. Ultrasonography revealed bilateral increased

renal cortical echogenicity with reduced corticomedullary differentiation. Based on the clinical, biochemical, and radiological findings, the patient was diagnosed with chronic kidney disease. The patient received conservative medical treatment but sought Ayurvedic treatment because of persistent fatigue, pedal edema, reduced appetite, and progressive deterioration in renal function.

Chief Complaints

Sr. No.	Chief Complaint	Duration
1	Bilateral pedal edema	6 months
2	Generalized weakness and fatigue	6 months
3	Reduced appetite	5 months
4	Decreased urine output	4 months
5	Dyspnea on exertion	3 months

Past History:

The patient had a history of diabetes and hypertension for six years and was receiving antihypertensive treatment. There was no history of diabetes mellitus, renal calculi, recurrent urinary tract infection, tuberculosis, major surgical intervention, or chronic liver disease. There was no history of dialysis or renal transplantation. The patient denied prolonged use of nonsteroidal anti-inflammatory drugs or other known nephrotoxic medications.

Family History:

No family history of chronic kidney disease, hereditary renal disorder, diabetes mellitus, or other significant systemic disease was reported.

Personal History:

The patient consumed a mixed diet. Appetite was reduced, bowel evacuation was irregular, and sleep was disturbed. Urine output was reduced, with an increased frequency of urination during the night. There was no history of alcohol

consumption, tobacco use, or other substance addiction.

Clinical Findings:

General Examination

The patient was conscious, cooperative, and well oriented to time, place, and person. He had a moderately built body with average nutritional status.

Parameter	Finding
Blood pressure	156/94 mmHg
Pulse rate	86/minute
Respiratory rate	20/minute
Temperature	Afebrile
Height	168 cm
Weight	72 kg
Body mass index	25.5 kg/m ²
Pallor	Present
Bilateral pedal edema	Present, Grade 2
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent

Systemic Examination:

Cardiovascular examination revealed normal heart sounds without any audible murmur. Respiratory examination revealed bilateral normal vesicular breath sounds. No significant abnormality was detected during abdominal examination. The patient was conscious and oriented, and no focal neurological deficit was observed.

Ayurvedic Clinical Assessment:

Ashtavidha Pariksha

Parameter	Clinical Finding
Nadi	Vata-Kapha predominant
Mootra	Alpa, Phenila, increased nocturnal frequency
Mala	Vibandha with irregular bowel evacuation
Jihva	Sama with mild coating
Shabda	Ksheena
Sparsha	Sheeta
Drik	Mild pallor of conjunctiva
Akriti	Madhyama

Diagnostic Assessment:

The diagnosis was established based on clinical manifestations, renal function tests, urine examination, estimated glomerular filtration rate, and ultrasonographic findings.

Baseline Laboratory Investigations**Investigation Baseline Value**

Investigation	Baseline Value
Hemoglobin	9.2 g/dL
Blood urea	85 mg/dL
Serum creatinine	4.2 mg/dL
eGFR	15 mL/min/1.73 m ²
Serum uric acid	8.1 mg/dL
Serum sodium	137 mEq/L
Serum potassium	5.1 mEq/L
Urine albumin	+++
Fasting blood glucose	96 mg/dL
HbA1c	5.5%

Ultrasonography Findings:**Shamana Chikitsa**

Medicine	Dose	Anupana	Frequency	Duration
Punarnavadi Kashaya	20 mL diluted with 40 mL lukewarm water	Lukewarm water	Twice daily before food	3 months
Gokshuradi Guggulu	500 mg	Lukewarm water	Twice daily after food	3 months
Chandraprabha Vati	500 mg	Lukewarm water	Twice daily after food	3 months
Punarnava Mandura	250 mg	Lukewarm water	Twice daily after food	3 months

Shodhana Chikitsa:

After assessment of the patient's strength, disease condition, and bowel pattern, Matra Basti was administered.

Procedure	Medicine	Dose	Duration
Matra Basti	Bala Taila	60 mL	Once daily for 8 days

The patient was advised to take a light meal before the administration of Matra Basti. The

Ultrasonography of the abdomen revealed bilateral increased renal cortical echogenicity with reduced corticomedullary differentiation. The right kidney measured 8.5 × 4.1 cm, whereas the left kidney measured 8.7 × 4.2 cm. No renal calculus or hydronephrosis was observed.

Diagnosis:

Modern diagnosis: Stage 4 chronic kidney disease associated with long-standing hypertension.

Therapeutic Intervention:

The treatment was planned with the objectives of improving Agni, reducing Ama and Kleda, relieving Srotorodha, regulating Apana Vata, reducing edema, improving urinary function, and supporting the affected Dhatus.

procedure was performed according to the standard method under **clinical supervision**.

Follow-Up And Outcomes:

The patient was assessed at monthly intervals for three months. Clinical symptoms, blood pressure, renal function parameters, urine examination, and treatment adherence were evaluated during each visit.

Changes in Renal Function Parameters

Parameter	Baseline	After 1 Month	After 3 Months
Serum creatinine	4.2 mg/dL	3.6 mg/dL	2.8 mg/dL
Blood urea	85 mg/dL	72 mg/dL	56 mg/dL
eGFR	15 mL/min/1.73 m ²	18 mL/min/1.73 m ²	24 mL/min/1.73 m ²
Serum uric acid	8.1 mg/dL	7.2 mg/dL	6.4 mg/dL
Serum potassium	5.1 mEq/L	4.8 mEq/L	4.5 mEq/L
Urine albumin	+++	++	+
Hemoglobin	9.2 g/dL	9.7 g/dL	10.4 g/dL

Discussion:

Chronic kidney disease reflects a progressive, largely irreversible decline in both the structure and function of the kidneys. Its pathogenesis unfolds through nephron loss, compensatory hyperfiltration in the remaining nephrons, glomerular damage, inflammation, fibrosis, and a gradual fall in glomerular filtration rate. The treatment protocol in this case was built around the principles of Agni Deepana, Ama Pachana, Kleda Shoshana, Srotoshodhana, Mutrala action, regulation of Vata, and Rasayana support. ⁶Punarnava has long been used for conditions marked by Shotha and disturbed urinary function; its Mutrala and Shothahara properties may help ease fluid retention and pedal edema. Punarnavadi Kashaya was chosen with this in mind — to support urinary function, reduce Kleda, and bring down edema.⁷ Gokshura, described in classical texts as Mutrala, Vrushya, and Balya, is a standard choice for disorders of Mutravaha Srotas, and Gokshuradi Guggulu was included to support urinary function and relieve Srotorodha.⁸ Chandraprabha Vati, traditionally indicated across a range of Mootra-related and Mutravaha Srotas disorders, was added for its multi-ingredient action in supporting urinary function, aiding metabolic activity, and maintaining the functional integrity of the urinary system. Punarnava Mandura was prescribed in view of the patient's pallor, generalized weakness, low hemoglobin, edema, and sluggish

digestion; its classical Panduhara, Shothahara, Deepana, and Pachana actions likely contributed to the gains seen in hemoglobin, appetite, and general wellbeing.⁹ Basti holds a central place in managing Vata Dosha, and Matra Basti with Bala Taila was administered here to regulate Vata, support bowel function and strength, and reduce Vata-driven systemic symptoms — a choice made cautiously, after weighing the patient's overall strength and clinical status.¹⁰ Over three months of treatment, both symptoms and laboratory values improved. Serum creatinine fell from 4.2 mg/dL to 2.8 mg/dL, blood urea dropped from 85 mg/dL to 56 mg/dL, and eGFR rose from 15 to 24 mL/min/1.73 m². Urine albumin, hemoglobin, appetite, fatigue, edema, and urine output all showed improvement as well. These outcomes likely reflect the combined effect of the Ayurvedic intervention alongside dietary changes, blood pressure control, fluid and salt regulation, and consistent clinical monitoring. Given that this is a single case report, a direct causal link between the Ayurvedic treatment and the improvement in renal parameters cannot be established.

Conclusion:

A protocol combining Shamana medicines, Matra Basti, Pathya-Apathya guidance, and close clinical monitoring was linked to symptomatic and functional improvement in a patient with Stage 4 CKD, including reductions in serum creatinine, blood urea,

urine albumin, pedal edema, fatigue, and weakness, alongside gains in eGFR, appetite, urine output, and hemoglobin. These findings point to a possible supportive role for Ayurveda in the broader management of CKD, provided it is applied cautiously, tailored to the individual patient, and paired with ongoing monitoring of renal function and electrolytes. Controlled clinical trials remain necessary to establish the efficacy, safety, and long-term value of this approach.

Declaration of Patient Consent

The authors confirm that proper consent was obtained from the patient for publishing the relevant clinical details and investigation results. The patient was made aware that their identity would not be disclosed and that every reasonable step would be taken to protect confidentiality, though absolute anonymity could not be guaranteed.

Conflicts Of Interest:

The authors declare that there are no conflicts of interest.

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