

**SIGNIFICANT ROLE OF AYURVEDIC INTERFERENCE IN DKD W.S.R. TO  
PRAMEHAJANYA VRIKKA VIKARA: A CASE STUDY ON DIABETIC NEPHROPATHY****Acharya Manish<sup>1</sup>, \*Dr. Gitika Chaudhary<sup>2</sup>, Dr. Richa<sup>3</sup>, Dr. Siddharth Charan<sup>4</sup>, Dr. Tanu Rani<sup>5</sup>**<sup>1</sup>Director, Meditation Guru, Jeena Sikho Lifecare Limited, India.<sup>2</sup>Senior Consultant, General Surgeon, BAMS, PGDIP, PGDGS, MS (Ayurveda), Jeena Sikho Lifecare Limited, India.<sup>3</sup>Senior Research Officer, BAMS, PGDIP, CICR, CAIM, CMW, Jeena Sikho Lifecare Limited, India.<sup>4</sup>Consultant, BAMS, PGDIP, Jeena Sikho Lifecare Limited Hospital, Jodhpur, Rajasthan, India.<sup>5</sup>Research Associate, BAMS, Jeena Sikho Lifecare Limited, India.**\*Corresponding Author: Dr. Gitika Chaudhary**

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**ABSTRACT**

Ayurvedic literatures described the way of lifestyle to follow like *dinacharya* (day rituals), *rutucharya* (seasonal rituals) etc. If this lifestyle cannot be followed properly then it will cause various lifestyle disorders and one of them is *prameha* (diabetes). In lifestyle disorders *ayurveda* gives a hopeful measure to cure or reverse the disease. For this detailed study of disease is needed. This article is going to present a case of male patient aging 55 years old had diagnosed *Pramehajanya vrikka vikara* (CKD as diabetic complication). He visited to Jeena Sikho Lifecare Limited Hospital, Jodhpur, Rajasthan with k/c/o type 2 DM. He had symptoms like breathlessness, fatigue, loss of appetite etc. By *ayurvedic* management patient's RFT values reversed to normal successfully and his symptoms get subsided as well. Treatment included lifestyle management, *panchakarma* therapies and herbo-mineral preparations. Medicines with *deepan* (appetizer), *pachan* (digestive), *rasayana* (tonic), *shodhan* (detoxifying) and *shaman* (palliative) properties were prescribed.

**KEYWORDS:** Lifestyle, *Prameha*, *Vrikka vikara*, CKD, Diabetic nephropathy, *Ayurvedic* management, *Panchakarma*, *Deepan*, *Rasayan*.**INTRODUCTION**

CKD is a most common diabetic complication also called as diabetic neuropathy or diabetic kidney disease. It is a slowly progressive disease and most of the time it does not shows symptoms in the early stage. The kidneys are prime targets of diabetes. Kidney damage caused due to diabetes is very difficult to cure but the risk could be reduced by proper management. Diabetic nephropathy is the leading cause of CKD and end stage renal disease. To reduce mortality rate in DN multidisciplinary approach can be helpful.<sup>[1]</sup> The prevalence of DKD is mostly in type 2 DM, at any point in time is approximately 30% to 50%. This was reported among US diabetic adults.<sup>[2]</sup>

The majority of diseases are lifestyle disorders by *ayurvedic* perspective. That's why *ayurveda* before explaining the diseases and their treatment, give detailed description of daily rituals (*Dincharya*)<sup>[3]</sup>, seasonal

rituals (*Rutucharya*)<sup>[4]</sup>, night rituals (*ratricharya*), rules about natural urges (*Vegadharan*)<sup>[5]</sup> etc. to live healthy. And if person gets diseased then how to manage it is explained which also involved *pathya-apathya aahar-vihara* (do's and don'ts about diet and activities) along with medicinal treatment. Thus *ayurveda* indicates that in all diseases, lifestyle of the patient should be managed together with medicines. This case is regarding a male patient of age 55 years old had diagnosed with DKD (diabetic kidney disease) i.e. diabetic nephropathy. By *ayurvedic* perspective this case is of *pramehajanya vrikka vikara* (DKD). *Acharya charaka* in *prameha poorvaroopa* (pre-symptomatic phase of diabetes) noted one symptom and that is '*mutre cha mutradoshan*' which mentions that urinary defect occurs in urine.<sup>[6]</sup> Here *Acharya Charaka* cleared that urinary diseases can occur in diabetes like *vrikka vikara*. Yet *vrikka vikara* (kidney disease) occurs in diabetes it has its individual signs and

symptoms then whatever is the etiological factor. Acharya Madhavkara has mentioned *Vrikka vikara* for the first time.<sup>[7]</sup> Although other *acharya*'s not mentioned *vrikka vikara* specifically but all have explained about various diseases of urinary system like *udavarta*, *ashmari* (kidney stone), *mutrakricchra*, *mutraghata* (urinary stricture), *bastishotha* (cystitis) etc. Diagnosis of case should be done by observing sign and symptoms and taking proper history of patient. Now a day's laboratory investigation can also be a fast tool to reach the diagnosis. *Ayurvedic* management of this disease involved *panchkarma*, *aushadhi chikitsa* (medicines), and diet and exercise recommendation.

### CASE REPORT

A male patient of age 55-year-old had come to JEENA SIKHO LIFE CARE LTD. HOSPITAL, JODHPUR, RAJASTHAN on date 2/08/2023. He was a K/C/O of type 2 diabetes mellitus since 2 years. He had been suffering from following symptoms since 6 months.

C/o

- 1) Breathlessness
- 2) Disturbed sleep
- 3) Vomiting
- 4) Loss of appetite

- 5) Fatigue
- 6) Weakness

His history was taken followed by some examinations on day 1 as given below. Abnormalities in the findings are marked in red colour.

**Table no. 1: Personal History.**

History of	Finding
Past illness/ Treatment etc.	CKD 6 months ago: Allopathic treatment taken
K/C/O	Type 2 DM: since 2 years
Family history	No any family history
Food habit	Vegetarian
Addiction	Milk tea
Occupation	Private
Working hours	8-9 hours

**Table no. 2: General examination.**

Assessment	Finding
Height	5'5"
Weight	66.4 kg
Pulse	Tachycardia 103/min

**Table no. 3: Dashvidha Parikshan.**

Parameter	Remark
<b>Prakriti</b> (Physical constitution)	<i>Vata-pittaj</i>
<b>Vikriti</b> (pathological constitution)	<i>Vataja</i>
<b>Sara</b> (excellence of tissues)	<i>Madhyam</i>
<b>Samhanan</b> (body compactness)	<i>Madhyam</i>
<b>Praman</b> (measurements of body parts)	<i>Madhyam</i>
<b>Satmya</b> (homologation)	<i>Madhyam</i>
<b>Sattva</b> (mental constitution)	<i>Madhyam</i>
<b>Aaharshakti</b> (capacity of ingesting, digesting and assimilating the food)	<i>Avara</i> (low)
<b>Vyayamshakti</b> (capacity to exercise)	<i>Avara</i> (low)
<b>Vaya</b> (age)	<i>Vridhdha</i> (old)

**Table no. 4: Ashtavidha Parikshan.**

Parameters	Remark
<b>Nadi</b>	<i>Vata-pittaja</i>
<b>Mala</b>	<i>Prakrita</i>
<b>Mutra</b> (urine)	<i>Prakrita</i>
<b>Jivha</b> (tounge)	<i>Sama</i> (White coating)
<b>Shabd</b> (pronounciation)	<i>Spashta</i> (clear)
<b>Sparsh</b> (touch)	<i>Khara</i> (dry)
<b>Drika</b> (eyes)	<i>Prakrita</i> (No pallor)
<b>Aakriti</b> (physique)	<i>Madhyam</i> (average)

### Laboratory investigations

Due to prior history of CKD (Chronic Kidney Disease) and K/C/O of type 2 DM primarily he was investigated for KFT i.e. kidney function test followed by CBC test (Complete Blood Count).

Table no 5: KFT investigation.

Test name	3 <sup>rd</sup> day of visit (05/08/2023)	Biological range
Blood urea	97 mg/dl	17 – 43 mg/dl
Serum creatinine	2.80 mg/dl	0.6 – 1.4 mg/dl
Uric acid	7.80 mg/dl	4 – 7 mg/dl
Calcium	8.20 mg/dl	8.4 – 10.2 mg/dl
Blood sugar	276 mg/dl (02/08/2023)	70 – 100 mg/dl

Table no 6: CBC investigation during IPD.

Test name	1 <sup>st</sup> day of visit 02/08/2023	3 <sup>rd</sup> day of visit 05/08/2023	Biological reference
RBC	3.45 mill./cumm	3.29 mill./cumm	4.5 to 5.5 mill./cumm
HB	8.90 gram %	8.30 gram %	13-17 gram %
Hematocrit	25.10 %	23.70 %	40-50%
Mean corpuscular volume	73	72	83 – 101
Mean corpuscular hemoglobin	25.70	25.40	27 to 32
Mean corpuscular HB concentration	35.40	35.10	31.50 to 35
Red cells distribution width	15.30 %	15.30 %	11.6 to 14 %
Differential leucocyte count Lymphocytes	30.40 %	46.10 %	20-40 %

**Diagnosis**

Based on symptomatology, history of patient, all examinations and laboratory reports this case was diagnosed as *Pramehajanya Vrikka vikar*/ Diabetic nephropathy.

**AYURVEDIC INTERVENTION**

He was advised to get admit in IPD for 7 days to undergo essential *panchakarma* therapies. Following *panchakarma* therapies medicines were prescribed along with lifestyle management. Treatment plan is presented below in tabular forms.

Table no 7: *Panchkarma chikitsa*.

Procedure	Medicine used	Quantity and time
<i>Abhyang</i> (Body massage)	<i>Ksheerbala tailam</i>	150 ml for 30 min.
<i>Aygha swedan</i> (Tub bath)	<i>Dashamoola kwatha</i>	Full tub <i>kwatha</i> for 20 min
<i>Shirodhara</i>	<i>Bramhi tailam</i>	150 ml for 40 min

Table no. 8: Prescription during IPD.

Medicine	Direction of use
Prameharogahar powder	½ TSF BD before food with lukewarm water ( <i>Pragbhakta kala</i> with <i>Koshna jala</i> )
Tablet Nephron plus	1 tablet BD after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
Mutral vati	1 tablet after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
Capsule DM plus	1 capsule BD after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
CKD syrup	10 ml BD after food ( <i>Adhobhakta kala</i> with <i>Samamatra Koshna jala</i> )

**Follow up:** He was told to give follow up after every month till the treatment is ongoing. Prescription of each follow up is given below in table.

Table no. 9: follow-up prescription.

Date	Medicine name	Direction of use
1 <sup>st</sup> follow up 09/09/2023	1. Divya shakti powder	½ TSF HS ( <i>Nishakale</i> with <i>Koshna jala</i> i.e. lukewarm water)
	2. Prameha roghar powder	½ TSF BD before food ( <i>Pragbhakta kala</i> with <i>Koshna jala</i> )
	3. Capsule DM plus	1 tablet BD after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
	4. Tablet Nephron plus	1 tablet BD after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
	5. Mutral vati	1 tablet BD after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
	6. Mutravardhak vati	1 tablet BD after food ( <i>Adhobhakta kala</i> with <i>Koshna jala</i> )
	7. Syrup CKD	10 ml syrup BD before food ( <i>Pragbhakta kala</i> with <i>Samamatra Koshna jala</i> )
	8. Syrup Kidney care	10 ml syrup BD after food ( <i>Adhobhakta kala</i> with <i>Samamatra Koshna jala</i> )
2 <sup>nd</sup> follow up 09/10/2023	Skipped - prameharoghar powder Rest medicines continued as 1 <sup>st</sup> follow-up	
3 <sup>rd</sup> follow up 08/11/2023	Medicines continued as 2 <sup>nd</sup> follow up	

**Diet Recommendation**

Diet was advised which was planned according to DIP diet (discipline and intelligent).<sup>[10]</sup> Light and easy to digest food were suggested and told him to divide food into 2 plates for having as below.

Quantity of fruits and salad also were prescribed by calculating with below formulas according to the patient's weight.

**FRUITS:** Weight of patient in Kg × 10 = fruits in gm

**SALAD:** Weight of patient in Kg × 5 = salad in gm

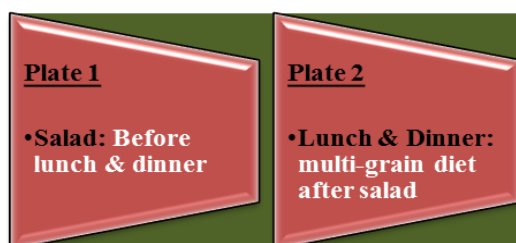


Table no 10: DIP diet schedule.

<b>Early morning</b> (6.00 to 7.00 am)	Herbal tea	1 cup
<b>Breakfast</b> (9.00 to 10.00 am)	3-4 types of seasonal fruits like orange, grapes, apples etc.	664 gm
<b>Salad</b> (just before lunch and dinner)	Cucumber, beetroot, carrot, tomato, radish, cabbage etc.	332 gm
<b>Lunch</b> (12.00 to 1.00 pm)	Multigrain diet with fruity and leafy vegetables, lentils Fresh food, alkaline water	According to hunger
<b>Afternoon</b> (4.00 to 5.00 pm)	Dry fruits like almond, pistachios, dates and herbal tea	1 fist dry fruits and 1 cup tea
<b>Dinner</b> (7.00 to 8.00 pm)	Multigrain diet with fruity and leafy vegetables, lentils Fresh food, alkaline water	According to hunger

Table no. 11: Pathya-apathya.

Do's	Don'ts
Fresh food, alkaline water	Stale food, Packaged and salty food, spicy, oily,
Plenty of seasonal fruits, green gram	Dairy and bakery products, sugar products, black gram, fermented food
Sleep early before 10.00 pm and wakeup early before 6.00 am	Day sleeping and night awakening
Eat only after sunrise and before sunset	Eating after 8.00 pm
Regular exercise	Heavy exercise
Eat 4-5 curry leaves in the morning	Tea, coffee, tobacco, alcohol, smoking

**Exercise:** Advised to

- Practice 10-12 sun salutations daily.
- After every meal seat in *Vajrasana*.
- After lunch just lay down on left side (*vamkukshi*) and don't go sleep
- Do *shatpavali* (walking 100 steps) after dinner.

**RESULTS**

From initiation of the *ayurvedic* management till the last follow-up outcome of the case gives following observations.

Table no. 12: Symptomatic relief outcome.

1 <sup>st</sup> day of visit	After treatment
Breathlessness	Normalized
Disturbed sleep	Sleep normalized
Vomiting	Absent
Loss of appetite	Appetite increased to normal
Fatigue	Relaxed and fresh feeling
Weakness	Get energized

**Outcome of examination during follow-up**

All vitals like blood pressure, respiratory rate, weight etc. were observed regularly during IPD period and all were normal from day 1 except pulse rate and tongue examination. Their observation from abnormal to normal is as like below.

**1. Tongue examination result:** Since day 1 till 2<sup>nd</sup> follow up *jivha parikshan* found the *sama jivha* (white coated). But in 3<sup>rd</sup> (last) follow-up it founds *niram* (coating cleaned).

**2. Pulse rate observation result:** On 1<sup>st</sup> day there was tachycardia in patient and pulse rate was 103/min. From next day it falls below 100 and falls to 98/min on 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> day. On 5<sup>th</sup> and 6<sup>th</sup> day it was 96/min. and on 7<sup>th</sup> day of IPD it falls to 84/min which was normal pulse rate. Breathlessness due to tachycardia also recovered.

**Investigational outcome:** It showed positive results both in RFT and CBC. After treatment blood urea reduced approximately to normal range. Serum creatinine reversed within normal range. Uric acid and calcium parameters were not altered to consider for abnormal value so these tests were not advised again to do. Random blood sugar also reversed near to normal range. This is a significant result of *ayurvedic* intervention. After treatment CBC tests did not found within normal range but they shifted towards normal range than before treatment values. This is because of chronic condition of kidney disease. In its own kidney disease takes time to revert the tests to normal. This case in addition to CKD is associated with diabetes. So it is more time taking case to revert within normal range.

Table no 14: Investigational outcome of KFT.

Test name	Before treatment (02/08/2023)	Biological range	After treatment (8/10/2023)
Blood urea	148.30 mg/dl	17 – 43 mg/dl	56.06 mg/dl
Serum creatinine	3.25 mg/dl	0.6 – 1.4 mg/dl	1.20 mg/dl
Uric acid	8.20 mg/dl	4 – 7 mg/dl	Not necessary
Calcium	8.60 mg/dl	8.4 – 10.2 mg/dl	Not necessary
Blood sugar	276 mg/dl	70 – 100 mg/dl	105.2 mg/dl

Table no 13: CBC investigation.

Test name	Before treatment 02/08/2023	Biological reference	After treatment 03/10/2023
RBC	3.45 mill./cumm	4.5 to 5.5 mill./cumm	3.51 mill./cumm
HB	8.90 gram %	13-17 gram %	8.7 gram %
Hematocrit	25.10 %	40-50%	29.5 %
Mean corpuscular volume	73	83 – 101	84.1
Mean corpuscular hemoglobin	25.70	27 to 32	24.7
Mean corpuscular HB concentration	35.40	31.50 to 35	29.4
Red cells distribution width	15.30 %	11.6 to 14 %	19.1 %
Differential leucocyte count Lymphocytes	30.40 %	20-40 %	34.8 %

**DISCUSSION**

Disorders of the kidneys are among the most leading causes of mortality and morbidity in many countries throughout the world. For example, in 2009, more than 26 million adults in the United States were estimated to

have chronic kidney disease, and many more millions of people have acute renal failure or less severe forms of kidney dysfunction.<sup>[8]</sup> DKD is the usual complication of diabetes among diabetic complications and it can be life threatening. Reason is that chronic kidney disease and



diabetes individually are more complicated and serious disorders. So when they are caused in together then the condition can be more serious. This condition is widespread to all over world and it is troublesome thing. Ayurvedic intervention can give a significant effect in such conditions by lifestyle management along with *panchakarma* therapy and herbal or herbo-mineral preparations. This can increase the longevity of patient and can diminish serious complications or abnormalities.

#### Case study regarding Vrikka vikara

1. Disturbed sleep: this is a symptom of *purvroopa* (pre-symptomatic phase) of *vrikka vikara*. It termed as *Nidranash*.

2. Loss of appetite: it is mentioned both in *poorvroopa* and *roopa avastha* of *vrikka vikara* as *Vanhimandya* and *Agnimandya* respectively.

“वृक्क रोगस्य पुर्वरूपम्: निद्रानाशो वह्निमान्द्यं च शोथो नेत्रे च आस्ये पादयोः वृक्करोगे।”<sup>[7]</sup>

3. Fatigue and weakness: It is due to depreciation of *rakta dhatu* (reduced Hb) in *vrikka vikara*. *Acharya Charaka* mentioned ‘*sada*’ (fatigue) in *purvarroopa* and *dourbalya* (weakness) in *updrava* of *prameha*.<sup>[6]</sup>

4. Skin dryness: In *ashtvidh parikshan sparsh* (touch) of skin was observed as dry. *Twacham rouksham* is a *purvarroopa* of *vrikka vikar* which means dryness of skin.

5. Tachycardia: In general examination on 1<sup>st</sup> day and during follow up his pulse rate was found elevated continually. On 1<sup>st</sup> day it was tachycardia and pulse was 103/min. *Acharya* mentioned this sign both in *purvarroopa* and *roopa avastha* of *vrikka roga*. ‘*Nadi stabdha/ nunam vegayukta*’ is stated as increased pulse rate with weak pulse.

“पुर्वरूपः नाडी स्तब्धा वेगयुक्ता अथ च उष्णा त्वाचं रौक्षं पूर्वरूपं प्रदिष्टं॥”

“रूपः पीडा कट्यां च उदरे वृक्कदेशे नाडी नूनं वेगयुक्ता भवेत् च॥२॥”<sup>[7]</sup>

3. Breathlessness: it was due to tachycardia. Because in tachycardia heart is not being able to efficiently pump blood to the body and it can trigger the body to breath faster to compensate for the reduced oxygen supply. Thus it causes shortness of breath that is breathlessness.

5. Vomiting: In *roopa acharya* noted that, in *vrikka vikara vrikka* (both kidneys) gets lethargic and that's why it can hamper normal functioning of liver and spleen.<sup>[7]</sup> Vomiting is one of the symptoms of disturbed liver function. Besides this, *vaman/chardi* is mentioned as *updrava* (complication) of *kaphaja* and *pittaja prameha* by *acharya Sushruta*<sup>[9]</sup> and *acharya Bhavmishra*.<sup>[10]</sup>

4. Low hemoglobin: In CBC report it was observed that not only hemoglobin but also there is alteration in other parameters. *Madhavkara* mentioned in *roopa* a symptom of *raktarhasat* means decrease in *rakta dhatu* (blood). He also stated that changes in *rakta dhatu* lead to *vrikka roga* particularly.

“रक्तहासात् पाण्डुवर्णत्वं आस्ये स्वेदाभाव त्वाचरौक्ष्य अग्निमांदये।

विशेषतो वृक्करोगो रक्तस्य परिवर्तनात्।”<sup>[7]</sup>

As mentioned in table no 5 of KFT there was increase in blood urea (97 mg/dl), serum creatinine (2.80 mg/dl) and uric acid (7.80 mg/dl) and a very little reduction in calcium level (8.20 mg/dl). CBC report showed considerable fall in hemoglobin (8.30 gm %) than normal range. Other parameters of CBC also showed abnormal change in normal reading. Impairment of renal function results in elevation of end-products of protein metabolism. This includes increased accumulation of certain substances in the blood, chiefly urea (normal range 20-40 mg/dl), blood urea nitrogen (BUN) (normal range 10-20 mg/dl) and creatinine (normal range 0.6-1.2 mg/dl). An increase of these end-products in the blood is called azotaemia.<sup>[11]</sup>

**Diagnosis:** All sign and symptoms of this case, indicated towards *vrikka vikara*. Previously he had history of CKD 6 month ago which was treated by allopathic medicine. So he was advised to investigate for KFT and CBC which showed abnormalities. Other than this he had K/C/O of type 2 diabetes also. Following thorough study of this case, this case was diagnosed as *pramehajanya vrikka vikara/ diabetic nephropathy*.

#### Ayurvedic intervention

Description of *panchakarma chikitsa* mentioned in table no. 7 is given below.

- 1) **Abhyang:** Body massage did with *Ksheerbala taila*. *Bala* (*Sida cordifolia*) is said to be excellent vatahara (vata pacifying) herb included in *agrya dravya* by *acharya Charaka*.<sup>[12]</sup>
- 2) **Awgaha Swedan:** Patient was asked to sit in a tub filled with hot water (42 degree temperature). In this procedure patient undergoes body steam.<sup>[13]</sup> It pacifies the diseases caused by *vata* and *kapha dosha*.<sup>[14,15]</sup> Steam stimulates sweating to remove toxins. This is a way of detoxification.
- 3) **Shirodhara:** *Shirodhara* is a form of independent *abhyang* procedure to the head. In this procedure *bramhi taila* was gently poured over the forehead. *Bramhi* is said to be *medhya rasayan*. Means it acts as immunity booster to brain. By this means it helped to overcome disturbed sleep.<sup>[16]</sup>

**Oral medication:** It included the herbal and herbo-mineral formulations. Their ingredients of formulations are given below in table no. 14 and their key role

regarding this case is mentioned in table no. 14 as follows.

**Table no. 14: formulations and composition.**

Preparations	Composition
<b>Prameha roghar powder</b>	Kutaki ( <i>Picrorhiza kurrooa</i> ), Kirattikta ( <i>Swertia chirayta</i> ), Nimba ( <i>Azadirachta indica</i> ), Karvellak ( <i>Momordica charantia</i> ), Rasanjan ( <i>Berberis aristat</i> ), Amlika beeja ( <i>Tamarindus indica</i> seeds), Kala namak (Black salt), Guduchi ( <i>Tinospora cordifolia</i> ), Shunthi ( <i>Zingiber officinalis</i> ), Babbula tvak and phal ( <i>Acacia arabica</i> bark and fruit), Sarpagandha ( <i>Rauvolfia serpentina</i> ), Trivang bhasma, Yashad bhasma (calx of zinc), Revandchini ( <i>Rheum emodi</i> ), Guggulu ( <i>Commiphora mukul</i> ), Methika ( <i>Trigonella foenum</i> ), Jambu ( <i>Syzygium cumini</i> ), Karanj ( <i>Pongamia pinnata</i> ), Shilajeet (pure asphaltum), Haridra ( <i>Curcuma longa</i> ), Haritaki ( <i>Terminalia chebula</i> ), Indrayava ( <i>Holarrhena antidysenterica</i> seeds), Vanshlochan ( <i>Bambusa arundinacea</i> ), Bibhitaki ( <i>Terminalia Bellerica</i> ), Aamalki ( <i>Emblica officinalis</i> ), Shweta musali ( <i>Chlorophytum borivilianum</i> ), Gudmar ( <i>Gymnema sylvestre</i> )
<b>Capsule DM plus</b>	Aamragandhi Haridra ( <i>Curcuma amada</i> ), Guduchi ( <i>Tinospora cordifolia</i> ), Methika ( <i>Trigonella foenum</i> ), Shweta musli ( <i>Chlorophytum borivilianum</i> ), Nimba ( <i>Azadirachta indica</i> ), Karvellak ( <i>Momordica charantia</i> ), Jambu ( <i>Syzygium cumini</i> ), Bilva patra ( <i>Aegle marmelos</i> leaves), Gudmar ( <i>Gymnema sylvestre</i> ), Sheelajit ( <i>Asphaltum</i> )
<b>Divya shakti powder</b>	Trikatu ( <i>Gingiber officinale</i> , <i>Piper nigrum</i> , <i>Piper longum</i> ), Triphala ( <i>Emblica officinalis</i> , <i>Terminalia chebula</i> , <i>Terminalia bellirica</i> ), Musta ( <i>Cyperus rotundus</i> ), vidang ( <i>Embelia ribes</i> ), Laghu ela ( <i>Elettaria cardamomum</i> ), Tejpatr ( <i>Cinnamomum tamala</i> ), Lavang ( <i>Syzygium aromaticum</i> ), Trivrutta ( <i>Operculina turpethum</i> ), Saindhav (Rock salt), Dhanyak ( <i>Coriandrum sativum</i> ), Pippali mul ( <i>Piper longum</i> root), Jeerak ( <i>Cuminum cyminum</i> ), Nagkeshar ( <i>Mesua ferrea</i> ), Dadim ( <i>Punica granatum</i> ), Bruhat ela (Black cardamom), Hingu ( <i>Ferula asfoetida</i> ), Ajmoda ( <i>Apium graveolens</i> ), Sajjikshar ( <i>Sodium bicarbonate</i> ), Pushkarmool ( <i>Inula racemosa</i> ), Mishri (Rock sugar)
<b>CKD syrup</b>	Kasamarda ( <i>Cassia occidentalis</i> ), Gokshur ( <i>Tribulus terrestris</i> ), Shatavari ( <i>Asparagus racemosa</i> ), Guduchi ( <i>Tinospora cordifolia</i> ), Shudhdha Sheelajit ( <i>Asphaltum</i> )
<b>Tablet Nephron plus</b>	Hazral yahood bhasma, Chandrprabha powder, Pashanbheda, Mulak kshar, Yavakshar, Aamalki rasayan (tonic made up of <i>Emblica officinalis</i> ), Trivikram rasa powder, Navsar powder, Neembu satva, Gokshur ( <i>Tribulus terrestris</i> ), Durva moola, Sheela pushpa, Krishna lavana, Hingu
<b>Mutral vati</b>	Kajjali bhasma (black powder of mercury and sulphur), Loha bhasma (Iron ash), Vanga bhasma ( <i>Stannum</i> ), Abhrak bhasma (calcined mica ash), Yavakshar ( <i>Hordeum vulgare</i> ), Gokshur ( <i>Tribulus terrestris</i> ), Haritaki ( <i>Terminalia chebula</i> ), Bibhitaki ( <i>Terminalia bellerica</i> ), Vasa ( <i>Adhathoda vasica</i> )
<b>Kidney care syrup</b>	Shweta Chandana, ( <i>Santalum album</i> ) Amra twaka (bark of <i>Mangifera indica</i> ), Sugandhbala ( <i>Valeriana jatamansi</i> ), Kachor ( <i>Curcuma zedoaria</i> ), Musta ( <i>Cyperus rotundus</i> ), Pittapapda ( <i>Fumaria indica</i> ), Gambhari ( <i>Gmelina arborea</i> ), Yashtimadhu ( <i>Glycyrriza glabra</i> ), Nilotpala ( <i>Nymphaea nouchali</i> ), Rasna ( <i>Plucea lanceolata</i> ), Punarnava ( <i>Boerhavia diffusa</i> ), Priyangu ( <i>Callicarpa macriphylla</i> ), Manjishtha ( <i>Rubia cordifolia</i> ), Rakta Chandana ( <i>Pterocarpus santalinus</i> ), Patha ( <i>Cissampelos pareira</i> ), Kiratatikta ( <i>Swertia chirayta</i> ), Vata twak ( <i>Ficus bengalensis</i> bark), Gokshur ( <i>Tribulus terrestris</i> ), Ashwattha twak ( <i>Ficus religiosa</i> bark), Kanchnar Twak ( <i>Bauhinia variegata</i> )
<b>Mutravardhak vati</b>	Gokshur ( <i>Tribulus terrestris</i> ), Guggulu ( <i>Commiphora mukul</i> ), Shunthi ( <i>Zingiber officinalis</i> ), Marich ( <i>Piper nigrum</i> ), Pippali ( <i>Piper longum</i> ), Bibhitaki ( <i>Terminalia bellerica</i> ), Haritaki ( <i>Terminalia chebula</i> ), Aamalki ( <i>Emblica officinalis</i> ), Musta ( <i>Cyperus rotundus</i> )

**Table no. 15: significant role of formulations.**

Formulations	Significant role
<b>Prameha roghar churna</b>	Anti-diabetic, controls blood sugar level, relieves urinary problems, improves immunity
<b>Capsule DM plus</b>	As anti-diabetic and in diabetic complications
<b>Divya shakti powder</b>	Aids in indigestion and immunity booster
<b>Nephron plus tablet</b>	Kidney disease, UTI
<b>Mutral vati</b>	urine retention
<b>Mutravardhak vati</b>	anti-inflammatory, hyperuricemia
<b>CKD syrup</b>	Kidney disease, urinary tract infection
<b>Kidney care syrup</b>	kidney disease, UTI,

**Diet and lifestyle recommendation:** As mentioned earlier his diet was planned by DIP diet formula. DIP diet manages lifestyle of patient regarding food. DIP diet plan is proved beneficial to overcome lifestyle disorders like diabetes, thyroid, cancer, hypertension etc. With or without medicine it helps to reverse or cure the disease.<sup>[17]</sup> Etiological factor of this case of *vrikka vikar* is diabetes. So the factors responsible for diabetes should be avoided and that are like.

Food and activities which increases *meda* (Lipid or fat), *mutra* (urine) and *kapha dosha*, food of sweet, sore and salty taste, *snigdha* (Oily), *guru* (uneasy to digest), *pichchila* (Sticky or fermented), *sheetal* (cold potency food), *nava dhanya* (new grains), *sura* (alcohol), *anup mansa* (sea food, non-veg of buffalo, goat etc. ), *ikshu* (sugarcane), *guda* (jiggery), *gorasam* (curd and milk), *ekasthana aasanarati* (sitting continually at one place), *shayanam vidhivarjitam* (sleeping without following rules of sleep).<sup>[18]</sup>

**Water drinking recommendation:** He was suggested to drink alkaline water. Medicines should also be told to take with lukewarm water as *anupan*. According to Acharya Vagbhata alkaline water is that *toyam kwvathit sheetlam*. This water has *anabhishtyandi* (easy to digest), *deepana* property (appetizer), it pacifies *vata kapha dosha*, *bastishodhanam* (cleanses urinary bladder) thereby removes toxins from the body.<sup>[19]</sup>

#### FURTHER SCOPE OF STUDY

Research on kidney disease management can help develop new treatments and improve kidney health. Specifically diabetic kidney disease management is difficult due to its complicated pathogenesis and chronic condition. It can progress to end-stage kidney disease, and requires dialysis or a kidney transplant. To increase longevity of patient in diabetic nephropathy and to avoid fatal trouble or morbidity caused due to it data collection on successful management of DKD is the need of today's era.

#### CONCLUSION

This study can conclude that even so the DKD is complicated to treat, by ayurvedic medicines and following healthy lifestyle chronic conditions of kidney disease in diabetes can be manageable. The present case study demonstrates the significant effectiveness of **Ayurvedic management in Pramehajanya Vrikka Vikara (Diabetic Nephropathy)**. From the initiation of Ayurvedic intervention till the last follow-up, the patient showed remarkable **clinical, symptomatic, and biochemical improvement**.

All **chief complaints** such as breathlessness, disturbed sleep, vomiting, loss of appetite, fatigue, and weakness were completely relieved. Regular monitoring during IPD stay reflected normalization of vital parameters.

The **investigational outcomes** (KFT and CBC) revealed substantial improvement.

- **Blood urea** decreased from 148.3 mg/dl to 56.06 mg/dl,
- **Serum creatinine** normalized from 3.25 mg/dl to 1.20 mg/dl,
- **Blood sugar** reduced from 276 mg/dl to 105.2 mg/dl.

Although some **hematological parameters** (Hb, RBC) were still below the normal range, they showed a **positive trend towards normalization**, which is expected in a chronic disease like CKD associated with diabetes.

The combined approach of **Panchakarma therapies** (*Abhyanga*, *Awagaha Swedana*, and *Shirodhara*), **Ayurvedic formulations**, and **DIP diet and lifestyle modifications** played a crucial role in achieving this positive outcome. The formulations acted synergistically — improving renal function, blood sugar control, metabolism, and overall vitality.

This case underscores that **Ayurvedic therapy, when properly planned and monitored, can provide a safe, effective, and holistic alternative for managing chronic kidney disease of diabetic origin**. It not only improves biochemical parameters but also enhances quality of life by addressing both physical and psychological well-being.

Hence, **Ayurvedic management can be considered a potential integrative approach for diabetic nephropathy (Pramehajanya Vrikka Vikara)** — focusing on root-cause correction, metabolic balance, and long-term sustainability of health.

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