

**PANCHAKARMA INTERVENTION IN CHRONIC KIDNEY DISEASE: A CASE REPORT
ON SIGNIFICANT RENAL FUNCTION IMPROVEMENT****Dr. Aishwarya Subhash^{*1}, Dr. Kiran M. Goud²**

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ABSTRACT

Chronic Kidney Disease (CKD) is a progressive deterioration of renal function characterized by impaired filtration, accumulation of metabolic toxins, and disturbance of systemic homeostasis. Kidneys play a vital role in maintaining fluid balance, electrolyte regulation, and excretion of waste products through urine formation. In Ayurveda, CKD can be correlated with Vrikka-vikara, often developed as an Upadrava of Mutravaha Srotas disorders or long-standing Prameha. Classical Ayurvedic texts describe Vrikka and Basti as the roots of urinary channels, where vitiated Dosha, particularly Kapha and Meda, obstruct the Srotas through involvement of Rasa, Rakta, Mamsa, and Kleda, leading to functional impairment comparable to proteinuria and elevated blood urea and serum creatinine. The disease progression is considered Kruchhrasadhya in early stages and Yappa in advanced conditions, necessitating long-term management. Ayurvedic therapeutics adopt a holistic approach incorporating Shodhana, Shamana, and Rasayana therapies. As there is Kapha and medas involvement in the disease procedures such as Rookshana Karma like Udwartana and Takradhara helps in Kapha-Medo Vishodhana followed by Shamanushadis.

KEYWORDS: Chronic kidney disease, *udwartana*, *takradhara*, *shamnaushadis*.

INTRODUCTION

The kidneys are responsible for removing waste, toxins and extra water from the body; balancing important salts and minerals in the blood; and releasing hormones to help control blood pressure, manage anemia and help maintain strong bones. The waste and extra water removed by the kidneys become urine. When the kidneys are damaged, they can't filter blood as they should. The result can be a build-up of waste in your body, as well as other problems that can harm your health. Chronic kidney disease, sometimes called CKD, is an umbrella term for several conditions that affect the kidneys, but it generally means permanent and usually progressive damage to the kidneys caused by a variety of conditions. The leading cause of kidney failure is diabetes. High blood pressure is the second leading cause of kidney failure. Both diabetes and high blood pressure damage your kidneys overtime. Heart disease and kidney disease

are connected. Age is also a risk factor for kidney disease, specifically, being over 60. Chronic Kidney Disease is a major health crisis in India, with an estimated 130–138 million people affected as of 2023–2025, ranking it second globally. Recent meta-analyses show the prevalence has risen to 13–16%, with an increasing trend from 11.12% (2011–2017) to 16.38% (2018–2023), driven primarily by diabetes and hypertension.^[1] Chronic Kidney Disease is a progressive and irreversible disorder characterized by gradual loss of renal structure and function over time. The kidneys play a vital role in maintaining internal homeostasis by eliminating metabolic waste, toxins, and excess water, regulating electrolyte balance, and producing hormones essential for blood pressure regulation, erythropoiesis, and bone metabolism. When renal function declines, the kidneys fail to adequately filter blood, leading to accumulation of toxic metabolites, fluid imbalance, and

systemic complications collectively known as Uremia. CKD is commonly diagnosed through elevated serum creatinine and blood urea nitrogen levels, reflecting reduced glomerular filtration rate (GFR), although early stages may remain asymptomatic and detectable only through urine abnormalities such as proteinuria or hematuria. Modern medicine attributes CKD to multifactorial mechanisms including immune-mediated injury, chronic inflammation, toxin accumulation, and progressive nephron loss, ultimately impairing excretory, metabolic, and endocrine renal functions.

Although CKD is not explicitly described as a single disease entity in Ayurveda classics, its clinical presentation closely resembles Mootra Dosha Vikara and Rasapradoshaja Vyadhi. Acharya Sushruta describes Vrukka as a Matruja Avayava formed predominantly from Rakta and Meda Dhatus, while Charaka identifies the kidneys and bladder as roots of Mutravaha and Medovaha Srotas. Vitiation of Tridosha leads to obstruction of these channels, impairing urine formation and causing retention of metabolic wastes, oedema, anorexia, fatigue, and systemic debility. Thus, CKD can be understood as a systemic disorder involving Dosha–Dhatu–Srotas dysfunction, where impaired filtration parallels the Ayurvedic concept of channel obstruction and toxin accumulation. Integrating modern nephrological understanding with Ayurvedic principles provides a comprehensive framework for exploring holistic management strategies for CKD.

CASE REPORT

A 65-year-old female patient presented to the outpatient department of Sri Kalabhairaveshwara Swamy Ayurvedic Medical College and Hospital with complaints of persistent pain in the left flank region accompanied by repeated episodes of vomiting. The patient was apparently asymptomatic and maintained normal health until a few months prior to presentation, when she experienced a sudden onset of fever associated with chills and severe pain localized to the left flank region. Subsequently, she developed frequent episodes of vomiting, occurring approximately 10–12 times per day, which continued for nearly three weeks and significantly affected her general condition and daily activities.

The patient initially sought consultation at a modern medical facility, where ultrasonography of the abdomen was advised and performed on 20-01-2026. The imaging findings were suggestive of Chronic Kidney Disease. Further laboratory investigations revealed markedly elevated renal function parameters, with serum urea recorded at 98 mg/dL and serum creatinine at 4.1 mg/dL, indicating significant renal impairment. She was prescribed oral allopathic medications; however, due to personal reluctance toward long-term medication intake, she discontinued the treatment.

Thereafter, the patient approached our institution seeking Ayurvedic management. Considering the severity of

clinical presentation and abnormal biochemical parameters, inpatient care was advised. However, the patient declined admission at that time and was managed conservatively with oral Ayurvedic medications on an outpatient basis. Following treatment, partial symptomatic relief was observed, including reduction in the intensity of flank pain and frequency of vomiting episodes, although complete resolution of symptoms was not achieved. Owing to the persistence of symptoms and the need for comprehensive management, the patient later consented to hospitalization and was admitted on 10-02-2026 for further evaluation and planned Ayurvedic therapeutic intervention.

Past history: K/C/O Type 2 DM

Surgical history: H/O cholecystectomy 10 years back

Family history: All family members are said to be healthy.

General Examination

On the day of examination 03-02-26: patient found to Afebrile, moderately built

SYSTEMIC EXAMINATION

CVS: S1, S2 Heard, no murmur

CNS: well oriented, conscious.

RS: Normal vesicular breathing, no added sounds.

P/A: Soft, tenderness Present more over left flank, bowel sounds hear.

INVESTIGATION

ON 19-01-2026

- Haemoglobin : 9.2%
- Blood urea : 98mg/dl
- Serum creatinine : 4.1mg/dl
- Serum electrolytes : Sodium -134.2mmol/L
:Potassium -5.9mmol/L
:Chloride-102.0mmol/L
- Urine Routine: The urine routine examination shows yellowish and hazy urine with normal pH (6.0) and specific gravity (1.015). Chemical examination reveals albumin present (++) , while sugar, bile salts, and bile pigments are absent. Microscopy shows mildly increased pus cells (5–6/HPF) with epithelial cells within normal limits,

Ashta Vidha Pariksha

- Nadi – 78beats/min
- Mutra – 5-6times/ day 2-3times/ night
- Mala - Once /day (Hard)
- Sparsha - Anushna sheeta
- Drik – Vikruta (uses spectacles for near vision since 30years)
- Akruithi - Madhyama
- Jihwa – Lipta
- Shabda – Prakruta

Dashavidha Pareeksha

- Prakruti – Pitta kapha

- Vikruti – Kaphaja
- Sara – Madhyama
- Satva – Madhyama
- Samhahana – Madhyama
- Satmya – Sarvarasa satmya
- Ahara shakti – Avara
- Vyayama shakti – Avara
- Vaya – Vriddha

Samprapti ghataka

- Dosha - Tridosha, Vata-Kaphapradhana
- Dushya - Rasa, Rakta, Mamsa, Meda, Shukra, Oja
- Agni - Dhatwagni Mandya
- Ama - Dhatwagni janya ama

- Srotas - Rasa, Rakta, Mamsa, Meda, Shukra, Sweda, Mutra
- Srotodushti - Sanga
- Adhithana - Vrikka, Basti, Sarvasharira
- Udabhavasthana - Vrikka, Basti
- Sancharasthana - Sarvasharira
- Vyaktsthana - Sarvasharira
- Rogamarga - Madhyama
- Sadhya-Asadhya - Yapya

INTERVENTION

Patient was admitted to Shri Kalabhyaraveshwara Ayurvedic Hospital and research center on 10-02-2026 and was discharged on 27-02-26.

Table 1: Treatment planned.

DATE	TREATMENT	OBSERVATION
10-02-2026 to 27-02-2026	Sarvanga Udwartana with Triphala + Kolakulathadi churna followed by Sarvanga Takradhara with Musta + Amalaki + Asanadi (KWATHA 1.5L) + Takra (1.5 L)	Patient felt lightness of body Episodes of vomiting reduced from 11-10 episodes per day to 2-3 episodes per day

ORAL MEDICATIONS

DATE	MEDICATION	DOSE	OBSERVATIONS
10-02-2026 TO 27-02-2026	1.Veerataradi Kashaya + Varunadi Kashaya + Bhringarajasava + Pippalyasava	8tsp TID	➤ Episodes of vomiting reduced ➤ Appetite increased ➤ Pain in left flank region reduced ➤ Compliant of burning micturition reduced
	2.Tablet Chandraprabha vati	2 tablets TID	
	3.Tablet Anandabhairava Rasa	2 tablets TID	
	4.Syrup Neeri KFT-2026	3tsp TID	

INVESTIGATIONS

Sl. No.	Investigation	Before treatment (19-01-2026)	After treatment (24-02-2026)
1	Blood urea	98mg/dl	34mg/dl
2	Serum creatinine	4.1mg/dl	2.0mg/dl

DISCUSSION

Chronic Kidney Disease is usually detected incidentally during routine biochemical investigations, where raised serum urea and creatinine indicate progressive impairment of renal excretory function. In many patients, CKD coexists with hypertension, diabetes mellitus, proteinuria, hyperuricemia and anaemia, all of which not only reflect renal dysfunction but may also accelerate further nephron damage. The decline in renal function differs from patient to patient; however, within the same individual, the rate of fall in glomerular filtration often follows a relatively predictable pattern and therefore has prognostic significance. Recent reviews emphasize that CKD progression is influenced by glomerular hyperfiltration, persistent proteinuria, hypertension, metabolic disturbances, inflammation and cardiovascular risk factors.^[2]

From an Ayurvedic perspective, CKD may be understood under the broad spectrum of Mutravaha Srotas Vikara, particularly conditions resembling Mutrakshaya, Mutrasada or Mutraghata,^[3] where altered urine formation, obstruction, reduced urinary output, oedema and systemic debility are observed. The involvement of Vrikka, described as the moola of Medovaha Srotas, suggests a close relationship between deranged meda, kleda and mutra formation.

The disease process can be interpreted as a chronic derangement of Tridosha, with predominant Vata vitiation, associated with Kapha-mediated srotorodha, Pitta involvement, Agnimandya, Dhatukshaya and Vimargagamana. Prameha provides an important conceptual background for understanding CKD, especially in patients with diabetes and metabolic syndrome. In Prameha, the vitiation of Rasa, Rakta, Mamsa, Meda and Kleda may be correlated with

metabolic derangements, proteinuria, fluid imbalance, uremic toxin accumulation and progressive tissue degeneration. Long-standing Kapha dushti and medakleda accumulation may produce srotas obstruction, while aggravated Vata contributes to degeneration of renal tissue and functional decline.

In the present case, elevated serum urea, creatinine, uric acid and reduced haemoglobin suggest impaired renal filtration, altered nitrogen metabolism, hyperuricemia and CKD-associated anaemia. Urea and creatinine are commonly used markers of renal excretory function, while persistent hyperuricemia has been increasingly discussed as a possible contributor to CKD progression, although the benefit of urate-lowering therapy remains an area of ongoing research.^[4]

Anaemia in CKD is multifactorial. Earlier explanations focused mainly on reduced erythropoietin production by damaged renal parenchyma, but recent research shows that iron dysregulation, chronic inflammation, shortened red cell survival, nutritional deficiencies, bone marrow suppression and erythropoietin resistance also play important roles. This explains symptoms such as fatigue, weakness, pallor and reduced functional capacity in CKD patients.^[5]

Thus, CKD can be understood as a progressive systemic disorder rather than an isolated renal disease. Modern medicine explains it through nephron loss, reduced GFR, proteinuria, metabolic toxin accumulation, anaemia and cardiovascular risk, while Ayurveda interprets it through Mutravaha Srotas dushti, Vata predominance, Agnimandya, Srotosanga, Kleda-Meda involvement and Dhatu kshaya.

ACTION OF MEDICINE

➤ **UDWARTANA:** Udwartana with Triphala and Kolakulathadi Cūrṇa may be considered beneficial in CKD associated with Prameha due to its kapha-medohara, srotoshodhaka and lekhaṇa properties. Acharya Caraka has described Prameha as a disorder predominantly involving vitiation of Kapha, Meda and Kleda leading to obstruction of srotas and derangement of mutravaha srotas. Udwartana is indicated in conditions of Kapha, Meda, Sthoulya and shotha, where it produces kapha-vilayana, improves circulation and alleviates stagnation. Sushruta states, “Udwartanam kaphaharam medasaḥ pravilayanam” indicating its scraping and Kapha-reducing action. Triphala, owing to its tridoshashmaka, rasayana and Shothahara properties, helps in reducing oxidative stress and correcting dhatu metabolism, while Kolakulathadi Curna, rich in ruksha, ushna and lekhaṇa gunas, is traditionally indicated in Kapha-Vata. In CKD patients associated with Prameha, where metabolic derangement and srotorodha are predominant, Udwartana may aid in reducing, improving circulation and promoting removal of excess kleda. Thus, this therapy can be understood as a supportive bahirparimarjana chikitsa aimed at correcting Kapha-

Meda dushti and maintaining functional integrity of mutravaha srotas.^[6]

➤ **TAKRADHARA:** Takradhara with Musta, Amalaki and Asanadi Kwatha can be understood as an effective therapeutic modality in CKD associated with Prameha due to its kapha-pitta Shamaka, manoprasadana and Mutravaha srotas regulating actions. In Prameha, vitiated Kapha along with excess Kleda and Meda leads to impairment of dhatu metabolism and involvement of mutravaha srotas. Takra is described as laghu, deepana, grahi and kapha-vata hara, and is specifically indicated in disorders associated with Kapha and abnormal fluid metabolism. Dhara procedures are known to induce manasa shamana and srotoshodhana effect^[7], relieve stress and stabilize autonomic functions, which is clinically relevant in CKD patients who commonly suffer from anxiety, sleep disturbances and hypertension. Musta possesses deepana-pacana, tridoshashmaka and mutrala properties, while Amalaki acts as a rasayana, pittahara and antioxidant drug. Asana is traditionally indicated in Prameha and Medoroga due to its kapha-medohara and srotoshodhaka actions. Sushruta and later Kerala Ayurvedic classics explain Dhara as beneficial in disorders involving Pitta, stress and neurohumoral imbalance. Therefore, Takradhara processed with Musta, Amalaki and Asanadi Kwatha may help in reducing Kleda, pacifying Kapha-Pitta, improving mental relaxation and supporting metabolic regulation in CKD associated with Prameha, thereby functioning as an important supportive Bahirparimarjana chikitsa.

➤ **TABLET CHANDRAPRABHA VATI**

Chandraprabha Vati may be beneficial in CKD associated with Prameha due to its combined mutrala, deepana-pacana, kapha-vata shamaka and rasayana actions. Classical texts describe Chandraprabha Vati as an important formulation in the management of Prameha, Mutrakṛcchra and disorders of the urinary system. In Prameha, vitiation of Kapha, Meda and Kleda leads to dysfunction of mutravaha srotas, resulting in abnormal urine formation and metabolic imbalance. Ingredients such as Shilajatu, Guggulu, Musta, Haridra and Trivrut help in clearing srotorodha, improving metabolism and reducing excess Kleda. The formulation also possesses mutrala properties, which may help in relieving urinary disturbances and reducing fluid accumulation.

➤ **VEERATARVADI KASHAYA:** Viratarvadi Kwatha is beneficial in CKD associated with Prameha due to its mutrala, shothahara and srotoshodhaka actions. It is classically indicated in urinary disorders such as Mutrakṛcchra and Mutraghata. The formulation helps in maintaining the proper functioning of mutravaha srotas by

reducing obstruction and facilitating urine flow. Its kapha-vata shamaka properties also help in reducing edema and excess Kleda commonly associated with Prameha and CKD. Acharya Vagbhata highlights the therapeutic significance of the Veerataradi Gana by stating that it is beneficial across a wide spectrum of urinary disorders, indicating its broad applicability in the management of Mutravaha Srotas diseases[8]. Therefore, Viratarvadi Kwatha acts as a supportive formulation in improving urinary function and managing fluid imbalance in these patients.

- **VARUNADI KASHAYA:** Varunadi Kashaya is traditionally indicated in conditions associated with kapha and meda dushti. By reducing the excessive accumulation of kapha and medas[9], it helps in srotorodha, thereby supporting proper circulation and tissue perfusion. In patients with chronic kidney disease where metabolic sluggishness and impaired fluid handling are common, this formulation may aid in improving microcirculation and maintaining unobstructed flow within the urinary system. Additionally, Varunadi Kashaya is known to stimulate Dhatvagni and Jatharagni, thereby enhancing metabolic activity at the tissue level and supporting proper nourishment of the body tissues.
- **PIPPALYASAVA:** Pippalyasava plays an important supportive role in CKD management due to its potent deepana and pachana properties. Most patients suffering from CKD exhibit agnimandya, leading to poor digestion, accumulation of ama, reduced appetite, and inadequate assimilation of nutrients. Since the efficacy of orally administered Aushadhis depends greatly on the proper functioning of Jatharagni. Pippalyasava helps by enhancing digestive capacity, improving bioavailability of therapeutic formulations, and reducing gastrointestinal discomfort. It is especially beneficial in managing associated symptoms such as anorexia, indigestion, bloating, and heaviness, which are frequently encountered in CKD patients.^[10]
- **BHRINGARAJASAVA:** Bhringarajasava is classically indicated in conditions such as dhatu kshaya and prameha. Its relevance in CKD can be understood through the Ayurvedic concept of Avila mutrata, where urine carries essential dhatus along with metabolic wastes. Continuous loss of nutritive components through urine contributes to weakness, tissue depletion, fatigue, and malnourishment commonly observed in CKD patients. Bhringarajasava acts as a restorative and rejuvenating formulation that helps in improving tissue nutrition, supporting strength, and minimizing further Dhatu kshaya. Owing to its mild digestive and hepatoprotective actions, it may also help improve assimilation and overall metabolic balance.^[11]

- **SYRUP NEERI KFT :** The formulation is believed to enhance glomerular filtration rate (GFR) and improve creatinine clearance through its nephroprotective, antioxidant, and immunomodulatory actions. Neeri KFT contains a combination of scientifically studied herbal ingredients, including *Boerhaavia diffusa*, *Tinospora cordifolia*, *Nelumbo nucifera*, *Butea monosperma*, *Tribulus terrestris*, *Moringa oleifera*, *Vetiveria zizanioides*, *Crataeva nurvala*, and *Amaranthus spinosus*. These herbs are traditionally known for their renal supportive, anti-inflammatory, and antioxidant properties, which may help protect kidney function naturally and assist in reducing further renal damage.^[12]

CONCLUSION

In conclusion, Chronic Kidney Disease associated with Prameha can be comprehensively understood in Ayurveda as a disorder involving derangement of Kapha, Meda, Kleda, Rakta and Mutravaha Srotas, ultimately leading to progressive Dhatu kshaya and impairment of renal function. Since the kidneys are considered to be predominantly formed from Rakta and Meda Dhatus, Ayurvedic management primarily aims at restoring the equilibrium between these dhatus through appropriate Shodhana and Shamana therapies. The therapeutic modalities discussed in this study—including Udwartana, Takradhara, and internal medications such as Chandraprabha Vati, Varunadi Kashaya, Bhringarajasava and Pippalyasava—act through correction of Agnimandya, reduction of Kapha-Meda dushti, clearance of Srotorodha, regulation of Kleda and preservation of tissue metabolism. These interventions may help improve urinary function, reduce edema, enhance digestion and metabolism, promote mental relaxation and support overall quality of life in CKD patients.

The present case study demonstrates that CKD can be effectively managed with an Ayurvedic approach, especially when diagnosed early and treated promptly. Early intervention may help slow disease progression, maintain functional integrity of the kidneys and reduce complications associated with chronic renal impairment. Although the outcomes observed in this single case were satisfactory, larger clinical studies involving greater numbers of CKD patients are essential to establish stronger evidence, validate therapeutic efficacy and develop standardized Ayurvedic treatment protocols. Integrating classical Ayurvedic principles with contemporary clinical understanding may offer a promising supportive approach in the long-term management of CKD associated with Prameha.

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