INTRODUCTION

Chronic diseases have become a major public health problem. The direct description of the diseases is not available in Ayurvedic science. So we can compare the disease with Ayurvedic concepts only on the basis of general signs and symptoms. Chronic diseases are a leading cause of morbidity and mortality in India and other low and middle-income countries. The chronic diseases account for 60% of all deaths worldwide. Eighty percentage of chronic disease deaths worldwide occur in low- and middle-income countries. The global annual growth of number of ESRD patients is reported at 7%. The incidence was suggested to be 100 per million population by single centre studies from tertiary care hospitals and from experience of opinion leaders. The prevalence of CKD was reported to be 0.79% in study from Delhi which screened 4972 adults. This study used a serum creatinine cut off>1.8mg/dl to define CKD and hence underestimating the prevalence. Another study by Mani et al in a South Indian village reported the prevalence of GFR < 15ml/min (CKD stage V) to be 0.09%. Etiology of CKD in India is diabetic nephropathy (31.2%), undetermined (16.4%), chronic glomerulonephritis (13.8%), hypertension (12.8%), tubulointestinal diseases (7%), obstructive uropathy (3.4%), autosomal dominant polycystic kidney diseases (2.5%), renovascular diseases (0.8%), kidney transplant graft loss (0.3%), others (11.7%). Clinical and laboratory manifestation of Chronic kidney diseases include fluid, electrolyte and acid base disorders, disturbed potassium homeostasis, metabolic acidosis, disorders of calcium and phosphate metabolism, cardiovascular abnormality include ischaemic heart diseases, heart failure, hypertension and left ventricular failure and...
pericardial diseases, haematological abnormalities include anemia, neuromuscular abnormalities, G.I.T and nutritional abnormalities, endocrine and metabolic disturbance. The initial approach for evaluation of patients with CKD include history and physical examination, laboratory investigations includes RFTs, serum concentration of calcium, phosphorus, PTH to evaluate metabolic bone diseases, Hb, iron, folic acid, foliate, 24 h urine evaluation, imaging studies and renal biopsy.

Treatment of CKD aimed at specific causes of CKD. For slowing the progress of CKD concern is given to protein restriction, reducing intraglomerular hypertension and proteinuria, control of blood sugar, managing the complications. Finally renal replacement therapy is option.

Case Report - A 55 year old male patient came to N.I.A. O.P.D. on 17-4-2014 with following chief complaints Breathlessness, Swelling in bilateral lower limb, Nausea, Indigestion since 6 months.

Associated complaints - Pain in small joints of hand and foot, Generalized weakness, abdominal discomfort.

History of present illness
The patient was quite asymptomatic 1 year before. Gradually he developed pain in small joints of foot starting from toe (pricking type, associated with tenderness and swelling, more during night time) which later on involved all small joints of hands including wrist joint. His blood uric acid was found to be raised. He took treatment from modern consultant but did not get any improvement. Then after some time he gradually developed difficulty in breathing (firstly occur on exertion then orthopnea occur). Later on he developed swelling in B/L L/L (more during evening hours, pitting type). On further investigation he was diagnosed as CHF and was treated accordingly. He got symptomatic relief but swelling on B/L L/L did not subside. Later on his Blood urea and Sr. creatinine level was found to be raised. He took modern treatment but the condition did not improve. So with the above complaints patient came to N.I.A for further treatment.

Past history - No h/o DM, HTN, TB, No any surgical history.

Drug history - Iron tablet, Carvedilol (3.125 mg) half tab BD, Digoxin (0.25 mg) half tab 5 times/week, Tab. Calcium, Vit D3 1 tab BD. Patient was taking this treatment since 4 months. Dialysis 3 times in last 15 days.

Family History - No any relevant family history.

Vitals at time of first visit to N.I.A.- B.P. 120/70 mm of Hg, Pulse-82/min, Afebrile, R.R-18/min

Physical examination - General condition - fair, Pallor+, Icterus0, Cyanosis0, Clubbing0, Pedal Oedema with facial puffiness. Lymph node not palpable, Respiratory system - NAD, CVS-NAD, GIT-NAD, CNS-NAD

Investigations Done
Blood examination - (on dated 17-04-2014)
- CBC- Normal
- ESR- Normal
- RFT
  - Serum urea-315 mg /dl
  - Serum creatinine-13.2 mg/dl
- Uric acid - 9.3 mg/dl
- USG: Dated (24-04-14)
  - Hepatosplenomegaly,
  - B/L MRD,
  - Mild ascitis
- 2D-ECHO
  - Global hypokinesia of left ventricle
  - Mild AR/Mild MR
DIAGNOSIS

- Mild AS
- Moderate LV systolic function
- LVEF-35%

• The initial pathology of the disease started with involvement of multiple small joints. On lab investigation uric acid level found to be raised which later on deposited in multiple small joints causing joints inflamed and tender.

• Comparing such type of deposition on Ayurvedic parameter it is quite acceptable that there would be Srotorodha which make this deposition possible.

• As Srotorodha is not possible without Kapha and Ama Vridhi So there is possible Ama dosha Utapatti at multiple level. The possible cause behind that will be Jatharagnimandya which further leads to Dhatvagnimandya and formation of Ama at Jathar as well as Dhathu level.

• So keeping the route cause in mind, the goals set for the treatment are

  - Aam Doshapachan
  - Srotosodhana
  - Improve quality of life

AYURVEDIC TREATMENT GIVEN

1. Bakayan Swaras 20 ml BD
2. Jwarahara Kasaya 40mlBD
3. Ashavgandha churna 3gm
   Shatavari churna 3 gm
   Goksahru churna 5 gm
   (Ksheerpaka vidhi ) 40 ml BD
4. Peepal twaka Kwatha 40 ml BD
5. Kaishor Guggulu 2 tab BD

RESULTS:

Table No 1-Showing results on various parameters.

<table>
<thead>
<tr>
<th>Date</th>
<th>Blood Urea (mg/dl)</th>
<th>Sr. Creatinine (mg/dl)</th>
<th>Sr.Uric Acid</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-04-2014</td>
<td>315</td>
<td>13.23</td>
<td>9.3</td>
</tr>
<tr>
<td>30-04-2014</td>
<td>205</td>
<td>8.9</td>
<td></td>
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<tr>
<td>4-07-2014</td>
<td>200</td>
<td>7.9</td>
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</tr>
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</table>

DISCUSSION

- The initial pathology of the disease started with involvement of multiple small joints. On lab investigation uric acid level found to be raised which later on deposited in multiple small joints causing joints inflamed and tender.

- Comparing such type of deposition on Ayurvedic parameter it is quite acceptable that there would be Srotorodha which make this deposition possible.

- As Srotorodha is not possible without Kapha and Ama Vridhi So there is possible Ama dosha Utapatti at multiple level. The possible cause behind that will be Jatha-ragnimandya which further leads to Dhatvagnimandya and formation of Ama at Jathar as well as Dhathu level.

- So keeping the route cause in mind, the goals set for the treatment are

  - Aam Doshapachan
  - Srotosodhana
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Propable drug of action

1. Bakayana Swaras
   The drug has nephroprotective action. The drug having mainly Tikta Rasa which also has the property of Deepana, Pachana, Lehaka and Shodhana.

2. Jwarhara Kasaya
   It contain giloy, daruvaridra, triphala, tulsi etc. Maximam dravya contains tikta and katu Rasa having the property of Amapachan and Srotosodhana.
3. **Ksheerpaka of Ashavghandha, Shatavari and Gokshahru churna**


4. **Peepal twak kwath[14]**

It is praised for treating even Tridosha Vata-rakta by Acharya Charaka. Due to its Tikta Kasaya Rasa it has the property of lekhana and Srotoshodhana.

5. **Kaishora Guggulu**

It contains mainly tikta dravya which leads to Ama Pachana and Srotovishodhana and Gugglu also has its own properties of Lekhana and microcirculation.

**CONCLUSION**

On the basis of above case study it can be concluded that Bakayan Swaras, Jwarhara Kasaya, Ksheerpaka of Ashavghandha, Shatavari and Gokshahru churna, Peepal twak kwath, Kaishora Guggulu is quite effective in management of chronic renal failure.

**REFERENCES**
