



AYURVEDIC MANAGEMENT OF VRIKKA VIKĀRA WITH RENAL DYSFUNCTION: A CASE REPORT

Dr. Virendra Singh Kushwaha¹, Dr. Santilata Sahoo², Dr. Bharatilata Acharya³

¹P.G. Scholar Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha

²Reader, Department of kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha

³Lecturer Department of kayachikitsa, Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha

ABSTRACT

Vrikka Vikāra is an important clinical condition involving impairment of renal function. From an Ayurvedic perspective, renal dysfunction may be understood in relation to *Mutravaha Srotas Dushti*, *Doṣa–Dūṣya Sammūrccanā*, *Agni Dushti* and impairment of the normal functions associated with urine formation and excretion. Modern renal dysfunction may present with biochemical abnormalities, urinary disturbances, oedema and systemic symptoms.

Case Presentation

- A 45-year-old male patient presented with frequent micturition for 2 months, bilateral pedal oedema and facial puffiness for 1 month, and breathlessness on walking. The patient was not diabetic. The patient was taking nifedipine 20 mg 1-OD, thyroxine 25 mcg 1-OD, pantoprazole 40mgE/S 1OD, and tab calcium with vitamin D 1OD. IFA (supplement) 1 tab.
- His blood pressure was 130/90 mmHg and respiratory rate was 16/min. Initial laboratory investigations dated 17 January 2025 revealed serum creatinine 4.8 mg/dL, serum urea 64 mg/dL, serum sodium 149 mEq/L and serum potassium 3.85 mEq/L. Urinalysis showed albumin +++, phosphate +, epithelial cells 1–2/hpf, pus cells 10–12/hpf and occasional RBCs.

The patient was managed with an individualized Ayurvedic regimen comprising *Varuṇādi Kaṣāya*, *Punarnavādi Maṇḍura*, *Gomūtra Haritākī*, *Neph-X Tablet* and *Eraṇḍa-Vṛkṣa Haritākī*, along with disease-appropriate dietary restrictions and lifestyle modification. After 21 day's of treatment, serum urea decreased to 16 mg/dL, serum creatinine to 1.15 mg/dL, sodium to 139.4 mEq/L, potassium to 3.72 mEq/L and chloride was 103 mEq/L.

Conclusion

This case showed marked improvement in renal biochemical parameters following one month of individualized Ayurvedic management and dietary modification. However, as this is a single case without a control group and with limited follow-up data, the observed improvement cannot establish a causal effect of the treatment. Further prospective studies with standardized interventions, adequate sample size, longer follow-up and appropriate renal outcome measures are required.

KEYWORDS: *Vrikka Vikāra*, *Mutravaha Srotas*, *Renal Dysfunction*, *Ayurvedic Management*, *Serum Creatinine*, *Serum Urea*, *Case Report*.

INTRODUCTION

The kidneys are essential organs involved in filtration of blood, elimination of metabolic waste products and regulation of fluid, electrolyte and acid–base balance. Renal dysfunction may manifest clinically through urinary abnormalities, oedema, weakness, breathlessness and biochemical abnormalities such as increased serum creatinine and serum urea.

In Ayurveda, the kidney is described as **Vṛikka**, and disorders affecting renal function may be interpreted through the broader concepts of **Mutravaha Srotas Dushti** and dysfunction of the systems involved in urine formation and excretion. Ayurvedic assessment also considers the involvement of *Doṣa*, *Dūṣya*, *Agni*, *Āma* and *Srotas*. Recent Ayurvedic case reports have discussed *Vṛikka Vikāra* and renal dysfunction in relation to *Mutravaha Srotas Dushti* and individualized Ayurvedic management.

The present case report describes a 45-year-old male patient with urinary frequency, bilateral pedal Oedema, facial puffiness and exertional breathlessness, associated with markedly elevated serum creatinine and urea at baseline. The patient was treated with an individualized Ayurvedic regimen and disease-appropriate dietary modification.

Case Presentation Patient Information

Patient Name: XYZ

Age: 45 years

Sex: Male

Social economic status: poor (so all type for required for renal test not to tolerate economically)

Date of Initial Investigation: 17 January 2024

Chief Complaints

S.NO	Chief Complaint	Duration
1	Frequent micturition	2 Months
2	Increased frequency of micturition	2 Months
3	Bilateral pedal oedema	1 Months
4	Facial puffiness	1 Months
5	Breathlessness while walking	

BEFORE TREATMENT AND AFTER TREATMENT



Drug History

The patient was taking the following medications:

- Tab. Nifedipine 20 mg, 1OD
- Tab. Thyroxine 25 mcg 30 minutes OD/B/F
- Tab. Pantoprazole 1OD B/B/F.
- Tab. Calcium with Vitamin D 1OD A
- Tab .IFA (supplement) 1 tab. OD.A/F

Personal History

- **Diet:** Mixed diet
- **Appetite:** poor
- **Bowel habit:** Regular (constipated)
- **Sleep:** disturbed
- **Addiction history:** alcohol, tobacco,

General Examination

Parameter	-	-	Observation
Pulse	-		78/Min
Blood Pressure		-	130/90 mmHg
Respiratory Rate		-	16/min
Temperature	-	98.8 f	

Pallor- present

Icterus - No detect

Cyanosis - Not present

Clubbing - Not Seen

Lymphadenopathy - Not Seen

Pedal Oedema - Present bilaterally feet

Facial Puffiness:- Below eye & Swelling (edema) over B/L ankles joint to feet Present

**Investigations****Baseline Investigations****Date: 17 January 2024****Blood Test**

Hb%-8.6

TLc-4910

DLc-N-67 L-

23.9

M-52 E-

3.4

B-0.4

PLT-240000



Serum Creatinine 4.8 mg/dL

Serum Urea-64 mg/dL

Serum Sodium- 149 mEq/L

Serum Potassium -3.85 mEq/L

Urine Examination

Urine Albumin - +++ present

Phosphate - + Present

Epithelial Cells - 1-2/hpf

Pus Cells -10-12/hpf

RBCs - Occasional

Cast- - Nil

Crystals - Nil

Ayurvedic Assessment**Ayurvedic Diagnosis****Vṛkka Vikāra with Mutravaha Srotas Dushti**

The diagnosis was considered based on the presence of urinary disturbance, Oedema, facial puffiness and biochemical evidence of renal dysfunction.

Samprāpti Ghaṭaka

Component - Assessment

Doṣa - Vāta-Kapha predominance**Dūṣya** - Rasa, Rakta and Meda**Srotas** - Mutravaha Srotas, Rasavaha and Medovaha Srotas**Agni** - Agni Dushti**Srotodushti** - Saṅga and Vimārga Gamana, **Adhiṣṭhāna** - Vṛkka and Mutravaha Srotas **Vyādhi Mārga** -Abhyantara Mārg**Ayurvedic Pathogenesis**

Nidāna factors may lead to Doṣa Prakopa and Agni Dushti. Subsequent disturbance of normal metabolism and Srotas function may contribute to Srotodushti. Involvement of Mutravaha Srotas and Vṛkka may result in disturbed urine formation and excretion, accumulation of fluid and metabolic waste products, and clinical manifestations such as increased urinary frequency, Oedema and facial puffiness.

The Ayurvedic interpretation in this case is a clinical correlation and should not be considered an exact one-to-one equivalence between classical Ayurvedic disease terminology and modern nephrological diagnosis.



DAY	DATE	Treatment MEDICINES OR PROCEDURES	OBSERVATIONS
1	25/01/24	1.Varunadi Kashaya 15ml with 1/2cup L.W.W. BD BF 2.Punarnava Mandoor 125mg 1tab BD AF 3.Tab Gomutra Haritaki 1tab BD AF 4. Tab.Neph-x 1tab BD AF 5. Erandavrishta haritaki 1tab OD AF at bedtime with L.W.W	Frothy urination Increased frequency of micturition. Swelling (edema) over B/L ankles, feet. Puffiness on face. Feeling breathlessness while walking for short distance. Giddiness while getting up from bed. App- Reduced↓ Bowel-regular, Constipated Sleep- Disturbed Micturition- 6-8times/day B.P.- 130/90mm Hg Pulse- 98bpm
4	29/01/24	1.Varunadi Kashaya 15ml with 1/2cup L.W.W. BD BF 2.Punarnava Mandoor 125mg 1tab BD AF 3.Tab Gomutra Haritaki 1tab BD AF 4. Tab.Neph-x 1tab BD AF 5. Erandavrishta haritaki 1tab OD AF at bedtime with L.W.W	Frothy urination slightly reduced. Increased frequency of micturition. Swelling (edema) over B/L ankles, feet. Puffiness on face slightly reduced Feeling breathlessness while walking for short distance. Giddiness while getting up from bed. App- Poor Bowel-regular, Constipated Sleep- adequate Micturition- 6-5times/day B.P.- 128/86mm Hg Pulse- 96bpm
8	03/02/24	1.Varunadi Kashaya 15ml with 1/2cup L.W.W. BD BF 2.Punarnava Mandoor 125mg 1tab BD AF 3.Tab Gomutra Haritaki 1tab BD AF 4. Tab.Neph-x 1tab BD AF Erandavrishta haritaki 1tab OD AF at bedtime with L.W.W	Frothy urination slightly reduced. Swelling (edema) over B/L ankles, feet has slightly reduced. Puffiness on face reduced↓↓ Feeling breathlessness while walking for short distance has slightly reduced. Giddiness while getting up from bed has slightly reduced. App- Moderate Bowel-Clear Sleep- Sound Micturition- 6-5times/day B.P.- 125/87mm Hg Pulse- 96bpm
13	07/02/24	1.Varunadi Kashaya 15ml with 1/2cup L.W.W. BD BF 2.Punarnava Mandoor 125mg 1tab BD AF 3.Tab Gomutra Haritaki 1tab BD AF 4. Tab.Neph-x 1tab BD AF Erandavrishta haritaki 1tab OD AF at bedtime with L.W.W	Frothy urination slightly reduced. Swelling (edema) over B/L ankles, feet↓ Puffiness on face reduced↓↓ Feeling breathlessness while walking for short distance has slightly reduced. Giddiness while getting up from bed has reduced. App- Moderate Bowel-Clear Sleep- Adequate Micturition- 5-4times/day B.P.- 125/83mm Hg Pulse- 94bpm



17	11/02/24	1.Varunadi Kashaya 15ml with 1/2cup L.W.W. BD BF 2.Punarnava Mandoor 125mg 1tab BD AF Tab Gomutra Haritaki 1tab BD AF 4. Tab.Neph-x 1tab BD AF 5.Erandavishta haritaki 1tab OD AF at bedtime with L.W.W	Frothy urination has reduced↓↓. Swelling (edema) over B/L ankles,feet↓↓(Mild +nt). Puffiness on face reduced↓↓(- nt) Feeling breathlessness while walking has reduced. Giddiness while getting up from bed has reduced(-nt). App- Good Bowel-Clear Sleep- Adequate Micturition- 5-4times/day B.P.- 122/80mm Hg Pulse- 94bpm
21	16/02/24	Medication during discharge-	Pt. condition is improved somehow and discharged.

Dietary and Lifestyle Advice**Diet plan**

- **Breakfast** – Pomegranate, slices, small cup of milk with chura bhaja.
- **Lunch**- Rice + steamed vegetables (cabbage, beans,) Santula ,Mung Dal.
- **Dinner** - Chapati + lightly cooked vegetables.
- **Fluid / Water intake**- as(1–1.5 L/day)

AVOID- Pulse(Dal),chicken, fish, alcohol,Coldrink,Coffee,Tea.



NAME: 1. MADHULI DOLU	Age: 40 Years	Sex: Female	Ref No.: 1007
Phone No.: 9820000000	Address: 1007, 1007, 1007	Report No.: 1007	Report Date: 10/02/2024
Collect Date: 10/02/2024	Collect Time: 10:07	Ref No.: 1007	Ref No.: 1007
Test Particulars	Result	Units	Reference Range
Urea (mg/dL)	16	mg/dL	10 - 40
Serum Creatinine (mg/dL)	1.15	mg/dL	0.6 - 1.2
Serum Sodium (mEq/L)	139.4	mEq/L	135 - 145
Serum Potassium (mEq/L)	3.72	mEq/L	3.5 - 5.0
Serum Chloride (mEq/L)	103	mEq/L	98 - 106

After 21 days

After 21 day's of Ayurvedic treatment and dietary modification, the following laboratory results were recorded:

Parameter	Baseline	After 21 days	Change Serum
Urea	64 mg/dL	16 mg/dL	↓ 75.00%
Serum Creatinine	4.8 mg/dL	1.15 mg/dL	↓ 76.04%
Serum Sodium	149 mEq/L	139.4 mEq/L	↓ 6.44%
Serum Potassium	3.85 mEq/L	3.72 mEq/L	↓ 3.38%
Serum Chloride	Not provided	103 mEq/L	Not calculable

Percentage Change Calculation

Percentage reduction = [(Baseline value – Follow-up value) / Baseline value] × 100

Serum Urea

$$= [(64 - 16) / 64] \times 100$$

$$= 75.00\% \text{ reduction Serum Creatinine}$$

$$= [(4.8 - 1.15) / 4.8] \times 100$$

$$= 76.04\% \text{ reduction Serum Sodium}$$

$$= [(149 - 139.4) / 149] \times 100$$

$$= 6.44\% \text{ reduction Serum Potassium}$$



$$= [(3.85 - 3.72) / 3.85] \times 100$$
$$= 3.38\% \text{ reduction}$$

Results

After 21 day's of treatment, a marked reduction in serum creatinine and serum urea was observed. Serum creatinine decreased from 4.8 mg/dL to 1.15 mg/dL, representing a 76.04% reduction. Serum urea decreased from 64 mg/dL to 16 mg/dL, representing a 75% reduction.

Serum sodium decreased from 149 mEq/L to 139.4 mEq/L, while serum potassium changed from 3.85 mEq/L to 3.72 mEq/L. Serum chloride at follow-up was 103 mEq/L.

Clinical symptoms such as bilateral pedal Oedema, facial puffiness, urinary frequency and exertional breathlessness should ideally be reassessed and documented using the same predefined clinical grading system at baseline and follow-up.

DISCUSSION

The present case involved a 45-year-old male patient with increased urinary frequency, bilateral pedal oedema, facial puffiness and exertional breathlessness. The baseline laboratory findings showed markedly elevated serum creatinine and urea, together with significant albuminuria. These findings indicated substantial renal dysfunction at presentation.

From an Ayurvedic perspective, the clinical picture may be understood under the concept of **Vṛikka Vikāra with Mutravaha Srotas Dushti**. The presence of Oedema may be clinically correlated with disturbance of fluid homeostasis, while urinary abnormalities suggest involvement of the urinary system. The Ayurvedic assessment may further consider the role of Doṣa Dushti, Agni Dushti, Āma and Srotas dysfunction.

The treatment regimen consisted of Varuṇādi Kaṣāya, Punarnavādi Maṇḍura, Gomūtra Harītakī, Neph-X Tablet and Eraṇḍa-Bharsta Harītakī, together with dietary modification. Following 21 days treatment, serum creatinine and serum urea showed substantial improvement. The improvement in serum sodium was also observed, while the change in serum potassium was relatively small.

The observed biochemical improvement is clinically important; however, a single case report cannot determine whether the improvement was caused by the Ayurvedic medicines alone. Other factors may have contributed, including the natural course of the illness, dietary modification, concurrent medications, fluid balance, changes in blood pressure, management of any underlying cause and other unrecorded interventions.

CONCLUSION

This case report describes a 45-year-old male patient with Vṛikka Vikāra-associated renal dysfunction, urinary frequency, bilateral pedal Oedema, facial puffiness and exertional breathlessness. After 21 day's of individualized Ayurvedic treatment and dietary modification, marked improvement was observed in serum urea and serum creatinine, along with improvement in serum sodium.

The case suggests that individualized Ayurvedic management may have a potential role in the comprehensive management of selected patients with renal dysfunction. However, the findings should be interpreted cautiously because this is a single case report with a short follow-up period, no control group and incomplete renal outcome data. Well-designed prospective clinical studies with standardized interventions, appropriate safety monitoring, quantitative albuminuria assessment, eGFR monitoring and long-term follow-up are needed.

Informed Consent

Written informed consent should be obtained from the patient for publication of the case report and relevant clinical information. The patient's identity should be protected, and the name "XYZ" should be used.

REFERENCES

1. *Kidney Disease: Improving Global Outcomes (KDIGO). KDIGO 2024 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney International. 2024.*
2. Acharya M, et al. *Integrative Approach to Mutravaha Srotas Dushti in Vrikka Vikara: A Case Report on Chronic Kidney Disease. Journal of Applied Science and Education. 2026.*
3. Acharya M, et al. *Potentially Controlling the Progression of Chronic Kidney Disease by Ayurvedic Integration: A Case Study with Special Reference to Vrikk Vikar and Mutrouksaad. International Journal of Ayurveda and Herbal Research.*
4. Acharya M, et al. *Ayurvedic Management of Chronic Kidney Disease (Vrikka Vikara): A Case Study. International Research Journal of Ayurveda & Yoga. 2026.*