

MANAGEMENT OF SERUM CREATININE LEVELS IN CHRONIC KIDNEY DISEASE: A CASE REPORT

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ABSTRACT

The progressive decrease of renal function over time is known as chronic kidney disease (CKD), and it causes significant challenges for the global healthcare system. With further worsening of the disease, eventually patients are left primarily with only two options- dialysis and a kidney transplant. In the current scenario, not all patients can afford the cost of dialysis and kidney transplants; thus, it is essential to comprehend the principles of Ayurveda to halt disease progression and improve the quality of life of the patient, enabling them to carry out their daily activities comfortably. Ayurveda views chronic kidney disease (CKD) as an *Upadrava* (complication) of disorders of the urinary system. This case report highlights the positive observations in a patient with CKD post Ayurvedic treatment. He recommended Ayurvedic proprietary medicines along with dietary changes. It was observed that the patient's serum creatinine levels improved by 59% over 3 months. His other presenting complaints, like bilateral pedal oedema, appetite and nausea, were also completely relieved upon.

Keywords: Chronic Kidney Disease, Serum Creatinine levels, Serum Uric acid levels, *Mutravaha Srotas Vikara*, Kidney transplant, Ayurvedic proprietary medicine.

INTRODUCTION

Impaired kidney functions mark chronic kidney disease (CKD) for more than 3 months, or in other words it may be defined as the kidney condition with glomerular filtration rate (GFR) <60 mL/min per 1.73 m², raised biomarkers (i.e., albuminuria, urine sediment abnormalities, electrolyte imbalance, histological abnormalities, structural abnormalities, and kidney transplant histories)¹. A gradual decline in the functioning of the kidneys is often observed, which eventually may lead to renal replacement therapies, including dialysis or transplantation². CKD profoundly impacts affected beings both socially and economically. Procedures like dialysis, transplantation and immunosuppressive drugs post-transplantation all contribute to a hefty sum that drains the affected individual, especially from the lower socio-economic class³. In contrast, the conventional approach aims to provide a quality life to the patient at an affordable cost. The present case report describes the efficacy of the traditional Ayurvedic approach in a CKD patient by lowering serum creatinine and uric acid levels and improving quality of life by reducing the presenting chief complaints.

Patient Information:

A 34-year-old male came to the out-patient department (OPD) of KRM Ayurveda, Tarun Enclave, New Delhi, having UHID No- KRM00/25-26/37 with the complaints of a deranged biochemical profile, having raised creatinine and urea levels. He was pre-diagnosed with chronic kidney disease (CKD) and Hypertension for 8-9 months. The patient had presented complaints of swelling on the bilateral legs with pitting oedema for one month. The patient also experienced a nauseated feeling on and off for the last month. He had a low appetite. The patient had also undergone a kidney biopsy dated 22.05.2024, showing chronic Thrombotic Micro-Angioplasty (TMA). The patient was on allopathic medication for Hypertension. He was advised to undergo kidney transplantation by the previous consultant, and he was also willing to undergo the same. He had a waiting period of 2 months before initiation of the transplantation process. The patient came to KRM Ayurveda to seek Ayurvedic management during the gap in time.

Patient had the following chief complaints at the time of his 1st visit to the KRM Ayurveda OPD, along with their severity as mentioned in Table 1-

Table 1: Chief complaints of the patient

Symptoms	Severity
Pitting oedema in Bilateral legs	3+
Reduced appetite	2+
Froth in urine	3+
Nausea	1+
Bowel	Irregular

Medication History:

Patients were on the following medications for the last 8 months, as mentioned in Table 2-

Table 2: Medication History of the patient

S.no.	Medication	Dose & Duration
1.	Tab Embeta XL 50	1 tab BD
2.	Tab Minipress XL	1 tab OD
3.	Tab Daparit 10	1 tab BD
4.	Tab Cilacar 10	1 tab BD
5.	Tab Nodosis	1 tab OD

Examination:**General Examination-**

At the time of primary assessment-

- a. Height: 165 cm
- b. Weight: 72 kg
- c. B.P.: 150/194 mmHg
- d. PR: 67 /min
- e. CVS: S1S2 normal

Ashtavidha Pareeksha-

Nadi- VaataPittaja

Mala- Baddha (Hard stools)

Mootra- Alpamootra, Phenila

Jihva- Saama

Shabda- Spashta

Sparsha- Anushnasheeta

Aakriti- Madhyam

Drika- Pichichil

Material and Methods:

In Ayurveda, Chronic Kidney Disease (CKD) is not mentioned separately as a disease, but the signs and symptoms of CKD closely resemble those of *Mutra vaha srotasa vikara*. Among these, *Mutrakriccha* is most closely related in terms of symptom similarity. Hence, the *Shaman* treatment was planned and given accordingly.

Therapeutic Intervention:

The treatment plan and administration for the patient are outlined in Table 3 below.

Table 3: Treatment plan of the patient

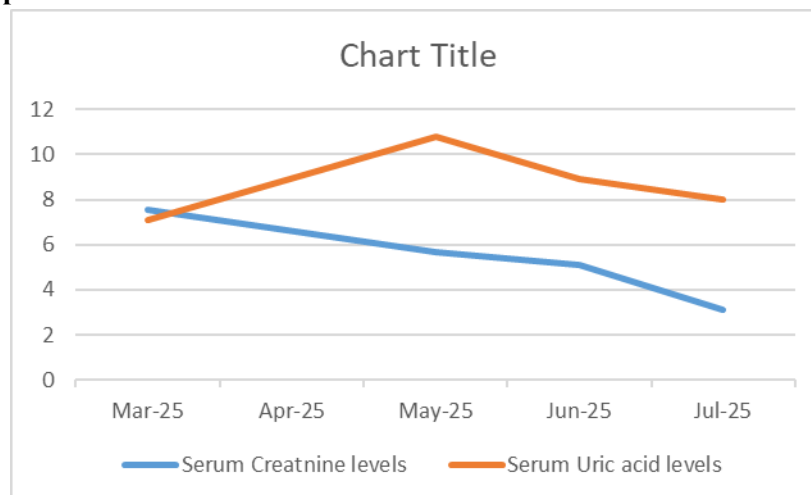
Type of Treatment	Drug, Dose & Adjuvant			
	At 0 [05.04.25]	At 1 st follow-up [07.05.25]	At 2 nd follow-up [16.06.2025]	At 3 rd follow-up [23.07.2025]
Shamana	1. Tablet Karma T-Renal Plus 2-tab TDS A/M with lww	1. Tablet Karma T-Renal Plus 2-tab TDS A/M with lww	1. Tablet Karma T-Renal Plus 2-tab TDS A/M with lww	1. Tablet Karma T-Renal Plus 2-tab TDS A/M with lww
	2. Tablet Karma U Clear D 2-tab BD A/M with lww	2. Tablet Karma U Clear D 2-tab BD A/M with lww	2. Tablet Karma U Clear D 2-tab BD A/M with lww	2. Tablet Karma U Clear D 2-tab BD A/M with lww
	3. Tablet Shothnil 2-tab BD A/M with lww	3. Tablet Shothnil 2-tab BD A/M with lww	3. Tablet Shothnil 2-tab BD A/M with lww	3. Tablet Shothnil 2-tab BD A/M with lww
	4. Tablet Karma KFT 1 tab BD A/M with lww	4. Tablet Karma KFT 1 tab BD A/M with lww	4. Capsule KRM HTM Go one cap BD A/M with lww	4. Capsule KRM HTM Go one cap BD A/M with lww
	5. Syrup Karma Nephro Plus Ark 20ml BD A/M with equal water	5. Syrup Karma Nephro Plus Ark 20ml BD A/M with equal water	5. Syrup Karma Nephro Plus Ark 20ml BD A/M with equal water	5. Syrup Karma Nephro Plus Ark 20ml BD A/M with equal water
	6. Capsule KRM HTM Go one cap BD A/M with lww	6. Capsule KRM HTM Go one cap BD A/M with lww	6. Tablet Karma K-Pure 2-tab BD A/M with lww	6. Tablet Karma K-Pure 2-tab BD A/M with lww
		7. Tablet Karma K-Pure 2-tab BD A/M with lww	7. KRM RenPlus Ultra Kwatha 20ml OD	7. KRM RenPlus Ultra Kwatha 20ml OD

Observations and Results:

Kidney transplant planned for the patient was postponed as the patient's general health improved. Improvements were observed both clinically (improvement in appetite, nausea and disappearance of pitting oedema) as well as in

the lab values (reduced serum creatinine levels and serum uric acid levels) in a period of 3 months, as depicted in Graph 1 [Reports shown in Picture 1, Picture 2, Picture 3 & Picture 4].

Graph 1: Reduced Serum Creatinine and Serum Uric acid levels over time



Complaints of itching on the bilateral hands, legs, and back also appeared in the patient after 10 days of starting the treatment. It gradually resolved after adding medication for the same. Additionally, the patient

discontinued taking Tab Embeta XL 25 and Tab Minipress XL after 2 months of treatment. The observed values/results are mentioned below in Table 4 –

Table 4: Result at 0^{1st}, 2nd and 3rd follow-up of the patient

Parameters	At 0 [05.04.25]	At 1 st follow-up [07.05.25]	At 2 nd follow-up [16.06.2025]	At 3 rd follow-up [23.07.2025]
Lab Values	Reports on- [19.03.25]	Reports done on- [05.05.25]	Reports done on- [09.06.25]	Reports done on- [21.07.25]
Serum Creatinine	7.55 mg/dl	5.65 mg/dl	5.11 mg/dl	3.13 mg/dl
Serum Uric Acid	7.10 mg/dl	10.80 mg/dl	8.90 mg/dl	8.02 mg/dl
Symptoms	At 0 [05.04.25]	At 1 st follow-up [07.05.25]	At 2 nd follow-up [16.06.2025]	At 3 rd follow-up [23.07.2025]
Pitting edema	3+	2+, Pitting absent	1+, Pitting absent	Absent
Appetite	1+	2+	Adequate	Adequate
Nausea	1+	Absent	Absent	Absent
B.P.	150/100 mmHg	Not recorded	126/79 mmHg	134/86 mmHg

DISCUSSION

The patient was treated according to the guidelines for *Mutravaha Srotasa Vikara*. The rationale behind the medicines given to the patient was to strengthen the *Mutra vaha srotasa*; hence, the treatment was planned to improve both the patient's clinical symptoms and the deranged kidney profile.

Tablet T. Renal KFT contains herbal ingredients such as Gokshura (*Tribulus terrestris*), which possesses diuretic and anti-inflammatory properties, Giloy (*Tinospora cordifolia*), exhibiting nephroprotective activity, and Bimbi (*Coccinia indica*), reported to lower serum creatinine levels and show nephroprotective action⁴.

Tablet U-Clear-D is an effective Ayurvedic proprietary medicine containing herbs such as Shuddha

Guggulu (*Commiphora mukul*) and Suddha Shilajit (*Asphalatum punjabianum*), which possess Mutral properties. It reduces fluid retention in the body and protects the kidneys from damage caused by toxins, heavy metals, and other harmful substances⁵.

Tablet Shothnil contains herbs that target inflammation present in the body. Ingredients like *Triphala*⁶, *Chitrak (Plumbago zeylanica)*⁷, *Punarnava (Boerhaavia diffusa)*⁸, and *Devdaru (Cedrus deodara)* contain excellent anti-inflammatory properties that may have helped relieve bilateral pedal oedema.

Capsule HTN Go is an Ayurvedic proprietary medicine for managing hypertension. Since the patient was hypertensive, it was administered to him. It contains herbs like *Sarpagandha (Rauwolfia serpentina)*, which reduces high blood pressure. *Jatamansi (Nardostachys jatamansi)* has also exhibited blood pressure-lowering activity in various clinical studies. *Brahmi (Bacopa monnieri)*, among others, also exhibits anti-hypertensive activity. It is reported to reduce systolic and diastolic blood pressures without affecting heart rate⁹. Owing to this, intake of other anti-hypertensive drugs like Tab Embeta XL and Tab Minipress XL was stopped.

The patient developed itching on the B/L hands, legs and back after 10 days of starting the *Shaman* treatment. The patient was prescribed Tablet Karma K-Pure, as it acts as a blood purifier, containing ingredients such as Giloy (*Tinospora cordifolia*), Shuddha Guggulu (*Commiphora mukul*), and Triphala, which helped relieve complaints of itching. Additionally, it is reported that using herbal medications that specifically target Rakta and Meda Dhatus is also essential for kidney nourishment¹⁰.

Initially, *Kwatha* was not administered to the patient as he had complaints of nausea. *Kwatha* intake may further worsen the complaint of nausea; hence, it was added once the complaint of nausea was relieved. Then, Tablet T Renal KFT was replaced by **Ren-Plus-Ultra Kwatha**.

Hence, proprietary medicines, which have properties such as anti-inflammatory, anti-hypertensive, and serum creatinine-lowering effects, as well as nephroprotective effects, were administered to the patient,

helping to manage the deranged kidney profile and clinically improve symptoms.

CONCLUSION

The patient was managed on the treatment principle of *Mutravaha Srotasa Vyadhi*. The medicines administered to the patient have shown promising results in terms of nephroprotective action, with a decrease in serum creatinine and uric acid levels. Additionally, the treatment helped the patient improve the quality of life, and the planned kidney transplant for the patient, which was scheduled before he visited KRM Ayurveda OPD, was averted.

REFERENCES

1. Webster AC, Nagler EV, Morton RL, Masson P. Chronic kidney disease Lancet. 2017; 389:1238–52
2. Solanki Akshaykumar Vinodbhai, Ramakant Katara, H. M. L. Meena. Ayurvedic Perspectives on Chronic Kidney Disease: A Review of Classical Wisdom and Contemporary Applications. AYUSHDHARA, 2024;11(6):324-330.
3. Patel, Manish V.1, Gupta, S. N.2; Patel, Nimesh G.3. Effects of Ayurvedic treatment on 100 patients of chronic renal failure (other than diabetic nephropathy). AYU (An International Quarterly Journal of Research in Ayurveda) 32(4): p 483-486, Oct-Dec 2011. | DOI: 10.4103/0974-8520.96120
4. Adarsh Suman, Hargovind Garg, Priyanka Namdeo, Parul Mehta. Pharmacological evaluation and Nephroprotective activity of coccinia indica leaves extract, Journal of Cardiovascular Disease Research, 2024, Vol 15, Issue 7, ISSN: 0975-3583, 0976-2833, Pg.No. 2174-2185.
5. K Kiran, Vijayendra G Bhat. Unveiling the efficacy of Shilajit in Urinary Disorders: A Conceptual Review. J Ayurveda Integr Med Sci [Internet]. 2025 Feb. 27.
6. Sireeratawong S, Jaijoy K, Soonthornchareonnon N. Evaluation of anti-inflammatory and antinociceptive activity of Triphala recipe. Afr J Tradit Complement Altern Med. 2012 Dec 31;10(2):246-50.
7. Shukla, B., Saxena, S., Usmani, S. et al. Phytochemistry and pharmacological studies of *Plumbago zeylanica* L.: a medicinal plant review. Clin Phytosci 7, 34 (2021).
8. Gharate, M., Kasture, V. Evaluation of anti-inflammatory, analgesic, antipyretic and antiulcer ac-

- tivity of Punarnavasava: An Ayurvedic formulation of *Boerhavia diffusa*. *Orient Pharm Exp Med* **13**, 121–126 (2013).
9. Natakorn Kamkaew, C. Norman Scholfield, Kornkanok Ingkaninan, Putcharawipa Maneesai, Helena C. Parkinson, Marianne Tare, Krongkarn Chootip, *Bacopa monnieri* and its constituents is hypotensive in anaesthetized rats and vasodilator in various artery types, *Journal of Ethnopharmacology*, Volume 137, Issue 1, 2011, Pages 790-795, ISSN 0378-8741.
10. Solanki Akshaykumar Vinodbhai, Ramakant Katara, H. M. L. Meena. Ayurvedic Perspectives on Chronic Kidney Disease: A Review of Classical Wisdom and Contemporary Applications. *AYUSHDHARA*, 2024;11(6):324-330.

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