1. Introduction

Chronic kidney disease (CKD) encompasses a spectrum of different pathophysiologic processes associated with abnormal kidney function, and a progressive decline in glomerular filtration rate (GFR). Provides a widely accepted classification, based on recent guidelines of the National Kidney Foundation [Kidney Dialysis Outcome Quality Initiative (KDOQI)], in which stages of CKD are defined according to the estimated GFR.

The term Chronic Renal Failure applies to the process of continuing significant irreversible reduction in nephron number, and typically corresponds to CKD stages 3-5. The pathophysiologic processes and adaptations associated with chronic renal failure will be the focus. The dispiriting term end-stage renal disease represents a stage of CKD where the accumulation of toxins, fluid, and electrolytes normally excreted by the kidneys results in the uremic syndrome. This syndrome leads to death unless the toxins are removed by renal replacement therapy, using dialysis or kidney transplantation.

It is important to identify factors that precipitate risk for CKD, even in individuals with normal GFR. Risk factors include hypertension, diabetes mellitus, autoimmune diseases, and older age, a family history of renal disease, a previous episode of acute renal failure, and the presence of proteinuria, abnormal urinary sediment, or structural abnormalities of the urinary tract.

CKD not only increases the mortality and morbidity due to its vascular complications resulting in cardiovascular-cerebrovascular events and CKD progression to end-stage kidney failure; but also because of its adverse impact on the economy of the country.

This is now almost a global phenomenon and not restricted to India alone. Considering that prevalence of CKD in India, is noted to be 13.8% which itself is very high; early detection, evaluation and preventive management will be the key to delay progression and to prevent adverse outcomes. In India ~ 90% patients cannot
afford the cost. Over 1 million people worldwide live on dialysis or with a functioning graph shows incidence of CKD has doubled in the last 15 years.¹

**Epidemiology:-**

The prevalence study of CKD patients shows ~ .8% by society. It is also recognized that the burden of CKD is not limited to its implications but has major part on the overall population health. Indeed, patients with defective kidney functions, the population is not only at risk for progression of end stage renal disease (ESRD) but also at a greater risk of cardio vascular disease of CKD.

Although till date, the government did not recognize CKD / ESRD as a significant health problem in India but however some illustrative activities in connection to CKD bring attention of the media and policymaker to this major health ailments but still deprived group of diseases, the government has initiated process by which it is planning to establish good renal health care. Thus the overall conclusion suggests screening of high risk individuals for CKD is necessary for good prevention.

The CKD is hidden epidemic in chronic diseases. There is epidemiological transition taking place in India with decline in communicable diseases but the burden of chronic disease. Still persists India has been described as a Diabetic capital of the world. Every fifth diabetic individual in the world is Indian. Hypertension is not too far behind.

So it is the need of hour to have an early detection method or a preventive regime for CKD.

**Selection of Topic:**

Ayurveda does not individually suggest the causes and treatment for CKD. The morbidity of the diseases is grave. The treatment cost is also a burden for common man.

The CKD patients treated with Ayurveda may prolong dialysis or reduce its frequency. It also maintains the stage without further damage. This enhances their quality of life through Ayurveda.

¹ Large scale population studies oxford journal – medicine- nephrology dialysis transplantation volume 21 issues Page No 232-233.21 issues Page No 232-233.
The Anukta vyadhi methodology is to know causes, origin, sthanas & lakshanas. The CKD can be studied with these baselines to define precise causes for pathogenesis (dosha dushti) as well the preliminary symptoms are important to maintain the disease at primary level rather than leading in to end stage. Thus it will aid in prevention and avoid further multisystem involvement. However these aspects will help in understanding diseases with cause, pathogenesis & complications. Thus Ayurveda perspective will help in assessing CKD for treatment and to control further progress of diseases towards ends stage.

The Anukta Vyadhi concept of Ayurveda can be implemented to deal with the symptom complex of CKD. The CKD being the upcoming major health hazard an overview is needed in the field of preventive and control on a good renal health. Preventive control and care of CKD right at the primary stage is possible through Ayurveda perspective.

The study of CKD in retrospective way highlights the significance of hetu and dosha vitiation. The correlation between hetus & dosha established with the help of Aharia, Viharia, Manasa, Vyadhi hetu etc. The hetu and dosha correlation with sthanashanshraya is also important. The dushit dosha and its involvement can be observed. The strotos dushti and the lakshana are observed to understand the Strotas involvement in CKD.
1. **Aim and Objective:**
   - To study hetu, lakshana & samprapti of CRF with Ayurvedic perspective.

**Materials:**
Well diagnosed patient of CKD
On the basis of hematological & biochemical as well as radiological tool
- CBC
- Blood Urea
- Sr. Creatinine
- Urine study
- Sonographical evidence
- Qualitative parameters as mentioned in case paper

**Sample Size:**
- Number of patients – minimum 110 as per the rule of prevalence.
- Patients without dialysis & ongoing dialysis included.

**Inclusion:**
- Diabetes
- Hypertension
- Chronic glomerular nephritis
- Chronic interstitial nephritis
- Renal vascular CRF
- Vasculitis
- Nephrotic syndrome

**Exclusion:**
- Obstructive causes; urinary calculi, enlarged prostate
- Multiple myeloma
- Vesico urethral reflux
- Clinically non responding patients
Methodology:

Etiopathological study as per Ayurvedic aspects

- Hetu
- Lakshana – Presenting symptoms
- Samprapti