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A Conceptual Study of *Vrikka* and *Vrikkaroga* w.s.r. Chronic Kidney Disease: A Review

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Abstract: ***The primary goal of Ayurveda is illness elimination and the preservation of healthy persons' health. Mutravaha sroto vikaras are described in Ayurvedic literature. Acharya Vagbhata explains Mutravaha sroto vikara has been classified as Mutra Atipravritti and Mutra Apravritti, which is a unique contribution. Mutra Atipravritti vikara, such as Prameha, and Mutra Apravrittija vikara, such as Asmari, Mutrakricchra, and others Mutraghata.Because the symptoms of Mutrakricchra and Mutraghata appear to be overlapping, Acharya Dalhana, Chakrapani, and Vijayarakshita have distinguished both entities. This distinction is due to the greater severity of "Vibhanda" or "Avarodha" (obstruction) in Mutraghata. Here Chronic Kidney Disease (CKD) encompasses a spectrum of different pathophysiologic process associated with abnormal kidney function. Manifested initially as a biochemical abnormality eventually the excretory, metabolic and endocrine dysfunctions of the kidney leads to the development of clinical symptoms and signs of renal failure, which are referred to as uremia. The disease, which begins in the kidney, spreads to all of the body's systems and tissues, eventually killing the patient. Chronic Kidney Disease is a global danger to health in general, and particularly to poor nations, because treatment is costly and must be sustained indefinitely.***

Keywords: Vrikka, CKD, Mutravaha Srotas, Vrikka Roga

I. INTRODUCTION

Some diseases are common today and have many consequences. Chronic kidney disease is one such disease. CKD has become the most persistent disease due to multiple variables such as age over 65 years, type 1 and type 2 diabetes, family history of kidney disease, autoimmunity, systemic infections, and urinary tract infections/stones. Urinary tract obstruction, recovery from acute kidney injury and hypertensive patients NSAIDs, analgesics/heroin, neoplasia and low birth weight are all examples of drug abusers. Decreased renal mass for examination, etc. *Vrikka* is analogous to a kidney in modern science. The kidneys (*vrikka)* regulate the removal of waste from the bloodstream in the form of urine. *Vrikka* is the *Moolstha* of *Medovaha Srotas*. *Vrikkaroga* is viable because of the imbalance of *Shonita* and *Meda* when they arise from it. Renal Utraro can be combined with the diseases mentioned in this study and their general symptoms. *Ayurvedic* treatments are mentioned. The main role of *Mutravaha Srotas* is the production of *Mutra*. *Mudra* is used to remove liquid secretions. It mediates the *Kleda tatwa* of the body, so that "*Mutrasya Kleda Vahanam* is a type of *mutrasya*. It is the *Mutra* that fills the *Basti (Basti Purana*) and equips the *Basti* with *Mardavata* or *Mrudutwa*. *Udaka* or *Kleda*, whichever they may be in the *Mutravaha Srota*, the mudra formed after digestion is further transformed or metabolized. So "*Srotamsi khalu Parinama mapadyamananam Dhatunam abhivaheeni" (Srotamsi khalu Parinama mapadyamananam Dhat* "can be understood here. To explain the urinary system Acharyas used expressions like *Vrikkou, Gavini, Basti, Mutra praseka, Mutravabha Mutra kleha, Mutravabha* Additional *kleha* separated of *udaka* in *Basti Shareera* is known as *Mutra.Kleda* comes from two sources.*Kosta/Amashaya* and *Shareeragata kleda* are their names. "*Kittamannasyavin Mutram*", a disgusting dish we ate. The liquid component of the liquid we swallow is absorbed into the system, and most of what we swallow is liquid. *Rasakleda, Sonitakleda, Mamsakleda, Dhatukleda, Srotokleda* and other words clearly refer to the generation and occurrence of *Kleda* at different tissue levels of the body. Disease that begins in the kidneys continues to affect all body systems and tissues, leading to death. CKD is a global threat to health in general and developing countries in particular, as treatment is expensive and should be continued throughout life. Renal failure is a kidney disease characterized by a significant decrease in the glomerular filtration rate (GFR) [1]. It is a growing problem and the largest unreported cause of premature death in middle and low-income countries. Renal failure causes significant fluctuations in creatinine, urea nitrogen, serum potassium and excessively elevated blood salt concentrations. Modern treatments for kidney failure in allopathy include kidney transplantation, peritoneal dialysis and hemodialysis. These drugs and treatments are extremely expensive and unaffordable for people in low- and middle-income countries.

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Ayurveda is a traditional method in India that has been used since ancient times to treat many diseases without side effects. *Mutraghat/Mutravahastrotas* (obstructive and oppressive) is characteristic of chronic kidney disease. According to *Ayurveda*, it weakens kidney function. This disease is caused by an imbalance of the three *doshas*, namely *Vata*, in the body. Modern treatments for kidney failure in allopathy include kidney transplantation, peritoneal dialysis and hemodialysis. These drugs and treatments are extremely expensive and unaffordable for people in low- and middle-income countries. *Ayurveda* is a traditional method in India that has been used since ancient times to treat many diseases without side effects. *Mutraghat/Mutravahastrotas* (obstructive and oppressive) is characteristic of chronic kidney disease. According to Ayurveda, it weakens kidney function. This disease is caused by an imbalance of the three *doshas*, namely *Vata*, in the body.

II. METHODS

References related to *Vrikkaroga* and Chronic kidney disease were searched and relevant literature was reviewed from *Samhitas*, Modern books and Journal articles. Available commentaries of present era are also reviewed. All reviewed literature was critically analysed and well organized to prepare the manuscript.

A. Conceptual Review

The conceptual part consists of a historical overview followed by an etymological derivation of *Basti*, its understanding in *Ayurveda*, *Mutra* and *Mutrautpati* according to *Ayurveda* and related sciences. The diagnosis of the disease is divided into 3 headings *Adhistana antarani, Vikara prakruti* and *Samuthana vishesha. Vikara prakruti* refers to the symptoms of the disease on the basis of which the diagnosis is made. *Pratyatma lakshana* is found in *Lakshana samucchaya*. The diagnosis is made along with other *samanya lakshanas. Ayurvedic* classic on *Mutra vikara* divided into two groups, *nagu Mutra atipravratti* and *Mutra apravratti vikara*. *Mutra atipravratti vikara* contains Acharya *Vagbhata poganda Vimshati Pramehat* and *Mutra apravratti vikara* contains *Vimshati Mutraghatat.*

S.NO	*NIDANA PANCHAKA*	
1.	*HETU* (Etiological Factors)	*Ativyayama,Teekshna,Aushadha,Ruksha-madya-prasanga,Nitya-druta-prishtayana,Anupamatsya,Adhyashana and Ajeernasshana ,Streesevana.,*
2.	*POORVARUPA:*	*Nidranasha,Vanhimandyata,NetraShotha,Aasyashada.Nadistabdat Naadivega,Nadi Ushnatwa, Roukshyata.* All *Lakshanas* are indicative of vitiation *Vata* and *Kapha.*
3.	*ROOPA*	*Chardi, Shotha, Shirashoola, Pedal, Shirashoola , Jwara , Raktahrasa , Panduvarnatwak , Swedabhava , Twacha Roukshya , Agnimandhya, Peeda Kattayam, Udara Peeda , Vrukkadesha Peeda , Nadi nyuna, Nadi Vegata , Bindurupa Mutra ,Peedayukta and Ushna Mutra*
4.	*SAMPRAPTI*	Due to increased intake of excessive *Tridosha Prakopa Ahara Vihara,* there will be V*ikruti* in the formation of *Prakruta Mutra.* By this, the *Karma* of *Mutra* i.e. *Kledavahana* is hampered. This excess *Kleda* by residing in the body vitiates the *Vayu(Apana Vayu)* in the *Basti*. This Vitiated *Vayu* takes *Sthanasamshraya* in *Vrukka* and *Mutravaha Srotus*. Vitiated *Apana Vayu* moves upward i.e. takes *Pratiloma Gati* and causes A lot of diseases like *Mutraghata, Prameha, Rakta Doshti, Shukradosha & Mutradoshas.* If the *Amshamsha Kalpana* of *Doshas* responsible for the formation of disease is done, it is evident that the *Kledata* of *Kapha, Rukshta* of *Vata* and *Ushmata* of *Pitta* are increased simultaneously. The food which is predominantly *Snigdha, Guru* and *Madhura* increases the *kledata* of *Kapha*. Regarding the *Vata dusti*, it is very clearly seen that, the increased *Ruksha* and *Sheeta Guna* is the main cause in pathogenesis. *Ruksha guna* is increased by the aetiological factors such as *Ruksha Madyapana* etc. The *Shoshana Kriya* is invariably an effect of *Rukshta. Apanavata* is the *Sthanik* Dosha involved, which is provacated locally at *Basti* by its *Nidanas* such as *mutra Vega dharana* etc. It is difficult to analyse the role of *Pitta* in the *Samprapti* of *Vrukka Roga* based on the *Nidanas* mentioned in the classics. However it is evident that *Ushma Guna* of *Pitta* is responsible for the formation of *Vrikka Roga.*

B. Stages 1 & 2 CKD

Decreased GFR, Renal parenchymal disease, Poly cystic disease, Glomerular nephritis Parenchymal and vascular diseases

C. CKD Progresses to Stages 3 & 4

1) Organs affected
2) Anemia
3) Associated with Easy fatigability; decreasing appetite with progressive malnutrition
4) Abnormality in calcium, phosphorus, mineral regulating hormone, Parathyroid hormone
5) Sodium, potassium, water, and acid-base homeostasis

D. Progresses to Stage 5 CKD

Disturbance in Nutritional status. Water and electrolyte homeostasis.

III. DISCUSSION

In *Vikaraprakruti*, the clinical presentation of the patient can be *Mutraoukasda* i,e Anuria, *Mutrakshaya* i.e Oliguria, Shota i.e, Renal oedema, *Asadhyapandu* i.e, advanced stage of Anemia, *Sannipatajachardi* i.e, Uremic vomiting. *Mutraoukasda* occurs due to *Avarana* by *pitta* or *kapha* that can be co-related to Post infectious glomerulonephritis and Diabetic nephropathy respectively. *Mutrakshaya* occurs due to secondary illness like Systemic hypertension, SLE and Hyperuricemia, Amyloidosis, Pyelonephritis, Renal tuberculosis can be co-related with *Shonitaabhishyanda, Asadhyavatarakta, Ama, Abhyantaravidradhi* and *Raktaja mutrakricchra*. If the patient progresses to stage 5 CKD, toxins accumulate such that patients usually experience a marked disturbance in their activities of daily living, well-being, nutritional status, and water and electrolyte homeostasis, eventuating in the uremic syndrome. This state will culminate in death unless renal replacement therapy (dialysis or transplantation) is instituted.

IV. CONCLUSION

CKD has multitudes of etiologies and form a vast clinical spectrum of symptomatology. Due to this reason elucidating the causation becomes difficult. In *Ayurveda*, the disease has not been singly explained but references of its clinical features have been depicted in multiple disease presentations. *Mutradosha* is one such clinical entity which could encompass the diseases of the kidney. In ancient times since biometric evaluations were absent, clinical presentation were the red flags to diagnose *Anuktavyadhi*. In present scenario there are a vast armamentarium of biochemical tests including blood, urine and clearance tests which are helpful in early identification, proper assessing of course, prognosis of the illness and response to treatment.

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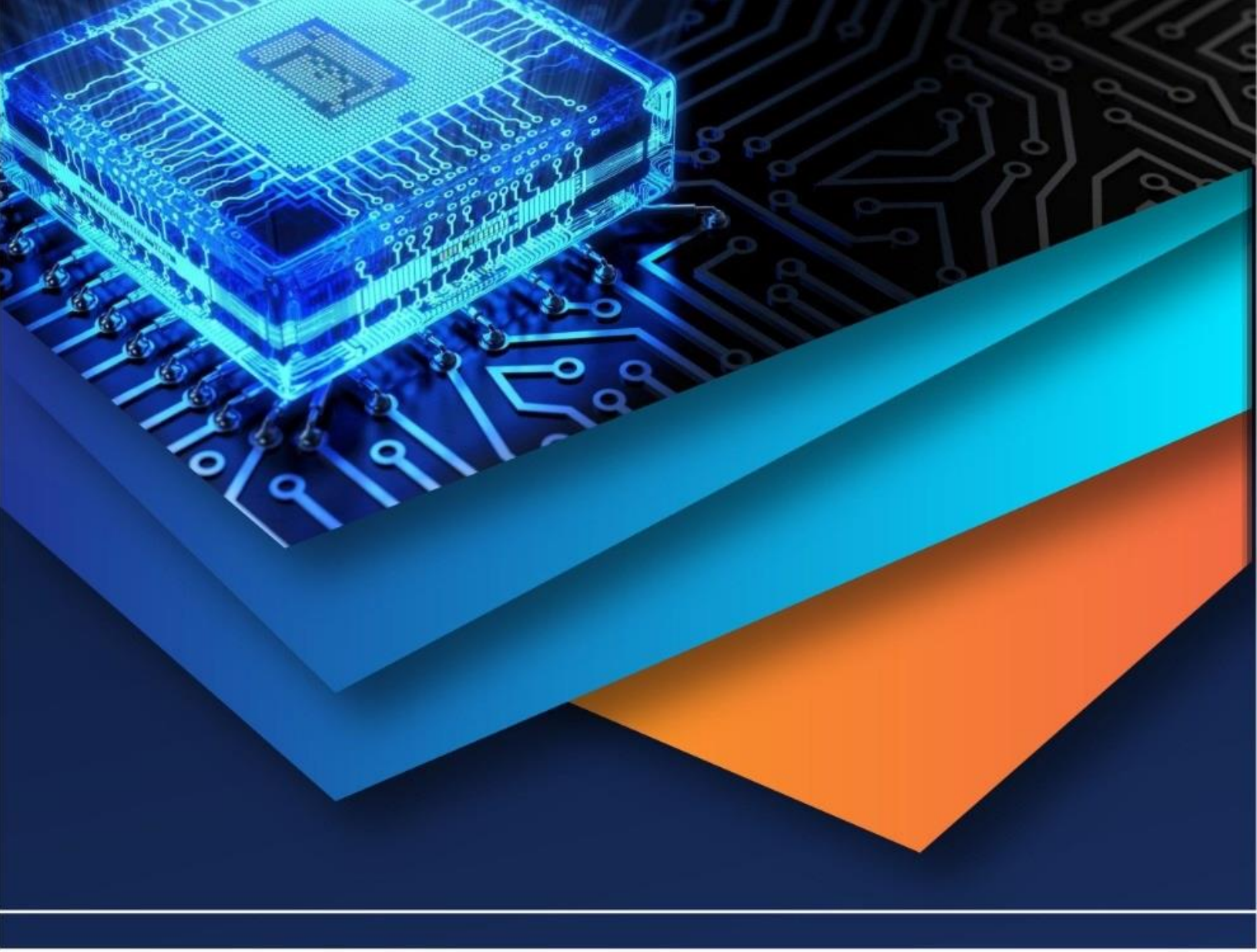

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