

Neo Ayurvedic Management Of Pediatric Congenital End-Stage Renal Disease: Rapid Clinical And Biochemical Recovery With Miracle Drinks Protocol And Defined Diet – A Case Report

Dr. S. M. Raju, IAS (Retd)

*Inventor of Herbal Formulations for Chronic Diseases Founder – Miracle Drinks Neo Ayurveda
No. 11, RBI Colony, Anand Nagar, Bengaluru – 560024, India. Email: smraju777@gmail.com*

Keywords: Pediatric ESRD, MPGN, Neo Ayurveda, renal regeneration, Miracle Drinks, integrative medicine.	Abstract Background: End-stage renal disease (ESRD) in children is a severe and debilitating condition, typically managed with lifelong dialysis or kidney transplantation. Membranoproliferative glomerulonephritis (MPGN) is a rare cause of pediatric ESRD with poor prognosis. Alternative strategies for renal regeneration remain limited. Case Presentation: We report the case of an 11-year-old boy with biopsy-proven MPGN and ESRD, on maintenance hemodialysis (MHD) for six months. The patient presented with fever, vomiting, headache, seizure, and altered sensorium, requiring full-time caregiver support and was unable to walk. Intervention: The patient was treated with a proprietary Miracle Drinks Neo Ayurveda protocol (S3, S4, S5, S6, S8) developed by Dr. S. M. Raju, along with a defined diet. The formulations included Gastro Support, Liver Health Support, Renal Support, Cardiovascular Support, and EdemaEx powder, all AYUSH-licensed and FSSAI-approved. The diet emphasized prebiotics, flax-based nutraceuticals, vegetable leaching, and reduced salt and protein intake. Outcomes: Biochemical parameters improved significantly: serum urea decreased from 115.56 to 72.76 mg/dL, creatinine reduced from 2.36 to 1.38 mg/dL (within reference range), sodium normalized from 133 to 139 mEq/L, and bicarbonate improved from 9 to 15 mEq/L over two months. Clinically, fatigue resolved within one week, mobility returned within one month, and the child resumed school and household activities by two months. Conclusion: This case demonstrates the potential of Neo Ayurveda in improving renal and systemic metabolic function in pediatric ESRD secondary to MPGN. Further systematic trials are warranted to validate these findings.
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Introduction

End-stage renal disease (ESRD) in pediatric patients represents one of the most challenging scenarios in nephrology, with high morbidity and mortality. Membranoproliferative glomerulonephritis (MPGN) is a rare but severe cause, often progressing to ESRD despite immunosuppressive therapy (D'Agati et al., 2012; KDIGO, 2012). The prognosis in children is particularly poor, with many requiring lifelong dialysis or transplantation. Conventional management includes maintenance hemodialysis (MHD) and transplantation, but both approaches are associated with complications and limited quality of life. Alternative

integrative approaches, particularly those that target cellular regeneration, gut microbiome modulation, and microcirculation, are being explored.

Neo Ayurveda, a proprietary system developed by Dr. S. M. Raju, integrates classical Ayurvedic wisdom with modern concepts of chaperone proteins, prebiotics, antioxidants, and microcirculation support (Raju, 2025). This report documents a pediatric ESRD case showing remarkable clinical and biochemical recovery within two months using this protocol.

Case Presentation

- **Patient:** 11-year-old male, Beeraralingaih.
- **Diagnosis:** Biopsy-proven MPGN in native kidneys (NKD) leading to ESRD.
- **History:** On MHD for six months via left brachiocephalic arteriovenous fistula (L-BCAVF).
- **Admission (19 April 2024, Victoria Hospital, Bangalore):** Presented with fever, vomiting, headache, seizure, altered sensorium, persistent weakness, bedridden state, unable to attend school, requiring caregiver support.

Baseline Laboratory Investigations (13 June 2025):

- Urea: 115.56 mg/dL
- Creatinine: 2.36 mg/dL
- Sodium: 133 mEq/L
- Chloride: 111 mEq/L
- Bicarbonate: 9 mEq/L
- Random glucose: 55 mg/dL

Therapeutic Intervention

Treatment initiation: 8 July 2025.

Neo Ayurveda Formulations Administered:

- **Gastro Support (S6):** Nimba, Bilwa, Jambu, Bibhitaki, Gokshura, Haritaki, Ashwagandha, Karanja, Chirayata, Guduchi.
- **Liver Health Support (S4):** Nimba, Arjuna, Bilwa, Vibhitaki, Gokshura, Ashwagandha, Haritaki, Chirayata, Bhringaraj.
- **Renal Support (S5):** Nimba, Arjuna, Gokshura, Haritaki, Ashwagandha, Karanja, Chirayata.
- **Cardiovascular Support (S3):** Nimba, Arjuna, Bilwa, Jambu, Bibhitaki, Brahmi, Amalaki, Gokshura, Haritaki, Ashwagandha, Karanja, Chirayata.
- **EdemaEx Powder (S8):** Shatavari bhed, Dalchini, Ashwagandha, Kawach, Shareefa, Dhanyaka.

Dosage: Morning and evening – S4, S5, S6 (7.5 mL each) + 2.5 g EdemaEx in water. Afternoon – S3 + EdemaEx.

Defined Diet:

- **Avoid:** Excess salt (>1 g/meal), sweets, fried/processed foods, dairy, alcohol, red gram, horse gram, bananas, minor millets.

- Include: Garlic, ginger, fenugreek (prebiotics), leached vegetable juice, flax-based nutraceutical drink (7.5 g flax seeds, 7.5 g flax oil, 50 g curd), leafy vegetables (40–60%), moderate cereals (25–30%), baked fish/chicken ($\leq 20\%$), mushrooms.

Outcomes

After 1 Month (11 Aug 2025):

- Urea reduced to 74.90 mg/dL
- Creatinine reduced to 1.52 mg/dL
- Sodium normalized to 140 mEq/L
- Chloride increased to 115 mEq/L

After 2 Months (17 Sept 2025):

- Urea reduced to 72.76 mg/dL
- Creatinine reduced to 1.38 mg/dL (within normal range: 0.72–1.40 mg/dL)
- Sodium stable at 139 mEq/L
- Potassium 4.1 mEq/L
- Bicarbonate improved to 15 mEq/L

Clinical Improvements:

- **Week 1:** Fatigue resolved; patient alert.
- **Month 1:** Independent mobility restored; resumed school; performed household chores.
- **Month 2:** Sustained improvement despite economic limitations (plain vegetarian diet with minimal fats).

Discussion

This case demonstrates rapid recovery in pediatric ESRD secondary to MPGN, an otherwise poor-prognosis condition. Improvements in urea, creatinine, electrolytes, and functional capacity suggest both renal and systemic benefits.

Possible Mechanisms:

1. **Chaperone protein stabilization:** Herbal formulations may act as molecular chaperones, correcting unfolded proteins and restoring mitochondrial function (Hartl et al., 2011).
2. **Gut microbiome modulation:** Prebiotic herbs and flax lignans enhance gut microbial activity, releasing essential metabolites for renal and systemic repair (Simopoulos, 2002).
3. **Microcirculation support:** Botanicals such as Arjuna, Brahmi, and Chirayata may improve renal blood flow and tissue oxygenation (Rastogi, 2010).
4. **Organ nourishment:** Extracts act as prebiotics, antioxidants, and adaptogens supporting nephron regeneration.

Limitations: As a single case, causality cannot be generalized. Controlled clinical trials are essential to validate these findings.

Patient Perspective

The child and family reported significant improvement in quality of life, with restored mobility, return to school, and independence after years of dependence.

Conclusion

This case provides evidence of clinical and biochemical recovery in pediatric congenital ESRD with MPGN, managed through Neo Ayurveda formulations and defined diet. These results highlight the potential for integrative, regenerative approaches in pediatric nephrology.

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