AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

A CASE REPORT ON AYURVEDIC MANAGEMENT OF HEMATURIA

Shreekant Mundada[1]*, Aswathy Dev S[2]
*[1]Associate Professor, [2]Assistant Professor, Department of Kayachikitsa, R.K University Ayurvedic College and Hospital, Rajkot, Gujarat, India.

Article info
Article History:
Received: 23-07-2026
Accepted: 20-08-2026
Published: 10-09-2026
KEYWORDS:
Hematuria, Proteinuria, *Pittaja Prameha, Ushnavata.*

ABSTRACT

Hematuria is a pathological condition characterised by the presence of red blood cells in the urine. They can be visible or detected only through microscopic examination. Hematuria as a symptom can occur in kidney related issues like glomerulonephritis, nephropathy, tumors and systemic causes such as hypertension and diabetes mellitus. In the present case, hematuria was the chief complaint of the patient and mild proteinuria was detected on testing. After a series of investigations and detailed history taking the condition was diagnosed as chronic urinary tract infection and combined treatment principles of *Ushnavata* and *Pittaja prameha* were adopted. Significant improvement was observed after 1 month of treatment and significant improvement in hematological parameters in 6 months. This work is an effort to emphasise the importance of proper diagnosis and investigations along with appropriate treatment principles for effective management.

INTRODUCTION

Hematuria refers to the presence of blood in the urine. It is an important clinical sign that indicates an underlying urinary tract or systemic pathology. Although hematuria is a very common symptom in daily practice a systematic universally accepted diagnostic evaluation has not yet been published[1]. Hematuria may have many causes including broad urological and nephrological pathologies, of the most common is lower urinary tract infection especially in the bladder. Urolithiasis is another differential diagnosis that is equally prevalent which should be ruled out through ultrasonographic evaluation[2]. Hematuria can be macroscopic or microscopic in nature. Macroscopic type of hematuria requires further investigation. Hematuria is said to be microscopic when microscopic examination reveals the presence of at least 2-3 RBC s from more than 3 urine samples. Hematuria can also be due to some physiological conditions followed by strenuous physical activity, recent medical intervention in the urinary tract, sexual contact, or menstruation. A clear and detailed history taking helps to rule out such conditions. If these physiological conditions cannot be established, investigations such as Inflammatory parameters, USG, RFT should be performed to rule out underlying pathology.[1]

In cases of chronic lower urinary tract infection low grade inflammation of the tract results in rupture of capillaries by which RBC are released into the urine. Chronic low-grade inflammation also results in increased permeability of the capillaries which allow the proteins in blood plasma to pass through them resulting in mild proteinuria[3]. When proteinuria is associated with hematuria primary glomerular disease should be suspected. In such cases level of urine albumin would be significantly high as above 300mg/dl. If it is mild proteinuria the underlying cause is low grade inflammation as a result of chronic LUTI[4].

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v13i4.2942
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

AIMS AND OBJECTIVES

To evaluate the effect of selected combination of drugs in chronic urinary tract infection.

Study Setting

The present case was diagnosed and treated in Kayachikitsa OPD of Ayurvedic College and Hospital, RK University.

Case Report

Basic Information of the patient

Age – 12, Sex- Female, Religion – Hindu, Socioeconomic status – Middle class family, Occupation – Student

Presenting complaints

Reddish discolouration of urine since 1 year.

H/O presenting Complaints

A 12-year-old girl with a lean physique, no significant past illness presented to the OPD with complaints of reddish discoloration of urine since the past year. There was no pain or discomfort during micturition and no history of any strenuous activity, medical interventions in urinary tract, sexual contact or menstruation during hematuria. There was no history of fever severe enough to hamper her daily activities. She noticed the symptoms casually and took modern consultation. A couple of investigations were performed which showed normal results except for mild proteinuria and significant number of RBCs and pus cells in urine. She was treated symptomatically but there was no relief in discolouration even after one year of internal medication. The girl also developed fatigue and was complaining of less weight gain according to her age. The girl was advised for renal biopsy which she was not willing to do and came here for detailed evaluation and management.

H/O past illness

No significant past illness.

Drug history

Modern medicines for the past one year.

Family history

Nothing relevant, no history of any autoimmune diseases running in the family.

Personal history

Bowel– regular, normal consistency, appetite– reduced, micturition– reddish discolouration of urine since one year, normal frequency- 3 to 4 times per day, no h/o any urgency or incontinence, sleep– normal, allergy- not yet detected, addiction– nil, exercise– day to day activities only

General Examination

Conscious, alert, oriented to time place and person, Built- lean, nutrition– moderate, facies– normal, gait– normal, PICCLE– absent, height– 128 cm, weight– 23 kg, BMI – 14 (underweight), PR- 80bpm, regular, rhythmic, full volume, HR- 80bpm 100/70 mmhg, regular, rhythmic, BP- right hand, sitting, RR- 14/min

Systemic Examination (Urogenital System)

Inspection– abdominal distension– absent, no visible scars or dilated veins, palpation– no tenderness or mass, renal angle tenderness absent, percussion– normal, auscultation – NAD

Investigations

Urine (04/06/2024)

General Examination

Blood – Present, sugar – absent, bile pigment – absent, urobilinogen – absent

Microscopic Examination

RBC – 40 -50

Pus cells – 15-20

Epithelial cells – 1-2

Protein – present

Crystals – absent

Bacteria – absent

Blood (04/06/2024)

Hb – 12.9, WBC – 7700, Monocytes – 46, Basophil – 0, Neutrophils – 48, Eosinophills – 5

Lymphocyte count – 3542, platelet – 340000

USG (Abdomen and Pelvis)

KUB – normal, NAD

Diagnosis

From clinical features and lab values following differential diagnoses were made

S.No	DD	Supporting factors	Opposing factors
1	Urolithiasis	RBCs plenty in urine	USG – KUB normal, LKG pain absent
2	Primary Glomerular disease	Proteinuria present	Urine Albumin level is < 300
3	Tumours	Chronic hematuria and proteinuria	USG – Findings negative
4	Coagulation disorders	Hematuria	PT INR was within normal range
5	Chronic Lower UTI	Pus cells – present, RBC – plenty	Nil

From history taking there was no history of any strenuous sports activity, medical interventions. Hematuria was also not associated with menstruation as per the patient. Thus, it was concluded that the patient is suffering from chronic UTI.

Ayurvedic Clinical Assessment

Dosa – Vata pitha

Dhatu – Rasa raktha

Mala – Mutra

Srotas – Rasavahasrotus, Rakthavaha srotus, Mutravaha srotus
Srotodushti –Sanga, Vimargagamana
Agni – Mandam
Desham – Jangala (Rooksham)
Udbhavasthanam – Amashaya
Vyakthasthanam – Vasthi

Treatment done

1. Tab. *Chandraprabha* 1-0-1 B/F
2. *Shatavaryadi ghrita* – 1 tsp (5g) bd B/F
3. *Churna* of *Yashtimadhu, Shatavari, Gokshura* and *Vidari* – 1g along with *Shatavaryadi ghrita.*
4. *Balachaturbhadra churna* – Along with *Shunti churna, Guduchi* and *Vidanga*- 1g 4 times a day without honey. B/F

RESULT

There was significant relief from symptoms after one month. Symptoms completely relieved within 6 months of internal medicines.

S.No	Investigations (Urine)	4/6/2024	11/3/2026
1	RBC	40 - 50	Absent
2	Pus cells	15 - 20	1 - 2
3	Epithelial cells	1 - 2	1 - 2
4	Protein	61	4
	Blood		
1	Serum Creatine	0.45	0.49
2	Lymphocyte	3542	3400

DISCUSSION

In the present case the chief complaint of the patient was hematuria since the last one year in spite of continuous internal medication. On detailed history taking all the physiological causes of hematuria were ruled out. On clinical assessment the *Dosa* predominance was evaluated to be *Vatapitha*, the *Desa* being *Jangala* contributing to *Vata pitta dushti*. As a result of continuous *Vegadharana* the vitiated *Doshas* got localised in *Vasthi* leading to the symptoms. From lab testing proteinuria was also detected. As the patient complained of lack of weight gain and her BMI also suggests underweight *Dhatukshaya avastha* should be considered here. Considering all these factors the diagnosis was made as *Ushnavata*[5], *Vata pitha* predominant type among *Mootraghata*[6]. Considering the poor nourishment and *Ksheena dhatu* of the patient, treatment principles of *Pittaja prameha* was also included in management. Reddish discolouration of urine closely related with *Manjishta varna* of *Mutra* in *Rakthameha*[6], a type of *Pittaja prameha*.

Treatment was aimed at controlling the infection, pacifying inflammation and nourishment. Hence combination of drugs possessing properties of *Vatapitha shamana, Deepana pachana brumhana*, Kriminashana specifically acting on *Mootravaha srotus* were selected. The drug *Chandraprabha* is proven for its specific antibacterial and anti-inflammatory activity especially in *Mootravahasrotus*[7]. The drugs *Shatavari*[8] *Gokshura*[9] and *Vidari*[10] were given in *Choorna* form along with *Shunti choorna* which act as *Deepana pachana. Shunti* is also known for its anti-inflammatory effect[11]. *Shatavaryadi ghrita*[12] specially mentioned in the context of *Mootramarga rakthapitha* was administered in *Shamana matra* which helps in *Brumhana* action as well as *Vatapitha samana*. It also performs *Brumhana* action which is the main treatment principle of *Pittaja praheha*. *Balachaturbhadra choorna*[13] was selected considering the age of the patient for improving the immunity.

CONCLUSION

The combination of all these drugs when consumed for a period of 6 months resulted in significant improvement in symptoms. Hence by detailed history taking, clinical and laboratory examination and wisely choosing medicines chronic pathological conditions can be managed effectively. This case study may help to adopt this combination of medicine in similar cases depending on the Avastha of the patient.

REFERENCES

1. Bolenz C, Schröppel B, Eisenhardt A, Schmitz-Dräger BJ, Grimm MO. The Investigation of Hematuria. Dtsch Arztebl Int. 2018 Nov 30; 115(48): 801-807. doi: 10.3238/arztebl.2018. 0801. PMID: 30642428; PMCID: PMC6365675.

2. Matulewicz RS, Meeks JJ. Blood in the Urine (Hematuria). JAMA. 2016; 316(14): 1508. doi:10.1001/jama.2016.47165
3. Hjelmager JS, Andersen K, Andersen TE, Stærk K. What is chronic urinary tract infection. A systematic review. BJU Int. 2025 Jul; 136(1): 12-18. doi: 10.1111/bju.16764. Epub 2025 May 6. PMID: 40326061; PMCID: PMC12134415.
4. Marques F, Reis J, Godinho I, Pereira M, Fernandes P, Jorge S, Lopes JA, Gameiro J. Impact of Early Proteinuria Reduction in Glomerular Disease and Decline of Kidney Function: A Retrospective Cohort. J Clin Med. 2022 Oct 10; 11(19): 5968. doi: 10.3390/jcm11195968. PMID: 36233832; PMCID: PMC9572802.
5. MP, Eswara & Pk, Arathi. (2022). Ayurvedic Management of Cystitis with special reference to Ushnavata: A Case Report. International Journal of Research in Ayurveda and Pharmacy. 13. 10-13. 10.7897/2277-4343.130226.
6. Srikhantamoorthi KR, Vagbhata, Ashtanga Hridaya Samhita with English translation Vol 2, Nidanasthana 9th chapter, page 200
7. Weerasekera KR, Dhammarathana I, Tissera AHM, Ariyawansha HAS, Ratnasooriya WD. Anti-inflammatory activity of an Ayurvedic herbo-mineral formulation: Chandraprabha vati. Int J Recent Adv Multidiscip Res. 2025
8. Akhtar, S., Gupta, A. K., Naik, B., Kumar, V. D., Ranjan, R., Kumar, R. R., Jha, A. K., Rather, M. A., & Rustagi, S. (2024). Exploring pharmacological properties and food applications of Asparagus racemosus (Shatavari). Food Chemistry Advances, 4, 100689. https://doi.org/10.1016/j.focha.2024. 100689
9. Manhas, Ekta & Singh, Anil & Kumar, Sanjeev. (2022). A Systematic Medico Historical Review of Gokshura (Tribulus terrestris L.): A Traditional Indian Medicine. Journal of Pharmaceutical Research International. 34. 10-23. 10.9734/JPRI/2022/v34i13A35570.
10. Verma, S., Tripathi, S. M., Maurya, M., & Singh, P. (2024). Classical insights on Vidarikand (Pueraria tuberosa DC.): A review of Ayurvedic treatises. Zenodo. https://doi.org/10.5281/zenodo.1722421
11. Singh, Goldi & Khachariya, Premlata & Chaurasiya, Pooja & Singh, Anil & Sharma, Poonam. (2025). Zingiber officinalerosc. (Shunthi) A crossroad of tradition and modern pharmacology. International Journal of Ayurveda and Pharma Research. 10.47070/ijapr.v13i6.3751.
12. Jagtap, M., & Tate, P. (2024). A critical review on Shatavari Ghrita. World Journal of Pharmaceutical Research, 13(21), 468–477. https://doi.org/10.20959/wjpr202421-34429
13. Joshi A, Rajagopala S, Patel KS. A critical review on Balachaturbhadra Churna: An effective Ayurveda formulation for the pediatric age. Journal of Ayurveda and Integrative Medicine. 2018; 9(2): 109–117.
14. Srikantamurthy K.R., Vagbhata Ashtanga Hridaya Samhita with an English translation Vol II, Nidana Sthana 9th chapter. p.200
15. Srikantamurthy K.R., Vagbhata Ashtanga Hridaya Samhita with an English translation Vol II, Nidana Sthana 9th chapter. p.200
16. Srikantamurthy K.R., Vagbhata Ashtanga Hridaya Samhita with an English translation Vol II, Nidana Sthana 9th chapter. p.200
17. Srikantamurthy K.R., Vagbhata Ashtanga Hridaya Samhita with an English translation Vol II, Nidana Sthana 9th chapter. p.200
18. Srikantamurthy K.R., Vagbhata Ashtanga Hridaya Samhita with an English translation Vol II, Nidana Sthana 9th chapter. p.20

Cite this article as:
Shreekant Mundada, Aswathy Dev S. A Case Report on Ayurvedic Management of Hematuria. AYUSHDHARA, 2026;13(4):572-575.
https://doi.org/10.47070/ayushdhara.v13i4.2942
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Shreekant Mundada
Associate Professor,
Department of Kayachikitsa,
R.K University Ayurvedic College and Hospital, Rajkot, Gujarat.
Email: Shrimundada@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.