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Case Report

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Non-Surgical Reversal of Pediatric Partial Pelvi-Ureteric Junction Obstruction Using a Neo-Ayurvedic Integrative Protocol: A Case Report

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ABSTRACT

Background: Pelvi-ureteric junction (PUJ) obstruction is the most common cause of pediatric hydronephrosis and can result in progressive renal damage. Current management is primarily surgical; however, non-invasive alternatives remain limited.

Case Presentation: We report a 7-year-old female diagnosed with partial PUJ obstruction in December 2024, with recurrent urinary tract infections (UTIs), hematuria, abdominal pain, nausea, poor appetite, and growth retardation. CT KUB revealed mild left renal pelvic prominence with abrupt narrowing at the PUJ, without calculi or hydronephrosis. Persistent renal pelvic dilatation was observed in follow-up imaging until mid-2025.

Intervention: On 21st July 2025, the patient was initiated on a Neo-Ayurveda protocol comprising proprietary polyherbal formulations (renal, hepatic, gastrointestinal, cardiovascular supports; EdemaEx powder) along with a defined diet. The regimen emphasized reduced sodium and protein intake, leached vegetables, flaxseed omega-3/6 preparations, prebiotic supplementation, and restricted cereals/meat.

Results:
- **Radiological:** Ultrasound (Sept 2025) demonstrated normalization of left renal pelvic dimensions, no hydronephrosis, and preserved bilateral excretion.
- **Clinical:** Within two weeks, urinary tract infection disappeared, fever and fatigue subsided. At one month, the patient resumed school and other activities normally, by two months, she was completely symptom-free, with improved appetite and physical strength.

Conclusion: This case suggests that Neo-Ayurvedic integrative therapy may represent a novel, non-surgical approach for pediatric partial PUJ obstruction. Further controlled trials are warrant

Highlights

- Pediatric patient with partial PUJ obstruction managed without surgery.
- Neo-Ayurvedic herbal formulations and defined diet were administered.
- Radiology showed resolution of renal pelvic prominence and no hydronephrosis.
- Chronic urinary tract infection disappeared
- Child regained normal activity, appetite, and growth trajectory.
- Suggests a potential integrative, non-invasive option for PUJ obstruction.

Pelvi-ureteric junction (PUJ) obstruction is a congenital or acquired narrowing at the renal pelvis-ureter junction, impairing urine drainage and leading to hydronephrosis and possible renal dysfunction [1]. Its estimated prevalence is 1 in 500 live births, making it the most common cause of antenatal hydronephrosis [2]. Standard therapy is surgical pyeloplasty, with limited pharmacological or nutritional interventions available.

Ayurveda-based integrative protocols may offer novel approaches for organ preservation. Neo Ayurveda, developed by Dr. Raju, focuses on nourishing degenerative tissues, restoring microcirculation, stabilizing misfolded proteins via chaperone-like action, and modulating gut microbiota for systemic

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metabolic support. This case presents a non-surgical reversal of pediatric PUJ obstruction following a two-month Neo-Ayurvedic regimen.

Case Presentation

Patient: Female, 7years old.

History: Recurrent UTIs with fever, hematuria, flank pain, nausea, poor appetite, and delayed growth.

Baseline diagnostics:

- **CT KUB (25.12.2024):** Mild left renal pelvic prominence with narrowing at PUJ, bilateral kidneys excreting normally, no hydronephrosis or calculi.
- **Ultrasound (21.12.24):** Persistent renal pelvic dilatation (~9 mm AP diameter).

Intervention

Herbal Formulations (AYUSH & FSSAI licensed, proprietary)

- **Renal Support (S5):** Nimba, Arjuna, Gokshura, Haritaki, Ashwagandha, Karanja, Chirayata.
- **Liver Health Support (S4):** Nimba, Arjuna, Bilwa, Vibhitaki, Bhringaraj.
- **Gastro Support (S6):** Nimba, Bilwa, Jambu, Guduchi, Gokshura, Haritaki.

Dosage: Morning and evening – 7.5 mL each (renal, hepatic, GI formulations)

Defined Diet

- **Avoided:** Excess salt (>1 g/meal), sweets, dairy (except curd), fried/processed foods, red gram, horse gram, bananas, ragi, and red meat.
- Included: Leached vegetable juice/salad, banana stem juice, garlic, ginger, fenugreek seeds (prebiotics), flaxseed omega-3/6 drink, leafy vegetables (≥40% of diet), baked fish/mushrooms (≤20%).

Results

Radiology

- **Sept 2025 Ultrasound:** Normalized left renal pelvis, no hydronephrosis, preserved bilateral renal excretion.

Clinical Outcomes

- **Week 1:** Fever and fatigue resolved.
- **Week 2:** urinary tract infection is disappeared
- **Month 1:** Appetite improved, school attendance resumed.
- **Month 2:** Symptom-free, active, and normal growth trajectory.

Discussion

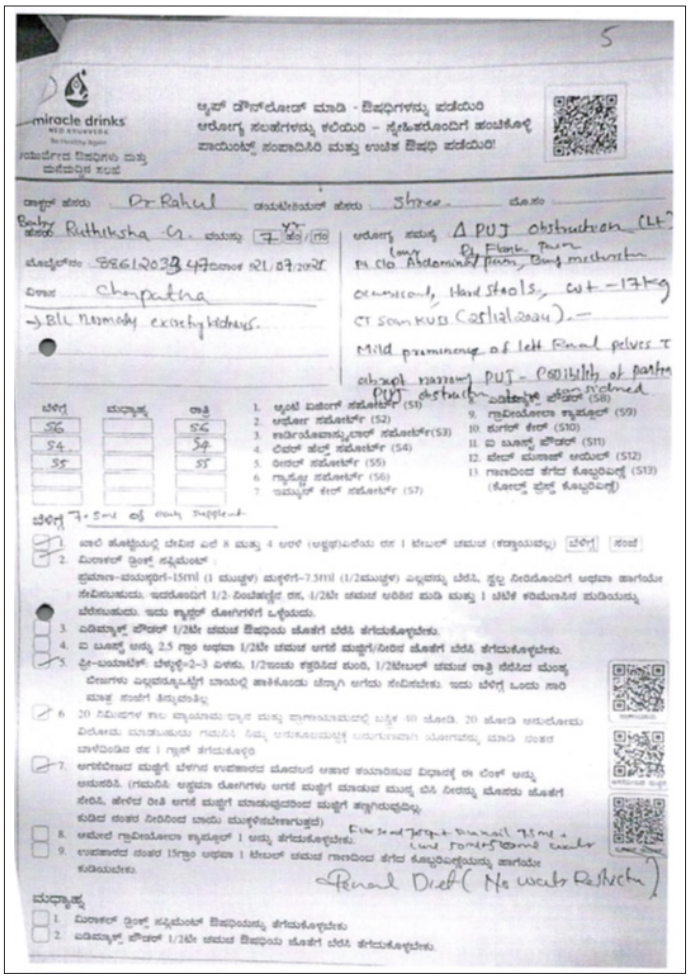
This case demonstrates the potential of Neo-Ayurvedic intervention in renal tissue preservation and functional recovery. Several mechanisms may underlie the observed outcomes:

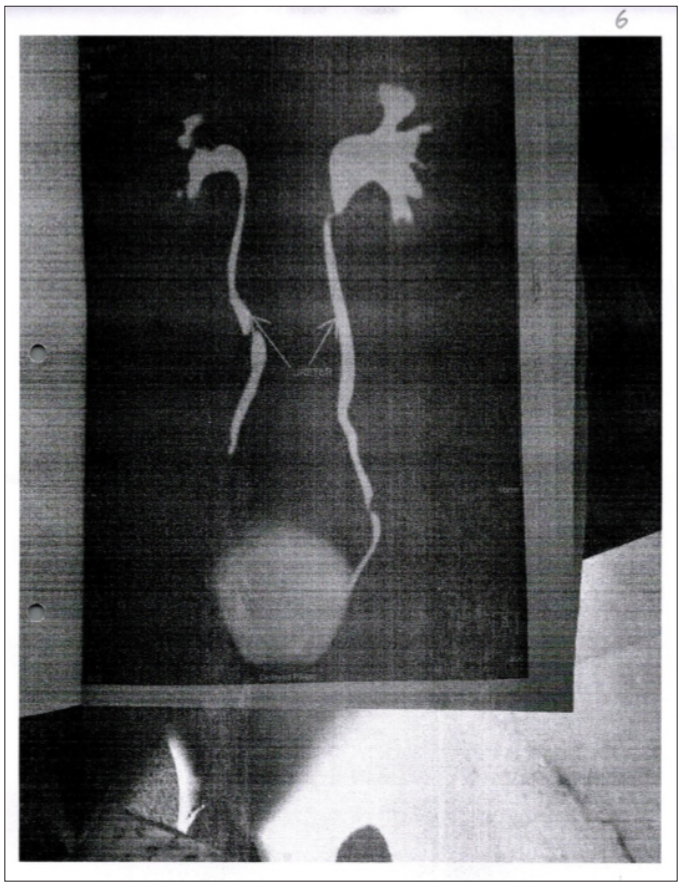
1. **Chaperone-like protein stabilization:** Ashwagandha and Guduchi may mimic heat shock proteins, aiding in proper protein folding and mitochondrial function [3].
2. **Microcirculatory enhancement:** Herbal antioxidants (Bibhitaki, Haritaki, Brahmi) improve renal capillary blood flow.
3. **Gut microbiota modulation:** Prebiotics (fenugreek, garlic, ginger) enhance nutrient assimilation and metabolic regulation [4].
4. **Systemic detoxification:** Flaxseed lignans and omega-3 fatty acids provide anti-inflammatory and nephroprotective benefits [5].

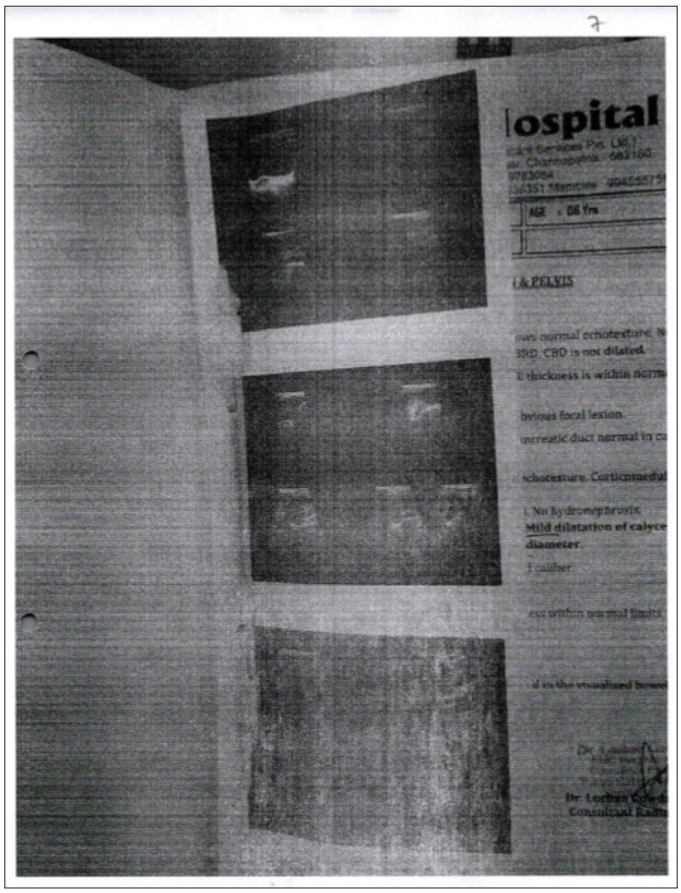
These mechanisms may explain the radiological, and clinical improvement in the present case, where standard medical management typically suggests long-term observation or surgery.

Conclusion

Neo-Ayurvedic therapy resulted in complete resolution of partial PUJ obstruction within two months in a pediatric patient. This integrative, non-invasive approach demonstrated radiological improvement, and symptomatic recovery. Larger clinical studies are warranted to confirm these findings and explore long-term outcomes.







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PATIENT NAME : RUTHIKSHA	AGE : 08 Yrs	SEX : FEMALE
REF. DOCTOR : Dr. NANDEESH KUMAR G N		DATE : 21/12/2024

USG ABDOMEN & PELVIS

Findings:

- **Liver:** Normal in size (9.7cms) and shape. Shows normal echotexture. No obvious focal lesion. Portal vein is normal in caliber. No IHBRD. CBD is not dilated.
- **Gall Bladder:** Well-distended. No calculi. Wall thickness is within normal limits. No evidence of cholecystitis.
- **Spleen:** Normal in size and echopattern. No obvious focal lesion.
- **Pancreas:** Normal in size and echopattern. Pancreatic duct normal in caliber. Tail is obscured.
- **Kidneys:** Normal in size, shape, position and echotexture. Corticomedullary differentiation is maintained.
  Right Kidney measures: 7.2x3.0cm. No calculi. No hydronephrosis.
  Left Kidney measures: 7.8x3.3cm. No calculi. **Mild dilatation of calyces noted. Renal pelvis is prominent measures 11mm in AP diameter.**
- Both bilateral ureters are normal in course and caliber.
- **Aorta / IVC:** Normal caliber.
- **Urinary Bladder:** Well distended. Wall thickness within normal limits. No calculi.
- No pelvic pathology.
- **Free fluid:** No ascites.
- No obvious bowel wall thickening/edema noted in the visualized bowel loops.

IMPRESSION:

- **LEFT GRADE II HYDRONEPHROSIS.**

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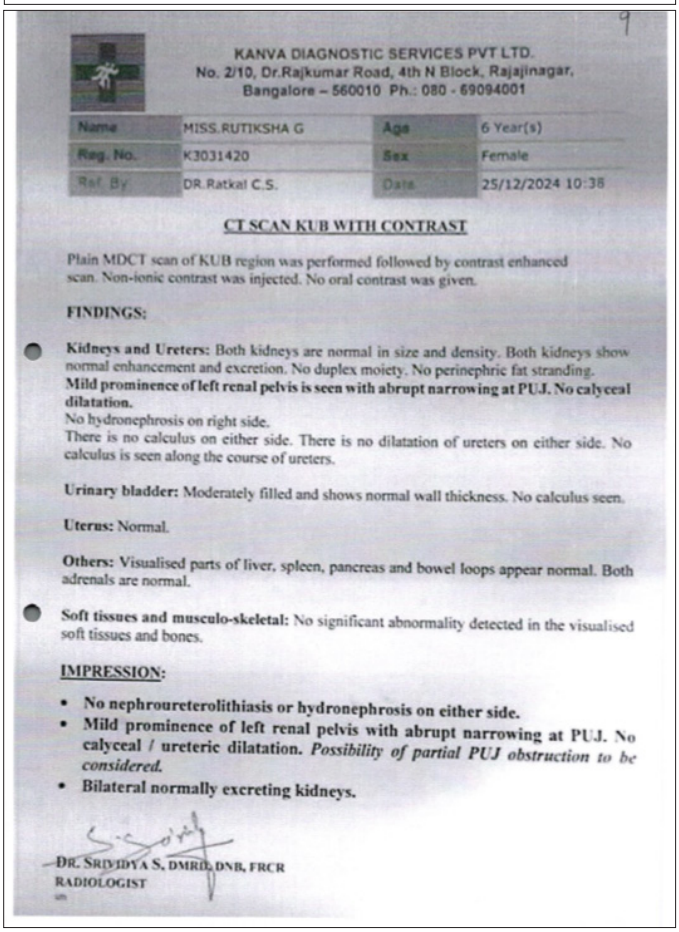

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Name	MISS.RUTIKSHA G	Age	6 Year(s)
Reg. No.	K3031420	Sex	Female
Ref. By	DR.Ratkal C.S.	Date	25/12/2024 10:38

CT SCAN KUB WITH CONTRAST

Plain MDCT scan of KUB region was performed followed by contrast enhanced scan. Non-ionic contrast was injected. No oral contrast was given.

FINDINGS:

Kidneys and Ureters: Both kidneys are normal in size and density. Both kidneys show normal enhancement and excretion. No duplex moiety. No perinephric fat stranding. **Mild prominence of left renal pelvis is seen with abrupt narrowing at PUJ. No calyceal dilatation.**
No hydronephrosis on right side.
There is no calculus on either side. There is no dilatation of ureters on either side. No calculus is seen along the course of ureters.

Urinary bladder: Moderately filled and shows normal wall thickness. No calculus seen.

Uterus: Normal.

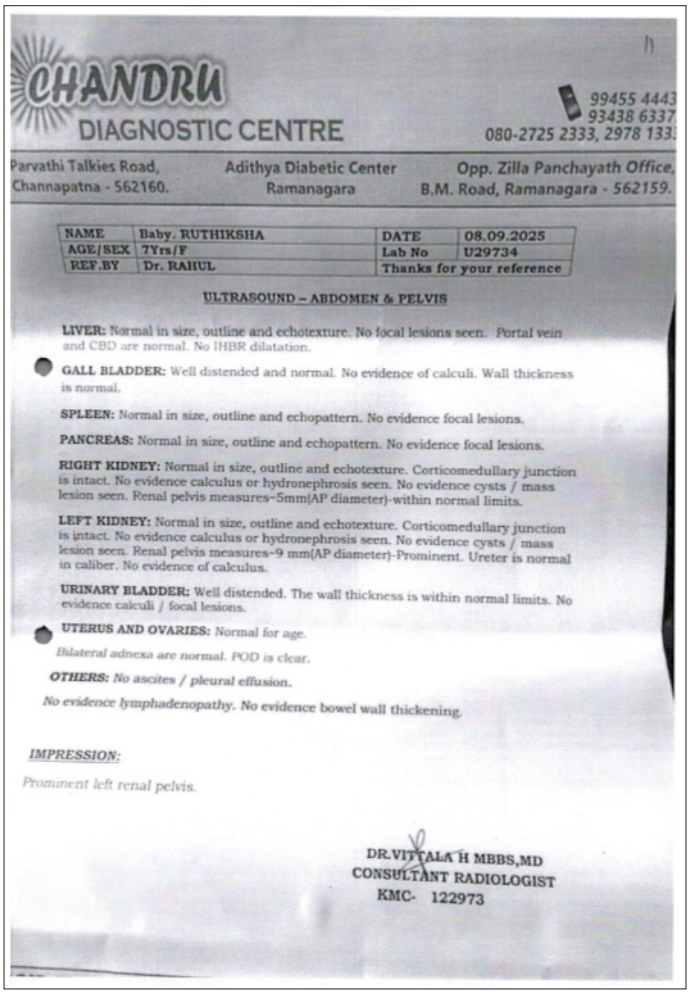
Others: Visualised parts of liver, spleen, pancreas and bowel loops appear normal. Both adrenals are normal.

Soft tissues and musculo-skeletal: No significant abnormality detected in the visualised soft tissues and bones.

IMPRESSION:

- **No nephroureterolithiasis or hydronephrosis on either side.**
- **Mild prominence of left renal pelvis with abrupt narrowing at PUJ. No calyceal / ureteric dilatation.** ***Possibility of partial PUJ obstruction to be considered.***
- **Bilateral normally excreting kidneys.**

DR. SRIVIDYA S, DMRD, DNB, FRCR
RADIOLOGIST



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NAME	Baby. RUTHIKSHA	DATE	08.09.2025
AGE/SEX	7Yrs/F	Lab No	U29734
REF.BY	Dr. RAHUL	Thanks for your reference	

ULTRASOUND – ABDOMEN & PELVIS

LIVER: Normal in size, outline and echotexture. No focal lesions seen. Portal vein and CBD are normal. No IHBR dilatation.

GALL BLADDER: Well distended and normal. No evidence of calculi. Wall thickness is normal.

SPLEEN: Normal in size, outline and echopattern. No evidence focal lesions.

PANCREAS: Normal in size, outline and echopattern. No evidence focal lesions.

RIGHT KIDNEY: Normal in size, outline and echotexture. Corticomedullary junction is intact. No evidence calculus or hydronephrosis seen. No evidence cysts / mass lesion seen. Renal pelvis measures-5mm(AP diameter)-within normal limits.

LEFT KIDNEY: Normal in size, outline and echotexture. Corticomedullary junction is intact. No evidence calculus or hydronephrosis seen. No evidence cysts / mass lesion seen. Renal pelvis measures-9 mm(AP diameter)-Prominent. Ureter is normal in caliber. No evidence of calculus.

URINARY BLADDER: Well distended. The wall thickness is within normal limits. No evidence calculi / focal lesions.

UTERUS AND OVARIES: Normal for age.

Bilateral adnexa are normal. POD is clear.

***OTHERS:** No ascites / pleural effusion.*

No evidence lymphadenopathy. No evidence bowel wall thickening.

IMPRESSION:

Prominent left renal pelvis.

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