



Review Article

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REVIEW ARTICLE ON UNDERSTANDING HRIDROGAM AND ITS SCOPE IN AYURVEDA

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Received on: 23/03/18 Accepted on: 24/04/18

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DOI: 10.7897/2277-4343.09385

ABSTRACT

In the modern era of evidence based medicines and IT revolution, the 21st century is witnessing an upgradation of alternative medicine as an ultimate solution to numerous unanswered questions in medical field. All over the world, cardiovascular disease imposes a significant morbidity and mortality. In spite of having a greatly improved diagnostic and curative cardiology, millions die of heart disease every year. Heart diseases from modern perspective are not limited to the purview of Hridroga in Ayurveda. Instead they are widely scattered through the description of many other diseases. Ayurveda having the potential to rectify this emerging gap needs to be tested rigorously for its rationale, potential and evidence based uses to serve what it really can. The present paper reviews upon the existing literature available in reference to hridroga and subsequently elaborates the management and possibilities of erecting preventive measures of hridroga through Ayurveda.

KEYWORDS: Heart disease, Hridroga, management, prevention

INTRODUCTION

An Ayurvedic disease nomenclature primarily focuses upon presenting symptom or the site of symptoms. Heart disease from modern perspective is not limited to the purview of Hridroga in Ayurveda. Instead they are widely scattered through the description of many other diseases including gulma, swasa, hicca, sotha and pandu¹ Thus Ayurveda proposes a different understanding to the pathogenesis and subsequent management and prevention of hridroga. Drugs having the properties of hridya (cardio-tonic), deepana (carminative), pachana (metabolic regulator), anulomana (mildpurgative), virechana (laxative), balya (tonifying), rasayana (nourishing), mootrals and sothgna (decongestive) are found to be effective in managing and preventing various stages of hridrogas.

TYPES OF HRIDROGA

As per Ayurveda, 5 distinct types of hridrogas are identified as per their clinical descriptions. They are Vata, Pitta, Kapha, Sannipataja and Krimija. Among these, Vataja and Krimija hridroga have special resemblance to modern understanding of the most common heart diseases i.e. angina and myocardial infarction respectively.

Vataja hridroga

A vataja hridroga is proposed to be precipitated by grief, exercise, fasting and prolonged use of dry, less and fat free foods.

Presenting symptoms are trembling, tightening around heart, loss of consciousness, lack of responsiveness or rigidity². A vataja hridroga has a typical resemblance to the clinical features of unstable or stable angina presentations which may be precipitated through a variety of mechanisms including factors promoting catecholamine secretions and consequently increasing myocardial oxygen demand. Various etiological factors described in vataja hridroga satisfy this proposition of mechanism for precipitation of angina pain.³

Krimija hridroga

If an individual with a possible tridosha kopa indulges further in repeated consumption of tila, ksheera and its by products, guda or similar substances, development of grandhi within vessels will occur. This grandhi gradually liquefies due to their touch with rasa. This liquefied part of grandhi gives rise to growth of various krimis, which eventually eat up the heart.⁴

This description of krimija hridroga has a striking similarity to the process of evolution of atheroma, the development of a lipid rich necrotic centre among atheromatous lesion and plaque rupture to develop micro thrombi or large occlusive or non-occlusive mural thrombi. In case of occlusion of thrombi to an arterial lumen, it leads to the development of infraction.⁵ Krimija hridroga lakshanas are said to have acute onset and is characterised by piercing or cutting pain. It is difficult to manage and require urgent intervention. These features have similarity with acute myocardial infarction.

IMPORTANCE OF HRIDAYA

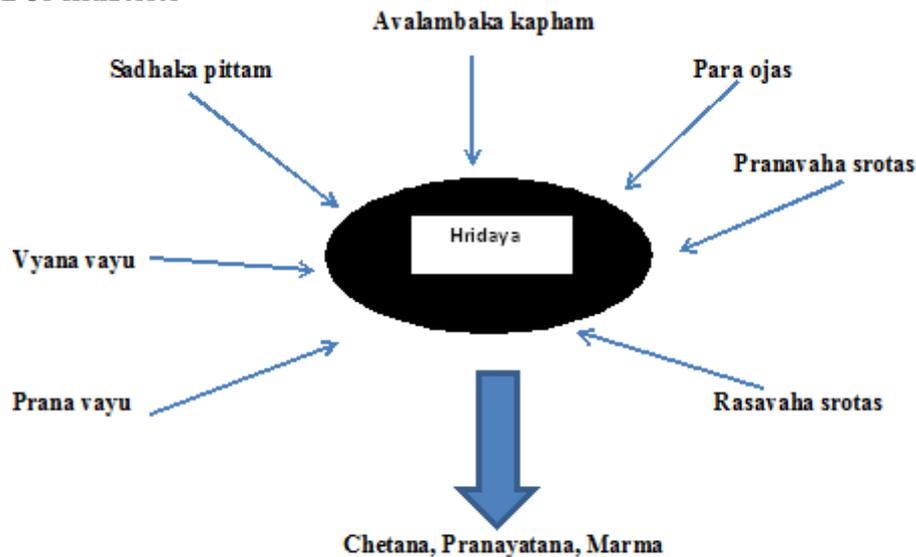


Figure: Factors making hridaya vital

CLASSIFICATION OF CARDIAC DISORDERS AS PER AYURVEDA

1. **Adibalapravritham** –Hereditary heart disease
2. **Janmabalapravritham** – Congenital heart disease
3. **Sanghaatabalapravritham** –Traumatic, poisoning
4. **Kalabalapravritham** – Environmental/seasonal
5. **Upasargam** – endocarditis, myocarditis
6. **Swabhavabalakrutham** – natural, aging
7. **Adhyatmikam** – psychological factors leading to heart diseases
8. **Daivabalapravritham** – idiopathic ⁶

NIDANAS CAUSING HRIDROGA

As per Ayurveda, nidanas for swatantra hridroga are vyaayama, excessive usage of tikshna aahara, virechana, vasthi or vama. Hridroga can occur as a paratantra vyadhi to certain diseases leading to emaciation, excessive worry, stress or fear. A direct abhigaatam to hridaya may also lead to hridroga. By analysing the nidanas, it can be inferred that the precipitating factor of hridroga are concerned with an excessive loss (due to vama, virechana, vasthi, exercise, trauma) or reduced intake of water and nutrition (due to emaciation, stress, fear, worry). All these lead to kapha kshayam along with rasa kshayam leading to a compromised functioning of hridaya. It can be observed that contrary to the contemporary understanding of risk factors to cardiac diseases, Ayurveda does not mention obesity and dietary factors as a nidanam.

TREATMENT AND PREVENTION OF HRIDROGA

Vata kopam in koshtam can be considered as gulmam. Since hridayam is a koshtangam, hridroga chikilsa for each dosham as an extension of gulma chikilsa for each of the respective doshas is much more applicable in practise. Even though Acharyas have explained management for each type of hridroga, the general treatment protocol used clinically in treating hridroga is similar to that of gulma chikilsa and rasa dhatu suddhi chikilsa

Samprapthi vighadana chikilsa

Basic concepts of Ayurveda states that vitiation of Agni followed by formation of Ama causes diseases. So in the first stage, Vaiswanara choornam can be given for the correction of agni and apana vayu. This will ensure rasa shuddhi and aama haratwam. In the next stage, chirivilwadi kashayam along with hinguvachadi choornam can be given for the correction of samana vatam and vyana vatam. This can be followed by the administration of Bruhat nayopayam kshayam which has salaparni and prishniparni along with bala, jeeraka and nagaram. Gorochnadi gulika can be given along with bruhat nayopayam kashayam for safe guarding prana vata.

After the initial 1 or 2 months, ghrilas such as shadpala ghrila, vasa ghrila, jeevaneeya gana ghrila or thiktaka ghrila can be administered followed by mridu virechana or vasthi. Rasayanas can be also given such as chyavanapraasam or Agastya rasayanam

Vyadhi vipareetha chikilsa

Partharishtam and sthira payas can be given as vyadhi vipareetha chikilsa. Administration of prabhakara vati and lekhana basti separately or in combination is also found to be effective in the management of CVD and in preventing, delaying and reversing the progress of Atherosclerosis leading to CAD. Judicial use of Hridayavarana rasa can also be administered as a vyadhi vipareetha chikilsa.

Prevention

Advice can be given to avoid gulmakara aahara vihaara such as the intake food at irregular times, drinking cold water or tea when hungry etc. Ayurveda recognised amla rasa as having cardio protective actions. Specifying this point, Charaka identified a group of ten natural substances with amla rasa as hridya. It is interesting to find ASA (acetyl salicylic acid) as a cardio protective substance because of its anti-platelet aggregation substance. Incidentally, ASA happens to be a weak acid having a clear sour taste. ⁷ Ayurveda classics have explained that the use of saindhava, amla rasa, shunthi and pushkara moola as effective in the complications in hridroga. Sthira choorna siddha ksheera kashyam is found to be very effective in treating hridroga. A

Carefully designed sodhana therapy is also recommended in management and prevention of hridroga. Prevention and management of CVDs can be done by following sadvritta and achaara rasayana. Daily intake of sthira choorna siddha paana jalam is also found to be effective in preventing and avoiding the complications.

CONTEMPORARY EVIDENCES FOR ROLE OF AYURVEDA IN VARIOUS CARDIOLOGICAL CONDITIONS

- In a study on 'Association of prakriti with CVD, inflammatory markers and insulin resistance', it was reported that half of cardiovascular disease patients have Vata Kapha constitution type. It was concluded that there is dominance of Vata Kapha Prakriti in risk factors of CVD, insulin resistance, cytokine (IL6) and inflammatory markers. But IL6, TNF alpha and hsCRP is positively correlated with Kapha reference group also. Hence, identifying an individual with Vata Kapha and Kapha Prakriti will help in taking precautionary measures for future risk of cardiovascular disease.⁸
- The preclinical studies in modern medicine suggested that there are strong antioxidant properties in *Terminalia arjuna* and it helps in reduction of ischemic perfusion injury. It also causes attenuation of oxidative stress and anti-fibrotic activity. Clinical trials suggest that the benefit of arjuna could be in patients with ischemic heart disease and heart failure.⁹
- In a recent clinical study conducted in a tertiary care cardiology clinic, it was found that triphala when used in the stipulated dosage as an adjunct to atorvastatin 10 mg daily for 3 months, significantly enhances the cholesterol reducing action in patients. It was concluded that triphala enhances the lipid lowering effects of statin in patients taking it for lipid regulation.¹⁰

CONCLUSION

Cardiovascular morbidities are becoming the largest cause of morbidities to human population. The extent of CVD morbidity is only secondary to cancer. In the light of current epidemiological shift of diseases in a global perspective, where life style diseases, degenerative diseases and mutagenic diseases are outreaching infective pathologies, current practises in medicines are proving to be inadequate and thus the need for a pragmatic approach of medicine is needed. Ayurveda having the potential to rectify this emerging gap needs to be tested rigorously

for its rationale, potential and evidence based uses to serve what it really can.

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Cite this article as:

Amrutha Elamon and K N Anandalakshmy. Review article on understanding hridrogam and its scope in Ayurveda. Int. J. Res. Ayurveda Pharm. 2018;9(3):168-170 <http://dx.doi.org/10.7897/2277-4343.09385>

Source of support: Nil, Conflict of interest: None Declared

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