Review Article

www.ijrap.net

(ISSN Online:2229–3566, ISSN Print:2277–4343)

INTEGRATING KNOWLEDGE OF AYURVEDIC AETIOLOGIES INTO PREVENTIVE CARDIOLOGY PRACTICE: A NARRATIVE REVIEW

Sagarika Purohit [1]*, Nithin Krishnan R [2], Dolly Thakur [3]

[1] PG Scholar, Department of Roga Nidana evum Vikriti Vigyana, Shri Dhanwantry Ayurvedic College, Chandigarh, India

[2] Associate Professor, Department of Roga Nidana evum Vikriti Vigyana, Shri Dhanwantry Ayurvedic College, Chandigarh, India

[3] Professor, Department of Roga Nidana evum Vikriti Vigyana, Shri Dhanwantry Ayurvedic College, Chandigarh, India

Received on: 03/3/25 Accepted on: 12/4/25

***Corresponding author**
E-mail: sagarikapurohit12@gmail.com

DOI: 10.7897/2277-4343.16276

ABSTRACT

Using Ayurveda to prevent heart disease can improve heart health by combining ancient wisdom with modern science. Ayurveda explains how diet, lifestyle, and emotions affect the heart. This study examines unique ayurvedic concepts from the Bruhat Trayi and Laghu Trayi texts to identify potential causes of heart disease and develop a more comprehensive preventive strategy. A thorough review of classical ayurvedic literature and modern medical research was conducted to analyse factors contributing to cardiovascular diseases (CVDs). The study highlights that Ahita Ahara (poor dietary habits), Vihara (unhealthy lifestyles), Manasika Bhava (emotional disturbances), and certain therapeutic practices like Ati Virechana (excessive purgation), Ati Vasti (excessive enemas), and Gada Atichara (improper medication) increase susceptibility to heart disease. Some ayurvedic causes of heart disease are similar to those in modern medicine, but ayurveda also identifies unique factors that modern cardiology does not specifically recognize. Combining Ayurveda with modern medicine can create a more holistic and effective approach to preventing heart disease. Ayurveda focuses on personalized treatment by balancing Doshas, improving diet, and making lifestyle changes. However, more clinical research is needed to validate these principles and understand their potential applications in heart care.

Keywords: Ayurveda, Hridroga, Aharaja nidana, Viharaja nidana, Manasika nidana, Preventive cardiology

INTRODUCTION

Cardiovascular disease (CVD) is a collective term that refers to all disorders affecting the circulatory system, including the heart and blood vessels. The heart functions to pump blood, while the vasculature comprising arteries, veins, and capillaries transports it throughout the body. CVD encompasses a wide range of conditions that disrupt this essential system.[1] Cardiovascular diseases, the leading global cause of mortality, accounted for 17.9 million deaths in 2019 (32% of all deaths)[2] and approximately 19.1 million deaths in 2020, as reported by the American heart association. Among CVDs, coronary heart disease (CHD), including myocardial infarction (MI), affected an estimated 244.1 million people worldwide in 2020. Stroke, another significant contributor to the global disease burden, had a prevalence of 89.1 million people in the same year.[3] These figures highlight the growing prevalence and critical impact of heart-related disorders globally.

Coronary artery disease results from fatty deposits restricting blood flow, causing chest pain (angina) or heart attacks. Heart failure occurs when the heart cannot pump blood efficiently, leading to fatigue, shortness of breath, and fluid retention. These conditions share common risk factors, including unhealthy diets, inactivity, smoking, obesity, high LDL cholesterol, diabetes, and genetic predispositions.[4] The World Health Organization estimates that over 75% of premature CVD is preventable through risk factor management[2].

Hridaya is the moola of pranavaha and rasavaha srotas and adhisthana for chetana, prana, mana and ojas, thus requiring protection.[5–7] A condition that produces disturbances in the heart is called hridroga.[8] Understanding nidana is crucial because nidana parivarjana is the first line of treatment for any disease.[9] Nidana such as vegadharana (suppression of natural urges), ushna tikshna ahara sewan(hot and spicy food), chinta (excessive worry), and abhighata (trauma) lead to the manifestation of hridroga. These causative factors lead to agni vitiation and affect rasa dhatu. Hridroga arises from disorders in the rasa dhatu. Pathology in the rasa dhatu or hridaya directly impact rasa-raktadhatu circulation, influencing their function and potentially causing cardiovascular conditions.[10] Nidana is the foremost component, as it not only provides knowledge about the causative factors but also helps in prevention by avoiding them. Nidana are factors that lead to disease either immediately or when there is a favourable environment. Understanding and managing these nidana are essential for preventing and treating heart diseases in Ayurveda.

This article aims to investigate the causes of heart diseases according to ayurveda and modern medicine, examining similarities and differences in factors such as diet, lifestyle, stress, etc. By conducting this comparative analysis, it also seeks to highlight the uniqueness described in ayurveda and refine patient treatment strategies for heart conditions based on integrated insights from both medical systems.

Review and Analytical Approach
A comprehensive review of classical Ayurvedic texts was conducted, including the Brihat trayi and Laghu trayi, along with standard textbooks of modern medicine. In addition, numerous research articles were reviewed from academic platforms such as Google Scholar and PubMed. This enabled the collection of a wide range of aetiologies for cardiovascular diseases, which are systematically presented in (Table 1).

The analysis aimed to identify both shared and distinct features of aetiologies described in ayurveda and modern medicine. The process used to identify and categorize various aetiologies and risk factors is outlined in (Figure 1), which illustrates the structured approach adopted to compare dietary, lifestyle, psychological, and other contributory factors across traditional and contemporary medical systems.

Ayurvedic Perspective on Causative Factors
Hridroga(heart diseases), a disease involving a vital marma (vital anatomical site), has become increasingly prevalent due to evolving dietary and lifestyle patterns. Key contributing factors include poor dietary habits, physical inactivity, psychological stress, and environmental influences. In Ayurvedic literature, these are classified as: Aharaja Nidana (Dietary factors), Viharaja Nidana (Lifestyle factors), Manasika Nidana (Psychological factors) a detailed representation of these causative factors is provided in (Table 2).

Modern Medical Perspective on Causative Factors
Heart disease encompasses a variety of conditions affecting the structure and function, often resulting in complications such as myocardial infarction, heart failure, and arrhythmias. Multiple risk factors and aetiological agents contribute to cardiovascular pathology, significantly influencing disease onset and progression. Commonly identified causative factors in modern medicine are presented in (Table 3).

DISCUSSION

Integrative approaches to cardiovascular health: Combining Ayurveda and modern medicine

Similarity, difference and uniqueness of Ayurveda in Dietic factors
Both modern science and Ayurveda emphasize the critical role of dietary factors in cardiovascular health, though their different approaches. The summarized data is presented in (Table 4). In modern medicine, an unhealthy diet, rich in high cholesterol, excessive salt, saturated and trans fats, high simple carbohydrates, and low plant-based foods, along with excessive tobacco and alcohol consumption, significantly increases the risk of cardiovascular diseases by contributing to atherosclerosis, hypertension, obesity, and metabolic disorders. Ayurveda, on the other hand, provides a more detailed and holistic view, categorizing specific dietary habits that disturb the three doshas, leading to hridroga (heart disease). Vata aggravation due to excessive upavasa (fasting) and consumption of dry, insufficient, or incompatible foods results in pain, tremors, numbness, and stiffness in the heart. Pitta aggravation, caused by excessive intake of hot, sour, salty, alkaline, and pungent foods, along with alcohol, leads to burning sensations in the heart, excessive thirst, dizziness, fainting, and sweating. Kapha imbalance, triggered by overeating and consumption of heavy, oily foods, results in heaviness in the heart, congestion, and loss of appetite. In severe cases, the simultaneous disturbance of all three doshas leads to sannipataja hridroga, making the disease highly complex and difficult to cure. Additionally, improper diet, such as excessive intake of til (sesame), ksheer (milk), and guda (jaggery), may cause krimija hridroga (parasitic heart disease), where toxic secretions promote parasite growth, leading to severe pain, tissue damage, and life-threatening complications.[29]Heena matra ahara (insufficient food intake) results in the depletion of bala (strength), varna (complexion), buddhi (intellect), and ojas (vital essence), leading to a decline in sharira (body), mana (mind), buddhi (intellect), and indriya shakti (sensory power). Additionally, it causes rasadi sara kshaya (loss of essence of bodily tissues).[30]

Since the heart is the seat of ojas[31] and the mūla sthana (primary site) of rasa dhatu (the first and most essential body tissue),[32] inadequate nutrition directly weakens the heart, leading to various cardiac disorders. On the other hand, ati matra ahara (overeating) is a major cause of the aggravation (prakopa) of all three doshas vata, pitta, and kapha. Excessive food intake, especially without proper digestion, leads to severe disturbances in the stomach, disrupts metabolic balance, and causes various diseases.[33]

Consuming food before the digestion of the previous meal (adhyashana) results in the formation of ama visha (toxic undigested material), which creates toxicity and causes shighra maraka (rapid deterioration of health and life-threatening conditions).[34] Furthermore, the consumption of viruddha bhojana (incompatible food combinations), like milk and fish, produces harmful metabolic byproducts, leading to ama formation, clogging of srotas (channels), and severe heart diseases. The unique perspective of Ayurveda provides a detailed classification of dietary habits and their direct impact on heart health, emphasizing the importance of balanced nutrition, proper digestion, and mindful eating in preventing cardiovascular diseases.

Similarity, difference and uniqueness of Ayurveda in Lifestyle factors
Both modern science and ayurveda recognize the significant influence of lifestyle factors on heart disease. The summarized data is presented in (Table 5) particularly the extremes of physical activity either excessive exertion or a sedentary lifestyle. Modern medicine highlights risks associated with a sedentary lifestyle, lack of exercise, and intense athletic training, all of which contribute to cardiovascular disorders by impairing circulation, increasing stress on the heart, and promoting cardiovascular diseases. Ayurveda, however, provides a more detailed classification of specific lifestyle habits that affect heart health. Vyayama (Excessive exercise), ati plavana (intense swimming) and strenuous activities aggravate Vata dosha, leading to klama (fatigue), mana-indriya sthulata (mental and sensory weakness), and dhatu kshaya (tissue depletion) due to excessive strain on the body.[35] Since the hridaya (heart) is the mula sthana (root seat) of rasa dhatu,[36] depletion of dhatus directly weakens circulation, reduces nourishment to the heart, and increases the risk of cardiac disorders, including hridvyatha (heart pain). Conversely, a lack of physical activity, excessive sleep, and a sedentary lifestyle aggravate kapha dosha, causing heaviness in the heart, congestion, and sluggish circulation.[37]

Another factor is vega dharana (suppression of natural urges) including: shukra (semen), udgara (belching), pipasa (thirst) and bashpa (tears), which can disturb the tridosha balance, leading to chronic stress on the cardiovascular system. Ayurveda, therefore, emphasizes timely vega utsarga (elimination of natural urges) to maintain heart function and overall well-being, highlighting the intricate relationship between lifestyle habits and heart health.[38]

Similarity, difference and uniqueness of Ayurveda in psychological factors

Both modern science and Ayurveda recognize psychological factors as key contributors to heart disease, the summarized data is presented in (Table 6) though their perspectives differ. Modern medicine links chronic stress, type a personality trait (competitiveness, impatience, aggression, and time-consciousness), depression, and post-traumatic stress disorder to cardiovascular disorders. These psychological conditions elevate stress hormones, increase blood pressure, and contribute to systemic inflammation, all of which increase the risk of heart disease. Ayurveda, on the other hand, views the hridaya (heart) as the mula sthana (primary seat) of mana (mind) and ojas (vital essence). Due to irshya (jealousy)**,** utkaṇṭha (excessive longing)**,** bhaya (fear), trasa (terror)**,** krodha (anger)**,** shoka (grief)**,** and excessive emaciation **(**atikarsana**)**, ojas gets depleted, which negatively impacts cardiac health.[39] Additionally, psychological disturbances **(**manasika nidana**)** lead to an imbalance of rajas and tamas doshas, which, in turn, disturb the tridoshas (vata, pitta, and kapha). This imbalance results in taririka dosh avarana (obstructions), which, when combined with manasika dosha (psychological disturbance), finds its sthana samsraya (lodgement) in the hridaya**,** ultimately causing various cardiac disorders.[40] Thus, ayurveda highlights the intricate connection between the mind and heart, emphasizing emotional balance, stress management, and mental well-being as crucial factors in preventing heart disease.

Similarity, difference and uniqueness of Ayurveda in other factors

The summarized data is presented in (Table 7) Both modern science and Ayurveda acknowledge that improper treatments and interventions can adversely affect cardiovascular health, though their perspectives. In modern medicine, adverse drug reactions from medications such as thalidomide, amphetamines and estrogenic steroids as well as chronic conditions like hyperlipidaemia, obesity, hypertension and diabetes are recognized as significant contributors to heart disease. Additional risk factors include family history, male gender, aging, certain racial predispositions (with white individuals more frequently affected, yet myocardial infarction mortality occurring earlier in blacks), genetic abnormalities, and even the use of oral contraceptives.

In parallel, Ayurveda cautions against improper interventions, highlighting that practices such as gada atichara (improper treatment of diseases) can disrupt the doshik balance.[41] Moreover, excessive therapeutic procedures like ativirechana (overzealous purgation therapy) may lead to conditions such as adhmana, parikartika, srava, hridagraha, jeevadana, and gudbramsha klama complications that may necessitate emergency care due to significant blood loss and can precipitate heart-related disorders.[42] Similarly, ati vasti (excessive enema therapy) or improper administration of vasti without proper pressure and air removal leads to hritpraapti, exerting undue pressure on hridaya, causing pida, hridshoola, and irregular vayu movement.[43] While modern medicine primarily focuses on metabolic disturbances and risk factors, ayurveda emphasizes the root causes and the importance of maintaining the integrity of the body's natural balance. Both systems, therefore, stress the need for careful, balanced therapeutic approaches to safeguard cardiovascular health.

Table 1: Textbooks analysed in the Study

Name of the book/article	Name of the authors /editors	Date of print/edition
Charak Samhita[10]	Yadavji Trikamji	2022
Susruta Samhita[12]	Acharya Priyabrat Sharma	2022
Astanga Hridayam[16]	Dr.Anna Moreswara Kunte	2022
Madhav Nidana[11]	Brahmananda Tripathy	2012
Bhavaprakash Nighantu[14]	K.R. Sri Kantha Murthy	5th edition (2015)
Vangasena[17]	Dr. Rajeev Kumar Rai	1st edition(1983)
Pj Mehta's Practical Medicine[18]	SP Mehta, SR Joshi, Nihar P Mehta	20th edition, (2013)
Harrison's Principles of Internal Medicines[19]	Loscalzo J Kasper Dl Longo Dl	21 editions
Golwalla's Medicine for Students[20]	Milind Y Nadkar	25th edition (2018)
David's Sons Priniciple and Practice of Medicine[21]	Stuart H Ralston Ian D Penman Mark Wj Strachan Richard P Hosbson	23rd edition (2018)
Textbook of Pathology[22]	Harsh Mohan, Ivan Damjanov	8th edition (2019)
Textbook of Pathology for BDS[26]	Ak Mandal, S.Choudhry	(2016)
API textbook of Medicine[23]	Sadhya A Kamath	12 edition (2022)

Table 2: Common causative factors describe in Ayurveda

Aharaja (Dietary Factors)	Viharaja (Lifestyle Factors)	Manasika (Psychological Factors)	Others
Ati ushna (excessively hot foods)[10]	Shrama (excessive exertion)[10]	Sachintana (excessive worrying)[10]	Gada atichara (improper treatment of diseases)[12]
Guru (heavy foods)[10]	Vega dharana (suppression of natural urges)[10]	Bhaya (fear)[12]	Ativirechana (excessive purgation therapy)[12]
Amla (sour foods)[10]	Vyayama (excessive exercise)[12]	Trasa (anxiety)[12]	Ati vasti (excessive enema therapy)[12]
Kashaya (astringent foods)[10]	Ati plavana (excessive swimming, strenuous activities)[15]	Shoka (grief)[12]	Abhighata (trauma physical or emotional)[10]
Tikta (bitter foods)[10]	Snehasweda anabhayasa (avoiding oleation and sweating therapies)[15]	Krodha (anger)[12]	

Adhyashana (eating before digestion of previous meal) [10]	Shodhana va nisevate (improper cleansing therapies) [15]	Achintana (lack of positive thoughts) [12]	
Ruksha anna (dry foods)[11]	Atapa (exposure to excessive sunlight) [14]	Deha salobha (obsession with body)[15]	
Ati matra upasevana (overconsumption) [11] ati bhojan(overeating [14]	Achestitam (sedentary lifestyle) [14]	Anudirna udhirna (unresolved emotional states like anxiety) [15]	
Viruddha (incompatible food combinations, e.g., milk and fish) [11]	Karshana (excessive weight loss/emaciation)[12]		
Ajirna (eating with indigestion) [11]	Vega ghata (suppressing urges)[11]		
Asatmya bhojana (unwholesome food) [11]	Ati plavana (excessive swimming, strenuous activities)[15]		
Shitaambu bubhukshita (drinking cold water while hungry)[15]			
Pibatyanuchannani (eating food immediately after drinking liquids)[15]			
Sushka (dry food)[14]			
Lavan (salty foods) [14]			
Katu (pungent foods) [14]			
Kshara (alkaline foods) [14]			
Madya pana (excessive alcohol consumption) [14]			
Til, ksheer, guda (certain foods causing worm infestation)[14]			
Upavasa (prolonged fasting)[14] Langhana (excessive fasting)[15]			

Table 3: Common causative factors describe Contemporary Science

Diet	Lifestyle	Psychological factors	Others
Trans saturated fatty food[26]	Sedentary life style[19]	Stress[18,25]	Diabetes[18,20]
Cholesterol rich food	Lack of exercise[18]	Type a personality (competitiveness, hard driving, impatient aggressive, time conscious,)[20,27]	Hyperlipidaemia[18,25]
High carbohydrate intake[19,25]	Intense athletic training [25]	Depression	Obesity[18,19,25]
Decrease plant-based food[19]		Post traumatic stress disorder (PTSD)[26]	Hypertension[19,20,23,25]
Heavy consumption of salt[26]			Family history[20,25]
Poor nutrition[24]			Sex-male are more prone[20,25]
Alcohol[25]			Race-white are affected more often but death due to MI in blacks occur at an earlier age.[25]
Tobacco and cigarette smoking[18,20, 25]			Aging-related conditions[25]
			Adverse drug reaction (ADR)[21]
			Drug – like thalidomide, amphetamines, oestrogenic steroids[20]
			Chronic diseases lungs diseases,[23] diabetes, hypertension)[25]
			Infections (bacterial, viral, fungal)[20]
			Genetic abnormality[25], Oral contraceptive[28]

Table 4: Similarity and difference and uniqueness of Ayurveda in dietic factors

Dietary Factors	Ayurveda	Modern Medicines	Similarities	Uniqueness of Ayurveda
	Ati ushna (excessively hot food), guru (heavy food), amla (sour food), kashaya (astringent food), tikta (bitter food), adhyashana (eating before digestion of previous meal), ruksha anna (dry food), ati matra upasevana (overconsumption) ati bhojan(~overeating, viruddha (~incompatible food combinations, e.g., milk and fish) ajirna (~eating with indigestion) asatmya bhojana (unwholesome food) shitaambu bubhuktisha (~drinking cold water while hungry)	Unhealthy diet: high cholesterol, High salt, saturated/trans fats Plant-based food, high simple Carbs, excessive tobacco & alcohol Consumption contributes to Cardiovascular risk.	-Both recognize diet as a major factor in cardiovascular disease. - high-fat, high-salt and excessive food intake increase disease risk. - importance of balanced nutrition and digestion.	Ayurveda emphasizes diet as a key factor in heart health, highlighting specific Rasa (taste) and food qualities that can disrupt Dosha balance. Excess consumption of certain food may contribute to cardiac diseases, including: Ati Ushna (overly hot foods), Guru (heavy foods), Amla (sour foods), Kashaya (astringent foods), Tikta (bitter foods), Ruksha Anna (dry foods), The concept of Ama (toxins from undigested food) is crucial in Ayurvedic cardiology, as it

	Pibatyanuchannani (~eating food immediately after drinking liquids) sushka (~dry food), lavan (~salty food), katu (~pungent food) kshara (~alkaline food), madya pana (~excessive alcohol consumption) til, ksheer, guda (~certain food causing worm infestation), upavasa (~prolonged fasting)			clogs body channels and disrupts heart function. Improper dietary habits that may aggravate heart health include: Viruddhahara (incompatible food combinations), Drinking cold water on an empty stomach Eating immediately after drinking liquids Ayurveda also describes Krimija Hridroga (parasitic heart disease) caused by dietary toxins and microbial infections. To prevent heart diseases, Ayurveda promotes mindful eating and maintaining Dosha balance.

Table 5: Similarity and difference and uniqueness of Ayurveda in lifestyle factors

Lifestyle factors	Ayurveda	Modern medicines	Similarities	Uniqueness of Ayurveda
	Shrama (~excessive exertion), vega dharana (~suppression of natural urges), vyayama (~excessive exercise), ati plavana (~excessive swimming, strenuous activities), snehaswedaanabhayasa (~avoiding oleation and sweating therapies), shodhana va nisevate (~improper cleansing therapies), atapa (~exposure to excessive sunlight), achestitam (~sedentary lifestyle), karshana (~excessive weight loss/emaciation), vega ghata (~suppressing urges), ati plavana (excessive swimming, strenuous activities)	Sedentary life style, Lack of exercise, Intense athletic training	Both recognize extremes of physical activity (excess or lack) as harmful. - emphasis on maintaining activity balance for heart health.	Ayurveda categorizes lifestyle factors that contribute to heart disease based on Dosha aggravation. Excessive exposure to sunlight (Atapa Sevana) can increase Pitta Dosha, leading to dehydration, increased body heat, and cardiovascular strain. Suppression of natural urges (Vega Dharana) such as urination, bowel movements, sneezing, and crying can create internal stress, disturbing Vata Dosha, which affects heart function. Improper cleansing therapies (Ayogya Shodhana) or excessive detoxification can weaken the body, disturb Doshas, and contribute to cardiac imbalances. Sedentary lifestyle (Alasya) and lack of physical activity led to Kapha Dosha aggravation, causing obesity, sluggish metabolism, and heart diseases. Excessive physical exertion (Ati Vyayama) can deplete Ojas (vital energy), increasing Vata and weakening heart function.

Table 6: Similarity and difference and uniqueness of Ayurveda in psychological factors

Psychological factors	Ayurveda	Modern medicines	Similarities	Uniqueness of Ayurveda
	Shoka (~grief) Krodha(~anger) Achintana(~lack of thoughts) Deha salobha (~obsession with body) Anudirna udhirna (~unresolved emotional states like anxiety) Abhighata (~trauma/injury physical or emotional)	Stress, Type a personality, Depression, Posttraumatic stress disorder (ptsd)	Both systems acknowledge mental health like stress, anxiety and mental trauma as a key factor in heart disease.	In Ayurveda vitiations in manasika dosha (mental imbalances) contributing to heart disease. Uniquely along with chinta (stress), achinta (lack of thoughts or mindfulness), is also a contributing factor.)

Table 7: Similarity and difference and uniqueness of Ayurveda in other factor factors

Other factors	Ayurveda	Modern medicines	Similarities	Uniqueness of Ayurveda
	Gada atichara (improper treatment of diseases) Ativirechana (excessive purgation therapy) Ati vasti (~excessive enema therapy)	ADR (adverse drug reactions), diabetes, Hyperlipidaemia, Obesity, Hypertension, Family history, Sex-male are more prone Race-white are affected more often black but black but death due to mi in blacks occur at an earlier age. Aging	Both systems Recognize the impact of Improper treatments or Interventions.	Ayurveda views Conditions such as ativirikta (excessive purgation), and ati vasti (excessive enema therapy) As Potential contributors to heart health, Focusing on overall physiological Harmony rather than isolated metabolic markers.

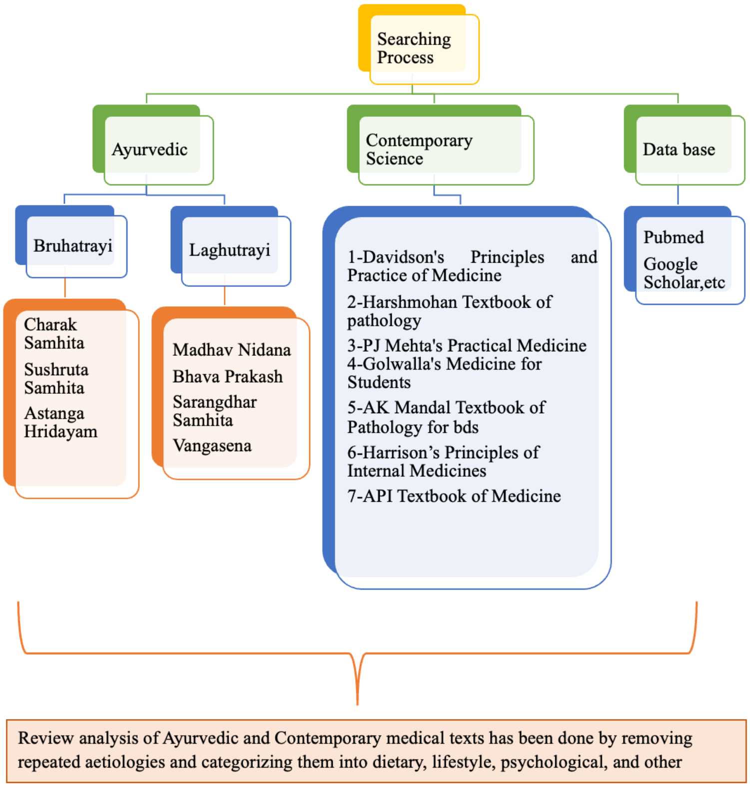

Figure 1: Categorization of Aetiologies and Risk Factors in Ayurveda and Modern Medicine

CONCLUSION

Both modern science and Ayurveda recognize the critical impact of diet on cardiovascular health. Modern medicine attributes the risk to diets high in cholesterol, salt, saturated and trans fats, and simple carbohydrates, while Ayurveda links heart disease to Doshik imbalances caused by improper food intake and specifically mentions certain Rasa (taste) that affect cardiac health. Both systems highlight physical inactivity and unhealthy lifestyles as key factors, with Ayurveda specifically addressing Vyayama (excessive exercise) and Vega Dharana (suppression of natural urges). Ayurveda also identifies unique causes, such as Gada Atichara (improper treatments) and Ativirikta (excessive purgation), which modern medicine does not directly address. While modern medicine relies on evidence-based research, Ayurveda's holistic approach emphasizes Doshik balance, mental health and lifestyle modifications, though its unique aetiologies require further research. Integrating both systems can enhance prevention and management strategies by combining modern diagnostic tools with Ayurveda's emphasis on diet, lifestyle and stress management. A collaborative approach leveraging the strengths of both can provide a more comprehensive and effective strategy for cardiovascular disease prevention and overall heart health.

REFERENCES

1. Thiriet M. Cardiovascular disease: An introduction. In: Vasculopathies. Cham: Springer; 2019:1–90. DOI: 10.1007/978-3-319-89315-0_1. PMCID: PMC7123129.
2. World Health Organization. Cardiovascular diseases (CVDs) [Internet]. Geneva: World Health Organization; 2021 [cited 2025 Apr 28]. Available from: https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(CVDs)
3. American Heart Association. 2022 heart disease & stroke statistical update fact sheet: global burden of disease cardiovascular disease (CVD) [Internet]. Dallas (TX): American Heart Association; 2022 [cited 2025 Apr 28]. Available from: https://www.heart.org/-/media/phd-files-2/science-news/2/2022-heart-and-stroke-stat-update/2022-stat-update-factsheet-giobal-burden-of-disease.pdf
4. Loscalzo J, Kasper DL, Longo DL, Fauci AS, Hauser SL, Jameson JL, editors. Harrison's principles of internal medicine. International edition. Vol 2. Part 6, Disorders of the cardiovascular system. New York: McGraw-Hill Education; 2012. p. 1813.
5. Susruta. Sushruta Samhita. Uttartantra 4/34. Sharma P, Sharma A, editors. Vol. 3. Varanasi: Chaukhamba Publishers; 2022. p.57.
6. Susruta. Sushruta Samhita. Uttartantra 43/3-4. Sharma P, Sharma A, editors. Vol. 3. Varanasi: Chaukhamba Publishers; 2022. p. 350.
7. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Vimana Sthana, 5/4, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p.250.
8. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 19/4, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p.110
9. Susruta. Sushruta Samhita. Uttartantra 1/25. Sharma P, Sharma A, editors. Vol. 3. Varanasi: Chaukhamba Publishers; 2022. p. 10.
10. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Chikitsa Sthana, 15/36, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p.98
11. Madhavakara. Madhavanidana. Chapter 29. In: Srivijayaraksita, Srikanthadatta, commentators. Madhukosa Sanskrit commentary. Reprint ed. Varanasi: Chaukhamba Orientalia; 2012. p. 194.

12. Susruta. Susruta Samhita. Uttarasthana, Chapter 43. In: Shastri AD, editor. Ayurveda Tattva Sandipika Hindi commentary by Kaviraja Ambikadutta Shastri. Reprint ed. Varanasi: Chaukhamba Publications; 2005. p. 280.
13. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Chikitsa Sthana, 26/77, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p.607.
14. Bhavamisra. Bhavaprakasa. Part 1.2. In: Misra BS, editor. Vidyotini Hindi commentary. Varanasi: Chaukhamba Publications; 2003. Chapter 34, Hridrogadhikara. p. 353.
15. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 17/30, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p.100
16. Kunte, AM, editor. Sarvangasundari, Commentary. Nidana Sthana 11/33 Vagbhata, Ashtanga Hridaya, with Arundatta. Reprint ed. Varanasi: Chaukhamba Orientalia; 2022. p. 410.
17. Raya RK, Raya R. Vangasena Samhita (Chikitsa Sara Sangraha). Varanasi: Prachya Prakashan; Year not stated. Hridroga Adhikara, p. 364.
18. Mehta SP, Joshi SR, Mehta NP, editors. PJ Mehta's Practical Medicine. 20th ed. Mumbai: Dr. Shilpa Pradip Mehta; 2013. Part 1, Chapter 5, Cardiovascular System.
19. Loscalzo J, Fauci AS, Kasper DL, Hauser SL, Longo DL, editors. Harrison’s Principles of Internal Medicine. 21st ed. Vol. 2. New York: McGraw-Hill Education; 2022. p. 1813.
20. Golwalla AF, Golwalla SA. Golwalla's Medicine for Students: A Reference Book for the Family Physician. 25th ed. Nadkar MY, editor. New Delhi: Jaypee Brothers Medical Publishers; 2023. p. 300.
21. Ralston SH, Penman ID, Strachan MWJ, Hobson RP, editors. Davidson's Principles and Practice of Medicine. 23rd ed. New Delhi: Jaypee Brothers Medical Publishers; 2018. Chapter 16, p. 465.
22. Mohan H. Textbook of Pathology. 8th ed. Damjanov I, foreword. New Delhi: Jaypee Brothers Medical Publishers; 2019. p. 440.
23. Kamath SA, Shah SN, Nadkar MY, editors. API Textbook of Medicine. 12th ed. Vol. 2. New Delhi: Jaypee Brothers Medical Publishers; 2022. Chapter 11, p. 1272.
24. European Society of Cardiology. Poor diet is top contributor to heart disease deaths globally [Internet]. Sophia Antipolis: European Society of Cardiology; 2020 Oct 16 [cited 2025 Feb 6]. Available from: https://www.escardio.org
25. Maron BJ, Pelliccia A. The heart of trained athletes: cardiac remodelling and the risks of sports, including sudden death. Circulation. 2006;114(15):1633-44. DOI:10.1161/ circulationaha.106.613562.
26. Mandal AK, Choudhry S. Textbook of Pathology for BDS. Reprint ed. New Delhi: Avichal Publishing Company; 2016. p. 402.
27. Hargrave AS, Sumner JA, Ebrahimi R, *et al.* posttraumatic stress disorder (PTSD) as a risk factor for cardiovascular disease: implications for future research and clinical care. Curr Cardiol Rep. 2022; 24:2067-79. DOI:10.1007/s11886-022-01809-y.
28. Mandal AK, Choudhry S. Textbook of Pathology for BDS. Reprint ed. New Delhi: Avichal Publishing Company; 2016. p. 418
29. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 17/30, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p 100..
30. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Vimana Sthana, 2/6, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 238.
31. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 17/74, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 103.
32. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Vimana Sthana, 5/20, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 251.
33. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Vimana Sthana, 2/7, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 238.
34. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Vimana Sthana, 2/12, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 239.
35. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 7/33, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 51.
36. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Vimana Sthana, 5/4, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 250.
37. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 17/31, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 100.
38. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Chikitsa Sthana, 26/77, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p 602.
39. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 8/24, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 60.
40. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Sutra Sthana, 7/10, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 49.
41. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Chikitsa Sthana, 10/58, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 477.
42. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Siddhi Sthana, 6/75, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 708.
43. Agnivesha, Charaka Samhita, Acharya YT (editor), Ayurved Dipika commentary by Datt C. 2nd Ed., Chikitsa Sthana, 24/34, Varanasi: Chaukhamba Surbharati Prakashan; 2022, p. 582.

Cite this article as:

Sagarika Purohit, Nithin Krishnan and Dolly Thakur. Integrating knowledge of Ayurvedic aetiologies into preventive cardiology practice: A Narrative Review. Int. J. Res. Ayurveda Pharm. 2025;16(2):222-228 DOI: http://dx.doi.org/10.7897/2277-4343.16276

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