THE EFFECT OF LASUNAIRANDADI KASHAYA IN MANAGING CORONARY ARTERY DISEASE AS AN ADD ON THERAPY: A CASE STUDY
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ABSTRACT
Coronary Artery Diseases (CAD) is a class of diseases that involve the heart or blood vessels. CAD mainly involves underlying mechanism of atherosclerosis which may be caused by high blood pressure, smoking, diabetes, lack of exercise, obesity, dyslipidaemia, poor diet and excessive alcohol consumption. In India, more than 10.5 million deaths occur annually due to CAD. According to 2010-2013 RGI data, proportionate mortality from CVD increased to 23% of the total. Ayurveda vividly describes heart diseases in the context of Hridroga in different classical texts. These concepts can be applied to CAD also. It can be interpreted as Samnipatya Hridroga with Kapha- Vata predominance and it occurs due to Praana-Rasavaha srotoshothi. A 50 year old male patient; already diagnosed as CAD since 2 years came to our OPD with complaints of Dyspnoea on exertion (DOE), chest heaviness and occasional pain with general weakness of the body since 1 week, with ECG, ECHO, TMT and Coronary Angiography reports which shows CAD changes. On investigation, slight increase in Serum Total Cholesterol and LDL were noted. The patient was advised to take 32 ml of Lasunairandadi Kashaya (decoction) with Hingu (150 mg) as Prakshepa Dravya (adjuvant) for 90 days along with the treatment as usual (TAU). Lasunairandadi Kashaya is mentioned in Sahasrayogam, Vridhi Prakaranam. Most of the drugs are Hridya (cardiac protector), Tridoshahara (alleviation of aggravated bodily humours), Ushna Vireya (hot in potency) and Katu Vipaka (state of food/drug after digestion) and Lasuna (garlic) is Prabhanjananam Sreshtam (best for correcting Vata Dosha), which in turn helps in Srotosodhana (purifies the vessels) and Vataanulomana (downward movement of Vata). At the end of the study there was significant reduction in the TMT score along with the symptoms.

Keywords: Coronary Artery Disease, CAD, Lasunairandadi Kashaya

INTRODUCTION
Coronary Artery Diseases (CAD) is a class of diseases that involve blood vessels of the heart. CAD mainly involves underlying mechanism of atherosclerosis which may be caused by high blood pressure, smoking, diabetes, lack of exercise, obesity, dyslipidaemia, poor diet and excessive alcohol consumption. Hypertension causes 13 % CAD death; Tobacco causes 9 % CAD death; Diabetes Mellitus causes 6 % CAD death; Lack of exercise causes 6 % CAD death; Obesity causes 5 % CAD death. CAD accounts ~30 % of mortality, studies conducted in Kerala reported very high CAD mortality rates approaching 80 % for men and 75 % for women and is the leading cause of death globally. In India, more than 10.5 million deaths occur annually due to CAD. According to 2010-2013 RGI data, proportionate mortality from CVD increased to 23 % of the total. It is now affecting almost all sections of the society from young to old. Statistics also shows an increased prevalence of CAD in India as compared to other developing countries.

India has great burden of CAD and the health status of Kerala population differs from that of other Indian states. The overall prevalence of CAD in subjects at or below the age of 60 years was 7.8 % in Kerala. CAD is quite serious as it carries a high risk of death. The pathogenesis involves combination of atherosclerotic plaques and a dynamic component related is coronary vasoconstriction, platelet activation and transient thrombus formation. The common symptoms are chest pain or discomfort, shortness of breath, chest heaviness, fatigue etc. which occur with exercise or emotional stress, last less than a few minutes, and gets better with rest.

There are lots of studies comparing different treatment modalities for stable angina. The efficacy of a particular therapy can best be assessed by objective evaluation of its ability to control ischemia. Coronary Angioplasty does not offer a complete reduction in mortality or the incidences of Myocardial Infarction in patients with CAD since it have a risk of restenosis in arteries.

Coronary Artery Disease (CAD) is a risk factor for Acute Coronary Syndrome (ACS). Although CAD seems to be a benign condition it can progress to Ischemic Heart Disease and thus may
cause death in some patients. Even though modern medicine has anti platelet therapy with statins for life long, again risk of CAD is more\(^6\).

The ancient medical wisdom – Ayurveda vividly describes heart diseases in the context of Hridroga in different classical texts. These concepts can be applied to understand CAD also. It can be interpreted as Sannipata Hridroga with Kapha- Vata predominance and it occurs due to Prana-Rasavaha Srotodushhti. The causative factor can be understood as Agnimandhya (reduced digestive fire) leading to Ama (bio toxins) which is reflected in Dhatvagni Mandya which impairs Dhatuparinama (transformation of Dhatus) thus to Rasa Dushti and that may lead to Upalepatva (coating) – Sanga (obstruction) in Srotas(vessels) which hamper Vyana vaayu leading to Hridroga.

Lasunairandadi Kashaya is mentioned in Sahasrayogam\(^9\), Vridhi Prakaranam. It consists of Lasuna (Allium sativum Linn), Eranda (Ricinus communis Linn), Koberaksha (Caesalpinia bonduc Linn), Punarnava (Boerhavia diffusa Linn), Hapusha (Sphaeranthus indicus Linn), Shunti (Zingiber officinale Rose) and Hingu (Ferula asafoetida Linn), in which Lasuna is Prabhanjananam Sreshtam (best for correcting Vata Dosha) and most of the drugs are Hridya (cardiac protector), Tridoshahara (alleviation of aggravated bodily humours), Ushna Veerya (hot in potency) and Katu Vipaka (best for correcting Vata Dosha and Katu Dosha). These concepts can be applied to understand CAD also. It can be diseases in the context of Hridroga in different classical texts.

**MATERIALS AND METHOD**

**Place of study**

Pankajakasthuri Ayurveda Medical College and Post Graduate Centre Hospital, Killy, Kattakkada, Thiruvananthapuram, India.

**Ethical clearance**

The study has been cleared by IEC vide approval reference number (PKAMC/ADM/01/2017). The study is carried out as per International Conference of Harmonization – Good Clinical Practices Guidelines. (ICH – GCP).

**Personal history**

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<th>Table 1: Personal History</th>
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<td><strong>Appetite: Good</strong></td>
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<td><strong>Allergy: Not Detected</strong></td>
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<td><strong>Addiction: Nil</strong></td>
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<td><strong>Bowel: Regular</strong></td>
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**Investigations**

**ECG:** Poor R progress V\(_1\)- V\(_3\)

T inversion in II, III, aVF, V\(_1\)-V\(_4\)

**ECHO:** Impression – Moderate Mitral Regurgitation

**RWMA – Mild Hypokinesia of RCA TX**

**TMT:** Impression – TMT is positive for exercise inducible ischemia

With a TMT Score = \(-21\)

**Coronary Angiography:** Two Vessel Disease of mid LAD TO and prox LCx

Proximal LCx – 90% lesion

LAD – 50% lesion in Proximal Part, total occlusion short lesion in its Mid Part and 20% lesion in ostial part

**Case presentation**

A 50-year-old Christian male patient, contractor by occupation, reported to Kayachikitsa OPD, Pankajakasthuri Ayurveda Medical College and PG Centre Kattakkada on 28/02/2018 with OP No C 12512 with complaints of Dyspnoea on exertion (DOE), chest heaviness and occasional pain with general weakness of the body since 1 week, who is already diagnosed as CAD since 2 years, came with ECG, ECHO, TMT and Coronary Angiography reports which shows CAD changes.

**History of Presenting Complaints**

The patient was asymptomatic before 4 ½ yrs. There after he got severe emotional stress of his son’s untimely death which resulted in his physical and mental health retardation. He resigned his job and shifted to native, started new job of building contract and there also he had much stress and tensions. 2 years before, at work place he developed severe chest pain with fatigue and excessive sweating with weakness of body. He was taken to GMC Trivandrum and was diagnosed as CAD-AWMI and they suggested for PTCA to LCx, LAD (KBF 2L). He was not willing for that and took only oral medication. 2 months before again he developed general fatigue with restlessness and was admitted in GMC Trivandrum, again they suggested for PTCA. He refused to do so and thus come to Pankajakasthuri Ayurveda Medical College Hospital for better management through Ayurveda.

**History of Past Illness**

Not a known case of diabetes, hypertension and dyslipidaemia.

**Treatment history**

1. T. Metolar 100 mg 1-0-1
2. T. Ecosprin 150 mg 0-1-0
3. T. Clopitude A 75 mg 1-0-0
4. T. Itor 40 mg 0-0-1
5. T. Pantop 40 mg 1-0-0
6. T. Envas 2.5 mg 0-0-1

**Plan**→ PCI to LAD, LCx (K-2.0 L)

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<td><strong>Hb</strong></td>
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**Assessment criteria and grading**

Assessment of subject was done by using TMT score using standard Bruce protocol at 0th, 90th and 120th day.

**TMT Scoring**

The typical observed range of DTS is from -25 (highest risk) to +15 (lowest risk).
DTS = Exercise Time – (5*Max ST) – (4*Angina Index)  
Ex Time – Treadmill Exercise Time, Max ST – Maximum net ST deviation (except aVR)  
Angina Index – Treadmill Angina Index  
0 – No Angina during exercise  
1 – Non Limiting Angina  
2 – Exercise Limited Angina  
Coronary Artery Disease (Kapha-Vata pradhana Sannipataja Hridroga) occurs due to Praana-Rasavaha Srotodushti. The causative factors lead to Tridosha Dushhti (vitiating) which in turn causes Agnimandhya (reduced digestive fire) leading to Ama (bio toxins). This Ama (bio toxins) reaches Rasavahasrotas which is having Hridaya (heart) as Moolasthana (origin) and is reflected as Dhatvagni Mandya which impairs Dhatuparinama (transformation of Dhatus) thus to Rasadhathu Dushhti (vitiating) and which results in the excess formation of Rasa Kitta Bhaga (waste product of Rasa) i.e., the Kapha which causes Upalapatva (coating– Sanga (obstruction) in the Dhamani’s (vessels) and hamper Vyanavanuu. Thus impairs the normal functioning of Hridaya (heart). In Ayurveda, Samprapti Vighatanameva Chikitsa (breaking of pathogenesis is treatment). For the breaking of Samprapti (pathogenesis) of CAD (Kapha-Vata Pradhana Sannipataja Hridroga), Deepana (appetizer), Pachana (carminative), Srotosodhana (purifies the vessels), Hridya (cardiac protective) and Tridoshasrayas (drugs) are essential. Lasunairandadi Kashaya consists of 7 drugs among which most of them are Kaphavata Hara, Srotoshodhaka (purifies the vessels), Hridya (cardiac protective), Deepana (appetizer) and Pachana (carminative). So the probable mode of action can be the Deepana-Pachana drugs improve Agni (digestive fire) and further stops the Rasadhathu Dushhti (vitiation of Rasadhathu) thereby preventing restenosis of atherosclerotic plaque, whereas the Srotoshodhaka and Hridya drugs remove the already existing atherosclerotic plaques and corrects the Vyanavanuu Rodha.

Thus Lasunairandadi Kashaya was found effective in reducing the atherosclerotic plaque in the coronary arteries and thus reducing TMT Score along with the symptoms. The medicine also proved effective in reducing the elevated lipid profile.

DISCUSSION

Cardiovascular diseases are the leading cause of disease burden and deaths globally. A quarter of all mortality is attributable to CVD. Ischemic heart disease and stroke are the predominant causes and are responsible for >80% of CVD deaths. In comparison with the people of European ancestry, CVD affects Indians at least a decade earlier and in their most productive midlife years. CAD mainly involves underlying mechanism of atherosclerosis. The pathogenesis involves combination of atherosclerotic plaques and a dynamic component related is coronary vasoconstriction, platelet activation and transient thrombus formation. Coronary Angioplasty does not offer a complete reduction in mortality or the incidence of Myocardial Infarction in patients with CAD since it has a risk of restenosis in arteries.

Coronary Artery Disease (Kapha-Vata pradhana Sannipataja Hridroga) occurs due to Praana-Rasavaha Srotodushti. The causative factors lead to Tridosha Dushhti (vitiation) which in turn causes Agnimandhya (reduced digestive fire) leading to Ama (bio toxins). This Ama (bio toxins) reaches Rasavahasrotas which is having Hridaya (heart) as Moolasthana (origin) and is reflected as Dhatvagni Mandya which impairs Dhatuparinama (transformation of Dhatus) thus to Rasadhathu Dushhti (vitiation) and which results in the excess formation of Rasa Kitta Bhaga (waste product of Rasa) i.e., the Kapha which causes Upalapatva (coating– Sanga (obstruction) in the Dhamani’s (vessels) and hamper Vyanavanuu. Thus impairs the normal functioning of Hridaya (heart). In Ayurveda, Samprapti Vighatanameva Chikitsa (breaking of pathogenesis is treatment). For the breaking of Samprapti (pathogenesis) of CAD (Kapha-Vata Pradhana Sannipataja Hridroga), Deepana (appetizer), Pachana (carminative), Srotosodhana (purifies the vessels), Hridya (cardiac protective) and Tridoshasrayas (drugs) are essential. Lasunairandadi Kashaya consists of 7 drugs among which most of them are Kaphavata Hara, Srotoshodhaka (purifies the vessels), Hridya (cardiac protective), Deepana (appetizer) and Pachana (carminative). So the probable mode of action can be the Deepana-Pachana drugs improve Agni (digestive fire) and further stops the Rasadhathu Dushhti (vitiation of Rasadhathu) thereby preventing restenosis of atherosclerotic plaque, whereas the Srotoshodhaka and Hridya drugs remove the already existing atherosclerotic plaques and corrects the Vyanavanuu Rodha.

Also, no side effects were noted during the study period and follow up period. The study drug was reported to be palatable by the patients. Therefore Lasunairandadi Kashaya can be used safely as a treatment of choice for CAD

CONCLUSION

Coronary Artery Disease is becoming the most common cause for the declivitous mortality rate among human population. In the current epidemiological shift of diseases in a global perspective, where the life style diseases, degenerative diseases and mutagenic diseases are over extended, for which the current practises in medicines are proving to be inadequate and thus the need for an evidence based approach of medicine is needed. Ayurveda is having such prepatient ability for correcting that inadequacy in managing these diseases; in case of CAD (Kapha-Vata pradhana Sannipataja Hridroga) which can be easily managed and prevented with proper assessment and intervention. It is caused by excessive indulgence in oily, fatty and spicy food and sedentary life style. The treatment with Lasunairandadi Kashaya
is the best way to manage such condition along with Nidana Parivartana (avoidance of causative factors). In the above case this treatment resulted marked reduction in TMT score, Lipid profile along with symptomatic relief. So, it can be concluded that, Ayurvedic approach provides proper management as well as equally beneficial prevention and preservation of health in a CAD patient by removing the already existing atherosclerotic plaques with Srotoshodhaka (purifies the vessels) and Hridya (cardiac protective) drugs and preventing restenosis of atherosclerotic plaque by correcting the Agni (digestive fire) causing Rasadushth (vitation of rasadhatu); hence proving the effective role in the management and prevention of CAD through Ayurveda for leading healthy life.

Recommendations

The primary outcome of this case study was reduction of atherosclerotic plaques assessed by TMT score whereas coronary angiography or CT angiography should be taken as assessment criteria for further studies. Also in case of high risk category patients the intervention can be extended for a period of 6 months for better results.

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