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Understanding cardiac disease through Ayurvedic principles: a comprehensive review

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ABSTRACT:

Background: Cardiovascular diseases remain a major global health concern with modifiable risk factors such as unhealthy dietary habits, physical inactivity, obesity, hypertension, dyslipidaemia, diabetes mellitus and psychological stress contributing to their development. Ayurveda describes Hridroga as a disorder associated with disturbances in *Dosha, Agni, Ama* and *Srotas* offering a holistic perspective on cardiovascular health. **Aim:** To review the Ayurvedic concept of *Hridroga* and explore its conceptual relationship with cardiovascular diseases exploring the preventive approaches described in Ayurveda literature. **Methodology**: Reviewing classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya along with their commentaries. Relevant contemporary scientific publications on cardiovascular diseases were analysed. **Result and Discussion:** Ayurvedic literature describes five types of *Hridroga: Vataja, Pittaja, Kaphaja, Sannipataja* and *Krimija Hridroga*. Its pathogenesis involves *Dosha* vitiation, impaired *Agni,* formation of *Ama*, vitiation of *Rasa Dhatu* and localisation of pathological changes in *Hridaya*. These show potential conceptual parallels with metabolic dysfunction, chronic inflammation, endothelial injury, atherosclerosis and impaired circulation. The Ayurvedic emphasis on dietary regulation, physical activity, psychological well-being and correction of metabolic imbalance is consistent with several principles of contemporary cardiovascular disease prevention. **Conclusion:** The Ayurvedic understanding of *Hridroga* provides a holistic framework for exploring cardiovascular health, particularly through the concepts of *Agni, Ama, Dosha* and *Srotas*. Thus system of Ayurveda plays a vital role in preventive cardiology.

Keywords: *Hridroga*, Cardiovascular Diseases, *Rasa Dhatu*, Atherosclerosis.

INTRODUCTION

The term *Hridaya* in Ayurveda means Heart. *HRU*- means *Harathi* (to receive from), *DA* – means *Dadati* (to give), *YA* – means *Yati* (to control). According to Ayurveda, it is the site of *Mana*, *Chetana* and *moola* of *Rasavaha* and *Pranavaha Srotas*. According to *Ayurvedic* texts *Hridaya* is described as a *Marma* and its measurement is *Musti Pramana*. It is a site of *Vyana Vayu, Sadhaka Pitta, Avalambaka Kapha*, *Ojas, Rasa Dhatu, Indriya* and *Manas*. In this interpretation, it shows the heart's dynamic involvement in receiving, distributing, and controlling essential bodily activities.

Cardiovascular diseases (CVDs) continue to be the leading cause of death worldwide. The World Health Organisation estimates that in 2022, cardiovascular illnesses has taken the lives of 1.8 million people worldwide. More than 75% of these deaths happened in low- and middle-income nations primarily due to reduced facility for preventive and curative healthcare, prompt diagnosis and effective treatment. The majority of this burden is caused by ischemic heart disease and stroke. The main modifiable risk factors are poor eating habits, sedentary lifestyles, tobacco use, obesity and associated metabolic disorders [1].

The other risk factors population, ageing, rapid urbanization and demographic shift have also contributed to the increased burden. Similarly, research from the Global Burden of Disease study showed that cardiovascular diseases continue to impose a significant burden through disability. Despite significant advancements in diagnostic techniques and therapeutic interventions, rising healthcare costs to maintain quality of life also cause hardship to patients [2, 3].

According to the reports released by the WHO European Region and the European Society of Cardiology, more than 42% of all deaths are caused by cardiovascular illnesses. The key modifiable causes are hypertension, dyslipidemia, obesity, diabetes mellitus and sedentary lifestyles. Thus emphasis is needed for comprehensive preventive interventions in addition to appropriate clinical management[4]. Studies on public health in low- and middle-income countries in 2015 showed that about 82% of the 17 million premature deaths were due to non-communicable diseases [5].

By the word *Hridroga*, Ayurveda explains a unique perspective on heart problems. The Madhukosha commentary on Madhava Nidana explains that *Hridroga* includes heart ailments caused by grief, worry and other psychological stress. The heart is recognized as one of the primary *Marma* structures and the hub of several essential physiological activities. According to contemporary anatomy, the heart is a muscular, hollow organ located in the mediastinum and surrounded by the pericardium. Its major function is to keep blood flowing continuously throughout the body called circulation. The heart's remarkable physiological and vital significance is reflected in its recognition as one of the three major *Pranayatana* in Ayurvedic literature [6]. The Ayurvedic description of *Hridroga* may provide insightful view points for a more comprehensive approach to cardiovascular health.

METHODOLOGY

This review integrates modern scientific evidence with a comprehensive analysis of traditional Ayurvedic literature. The major Ayurvedic classics like the Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya and their commentaries were referred. Original research articles, review papers and other scholarly publications also referred and analyzed.

RESULT AND DISCUSSION

Concept of *Hridroga*

Among the major Ayurvedic books, the Charaka Samhita sutra sthana 17th and 26th chapter, Charaka Samhita siddhi sthana 9th chapter has the earliest comprehensive account on *Hridroga*. Vagbhata mentioned *Hridroga* in Ashtanga Hridaya nidana sthana 5th chapter and in chikitsa sthana 6th chapter and Sushruta mentioned it under Sushruta Samhita Uttara tantra 43rd chapter further expanded on the illness, offering a unique viewpoint. Sushruta dedicates an entire chapter to the description of Hridroga, emphasising its anatomical significance, whereas Charaka and Vagbhata both address it in more general terms as internal disorders. A detailed description of *Hritshula* (heart pain) may also be found in the Sushruta Samhita in the *Gulma Pradhisheda Adhyaya* of the Uttara Tantra. It explains several acute pain patterns that manifested as consequences of *Gulma*. Among these, *Hritshula* is considered as a significant manifestation affecting the cardiac region, suggesting that long before contemporary cardiology emerged, ancient Ayurvedic physicians recognized a variety of clinical manifestations of heart-related diseases [7].

Causes of *Hridroga*

Acharya Charaka claims that several dietary, physical and psychological variables contribute to the development of *Hridroga*. Important contributing factors include excessive physical effort (*Atiyavayama*), indiscriminate use of purification techniques like *Virechana* and *Basti*, emotional stress including fear and anxiety, poor treatment leading to progression of other systemic illnesses, suppression of the natural urge to vomit, accumulation of *Ama*, severe emaciation and traumatic injuries [8]. These disorders eventually weaken the ability of heart to function normally by upsetting the *Doshas* homeostasis. According to Vagbhata, the causes of *Hridroga* and *Gulma* are similar, suggesting that both conditions have similar pathogenic pathways. Acharya Madhava further developed this idea. Frequent ingestion of meals that are too hot, heavy, bitter or astringent, eating before the previous meal has not been digested, overexertion, and persistent psychological stress are all capable of disturbing the normal physiological balance, resulting in weakened *Agni* and production of *Saama Rasa*. This further leads to the development of *Hridroga*[9].

Types of *Hridroga*

Based on the dominance of the *Doshas* involved, *Hridroga* is divided into five different types by Charaka, Madhava and Vagbhata[10]. These comprise *Vataja Hridroga, Pittaja Hridroga, Kaphaja Hridroga, Sannipataja Hridroga* and Krimija Hridroga. Sushruta, on the other hand, does not include the *Sannipataja* type in his classification[11].

Pathogenesis of *Hridroga*

According to Ayurveda, *Hridroga* is a disorder that develops gradually in body.

But symptoms may appear as acute in origin. Good digestive fire is essential in production of healthy *Rasa Dhatu*, which reaches *Hridaya* and further circulates all over body for nourishment. The vitiated doshas affect *Agni,* producing *Dushita Rasa Dhatu,* which localize in the *Hridaya*. Due to their long time in interaction, the *Dushita Rasa* affects the *Adhisthana Hridaya* impairing its physiological functioning [12]. This sequential explanation highlights the possibility of early detection and timely management by understanding the variations of digestion in a person. *Rasavaha Sroto Dushti Lakshana* supports in diagnosis prior to the manifestation of *Hridroga* [13].

Integrating this Ayurvedic perspective, many cardiovascular disease manifestations can be prevented. The well-known modifiable risk factors linked to cardiovascular diseases closely align with the traditional causes of *Hridroga*, which include poor eating habits, physical inactivity, mental stress, overexertion and associated systemic disorders. Although their mechanisms are explained within distinct conceptual frameworks, both medical systems believe that metabolic disorders like obesity, hypertension, dyslipidemia, diabetes mellitus are important factors in the development of heart disease [14].

One of the core ideas of Ayurveda is that poor *Agni* causes *Ama* to form, which in turn blocks the *Srotas*. This pattern can be conceptually compared to endothelial damage, chronic low-grade inflammation, metabolic inefficiency and the slow accumulation of atherosclerotic plaques from contemporary biomedical science [15]. *Srotorodha* due to *ama* resulting in reduced circulation and an obstruction to *Vata* is very similar to the atherosclerotic changes caused by cholesterol, causing ischemic changes progressing to infarction. These interpretations show that traditional Ayurvedic observations can be well correlated with mechanisms explained in modern science [16]. Ischemic heart disease is commonly associated with obesity and dyslipidaemia. Ayurveda principle also supports the same by mentioning *Ati sthoulya, Prameha* and *Sroto Lepa* under *Santarpana Janya Vyadhi* [17], causing obstruction to channels affecting perfusion. Thus similarity is evident in the pathogenesis of heart disease too [18].

Overindulgence in sweet, heavy, unctuous foods, sedentary life style leads to the gradual accumulation of *Sama Rasa Dhatu* along with *Dushti* of *Dhatu* dominant with *Prithvi* and *Jala Mahabhoota* developing *Santarpana Janya Vyadhi* [19]. Atherosclerosis is also now recognized by modern science as a chronic progressive condition rather than an abrupt occurrence. The vascular endothelium is harmed by long-term exposure to bad eating patterns and lack of exercise, which causes lipid-rich plaques to gradually build up inside arteries. The arteries gradually narrow and become less flexible limiting the amount of blood that can reach the heart. It may either result in thrombus formation leading to myocardial ischemia or the plaque may rupture causing emboli and finally end up in myocardial infarction [20].

The *Khavaigunya* (prior damage) occurring at the *Hridaya Marma* is possible in the above two ways in patients is a well established fact in modern medical science [21]. In Ayurveda concept of hereditary and congenital diseases is mentioned in the context of *Beeja Dushti* [22]. Indulging in *Sodhana* procedures before conceiving can

bring a good progeny, reducing the possibility of *Beeja Dushti* and helps in restoring the equilibrium and optimizing the *Garbhasambhava Samagri* [23]. This preventive aspect in Ayurveda can be adopted in modern medical science and its efficacy can be proved through anomaly screening tests in pregnancy. Despite the distinct language and ideology, both sciences together if adopted can improve the preventive and management aspect in cardiovascular diseases.

Vyana Vata is considered a crucial regulator of circulation for healthy heart function according to Ayurvedic physiology [24]. Palpitations, poor circulation, chest pain or discomfort are symptoms where involvement of *Rasa Kshaya* resulting in *Vyana Vata Prakopa* are clinically similar to signs of ischemic heart disease. *Medo Avarana Janya* condition due to *Medo Dhatwagni Mandya* shows a connection with insulin resistance and obesity causing structural alterations in channels, causing atherosclerotic changes. Thus the relationship of managing *Dhatwagni Mandya* in atherosclerotic changes is evident.

As Ayurveda highlights the significance of modifying lifestyle, correcting *Agni*, clearance of *Srotas* as the basic line of management in *Hridroga*. These ideas have significant conceptual similarity with metabolic dysfunction, chronic inflammation, endothelial damage and improper vascular flow mentioned in modern science. The Ayurvedic description of *Medo Roga* strongly aligns with a robust correlation between cardiovascular risk, diabetes mellitus and obesity. These findings show that both systems acknowledge the debilitating impact of metabolic imbalance on cardiovascular health. Ayurveda aligns with contemporary preventive cardiology ideas by emphasizing nutritional control, physical exercise, balanced mental health and early repair of systemic illnesses.

CONCLUSION

Despite tremendous advancements in detection and treatment, cardiovascular illness still poses a large worldwide health burden, highlighting the interrelated roles of *Dosha, Agni, Ama, Srotas*, diet, lifestyle and psychological well-being in the genesis of disease. The Ayurvedic concept of *Hridroga* offers a conceptual similarity with modern cardiovascular risk factors and underlying pathological pathways, even though they do not necessarily match particular cardiovascular conditions of contemporary medicine. According to the current perspective, Ayurvedic principles may make significant contributions to preventive cardiology, especially through the emphasis on preserving metabolic balance, encouraging healthy lifestyle choices and addressing modifiable cardiovascular risk factors before irreversible pathological changes takes place. However, scientific caution should be exercised when interpreting these close conceptual similarities. This similarity should not be seen as proof of direct biomedical equivalence and more experimental and clinical studies are required to confirm these suggested correlations.

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