

## A Bird Eye View On Hridroga In Ayurved Classics

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### **Abstract:**

*Hridroga Is Among Those Referenced In Ayurveda Where In The Portrayal Is Very Concise And The Ayurvedic See Point Needs Explanation. Considering The Expanding Proof Of Heart Issues In The Current Occasions This Viewpoint Expects Added Significance. Among The Five Sorts Of Hridroga Portrayed, In Vatika Assortment Ayurveda Appears To Have Considered The Sickness Substance That Goes Under Ischemic Heart Disease. None Of The Other Cardiac Burdens Appear To Have Been Portrayed Under Hridroga. It's Anything But A Couple Of The Introducing Highlights Dependent On This Acute/Significant/Dominating Nature Have Been Depicted Vatika Sotha And Swasa. It Looks Like Torment Ruling Coronary Illness Is Imagined As Hridroga. At The Point When Oedema Is Discovered To Be The Fundamental Introducing Highlight It Is Held Under Vatika Sotha And When Dyspnea Is The Primary Side Effect It Is Portrayed As Swasa. The Current Article Embraces To Talk About This Point Exhaustively, In View Of Ayurvedic Ideas Just As Current Information On Medication.*

**Keywords:** Hridya Roga, Vataja, Pittaja, Kaphaja, Dyspnea, Heart Disease

### **Review Of Hridroga:**

The Terms Hridyata, Hridroga, Hridayamaya And Hridaya Sula Have Been Used In Vedas. The Earliest Detailed Description Of Hridrogas Is Available In Caroka Samhita (Ca. Su. 17, Ca. Ci 26, Ca. Si 9, - Much Of The Description In, Bhela Samhita Being Extant) Followed By Susruta (Ut. Ta. 43)<sup>1</sup> And Vagbhata (As. Hri. Ni-5 And Ci-6)<sup>2</sup>. While Caraka And Vagbhata Describe Hridroga As A Part Of Some Other Chapter Susruta Has Devoted A Separate Chapter To Deal With The Disease. Besides, Hritshoola<sup>4</sup> Has Been Described Separately In The 42nd Chapter Of Uttara Tantra (Susruta)<sup>3</sup> Entitled Gulma Pratishedadyaya. Various Types Of Acute Pains Have Been Described Which Occur Either As Complications Of Gulma Or Appear Independently. Hritsoola Has Been Put Under The Latter Category Of Soolas.

### **Nidana (Etiology):**

The Etiological Factors Of Hridroga, According To Ayurveds, As In The Case Of Any Other Disease Revolve Around The Type As Well As Mode Of Food Intake And The Way Of Living One's Life. They Can Be Categorized Into Three Groups:

- Dietetic Factors: Usna, Guru, Kasaya, Tikta Sevana, Advasana
- Somatic Factors Srama, Vegadharana, Abhigata, Ativerchana

- Psychological Factors Cinta, Bhava, Trasa, Mada

Vagbhata States That The Etiological Factors Of Hridroga Are Similar To That Of Gulma. Modern Medicine On The Other Hand, Based On Clinical And Experimental Evidence Puts The Blame On Food Containing Large Amounts Of Saturated Fat, And Cholesterol And Cigarette Smoking And Stress And Strains Of Modern Sophisticated Life. Ayurvedic Classics Refer To Guru Ahara, But Do Not Mention Sniga Ahara (High Fat Diet) Among The Causative Factors. Instead, In The Management, Number Of Ghee Preparations Is Recommended.

### **Samprapti (Pathogenesis):**

Dushayita Rasam Doshah Viguna Hridayamgatah Hridibadam Prakurvanti Hridorganga Pracakshate S. Ut. 43/4.<sup>4</sup> In The Presence Of The Etiological Factors The Doshas Get Vitiated And Take Refuge In Hridaya. Then Vitiates Rasa, Hridaya Being The Seat Of Rasa, And Produce Hridroga. A Doubt Arises As To Whether The Rasa Is Vitiated After The Doshas Invade Hridaya Or Prior To It. As Hridaya Is The Seat Of Rasa It Would Be Logical To Accept That The Vitiating Of Rasa Takes Place After The Vitiating Doshas Reach Hridaya. But An Interpretation Like “Viguna Kupita Doshah Rasam Dushayitva Hridayam Gatah”<sup>6</sup> Is Also Possible. It Seems That Many Ayurvedic Scholars Subscribe To This View. But Under The Present Circumstances When We Ayurvedists Are Not In A Position To Take Full Advantage Of The Pathological Basis (As Depicted In Ayurvedic Texts) In The Management Of Any Particular Disease The Discussions Of Such Type Are Not Rewarding And Even Seem To Be Unwarranted.

### **Bheda – Lakshna (Classification And Symptomatology):**

Five Type Of Hridrogas Viz.

- Vataja,
- Pittaja,
- Kaphaja,
- Sannipataka And
- Krimija

These Have Been Described By Charaka And Vagbhata. Susruta Has Omitted Tridoshaja Variety. General Symptomatology Of Hridrogas Has Been Mentioned Only By Charaka. In The 26th Chapter Of Cikitsa He Observes Vaivarnya Murcha Jwara Kasa Hikka Swasasya Vairasya Trisha Pramohah Chardhih Kaphotklesha Rujo Arucisca Hridrogajah Syuh Vividhah Thathonye Ca.Ci. 26/78 Commenting On This Verse Cakrapani Has Made An Interesting Observation.<sup>5</sup> The Usage ‘Hridrogaja’ According To Him Refers To The Signs And Symptoms That Appear In A Person Who Has Already Been Afflicted By The Disease. Hence He Considers Them As Complications Of Hridroga. Vataja Hridroga: The Symptomatology Envisaged By Charaka Susruta And Vagbhata. A Close Look At This Shows That Charaka After Stating That The Pain Could Be Severe Goes On To Enlist The Associated Symptoms Of This Type Of Hridroga.<sup>6</sup> He Does Not Go Into The Details Of Pain As Such. However Susruta Has Very Clearly Described The Nature Of The Pain. But He Does Not Talk About The Associated Symptoms.

Vagbhata Comes To A Compromise By Uniting The Two. A Keen Observation Backed By A Intuitive Mind Uncovers The Similarly, The Above Symptomatology Has With That Of Ischamic Heart Disease Known In Modern Medicine.<sup>7</sup> A Glance At The Current Available Literature On Angina And On Mi., Would Be Useful At This Juncture. ‘Angina’ Is Defined As An Acute Pain Of Cardiac Origin Related To Inadequate Blood Supply. Felt Over The Left Of Chest Or More Commonly In The Retrosternol Region It Can Radiate To The Neck, Shoulders And Even To The Tip Of The Fingers. By Nature It Is Squeezing, Stretching, Constricting, Pressing Or Crushing And Is Aggravated By Exercise, Heavy Meals And Is Relieved By Rest. In Myocardial Infarction (Mi) On The Other Hand The Pain Is Similar To Anginal Pain But Symbolizes The Blockage Of The Blood Vessels Supplying To Certain Portion Of The Heart Muscle. Infarction May Be Due To Sudden Occlusion Or May Follow Simple Ischemia. Thus Myocardial Infarction Can Also Manifest As A Complication Of Angina. To Be Precise 35% Of The Patients Of Angina Develop Myocardial Infarction. Besides Pain Mi Is Associated With The Following Symptoms:- Cyanosis (Sometimes) Syncope, Fever Cough Breathlessness Thirst, Confusion Restlessness, Nausea, Vomiting, Frothy Or Blood Mixed Sputum, Sweating And Coldness Of Limbs (Symptoms – Arranged So As It Suit The Discussion That Follows At A Later Stage). Comparing The Two Views It Is Obvious That The Oriental And The Occidental Views Are Quite In Comparable Terms.<sup>8</sup> The Ayurvedic View Point On The Location (Hridistah, Hridi Bada) And Nature (Bhojane Catyartha Vedana, Sulyate Atyartarm, Nirmatyate, Ayamyate, Etc) Of Pain Are Quite In Accordance With The Description Of Angina Available In Texts Of Modern Medicine. Quite Interestingly The General Symptomatology Given By Charaka In Ca.Ci 26 (Varivarnya Etc) Is Quite In Parlance With The Symptomatology Of Myocardial Infarction (Cyanosis Etc – View Above).<sup>9</sup> Myocardial Infarction Is A Complication Of Angina And Curiously Enough Cakrapani While Commenting On The Verse Ca. Ci 26/78 Terms Of Symptomatology As Complication Of Hridroga. It Is Very Difficult To Say Whether Ayurvedists Conceived Angina And M.I As Separate Entities And M.I. As Complication Of Angina, But Cakrapani’s View Point Is Certainly A Curtain Raiser And Further Studies On This Aspect Would Be Useful.<sup>10</sup> But It Is Certain That Ayurvedists Conceived A Clinical Syndrome Which Now Is Known Under The Term Ischemic Heart Disease. But One Has No Evidence As To Whether Or Not They Had The Idea About The Underlying Pathology (As Described In Modern Medicine). Susruta’s Explanations To This Effect (Su. Ut. 42 / 132 & Su. Ut. 43/4) Are Inconclusive. More References Pertaining To Sula Related To Heart Are Also Available. Susruta In Ut. 42 / 132 While Dealing With Gulma Describes A Few Sulas Which Occur Independent Of Gulma. ‘Hritoshoola’ Is One Among Them. Besides He Terms Hritkukushi Parswa Sulas As Kaphaja Sulas. However Madhavakara Includes Hridaya Among The Five Sites Of Vatika Sula. Pittaja And Kaphaja Hridrogas : The Presenting Features As Found In Ayurvedic Classics Are Vague And Hence Inconclusive. The Symptom Sula Which Is Most Pathognomonic Of Vataja Hridroga Does Not Find Even A Mention Here. The Symptomatology As Such Does Not Resemble Any Existing Disease Entity In Particular.<sup>11</sup> At The Most It Represents Various Manifestations Of The Two Vitiated Doshas In Any Given Condition. Sannipataja And Krimija Hridrogas : Susruta Does Not Include Sannipataja Among The Four Types He Has Described Caraka Also Keeps Krimija As A Complication Of Sannipataja Variety. While Sannipataja Is Stated To Include Only Combined Symptomatology, Krimija Is Said To Have A Different Set Of Signs And Symptoms. The Pathogenesis Is Also Separately Explained. It Is Said That The Patient Afflicted With Krimija Hridroga, If Consumed In Excess, Of Tila, Kshira And Guda, ‘Granthi’ Would Be Formed Where Colonization Of Krimija Would Take Place. The Condition Is Said To Have Severe Pain Associated With Prusitis.<sup>12</sup> Aruchi, Hrillasa, Syavanetrata, Tamah Pravesha Are The Associated Symptoms. Cardiac Enlargement Occurs In Severe Anaemia Caused By

Anchylostoma. Symptoms Like Severe Pain In The Chest, Nausea, Salivation (Hrillasa) Anorexia (Aruchi) Confusion (Tamah Pravesha) Occur. Haemic Murmur Can Also Be Heard. But The Formation Of 'Granthi' Can Hardly Be Explained. Besides Syavanetra Adds To The Confusion. Over Enthusiastic Ayurvedic Scholars Compare The Condition Of K. Hridroga With Bacterial Endocarditis. Severe Anemia And Anorexia Do Occur. Vegetations (Granthi) Develop Over The Affected Valves And Colonization Of Bacteria Takes Place. But Severe Pain And Pruritis Are Nowhere Seen. Syavanetrata Once Again Is Confusing And May Not Indicate Anemia And Vegetations May Not Be Granthi. Besides The Ayurvedic Concept Of Krimi Is Vague And Has Not Been Satisfactorily Explained. So Comparing K. Hridroga With Anemia Of Cardiac Origin Or Endocarditis Of Infective (Bacterial) Origin Seems To Have Been Resulted More Out Of Enthusiasm Than The Actual Analysis Of The Factors. With The Available Literature On The Ayurvedic Anatomy Of Heart, It Is Difficult To Believe That The Ayurvedists Had No Idea About The Valves Of The Heart And Their Disorders. However, It Is Clear That The Conceived The Idea Of Krimi Producing A Hridroga. Madhavakara's Statement That Krimiroga Is A Nidanarthakara Roga To Hridroga Only Substantiates This View. Severe Anemia Though Not Included Among The Diseases Of The Heart Is Certainly Among The Causes Of Myocardial Infarction. Diet And Regimen In The Pathogenesis Of

### **Hridya Roga:**

Non Communicable Diseases Are Directly Linked To The Food And The Regimen; I.E., Lifestyle. Commonest Ncds In India That Has An Impact Of Faulty Lifestyle Are Obesity, Mental Illnesses, Cancer, Heart Diseases, Respiratory Diseases, Hormonal Disorders And Food Allergies. The Human Heart Is Responsible For Providing Tissues With Vital Nutrients, And Facilitating Waste Excretion. Consequently, Cardiac Dysfunction Causes Devastating Physiologic Consequences. Disruption Of Any Element Of The Heart – Myocardium, Valves, Conduction System, And Coronary Vasculature, Can Adversely Affect Pumping Efficiency Thus Leading To Morbidity And Mortality. Cardiovascular Diseases (Including Coronary Artery Diseases) Is Number One Cause Of Worldwide Mortality, With About 80% Of The Burden Occurring In Developing Countries.

### **Risk Factors**

Inappropriate Nutrition, Insufficient Physical Activity, Increased Tobacco Consumption, Overweight, Central Obesity, High Blood Pressure, Dyslipidaemia, Diabetes And Compromised Cardio Respiratory Health Are Among The Major Etiological Factors Contributing To The Increased Risk.

**Nutritional Factors In Cardiovascular Diseases:** As Per WHO; Dietary Habit, Lipid Profile And Coronary Heart Diseases Are Strongly Interrelated To Each Other. The Nutritional Factors Which Play A Role In Causation Of Cardiovascular Diseases Are:

- Cholesterol
- Lipoproteins
- Fatty Acids
- Triglyceride

- Carbohydrate
- Dietary Salt

### Conclusion:

To Finish Up Ayurvedic Idea Of Hridroga Is Very Crude When Contrasted With That Of Western Current Medication And It Doesn't Stretch Out Past Ischemic Heart Disease And Partially Congestive Heart Failure. While The Depiction Of Vatika Hridroga Is Plainly As Per That Of Ischemic Heart Disease, Consolidated Symptomatology Of Vatika Sotha And Swasa Give An Unclear Image Of Congestive Heart Failure.

### References:

1. *Charaka Samhita*, Agnivesha, Charaka Chandrika Hindi Commentary, Tripathi Bn, Chakrapani On Caraka Samhita Vimansthana, Rogbhishagajitiya Vimaan Adhyaya), P.861, Chaukhambha Surbharati Prakashana, Varanasi ,1983 (2006)
2. *Ashtanga Samgraha*, Shashilekha Sanskrit Commentary By Indu, Prof. Jyotir Mitra, Sutra Sthana Ayushkamiya Adhyaya, P.5, Chowkhamba Sanskrit Series Office, Varanasi 2008.
3. *Susruta Samhita*, Ayurveda Tatwasandipikahindi Commentary, Kaviraj Dr. Ambikadutt Shastri, Sharira Sthana Garbhavyakaran Sharir, P.37/38, Chaukhamba Sanskrit Sansthan, Varanasi, 2007
4. *Susruta Samhita*, Ayurveda Tatwasandipikahindi Commentary, Kaviraj Dr. Ambikadutt Shastri, Sharira Sthana Garbhavyakaran Sharir, P.37/38, Chaukhamba Sanskrit Sansthan, Varanasi, 2007
5. Susruta. Shastri Kaviraja Ambikadutta, Editor. *Susruta Samhita*. Vol I. Reprint 2011. Chaukhambha Sanskrit Sansthan, Varanasi. Sarira Sthana. Ch. 6 Ver.6 10.
6. Susruta. Shastri Kaviraja Ambikadutta, Editor. *Susruta Samhita*. Vol I. Reprint 2011. Chaukhambha Sanskrit Sansthan, Varanasi. Sarira Sthana. Ch. 4 Ver. 30.
7. Susruta. Shastri Kaviraja Ambikadutta, Editor *Susruta Samhita*. Vol I. Reprint 2011. Chaukhambha Sanskrit Sansthan, Varanasi. Sarira Sthana. Ch. 6 Ver.7.
8. Agnivesha. Dwivedi Lakshmidhar, Dwivedi Bk, Goswami Pradip Kumar, Editors. *Caraka Samhita*. , Vol Ii . Chowkhamba Krishnadas Academy, Varanasi. Sarira Sthan Ch. 6 .
9. Susruta. Shastri Kaviraja Ambikadutta, Editor *Susruta Samhita*. Vol I. Reprint 2011. Chaukhambha Sanskrit Sansthan, Varanasi. Sarira Sthana. Ch 5 Ver.5
10. Susruta. Shastri Kaviraja Ambikadutta, Editor *Susruta Samhita*. Vol I. Reprint 2011. Chaukhambha Sanskrit Sansthan, Varanasi. Chikitsa Sthana. Ch. 2 Ver. 12
11. Contrepolis A. Towards A History Of Infective Endocarditis. *Medical History*. 1996;40:25– 54.
12. Osler W. The Gulstonian Lectures, On Malignant Endocarditis. *British Medical Journal*. 1885;1:577–579.