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# Integrative management of Congestive Cardiac Failure (Hrudrog) with Ayurveda and Modern Medicine: A Case Report

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## ABSTRACT

**Introduction:** The prevalence and incidence of congestive heart failure (CCF) is increasing. There is no any published case report that shows the treatment of CCF through Ayurveda. This is case of CCF treated with *Ayurveda*. **Clinical findings:** A 68 years male patient came with complaints of dyspnoea on exertion, mild orthopnoea associated with chest pain, abdominal distension, and loss of appetite, constipation, bilateral pedal oedema, and dry cough since 1 year. **Diagnosis:** He was known case of CCF. In *Ayurveda* it can be correlated with *Hrudroga*. **Intervention:** Patient was treated on the basis of treatment principle of *Hrudroga*. **Outcome:** There is increase in left ventricular ejection fraction from 25% to 40% within 2 months. ECG was normal, complete relief in symptoms after 2 years course of treatment. **Conclusion:** This case report give direction to the treatment of CCF through Ayurveda. Hence the further research in this direction is warranted.

**Key words:** Congestive Cardiac Failure, Ayurved, Life Style Modification, Case Report.

## INTRODUCTION

Congestive cardiac failure (CCF) is complex clinical problem. There is impairment of heart ventricles ability to fill or eject the blood. In India, Heart disease (CVD and Cardio Myopathy) is first out of five causes for death. In different studies it has been found that the prevalence of death due to heart disease is increasing in which premature age death episode now found prominently.<sup>[1]</sup> It is an changing epidemic also

remains clinical and public health problem. Total number of patients living with heart failure is increasing; due large number of risk factors and comorbidities. Symptoms of heart failure are dyspnoea, orthopnoea, oedema, pain from hepatic congestion, and abdominal distention from ascites due to fluid accumulation and fatigue, weakness due to reduced cardiac output.<sup>[2]</sup>

According to modern medicine basic treatment principle is using ACE inhibitors, angiotensin II receptor blockers (ARB), as well as mineralocorticoid receptor antagonists (MRA) and beta-blockers. Treatment protocol also focuses on reducing risk factors, managing multi-morbidly and chronicity, as individuals will be living with heart failure longer than ever before.<sup>[3]</sup>

The conventional treatment of heart failure is improved in decades but survival and quality life of patients is unsatisfactory. There are some published clinical trial on *Ayurveda* treatment is adjuvant therapy in management of heart failure. Many herbal

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medicines have antioxidant, anti-inflammatory, antiplatelet or hypolipidemic properties. There is need to evaluate potential role of herbal medicine in management of heart failure.<sup>[4,5]</sup>

Here a case of CCF initially treated with conventional therapy along with *Ayurveda* treatment for 21 days. After that only *Ayurveda* treatment is given along with life style modification by evaluating the causative and risk factors for heart disease as per *Ayurveda* classics.

### PATIENT INFORMATION

A 68 years male patient known case of congestive cardiac failure came in outdoor patient department of Bhavsar Clinic and Research Centre with complaints of dyspnea on exertion, mild orthopnea associated with chest pain, abdominal distension, and loss of appetite, constipation bilateral pedal edema, and dry cough since 1 year. Patient was taking modern medicine physician treatment but not got complete relief. So, he was managed at Bhavsar Clinic and Research Centre. Initially modern medicine treatment was continued along with herbomineral medicine. As patient got relief, he stopped modern medicine treatment and continued herbomineral medicine.

### General examination

He was afebrile with pulse 98/min, blood pressure was 100/60 mmhg, SPO<sub>2</sub> was 98%, pallor, icterus clubbing was absent. Bilateral leg pitting edema was present. Tenderness was absent at bilateral legs.

In *Ashtavidha Parikshan* his *Nadi* was (*Vatpradhan*), he had constipation, *Jivha* (~tongue) was *Saam* (~slightly coated), *Mootra* (~urine) passed 3 times per day. His *Aakruti* (~body built) was *Krush*, *Shabd-Spashta*, *Sparsha* - *Samshitoshna*, *Druk* (~vision) - *Avikrut*.

### Dashavidh Pariksha

*Prakriti* - *Vatpittaj*, *Sar* - *Awar*, *Samhanan* - *Awar*, *Satv* - *Alpa*, *Satmya* - *Alpa*, *Aaharshakti* - *Alpa*, *Vyamshakti* - *Alpa*, *Desh* - *Sadharan*, *Vaya* - *Vrudhdhavastha*.

### Systemic examination

Respiratory bilateral air entry decreased, Cardiovascular sounds was normal and Central

nervous systems were within normal limit. Bowel sound present. Superficial and deep tendon reflexes were also normal. Per abdomen - dull note present on percussion

### Strotas Parikshan

*Rasavaha Strotas*, *Pranvaha Strotas*, *Purishvaha Strotas Dushti Lakshan* were observed.

### Clinical findings

Clinical symptoms of CCF; dyspnoea on exertion, mild orthopnoea, pedal edema, fatigue, anorexia was present in patient.

### Diagnostic Assessment

Patient was diagnosed as Congestive Cardiac failure from clinical symptoms and investigations. Details of investigation are mentioned in Table 1.

**Table 1: Details of investigation**

Chest x ray	(25/12/2007)	Bilateral plural effusion, mild cardiac enlargement due to pericardial effusion
USG abdomen	25/12/2007	Acitic fluid
2 D Echo	25/12/2007	Dilated LA and LV, global LV hypokinesia, LVEF 15 to 25% very poor, Mild pulmonary hypertension, moderate to severe mitral regurgitation, pericardial effusion
	4/2/2008	As compared to previous echo LV function improved remarkably 40% Mild hypokinesia Normal pulmonary arterial pressure. No cardiac effusion
ECG	24/12//2007 & 15/01/2008	S wave in I, Nonspecific T flat in II, III, aVF, T Inverted in V5 and V6, ectopics, ST changes in V3,V4,V5,V6,

14/5/2010	except minor changes in ST changes in V2 toV6
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**Therapeutic intervention**

The patient was treated on the basis of treatment principle *Hrudrog* considering vitiation of *Vat*, *Pitta Dosha* and *Ras Dhatu*. Date wise treatment mentioned in table 2 and rationale of treatment is mentioned in table 3.

**Table 2: Date wise treatment**

Date	Modern medicine	Ayurveda medicine		
		Medicine	Dose	Aushadh Sewana Kala
From 25/12/2007 (First 21 days treatment)	1.Tab Lanoxin 0.25mg OD (5 days in a week) 2.Tab Lasilactone 50mg OD 3.Tab Zilos 25mg OD 4.Tab Vasosprin 30/75 OD 5.Tab Carnitor BD 6.Tab Clodrel 75 mg BD 7.Tab Cordarone 100mg OD	1. Nardiya Lakshmilasras	125 mg	Vyane - Udane
		2. Arogyavardhini Vati Raspachak Vati Triphala Churna Pushkarmool Churna Punarnavashtak Churna 7 times processed with punarnavashtak kwath	500mg g 250mg g 1gm 500mg g 3gm	
From 16/1/2008 To 14/5/2010	Gradually decrease the dose and Discontinued modern medicine after 40days treatment	1. Arogyavardhini Vati Raspachak Vati Triphala Churna Pushkarmool Churna Punarnavashtak churna 7 times processed with	500mg g 250mg g 1gm 500mg g 3gm	Vyane - Udane

Punarnavashtak Kwath	250 mg	Rasayan e
2. Nagarjunabhra Ras	10gm	
3. Agastiharitaki Rasayan		

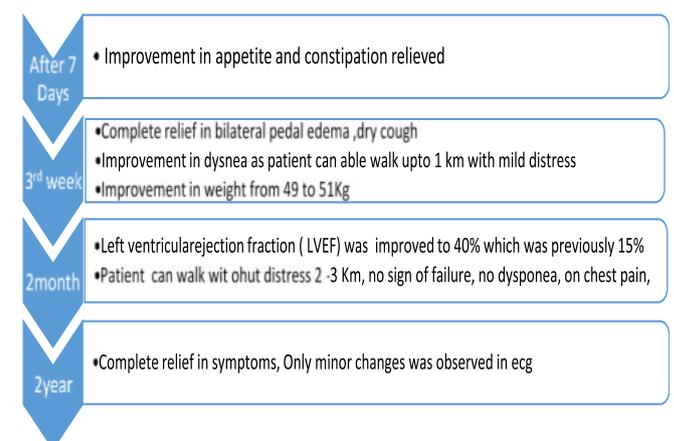
**Table 3: Rationale of treatment**

Medication	Rationale of Ayurveda Treatment
Nardiya Lakshmilasras <sup>[6]</sup>	Site of action - heart, Raktavahstrotas, lungs Acts on vitiated Vat Dosha specificity through Laghu, Sheet, Chal Guna of Vata Acts on Dushya - Ras, Rakta, Mans Actions - Hrudya, hurday uttejak
Nagarjunabhra ras <sup>[7]</sup>	Rasayan, Hrudya, used in Hrudrog, Shhothahar
Agastiharitaki Rasayan <sup>[8]</sup>	Rasayan used in hrudrog
Arogyavardhini Vati <sup>[9]</sup>	Deepan, Pachan, Hrudya, it is useful chronic heart disease with edema
Punarnavashtak Kwath <sup>[10]</sup>	Shothhar
Triphala Churna <sup>[11]</sup>	Rasayan, Deepan, Shothhar
Rasapachak Vati <sup>[12]</sup>	Deepan

**Follow up and outcome**

The outcomes of treatment over the period 2 years of treatment is mentioned in timeline 1.

**Timeline 1**



## DISCUSSION

The heart is indispensable for all the normal mental and physical activities because entire sense perception depends on heart. Heart is place of *Par Ojas* and also controller of mind.<sup>[13]</sup> It is the *Ojas* that keeps the all living beings refreshed. There can be no life without *Ojas*. It sustains the life and it is located in heart. It constitutes the essence of all tissue elements. In *Ayurveda* classics states that those who want to preserve *Ojas* and maintains heart and vessels attached to it in good condition, should avoid factors that may lead to unhappiness. The diet and drugs which are conducive to the heart, *Ojas* and channels of the circulation should be taken.<sup>[14]</sup>

There are five types of *Dosha* accompanies in heart these are *Pran Vayu* (vitiation shows dyspnoea on exertion, cough, drowsiness), *Vyan Vayu* (vitiation shows increased heart rate, swelling at ankle joint), *Sadhak Pitta* (vitiation shows loss of confidence), *Avalambak Kapha* (vitiation shows cardiac dilatation). According to *Ayurveda*, dysfunctional *Rasa Dhatvagni* is a cause of *Hrudrog* (heart disease). Symptoms of *Hrudroga* are abnormal complexion, fainting, fever, cough, hiccough, dyspnoea, thirst, mental confusion, anorexia.<sup>[15]</sup> Physical exertion, anxiety, fear, suppression of natural urges such as sleep, stool, flatus are causative factors of heart disease.<sup>[16]</sup> In human defecation is primarily involuntary process and when stool comes to rectum it is voluntarily control. This activity regulated by central, spinal, peripheral, enteric- neural in synchronized manner. When the process of defecation is not occurred in coordinated manner leads to dyssynergic activity. In *Ayurveda* it can be correlated with forceful stimulation (*Veg Udgirana*) or forceful suppression (*Veg Dharana*) of natural urges. It causes the *Hrudrog* (heart disease).<sup>[17]</sup> In this patient causative factor *Veg Vidharana* is evaluated and advised to avoid forceful stimulation and suppression of defecation.

The patient was treated on the basis of treatment principle of *Hrudrog*. Use of herbomineral medicine that improves *Ojas*, *Agni*, function of *Rasavaha Strotas*. Avoidance of causative and risk factors of

hearts disease such as sleep deprivation, exercise, and suppression of natural urges such are advised to patient.

There are some published clinical trial on management of CCF in which *Panchakarma* treatment modalities as adjuvant therapy along with conventional therapy. There is no any published case report on treatment of CCF through *Ayurveda*. This case is treated with *Ayurveda* herbomineral medicine.

Limitation of this case report is as case is old there is lack of details in terms measurement of recovery of symptoms in terms of gradation. There is also recall bias.

## CONCLUSION

This case report give direction to the treatment of CCF through *Ayurveda*. Hence the further research in this direction is warranted.

**Patient perspective:** Patient is satisfactory with *Ayurveda* treatment.

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