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Case Study

Management of Congestive Cardiac Failure (Hrudrog) through Ayurveda and Modern Medicine: A Case Report

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 Check for updates	<h3>Abstract</h3>
Published on:19 Feb2025	<p>The prevalence and incidence of congestive heart failure (CCF) is increasing. There are few published case reported that shows the treatment of CCF through Ayurveda. This is case of CCF managed with Ayurveda. Clinical findings: This was a case of my mother (corresponding Author), A 64 year's female presented with the complaint of dyspnoea on exertion, mild orthopnoea associated with chest pain, abdominal pain with distension, and loss of appetite, constipation, pedal oedema left side, and dryness of mouth 1 year. Diagnosis: She was known case of CCF. In Ayurveda it can be correlated with Hrudroga/hridyaavrodha. Intervention: Patient was treated on the basis of treatment principle of Hrudroga. Outcome: There is increase in left ventricular ejection fraction from 22% to 35% within 2 months. ECG with LVH, complete relief in symptoms after 2 months course of treatment. Conclusion: This case report gives direction to the treatment of CCF through Ayurveda. Hence the further research in this direction is the need of hour.</p>
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	<p>Keywords: Congestive Cardiac Failure, Ayurveda Life Style Modification, hridyaavarodha, Case Report.</p>

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.¹ 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, edema, pain from hepatic

congestion, and abdominal distention from ascites due to fluid accumulation and fatigue, weakness due to reduced cardiac output.² According to modern medicine basic treatment principle is using ACE inhibitors, angiotensin II receptor blockers (ARB), as well as mineral corticoid 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.³ The conventional treatment of heart failure is improved in decades but survival and quality life of patients is unsatisfactory. There is some published clinical trial on Ayurveda treatment is adjuvant therapy in management of heart failure. Many herbal medicines have antioxidant, anti-inflammatory, antiplatelet or hypolipidemic properties. There is need to evaluate potential role of herbal medicine in management of heart failure.^{4,5} 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 64 years female patient known case of congestive cardiac failure since 2020 presented with complaints of dyspnea on exertion, mild orthopnea associated with chest pain, abdominal pain with distension, and loss of appetite, constipation, pedal edema (left foot), and dry cough since 1 year. Patient was taking modern medicine physician treatment but not got complete relief. So, she was managed at home with few emergency support. Initially modern medicine treatment was continued along with herbo- mineral medicine. As patient got relief, her modern medication was reduced gradually and continued herbo- mineral medicine.

General examination

She was afebrile with pulse 98/min, blood pressure was 90/60 mmhg, SPO2 was 94%, pallor, icterus clubbing was absent. Right leg pitting edema was present, left leg with history of 30 years old elephantiasis. Tenderness was absent at bilateral legs. In Ashtavidha Parikshan her Nadi was (Vatpradhan), she had constipation, Jivha (~tongue) was aam (~slightly coated), Mootra (~urine) passed 3 times per day. Her Aakruti (~body built) was Krush, Shabd-Spashta, Sparsha - Samshitoshna, Druk (~vision) - Avikrut.

Dashavidh Pariksha

Prakriti - Vatpittaj, Sar - Awar, Samhanan - Awar, Satva - Alpa, Satmya - Alpa, Aaharshakti - Alpa, Vyamshakti - Alpa, Desh - Sadharan, Vaya - Vruddhavastha.

Systemic examination

Respiratory bilateral air entry decreased, Cardiovascular sounds was normal and Central nervous systems were within normal limit. Bowel sound sluggish. 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 was 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

Chest x ray	14/10/2024	Bilateral mild plural effusion, mild cardiac enlargement
USG abdomen	14/10/2024	Mild collection of Ascitic fluid
2 D Echo	20/11/2024	Dilated LA and LV, global LV hypokinesia, LVEF 15 to 27% very poor, Grade 2 diastolic dysfunction, moderate to severe TR, no pericardial effusion
	20/1/2025	As compared to previous echo LV function improved remarkably 35% Mild hypokinesia, traces of pericardial effusion Normal pulmonary arterial

		Pressure. No cardiac effusion Symptomatically got better
ECG	20/11/2024	Poor rhythm with LVH No STT changes Poor R waves, Q in v4-v6, I, aVL Non specific left axis deviation

Therapeutic intervention

The patient was treated on the basis of treatment principle Hrudrog/hridyavrodha 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		
		Aushadhi	Matra	Aushadhasevan kala
From 14/10/2024 (First 21 days treatment)	1. Tab dytor plus one OD	1. Fresh Gomutra	10ml	Vyane -udane
	2. Tab monit GTN 1-SOS	2. tribhuvankeertiras OD before food.	100mg	
	3. Tab Roseday cv one OD	3. Tab laghu sooth sekhar rasa 1 BD		
	4. Tab Onarni 50mg half BD	4. Tab hrid rog chintamaniras 1 TID after food.	150mg	Rasayane - Vyane
	5. Tab pancareD one OD	5. Tab swasanadamgulika 1 TID after food.	300mg	
	6. SyrInstaraft BD	6. Matrabasti with dhanwantaramtaila and ksheerbalataila once	100mg	
		25ml each		
From 6/11/2024 To 10/1/2025	Gradually decrease the dose and discontinued modern medicine after 40days Treatment Still dytor plus/frusemide cannot be neglected in case of volume overload emergency. Hence given intermittently or symptom based.	1. Fresh Gomutrasos	5ml	Vyane – udane
		2. tribhuvankeertirasos before food.	100mg	
		3. Tab hrid rog chintamaniras 1 TID after food.		
		4. Tab swasanadamgulika 1 TID after food.	100mg	Rasayane - Vyane
		5. Matrabasti with dhanwantaramtaila and ksheerbalataila SOS	25ml	Vyane-apane
		6. Pushkaravahadikashyam (arjuna, vacha, pushkar moola, haritaki, shunti, shati, rasna, pippalieranda, devadaru, bala) self preparatory.BD.	15ml	Rasayane - Vyane

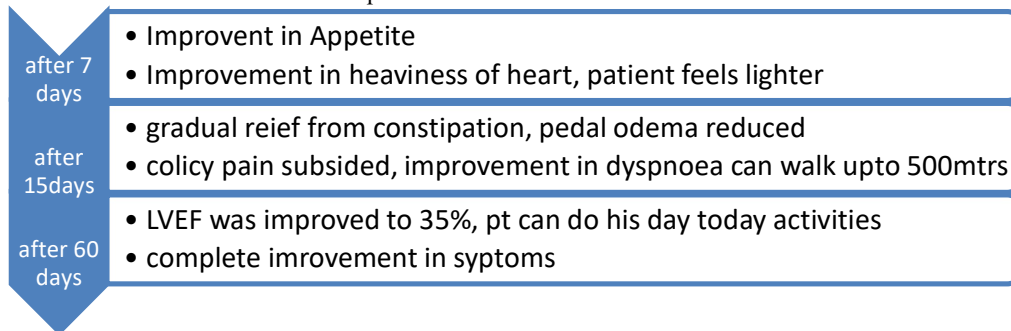
Table 3: Rationale of treatment

Medication	Rationale of Ayurveda Treatment
Gomutra ⁶	Kaphavatahara : spreads quickly, ushnateekshanaguna acts on rasa dushti resulting into laghutwa of rakta (melting down the avrodhajanyakapha/hridyaavarodha) and swedajanaguna would have help in reduction of jalamahabhuta. Since it is virechaka and gulmahara, it would have helped in reduction of colic pain(hridyavyatha/as patient was complaining that something is stuck/jam below heart.
Tribhuvankeerti ras ⁷	Here the purpose of selecting this drug was primarily focused on vatsanabha ⁸ though it is kaphavata hara and directly acts on pachana. Purified vatsanabha stimulates the heart increases blood pressure, indicated in weakness of heart, pulmonary odema.

Laghu sooth sekhara rasa ⁹	Pitta hara
Hrid rog chintamani ras ¹⁰	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, hurdayuttejak
Swasanadam gulika ¹¹	Kaphavata hara
Pushkaravahadi kashyam ¹²	Deepan, Pachan, Hrudya, vatanulomana it is useful chronic heart disease with edema
Matrabasti	vatahara

Follow up and outcome

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



DISCUSSIONS

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 mind¹³. 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 taken¹⁴. 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, anorexia¹⁵. Physical exertion, anxiety, fear, suppression of natural urges such as sleep, stool, flatus are causative factors of heart disease¹⁶. 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 Udgiran) or forceful suppression (Veg Dharan) of natural urges. It causes the Hrudrog (heart disease)¹⁷. In this patient causative factor Veg Vidharan 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 herbo mineral medicine that improves Ojas, Agni, function of RasavahaStrotas. 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. Further The cardiovascular effects of the Aconitum ferox could be mediated through cholinergic stimulation or by direct action on the heart muscle need further research work. 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 gives 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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