Online ISSN 2581-785X

Review Article

International Research Journal of Ayurveda & Yoga
Vol. 9, No. 6, November–December 2026

Hridroga: An Ayurvedic Review with Special Reference to Its Nidana, Samprapti, Lakshana and Chikitsa

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https://doi.org/10.48165/irjay.2026.9.06.04

ARTICLE INFO

Article history
Received: 20.08.2026
Revised: 09.09.2026
Accepted: 08.10.2026

Keywords
Cardiac disorders
Hridaya
Hridroga
Hritshoola
Pranavaha Srotas
Rasa Dhatu

ABSTRACT

*Hridroga (*Cardiac disease*)* is an important disease entity described in the classical Ayurvedic texts and encompasses disorders affecting the *Hridaya*, an organ considered to be of prime importance for the maintenance of life. Ayurveda describes *Hridaya* not merely as an anatomical organ but as an important seat of *Chetana, Mana, Ojas, Rasa Dhatu, Pranavaha Srotas* and *Rasavaha Srotas*, and as the site associated with *Vyana Vayu, Sadhaka Pitta* and *Avalambaka Kapha.* Various etiological factors including improper dietary habits, excessive physical exertion, suppression of natural urges, psychological factors, incompatible food, excessive or inadequate food intake and improper therapeutic interventions are described in the classical literature. *Hridroga* is classified predominantly into *Vataja, Pittaja, Kaphaja*, *Sannipataja* and *Krimija* types by *Charaka, Vagbhata* and *Madhava Nidana.* The clinical manifestations vary according to the predominance of *Dosha. Vataja Hridroga* is characterized predominantly by severe pain and abnormal cardiac sensations, *Pittaja Hridroga* by burning, thirst, sweating and other *Pitta* manifestations, *Kaphaja Hridroga* by heaviness, stiffness, drowsiness and anorexia, while *Sannipataja Hridroga* manifests with features of all three *Doshas. Krimija Hridroga* is described as a severe condition associated with intense cardiac pain. The Ayurvedic pathogenesis involves *Dosha Dushti, Rasa Dushti* and *Sthana Samsraya* in *Hridaya*, with involvement of *Rasavaha* and *Pranavaha Srotas.* Treatment is primarily based on *Dosha*-specific *Shodhana, Shamana, Rasayana*, dietary regulation and appropriate *Pathya-Apathya.* The classical description of *Hridroga* provides a comprehensive framework for understanding cardiac disorders from an Ayurvedic perspective and offers an important basis for further clinical and research exploration.

While previous reviews have discussed the classical concepts, etiopathogenesis and clinical management of Hridroga, the present review emphasizes an integrated understanding of the interrelationships among the functional significance of Hridaya, the involvement of Rasavaha and Pranavaha Srotas, Dosha-specific Samprapti, and therapeutic principles described in classical Ayurvedic texts. This synthesis aims to provide a structured conceptual framework for understanding Hridroga within Ayurvedic pathophysiology and to identify areas for further clinical investigation

INTRODUCTION

The cardiovascular system is essential for maintaining circulation, tissue perfusion and continuity of life. Ayurveda gives considerable importance to *Hridaya* (Heart), which is regarded as one of the vital structures of the body. The classical description of *Hridaya* extends beyond its anatomical function and includes physiological, psychological and spiritual dimensions. In Ayurveda, *Hridaya* is described as the site of *Vyana*

Vayu, Sadhaka Pitta, Avalambaka Kapha[1], *Ojas*[2] *(*Vital essence*)* and *Rasa Dhatu.* It is also considered the site of *Mana (*Mind) and *Chetana (*Sentience) and is described as the *Moola (Root)* of *Rasavaha* and *Pranavaha Srotas.*[3] Thus, disturbance of *Hridaya* can influence circulation, respiration, consciousness and overall vitality.

Although *Hridaya* is described across the major Ayurvedic classics, the available accounts are dispersed among different Samhitas, commentaries, and later compilations. Existing descriptions largely present individual aspects such as *Nidana, Samprapti, Lakshana, Upadrava,* or *Chikitsa* without offering a consolidated and comparative synthesis of the concept. In particular, there appears to be no comprehensive review that systematically compares the descriptions of *Hridaya* across the principal classical sources and examines the continuity, variations, and clinical implications of these accounts. Therefore, the present review aims to comprehensively compile, compare, and critically synthesize the classical descriptions of *Hridaya* with respect to its *Nidana, Samprapti, Lakshana*, and *Chikitsa.* The review seeks to clarify the Ayurvedic understanding of *Hridaya* and provide an integrated conceptual framework relevant for further clinical and research applications.

The present narrative review explores the Ayurvedic concepts of *Hridaya* and *Hridroga* based on classical Ayurvedic literature and relevant contemporary medical sources. The discussion encompasses *Nidana* (aetiology), *Samprapti* (pathogenesis*), Samprapti Ghataka, Lakshana* (clinical features), classification, *Chikitsa* (treatment), *Pathya-Apathya* (dietary guidelines), and therapeutic formulations. The five classical types of *Hridroga Vataja, Pittaja, Kaphaja, Sannipataja,* and *Krimija* are examined in terms of their etiological factors, clinical manifestations, and management principles. These classical Ayurvedic concepts are further discussed in relation to contemporary cardiovascular disorders, particularly ischaemic heart disease and angina, while maintaining the conceptual distinction between classical Ayurvedic disease entities and modern clinical diagnoses.

[1]Srikantha Murthy KR, translator. Ashtanga Hridayam of Vagbhata. Vol. 1. Sutra Sthana, Chapter 12, verses 6, 13, 15. Varanasi: Krishnadas Academy; 2013.

[2]Sharma RK, Dash B. Agnivesa's Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Vol. 1. Sutra Sthana, Chapter 30, verses 4, 7. Varanasi: Chowkhamba Sanskrit Series Office; 2000.

[3]Sharma RK, Dash B. Agnivesa's Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Vol. 2. Vimana Sthana, Chapter 5, verse 8. Varanasi: Chowkhamba Sanskrit Series Office; 2000.

Nidana of Hridroga

The classical texts describe a wide range of etiological factors responsible for *Hridroga.* These include *Ahara* (Dietary habits), *Vihara* (Lifestyle), *Manasika* (Psychological factors) and inappropriate therapeutic interventions. According to Charaka, excessive exercise or *Vyayama*, excessive use of *Teekshna (Sharp)* substances, excessive administration of *Virechana* (Purgation) and *Vasti* (Enema), *Chinta (Thought), Bhaya (Fear), Trasa, improper* management of disease, suppression of vomiting, retention of *Ama* (Metabolic toxin), excessive emaciation and *Abhighata (Trauma)* are described as causative factors.[4]These factors indicate that both excessive and deficient states can contribute to disease development.

Sushruta additionally describes *Vegaghata* (suppression of natural urges), excessive intake of *Ruksha* (Dry) and *Ushna* (Hot) food, *Viruddha Ahara* (Incompatible food), *Adhyashana (Eating before the previous meal is digested), Ajeerna Ahara* (Incompletely digested food) and *Asatmya Ahara* (Unsuitable food) among the causative factors of *Hridroga.*[5] Thus, improper dietary habits and disturbance of normal physiological urges are given considerable importance. Vagbhata describes the *Nidana* of *Hridroga* in association with the *Nidana* of *Gulma (Tumour),* indicating overlapping etiological factors in these disease conditions.

The classical *Nidana* therefore demonstrates that *Hridroga* can arise through a combination of improper food, inappropriate lifestyle, excessive physical activity, physical exhaustion, suppression of natural urges, psychological stress and improper therapeutic procedures.

SAMPRAPTI OF HRIDROGA

The Samprapti of Hridroga described by Sushruta can be understood as a sequential process beginning with

Ahara-Vihara and *Manasika Nidana*

↓

Dosha Prakopa

↓

Agni Dushti / Mandagni

↓

[4]Sharma RK, Dash B. Agnivesa's Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Vol. 4. Chikitsa Sthana, Trimarmiya Chikitsita Adhyaya, Chapter 26, verse 77. Varanasi: Chowkhamba Sanskrit Series Office; 2000. p. 491.

[5]Susruta. Susruta Samhita with Ayurveda Tattva Sandipika Hindi Commentary by Kaviraja Ambikadutta Shastri. Uttara Sthana, Hridroga-Pratishedha Adhyaya, Chapter 43, verses 3–5. Varanasi: Chaukhambha Publications; 2005. p. 278.

Ama formation

↓

Rasa/Rakta Dushti

↓

Srotodushti

↓

Sanga / Vimargagamana

↓

Sthana Samsraya in *Hridaya*

↓

Dosha-Dushya Sammurchana

↓

Hridroga

This description emphasizes the importance of both *Dosha* and *Rasa Dhatu* in the development of disease.

The auricles (atria) may be conceptually correlated with the functional domain of *Praṇavaha Srotas.* The atria receive venous blood and facilitate its passage into the ventricles, which subsequently pump blood into the pulmonary and systemic circulations. From an Ayurvedic interpretive perspective, disturbances in respiratory and circulatory functions may be discussed in relation to *Praṇavaha Srotodusṭi*, with *Śvāsa* (dyspnoea) considered a relevant clinical manifestation where appropriate. Similarly, the ventricles may be conceptually discussed in relation to the functional domain of *Rasavaha Srotas*, considering their role in maintaining blood circulation and tissue perfusion. Impaired ventricular function may therefore be interpreted, within this comparative framework, as potentially analogous to disturbed *Rasa* circulation and reduced cardiac output. These associations are the authors' interpretive propositions intended to facilitate a comparative understanding of Ayurvedic concepts and contemporary cardiovascular physiology; they do not represent direct anatomical equivalences established in classical Ayurvedic texts.

The Samprapti Ghataka of Hridroga includes

Thus, *Hridroga* can be understood as a disease in which disturbed *Doshas* interact with *Rasa* and *Rakta Dhatu* and produce pathological changes in the *Hridaya* through involvement of *Rasavaha* and *Pranavaha Srotas.*

Table 1: *Samprapti Ghataka of Hridroga*

Dosha	***Tridosha***
Vata	*Vyana Vayu, Prana Vayu*
Pitta	*Sadhaka Pitta*
Kapha	*Kledaka Kapha, Avalambaka Kapha*
Dushya	*Rasa, Rakta*
Upadhatu	*Tvak*
Agni	*Jatharagni, Dhatvagni, Bhutagni*
Agni Dushti	*Mandagni*
Ama	*Agnijanya*
Srotas	*Rasavaha, Pranavaha*
Srotodushti	*Sanga, Vimargagamana*
Udbhava Sthana/ Adhishtana	*Hridaya*
Swabhava	*Chirakari*

CLASSIFICATION OF HRIDROGA

Hridroga is predominantly classified according to *Dosha* predominance. Charaka, Vagbhata and Madhava Nidana describe five varieties, namely *Vataja Hridroga, Pittaja Hridroga, Kaphaja Hridroga, Sannipataja Hridroga* and *Krimija Hridroga.* Dalhana includes *Krimija Hridroga* under *Sannipataja Hridroga*, whereas other authorities describe it separately. This classification demonstrates the importance of *Dosha* predominance in the Ayurvedic diagnosis and management of *Hridroga.* Rather than considering all cardiac diseases as one homogeneous entity, Ayurveda differentiates them according to their *Nidana, Dosha, Lakshana* and *Samprapti.*

GENERAL CLINICAL FEATURES OF HRIDROGA

The general clinical manifestations of *Hridroga* described by Charaka include *Vaivarnya (Discolouration/Cyanosis), Murcha (Fainting), Jwara (Fever), Kasa (Cough), Hikka (Hiccough), Shwasa (Breathlessness), Asyavairasya (Bad taste in mouth), Trishna (Thirst), Pramoha (Loss of consciousness), Chardi (Vomiting), Kaphotklesha (Nausea), Ruja (Pain) and Aruchi (Anorexia).*[6]]These manifestations indicate that *Hridroga* can involve multiple physiological systems. Dyspnoea, cough and hiccup indicate involvement of *Pranavaha* functions, while vomiting, anorexia and nausea suggest associated disturbances of the gastrointestinal and *Kapha*-related functions. Pain, fainting and altered consciousness indicate more severe involvement of the cardiac region.

[6]Sharma RK, Dash B. Agnivesa's Caraka Samhita: Text with English Translation and Critical Exposition Based on Cakrapani Datta's Ayurveda Dipika. Vol. 4. Chikitsa Sthana, Trimarmiya Chikitsita Adhyaya, Chapter 26, verse 78. Varanasi: Chowkhamba Sanskrit Series Office; 2000. p. 491.

Vataja Hridroga

Vataja Hridroga is predominantly characterized by severe pain and abnormal sensations. The important clinical manifestations include *Uttama Ruja (*Excruciating pain*), Vepathu (*Trembling*), Veshtana (Contractions of body), Sthambha (Stiffness), Pramoha (Unconsciousness), Hrit Shunyata (feeling of emptiness)* and severe pain after digestion of food. Vagbhata additionally describes Hrid Drava (Increased heart rate/Palpitations), sudden feelings of *Dainya (Grief)* and *Shoka (Fear)*, intolerance to sound, obstruction of breathing and reduced sleep.[7] The *Nidana* of *Vataja Hridroga* includes *Shoka* (Grief), *Upavasa (Fasting)*, excessive *Vyayama* and consumption of *Ruksha, Shushkabhojana (Intake of dry food)* and inadequate quantities of food. These factors are predominantly *Vata*-provoking.

Pittaja Hridroga

Pittaja Hridroga is characterized by manifestations of *Pitta* predominance. The important symptoms include *Hrit Daha (Heartburn), Tikta Vaktrata (Bitter taste in mouth), Tikta-Amla Udgara (Bitter and sour eructation), Klama (Exhaustion), Trishna (Thirst), Murcha (Unconsciousness), Bhrama (Giddiness) and Sweda (Perspiration).*[8]Vagbhata additionally describes *Dhoomaka (feeling of hot fumes coming up)*, while *Peetata (Yellowish appearance of skin) and Jwara (Fever)* are also mentioned.[9] Sushruta describes *Mukha Shosha.*

The causative factors include excessive consumption of *Ushna, Amla, Lavana,* Kshara and *Katuka* substances, *Ajeerna Bhojana, Madya* (intake of alcohol), *Krodha* (Excess anger) and exposure to *Atapa (Exposure to sun).* The clinical manifestations and *Nidana* together indicate the predominance of *Pitta* and its *Ushna* and *Tikshna* qualities.

Kaphaja Hridroga

Kaphaja Hridroga is associated with excessive intake of food, *Guru-Snigdha Ahara (Intake of heavy and unctuous food)*, lack of physical and mental activity and excessive sleep. Its manifestations include numbness, stiffness and heaviness in the cardiac region, *Tandra (Drowsiness), Aruchi (Anorexia)* and a sensation of heaviness as though the heart were compressed by a stone. Vagbhata additionally mentions *Kasa, Agnisada, Nidra, Nisthiva* and *Jwara,* while Sushruta describes *Madhurasyata (sweet taste in mouth).*[10]

The clinical presentation reflects the *Guru, Snigdha, Sthira* and *Manda* qualities associated with *Kapha.* The combination of excessive food intake, sedentary behaviour and excessive sleep is particularly important in the classical description.

Sannipataja Hridroga

Sannipataja Hridroga results from the simultaneous involvement of *Vata, Pitta* and *Kapha.* Consequently, the clinical manifestations may include symptoms belonging to all three *Doshas.* The condition is described as painful and difficult to manage[11], with the classical statement indicating that Hridroga may be painful and difficult to cure.

From an Ayurvedic perspective, the simultaneous involvement of all three Doshas produces a complex Samprapti and consequently a more complicated clinical presentation. Treatment therefore requires assessment of the relative predominance of individual Doshas before selecting the appropriate therapeutic approach. However, detailed, separately enumerated *Nidana*, clinical manifestations, and treatment protocols specific to *Sannipataja Hridroga* are not extensively described in the classical sources consulted.

Krimija Hridroga

Krimija Hridroga is described as a distinctive form of *Hridroga* in the classical texts. Its characteristic pain is described as being similar to the sensation of being cut by weapons or pierced by needles. *Kandu (Itching) and Maharujam (Severe pain)* are also described. Vagbhata and Sushruta additionally describe *Syavanetrata (Black discolouration of eyes) and Tama Pravesha (Entering into darkness).*[12]

The *Nidana* and *Samprapti* described for *Krimija Hridroga* involve consumption of substances such as *Tila, Ksheera* and *Guda*, followed by *Kleda* and *Granthi* (Nodule) formation within the cardiac region. The classical description states that *Krimi* develop within the heart and cause severe symptoms. This represents a distinctive Ayurvedic disease concept and should be interpreted according to the classical framework rather than assumed to correspond exactly to a single modern infectious cardiac disease.

[7]Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chikitsa Sthana, Trimarmiya Chikitsa Adhyaya, Chapter 26, verse 79.

[8]Vagbhata. Ashtanga Hridaya. English translation by Srikantha Murthy KR. Nidana Sthana, Chapter 5, Rajayakshmadi Nidana, verse 42. Varanasi: Chowkhamba Krishnadas Academy; 2018. p. 52.

[9]Agnivesha, Charaka, Dridhabala. Charaka Samhita. Chikitsa Sthana, Trimarmiya Chikitsa Adhyaya, Chapter 26, verse 80.

[10]Agnivesha, Charaka, Dridhabala, Charaka Samhita, Chikitsa Sthana, Trimarmiya Chikista Adhyaya,Chapter 26, verse 80

[11]Agnivesha, Charaka, Dridhabala, Charaka Samhita, Sutrasthna, Kiyantshirsiya Adhyaya, Chapter 17, verse 36

[12]Agnivesha, Charaka, Dridhabala, Charaka Samhita,Chikitsa Sthana, Trimarmiya Chikista Adhyaya,Chapter 26, verse 80

MODERN CORRELATION OF HRIDROGA

The clinical features of the different types of *Hridroga* described in Ayurvedic classics may be explored in relation to contemporary cardiovascular disorders; however, these comparisons should be interpreted cautiously and should not be regarded as established diagnostic equivalences. *Vataja Hridroga* may be discussed in relation to ischaemic heart disease or angina when supported by corresponding clinical manifestations, although the classical attributes of Vata, such as *Laghu* and *Ruksha*, do not independently establish a mechanism of arterial calcification. *Pittaja Hridroga* may be conceptually compared with inflammatory cardiac conditions, such as myocarditis and pericarditis, when the described manifestations support such an interpretation. The proposed correlation of *Kaphaja Hridroga* with myocardial infarction requires particular caution, as myocardial infarction is associated with myocardial injury due to an imbalance between oxygen supply and demand, most commonly resulting from acute coronary atherothrombosis.[13]Similarly, the features of *Kaphaja Hridroga* may be explored in relation to cardiac dysfunction and congestive heart failure only where specific clinical similarities can be demonstrated. *Sannipataja Hridroga*, involving all three *Doshas*, may be considered a conceptual framework for discussing complex or mixed clinical presentations, but it cannot be equated directly with advanced heart failure. Although *Krimija Hridroga* may prompt a comparative discussion of infective cardiac conditions, including infective endocarditis[14], and their potential embolic complications, a direct correlation with coronary thromboembolic events remains speculative without further textual and pathophysiological evidence.[15] These comparisons represent interpretative hypotheses that require systematic evaluation rather than established correspondences between Ayurvedic disease entities and modern cardiovascular diagnoses.

The source material proposes broad contemporary correlations for the different types of *Hridroga. Vataja Hridroga* is correlated with ischaemic heart disease and angina (due to Laghu and Ruksha Guna; Vata aggravates and causes hardness and calcification of the arterial wall), *Pittaja Hridroga* with myocarditis, pericarditis and other inflammatory cardiac disorders, *Kaphaja Hridroga* with myocardial infarction, cardiomyopathy with fluid overload and congestive heart failure, *Sannipataja Hridroga* with advanced heart failure and mixed cardiac disorders, and *Krimija Hridroga* with infective endocarditis, rare parasitic cardiac disorders and thromboembolic coronary events

Chikitsa Siddhanta of Hridroga

The management of *Hridroga* is primarily based on the assessment of *Dosha* predominance, strength of the patient and stage of disease. The classical approach includes *Shodhana* (Purification), *Shamana* (Alleviation), *Snehana (Oleation)*, *Vamana* (Emesis), *Virechana* (Purgation), *Basti (Enema)*, *Nasya* (Nasal instillation) and *Rasayana* (Rejuvenation) along with appropriate *Pathya-Apathya* (Dietary regimen). The treatment is individualized according to the predominant *Dosha* rather than being uniform for all types of *Hridroga.*

Vataja Hridroga Chikitsa

The treatment of *Vataja Hridroga* is primarily directed towards *Vata Shamana. Snehapana (Internal oleation)* is described, followed by *Vamana* using *Dvipanchamula Kashaya* with *Sneha* and *Lavana. Tailapana* with *Taila* processed with *Mastu (Whey)*, *Sauviraka, Takra* (Buttermilk) and *Bida* is also described. *Vilwadi Taila* is mentioned for *Nasya,* while *Basti* with *Vatahara* drugs is recommended.[16]

Pittaja Hridroga Chikitsa

The treatment of *Pittaja Hridroga* is directed towards *Pitta Shamana. Snehapana* followed by *Vamana* using drugs such as *Shriparni, Madhuka, Kshoudra (Honey), Sita (Sugar)* and *Utpala* are described. *Ghrita* and *Kashaya* prepared using *Madhura Rasa* drugs are also mentioned. *Virechana* and other *Pitta-hara* measures, including *Sheetopachara (Cooling measures)* and principles used in the management of *Paittika Jwara* and *Kshata-Ksheena*[17]], are described. *Vagbhata* additionally mentions *Mahisha Sarpi*[18] (Buffalo ghee) as a therapeutic measure in *Pittaja Hridroga.*

[13]Thygesen K, Alpert JS, Jaffe AS, Chaitman BR, Bax JJ, Morrow DA, et al. Fourth universal definition of myocardial infarction (2018). Circulation. 2018;138(20):e618–e651. doi:10.1161/CIR.0000000000000617.

[14]Delgado V, Ajmone Marsan N, de Waha S, Bonaros N, Brida M, Burri H, et al. 2023 ESC Guidelines for the management of endocarditis. Eur Heart J. 2023;44(39):3948–4042. doi:10.1093/eurheartj/ehad193.

[15]Taru P, More S. Conceptual study of Hridroga with its clinical management: an Ayurvedic approach. Int J Ayurveda Pharm Res. 2022;10(9):70–75. doi:10.47070/ijapr.v10i9.2508.

[16]Susruta. Susruta Samhita with Nibandhasangraha Commentary of Dalhana. Uttara Tantra, Hridroga-Pratishedha Adhyaya, Chapter 43, verses 11–14. Varanasi: Chaukhambha Orientalia; 2005.

[17]Susruta. Susruta Samhita with Nibandhasangraha Commentary of Dalhana. Uttara Tantra, Hridroga-Pratishedha Adhyaya, Chapter 43, verses 15–16. Varanasi: Chaukhambha Orientalia; 2005.

[18]Vagbhata. Ashtanga Hridayam: Text with English Translation. Translated by Srikantha Murthy KR. Vol. 2. Chikitsa Sthana, Chapter 6, verse 47. Varanasi: Chowkhamba Krishnadas Academy; 2018. p. 278.

Kaphaja Hridroga Chikitsa

The management of *Kaphaja Hridroga* is aimed at reducing *Kapha* and correcting the associated *Agni* disturbance. Sushruta describes *Snehapana* followed by *Vamana* using *Nimba* (Neem) and *Vacha Kashaya. Virechana* with *Madanadi Gana, Mustadi Gana, Triphaladi Gana* and *Ghrita* processed with *Shyama* and *Trivrit* is also described. *Anuvasana Basti* with *Bala Taila* is mentioned.[19]

Vagbhata also describes *Rasayana* measures such as *Kanmadam, Chyavanaprasha, Agastya Haritaki, Amalaki Rasayana* and *Brahma Rasayana.*[20] *Kshara* described in *Kaphaja Gulma* may also be considered according to the classical description.[21]

Sannipataja Hridroga Chikitsa

Since *Sannipataja Hridroga* involves all three *Doshas*, treatment is based upon the predominant *Dosha. Langhana* [22]is described as an important measure, followed by *Shodhana* according to the predominant *Dosha.* The principle therefore emphasizes individualized treatment rather than applying a single therapeutic protocol to every patient.

Krimija Hridroga Chikitsa

The treatment of *Krimija Hridroga* includes *Snehapana* followed by *Pishta Audana*(Grounded flour), *Dadhi* (Curd) and *Palala* (Grounded sesame) for three days. *Virechana* with *Sugandhi Dravyas, Lavana, Ajaji* and *Sharkara* is described, followed by administration of *Dhanyamla* and *Vidanga.* The classical description further mentions *Yavanna* with *Vidanga* for expulsion of *Hridayastha Krimi* through the downward route.

The Pathya (wholesome) and Apathya (unwholesome) dietary practices recommended in Hridroga are summarized in Table 2

Table 2: *Pathya Apathya in Hridroga*[23]

Pathya	Apathya
• *Vilepi* • *Purana Sali* rice • *Mamsarasa* of wild animals &Birds • *Mudga, Kulatha Yusha* • Fruits-Banana, sweet mango, pomegranate, Grapes • Fruits of *Abhaya, Patola* • Vegetables-New raddish • *Pana-Eranda taila*, Buttermilk,*Sauvira, Kanji, Sukta*, Honey • Driedginger, Garlic, Tamarind, Tambula • Coriander, Pepper	• *Vegavarodha, Trishna, Vamana, Mutra, Adhovata, Sukra, Kasa, Udgara* • Heavy breathing caused due to hard work, stools &tears • Sheep milk • Contaminated water • *Virudha ahara* • *Usna, katu, Amla, guru aharas* • Old leaves • *Ksharas* • *Madhuka* • Brushing teethes with wood sticks • Blood letting

The Shamana Aushadha (palliative medicines) described for the management of Hridroga are summarized in Table 3.

The available scientific evidence, and safety considerations of classical formulations are summarized in **Table 2**

Symptom Based Ayurvedic Approach

The source also mentions specific formulations according to predominant symptoms. *Shwasa-Kasa Chintamani Rasa* is described in relation to dyspnoea and *Pranavaha Srotas. Suvarna Vasant Malati Rasa* is mentioned in relation to chronic oedema and debility, while *Brihat Vata Chintamani Rasa* is mentioned for S*hoola* and *Vata* related painful conditions.

Hridroga and Ischaemic Heart Disease

The source material also describes Ischaemic Heart Disease as a condition resulting from an imbalance between coronary blood flow and myocardial requirement, with atherosclerotic coronary artery disease being the commonest cause.[30]

[19]Susruta. Susruta Samhita with Nibandhasangraha Commentary of Dalhana. Uttara Tantra, Hridroga-Pratishedha Adhyaya, Chapter 43, verses 17–19. Varanasi: Chaukhambha Orientalia; 2005.

[20]Vagbhata. Ashtanga Hridayam. Translated by Srikantha Murthy KR. Vol. 2. Chikitsa Sthana, Chapter 6, Chardi-Hridroga-Trishna Chikitsitam, verse 55. Varanasi: Chowkhamba Krishnadas Academy; 2018. p. 279.

[21]Vagbhata. Ashtanga Hridayam. Translated by Srikantha Murthy KR. Vol. 2. Chikitsa Sthana, Chapter 6, Chardi-Hridroga-Trishna Chikitsitam, verse 54. Varanasi: Chowkhamba Krishnadas Academy; 2018. p. 279.

[22]Yadavji TA, editor. Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary by Chakrapani Datta. Chikitsa Sthana, Chapter 26, verses 101–103. Varanasi: Chaukhamba Prakashana; 2020. p. 604.

[23]Govinda Dasa Sen. Bhaishajya Ratnavali. Chapter 33, verses 78–83. Varanasi: Chaukhambha Prakashan; 2009.

[24]Govindadasa. Bhaishajya Ratnavali. Hridroga Adhikara, verses 66–67. Varanasi: Chaukhambha Prakashan; 2014.

[25]Sadananda Sharma. Rasendra Sara Samgraha. Hridroga Chikitsa, Chapter 2, verses 1–3. Varanasi: Chaukhambha Sanskrit Sansthan; 1998.

[26]Govinda Dasa. Bhaishajya Ratnavali. Hikka-Shwasa Roga Chikitsa Adhikara, Chapter 36, verses 65–67. Varanasi: Chaukhambha Prakashan; 2011.

[27]Govinda Dasa. Bhaishajya Ratnavali. Hridroga Chikitsa Adhikara, Chapter 33, verses 73–75. 18th revised edition. Varanasi: Chaukhambha Prakashan; 2007.

[28]Government of India, Ministry of Health and Family Welfare, Department of AYUSH. The Ayurvedic Formulary of India. Part 2, Vol. 1. New Delhi: Ministry of Health and Family Welfare; 2003. Drakshasava, 1:1.

[29]Tripathi I, Trivedi RN. Chakradatta of Chakrapanidatta. Chapter 31, verse 9. Varanasi: Chaukhamba Sanskrit Bhavan; 2012. p. 201.

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Table 3: *Shamana Aushadha*

Drug	Main Ingredient	*Matra*	*Anupana*	*Phalasruti*
PrabhakarVati[24]	*Makshika, loha, Abhrak-abhasma, tugakshiri, Sudha silajatu*	125-250mg Before food	Honey or *Arjuna Kwatha*	*Hridrogan nikhilan jayeth*
Hridayarnava Rasa[25]	*Kakamachi, Triphala, amra*	*Chanamatra*(125-250mg) Before food	Honey,*Ardraka swarasa, Jeeraka siddha jala*	*Hridroga, Swasa*
Nagarjunabhra rasa[26]	*SataputiVjrabhraka rasa, Arjuna twak satwa*	1 *gunja*(125-250mg) Before food	*Madhu*	*Sarvahridroga nasanam*
Arjunarishta[27]	*Arjunatwak, Mrdwika, Madhuka pushpam*	15-30 twice daily, After food	Lukewarm water	*Hridroga, Pup-phusagada, Bal-aveeryakrit*
Drakshasava[28]	*Draksha, Madhuka, Dhataki*	15-30 twice daily, After food	Lukewarm water	*Hridroganasana, Balavarnakrit*
Arjuna ksheera paka[29]	*Arjunatwak , Goksheera, Jala*	2*pala*, Beforefood	-	*Arjunasya Twacha sidham Ksheeram Hridamaye*

From the Ayurvedic perspective, IHD may be explored through the concepts of:*Vata Prakopa*, Ruksha and *Laghu Guna, Rasa-Rakta Dushti, Srotorodha/Sanga, Dhamani*-related pathology, Agni *Dushti, Medo* involvement where appropriate, Manasika *Nidana* and Progressive impairment of circulation. However, the modern diagnosis of coronary artery disease requires objective cardiovascular evaluation and should not be replaced by an Ayurvedic diagnosis.

Preventive Aspect of Hridroga

The preventive approach to *Hridroga* can be understood primarily through *Nidana Parivarjana* and maintenance of appropriate *Ahara-Vihara.* Avoidance of excessive exercise, prolonged inactivity, incompatible food, excessive food intake, repeated eating before digestion, suppression of natural urges and excessive psychological stress is emphasized by the classical *Nidana* descriptions. Maintaining proper *Agni* and avoiding *Ajeerna Ahara* are also important.

The psychological factors described in the classical literature are particularly noteworthy. *Chinta, Bhaya, Trasa* and *Krodha* are included among the etiological factors of *Hridroga.* Thus, prevention should include not only dietary and physical measures but also appropriate management of mental and emotional factors.

DISCUSSION

Hridroga represents a comprehensive Ayurvedic disease concept involving the *Hridaya*, *Dosha, Dhatu, Agni, Ama and Srotas.* The present synthesis broadly agrees with previously published Ayurvedic reviews, which also describe *Hridroga* as a multidimensional disorder arising from vitiation of *Vata, Pitta and Kapha*, impaired *Agni, Ama* formation, and involvement of *Rasavaha* and *Pranavaha Srotas.* However, unlike earlier reviews that frequently equate *Hridroga* predominantly with ischaemic heart disease or heart failure, the present review emphasizes that the classical category is wider and symptom-based; therefore, a one-to-one correspondence with modern cardiovascular diagnoses is not always justified.

The classical description of *Hridaya* as the seat of *Vyana Vayu, Sadhaka Pitta, Avalambaka Kapha, Ojas, Rasa, Mana* and *Chetana* highlight its physiological and psychological importance. Involvement of *Rasavaha* and *Pranavaha Srotas* provides a coherent Ayurvedic explanation for the coexistence of circulatory, respiratory and systemic manifestations. This interpretation is consistent with prior conceptual studies linking cardiac dysfunction with disturbance of *Prana Vayu, Vyana Vayu, Sadhaka Pitta* and *Avalambaka Kapha*, although such correlations remain explanatory frameworks rather than validated diagnostic criteria.

The *Nidana* of *Hridroga* underscores the importance of dietary habits, physical activity, psychological stress and suppression of natural urges. These factors converge *on Dosha Dushti, Agnimandya, Ama* production and subsequent involvement of *Rasa* and *Rakta Dhatu.* This model is broadly concordant with modern understanding of cardiovascular risk, in which unhealthy diet, physical inactivity, psychosocial stress and metabolic dysfunction contribute to cardiovascular disease; nevertheless, the classical *Nidana* should not be interpreted as establishing direct causal equivalence with contemporary risk factors.

Dosha-specific classification provides the principal basis for individualized management. *Vataja Hridroga*

editors. Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine. 12th ed. Philadelphia: Elsevier; 2022. p. 739–785.

Table 4: *Shamana Aushadha in Hridroga: Scientific Evidence and Safety Considerations]*

Drug	Available scientific evidence	Safety considerations
Prabhakara Vati	A preliminary clinical study has evaluated Prabhakara Vati in coronary artery disease. Larger, well-designed trials are required to establish efficacy and safety.[30]	Contains mineral-derived ingredients. Pharmaceutical standardization, quality control and testing for potentially toxic elements are essential.
Hridayarnava Rasa	Pharmaceutical characterization and experimental cardiovascular research have been reported. Clinical efficacy requires further investigation.[31]	Formulation-specific toxicological evaluation and safety monitoring are necessary before conclusions about long-term use can be drawn.[32]
Nagarjunabhra Rasa	Robust formulation-specific clinical evidence for cardiac conditions requires further investigation.	Contains Abhraka Bhasma. Manufacturing quality, appropriate processing and testing for potentially toxic elements are important.
Arjunarishta	Evidence concerning *Terminalia arjuna* and other Arjuna preparations cannot automatically establish the efficacy of Arjunarishta in cardiac disease. Formulation-specific research is needed.[33]	Alcohol content, potential interactions and suitability for patients with relevant comorbidities should be considered.
Drakshasava	Formulation-specific evidence supporting efficacy in cardiac disease requires further investigation.	Alcohol content and potential interactions should be considered when assessing suitability for individual patients.
Arjuna Ksheera Paka	Experimental studies and research on Arjuna-based preparations have been reported. Evidence from modified preparations or studies of dyslipidemia should not be interpreted as proof of efficacy for all cardiac conditions.[34]	Safety and tolerability should be evaluated for the specific preparation, dose and duration of use.

[30]Sharma AK, Joshi RK, Sharma SM, Sharma AK. OA01.05. Role of Prabhakara Vati and Lekhana Basti treatment in the management of coronary artery disease (Hridroga). Anc Sci Life. 2012;32(Suppl 1):S5. doi:10.4103/0257-7941.111962.

[31]Chitra S, Jamadagni S, Gaidhani SN, Ilavarasan R, Narasimha VE. Evidence-based study of Hridayarnava Rasa: an Ayurvedic formulation in experimentally induced atherosclerotic cardiovascular disease. J Drug Res Ayurvedic Sci. 2024;9(3):138–149. doi:10.4103/jdras.jdras_68_23.

[32]Product development and characterization of the Ayurvedic herbo-mineral-metallic compound Hridayarnava Rasa. J Ayurveda Integr Med. 2024;15(3):100886. doi:10.1016/j.jaim.2024.100886.

[33]Shengule SA, Mishra S, Joshi K, Apte K, Patil D, Kale P, et al. Anti-hyperglycemic and anti-hyperlipidaemic effect of Arjunarishta in high-fat-fed animals. J Ayurveda Integr Med. 2018;9(1):45–52. doi:10.1016/j.jaim.2017.07.004.

[34]Imilsina K, Mishra A, Patial V, Gupta M, Chaudharya V, Singh D. A randomized controlled clinical trial and preclinical efficacy of an Ayurvedic formulation Arjuna Ksheerapaka Churna for dyslipidemia. Indian J Tradit Knowl. 2024;23(6):519–529. doi:10.56042/ijtk.v23i6.2781.

is approached through *Vatahara* and *Snehana*-based measures, *Pittaja Hridroga* through *Pitta-shamana* and cooling interventions, and *Kaphaja Hridroga* through *Kapha*-reducing and *Agni*-enhancing therapies. *Sannipataja Hridroga* requires assessment of the predominant *Dosha*, whereas *Krimija Hridroga* has a distinct *Krimighna*-oriented approach. Earlier reviews similarly interpret these subtypes as different pathophysiological patterns rather than isolated symptom clusters; however, the strength of these correlations varies considerably across subtypes.

The correlation of *Vataja Hridroga* with ischaemic heart disease is comparatively more defensible because both conditions are characterized by chest pain, which may be aggravated by exertion or emotional stress and may be associated with dyspnoea. Prior reviews have particularly linked *Vatika Hridroga* and *Hritshoola* with angina or ischaemic heart disease. Even so, chest pain in Ayurveda is not disease-specific, and classical descriptions do not include coronary anatomy, atherosclerosis, electrocardiographic changes or myocardial infarction; thus, the correlation should be regarded as clinical and conceptual rather than pathophysiological.

The proposed correlation of *Pittaja Hridroga* with myocarditis and infective endocarditis is less direct. Both inflammatory and infective cardiac disorders may produce fever, pain, palpitation, weakness and systemic features, which overlap partially with *Pittaja* symptomatology. Published integrative reviews have also proposed *Pittaja Hridroga* as a possible correlate of myocarditis, pericarditis and endocarditis. However, *Ayurvedic Pittaja Hridroga* is defined by *Dosha*-based clinical features rather than by evidence of myocardial inflammation, valvular vegetation, bacteraemia or microbiological confirmation. Therefore, this mapping is plausible only at the level of inflammatory symptomatology and cannot replace modern diagnostic evaluation.

Krimija Hridroga is the most conceptually challenging category. Classical descriptions attribute the condition to *Rasa Dhatu Dushti* and the generation and spread of *Granthi Krimi*, producing severe cardiac pain and potentially fatal outcomes. Some reviews correlate it with infective endocarditis, while others suggest anaemia of cardiac origin or thromboembolic events. The correlation with infective endocarditis is mechanistically limited because the classical concept of *Krimi* does not specifically identify microorganisms, cardiac valves, vegetation formation, embolization or bloodstream infection. A more cautious interpretation is that *Krimija Hridroga* may represent a severe infective or parasitic cardiac illness, but its exact modern equivalent remains uncertain.

The formulations listed in Table 2 possess properties described in classical literature as *Deepana, Pachana, Hridya, Anulomana, Rasayana and Krimighna*. Pharmacological studies of several Ayurvedic herbs and formulations suggest plausible supportive mechanisms, including antioxidant activity, anti-inflammatory effects, improved lipid metabolism, coronary vasodilation and mild positive inotropic activity. These findings may provide a biological rationale for the use of certain *Hridya* and *Rasayana* drugs in cardiovascular support. However, most available evidence is preclinical, heterogeneous, or derived from individual herbs rather than the composite classical formulations; therefore, it cannot establish clinical efficacy, safety or equivalence to conventional cardiac therapy.

Classical management follows the principle of *Samprapti Vighatana* rather than symptomatic treatment alone. *Nidana Parivarjana, Dosha Shamana, Shodhana*, correction of *Agni,* appropriate diet and *Rasayana* therapy are integrated according to the dominant *Dosha*, strength of the patient, stage of disease and presence of *Ama*. This approach agrees with prior Ayurvedic syntheses, which identify *Agnimandya*, *Vata Prakopa* and *Dhatu Kshaya* as central mechanisms in the pathogenesis of *Hridroga*. Its major limitation, however, is the absence of adequately powered clinical trials demonstrating that these interventions improve hard cardiovascular outcomes such as mortality, recurrent myocardial infarction, heart-failure hospitalization or infective-endocarditis cure.

This review has several limitations. First, the contemporary biomedical literature was restricted to a small number of secondary sources; therefore, primary clinical and experimental evidence on Ayurvedic interventions for cardiac disorders was not systematically appraised, and the review cannot establish efficacy, safety, dose–response relationships, or comparative effectiveness. Second, mapping classical Ayurvedic disease entities onto modern cardiovascular diagnoses is inherently subjective, as Ayurvedic and biomedical diagnostic frameworks differ in their underlying concepts, nomenclature, and criteria; consequently, the correlations proposed here should be interpreted as conceptual approximations rather than exact equivalents. Third, although the review draws principally on the *Brihat Trayi-Charaka Samhita, Sushruta Samhita*, and *Ashtanga Hridaya/Samgraha* it did not use a systematic, pre-specified protocol for selecting or excluding other classical sources, including the *Sharangdhara Samhita* and *Yoga Ratnakara*; this may have introduced selection bias and limited the comprehensiveness of the classical synthesis. Finally, the formulations and therapeutic principles discussed have not been linked to clinical outcome data in this review, and their clinical relevance requires validation through well-designed

clinical studies with standardized interventions, appropriate comparators, validated outcome measures, and safety assessment. These limitations should be considered when interpreting the conclusions, which are intended to provide a conceptual and literature-based framework rather than definitive clinical recommendations

CONCLUSION

Hridroga is a significant disease entity in Ayurveda, with detailed descriptions of its *Nidana, Samprapti, Dosha* predominance, clinical manifestations and therapeutic approaches. *Hridaya* is considered a vital *Marma* and an important seat of *Vyana Vayu, Sadhaka Pitta, Avalambaka Kapha, Ojas, Rasa, Mana* and *Chetana.* The classical texts describe multiple causative factors involving *Ahara, Vihara*, psychological factors and suppression of natural urges. Its pathogenesis involves *Dosha Dushti, Agni Dushti, Rasa-Rakta Dushti* and *Srotodushti*, with localization in *Hridaya.* The classification into *Vataja, Pittaja, Kaphaja, Sannipataja* and *Krimija Hridroga* highlights the importance of individualized, Dosha-based clinical assessment and provides a structured framework for understanding cardiac disorders from the Ayurvedic perspective.

The present review brings together classical descriptions of the classification, pathogenesis and management of *Hridroga* and examines their potential relevance to contemporary cardiovascular concepts. However, the conceptual similarities between Ayurvedic disease categories and modern cardiovascular diagnoses should not be interpreted as established diagnostic equivalence. The review highlights the potential for dialogue between Ayurvedic and contemporary cardiovascular frameworks while emphasizing the need for systematic scientific validation.

Future research should prioritize the development and clinical validation of standardized diagnostic criteria for the different types of *Hridroga*, including reproducible assessment of Dosha predominance and *Samprapti Ghataka*. Prospective observational studies may evaluate the reliability of these criteria and investigate their associations with objectively established cardiovascular diagnoses. Experimental pharmacological studies of *Arjuna* (*Terminalia arjuna*)-based formulations and other classical preparations described for *Hridroga* are also warranted to investigate their mechanisms of action, pharmacological activity, safety and potential cardiovascular effects. Subsequently, appropriately designed clinical trials should evaluate their efficacy and safety as adjunctive interventions, using standardized formulations, validated outcome measures and adequate follow-up.

The present review is limited by its reliance on classical textual descriptions and the available secondary literature, together with the lack of standardized clinical criteria and sufficient high-quality evidence establishing correlations between specific *Hridroga* subtypes and contemporary cardiovascular diseases. Variations in classical interpretations, diagnostic approaches, formulation composition and treatment protocols present additional challenges to reproducibility and clinical application. Therefore, further textual, experimental and clinical research is essential before these concepts can be translated into evidence-based clinical recommendations. For clinicians, educators and researchers, the classical framework may serve as a basis for generating research hypotheses and developing standardized assessment approaches, while contemporary cardiovascular investigations and established standards of care remain essential for diagnosis and treatment. A scientifically rigorous, integrative approach may help clarify the clinical relevance of *Hridroga* and establish the evidence required for its responsible application in contemporary practice.

How to Cite this Article: K M., Trivedi A.B.. (2026). Hridroga: An Ayurvedic Review with Special Reference to Its Nidana, Samprapti, Lakshana and Chikitsa. *International Research Journal of Ayurveda & Yoga*, ***9***(6), 25-35. https://doi.org/10.48165/irjay.2026.9.06.04