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ISCHEMIC HEART DISEASE AND ITS AYURVEDIC CORRELATION WITH VATAJ HRIDROGA: A SYSTEMATIC REVIEW OF CLINICAL EVIDENCE (2000–2026)

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ABSTRACT

Background: Ischemic heart disease (IHD) remains one of the leading causes of mortality worldwide. Ayurvedic literature describes cardiac disorders under Hridroga, among which Vataj Hridroga shows close similarity with IHD. **Objective:** To systematically review published clinical evidence regarding Ayurvedic interventions in IHD and their correlation with Vataj Hridroga. **Materials and Methods:** Electronic databases including PubMed, Scopus, Web of Science, Google Scholar, and AYUSH Research Portal were searched for studies published between 2000 and 2026. Clinical trials, randomized controlled trials, and case series evaluating Ayurvedic interventions in IHD were included. **Results**: A total of 136 records were identified. After screening and eligibility assessment, six studies were included. Most studies evaluated Terminalia arjuna either as a single intervention or as part of integrative therapy. Improvements were reported in angina frequency, lipid profile, exercise tolerance, ECG parameters, and quality of life. **Conclusion:** Available evidence suggests potential benefits of Ayurvedic interventions in the management of IHD. However, larger well-designed randomized clinical trials are required to establish definitive efficacy.

KEYWORDS: Ischemic Heart Disease, Coronary Artery Disease, Vataj Hridroga,

Ayurveda, Terminalia arjuna, Systematic Review.

INTRODUCTION

Cardiovascular diseases (CVDs) are the leading cause of mortality worldwide and continue to pose a major public health challenge.[1] Among them, ischemic heart disease (IHD), also known as coronary artery disease, accounts for the largest proportion of cardiovascular deaths. IHD occurs due to reduced blood supply to the myocardium, most commonly resulting from atherosclerotic narrowing or obstruction of the coronary arteries. The resulting imbalance between myocardial oxygen supply and demand leads to myocardial ischemia, manifesting clinically as angina, dyspnea, reduced exercise tolerance, myocardial infarction, and, in severe cases, sudden cardiac death. Despite significant advances in preventive and therapeutic cardiology, IHD remains a major contributor to morbidity, mortality, disability, and healthcare expenditure across the globe.

India is experiencing a rapid increase in the burden of cardiovascular diseases due to urbanization, sedentary lifestyle, unhealthy dietary habits, psychological stress, diabetes mellitus, hypertension, obesity, and dyslipidemia. Epidemiological studies have reported that the prevalence of coronary heart disease ranges from approximately 1.6% to 7.4% in rural populations and from 1% to 13.2% in urban populations.[2] Furthermore, cardiovascular mortality in India has shown a steady rise over the past few decades, making IHD one of the most important non-communicable diseases affecting the Indian population. The earlier age of onset and increasing prevalence among younger adults further emphasize the need for comprehensive and sustainable management approaches.

Ayurveda, the traditional system of medicine of India, describes cardiac disorders under the broad heading of *Hridroga*. Classical Ayurvedic texts such as the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya explain the etiology, pathogenesis, clinical manifestations, and management of Hridroga. Based on the predominance of Doshas, Hridroga is classified into five types: Vataja, Pittaja, Kaphaja, Sannipataja, and Krimija Hridroga. The heart (*Hridaya*) is considered a vital organ and the seat of consciousness, Ojas, and circulation. Disturbance in Dosha equilibrium, particularly involving Vata Dosha, can impair normal cardiac function and give rise to various cardiac disorders.

Among the different types of Hridroga, *Vataja Hridroga* exhibits remarkable similarities with ischemic heart disease. Classical symptoms such as *Hritshoola* (severe chest pain), *Shvasa*

(breathlessness), *Hriddrava* (palpitations), *Gatra Sada* (fatigue), and discomfort in the cardiac region closely resemble the clinical manifestations observed in patients with coronary artery disease. From an Ayurvedic perspective, factors such as improper diet, excessive physical or mental exertion, suppression of natural urges, and impairment of Agni lead to Dosha imbalance and *Srotorodha* (obstruction of channels). This pathological process may be correlated with vascular obstruction and impaired coronary circulation described in modern medicine. Therefore, Vataja Hridroga provides a relevant Ayurvedic framework for understanding the pathogenesis and clinical presentation of ischemic heart disease.[3]

Several Ayurvedic interventions, including *Terminalia arjuna*, Pushkar Guggulu, Hridbasti, Rasayana therapies, and Panchakarma procedures, have been evaluated in patients with ischemic heart disease and related cardiovascular disorders. Many studies have reported beneficial effects on anginal symptoms, lipid profile, exercise tolerance, electrocardiographic findings, and overall quality of life. However, the available evidence is scattered across different study designs, journals, and databases. Furthermore, there is a lack of consolidated literature specifically examining ischemic heart disease from the perspective of Vataja Hridroga and critically evaluating the current clinical evidence supporting Ayurvedic interventions.

In view of the growing burden of ischemic heart disease and the increasing interest in integrative approaches to cardiovascular care, a systematic review of the available literature is warranted. Synthesizing the existing evidence may help clarify the Ayurvedic understanding of IHD, identify promising therapeutic interventions, and highlight areas requiring further research. Therefore, the present systematic review was undertaken to evaluate published clinical evidence on ischemic heart disease and its Ayurvedic correlation with Vataja Hridroga.

AIM

To systematically review the literature on ischemic heart disease and its Ayurvedic correlation with Vataja Hridroga.

OBJECTIVES

1. To identify published studies related to ischemic heart disease and Hridrog between 2000 to 2026.
2. To analyse the available clinical evidence, including randomized controlled trials, clinical

studies, and case series evaluating Ayurvedic interventions in IHD.

3. To evaluate Ayurvedic interpretations and therapeutic approaches for IHD.

MATERIALS AND METHODS

Study Design

The present study was conducted as a systematic review of published literature evaluating ischemic heart disease (IHD) and its Ayurvedic correlation with Vataja Hridroga. The review was performed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Search Strategy

A comprehensive literature search was carried out in electronic databases including PubMed, Scopus, Web of Science, Google Scholar, and the AYUSH Research Portal. The search included studies published from January 2000 to December 2026.

The following keywords and their combinations were used during the search process: “Ischemic Heart Disease”, “Coronary Artery Disease”, “Coronary Heart Disease”, “Hridroga”, “Vataja Hridroga”, “Ayurveda”, “Terminalia arjuna”, “Arjuna”, “Pushkar Guggulu”, “Hridbasti”, “Panchakarma”, “Ayurvedic Management of Heart Disease”, and “Integrative Cardiology”.

Boolean operators (AND, OR) were applied to refine the search strategy. Manual searching of reference lists from relevant articles was also performed to identify additional eligible studies.

ELIGIBILITY CRITERIA

Inclusion Criteria

1. Articles published between 2000 to 2026
2. Clinical trials, randomized controlled trials, controlled clinical studies, and case series.
3. Studies related to cardiovascular diseases and Vataj Hridrog.

Exclusion Criteria

Animal studies, experimental studies, review articles without primary clinical data, duplicate publications, and non-peer-reviewed articles.

Study Selection and Screening Process

A total of 136 records were identified through database searching. After removing 28 duplicate records, 108 articles were screened based on their titles and abstracts. Of these, 64 articles were excluded because they were not relevant to ischemic heart disease or Vataja Hridroga, were non-clinical studies, or did not meet the inclusion criteria. The remaining 44 full-text articles were assessed for eligibility. After detailed evaluation, six studies fulfilled the selection criteria and were included in the qualitative synthesis. The study selection process was documented using the PRISMA flow diagram.[4]

Data Extraction

Relevant data were extracted from all eligible studies using a standardized data extraction sheet. The extracted information included author name, year of publication, study design, sample size, type of Ayurvedic intervention, treatment duration, outcome measures, and major findings. The extracted data were subsequently organized into tables and analyzed qualitatively.

Risk of Bias Assessment

The quality of the included studies was assessed using appropriate tools according to study design. Randomized controlled trials were evaluated using the Cochrane Risk of Bias Tool, while case series and non-randomized studies were assessed using the JBI Critical Appraisal Checklist.

Table 1: Risk of Bias Assessment of Included Studies.

Study	Study Design	Risk of Bias
Bharani et al.	RCT	Low
Saleem et al.	RCT	Some concerns
Sharma et al.	Protocol	Not applicable
Suma et al.	Case series	Moderate
Thakur et al.	Case report	Moderate
Joge et al.	Controlled clinical trial	Some concerns

Data Synthesis

Due to differences in study design, interventions, treatment duration, and outcome measures, a meta-analysis was not performed. Therefore, the findings of the included studies were analyzed qualitatively. The studies were grouped according to the type of intervention, and the outcomes were summarized based on improvements in symptoms, lipid profile, ECG findings, exercise tolerance, cardiac function, and quality of life.

Figure 1: PRISMA flow diagram of study selection process.

Step	Number
Records identified	136
Duplicates removed	28
Screened	108
Excluded	64
Full-text assessed	44
Excluded after eligibility	38
Included studies	6

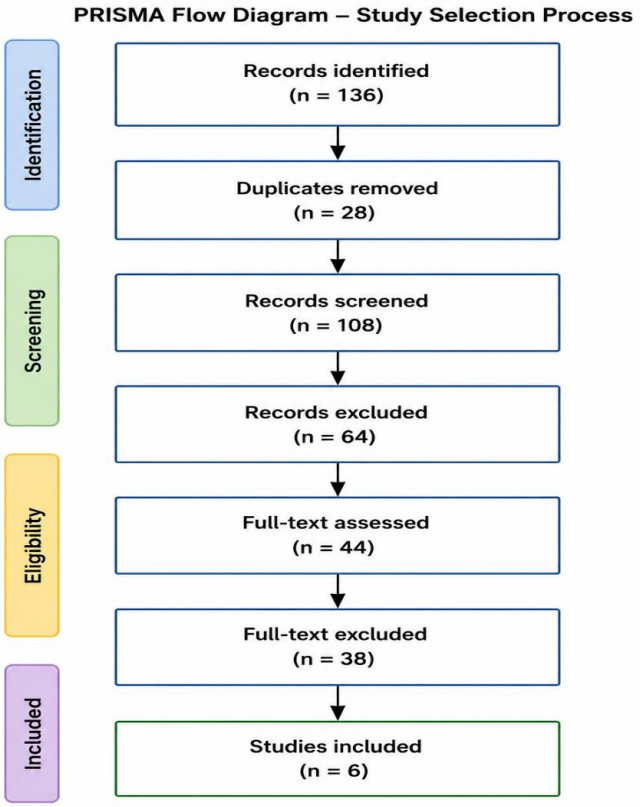

Table 2: Summary of the articles included in the review.

Sr.No.	Study Title	Authors	Journal	Study Details	Key Findings
1	Efficacy of Terminalia arjuna in chronic stable angina: a double-blind, placebo-controlled, crossover study comparing Terminalia arjuna with isosorbide mononitrate[5]	Bharani A et al. (2002)	Indian Heart Journal	Randomized, double-blind, placebo-controlled, crossover clinical trial Sample size: 58 male patients with chronic stable angina (NYHA class II–III) Interventions- Each patient received: Terminalia arjuna extract (500 mg TDS) Isosorbide mononitrate (40 mg/day) Placebo Each treatment phase lasted	Significant reduction in angina frequency with Terminalia arjuna vs placebo Reduced nitrate consumption ($p < 0.005$)

				1 week with washout period Interventions Test drug: Terminalia arjuna bark extract (IPC-53) Control: Isosorbide mononitrate Comparator: Placebo	
2	Effect of Arjun Chāl on cardiovascular risk factors – a randomized controlled clinical trial[6]	Saima Saleem 2020	JAIM	Study Design Randomized controlled clinical trial Patient 40 with cardiovascular risk factor(e.g., dyslipidemia, preclinical CAD risk) Two groups: Intervention: Arjun Chāl Control: Standard care / control group Intervention Arjun Chal (Terminalia arjuna bark powder) Dose: typically, 3–6 g/day (divided doses with water/milk) Duration 2–3 months	Key Results Significant reduction in total cholesterol anLDL Increase in HDL levels Reduction in triglycerides Mild improvement in blood pressure Good safety and tolerability
3	Efficacy of Ayurveda interventions (*Pushkar Guggulu* and *Haritaki*) as an adjunct to standard care in stable coronary artery disease: study protocol for a double-blind, randomized controlled study[7]	Sakshi sharma 2021	IJAM	Design: This study is a single-center, prospective, double-blind, randomized, placebo-controlled trial. Intervention: The Ayurveda add-on group (AG) participants will receive the Ayurveda formulations, Pushkar Guggulu capsules (1 g), and Haritaki capsules (500 mg) twice daily after meals with lukewarm water. The control group (CG) participants will be given the matching placebo for the mentioned Ayurveda interventions. The conventional standard care per the current American College of Cardiology (ACC)/American Heart Association (AHA) guidelines for stable CAD	Key Results Reduction in chest pain frequency and intensity Improvement in breathlessness and functional capacity Better blood pressure control Improvement in ECG findings (in some cases)

				management will be provided in both groups, which include Aspirin 75 mg, Atrovastatin 80 mg, Metoprolol succinate 25 mg to 200 mg, and Nitrates (Isosorbide Mononitrate starting with 10 mg and titrated accordingly or long-acting Nitroglycerine 2.5 mg to 6.5 mg). The dosages of these medications will be at the treating Duration:180 days	
4.	Management of Tridoshaja Hridroga with respect to Spectrum of Coronary Artery Disease with Deepana-Pachana, Virechana, Hridbasti and Rasayana Yogas[8]	H C Suma	Ayushdhara 2025	Study Design +Clinical study (case series / observational) Patients with Tridoshaja Hridroga (correlating with CAD spectrum) ntervention (Multimodal Ayurvedic Approach) 1. Deepana–Pachana To improve Agni and reduce Ama 2. Virechana (Panchakarma) Detoxification aimed at Pitta–Kapha shamana 3. Hridbasti Local oil pooling therapy over cardiac region Improves cardiac function and circulation 4. Rasayana Yogas Rejuvenative formulations for: Cardiac strength (Hridya) Ojas enhancement Duration Typically 4–6 weeks (including Panchakarma + internal therapy)	Key Results Significant reduction in chest pain and dyspnea Improvement in exercise tolerance Better lipid profile parameters Supportive improvement in ECG findings Overall enhancement of quality of life
5.	Case series on management of Coronary Artery Disease, Hypertension and Post Myocardial Infarct Patient through Hridaya Basti[9]	Deekshat Thakur, Poonam Gupta 2025	World Journal of Biology Pharmacy and Health Sciences,	Design: Case report Sample:3 patient Intervention: Patient 1-Hridaya basti done with kshara taila on alternative days for 21 days. Hrudya vati 1000 mg 2 times a day	Case series on management of Coronary Artery Disease, Hypertension and Post Myocardial Infarct Patient through Hridaya Basti

				before food. Anarsha Kshara, pinch before food. Sukha virechana Churna 1tsb after food. Patient 2-Hridaya basti done with Dhanvantar Taila on alternative days for 14 days. Prabhaker vati 2BD with water, Punarnava mandoor 2BD with water, Sukha virechana Churna 1tsb after food Patient 3-Hridaya basti done with Chandana Bala Lakshadi taila on alternative days for 21 days, Hrudya vati 1000 mg 2 times a day before food, Anarsha Kshara 3 pinch before food, Sukha virechana Churna 1tsb after food. Duration:21	
6.	A Controlled Clinical Trial on the Effectiveness of a Multi-Modal Ayurvedic Approach in the Treatment of Ischemic Heart Disease (Vata-Kaphaja Hridroga)[10]	Joge S, Diggavi M 2026	Journal of Ayurveda and Integrated Medical Sciences	Open-label randomized comparative clinical trial Sample size: 40 patients with ischemic heart disease (IHD) Two groups: Group A: Ayurvedic multimodal intervention Group B: Conventional (modern) treatment Intervention (Ayurvedic multimodal) Nitya Anulomana – Haritakyadi Churna Hridbasti – Bilwadi Taila (procedure) Chatushparni Rasayana Tapyadi Vataka Bilwadi Kashaya Anupana Duration: 48 days with procedural cycles	Highly significant improvement in: Chest pain (Hridshoola) Dyspnea (Arohana Ayasa) Cardiac symptoms Significant improvement in lipid profile: ↓ Total cholesterol, LDL, TG, VLDL ↑ HDL Improved cardiac function: Increased ejection fraction (EF) Better ECG findings Ayurvedic group showed better results than control group

RESULTS

Study Characteristics

A total of six studies were included in the review after screening and eligibility assessment. Among them, three were randomized controlled trials, one was a controlled clinical trial, and two were case series. The studies evaluated various Ayurvedic interventions for ischemic heart disease, including single herbal drugs, combined Ayurvedic therapies, Panchakarma procedures, and integrative approaches with conventional treatment. The characteristics of the included studies are summarized in Table 2.

Intervention-wise Analysis

Single Herb Interventions

Two studies evaluated the role of *Terminalia arjuna* (Arjuna Chāl) in patients with ischemic heart disease and cardiovascular risk factors. These studies reported improvements in angina symptoms, lipid profile parameters, and overall cardiovascular health. Arjuna demonstrated significant antianginal and cardioprotective effects and was found to be comparable to conventional antianginal therapy in some patients.

Integrative Ayurvedic Interventions

One controlled clinical trial assessed a multimodal Ayurvedic treatment protocol consisting of internal medicines, Hridbasti, and supportive therapies. The intervention resulted in significant improvement in chest pain, breathlessness, lipid profile, ECG findings, and ejection fraction when compared with conventional management.

Panchakarma-Based Interventions

Two studies evaluated Panchakarma procedures, particularly Hridbasti, Deepana-Pachana, and Virechana, along with internal Ayurvedic medicines. These interventions were associated with reduction in chest pain and dyspnea, improved exercise tolerance, better lipid profile, and enhancement of overall cardiac function.

Add-on Therapy

One randomized controlled study protocol investigated the use of Pushkar Guggulu and Haritaki as adjuncts to standard conventional treatment in stable coronary artery disease. Preliminary evidence suggests potential benefits in symptom control and cardiovascular risk reduction; however, further clinical outcome data are awaited.

Outcome-wise Analysis

Angina Reduction

Most studies reported a reduction in the frequency and severity of chest pain. Significant antianginal effects were observed with *Terminalia arjuna* and multimodal Ayurvedic treatment approaches.

Lipid Profile

Improvement in lipid parameters was one of the most consistent findings across the included studies. Reductions in total cholesterol, low-density lipoprotein (LDL), triglycerides, and very low-density lipoprotein (VLDL), along with an increase in high-density lipoprotein (HDL), were reported.

ECG Changes

Several studies documented improvement in electrocardiographic findings following Ayurvedic treatment. Better ECG outcomes were observed in patients receiving combined therapies and integrative treatment protocols.

Exercise Tolerance

Patients receiving Ayurvedic interventions showed improvement in exercise capacity and reduction in exertional breathlessness, indicating enhanced functional status and cardiac performance.

Quality of Life

Most studies reported improvement in overall well-being, physical activity, and quality of life. Reduction in symptoms such as chest pain, fatigue, and dyspnea contributed to better daily functioning and patient satisfaction.

DISCUSSION

The present systematic review evaluated the available clinical evidence regarding Ayurvedic interventions in ischemic heart disease (IHD) with special reference to Vataja Hridroga. The findings of the included studies indicate that Ayurvedic therapies, including single herbal drugs, Panchakarma procedures, and integrative treatment approaches, may contribute to improvement in anginal symptoms, lipid profile, ECG findings, exercise tolerance, and overall quality of life.

Ayurvedic Interpretation of Ischemic Heart Disease

Although ischemic heart disease is not described as a distinct disease entity in the Ayurvedic classics, its clinical manifestations show considerable similarity with Vataja Hridroga. According to Ayurveda, excessive intake of incompatible food, improper lifestyle, mental stress, and suppression of natural urges lead to aggravation of Vata Dosha. Simultaneously, impairment of Agni results in the formation of Ama, which circulates through the body and causes obstruction of various Srotas.[11]

The pathogenesis of IHD can be understood as a combination of Vata Prakopa, Rasa-Rakta Dushti, Ama formation, and Srotorodha.[14] Obstruction within the channels carrying Rasa and Rakta may be correlated with atherosclerotic narrowing of coronary arteries described in modern medicine. Due to this obstruction, aggravated Vata produces symptoms such as Hritshoola (chest pain), Shwasa (breathlessness), Hriddrava (palpitations), and Daurbalya (fatigue), which closely resemble the clinical features of ischemic heart disease. Therefore, Vataja Hridroga provides an appropriate Ayurvedic framework for understanding the disease process.[3]

Role of Arjuna in Ischemic Heart Disease

Among all the interventions included in this review, Terminalia arjuna was the most extensively studied drug. Classical Ayurvedic texts describe Arjuna as Hridya, Balya, and Rasayana.[12] The beneficial effects observed in clinical studies may be attributed to its multiple pharmacological action.

Modern studies have demonstrated that Arjuna possesses potent antioxidant activity[13], which helps reduce oxidative stress and protects myocardial tissue from ischemic damage. It also exhibits hypolipidemic effects by lowering total cholesterol[6], LDL, and triglyceride levels while improving HDL levels. These effects may help reduce progression of atherosclerosis and improve cardiovascular health.

In addition, Arjuna has cardioprotective properties that may enhance myocardial function and improve coronary circulation.[13] The reduction in anginal episodes observed in clinical trials suggests improved myocardial perfusion and oxygen utilization. The comparable efficacy of Arjuna with conventional antianginal therapy highlights its potential role as a supportive treatment in patients with stable ischemic heart disease.

Role of Panchakarma and Multimodal Ayurvedic Therapy

The reviewed studies also demonstrated beneficial effects of Panchakarma procedures and combined Ayurvedic therapies. The therapeutic rationale of these interventions can be explained through classical Ayurvedic principles.

Deepana-Pachana helps improve Agni and facilitates digestion of Ama, thereby correcting the underlying metabolic disturbances responsible for disease progression. Ama Nirharana reduces Srotorodha and restores normal circulation within bodily channels.

Virechana Karma contributes to the elimination of aggravated Doshas, particularly Pitta and Kapha, and may aid in improving metabolic and lipid parameters. Clinical studies included in this review reported favorable changes in lipid profile and symptomatic improvement following Virechana-based treatment protocols.[8]

Hridbasti, a localized therapeutic procedure involving retention of medicated oil over the cardiac region, may provide Vata Shamana and improve local circulation. The observed reduction in chest pain, breathlessness, and improvement in functional capacity suggest its beneficial role in supporting cardiac function. When combined with internal medicines and Rasayana formulations, these therapies may provide a comprehensive approach targeting both symptoms and underlying pathophysiology.

Comparison with Modern Evidence

Contemporary cardiology recognizes dyslipidemia, inflammation, oxidative stress, endothelial dysfunction, and atherosclerosis as major contributors to ischemic heart disease.[15] Interestingly, many Ayurvedic interventions evaluated in this review appear to influence similar pathways. Clinical studies have reported improvements in lipid profile, exercise tolerance, ECG findings, and symptom burden following Ayurvedic treatment.

The cardioprotective and antioxidant effects of Arjuna reported in modern pharmacological studies support the traditional Ayurvedic use of the drug in cardiac disorders. Likewise, the metabolic correction achieved through Deepana-Pachana and Virechana may be viewed as complementary to modern risk-factor modification strategies. Although the current evidence is encouraging, most available studies involve small sample sizes and heterogeneous methodologies. Therefore, larger randomized controlled trials are required to establish definitive evidence regarding the efficacy of Ayurvedic interventions in ischemic heart disease.

Overall, the findings of this review suggest that Ayurveda offers a holistic approach to the management of ischemic heart disease by addressing Dosha imbalance, Ama formation, Srotorodha, and impaired cardiac function. Integrating these principles with contemporary cardiovascular care may provide additional benefits in improving patient outcomes and quality of life.

Strengths and Limitations

Strengths

The present review is among the few studies that specifically explore the relationship between ischemic heart disease and its Ayurvedic correlation with Vataja Hridroga. It provides a comprehensive overview of the available clinical evidence on Ayurvedic interventions for ischemic heart disease. The inclusion of randomized controlled trials, controlled clinical studies, and case series enabled a broad assessment of the therapeutic role of Ayurveda in the management of cardiovascular disorders.

Limitations

This review has certain limitations. The number of eligible studies was limited, and the included studies showed considerable variation in study design, interventions, treatment duration, and outcome measures. Most studies had small sample sizes, which may affect the generalizability of the findings. In addition, long-term follow-up data were lacking in most studies, making it difficult to assess the sustained effects of treatment. The possibility of publication bias cannot be excluded, as studies with positive outcomes are more likely to be published than studies reporting negative or inconclusive results.

CONCLUSION

The available clinical evidence indicates that Ayurvedic interventions, particularly Terminalia arjuna, Panchakarma procedures, and integrative treatment approaches, may improve symptomatic and biochemical parameters in ischemic heart disease. The Ayurvedic concept of Vataj Hridroga provides a relevant framework for understanding the disease process. However, the current evidence base remains limited, and large multicentric randomized controlled trials are required before definitive recommendations can be made.

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Conflict of Interest

None declared.

Author Contributions

All authors contributed to the conception, literature review, manuscript preparation, and final approval of the manuscript.

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