An observational study to evaluate the role of Nidana in Vataja Hridroga with special reference to current lifestyle

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Abstract:

Background: Hridaya is one among vital organ that holds the body aspects together. Baadha to Hridaya manifests with Hridroga. Based on pathognomic symptoms Hridroga is enumerated as five; Vataja Hridroga is one amongst that manifests with the cardinal feature of Ruja in Ura Pradesha; in order to protect the affliction to Hridaya one should avoid particularly the cause of affliction (Nidana). Various factors such as unhealthy lifestyle can increase the burden of cardiac diseases that marks the need to explore the Nidanas in Vataja Hridroga. For accurate treatment, evaluation of Nidana is necessary as Nidana Parivarjana is the first line of treatment mentioned. Aims and objectives: To clinically evaluate the Nidanas in Vataja Hridroga. Materials and Methods: A total of 47 Subjects fulfilling the diagnostic criteria were registered and Nidanas were analysed with detail history and examination in specially prepared proforma. Results: Among the Nidanas, Ativyayama, Vegadharana, Upavasa were found with increase in incidence rate and Stress was found to be predominantly present among the subjects.

Keywords: Nidana, Vataja Hridroga

Introduction:

Hridroga is a broad spectrum disease which deals with various abnormalities of Hridaya mentioned in Ayurveda in brief. Structural and functional abnormalities that interfere with normal functioning of Hridaya cause different types of Hridroga.1-3 Deranged Doshas predominantly Vata aggravated by various etiological factors vitiate Rasa Dhatu and take its Ashraya in Hridaya manifesting with Vataja Hridroga.4 Nidana plays a considerable role in manifestation of Vyadhi that can be divided into Aharaja, Viharaja and Manasika Nidana.5-6 Evaluation of Nidana is thus essential to avoid the chance of being affected by Vyadhi. In Hridroga Visheshya Nidanas pertaining to Doshic predominance has been mentioned in brief. Hence an effort has been made to evaluate Nidanas involved in Vataja Hridroga by specific designed self assessment questionnaire.

Aims and objectives:

To clinically evaluate the Nidanas in Vataja Hridroga

Study design:

An observational study
Methodology:

Among 60 screened patients, total of 47 subjects fulfilling the diagnostic criteria were selected. Detailed history was taken along with examination and cases were diagnosed on the basis of Lakshanas, Nidanas were analysed with the help of specially designed questionnaire. This helps to assess the role of Nidanas in manifestation of Vataja Hridroga.

Inclusion criteria:

- Patients of either Gender.
- Patients age between 20-70 years.
- Patients presenting with symptoms of Vataja Hridroga

Exclusion criteria:

- Kaphaja, Pittaja and Sannipataja Hridroga
- Congenital heart disease
- Pregnant and lactating women

Statistical analysis:

Data obtained during study was tabulated using software SPSS version 23 and statistically analysis was done by using chi square goodness of fit test. The Nidanas were assessed based on scale of frequency; weighted mean was calculated as 1.5 (Mean of score= 3+2+1+0=6/4=1.5). If weighted mean was more than 1.5 then chi square test was applied and level of significance was noted (p value less than 0.05 is considered as statistically significant).

Observations and Results:

All parameters of the study were analysed, if frequency of consumed Nidana falls under category of regularly and occasionally it was considered as positive frequency and frequency that falls under occasionally and never was considered as negative frequency.

In the present study maximum of 17(36.2%) belonged to age group between 51-70 years, 28(59.6%) were males, 28(59.6%) belonged to middle class, 32(68.1%) subjects were having h/o DM, HTN and CVD, 8(17%) had relevant family history.

Among 47 subjects of Vataja Hridroga, frequency of consumption of Nidanas were observed as 26(55.3%) Ativayama (excessive exercise), 21(55.3%) Vegadharana (suppression of natural urges), 13(27.6%) Upavasa(fasting), 2(4.3%) Shoka (grief), 30(63.8%) Chinta (stress), 6(12.7%) Shushka Bhojana (dry food items), 10(21.1%) Alpa Bhojana (skipped meals), 1(2.1%) Abhighata (injury/affliction). (Table 1A, 1B)

Based on analysis done as per study, Chinta (Stress) showed statistically significant result (p value=0.0001).
Graph 1, Distribution based on Nidana

(Table 1A, Result of Nidana)

<table>
<thead>
<tr>
<th>S.N</th>
<th>Nidana</th>
<th>Observed N</th>
<th>Expected N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>R</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>Ativyayama (Excessive Exercise)</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>2</td>
<td>Vegadharana (Suppression Of Natural Urges)</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>3</td>
<td>Upavasa (Fasting)</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>4</td>
<td>Shushka Bhojana (Dry food Items)</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>Alpa Bhojana (skipped meals)</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Chinta (Stress)</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>5</td>
<td>Shoka (Grief)</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Abhighata (Injury/Affliction)</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

(Frequency of indulgence in Nidana is graded as R= Regularly, F= Frequently, O= Occasionally, N= Never)

(Table1B, Result of Nidana)

<table>
<thead>
<tr>
<th>S.No</th>
<th>Nidana</th>
<th>Weighted mean</th>
<th>P value</th>
<th>Chi square</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ativyayama (Excessive Exercise)</td>
<td>1.36</td>
<td>0.240</td>
<td>2.851</td>
<td>NS</td>
</tr>
<tr>
<td>2</td>
<td>Vegadharana (Suppression Of Natural Urges)</td>
<td>0.89</td>
<td>0.466</td>
<td>0.532</td>
<td>NS</td>
</tr>
<tr>
<td>3</td>
<td>Upavasa (Fasting)</td>
<td>0.61</td>
<td>0.000</td>
<td>25.70</td>
<td>NS</td>
</tr>
<tr>
<td>4</td>
<td>Shushka Bhojana (Dry food items)</td>
<td>0.55</td>
<td>0.001</td>
<td>14.34</td>
<td>NS</td>
</tr>
<tr>
<td>5</td>
<td>Alpa Bhojana (Skipped Meals)</td>
<td>0.59</td>
<td>0.000</td>
<td>17.14</td>
<td>NS</td>
</tr>
<tr>
<td>4</td>
<td>Chinta (Stress)</td>
<td>1.61</td>
<td>0.000</td>
<td>19.70</td>
<td>S</td>
</tr>
<tr>
<td>5</td>
<td>Shoka (Grief)</td>
<td>0.12</td>
<td>0.000</td>
<td>39.34</td>
<td>NS</td>
</tr>
<tr>
<td>6</td>
<td>Abhighata (Injury/Affliction)</td>
<td>0.06</td>
<td>0.000</td>
<td>39.34</td>
<td>NS</td>
</tr>
</tbody>
</table>
Discussion:

Among 47 subjects of Vataja Hridroga, maximum of 17(36.2%) belonged to age group between 51-70 due to change in the work routine and lifestyle. 28(59.6%) were males that would be due to work stress maximum of 28(59.6%) belonged to middle class due to inadequate awareness and financial burden.32(68.1%) were having h/o DM, HTN and CVD that increases the chance of cardiac overload. 8(17%) had relevant family history that contributes to manifestation of various cardiovascular diseases.

Among consumption of Nidana, Ativyayama causes Vata Dosha Prakopa that leads to Kshaya of Dhatu and Ojas which results in consequent exhaustion. Vegadharana aggravates Vatadi Doshas thereby vitiating the Rasa Dhatu that leads to manifestations of cardiac symptoms like pain in heart, feeling of heaviness and difficulty in breathing. Upavasa causes Agni and Vata Vruddhi that leads to Shoshana of Rasa Dhatu and afflicts Hridaya. Chinta causes Vata Prakopa and hampers Agni. Shoka involves Raja Dosha that affects Vata Dosha causes Agnivikruti and hampers Rasa Rakta Vikshepana. Shushka Bhojana and Alpa Bhojana is responsible for decrease in Snigdha and Picchil Guna of Kapha Dosh with increase in Laghu and Ruksha Guna of Vata causing Vata Prakopa and Gati Avarodha. Abhighbata afflicts Hridaya as it is considered as one of Sadyopranahara Marma and any affliction or injury to it can results to death. These factors thus aggravate the Doshas predominantly Vata and cause Agnidusti; vitiates the Rasa Dhatu invading the components of Hridaya and manifesting as Vataja Hridroga.

Conclusion:

Based on observations and results it was observed in present study as maximum number of patients showed Ativyayama, Chinta, Vegadharana, Upavasa as the cause. Among Nidanas, Chinta was statistically significant. These factors should be considered while planning the management of Vataja Hridroga as avoidance of Nidana is the first line of treatment and it helps in resolving the pathogenesis of disease.

References:


