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Integrated Ayurveda-Jyotisha Framework For Hridrava: Classical Basis, Therapeutic Rationale, And A Proposed Protocol For Clinical Validation

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Abstract

Background and Aim: *Hridrava*, understood in Ayurvedic literature as a functional cardiac symptom-complex characterised by distressing palpitations and *Vata* aggravation in the *Hridaya*, is a clinically significant presentation in the context of rising functional cardiovascular complaints linked to anxiety, autonomic dysregulation, and stress. Classical Ayurvedic texts describe *Hridaya* as a vital seat of *Prana* and circulatory function, while *Jyotisha* literature identifies *Surya* (Sun) as a principal signifier of vitality and cardiac integrity. This article develops an integrative Ayurveda-Jyotisha conceptual framework and proposes a clinical validation protocol. **Methods:** A systematic analysis of primary classical Sanskrit texts was undertaken, including *Charaka Samhita* (*Chikitsa Sthana* 28/96), *Sushruta Samhita* (*Sharira Sthana* 4/31-35), *Ashtanga Hridaya* (*Nidana Sthana* 6), *Brihat Jataka* (Varahamihira, *Adhyaya* 2/12), *Brihat Parashara Hora Shastra* (*Adhyaya* 12, 14), and *Aditya Hridaya Stotra* (Valmiki Ramayana, *Yuddha Kanda* 107). Pharmacological and clinical literature relevant to *Shaliparni* (*Desmodium gangeticum*) and *Manikya Pishti* (ruby calx) was also reviewed. **Results:** Textual evidence supports a solar-centric therapeutic rationale for *Hridrava* management, integrating *Shaliparni Siddha Dugdha* (herbal milk preparation), *Manikya Pishti* (ruby mineral formulation), and *Aditya Hridaya* recitation as conceptually aligned therapeutic elements. A Planetary Affliction Scoring System (0-12 scale) is proposed to quantify *Jyotisha*-based cardiac vulnerability. A prospective, four-arm, randomised controlled trial design is outlined for future clinical validation. **Conclusion:** An Ayurveda-Jyotisha integrated model for *Hridrava* is conceptually grounded and methodologically testable. Rigorous clinical evaluation through blinded, controlled trial design, pharmaceutical standardisation, and ethics-compliant protocol will be necessary to translate this framework into evidence-based clinical practice.

Keywords: *Hridrava*; *Hridaya*; *Ayurveda*; *Jyotisha*; *Shaliparni*; *Manikya Pishti*; *cardiac palpitations*

Introduction :

Functional cardiac disturbances — particularly palpitations unaccompanied by structural cardiac abnormality — represent a substantial proportion of outpatient cardiovascular consultations. Patients presenting with episodes of distressing heart awareness, restlessness, sleep disruption, anxiety, and breathlessness frequently receive a reassuring normal investigation workup, yet continue to experience symptoms that erode quality of life. Biomedicine provides limited therapeutic pathways for such functional presentations beyond anxiety management and lifestyle modification.^[1]

Ayurveda offers a conceptually richer framework for addressing such symptom-complexes through the interconnected doctrines of *Hridaya* (the heart as a *Pranayatana*), *Vata - Pitta Kapha* imbalance, *Rasavaha Srotas* dysfunction, and the psychosomatic continuum linking *Manas* and *Sharira*.^[2,3,21] The Ayurvedic concept of *Hridrava* — denoting distressing, irregular, or forceful cardiac awareness — emerges from this framework as a clinically meaningful entity amenable to herbal, mineral, dietary, and psychospiritual interventions.^[4] In parallel, *Jyotisha Shastra* — the classical Indian science of planetary astronomy and predictive interpretation — identifies *Surya* (the Sun) as the primary significator of *Atman*, *Prana*, and vitality, and specifically associates solar affliction with disorders involving the heart and thoracic region.^[5] This convergence between Ayurveda and *Jyotisha* around solar symbolism — evident in the therapeutic use of *Manikyā* (ruby, *Surya*'s gemstone), *Shaliparni* (whose

epithet *Amshumati* connotes solar radiance), and *Aditya Hridaya Stotra* (the solar heart-hymn from the Valmiki Ramayana) — provides a conceptually unified basis for an integrative therapeutic model. The present article has three objectives: (1) to review classical Ayurvedic and *Jyotisha* foundations relevant to *Hridrava*; (2) to articulate the therapeutic rationale for a solar-centric intervention model; and (3) to outline a prospective research protocol suitable for rigorous clinical validation within the Indian Knowledge Systems (IKS) research framework.

Classical Ayurvedic Understanding Of Hridaya And Hridrava :

Hridaya in Ayurvedic Anatomy and Physiology :

Hridaya occupies a position of cardinal importance across all three principal classical Ayurvedic compilations. *Charaka Samhita* (*Sutra Sthana* 30/3-4) describes *Hridaya* as the root of *Rasavaha Srotas* and the site of *Prana* residence, classifying it as one of the three *Paramardiya Marmas* (most vital structures) alongside *Basti* and *Shira*.^[6] *Sushruta Samhita* (*Sharira Sthana* 4/31-35) places *Hridaya* at the centre of circulatory physiology, describing it as the originating vessel from which the *Dhamani* (vessels) distribute *Rasa* to the entire body.^[7] *Ashtanga Hridaya* (*Nidana Sthana* 6) further elaborates the role of *Sadhaka Pitta* seated in the *Hridaya* in governing mental clarity, volition, and emotional equilibrium. This multidimensional model — simultaneously anatomical, physiological, and psychological — positions *Hridaya* not as a simple mechanical pump but as a convergence point of *Prana*, consciousness, and circulatory vitality. Pathology here therefore demands multidimensional therapeutic responses.

***Hridrava* — Classification, Aetiology, and Pathogenesis:**

Hridroga, the broader category of heart disease, is classified into five types in classical texts: *Vataja*, *Pittaja*, *Kaphaja*, *Tridoshaja*, and *Krimija*. Among these, *Vataja Hridroga* most closely corresponds to the functional palpitation complex. Features include *spandana* (throbbing), *toda* (pricking), *shula* (pain), *kshobha* (agitation), *bhrama* (giddiness), and *parva-bheda* (intermittent distress).^[8]

Hridrava, as a term, specifically denotes rapid, irregular, or forceful cardiac activity as a symptom within the broader *Hridroga* framework. Its aetiology includes excessive physical exertion, undue fear, grief, emaciation, depletion of *Rasa Dhatu*, and *Vata* aggravation through inappropriate diet and lifestyle.

The pathway involves *Vata* disturbing the normal *Spandana* (rhythmic contractile activity) of *Hridaya*, producing irregular and distressing sensations.^[4] Modern correlates include functional arrhythmia, anxiety-related palpitations, vasovagal episodes, and autonomic dysregulation.

***Shaliparni Siddha Dugdha* — Textual Basis :**

Charaka Samhita (*Chikitsa Sthana* 28/96) contains the direct reference: when *Vata* is aggravated in the *Hridaya*, milk processed with *Amshumati* (*Shaliparni*) is beneficial.^[6]

This is a targeted, clinically specific prescription rather than a generalised tonic formula. *Shaliparni* (*Desmodium gangeticum* [L.] DC.) is a constituent of the classical *Dashamula* formulation, known for its *Vata*-pacifying, *Balya* (strength-promoting), and *Hridya* (cardiac-supportive) properties.^[9,10]

Recent pharmacological investigations have confirmed the cardioprotective relevance of *Desmodium gangeticum*. Mridula and Ansary (2023) documented the cardioprotective secondary metabolites of this plant, including alkaloids and flavonoids demonstrating negative inotropic and chronotropic properties in experimental models.^[11] HPTLC fingerprinting, alkaloid quantification, and microbial load testing are now feasible standardisation tools for milk decoctions prepared by the classical *Siddha Dugdha* method.

***Manikya Pishti* — Pharmacological and Classical Basis**

Manikya Pishti, prepared from authenticated ruby (corundum, Al_2O_3 with chromium) through classical *Rasa Shastra Shodhana* (purification) and prolonged trituration, is described in *Rasa Ratna Samuccaya* and related texts as possessing *Hridya* (cardiotonic), *Medhya* (nervine), and *Balya* properties.^[12] Yadav (2015) demonstrated anxiolytic and neuroprotective activity of *Manikya Pishti* in experimental models, consistent with its traditional use in psychosomatic and cardiac anxiety presentations.^[13]

Safety of *Pishti* formulations requires rigorous quality assurance. Heavy metal analysis (Pb <10 ppm, Hg <1 ppm, As <3 ppm per AYUSH standards), particle size verification (<10 microns), pH, and organoleptic assessment are mandatory before clinical deployment.^[14] The classical *Shodhana* protocol employing cow milk, *Kulattha* decoction, cow urine, and lemon juice over seven cycles must be documented and reproduced with GMP-level batch records.

Jyotisha Framework For Cardiac Vulnerability

Surya as Atmakaraka and Cardiac Significator

In *Jyotisha literature*, *Surya* is recognised as the planetary lord of vitality, *Atman* (individual self), *Prana*, and governance of the corporeal frame. The dictum health is to be sought from the Sun — encapsulates the solar principle in maintaining bodily integrity.^[15]

Brihat Parashara Hora Shastra designates *Surya* as the *Atmakaraka* and the signifier of bone structure, heart, and vital energy, while the fourth house in the natal chart is identified as the primary cardiac significator.^[5]

Varahamihira on Solar Affliction and Cardiac Disorders

Varahamihira's Brihat Jataka (Adhyaya 2, Shloka 12) that afflictions of the Sun produce, among other consequences, diseases of the heart and chest region.^[5] This classical textual statement provides the *Jyotisha* basis for examining solar planetary configuration as a factor in individual susceptibility to cardiac disorders, including *Hridrava*. The hypothesis proposed here is not that astrological factors mechanistically cause disease, but rather that natal planetary patterns may reflect constitutional vulnerabilities expressible through the lens of classical *Jyotisha* in a manner susceptible to systematic scoring and correlation with clinical data.

Proposed Planetary Affliction Scoring System :

A Planetary Affliction Scoring System (PASS) is proposed (range 0-12) based on established classical indicators, weighted to prioritise solar afflictions in accordance with *Varahamihira's* observations. The components are set out in Table

Table 1: Planetary Affliction Scoring System (PASS) for Cardiac Vulnerability

Component	Indicator	Score
Solar Afflictions (Primary)	Sun in debilitation (Libra/Tula) or combust	2
	Sun conjunct malefic (Saturn, Rahu, or Ketu)	2
	Sun aspected by malefic without benefic relief	2
Other Cardiac Indicators (Secondary)	Moon weak or afflicted (debilitated, or within 72° of Sun)	2
	Mars in or aspecting fourth house	1
	Malefic occupying fourth house	1
	Fourth house lord weak or afflicted	1
	Current Dasha of a malefic planet	1
Maximum Possible Score		12

Risk categories: Low (0-3), Moderate (4-7), High (8-12)

Hypotheses to be tested :

- H1 — Participants with High Risk score (≥ 8) will show significantly greater baseline Visual Analog Scale palpitation scores and Hamilton Anxiety Rating Scale scores than Low Risk participants (≤ 3).
- H2 — Group C (complete solar remediation) will demonstrate superior clinical outcomes among High Risk participants.
- H3 — Planetary Affliction Score will correlate negatively with therapeutic response across all arms.

Integrative Solar-Centric Therapeutic Rationale

- The conceptual integration proposed here rests on the shared solar axis identifiable across *Ayurveda* and *Jyotisha*. In *Ayurvedic pharmacology*, *Shaliparni* (bearing the

epithet *Amshumati*, connoting solar radiance) directly corresponds to classical prescription

for *Hridrava* in *Vata* aggravation. In *Rasa Shastra*, *Manikya* (ruby) is specifically identified as the *ratna* (gemstone) of *Surya* and is prescribed for *Hridya* and *Medhya* applications. In the Vedic-epic tradition, *Aditya Hridaya Stotra* (Valmiki Ramayana, Yuddha Kanda 107) represents a structured mantra-based invocation of solar healing energies, employed at a moment of physical and psychological crisis.

- This solar axis is therefore not merely symbolic. It reflects a consistent classical logic: that disturbance of solar energy governance — whether interpreted as *Atmakaraka* affliction in *Jyotisha* or as *Vata* disorder in the *Hridaya* in Ayurveda — is amenable to solar-resonant therapeutic restoration. The three interventions thus constitute a coherent layered protocol:
 - **Layer 1 — Herbal (*Shaliparni Siddha Dugdha*):** *Vata*-pacifying, *Hridya*, nutritive, cardiac-supportive.
 - **Layer 2 — Mineral (*Manikya Pishti*):** Mineral fortification, *Hridya*, *Medhya*, solar gemological correspondence.
 - **Layer 3 — Mantric (*Aditya Hridaya Stotra* recitation):** Psychospiritual, breath-regulatory, adherence-promoting, solar invocation.

Proposed Clinical Validation Protocol

Study Design :

- A prospective, randomised, single-blind, placebo-controlled, four-arm parallel-group trial is proposed. The design follows CONSORT 2010 standards^[16] with CONSORT herbal medicine extension^[17] applied to the pharmaceutical arms.

• **Participants**

- **Inclusion criteria:** adults aged 30-60 years; persistent palpitation complaint of ≥ 3 months duration; Visual Analog Scale (VAS) palpitation severity score $\geq 4/10$; willingness to provide accurate birth date, time, and place for astrological chart preparation; written informed consent.
- **Exclusion criteria:** organic cardiac pathology confirmed by 12-lead ECG and echocardiography; structural heart disease; uncontrolled hypertension or diabetes mellitus; pregnancy or lactation; concurrent use of cardiac medications or psychiatric medications that may confound outcomes; prior adverse reaction to Ayurvedic mineral preparations.

Sample size: N = 120 (30 per arm), calculated using G*Power (effect size $d = 0.6$, power = 0.80, $\alpha = 0.05$, with 15% dropout allowance).

Randomisation and Allocation Concealment :

Computer-generated block randomisation (block size = 4) with allocation concealment via sequentially numbered, opaque, sealed envelopes maintained by a biostatistician independent of the clinical team.

Intervention Arms:

- **Group A:** *Shaliparni Siddha Dugdha* 125 ml once daily (morning, empty stomach), 8 weeks.
- **Group B:** *Shaliparni Siddha Dugdha* 125 ml once daily + *Manikya Pishti* 125 mg twice daily with honey as *anupana*, 8 weeks.
- **Group C:** *Shaliparni Siddha Dugdha* 125 ml once daily + *Manikya Pishti* 125 mg twice daily + guided *Aditya Hridaya Stotra* recitation 108 times daily (standardised audio recording provided), 8 weeks.
- **Group D (Control):** Lifestyle counselling + lactose placebo capsule twice daily, 8 weeks.

Outcome Measure:

Primary outcomes, assessed at Baseline, Week 4, Week 8, and Week 12 (follow-up):

1. Hamilton Anxiety Rating Scale (HAM-A): 14-item clinician-administered scale, range 0-56
2. Heart Rate Variability: RMSSD and SDNN parameters via 5-minute resting ECG recording
3. Palpitation severity: VAS (0-10 cm) and weekly frequency count from structured patient diary

Secondary outcomes:

1. 12-lead ECG parameters (heart rate, PR interval, QTc, rhythm)
2. WHOQOL-BREF: 26-item quality of life instrument

3. Ayurvedic Symptom Composite Score (*Vata*-related domains: sleep, restlessness, chest discomfort, breathlessness, fatigue; 0-15 range)
4. Adverse event log (structured diary, reviewed at each visit)
5. Safety bloods: CBC, LFT, RFT, Lipid Profile (Baseline and Week 8)

Outcome assessors will remain blinded to group allocation throughout.

Astrological Assessment :

Natal horoscopes (*Lagna Kundali*) will be prepared for all 120 participants using verified birth data, Lahiri Ayanamsa, and standardised software (Parashara's Light or Jagannatha Hora). A qualified *Jyotisha* expert will score charts independently, blinded to clinical data, using participant codes. The PASS (Table 1) will be applied consistently. Inter-rater reliability will be calculated using intraclass correlation coefficient (ICC) on a 10% subsample independently scored by a second *Jyotisha* expert.

Statistical Analysis :

SPSS v26 and R software will be used. Between-group comparisons will use one-way ANOVA with Tukey HSD post-hoc adjustment. Within-group changes will be analysed by paired t-test. Repeated measures will be examined via mixed-model ANOVA (Time \times Group interaction).

Jyotisha correlations will use Pearson's r between affliction scores and clinical variables. Multiple regression will assess predictors of treatment response. Significance level $\alpha = 0.05$ throughout; effect sizes (Cohen's d) will be reported. Intention-to-treat analysis will be applied using Last

Observation Carried Forward (LOCF) for missing data.

Pharmaceutical Preparation and Standardisation

Shaliparni Siddha Dugdha :

Authenticated *Desmodium gangeticum* root (verified pharmacognostically per API standards) will be processed with organic A2 cow milk following *Sharangdhara Samhita* (Madhyama Khanda 2/161) guidelines. Herb:milk:water ratio 1:8:32, reduced by gentle heating to 1:4 (*Siddha* state). Standardisation: HPTLC fingerprinting, alkaloid content, microbial load testing^[20].

Manikya Pishti: Authenticated ruby specimens will undergo seven-cycle *Shodhana* using cow milk, *Kulattha* decoction, cow urine, and lemon juice. Purified material triturated with *Gulaba Jala* (rose water) for 72 hours to particle size <10 microns. Quality control: heavy metal analysis (Pb <10 ppm, Hg <1 ppm, As <3 ppm per AYUSH standards), pH, organoleptic assessment. Both preparations under GMP-certified conditions with full batch documentation.

Ethical Compliance :

Institutional Ethics Committee (IEC) approval will be obtained prior to participant recruitment. The study will be registered with the Clinical Trials Registry of India (CTRI) in accordance with ICMJE requirements. Informed consent will be available in Gujarati, Hindi, and English. Participants will be explicitly informed that *Jyotisha* chart analysis is a research investigation tool and does not constitute medical prediction or diagnosis. Data will be anonymised

and stored under the Digital Personal Data Protection Act 2023.

Discussion :

The present framework addresses a recognised gap at the intersection of Ayurvedic cardiac care and Indian Knowledge Systems research methodology. Existing Ayurvedic cardiovascular literature — including systematic reviews of *Hridroga* classification, management, and pharmacological correlates^[4,8,18,19,21] — provides a sound foundation. What remains absent is a controlled clinical evaluation specifically targeting functional palpitations (*Hridrava*) through a graded herbo-mineral protocol, and a blinded quantitative correlation between astrological indicators and clinical cardiac parameters. The solar-centric integration proposed here is notable for its internal conceptual consistency. The therapeutic triad — *Shaliparni (Amshumati)*, *Manikya (Surya's Ratna)*, and *Aditya Hridaya Stotra* — emerges organically from both classical pharmacological texts and *Jyotisha* cosmological principles rather than being assembled arbitrarily. This consistency strengthens the theoretical basis for the proposed study. At the same time, several methodological considerations deserve explicit discussion. Mantra adherence presents a standardization challenge; structured guided audio and adherence diaries are proposed, but objective verification remains difficult. The placebo comparability between active and control arms requires careful justification in any ethics submission. The exclusion of participants with organic cardiac disease is essential for safety and interpretive clarity but limits generalisability. Finally, interpretation of

any *Jyotisha* correlation findings must remain cautious: statistical association, even if found, does not establish causation and must be discussed as hypothesis-generating rather than confirmatory. The cost-effectiveness dimension — estimated at approximately INR 50 per day for the integrated Ayurvedic protocol versus INR 250 and above for conventional anxiolytics and cardiac medications — is a relevant public health consideration but should be formally modeled and documented in any clinical paper. This framework aligns with the NEP 2020 vision for Indian Knowledge Systems research and the AYUSH Ministry's emphasis on evidence-based Ayurvedic practice.^[20] Successful validation would constitute a meaningful addition to the evidence base for integrative preventive cardiology within the IKS paradigm.

Conclusion :

Classical Ayurvedic and *Jyotisha* texts provide converging evidence for a solar-centric conceptual model of *Hridrava* aetiology, vulnerability, and therapeutic response. The proposed triadic intervention of *Shaliparni Siddha Dugdha*, *Manikya Pishti*, and *Aditya Hridaya Stotra* recitation is internally coherent within this classical framework. Rigorous clinical validation through a randomised, controlled, blinded, ethics-compliant trial design, underpinned by GMP-quality pharmaceutical preparation and reproducible astrological scoring, is necessary before clinical recommendations can be made. The present article establishes the conceptual and methodological foundations for that future investigation. This framework may ultimately contribute a culturally authentic, methodologically

sound, and scientifically testable model for preventive and supportive management of functional cardiac disturbances within the Indian healthcare system.

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Ethical Statement: This manuscript is a conceptual review article and proposed clinical protocol. No new participant data are reported herein. No ethics approval was required for this article. Future clinical trial implementation will require IEC approval and CTRI registration prior to commencement.

Declaration :

Conflict of Interest : None

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