



REVERSAL OF PERIPARTUM CARDIOMYOPATHY THROUGH AYURVEDIC MANAGEMENT

Dr. Ashay Nandeshwar^{1*} and Dr. Leena Ashay Nandeshwar²

¹Faculty Vasantdada Patil Ayurvedic Medical College Sangli.

²Professor Rasshastra Bhaishajya Kalpana.



*Corresponding Author: Dr. Ashay Nandeshwar

Faculty Vasantdada Patil Ayurvedic Medical College Sangli.

Article Received on 31/05/2025

Article Revised on 20/06/2025

Article Accepted on 10/07/2025

ABSTRACT

Peripartum Cardiomyopathy (PPCM) is a rare but severe cardiac disorder that manifests in women during the late stages of pregnancy or within months after delivery. It is marked by a significant decline in the heart's pumping capacity, notably in the left ventricular ejection fraction (LVEF). While modern medicine provides pharmacological strategies for symptomatic relief and stabilization, long-term prognosis remains uncertain in many cases. This case study presents an integrative Ayurvedic approach leading to complete clinical recovery in a 38-year-old postpartum woman with critically low LVEF (30%).

INTRODUCTION

PPCM is a unique form of heart failure associated with the peripartum period. It typically presents with symptoms of fatigue, breathlessness, and palpitations due to the heart's diminished efficiency. Conventional management includes beta-blockers, ACE inhibitors, and diuretics, but some patients continue to have residual cardiac dysfunction.

This case highlights an Ayurvedic intervention that resulted in a full functional reversal of the condition, emphasizing the potential of classical therapies when applied with precision and understanding of both ancient and modern diagnostics.

Patient Profile

Name: Dr. Archana Pandey

Age/Gender: 38 years / Female

Primary Complaints: Breathlessness, fatigue, palpitations following childbirth

Diagnosis: Postpartum Cardiomyopathy with Left Bundle Branch Block (LBBB)

Initial LVEF: 30%

Treatment Supervised by: Dr. Ashay Nandeshwar, Faculty at VPAMC, Sangli

Clinical Findings Before Ayurvedic Intervention

ECG Observations

- Sinus rhythm with sinus arrhythmia
- Left axis deviation
- Left Bundle Branch Block (LBBB)

- Abnormal overall ECG indicating electrical conduction defects

2D Echocardiography Report

- Global hypokinesia of the left ventricle
- Jerky septal motion
- Mild systolic dysfunction
- Grade 1 diastolic dysfunction
- LVEF at a dangerously low 30%
- Structurally normal atrium, valves, and aortic root
- No evidence of thrombus or pericardial effusion

Ayurvedic Interpretation and Pathophysiology

From the Ayurvedic perspective, the condition aligns under the broader category of Hrudroga (heart disease), with significant Vata and Kapha dosha involvement. The postpartum period is inherently Vata-dominant, making the heart vulnerable to imbalances if postpartum care (Sutika Paricharya) is neglected.

Key Ayurvedic Pathologies Identified

- Agni-Mandya – impaired digestive fire
- Rasa and Rakta Dhatu Kshaya – depletion of plasma and blood tissues
- Vata-Prakopa in Hrudaya Sthana – aggravated Vata in the cardiac region
- Absence of Sutika Paricharya – lack of structured postnatal care

Ayurvedic Treatment Protocol

1. Ama Pachana and Agni Deepana

Objective: Improve digestion and eliminate metabolic toxins (Ama).

Method: Administration of herbs known for digestive stimulation and detoxification.

2. Rasayana and Hrudya Therapy

Objective: Nourish cardiac tissues, enhance Ojas (vital essence).

Protocol: Use of medicated decoctions, herbal mineral formulations (Rasayana), tailored for 3-4 months.

3. Lifestyle and Supportive Care

- Warm, easily digestible food
- Strict physical and emotional rest
- Pranayama (breathing exercises) and guided relaxation
- Ongoing counseling and psychological support

Outcome and Recovery Timeline

- 4 Weeks: Significant improvement in breathlessness and overall stamina; resting heart rate stabilized
- 3 Months: ECG showed normalization; patient resumed regular household and professional activities
- 6 Months: 2D Echo revealed improvement in LVEF and cardiac function; no residual symptoms

DISCUSSION

This case demonstrates the capacity of Ayurveda to not only provide symptomatic relief but also to reverse structural and functional cardiac anomalies in complex conditions like PPCM. The Rasayana approach, focused on tissue rejuvenation and immune modulation, showed substantial promise in cardiac rehabilitation.

Unlike modern treatment that often focuses on symptom management, Ayurvedic therapy aimed at the root cause, addressing doshic imbalances and Dhatu Kshaya, which may explain the long-lasting recovery.

CONCLUSION

The integrative approach adopted in this case reveals the complementary strength of Ayurveda in managing chronic and life-threatening cardiac conditions like PPCM. This recovery — from an LVEF of 30% to full functional normalization — supports the inclusion of Ayurvedic protocols in cardiological rehabilitation and postnatal care.

This case paves the way for further clinical research and validation of Ayurvedic interventions in cardiomyopathy and calls for broader acceptance of traditional systems in mainstream medical frameworks.

REFERENCES

1. Sharma, R.K., Dash, B. Charaka Samhita – Chowkhamba Series.
2. Vagbhata. Ashtanga Hridayam – Krishnadas Academy.
3. Sliwa et al. (2010) – European Journal of Heart Failure.
4. Mishra, L. (2004). Scientific Basis for Ayurvedic Therapies.
5. Gupta, S.K. AYU Journal, 2003; 24: 4.

6. Dhoot, S., Mishra, N. (2022). Cardiology Report – New Era Hospital.