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REVIEW ARTICLE

Exploring Cardiovascular-Kidney-Metabolic Syndrome through the Lens of Ayurveda: A Conceptual Review with Special Reference to *Santarpanajanya Vyadhi*

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ABSTRACT

The concept is elaborated by *Acharya Charaka* in the *Santarpaniya Adhyaya* of *Charaka Samhita Sutrasthana*, where diseases are broadly classified into those caused by *Santarpana* (overnourishment) and *Apatarpana* (undernourishment). Excessive consumption of unctuous, sweet, heavy to digest, and slimy food, new grains (especially new rice), new wine, flesh of animals living in marshy areas or born in water, cow's milk and its products, and those prepared with sugar or molasses, and varieties of cakes lead to *Santarpana*. Those who indulge in sedentary, inactive lifestyles and sleep during the day are prone to *Santarpaniya Vyadhis.*

1. INTRODUCTION

Santarpanajanya Vyadhi refers to a group of diseases that arise due to excessive nourishment, overnutrition, and indulgence in unwholesome dietary and lifestyle practices. The concept is elaborated by *Acharya Charaka* in the *Santarpaniya Adhyaya* of *Charaka Samhita Sutrasthana*, where diseases are broadly classified into those caused by *Santarpana* (overnourishment) and *Apatarpana* (undernourishment). *Santarpanajanya* disorders develop when an individual consumes excessive quantities of heavy, sweet, unctuous, and calorie-dense foods, coupled with physical inactivity, daytime sleep, and sedentary habits.

1.1. Aims and Objectives

This conceptual review aims to explore the Ayurvedic paradigm of *Santarpanajanya Vyadhi* and to study the CKM syndrome with reference to *Santarpanajanya Vyadhi.*

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2. METHODOLOGY

A comprehensive review of classical Ayurvedic texts, specifically focusing on *Santarpanajanya* principles (*Santarpaniya Adhyaya*), was conducted alongside a critical analysis of present clinical literature on Cardiovascular-kidney-metabolic (CKM) syndrome.

2.1. Etiological and Risk Factors of *Santarpana Janya Vyadhi* Related to CKM Syndrome

Excessive consumption of unctuous, sweet, heavy to digest, and slimy food, new grains (especially new rice), new wine, flesh of animals living in marshy areas or born in water, cow's milk and its products, and those prepared with sugar or molasses, and varieties of cakes lead to *Santarpana*. Those who indulge in sedentary, inactive lifestyles and sleep during the day are prone to *Santarpaniya Vyadhis* (i.e., *Santarpana* induced diseases), such as obstinate urinary disorders, including diabetes, carbuncles, urticaria, itching, *Pandu* (anemia), *Amaja* diseases (i.e., due to formation of *ama*), *Jwara*, obstinate skin diseases, diseases secondary to vitiation of *Ama*, dysuria, anorexia or appetite related complaints, *Tandra* (drowsiness/sleepiness), *Klaibya* (erectile and sexual dysfunctions), obesity, laziness,

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heaviness of the body, adhesion or blockages in the channels as well as sense organs, delusion, various types of edema, and such of other diseases.[1] Management of santarpanjanya vyadhi[2] in Table 1.

2.2. CKM Syndrome

CKM syndrome is a systemic health disorder connecting obesity, type 2 diabetes, chronic kidney disease (CKD), and cardiovascular disease (CVD). CKM syndrome is "a systemic disorder characterized by pathophysiological interactions among metabolic risk factors, CKD, and the cardiovascular system, leading to multiorgan dysfunction and a high rate of adverse cardiovascular outcomes."

2.3. CORE Causes

CKM syndrome includes health conditions, such as overweight or obesity, diabetes or pre-diabetes (high blood sugar), High triglycerides (a type of fat in the blood), High blood pressure (BP), CKD, kidney failure, heart disease, heart failure, stroke, peripheral artery disease (poor blood flow in the legs), Irregular heartbeat, such as atrial fibrillation (A-fib).

2.4. Risk Factors

Chronic inflammatory conditions (i.e., psoriasis, rheumatoid arthritis, lupus), Sleep disorders (i.e., obstructive sleep apnea), elevated high-sensitivity C-reactive protein (>2.0 mg/L), genetics, depression, or anxiety.

The AHA has classified CKM syndrome into the following stages:[3]

- Stage 0 - No CKM risk factors present
- Stage 1 - Excess and/or dysfunctional adiposity (i.e., overweight or obese, hyperglycemia or pre-diabetes)
- Stage 2 - Metabolic risk factors (i.e., hypertriglyceridemia, hypertension, MetS, diabetes) and/or moderate-to high-risk CKD
- Stage 3 - Subclinical CVD (i.e., subclinical atherosclerotic CVD [ASCVD] or subclinical heart failure) overlapping with metabolic risk factors, very high-risk CKD, or high predicted 10-year CVD risk
- Stage 4 - Clinical CVD (i.e., coronary heart disease, heart failure, stroke, peripheral artery disease, atrial fibrillation) overlapping with metabolic risk factors.

Stage 4 is further divided into stages 4a (without kidney failure) and 4b (with kidney failure). The designations of moderate-, high-, and very high-risk CKD are defined by the Kidney Disease Improving Global Outcomes based on combinations of estimated glomerular filtration rate (eGFR) and albuminuria.[4]

CKM syndrome can lead to complications: Heart attack or stroke, Worsening kidney disease or kidney failure, Heart failure, Nerve and eye problems, Lower quality of life.

2.5. Diagnosis

Core kidney screening:

- Serum creatinine with eGFR and urine albumin–creatinine ratio (UACR) are central for CKD detection; annual UACR and creatinine/cystatin C are recommended from CKM stage 2 onward, and more frequently in stages 3–4.[5,6]
- Albuminuria is a strong predictor of kidney function decline and CV events; population data support risk-based or broader albuminuria screening, as many cases are unrecognized and often coexist with undiagnosed hypertension, dyslipidemia, and diabetes.[7,8]
- Pre-diabetes independently doubles the odds of accelerated measured GFR decline, even before diabetes onset, underscoring the need for kidney surveillance in this group.[9,10]

Metabolic and CKM staging tests:

- For CKM stages 0–2, periodic fasting glucose/HbA1c, lipids, BP, body mass index (BMI), and waist circumference are recommended to track adiposity and metabolic risk.[11-13]
- Visceral adiposity and insulin resistance are key drivers in early CKM; surrogate indices, such as waist-to-height ratio, visceral adiposity index, and MetS-VF improve risk stratification beyond BMI in stages 0–3.[14]
- Cardiovascular risk and subclinical disease - From CKM stage 2, the AHA recommends the prevent 10- and 30-year CVD/ASCVD/HF risk calculator in adults 30–79 years, incorporating BP, cholesterol, tobacco, kidney, and metabolic markers.
- In intermediate-risk patients (e.g., 5–10% 10-year ASCVD risk) who are uncertain about statins, coronary artery calcium (CAC) scoring refines risk and informs low-density lipoprotein cholesterol targets.[15]
- For heart failure prevention in higher-risk diabetes/CKM stage 3, NT-proBNP (≥125 pg/mL) plus echocardiography can identify pre-HF; treating pre-HF almost halves progression to clinical HF.[16]

Practical minimal panel for obesity + pre-diabetes:

- Annually: BP, BMI/waist, fasting lipids, HbA1c or fasting glucose, serum creatinine (eGFR), UACR.[17]
- Periodically (based on risk): Prevent risk calculation; CAC if intermediate ASCVD risk; NT-proBNP±echo in patients with high HF risk or CKM stage.

2.6. Treatment

Treatment for CKM varies depending upon the stage and the specific metabolic abnormality or end-organ damage. Some medicines, such as GLP-1 receptor agonists and the SGL2 inhibitors, address multiple areas.

- GLP-1 agonist medications: Dulaglutide, Exenatide, Exenatide extended-release, Liraglutide, Lixisenatide, Semaglutide injection, Semaglutide tablets.
- Sodium-glucose cotransporter (SGLT)-2 inhibitors (also called gliflozins or flozins) are a class of medications that inhibit sodium-glucose transport proteins in the nephron (the functional units of the kidney), unlike SGLT1 inhibitors that perform a similar function in the intestinal mucosa are canagliflozin, canagliflozin/metformin, canagliflozin/metformin extended release, dapagliflozin/metformin extended release, empagliflozin.

3. RESULTS AND DISCUSSION

The analysis reveals significant parallels between the understanding of CKM syndrome and the Ayurvedic concept of *Santarpanajanya Vyadhi*. The etiology of both is deeply rooted in sedentary lifestyles, *Ahara* (improper diet), and metabolic derangement.

4. CONCLUSION

The present conceptual review highlights a significant correlation between the Ayurvedic concept of *Santarpanajanya Vyadhi* and the modern understanding of CKM syndrome. Both emphasize the role of improper dietary habits, sedentary lifestyle, overnutrition, and metabolic dysfunction in the development and progression of

interconnected systemic disorders. The Ayurvedic principles of *Nidana Parivarjana*, *Apatarpana*, *Langhana*, appropriate *Ahara-Vihara*, and lifestyle modification offer a holistic framework for understanding preventive and supportive approaches to CKM syndrome. Integrating these traditional concepts with contemporary medical knowledge may provide a comprehensive perspective on metabolic health and disease prevention. However, further clinical research is required to establish the therapeutic relevance and effectiveness of Ayurvedic interventions in CKM syndrome.

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All authors have read and approved the final version of the manuscript.

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9. CONFLICTS OF INTEREST

The authors declare no conflicts of interest in relation to the publication of this paper.

10. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies.

11. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

12. AI-USE DECLARATION

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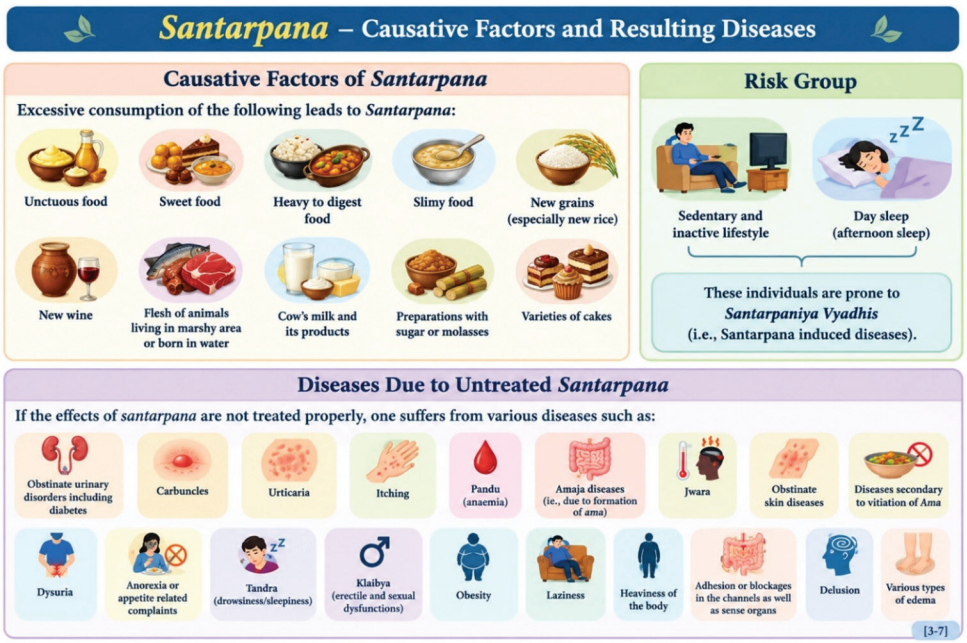
Table 1: Management of *Santarpanjanya Vyadhi*

Line of management for *Santarpanjanya Vyadhi* and complications	• *Ullekhana*(therapeutic emesis), • *Virechana* (therapeutic purgation), • *Raktamokshana*(blood-letting), specific exercises, • therapeutic fasting, • *Dhooma* (hot fomentation with smoke of medicinal plants), and • *Swedana* (sudation)
Decoction for diabetes *(Madhumeha)*	• The decoction of *Triphala* (*Amalaki* (*Emblica officinalis*), *Bibhitaki* (*Terminalia bellirica*), and *Haritaki* (*Terminalia chebula*)), *Aragvadha* (*Cassia fistula*), *Patha* (*Cissampelos pareira*), *Saptaparna* (*Alstonia scholaris*), *Vatsaka* (*Holarrhena antidysenterica*), *Musta* (*Cyperus rotundus*), *Madana* (*Randia dumetorum*) and *Nimba* (*Azadirachta indica*), mixed together and boiled in water, is advised for consumption regularly. By regular use of this decoction, in the right dose and at the right time, *Santarpaniya vyadhi,* such as *madhumeha* and other diseases can be controlled properly. • *Kustha* (*Saussurea lappa*), *Gomedaka* (onyx), *Hingu* (*Ferula narthex*), bones of the *Krauncha* bird (Ardea Jaculator, demoiselle crane), *Sunthi* (*Zingiber officinalis*), *Pippali* (*Piper longum*), *Maricha* (*Piper nigrum*), *Vacha* (*Acorus calamus*), *Vasa* (*Adhatoda vasica* Nees), *Ela* (*Elettaria cardamoum*), *Gokshura* (*Tribulus terrestris*), *Kharahva* (*Trachyspermum roxburghianum*), and *Ashmabheda* (*Bergenia ligulata* – crushed and mixed with buttermilk, whey and the juice of a sour variant of *Badara* (*Zizyphus jujuba*) are used to treat *Mutrakruchchra* (dysuria) and *Prameha* (obstinate urinary disorders, including diabetes mellitus characterized by excess frequency of micturition)
Management of obesity and cardiovascular diseases (*Hridaroga*) related to CKM via *Rasa/Swarasa Mantha* and other preparations	• *Rasa* of *Musta, Aaragvadha, Paatha, Triphala, Devadaru* (*Cedrus deodara*), *Shvadamshtra* (*Trinbulus terrestris*), *Khadira* (*Acacia catechu* Wild), *Nimba, Haridra* (*Curcuma longa*), *Daruharidra* (*Berberis aristata*) and the bark of *Vatsaka* (Holarrhena anti-dysenterica) are consumed every morning (depending upon the dominant dosha in the disease). • Mantha (thin gruel) prepared of *Trikatu* (*Zingiber officinale*, *Piper longum*, and *Piper nigrum*), *Triphala* (*Terminalia chebula*, *Terminalia belerica* Roxb., and *Emblica officinalis* Gaertn.), honey, *Vidanga* (*Embelia ribes* Burm f.), *Ajamoda* (*Trachy-spermum* roxburghianum), roasted wheat flour or coarse ground meal, oil and the decoction of *Agaru* (*Aquilari agallocha* Roxb.) help to cure the diseases due to over-nourishment. • *Trikatu* (*Zingiber officianel*, *Piper langum* and *Piper nigrum*), *Vidanga* (*Embelia ribes*), Varieties of *Shigru* (*Moringa olefera*), *Triphala*, *katurohini* (*Picrorhiza kurroa*), *Brihati* (*Solanum indicum*), *kantakari* (*Solanum xanthocarpum*), *Haridra* (*Curcuma longa*), *Daaruharidra* (*Berberis aristata* D.C.), two varieties of *patha* (*Cissampelos pareira*), *Ativisha* (*Aconitum heterophyllum*), *Shalaparni* (*Desmodium gangeticum*), *Hingu* (*Ferula narthex*), root of *Kebuka* (*Costus speciosus*), *Yavani* (*Trachyspermum ammi*), *Dhanya* (*Coriandrum sativum), Citraka* (*Plumbago zeylanica*), *Sonchal* salt, *Ajaji* (*Cuminum cyminum*), and *Hapusha* (*Juniperus communis*) – all the above herbs powdered and mixed with equal quantities of oil, ghee and honey, added with sixteen times its volume of *sattu* (roasted corn flour) and water. • *Haritaki* (*Terminalia chebula*) with buttermilk, *Triphala* (*Terminalia chebula*, Terminalia belerica Roxb. and *Emblica officinalis* Gaertn.) and *Arishta* (different types of medicinal alcoholic preparations) are prescribed. • *Agastyaharitaki* mixed with honey and *ruksha* food (i.e., without using unctuous substances, such as oil and ghee)
Pathya for *santarpanajanya vyadhi*	Regular exercise, intake of food only after complete digestion of the previous meal, and regular consumption of barley and wheat are some of the ways for management of obesity and diseases due to overnutrition

CKM: Cardiovascular-kidney-metabolic




Management of Santarpanjanya Vyadhi
1 General Measures for Santarpaniya Vyadhis and their Complications
Managed by the following:
Ullekhana (therapeutic emesis)
Virechana (therapeutic purgation)
Raktamokshana (blood-letting)
Specific exercises
Therapeutic fasting
Dhooma (hot fomentation with smoke of medicinal plants)
Swedana (sudation) [8]
2 Agastyaharitaki
Agastyaharitaki mixed with honey and ruksha food (i.e., without using unctuous substances like oil, ghee etc.). [9]
Agastyaharitaki
Honey
Ruksha food
3 Decoction
The decoction of Triphala, Aragvadha, Patha, Saptaparna, Vatsaka, Musta, Madana and Nimba, boiled in water, should be consumed regularly. By regular use, it helps in controlling Santarpaniya vyadhi like madhumeha and other diseases. [10-11]
Triphala
Aragvadha
Patha
Saptaparna
Vatsaka
Musta
Madana
Nimba
Boil in water and consume regularly
4 Juice (Decoction)
The juices (decoction) of Musta, Aaragvadha, Paatha, Triphala, Devadaru, Shvadamshtra, Khadira, Nimba, Haridra, Daruharidra and the bark of Vatsaka are consumed every morning (depending upon the dominant dosha in the disease). [12-14]
Musta
Aaragvadha
Paatha
Triphala
Devadaru
Shvadamshtra
Khadira
Nimba
Haridra
Daruharidra
Vatsaka (bark)
Consume morning (with dose and timing)
5 Treatment of Mutrakrichchra & Prameha
Kustha, Gomedaka, Hingu, bones of Krauncha bird, Sunthi, Pippali, Maricha, Vacha, Vasa, Ela, Gokshura, Kharahva and Ashmabheda (with buttermilk, whey and juice of sour Badara) are used to treat Mutrakrichchra and Prameha. [15-16]
Kustha
Gomedaka
Hingu
Krauncha bird bones
Sunthi
+ other herbs (as mentioned)
With buttermilk, whey & sour Badara juice
6 Treatment of Obstinate Urinary Disorders
Including diabetes mellitus, CKD and CVS diseases. [17]
Haritaki with butter milk, Triphala and Arishta (different types of medicinal alcoholic preparations).
Haritaki
Butter milk
Triphala
Arishta
MANTHA (thin gruel) prepared of Trikatu, Triphala, Vidanga, Ajamoda, roasted wheat flour/meal, oil and Aguru decoction.
MANTHA [18]
7 Herbal Formulation (Powder with Oil, Ghee, Honey, Sattu)
Trikatu (Zingiber officianel, Piper langum, Piper nigrum)
Vidanga (Embelia ribes)
Shigru (Moringa olefera)
Triphala
Katurohini (Picrorhiza kurroa)
Brihati (Solanum indicum)
Kantakari (Solanum xanthocarpum)
Haridra (Curcuma longa)
Daaruharidra (Berberis aristata D.C.)
Two varieties of Patha (Cissampelo parena)
Ativisha (Aocnitum heterophyllum)
Shalaparni (Desmodium gangeticum)
Hingu (Ferula narthex)
Kebuka (Costus speciosus)
Yavani (Trachyspermum ammi)
Dhanya (Coriandrum sativum)
Citraka (Plumbago Zeylanica)
Dhaiqka (Garka,
Citraka (Plumbago Zeylanica)
Sonchal salt
Ajaji (Cuminum cyminum)
Jinetical salt
Ajaji (Cuminum cyminum)
Hapusha (Juniperus communis)
All herbs powdered and mixed with equal quantities of oil, ghee and honey, added with 16 times its volume of sattu (roasted corn flour) and water. [19-21]
8 Indications / Benefits
Useful in the treatment of:
Obstinate urinary disorders including diabetes mellitus
Mudhavata (sluggishness of the bowels)
Obstinate skin diseases
Edema
Dysuria
Anorexia
Heart disease.
Also stimulates the power of digestion and enhances memory and intellect. [22-24]
Better Health & Vitality


PATHYA APATHYA
FOR SANTARPANAJANYA VVADHI
Regular exercise, intake of food only after complete digestion of the previous meal, and regular consumption of barley and wheat are some of the ways for management of obesity and diseases due to overnutrition.
PATHYA
(DO's)
Regular Exercise
Walking
Yoga
Pranayama
Light physical activity
Eat Only After Complete Digestion of Previous Meal
Allow proper hunger (not just time)
Avoid frequent snacking
Regular Consumption of Barley and Wheat
Barley
Wheat
Rich in fibre
Light to digest
Helps in weight management
Healthy Habits for a Balanced Life
Proper Meal Timing
Barley & Wheat in Diet
Regular Exercise
Keep your body light, active and balanced!
APATHYA
(DON'Ts)
Heavy & Unctuous Foods
Fried, oily, creamy, rich foods
Sweet & Sugary Foods
Sweets, sugar, molasses, cakes, desserts
Other Avoidable Foods
New grains (esp, new rice), wine, flesh of marshy/water animals, cow's milk & products
Sedentary Lifestyle & Day Sleep
Lack of physical activity, excessive daytime sleep
"Follow the Pathya, Avoid the Apathya – Stay Healthy, Stay Balanced!"