

## Treatment of Holistic approach in Adults with Heart failure

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### Abstract

Heart failure (HF) is a significant clinical and financial burden on the health care system and a leading cause of hospitalization, morbidity, and mortality in older adults. However, elderly patients often have coexisting multimorbidity, frailty, and malnutrition, making it challenging to assess and treat HF. As a result, Western medicine alone is rarely sufficient to address these issues, and a holistic approach that incorporates Kampo medicine can be beneficial. Specifically, overseeing volume control and slightness by adding Kampo recipes might assist with further developing wellbeing related personal satisfaction and significantly influence guess in HF. The role of Kampo medicine in elderly patients with HF and frailty is outlined in this review article.

### Introduction

One of the most significant threats to global public health is heart failure (HF). In spite of the development of guideline-directed medical therapy for heart failure, the disease's prevalence and incidence are rising due to the rapid aging of the population, particularly in Japan, where adults over the age of 75 account for more than half of HF hospitalizations [1-3]. Poor health-related quality of life (HRQoL), frequent hospitalization, and high costs among older patients are also associated with heart failure. Additionally, it has been reported that the HF rehospitalization rate is the highest of any disease, and that it is the most common reason for elderly hospitalization. In addition, physicians must evaluate the etiology and stage of HF for an older population because of the complexity of multiple factors, such as multimorbidity, frailty, and nutritional status. However, it is frequently challenging for Western medicine to provide solutions to these issues on its own. In such a circumstance, far reaching and multi-layered care, including Kampo medication (conventional Japanese medication), can be useful. In this audit, we talk about the job of Kampo medication for more seasoned patients with HF. There are currently 148 Kampo prescription formulas available through the Japanese insurance program. More than 80% of Japanese physicians use Kampo on a daily basis, according to recent research [4]. Although both decoctions and extract formulas can be prescribed under the current health insurance system, the majority of Japanese physicians use extracts formulas in the form of granules, tablets, or capsules primarily for convenience. In Japan, the practice of Kampo medicine is gaining popularity among medical professionals.

The fundamental ideas of traditional Kampo diagnosis are as follows: Ki (Qi), Ketsu, and Sui, "Yin-Sho" (cold, inactive, or inhibitive) and Yo-Sho (active, or excitatory), "Kyo-Sho" (weak or hollow), "Jitsu-Sho" (strong, or fully active), "Roku-Byoui" (six disease phases), and "Gozo" (five organs) are all examples of these. It is believed that Ki (Qi), Ketsu, and Sui" are the three primary elements required for life. Ki (Qi) is the vitality or life-energy that is essential to living. The term "Ketsu" refers to the blood that, along with "Ki (Qi)," circulates throughout the body and supplies the internal organs with nutrition. The term "sui" refers to colourless fluids other than blood, like lymph fluid. In Kampo medicine, illness is thought to be caused by an imbalance in these three essential elements of life. A traditional physical examination that focuses on the constitution, general physical condition, pulse examination, abdominal examination, and tongue inspection provides the signs and symptoms that are used as the basis for the treatment plan. Notwithstanding, present day analyze are as of now additionally applied to decide the remedies. As a result, Western physicians do not need special knowledge of Kampo medicine to select the appropriate

preparation. In addition, in the field of Kampo medicine, the number of clinical studies like case reports, observational studies, and randomized controlled trials (RCTs) has steadily increased in recent years [5-7]. Volume overload is the primary cause of HF worsening hospitalization, and proper fluid retention management reduces decompensation, resulting in HF hospitalization. Regardless of left ventricular ejection fraction (LVEF), loop diuretics are recommended as an indication for class I to improve congestive symptoms and signs. However, loop diuretics are known to activate the sympathetic nervous system and the renin-angiotensin-aldosterone system, which may accelerate the progression of HF. Additionally, loop diuretics have the potential to worsen renal function and disrupt electrolyte balance, making it desirable to have an alternative medication available to effectively treat congestive symptoms.

In Japan (Goreisan), China (Wulingsan), and Korea (Oryeongsan), a formula made of five herbal medicines has been used as an aquaretic drug to treat impairments in the regulation of body fluid homeostasis, such as edema, chronic subdural hematoma, and lymphedema and Goreisan, in contrast to loop diuretics, has been found to be less likely to cause electrolyte abnormalities, renal dysfunction, and dehydration [8]. Therefore, it is anticipated that Goreisan can be used safely to treat elderly patients with fluid retention. In recent years, it has been demonstrated that Goreisan inhibits a water channel known as aquaporin (AQP) and has anti-inflammatory effects, despite the fact that the pharmacological mechanism of action of Goreisan is still unknown. In addition, a recent randomized controlled trial (RCT) demonstrated that Mokuboito significantly improved HF symptoms in hospitalized patients with acute decompensated HF when compared to standard therapy. In animal studies, the primary component, Sinomenium acutum, was found to inhibit cardiac ionic channel currents, alter the configurations of action potentials, and eliminate the arrhythmia caused by cellular Ca<sup>2+</sup> overload as Mokuboito's pharmacological mechanisms [9]. Nishida,

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Received: 1-Apr-2023, Manuscript No: jham-23-91733, Editor assigned: 3-Apr-2023, Pre QC No: jham-23-91733 (PQ), Reviewed: 17-Apr-2023, QC No: jham-23-91733, Revised: 24-Apr-2023, Manuscript No: jham-23-91733 (R), Published: 29-Apr-2023, DOI: 10.4172/2573-4555.1000379

Citation: Godbole S (2023) Treatment of Holistic approach in Adults with Heart failure. J Tradit Med Clin Natur, 12: 379.

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others Also reported was that sinomenine, which is a major component of *Sinomenium acutum*, caused vasodilatation by activating nitric oxide and prostaglandin syntheses in the endothelium of the rat aorta and inhibiting Ca<sup>2+</sup> channel and protein kinase activity.

Patients with heart failure frequently experience fatigue and loss of appetite. Intestinal edema and dysfunction as a result of HF congestion and hypoalbuminemia cause a lack of appetite. What's more, loss of craving, prompting diminished calorie admission, lack of healthy sustenance, weight reduction, and sarcopenia, is one of the regular tipping focuses for fragility beginning. As a result, one of the most important factors in improving the nutritional status of HF patients is appetite recovery. Rikkunshito, a combination of ten herbal remedies, has been used to treat anorexia and a variety of gastrointestinal disorders, including functional dyspepsia and gastroesophageal reflux. In contrast, HF patients with cardiac cachexia had elevated plasma ghrelin levels, according to a study. Further research showed that tumor-bearing rats with cancer anorexia-cachexia had both insufficiency and resistance to ghrelin, and cachectic patients with CHF had characteristics of acquired GH resistance. According to these findings, the stimulation of ghrelin secretion and the activation of GHS-R activity are necessary for the treatment of anorexia in cachexia patients. Rikkunshito has been linked, according to some reports, to an increase in plasma ghrelin levels in humans, rats, and mice.

Anxiety and depression are common, underdiagnosed, and associated with negative outcomes in HF patients. In Japan, Kihito and Kamikihito are typically prescribed to elderly people who suffer from psychological symptoms like insomnia, anxiety, and depression. In addition to the 12 herbs in Kihito, Kamikihito is a different kind of Kampo medicine that includes two additional herbs, *Radix Bupleuri* and *Gardeniae Fructus*. According to recent research, Kamikihito increased parasympathetic activity and antioxidative function, presumably by increasing anxiety and sleepiness, which reduced fatigue in cancer patients [10]. Additionally, some clinical trials demonstrated that Kihito and Kamikihito improved the cognitive function of elderly Alzheimer's disease patients.

## Conclusion

The present review highlights the role of kampo medicine in

enhancing Western medicine's current standard of care for older HF patients. In particular, incorporating Kampo formulas into the management of volume control and frailty can help improve HRQoL and have a significant impact on the prognosis in HF. Prospective studies, including randomized controlled trials (RCTs) involving a large number of elderly patients, are needed to provide additional evidence regarding the effects of Kampo medication on HF and frailty.

## Declaration of competing interest

The authors declared that there is no conflict of interest

## Acknowledgment

None

## References

1. Gates GA (1996) Consideration of Otitis Media treatment. *Otolaryngol Head Neck Surg* 114: 525–530.
2. Roland PS, Stroman DW (2002) Microbiology of acute otitis externa. *Laryngoscope* 112: 166–177.
3. Aneja KR, Sharma C, Joshi R (2010) fungal infection of the ear: A common problem in the north eastern part of Haryana. *Int J Pediatr Otorhinolaryngol* 74: 604–607.
4. Bandow JE, Brotz H, Leichert LIO, Labischinski H, Hecker M (2003) Proteomic approach to understanding antibiotic action. *Antimicrob Agents Chemother* 47: 948–955.
5. Scazzocchio F, Cometa MF, Tomassini L, Palmery M (2001) Antibacterial activity of *Hydratis canadensis* extract and its major isolated alkaloids. *Planta Med* 67: 561–564.
6. Clark AM (1996) Natural products as a resource for new drugs. *Pharmacy Res* 13:1133–1144.
7. Cowan MM (1999) Plant products as antimicrobial agents. *Clin Microbiol Rev* 12: 564–582.
8. Kumar VP, Chauhan NS, Padh H, Rajani M (2006) Search for antibacterial and antifungal agents from selected Indian medicinal plants. *J Ethnopharmacol* 107: 182–188.
9. Dwivedi S (2007) *Terminalia arjuna* Wight & Arn.-A useful drug for cardiovascular disorders. *J Ethnopharmacol* 114: 114–129.
10. Cooper EL (2005) CAM, eCAM, Bioprospecting: the 21st century pyramid. *Evid Based Complement Alternat Med* 2: 125–127.