CLINICALLY COMPARE TO EVALUATE THE EFFICACY OF VANARIGUTIKA & VANIRIAVELHA IN DIFFERENT DOSAGE AS A VAJIKARAN EFFECT

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ABSTRACT-

Introduction- Vajikarana is one among eight branches of Astangayurveda which is concerned with aphrodisiacs, virility and improving health of progeny the main aim of Vajikaran is always successful copulation for healthy reproduction, with sexual pleasure being just an additional benefit; therefore it is considered a part of ‘eugeny.’. Variety of drugs and their preparations (Yoga) have been mentioned in Ayurvedic texts for Vajikarana. VanariGutika mentioned by Bhavaparkasha in Vajikarana chapter and VanariAvaleha a different dosage form having the same ingredients as VanariGutika were selected for clinical trial.

Methods- Total 30 patients were selected from the OPD of R.A Podar Ayurveda Medical College, Worli, Mumbai. The patients were randomly divided into two groups and named as Group A(Vanari Gutika), Group B (Vanari Avaleha) with 15 patients in each group.

Result- Highly Significant Results were seen in Group A & Group B in Subjective Parameters. In objective (semen analysis) parameter group A showed no statistically significant changes in Semen Volume, Sperm Count but statistically significant result was found in Sperm Motility% and Sperm Normal Morphology % and group B showed statistically significant results in all objective parameters.

Conclusion- Intergroup comparison showed no Statistical significance, though clinically relief in symptoms were observed in both groups

Keywords- VanariGutika, VanariAvaleha, Vajikarana
INTRODUCTION-
WHO defines the sexual dysfunction as “the various ways in which an individual is unable to participate in a sexual relationship as he or she would wish”. The male sexual dysfunction includes all sorts of disturbances of coital performance and sexual congress in male. As per Charaka Samhita by proper use of vajikaran formulations one become endowed with good physique, potency, strength, and complexion and sexually potent. This is helpful in many common sexual dysfunctions including infertility, erectile dysfunction, premature ejaculation etc. Variety of drugs and their preparations (Yoga) have been mentioned in Ayurvedic Texts for Vajikarana.

The Vanari Gutika described in Bhavaprakasha is the simplest formulation while the one mentioned in Rasa PrakashaSudhakar is a complex one with many a number of content. Though Gutika manufacturing is easy but this particular formulation has got certain disadvantages. Viz. 1. To maintain the consistency it requires some binding agents. 2. Difficult to maintain the uniformity of weight. 3 The prepared Gutikas are to be deep fried in ghee, coated with sugar syrup and are stored by immersing in the honey- a tedious process.

The science has given freedom to design and develop a variety of dosage form according to the situation warrants. Among the various factors like acceptability and agreeability in terms of color, taste and flavour by the individual, the drugs can be designed in different dosage forms even. Based on this fundamental, since it contains ghee sugar etc, to overcome the above disadvantages, since the shelf life is one and the same and also to explore the difference, if any, in the pharmacological effects it was planned to prepare the different dosage form – the Avaleha instead of Gutika using the same contents

MATERIALS AND METHODS-
Aims & objective:-
To clinically evaluate and compare the effect of ‘Vanari Gutika’ and ‘VanariAvaleha’ in different dosage form as Vajikarana

Selection of the criteria:-
Inclusion Criteria:-
1. Diagnosed & confirmed cases of Shukrakshaya (oligospermia), Erectile dysfunction, Pre mature ejaculation etc on the basis of symptoms and laboratory investigations.
2. Male patients between the age group of 21-60 years.

Exclusion Criteria:-
1. Patients suffering from chronic infections & any other serious illnesses like Hypertensive and Diabetic patients.
2. Patients suffering from any venereal disease, sexually transmitted diseases.
3. All congenital and surgical cases of impotency.
**Study design** – Randomized Comparative Intervenational clinical study

**Sample selection** – Lottery method.

**Sample size** – Total 30 Patients were randomly-divided in two groups A and B with 15 patients in each group.

- **Group A** was given *VanariGutika* 7.5 g twice a day with milk for 30 days.
- **Group B** was given *VanariAvaleha* 7.5 g twice a day with milk for 30 days.

**Duration** – 1 month (30 days)

**Criteria for Assessment:** Both subjective & objective parameters were employed for assessment of the impact of the treatment.

**Subjective parameters:** - The signs and symptoms like ejaculation, erection, libido, sperm quality and orgasm were assessed by assigning score (0 to 5) to the individual parameters. Scoring was done before and after the course of therapy.

**(2) Laboratory (Objective) Parameters** –

- (A) Semen Analysis-
- (B) Complete blood count - for diagnose any infectious condition in subjects.
- (C) Random blood sugar - for diagnose any diabetic condition in subjects.

**Statistical Analysis:**

The analysis of data was done using statistical software *GraphpadInstat*. For intra group comparison of Non-parametric Data *Wilcoxon matched-pairs signed ranks test* was used while for Parametric Data *Paired‘t’ Test* was used. To test the significance of mean of difference of paired observations (BT versus AT) paired t-test was applied. To compare the efficacy of two groups i.e. intergroup comparison, *Mann-Whitney Test* for non-parametric data & *Unpaired ‘t’ test* for parametric data was used.
RESULT & OBSERVATION-

Table no. 1: Showing intragroup effect on subjective parameters –

<table>
<thead>
<tr>
<th>Variable</th>
<th>G R O U P</th>
<th>Mean</th>
<th>% of Change</th>
<th>S.D.</th>
<th>S.E.</th>
<th>P</th>
<th>RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td>Diff.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ejaculation A</td>
<td>2.666</td>
<td>3.533</td>
<td>0.867</td>
<td>32.52</td>
<td>0.915</td>
<td>0.236</td>
<td>0.0039</td>
</tr>
<tr>
<td></td>
<td>2.666</td>
<td>3.466</td>
<td>0.8</td>
<td>30.007</td>
<td>0.774</td>
<td>0.200</td>
<td>0.0020</td>
</tr>
<tr>
<td>Erection A</td>
<td>2.8</td>
<td>4.2</td>
<td>1.4</td>
<td>50</td>
<td>1.242</td>
<td>0.3207</td>
<td>0.0002</td>
</tr>
<tr>
<td></td>
<td>2.466</td>
<td>4.2</td>
<td>1.734</td>
<td>70.316</td>
<td>1.163</td>
<td>0.3003</td>
<td>0.0002</td>
</tr>
<tr>
<td>Libido Ejaculation A</td>
<td>3.333</td>
<td>4.266</td>
<td>0.933</td>
<td>28</td>
<td>1.223</td>
<td>0.315</td>
<td>0.0078</td>
</tr>
<tr>
<td></td>
<td>3.533</td>
<td>3.933</td>
<td>0.4</td>
<td>11.32</td>
<td>0.632</td>
<td>0.163</td>
<td>0.0625</td>
</tr>
<tr>
<td>Sperm count and Quality A</td>
<td>2.4</td>
<td>3.312</td>
<td>0.912</td>
<td>36.11</td>
<td>0.743</td>
<td>0.1919</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>2.266</td>
<td>3.066</td>
<td>0.8</td>
<td>35.30</td>
<td>1.207</td>
<td>0.3117</td>
<td>0.0195</td>
</tr>
<tr>
<td>Orgasm A</td>
<td>1.733</td>
<td>2.866</td>
<td>1.134</td>
<td>65.38</td>
<td>0.990</td>
<td>0.255</td>
<td>0.0005</td>
</tr>
<tr>
<td></td>
<td>1.8</td>
<td>2.866</td>
<td>1.066</td>
<td>59.222</td>
<td>0.798</td>
<td>0.206</td>
<td>0.0010</td>
</tr>
</tbody>
</table>
Table No.2-Showing intragroup Effect on Objective parameters in 30 patients

<table>
<thead>
<tr>
<th>Variable</th>
<th>G R O U P</th>
<th>Mean</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T</th>
<th>P</th>
<th>R E S U L T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td>Diff.</td>
<td>% of Change</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volume (ml.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>1.866</td>
<td>2.033</td>
<td>0.167</td>
<td>8.94</td>
<td>0.449</td>
<td>0.116</td>
<td>1.435</td>
</tr>
<tr>
<td>B</td>
<td>1.63</td>
<td>1.97</td>
<td>0.34</td>
<td>20.85</td>
<td>0.4499</td>
<td>0.1162</td>
<td>2.870</td>
</tr>
<tr>
<td>Sperm count</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>49.133</td>
<td>56.466</td>
<td>7.333</td>
<td>14.92</td>
<td>16.642</td>
<td>4.297</td>
<td>1.707</td>
</tr>
<tr>
<td>B</td>
<td>33.4</td>
<td>50.2</td>
<td>16.8</td>
<td>50.30</td>
<td>21.617</td>
<td>5.582</td>
<td>3.010</td>
</tr>
<tr>
<td>Motility %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>53.866</td>
<td>67</td>
<td>13.134</td>
<td>24.38</td>
<td>18.244</td>
<td>4.711</td>
<td>2.788</td>
</tr>
<tr>
<td>B</td>
<td>47.8</td>
<td>66.266</td>
<td>18.466</td>
<td>38.63</td>
<td>25.732</td>
<td>6.664</td>
<td>2.779</td>
</tr>
<tr>
<td>Normal Morphology %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>63.266</td>
<td>73.133</td>
<td>9.867</td>
<td>15.60</td>
<td>17.092</td>
<td>4.413</td>
<td>2.236</td>
</tr>
<tr>
<td>B</td>
<td>66.066</td>
<td>82.066</td>
<td>16</td>
<td>24.21</td>
<td>20.829</td>
<td>5.378</td>
<td>2.975</td>
</tr>
</tbody>
</table>
Comparative Study of Effects on Both Groups. (Inter Group)

1) Subjective Parameter:

Table No. 3: Comparative effect of trial on **Subjective parameters** among both groups.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Subjective parameters</th>
<th>Mean of ranks</th>
<th>Mann-Whitney U</th>
<th>p value</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Group A</td>
<td>Group A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Ejaculation</td>
<td>3.533</td>
<td>3.467</td>
<td>110</td>
<td>0.9266</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>2</td>
<td>Erection</td>
<td>4.200</td>
<td>4.200</td>
<td>93.50</td>
<td>0.4050</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>3</td>
<td>Libido</td>
<td>4.267</td>
<td>3.933</td>
<td>85.50</td>
<td>0.2089</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>4</td>
<td>Sperm count and Quality</td>
<td>3.267</td>
<td>3.067</td>
<td>96</td>
<td>0.4831</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>5</td>
<td>Orgasm</td>
<td>2.867</td>
<td>2.867</td>
<td>107.50</td>
<td>0.8439</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
</tbody>
</table>

2) Objective Parameter:

Table No. 4: Comparative effect of trial on **Objective parameters** among both groups.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Objective parameters</th>
<th>Mean of ranks</th>
<th>t value</th>
<th>p value</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Group A</td>
<td>Group B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Volume(ml.)</td>
<td>2.033</td>
<td>1.967</td>
<td>0.3660</td>
<td>0.7171</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>2</td>
<td>Sperm count (Mill/ml.)</td>
<td>54.467</td>
<td>50.200</td>
<td>0.7794</td>
<td>0.4423</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>3</td>
<td>Motility %</td>
<td>67</td>
<td>66.267</td>
<td>0.1321</td>
<td>0.8958</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not Significant</td>
</tr>
<tr>
<td>4</td>
<td>Normal Morphology %</td>
<td>73.133</td>
<td>82.067</td>
<td>2.073</td>
<td>0.0475</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Significant</td>
</tr>
</tbody>
</table>

While assessing the *Vajikarana* effect of *Vanari Gutika* on various parameters of Ejaculation, Erection, Libido, Sperm count and quality and Orgasm, it was observed that a highly significant improvement (except libido parameter in VanariAvaleha therapy observed not significant) occurred in all the above parameters. In terms of
percentage 32.52%, 50%, 28%, 36.11%, and 65.38 % and in VanariAvaleha30.007%, 70.316%, 11.321%, 35.30%, 59.222% improvement was observed in Ejaculation, Erection, Libido, Sperm count and quality and Orgasm respectively. In intra group result of VanariGutika and VanariAvaleha, VanariGutika was more relief% except Erection parameter.

**Seminal changes**-While assessing the seminal changes after the VanariGutika therapy, 8.94% increase was noted in the volume, which is statistically insignificant (p>0.01). The sperm count showed increase of 14.92% from the initial reading which is statistically Insignificant (p>0.01). Significant increase (p<0.01) was observed in the number of motile sperms which is 24.38% increase from the pre reading. Normal morphology of sperm also increase (15.60%) from the pre reading.

In the VanariAvaleha therapy, 20.85% increase was noted in the volume, which is statistically significant (p<0.01). The sperm count showed increase of 50.30% from the initial reading which is statistically very significant (p<0.01). Significant increase (p<0.01) was observed in the number of motile sperms which is 38.63% increase from the pre reading. Normal morphology of sperm also increase (24.21%) from the pre reading. In intra group result of VanariGutika and VanariAvaleha, VanariAvaleha was more significant in all parameters of semen analysis.

**Discussion**-
The medicines or therapy by which the man becomes capable of sexual intercourse with the woman with great strength like a horse, However, the main aim of Vajikaran is always successful copulation for healthy reproduction, with sexual pleasure being just an additional benefit; therefore it is considered a part of ‘eugeny.’

In this study wild variety of Kapikachchhu seeds were used Kapikachchhu is the main ingredient having Madhura Rasa, Madhura Vipaka and Guru Guna. These properties make it Dhatu Pushtikaraka¹ because it’s more aphrodisiac properties than cultivated seeds. In addition, it is having mood elevating property too. Kapikachchhu is a good source of dopamine. More specific to sexual function, it is likely that dopamine triggers penile erection by acting on neurons located in the para-ventricular nucleus of the hypothalamus, and perhaps on the pro-erectile sacral parasympathetic nucleus within the spinal cord. So, central dopamine is a key neurotransmitter in the control of sexual function². Vajikarana effect of the trial drugs vanarigutika and vanariavaleha which contain mucunapruriens as the major ingredient. Mucunaprurien is a rich source of alkaloids such as prurienine, prurieninine, prurienidine as well as triterpenes, sterols and amino acids. M. prurien seeds are rich source of L-DOPA and its metabolites, which include epinephrine and norepinephrine., also contribute to proper functioning of male genital system and facilitate sperm transport, contraction of seminal vesicles and inhibition of lipid peroxidation of spermatozoa as well as helps in reducing psychological stress.

The other constituents i.e. Dugdha, Sharkra, Madhu, Gogrita are mainly Balya, Rasayan, Vrishya, Yogavahi, Shrotosodhaka, Vajikaraka properties⁸ and contribute towards good health. By, these qualities Vanari Gutika proves very beneficial in the management of the Sexual dysfunction. The effects of
Vajikarana, drug, as mentioned earlier, it produces Bala, Harsha and capability to cohabit like a young horse. Vajikarana drugs also delay the time of ejaculation and can treat erectile disorders and semen quality. In the present trial, individual constituents of VanariGutika and Avaleha, works on different aspects to bring about changes in ejaculation, erection and sperm count etc. Kapikachchhuis useful for seminal weakness and is effective in Vajikarana.

Conclusion-

✓ Male sexual problem is most important problem of 21st century. The national census reports of the past three decades showed that male infertility was accounted to 50% of combined infertility, which is due to the deficiencies in the semen quality, especially Oligospermia, erectile dysfunction and premature ejaculation.

✓ Among the various aphrodisiac drugs of Ayurveda vanarigutika was claimed to be effective in above conditions. Three formulations were found across the literature and the one which was mentioned in BhavaPrakasha was selected for study.

✓ In clinical study relief percentage of subjective parameters like ejaculation, libido, sperm count and quality and orgasm was more in VanariGutika treated group as compared to VanariAvaleha. However in erection parameter VanariAvaleha showed more relief.

✓ Comparing the relief percentage of objective parameters (Semen Analysis) VanariAvaleha treated group showed more relief in all parameters of semen analysis.

✓ Intergroup comparison showed no Statistical significance, though clinically relief in symptoms was observed in both groups.

✓ It is suggested to carry out further studies, to recommend the suitable form for prescription based on the outcome.

References-

4. Kamla Kant Shuklaetal , Mucunapruriens Reduces Stress and Improves the Quality of Semen in Infertile Men, Evidence-Based Complementary and Alternative Medicine, 2010/March/1; Vol.7(1):Pgno.137–144.

लग्नेयोपहरीहरहरवर्षा उद्धया

साता एवं जगना, शरारा, 77 हें
लहाना, मन

अग्नि की समानता, ये आरोग्य (स्वस्थ्य) व्यक्ति के लक्षण हैं त
विपरीत लक्षण अस्वस्थ व्यक्ति के होते हैं।

स्वस्थता का न एवं महत्व-

9. न्यायार्थ

स्वस्थ्य स्वास्थ्य रक्षण आत्मस्थ विकार प्रथमन

आयुर्वेद का प्रयोजन स्वस्थ व्यक्ति के स्वास्थ्य की रक्षा करत विकार को शान्त करता है।

VISIT YOUR PRIMARY CARE DOCTOR
Seeing your doctor regularly can help prevent chronic illness and help manage your risks.

DR. KATHRYN JOBBS
Primary Care Physician, Baystate High Street Health Center

STOP SMOKING
It's never too late to adopt a healthy lifestyle. Stopping smoking is the single best thing you can do to protect your health.

DR. TIMOTHY EGAN
Non-Invasive Cardiologist, Heart & Vascular Program

EAT A HEALTHY DIET
Eat more fruits, vegetables, whole grains, legumes and fatty fish. Limit your intake of added salt, sugars and fats.

DR. BARRIE SUTTON, RN, LDN
Registered Dietitian, Baystate Health

HEART MONTH

LOSE WEIGHT
Weight is a major risk factor for high blood pressure, high cholesterol, and diabetes which increases your risk of heart disease.

DR. QUINN PACK
Prevention Cardiologist, Heart and Vascular Program

STRESS LESS
Try healthy ways to deal with stress such as exercise, yoga or meditation, spending time with family or friends, or seeing a mental health professional.

DR. STUART ANFANG
Psychiatrist, Behavioral Health

GET A GOOD NIGHT’S SLEEP
Adults benefit the most from 7-8 hours of sleep each day. Studies have shown a relationship between lack of sleep and coronary artery disease.

DR. KARIN JOHNSON
Neurologist, Baystate Sleep Center
Preventing heart disease naturally

1. Avoid eating industrial vegetable oils.
2. Eat less sugar
3. Eat nutrient dense foods
4. Eat fermented foods
5. Eat Green Vegetables
6. Maintain a healthy weight
7. Visit to the doctor for health check up on regular basis
30 Heart Healthy Foods for your grocery list

- Salmon
- Flaxseed
- Oatmeal
- Black or Kidney Beans
- Almonds
- Walnuts
- Red Wine
- Tuna
- Popcorn
- Brown Rice
- Soy Milk
- Blueberries
- Carrots
- Spinach
- Broccoli
- Sweet Potatoes
- Red Bell Peppers
- Asparagus
- Oranges
- Tomatoes
- Bananas
- Cantaloupe
- Papaya
- Dark Chocolate
- Tea
- Yogurt
- Lentils
- Raisins
- 100% Whole Wheat Bread
- Apples
Choose fruits and vegetables over unhealthy fatty foods
Heart Disease Prevention

Healthy Diet
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec iaculis interdum purus curabitur vquis.

Exercise
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec iaculis interdum purus curabitur vquis.

Quit Smoking
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec iaculis interdum purus curabitur vquis.

Reduce Sugar
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec iaculis interdum purus curabitur vquis.

Limit Alcohol
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec iaculis interdum purus curabitur vquis.

Decrease Stress
Lorem ipsum dolor sit amet, consectetur adipiscing elit. Donec iaculis interdum purus curabitur vquis.
✓ Ways to reduce the risk of heart disease:

- Remain Physically Active
- Do Not Smoke
- Moderate Your Alcohol Consumption
- Stay On A Healthy Diet
- Keep A Healthy Weight
- Combat High Blood Cholesterol
- Keep High Blood Pressure in Check
- Keep Diabetes Controlled

http://www.themedica.com/articles/2008/03/8-effective-ways-to-have-a-hea.html
https://www.google.com/url?sa=i&url=https%3A%2F%2Fdisplate.com%2Fartworks%2Fholistic&psig=AOvVaw0BE2SWXxNI0tjGdb0h_rX&ust=1676171580417000&source=images&cd=vfe&ved=0CBAQjRxqFwoTCPiTsvO_jP0CFQAAAAAdAAAAABBs

Heart Failure

Symptoms

- weakness
- dyspnea on exertion
- palpitations
- edema (swelling)
- rapid weight gain

Heart Disease Symptoms

- Pain in chest
- Swelling of feet
- Tired breathing
- Feeling weak
- Palpitations
- Cyanosis

Heart Attack

Signs and Symptoms

- Chest pain
- Cold and sweaty
- Pain in neck or left arm
- Nausea
- Sudden onset of symptoms
- Short of breath
- More tired than usual

Flu-like symptoms

- Feelings of indigestion or heartburn
- Symptoms for a number of days

Men and Women

Women

Heartburn
Watch for THE SIGNS

- Discomfort or tingling in arms, back, neck, shoulder or jaw
- Sudden dizziness
- Heartburn-like feeling
- Additional symptoms, most common IN WOMEN...
- Chest pain
- Shortness of breath
- Nausea or vomiting
- Unusual tiredness
- Cold sweat

Most common IN MEN...

YARN!
Heart Care by Yoga & Diet