ISSN: 2322 - 0902 (P) ISSN: 2322 - 0910 (O)



Review Article

A REVIEW ON THE CONCEPTUAL UNDERSTANDING OF HYPERTENSION IN AYURVEDA

Lolashri S J1*, Bidhan Roy2

*1 Associate Professor, Department of PhD & PG Studies in Panchakarma, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru, Karnataka, India.

²Assistant Professor, Department of Panchakarma, Raghunath Ayurved Mahavidyalaya and Hospital, Purba Medinipur, West Bengal, India.

Article info

Article History:

Received: 13-04-2023 Revised: 05-05-2023

Accepted: 23-05-2023

KEYWORDS:

Hypertension, Hridaya, Viruddhara, Vyanabala Vaishamya, Dhamani Upalepa.

ABSTRACT

Due to rapid modernization there are changes in the life style in terms of habits and food intake, due to which there is alteration in the metabolism leading to various metabolic disorders. Hypertension is considered to be one among them. Ayurveda emphasis completely on *Dosha-Dushya vivechana* rather than one entity like *Nidanas*. There are no direct references in our classical texts explaining about Hypertension. Thus one should understand the concept of Hypertension in Ayurveda based on functions of *Doshas* and *Dhatus* like *Vyana Vata, Pranavata, Rasa-Rakta-Medo dhatu* mechanism. As many research works have been conducted on this to understand this condition in detail, it can be comparable to *Uccha Raktachaapa, Vyana bala Vaishamya, Dhamani Upalepa* etc. As there are different versions of explanation available on this condition in terms of physiological and pathological aspects, a review is done in this article by compiling different versions explained by Acharyas in the Samhitas and different authors in the contemporary and Ayurveda text books for better understanding of the concept, which is fruitful in the line of management. The concept of *Vyana vayu* in relation to *Gatavata, Hridaya* in relation *Dhamani upalepa* the mechanism of occurrence is detailed in the article.

INTRODUCTION

In the present era of rapid modernization, life of every individual is stressful. Stress has become a part of every human life within the family, in business organizations or enterprises and in every social or economic activity. Right from the time of birth till the last breath drawn, an individual has to go through various stressful situations. Thus the present era can be appropriately called the 'era of anxiety and stress'. Some individuals who are not able to adapt themselves to the stress of day to day life become prone to illness. One psychosomatic among them hypertension which is overwhelmingly increasing day by day.

Hypertension is a major health problem throughout the world because of its high prevalence and its association with increased risk of

Access this article	
Quick Response Code	
回数线回	https://doi.org/
	Published by M publication lice Commons ShareAlike 4.0 In

https://doi.org/10.47070/ijapr.v11i5.2774

online

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) cardiovascular disorders. Hypertension is a disease of the modern age. It is often referred to as a "Silent or Hidden Killer". It remains asymptomatic until late in its course and ends up in organ damages having disastrous and menacing effects on human being and ultimately leads to death of the person.

The term Essential Hypertension is reserved for about 95% of hypertensive individuals in whom no immediately evident underlying renal or adrenal cause can be found for the raised blood pressure. It is one of the most troublesome and problematic diseases for the patients as well as the physicians, due to its silent nature and deadly complications. It can only be detected on routine medical check-ups or when the patient goes to a hospital with its dangerous complications like stroke, angina, myocardial infarction etc.

Ayurveda is not only a heritage of Indian civilization but also a full-fledged science, consisting of all medical and allied branches essential to lead a healthy life. The purpose of Ayurveda *is* to maintain health and to treat diseases, in order to achieve the four *Purushartha* and thereby the ultimate goal of distraction from worldly things.

Hypertension is an instrumental disease which is a recent diagnostic invention of modern science. Hence there is no direct reference of hypertension in Ayurveda classics by name as well as by its pathophysiological views. Many conceptual and clinical works have been carried out on hypertension to evaluate the perfect diagnosis and mode of treatment on the basis of Ayurveda principles. Various Ayurveda Scholars have coined different nomenclatures like Uchharaktachapa, Uchharaktabhara, Raktagata Vata, Raktavrita Vata, Pranavrita Vyana, Vyanavrita Prana, Shleshmavrita Vyana etc and CCRAS has coined the term Vyanabala Vaishamya and the description of hypertension is difficult to find though.

In Charaka Samhita stated as whatever knowledge is there in this Samhita is everywhere and at the same time what is not there in this book is not found elsewhere (CS.Si.12/54). The physician should not get disheartened for not knowing the name of a disease as our ancient Acharyas have given clear guidelines to view and manage such diseases when not mentioned directly (CS.Su.18/44). It is more important to understand the possible pathogenesis in terms of the factors involved like Dosha, Dushva etc. Though a direct disease condition is not mentioned in Ayurveda, but there are many references in ancient texts about haemodynamic system including Hridaya, Sira, Dhamani, Rasa, Rakta, Ojus, Vyanavayu, Sadakapitta, Avalambaka Kapha, Manas etc which are commonly affected by the high blood pressure.

modern texts In references regarding hypertension are elaborated in detail. Whereas in Ayurveda though the condition is mentioned in various contexts, it is difficulty in identifying the condition with a known disease entity. As Acharya Charaka has quoted that the physician can initiate the treatment after assessing the Hetu, Sthana and Samprapti without giving the importance to merely naming a disease.[1] So any disease can be explained on the bases of principle of Ayurveda. Many conceptual studies have been done to correlate hypertension in Ayurveda. Certain scholars have attempted to correlate hypertension with Dhamani Prapurnata, Dhamini Pratichaya, Dhamani Upalepa, Raktagata Vata, Siragata Vata, Vyanabala Vaishamya, Rudhira Mada, Uccha Rakta Chapa, Avruta Vata Roga, Shonita Dusti etc.

All these concepts concluded that hypertension is a result of *Rakta dushti* with *Tridosha* involvement in which *Vata* is prominent. *Rasa* and *Rakta dhatu* are main *Dushya* and *Mana* also involved in pathology of this disease, as it is a psychosomatic disease. Blood Pressure is the combination of many physiological activities. Detailed description of physiology of blood pressure is not found in Ayurveda literature. But *Acharyas* has described about circulation of *Rasa*, *Rakta* throughout body with the help of *Vyana vayu*. [2]

In Ayurveda, three *Doshas –Vata, Pitta* and *Kapha*; seven *Dhatus (Rasa, Rakta* etc.), three *Malas* are considered as the root cause of all the functions of the body. So, to understand the blood pressure in terms of Ayurveda, consideration of *Vata (Prana, Vyana), Pitta (Sadhaka)* and *Kapha (Avalambaka) Dhatus* like *Rasa* and *Rakta*, the *Srotas* by which it travels, *Hridaya, Oja* and functions of *Mana* are necessary.

Ayurvedic Concept of Blood Pressure Regulation *Hridava*

There are references about *Hridaya*, its shape, seat and functions in our classics. *Hridaya* is similar to *pundarika* (*Kamala*) which is *Adhomukha* or *Kumbhika phala*.^[3] It lies in *Urah Pradesha*.

According to *Sushruta*, formation of *Hridaya* of a foetus occurs by the *Sara* of *Kapha* and *Asruk*.^[4] Therefore both *Kapha* and *Asruk* should be in its normal state to maintain the normal function of heart. *Kapha* in its normal state believed as *Bala*. ^[5]

It is the seat of *Chetana*,^[6] therefore the energy of it itself originating. *Charaka Samhita* has elaborated that *Dasha dhamani, Prana, Apana, Mana, Budhi* and *Chetana* are attached to the *Hridaya*.^[7] *Hridaya* is the origin of *Rasavaha srotas* and *Pranavaha srotas*^[8] and the main seat of the *Rasa* also; hence, it is the root for all the physiological activity of the body.

Physiology of the heart can be explained by its *Vyutpatti* -

The three *Dhatus Hri, Da* and *Ya* combines to form the word *Hridaya* that shows the three main functions of heart viz., *Aharana* (receives) *Dana* (gives) and *Ayana* (movement). (Shatapatha Br. 14/8/4/1.)

- Aharana Receiving Rakta from all over the body.
- *Dana* Expulsion of *Rakta* from the *Hridaya* to all body tissues.
- *Ayana (Gati)* Related with the contraction and relaxation of the heart

Circulation

Detail description of the physiology of the heart is not found in Ayurveda literature but the circulation of *Rasa – Rakta* throughout the body takes place with the help of *Vyana Vayu* and gives pulsating capacity to the arteries.

Rakta samvahana is clearly explained by Ayurveda classics. In *Bhela Samhita*, it is mentioned that, the *Hridaya* supplies *Rakta* to the body which is carried by *Dasha dhamanis*, four *Dhamanis* will supply superior part of the body, two going obliquely, four *Dhamanis* will supply inferior part of the body and nourishes all the *Dhatus*. Also the return of *Rakta* to *Hridaya* through *Siras* is evident. [9]

Concept of Dhamani and Sira

Dhamani means pulsatile, [10] which fills and expands. The name indicates its function. *Charaka*

Samhita has mentioned *Hridaya* as the root of *Dhamani*^[11] and *Dhamanis* are mentioned as *Pitruja* bhava which is centrally hollow and harder than *Siras*. *Dhamani* circulates *Rasa-rakta*, propelled out by *Hridaya* and nourishes all the *Dhatus*. ^[12]

The vessels in which "Sarana" takes place are known as Sira. [13] Like Dhamanies, Sira is also mentioned as Pitruja bhava. [13] These are the pulsation less vessels. It forms by the Mridu paka of Meda Sneha. [14] It is an Upadhatu of Rakta. [15]

Srotas

In *Charaka Samhita* it is defined as the structure through which *Sravana* occurs is known as *Srotas*. ^[16] *Chakrapani* has described *Srotas* as that in which nutrients of *Dhatus* are transported from one place to other and nourish cells of the body. Waste products produced by them again are transported through *Srotas*. In the context of blood pressure *Rasavaha* and *Raktavaha srotas* are important, as they are related to *Rasa rakta samvahana*.

Concept of Rasa and Rakta

Rasa dhatu is produced from the Ahara and Hridaya is the seat of Rasa dhatu, from Hridaya it travels all over the body through twenty four Dhamanies: nourishes the entire body. While circulating through various Ashayas, it comes in contact with Dosha, Dhatu and Mala. It is Drava anusari and its functions are lubricating, vitalizing, nourishing and supporting the body.[17] It gets red colour under the influence of ranjaka pitta after it reaches Hridaya with the help of Samana vayu. [18] The Rasa dhatu after reaching Yakrit and Pleeha by the action of Ranjaka Pitta on it, ensue the formation of Shonita.[19] Rakta which resembles the colour of *Indragopa*, it is in a state neither too thick nor too thin in consistency.[20] It is present all over the body and it is important for the support of life. It is Snigdha, Guru, Chala and Swadu. When it is in *Vidagda Avastha*, it will be like *Pitta*.^[21] It is responsible for Varna prasadana, Bala, Sukha and *Ayu*. It is considered as *Prana* of *Shareera*.^[22]

Factors Regulating Normal Blood Pressure

Vata dosha mainly Prana vayu, Vyana Vayu, Sadhaka Pitta, Avalambaka Kapha, Manas and Ojas have their impact on regulation of blood pressure and function of Hridaya.

The word *Vata* is originated from "*Va gati gandhanayo*" which signifies movements. All kinds of motivation or movements in the body originate due to *Vata*. It is termed as "*Prana*" of all living beings.

Prana Vayu

Pranvayu is situated in *Murdha*^[23] and performs the functions like *Hridaya dharana*, *Buddhi*, *Chitta*, *Indriya dharana*.^[24] From the location and the above said functions elicits that *Prana vayu* is responsible for higher brain functions. Here *Hridaya*

dharana could be viewed as neural stimulation of vasomotor centre in the medulla oblongata that controls the functions of the heart. Hence it is clear that *Hridaya dharana* function specifies influence of *Prana vayu* and the *Doshas* located in *Hridaya* like-*Vyana vayu*, *Sadhaka pitta* on heart functions.

Vvana Vavu

Vyana vata is situated in *Hridaya* and it travels all over the body.[25] Its functions are Gati (movements). Prasarna (extension). Akunchana (flexion), Rasasamavahna, Sveda-asrik sravana, Dhatu tarpana.[26] Nyaya chandrika commentary explains rasadi samvahana is Rasa-rakta samvahana. Prasarana, Akunchana could be viewed with respect to contraction and relaxation of heart as well as vessels. Gati may be assumed as the force of blood flow. So it is clearly evident that Vyana vayu in a normal status performs contraction and relaxation of the heart and propels the blood from the heart to the body tissues and maintains the normal blood pressure.

Sadhaka Pitta

Sadhaka pitta is situated in Hridaya. One can achieve Manoratha produced by Hridaya, only because of Sadhaka Pitta; hence, it has been named as Sadhaka.^[27] It helps to keep away Kapha and Tama, which hampers Chetana to do its normal functions and makes Manas free from the covering of Tama. Manas becomes more efficient, in turn, enhances Budhi, Medha, Abhimana etc.^[28] eventually helps "Atma" to achieve its goal.

Thus it is clear that *Sadhaka Pitta* performs higher functions of brain. For the maintenance of good health, it plays an important part by influencing *Manas*.

Avalambaka Kapha

Heart has been described as the seat of *Avalambaka Kapha*^[29] and does *Avalambana* of *Hridaya* with *Ahara rasa* and *Rasadhatu* together with its own potency. It supports the *Trik sthana* (the region where neck and shoulder joints are located).

Manas and Ojas

Ojas is chief among the seat of life. [30] *Hridaya* is the seat of *Para ojas*. From *Hridaya, Ojas* circulates all over the body. [31]

Manas is considered as the controller of all psychological states as well as Indriyas. In Charaka Samhita it is quoted that Dukha of Manas as one of the causes for dieases of Hridaya, Dhamani and Ojas, hence it should be prevented. [32] Chinta, Shoka, Krodha, Hrasa, Lobha, Bhaya and Moha are some factors which cause vitiation of Dosha and Manas these vitiated Dosha reach Hridaya and cause Manovaha sroto vikara. [33] So there is a relation between Manas, Hridaya and Ojas. Many pathological conditions of Hridaya lead to the vitiation of their Ashraya (Prana vata, Vyana vata and ojas) and vice versa. Thus it is clear that vitiated Mana

will cause vitiation of *Vata*, also the vice versa producing pathologies like that of impairing the normal blood pressure.

Hypertension Related Diseases in Ayurveda

In Ayurveda, hypertension is considered based on the *Doshadushya vivechana*. Various luminaries have given their opinion to coin a name of Disease and to understand it in better way, some of them are:

- Dhamani pratichaya
- Raktagata vata
- Siragata vata
- Pittavrita vata
- Raktavrita vata
- Pittavritta udana
- Pranavritta udana
- Vyanabala Vaishamya

Dhamani Pratichaya

According to *Charaka Samhita*, *Dhamani pratichaya* is a *Kaphaja nanatmaja vyadhi*.^[34] *Acharya Chakrapanidatta* has explained *Dhamani pratichaya* as *Dhamani upalepa*. This is correlated with Hypertension by Vaidya A.D. Athwale from Maharashtra School of Vaidya.

Raktagata vata

Raktagata vata is one of the Vatavyadhi. Charaka Samhita has mentioned the Lakshanas like Teevra ruja, Santapa, Vaivarnya, Krishatha, Aruchi, Bhuktasya Stambha. Almost all the symptoms which are mentioned by Charaka Samhita are similar to Vagbhata but he has mentioned Raga and Bhrama. Vagbhata has considered Bhrama as one of the main symptom and it is one of the main symptoms of hypertension.

Siragata vata

Siragata vata comes under Vatavyadhi, when there will be Vataprakopa in Sira. The Lakshanas of Siragata vata are Manda Ruja, Shopha, Kampa and Spandana due to shosha.[37] According to Sushrutha the Lakshanas are Shula, Sira Akunchana and Purana. [38]

Pittavrutavata

Pittavruta vata comes under *Vata vyadhi*, when there will be *Pittavrutta vata* it shows clinical manifestation such as *Daha*, *Trishna*, *Shola*, *Bhrama* and *Tama*.^[39] These are the symptoms which is present in hypertension.

Raktavrutavata

When *Vata* gets obstructed by *Rakta*, it causes burning pain between *Twak*, *Mamsa* and *Swayathu* with *Raga* and *Mandala*. [40]

Pittavritta udana

The Pittavritta udana lakshanas are Murcha, Daha, Shola, Daha in Nabhi and Uru Pradesha, $\it Ojobramsha^{[41]}$ are resemblance with the symptoms of hypertension.

Pranavritta udana

When *Pranavayu* is over lapped by *Udana vayu*, it *causes Shirograha*, *Pratishyaya*, *Nishwasa*, *Uchwasa samgraha* (obstruction to inspiration and expiration) *Hridroga* and *Mukhashosha*. [42]

Vyanabala Vaishamya^[43]

Central Council of Researches in Ayurveda and Siddha has given the name for essential hypertension is *Vyanabala Vaishamya*. They had explained the *Nidana, Purva roopa, Samprapti* and *Chikitsa* for the same as follows:

Vata is a unique *Dosha*, which regulates and is responsible for the movement of other *Dosha*. It can be vitiated by 1) *Dhatu kshaya* and 2) *Avarana*.

The disease Vyanabala Vaishamya seems to be resulted from Vaishamva of Vvana vata. The Rasa rakta dhatu, through which the body gets its nutrition, circulates throughout the body with the help of *Vyana* vata through twenty four Dhamani, any derangement in the Vyana vata causes alteration in the circulation of Raktadhatu. Vaishamya refers to Vikriti, in which they are able to produce the disease. Vaishamya means Vriddhi or Hrasa. Therefore Vvanabala Vaishamva may either be considered as increased function or decreased function of Vyana vayu. Charaka Samhita mentioned that, the decreased Dosha is not able to manifest even its own symptoms. Hence, hyper functioning of *Vyana vata* is considered under Vyanabala Vaishamya, which produces increased force in the wall of the blood vessels to produce hypertension.

Nidana- Tikta, Rookshanna, Sheetanna, Alpaanna, Laghuanna, Virudhahara, Vishamashana, Adhyashana, Shushka bhojana, Ativyayama, Vishamopachara, Langhana, Vega vidharana, Diva Swapna, Marmabhighata, Yuddha, Ativyavaya, Grishma ritu, Chinta, Shoka, Bhaya, Krodha.

Other Predisposing Factors

Obesity: Acharya Sushruta described that Medo roga leads to Vata vikara; while commenting on this Dalhana explained that Vata vikara is produced due to Medo avruta marga.

Excessive Alcohol Intake (Madya): In the chapter of Madhatyaya roga of Charaka Samhita quoted that when Madya is taken in large quantity, it will affect the Ojas, further it affects Hrudaya, Mana, Buddhi, Indriyas and Atma. Madya affects Dosha, Dhatu and Srotomula of Rasvahasrotas leading to hypertension.

Excessive Salt Intake (*Ati lavana*): In *Charaka Samhita* it has explained that excessive consumption of *Lavana Rasa* leads to *Rakta Vriddhi*. It should be taken as *Rakta prakopa hetu*, which is one of the important *dushya* in the etiopathogenisis of hypertension. Again

in *Vimanasthana, Acharya* explains that *Lavana rasa* when taken for long duration leads to *Dosha sanchaya*. Similarly in *Astanga Samgraha, Lavana* is said to increase *Shareera kleda*.

Smoking: *Ati dhumapana* causes dryness of throat, hemorrhage, giddiness, syncope and loss of function of *Indriya*. It is another *Vata prakopa nidana*, which leads to obstruction of vessels leading to increased peripheral resistance commonly associated with hypertension.

Prodromal features of *Vyanabala Vaishamya* (*Purvarupa*)

CCRAS considered hypertension as *Vyanabala Vaishamya* which is a *Vata* predominant disease and there are no prodromal symptoms of *Vata vyadhi* mentioned in Ayurvedic classics. In *Charaka Samhita* it has mentioned that when *Purvarupa* are not mentioned, weak manifestations of *Rupa* should be considered as *Purvarupa*.

Symptomatology (Rupa)

Complete appearance of the disease occurs after *Doshadushya sammurcchana* and signs/symptoms present at this stage are called *Rupa* or it is *Vyakta avastha* of *Doshadushya sammurcchana*. According to *Acharya Sushrutha*, it is the fifth *Kriyakala* of the manifestation of the disease.

Pathogenesis (Samprapti)

To know the *Samprapti* of Hypertension, it is necessary to know about the *Nidana* of the disease because the three chief events leading to the disease are as follows:

- 1. Dosha prakopa
- 2. Dhatu shaithilya
- 3. Kha vaigunya

These three factors can be understood for the pathogenesis of *Vyanabala Vaishamya* with the following concepts such as:

Agantuja Hetu: Yuddha, Patana (trauma), Abhichara and Abhishanga (such as Kama, Krodha, Chinta, shoka, Bhaya etc.) and Aghata. All these factors lead to vitiation of Vata dosha, particularly Pranavata being seated in Murdha (brain) from where it executes its

functions and has direct relationship with *Manovikara*. *Prakopa* of *Pranavata* leads to the further vitiation of *Vyanavata* that ultimately leads to increased *Gati* of *Hridaya* and hence it result in rise of blood pressure. Similarly vitiation of *Apana Vata* by its *Pratilomagati* leads to *Sanga* of *Mala* that will ultimately cause *Mutravaha srotodusti* and that is the major cause in the pathogenesis of hypertension.

Nija Hetu: Mithya ahara and Vihara and other Tridosha prakopaka nidana cause the vitiation of Tridosha (Vata, Pitta and Kapha), especially Vata vruddhi in their respective habitats. This vitiated Vata hampers the normal functions of Agni resulting in Agnivaishamya, leads to production of Ama which subsequently causes the Rasagnimandhya. Continuous indulgence in etiological factors leads to disease of Rasa Raktavaha srotas, which leads to Khavaigunya subsequently Doshadushya Sammurcchana. This Amarasa, when accumulates in Rasavahi srotas leads to excess in functions of Vyanavayu, as Vyanavayu has to work against Avarodha produced by Ama. So, it can be understood that Vatadosha prakopa is mainly due to Sangatmaka vikrti of Rasavaha srotas.

Manasika Hetu: Chinta and Shoka indirectly lead to vitiation of *tridosha* mainly *Pitta* and *Vata*, which may affect the *Hridaya* and the influence the blood pressure.

Samprapti Ghataka

Dosha Vata (Vyana vayu) pradhana

Tridosha

Dushya Rasa and rakta

Srotas Rasa. Rakta and Manovaha

Sroto dusti Sanga, Vimarga gamana

Udbhava sthana Amashaya samuthana

Agni Jataragni vaishamya

Adhisthana Sarva srotas Sanchara sthana Dhamani Swarupa Chirakari Prabhava Kastasadhya

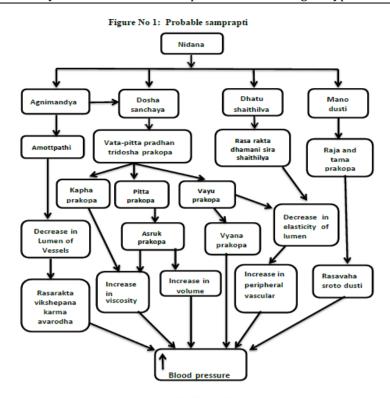


Figure 1: Probable Samprapti

DISCUSSION

Hypertension is correlated with *Vyanabala vaishamya*. The disease *Vyanabala vaishamya* seems to be produced from the vitiation of *Vyana vata*, one among the five types of *Vata*. *Vata* is a unique *Dosha*, differ from other two *Doshas* in many ways, *Pitta* and *Kapha* cannot be movable on its own and *Vata* is responsible for their movement and regulates their functions. In the pathological state also it has double way of vitiation due to *Dhatu kshaya* and due to *Margavarana*.

Vyana vata is responsible for circulation of Rasa rakta dhatu. Alteration in the circulation either due to obstruction of the channels or due to the increase of Vyana vata which produces increased force on the wall of the channels during the movement of Rasa raktadhatu and further leads to hypertension.

The circulation of *Rasa rakta* in body is the primary responsibility of *Vyana vata*, but heart being the site of *Sadhaka pitta* and *Avalambaka kapha*, the two *Doshas* also play significant role in the maintenance of blood pressure. The important factors for maintenance of cardiac output are heart rate, contractibility and blood volume. The heart rate and contractibility depend on the internal auto regulation of *Vyana vata*, *Sadhaka pitta* and *Avalambaka kapha* with the help of *Ojas*.

So understanding the etiology and pathology of hypertension knowledge of *Tridoshaja, Rasa, Rakta dhatu, Raktabhisarana, Hridaya, Dhamani, Rasa – Rakta vaha srotas, Ojas, Manas* are important.

As we know hypertension is multi factorial diseases, some other *Nidanas* also found in this present study like family history of hypertension, excessive *Katu amla lavana rasa pradhana ahara* etc.

Considering the *Nidana* for *Vyanabala* vaishamya all *Dhatukshaya janya* and *Margavaroda janya nidanas* are considered for better understanding the pathology of *Vyanabala vaishamya*.

Alteration in the circulation of *Rasa rakta dhatu* may occur due to

- 1. The obstruction of the channels either by the constriction or by the increased hardness of the blood vessels or due to loss of elasticity of the blood vessels
- 2. Aggravation of *Vyana vata* which increases *Rukshata* and *Kathinata* in vessel wall producing *sankocha* of the blood vessels.
- 3. Sometimes *Upachaya* inside the blood vessels reduces the inter passage of channels and causes *Sankochana* of passage.

So Nidanas for Vyanabala vaishamya considered as Nija and Agantuja hetus for vitiation of Vata dosha. Acharya Sushrutha described that Medoroga leads to Vatavikaras, excessive Madhyapana leads to Ojo kshaya further it affects Hridaya, Mana, Indriya etc may affect Dosha, Dathu and Srotomula of Rasavahi srotas leading to Hypertension.

Atilavana ahara leads to Rakta dushti, Dosha sanchaya and increases Sharirika kleda. Ati dhumapana causes Bhrama, Indriya vikruti and Vata prakopa causes obstruction of vessels leading to increased peripheral resistance commonly associated with hypertension.

Explaining the *Samprapti* of *Vyanabala Vaishamya* by different way;

- 1. *Dhatukshayajanya nidanas* of *Vata dosha* causes *Rukshata* and *Kathinata* in the walls of blood vessel, producing *Sankocha* of blood vessels and further leads to hypertension.
- 2. The *Nidanas* also hampered the *Prakruta gati* of *Vata dosha* which is required for proper circulation of *Rasa rakta dhatu* which in turn causes hypertension.
- 3. *Margavarodha janya nidanas* of *Vata dosha* reduces the internal passage of channels and causes *Sankocha* of passage which further leads to hypertension.
- 4. *Agantuja karanas* like *Krodha, Chinta* leads to vitiation of *Vyana vayu* which ultimately leads to increased *Gati* of *Hridaya*. Hence it results in rise of blood pressure.

There is no specific *Lakshanas* mentioned for *Vyanabala Vaishamya*, even though some important symptoms are being mentioned like headache, giddiness, palpitation etc.

Headache: Acharya Sushrutha has stated "Vata drute nasty ruja" that means any type of Shoola cannot occur without the vitiation of Vata. Charaka Samhita has included Shirashoola in 80 types of Nanatmaja vatavyadhi.

Further, in *Charaka Samhita* while explaining *Samanya samprapti* of *Shiro roga* mentions that *Prakupita vatadi dosha* causes *Dushti* of *Rakta* and then by localizing in *Shira* produce *Shiroroga* which includes *Shirashoola* also. In this way in *Shirashoola*, *Vata dushti* may be considered as a prime factor.

Giddiness/Bhrama: It may be symptom of hypertension. *Bhrama* is one of 80 types of *Nantmaja* diseases of *Vata*. *Vata* with excessive *Rajo guna* causes *Bhrama*. *Nidanas* like *Katu rasa pradhana ahara*, *Alpanidra*, *Chinta* are responsible for *Bhrama*.

Hriddrava/Palpitation: In Charaka Samhita it is included Hrid dravata due to Rasakshaya. Any Dhatu kshaya leads to Vata prakopa. Nidanas like Katu, Lavana, Rasapradhana ahara, Alpanidra, Chinta leads to Rasa kshaya, Ojokshaya which in turn causes vitiation of Vata dosha and further Hridravata.

Perspiration: Ati sweda lakshanas are observed mainly in Medoroga. When Upastambhita nidanas of Vatadosha are responsible for vitiation of Vata then may Atisweda lakshana can observe.

Klama/fatigue: The *Vata prakopa nidanas* leads to *Dhatu kshaya* and mainly *Rasa kshaya* causes *Klama*.

Blurring of vision/*Tamo darshana*: Feeling of black spots in front of eyes is called *Tamodarshana*. *Charaka*

Samhita has described Tamodarshana in Rakta pradoshaja vikaras; hence it appears due to Srotorodha in Raktavahini sira.

CONCLUSION

Thus, the present literary reveal that there is no direct description of hypertension in Ayurveda. But on the basis of theoretical ground Ayurveda have been tried to correlate the hypertension with *Raktagata vata*, *Pittavruta vata*, *Siragatvata*, *Dhamani pratichaya*, *Vvanabala vaishamva* etc.

REFERENCES

- Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition 2011 Pp. 738, Page No 108
- Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition 2011 Pp. 738, Page No 516
- 3. Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 358
- Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 358
- 5. Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 67
- 6. Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 358
- Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 716
- 8. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 250
- 9. Bhela Acharya, Bhela samhita, edited by Girijadayalu Suklah, Chaukhambha Bharati Academy, 2006, Pp 284, Page No 36

- 10. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 185
- 11. Agnivesha, Charaka Samhita by Agnivesha, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 183
- 12. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 310
- 13. Bhela Acharya, Bhela samhita, edited by Girijadayalu Sukla, Chaukhambha Bharati Academy, 1999, Pp 285, Page No 36
- 14. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 185
- 15. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 310
- 16. Sushrutha, Sushrutha samhita, Sri Dalhan<mark>ach</mark>arya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp, 824 Page No 357
- 17. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 514
- 18. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 185
- 19. Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824 Page No 59
- 20. Acharya Sharanghadhara, Sharanghadhara samhita, Jeevan Prada Hindi commentary by Dr Smt Shailaja Srivastava, Chaukambha Orientalia, 2nd edition, 1998, Pp 578, Page No 52
- 21. Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by

- Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 59
- 22. Sushrutha, Sushrutha samhita, Nibhanda Samgraha of Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 64
- 23. Sri Bhava Misra, Bhavaprakasha, Vidyotini Hindi commentary Vol 1, edited by Sri Brahma Sankara Misra And Sri Rupalal Ji Vaisya, Chaukhambha Sanskrit Sansthan, 10th edition, 2002, Pp 959, Page No 44.
- 24. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 124
- 25. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 616
- 26. Vagbhata, Astanga Hridayam, with commentaries of Arunadatta and Hemadri, edited by Bhishagacharya Harishastri Paradakara vaidya, Chaukhamba publications, 9th edition, 2010, Pp 956, Page No 193
- 27. Vagbhata, Astanga Hridayam, with commentaries of Arunadatta and Hemadri, edited by Bhishagacharya Harishastri Paradakara vaidya, Chaukhamba publications, 9th edition, 2010, Pp 956, Page No 193
- 28. Sushrutha, Sushrutha samhita, Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 260
- 29. Sushrutha, Sushrutha samhita, Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824, Page No 101
- 30. Vagbhata, Astanga Hridayam, with commentaries of Arunadatta and Hemadri, edited by Bhishagacharya Harishastri Paradakara vaidya, Chaukhamba publications, 9th edition, 2010, Pp 956, Page No 194
- 31. Vagbhata, Astanga Hridayam, with commentaries of Arunadatta and Hemadri, edited by Bhishagacharya Harishastri Paradakara vaidya, Chaukhamba publications, 9th edition, 2010, Pp 956, Page No 194
- 32. Sushrutha, Sushrutha samhita, Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji

- Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824 Page No 71
- 33. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 184-185
- 34. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 185
- 35. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 222
- 36. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 115
- 37. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp 738, Page No 617
- 38. Vagbhata, Astanga Hridayam, with commentaries of Arunadatta and Hemadri, edited by Bhishagacharya Harishastri Paradakara Vaidya, Chaukhamba publications, 9th edition, 2010, Pp.956, Page No.531
- 39. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of

- Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 617
- 40. Sushrutha, Sushrutha samhita, Sri Dalhanacharya and Nyayachandika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 7th edition, 2008, Pp 824 Page No 261
- 41. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 619
- 42. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 619
- 43. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 626
- 44. Agnivesha, Charaka Samhita, revised by Charaka and Dridhabala with Dipika commentary of Chakrapanidatta, edited by Vaidya Jadavaji Trikamaji Acharya, Chaukhamba publications, 5th edition, 2011, Pp. 738, Page No 625
- 45. Prof. G.S Lavekar et.,al, Clinical study of certain Ayurvedic formulations in the management of vyanabala vaishamya (essential hypertension), published by, Central council for researches in Ayurveda and siddha, 2009, Pp 144, Page No 13-33

Cite this article as:

Lolashri S J, Bidhan Roy. A Review on the Conceptual Understanding of Hypertension in Ayurveda. International Journal of Ayurveda and Pharma Research. 2023;11(5):38-46.

https://doi.org/10.47070/ijapr.v11i5.2774

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence Dr. Lolashri S J

Associate Professor, Department of PhD & P G Studies in Panchakarma,

Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru, Karnataka, India.

Email: sjlolashri@gmail.com

Phone: 9738671971

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.