

Essential Hypertension - An Ayurvedic View

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ABSTRACT

India is labelled as global capital of hypertension. Hypertension being a chronic illness constitutes an important public health challenge because of its prevalence and concomitant increase in the risk of cardiovascular diseases. *Ayurvedic* texts provide no straight reference about essential hypertension, but disease can be explained on base of *Ayurvedic* principles. Hypertension is result of *Raktadushti* with *Tridosha* involvement in which *vata* and *pittadoshas* are prominent. Here sincere effort is made to establish etiopathogenesis of Essential Hypertension in terms of *Ayurveda*.

Keywords- Essential Hypertension, *Raktadushti*, *Vata*, *Pitta*, *Ayurveda*.

INTRODUCTION

21th century described as the age of anxiety and stress. People don't have time to think about themselves, so they are becoming less concerned regarding health and are taking more stress and strain. Therefore, these irregularities regarding health and mental stress leads to many physical and mental disorders, out of these hypertension is one of the alarming diseases. India is labelled as global capital of hypertension. Hypertension being a chronic illness constitutes an important public health challenge because of its prevalence and concomitant increase in the risk of cardiovascular diseases.

Hypertension is said to be essential when there is no obvious precipitating cause. It is an instrumental disease and came

into existence by the invention of sphygmomanometer in 1896 by Italian scientist Riva Rocci. After the moment the role of blood pressure has been studied in etiopathogenesis. Unfortunately there is no clinical or laboratory tests which can provide a quick positive diagnosis of essential hypertension and exclude other secondary types of hypertension but, essential hypertension is a clinical entity in itself, although its pathogenesis is unknown.

Ayurveda, the science of life is an amicable dictum of life principles, which benefits health, happiness and harmony to the humanity. The aim of *Ayurveda* is "to maintain the health in the healthy person and to alleviate the disorders in the diseased" As there is no specific nomenclature available in relation to Hypertension from classical textbooks, we have to see the corresponding disease state from various *Ayurveda* textbooks. *Caraka* has very clearly expressed all the disease and disorders or states of illness, may not be known with specific nomenclature, but grouped under particular modalities of classification. There is no definitive and permanent name that can be attributed to a particular condition as it is expected to change with time to time according to its presentation. [1] Thus by understanding the *dosha* state, site of appearance and its signs and symptoms, here is the conceptual study to understand etiopathogenesis of essential hypertension in terms of *Ayurveda* principle of *vikalpa* i.e. combinations and permutations of *doshas*.

Aims and Objectives

To find out etiopathogenesis of essential hypertension in terms of *Ayurveda*.

MATERIALS AND METHODS

To study signs and symptoms of hypertension resembling with *Ayurvedic* concept classical books of *Ayurveda*, modern literature, available research updates and scientific information available on internet etc. were searched and analysed.

Regulation of Blood pressure in *Ayurveda*

Raktadhatu is *drava* (liquid) *dhatu*. Therefore, it has natural property of flowing. To maintain the circulation up to the end tissue, additional force (*nodana*, *abhighata*, *dhamana*, *sarana*) is required along with its natural property of flowing, which is provided by contractions & relaxations of the heart, the pulsations in the arteries. This particular pressure, exerted by circulation is known as blood pressure.

In *Ayurveda*, three humours – *Vata dosha*, *Pitta dosha* and *Kapha dosha*; seven *Dhatus* (*Rasa dhatu*, *Rakta dhatu* etc.), *Malas* (*Mutra*, *Purisha* etc.) 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 *Srotasa* by which it travels, *Hridaya*, *Oja* and functions of *Mana* are necessary.

Circulatory system means *Rasa-Rakta Samvahana* is multidirectional and its kinetics varies by the area of the body and according to the need of *Saptadhatu*. *Acharya Sushruta* has tried to elaborate the theory of circulation on the basis of direction, thus *Rasadhatu*, the resultant of digestion and very micro in nature circulates all over the body in three directions. Circulation takes place from *Hridaya* in 3 directional ways which are *Shabda* (*Tiryagamitva*), *Archi* (*Urdhwagamitva*), *Jala* (*Adhogamitva*) *santanavat* [2] which are mainly related to intensity of kinetic force (cardiac output) These *gati* (directional ways) are concerned with *Vatadosha*. If any how there is alteration in direction and kinetic force of *Vatadosha*

then it may lead to high or low blood pressure. These conditions may be altered by obstruction of their natural directions and kinetics leading to hypertension.

Hridaya: Foetal heart made up by *sara* of *Kapha* and *Ashrika* (*Rakta*). Muscles of the heart nourished by the *sara* of *Rakta*, *Kapha* resembles properties like *Oja*, retains the *bala* of Heart which is utilized for *Rasa-Raktasamvahana*. *Hridaya* is considered as “*Chetana Sthana*.” [3] *Mula* of *rasavaha srotasa* is *Hridaya* and *Dasha dhamani*. [4] *Acharya Sushruta* has accepted *Hridaya* and *dhamani* as *Mula sthana* for *Pranavaha* and *Rasavaha Srotasaboth*. *Acharya Sushruta* has also accepted *Raktavahi dhamani* as *Mula Sthana* for *Raktavaha* and *Manovaha Srotasa* both. When the pathology arises in the *Rasadhatu* or *Hridaya*, it directly affects *Rasa-vikshepana kriya* (circulation of *Rasa-Rakta dhatus*) at the level of entire body, resulting in change of blood pressure. Moreover, in *Ayurveda* texts, *Atichinta* has been mentioned as direct cause of *Rasavaha Srotodushti*. [5] *Chintya* is the *vishaya* of *Mana*. *Atichinta* may be called as vitiated state of mind. As *Hridaya* is a root of *Rasavaha Srotasa* and *Mana*. The above causes affect *Hridaya* also and hamper its *Rasa-samvahana* function. Preserve *Oja* and maintain heart and the vessel attached to it in good condition by avoidance of such of the factors as may lead to unhappiness (worries). Stable condition *mana* plays an important role in the regulation of blood pressure. *dhamanis* because they pulsate, as *srotamsi* because they permit oozing and *siras* because they maintain a continuous flow of blood (*Rasa - Rakta*). [6] The *dhamanis* are stated to have their origin in the heart and end in the *srotamsi* (capillaries) which in turn unite to form *siras* (veins). Thus, *Hridaya*, *Dhamanis*, *Srotamsi* and *Siras* constitute a single circulatory unit, which regulate the proper flow of blood and nutritional supply to the body. *Spandana* of *Hridaya* is controlled by *mastishkagata Pranavayu* and *Avalambakakapha*.

Oja: *Hridaya* is the main seat of *Oja*, from where ten vessels arise which carry *Oja* and pulsate all over body. [7] As described earlier, *Oja* remains as *bala* of *Hridaya* to utilize for *Rasa raktasamhanana*. In the pathogenesis of high blood pressure, heart is the main affected organ. So, on the basis of *Ashraya-ashrayi bhava*, *Oja* gets affected in high blood pressure. Moreover, symptoms of *Oja Kshaya* and *Vyapada* described in Ayurvedic texts like *Shrama*, *Moha*, *Murchha* etc. are also found in high blood pressure.

Vyana vayu: Situated in *Hridaya* performs the function like *Gati* (movements), *Prasarna* (extension), *Akunchana* (flexion), *Unmesha-Nimesha* (blinking) [8] Circulation of heart caused by contraction of musculature of organ due to stimulation of *Vyanavata*. Affecting outflow of blood depends not only on effective ejecting capacity of heart but also calibre of blood vessels.

Prana Vayu: There are 2 location of *Pranavata*- *Shirahsthita Pranavata*- in head. *Vagbhata* states that *Pranavata* maintains the actions of *Hridaya* (heart), *Manas*, *Buddhi*, *Indriya* (sensory organ) and supports the *Dhamanis* (probably the vasomotor functions i.e., circulatory system) *Pranavalambanam*, *Buddhi*, *Indriya*, *Hridaya*, *Manas* etc. [9]

Urahsthita Pranavata: Situated in chest. *Shirahsthita pranavata* may regularly move down into the chest through neck to join *Urahsthitapranavata* that goes to oronasal region ears and eyes through throat. It carries out sneezing, belching etc. It is clearly stated that *Pranavata is controlling Hridaya and Dhamanis (Hridaya dharana and Dhamani dharana)*. *Hridaya is located in Urah and Dhamani spread throughout body*. Since *Hridaya* has to conduct *Vikshepa karma* for blood to carry throughout the body. The condition of *Dhamanis* particularly relevant and associated with function of *Hridaya*.

Dhamani dharana kendras is also located in the area of *Pranavata* and is an important

center in that area. Its effect on *Dhamani* is of two types: 1) *Sankochana* (contraction) 2) *Vikasana* (dilatation) -These two functions are possible only due to the presence of *mamsa*

Peshisin dhamanis. The contraction of these peshis causes the decrease in the caliber of the vessels (vaso - constriction) and the relaxation causes the dilatation. The main function of *Rakta* is *jeevana kriya* to all the tissues of the body. Therefore *Rakta* is kept in circulation by the *spandana* of the *Hridaya*. The decrease in the caliber of the *dhamanis* produces a decrease in the supply of the "prana" *vayu* and therefore the *Hridaya* is stimulated for increased and forceful *spandana*, thereby increasing the *Raktabhara*. The decrease in the caliber of *Dhamanis* also causes increased peripheral resistance. Thus the *dhamani dharana kendra* can either increase or decrease of the activity of *Hridaya*.

Udana vayu: Situated in *Urasthana* perform functions like *Prayatna* (volition/will) - *utsah*- *Hemadri* (Efforts), *Urja* (Energy), *Bala* (Strength), *Varna* (Complexion), *Poshana* [10]

All these *Karmas* are performed in whole body. All the organs, directly or indirectly do their function (Efforts) with the help of Energy and Strength provided by *Udanavayu*. Heart beats approximately one lakh times per day, continuous without taking rest, for this effort heart needs extra strength and energy which is provided by *Udanavayu*.

Samana vayu: Situated in *Sweda*, *Dosha* and *Ambuvahi Srotasa* responsible for transportation of *Rasa* in to the heart. According to *Acharya Sharangadhara* after the digestion process *Samanavayu* helps in the transportation of *Rasadhatu* in to the heart and from heart it circulates in the whole body. [11]

Apana vayu: Situated in *Pakvadhana*, *Guda*, *Vrishana*, *Basti*, *Medhra*, *Nabhi*, *Uru*, *Vankshana* and *Shroni* Performs expulsion of *Mutra*, *Purisha*, *Shukra*, *Garbha*, *Artava*

Normal functions of all *doshas* including all *Vayus* depend upon the normal direction of *Apana vayu*. *Acharya Caraka* has quoted that if there is obstruction in the path of *Apana vayu* i.e. in *Gudasthana* then the reverse direction of *Apana vayu* vitiates *Samana vayu*, *Vyana vayu*, *Prana vayu*, *Udana Vayu* and *Pitta-Shleshma*. Thus it can be said that all the normal functions of body are dependent upon the normalcy of *Apana vayu*. Thus indirectly the circulatory functions remain under the control of *Apana vayu*. *Mutra* and *Purisha* have been considered as *Mala*, which are able to produce diseases if not excreted at their regular intervals. [12] It is clear that there is some effect of excretion of *mutra* on regulation of the body fluid. Vitiating of *Apanavayu* hampers the excretion of the *mutra*, so the body fluid level becomes imbalance, which may affect the maintenance of normal blood pressure. Similarly in modern science, Na^+ , K^+ , urea, uric acid like waste substances are constituents of the urine, which have to be excreted at regular intervals. Retention of these substances cause toxic effects on the body and also alters the fluid balance.

Sadhaka pitta: Situated in *Hridaya* responsible for *Buddhi*, *Medha*, *Utsaha*, *Abhiman*, *Shaurya*, *Bhaya*, *Krodha*, *Harsha*, *Moha*. [13] *Sadhaka pitta* helps to keep away *raja* and *tama*, which hampers *Chetana* to do its normal functions and makes *mana* free from such *Avarana* of *raja* and *tama*. So, *mana* becomes more efficient, in turn, enhances *Buddhi*, *Medha*, *Abhimana* etc. eventually helps "Atma" to achieve its goal. Psychological disturbances hamper the normal function of *Sadhaka pitta* affect the heart rate and cardiac output, which is result high blood pressure.

Avalambaka kapha: Located in *Uraha pradesha* (with *Hridaya*) The contribution of *Avalambaka kapha* is to make *Avalambana* of *Hridaya* with *Ahararasa* and *rasadhatu* together with its own potency. [14] The normal rhythmicity, conductivity, excitability, contractility, tone and refractory period of cardiac muscles can

be correlated with *Avalambana karma* of *Hridaya*. Thus, it keeps heart in a healthy state and enhances its Working capacity of continuous pumping action. Therefore, it can be said that *Avalambaka kapha* has some role on regulation of blood pressure.

NIDANA

As the signs and symptoms of the EHT can be inferred under many *Vyadhi avasthas* e.g. *Rasa-Raktapradoshaja vikaras* and *Vata-Pitta pradhana tridoshaja vikara* then it becomes a light job by taking the etiological factors quoted under the same headings.

Raktapradoshaja nidana- Unwholesome, hot and sharp wine excessive food, *Kulattha*, *Masha*, *Nishpava* and *Til oil*. *Pindalu*, *Mulaka* and all green vegetables. Meat of aquatic, marshy, *Prasaha* and the animals living in holes, Curd, sour whey (*Mastu*), vinegar, *Sura* and *Sauviraka*. Rotten, putrefied food and which has mutually contradictory qualities (*Viruddha*). Sleeping during day time after taking liquid, unctuous and heavy food, excessive anger, excessive exposure to the sun and fire. Suppression of the urges, avoidance of bloodletting (in *Sharada*). [15]

Excessive intake of salt-Vagbhata has described that *atilavana* intake leads to increase in *Abhishandi*, *sukshma*, *Ushna* and *Vyavayi gunas* in body which results in *pitta* and *shonita* vitiating along with increase in quantity of *Rakta*. [16] *Lavana Rasa* formed with *jala* and *agni mahabhoota* and one of function described as *kledana* which can be compared with retention of sodium ions in tissue and increased quantity of *Rakta*. Salts more than 10gm /day leads to renal retention of salt and water which in turns increase the quantity of plasma and extra vascular fluid volume which keeps the circulatory volume higher than it should be excreting excess fluid pressure on walls of blood vessels walls. Walls react to this stress by thickening and narrowing, leaving less space for fluid raising resistance and requiring higher pressure to move blood to the organs. Heart has to pump against high

pressure system that leads to high blood pressure.

Excessive alcohol intake- *Usana, tikshna, sukshma, vishada, ruksha, ashukari, vyavayi, vikasi* are ten qualities of *madya* which are exactly opposite to the qualities of *Oja*.^[17] *Ushana, tikshna* gunaprovoke *pitta dosha* and *shonita dushti*. *Laghu guna* of *madhya* aggravate *vata dosha*. Ultimately *Oja kshaya* occur and *Hridaya* gets involved being the seat of *Oja*. *Hridayashrita Vyanavayu, Sadhaka pitta, Avalambaka kapha* are also get affected. *Avalambak kapha* weakens the function of *upachaya* of *Hridaya mamsapeshi*, resulting weak pumping action of heart which results in increase end diastolic volume. Also vitiates the *vyana vayu* w.r.t. *vridhhi* resulting aggravated contractility of heart to compensate the extra volume which ultimately leads into increased arterial blood pressure.

Ati snigdhahojana (fatty food)- In etiopathogenesis of *Shonita dusti*, excessive intake of *snigdha, guruahara* with day sleep is explained. *Ati Snigdha, GuruAharacauses Jatharagni Vaigunya* and *Medodhatvagni-mandhya* leads to production of *Ama (apakva rasadhatu)* and *Apakva Medovridhhi*. This *Apakva meda* and *rasa* when deposits in *Rasavaha Srotas* may leads to *Dhamani Pratichaya* (Atherosclerosis), which may be a responsible factor of High Blood pressure.

Vega-Vidharana: In *Ayurveda*, suppression of natural urges has unique importance in the manifestation of mainly *Vata vyadhis*. As hypertension is the outcome of *Vata dosha* involvement, suppression of natural urges which aggravates *Vatadosha*. *Acharya Vagbhata* has also implied that all the diseases may manifest by the suppression of natural urges.^[18] *Hridroga* is inferred to be a complication of hypertension by modern science simultaneously. Thus here substantial theory of *Udavarta* can be taken as an aetiological factor of hypertension by taking direct and indirect implications from different places.

Beeja Dosha/Genetic considerations- *Sthaulya* and *Prameha* have been clearly mentioned as having *Beeja Dosha* as etiological factor by *Acharya Charaka*.^[15] These two *Santarpanottha Vyadhis* are very much prone to hypertension. In *Raktapradosha Vikaras Viruddha Ahara* is one of the etiological factors having individual etiological measure in the manifestation of *Santana Dosha*^[19] and it also can coincide with genetic predisposition (*Beeja Dosha*).

Manovighata (Stress): There is a clear relation between emotional stress and temporary rise in blood pressure. The mechanism by which mind affects arterial pressure could be either by a central influence on sympathetic efferent neurons which ultimately leads to increased arterial blood pressure.^[20]

In *Ayurveda atichinta, shoka, bhaya* are said to be causative factors of *shonita dusti*. These *Manasika Bhavas* vitiates *Manas* via *Raja* and *Tama*. As a result, *prana vayu* gets *prakopa* and vitiates *hridaya* which is the seat of *manas*, resulting into *Hrid-drava*, an increased cardiac output ultimately manifesting in increased blood pressure.

Age- *Acharya Sushruta* has mentioned that the nutrient materials cannot nourish the body which has under gone changes due to age.^[21] Old age is *Vatadosha pradhana vaya*. Physiological aggravation of *Vata* with its *Ruksha, Khara, Daruna, Sheeta Gunas* may cause *Sankocha* and *Kathinya* of the vessels. Poor nourishment of *dhamanis* results in reduction of the lumen of the arteries that raise the blood pressure.

SAMPRAPTI – GHATAKA

Doshas - Vata (All five types; mainly *Vyana Vayu*) **Pitta** (*Sadhaka & Pachaka*) **Kapha** (*Avalambaka*)

Dushya - Rasa, Rakta, Meda

Agni - Jatharagni, Dhatvagni

Ama - Jatharagni, Dhatvagni-Mandya-Janya

Srotasa - Rasavaha, Raktavaha, Manovaha, Medovaha

Srotodushti - Ati-pravritti, Sanga Type, Siragranthi

Udbhava Sthana - Ama-pakwashaya
Sanchara Sthana - Rasayani (dhamanis)
Adhithana - Manodaihika (Psychosomatic)
Hridaya, Sira, Dhamani, Srotas.
Rogamarga – Bahya, Madhyama (Including
Tri-Maha-Marma-Hridaya, Shira, Basti)

Samprapti

Overuse of salt and alcohol vitiate *sadhak pitta* and *shonita*. Sedentary life style vitiate *Avalambak kapha* and psychological stress vitiate *prana vayu, raja tama bhava*. *Prana vayu* has influenced on *hridaya* vitiates *hridaya* and its components like *sadhak pitta, avlambaka kapha, oja*. *Shonita* is also involved as it is located in *hridaya*. *Prakupita Avalambakakapha* induces exaggerated contractility of the heart while aggravated *Vyana vayu* leads increased *gati*, the force of ejection of blood from *Hridaya*. These events result into forceful expulsion of blood through *dhamanis*, ultimately leading into increased resistance in vessels ensuing High blood pressure. At same time because of *aharaja, viharaja* and *manasa hetu* there is *jathargnimandhya* which produce *ama (apkvaannarasa)*, as consequence of *rasa raktadi dushti* with *apkava rasa raktadivruddhi* can takes place leading to increase viscosity and fluidity of blood. This gives rise to hemodynamic changes where heart has to pump with more pressure. Obesity has been claimed for its role in manifestation of hypertension. *Siras* (which are *adhithana* of hypertension) are originated from *medodhatu*. Vitiated *medo dhatu* causes *strotasavarodha*. *Ruksha guna vridhhi* causes hardening of blood vessels and reduction in elasticity of vessels results in reduced lumen of blood vessels (*sira & dhamani*).

Purvarupa:

The premonitory symptoms appearing before the appearances of the disease are known as *Purvarupa*. On the basis of observations of the patients of Essential Hypertension, it is said to be *Vata Pitta pradhana tridoshaja vyadhi* and *Purvarupa* of the *Vata Vyadhi* is said to be *Avyakta*.^[22]

Most of the hypertensive patients are asymptomatic or present with subjective symptoms like headache, vertigo etc. Many patients are diagnosed at routine check-up or other health problem. So the premonitory symptoms of EHT are indistinct.

Rupa:

Ayurveda is the science which examines the signs and symptoms on the basis of *Panchagyanendriya pariksha*. The blood pressure measuring mainly depends upon *Darshana, Sparshana* and *Shravana pariksha*. But when patient feels unhappiness or pain in mind or body it is called as *Vedana* and it is always the indicator of *sansthana* (Symptoms) and in 50% of hypertensive patient's symptomatology (*sansthana*) is not found. But 50% patients come with specific clinical features.

Shirahshoola (Headache): *Acharya Sushruta* has stated *Shoola* cannot occur without the vitiation of *Vata*.^[23] *Acharya Charaka* has included *Shirahshoola* in 80 types of *Nanatmaja Shiroroga* mentioned that *prakupita vatadi dosha* cause *dusti of rakta dhatu*, localizing in *Shira*, produce *Shiroroga*, which includes *Shirahshoola* also. This way due to *Vata dusti, Shirahshoola* may occur.

Nidranasha (Insomnia): Vitiated *Vata* and *Pitta* and *Manasa santapa* are responsible for *Nidranasha*. *Acharya Caraka* has mentioned it under *Nanatmaja vikara* of *Vata dosha*. *Laghuguna* of *Vayu* generally causes *nidranasha*. Under the symptoms of *Vata-Pittavridhhi*, *Acharya Sushruta* has mentioned both *Nidra-alpata* and *Nidranasha*.

Bhrama (Giddiness): *Acharya Sushruta* has mentioned *Bhrama* as a result of vitiated *Raja, Pitta* and *Vata*). The *chala guna* of *Vayu* becomes dominant due to inflated *Rajadosha*, makes patient to feel him like revolving.^[24]

Tamodarshan (Black Out): *Acharya Caraka* has described *Tamodarshan* in *Rakta pradoshaja vyadhi*; hence *Tamodarshan* occurs due to *srotorodha* in *Rakta vahinis* of *Shira*.^[25]

Daurbalya (Weakness): *Daurbalya* has also been described in *Shonitaja Vyadhi*. Impairment of *dhatu* formation due to *Rasa-Rakta dusti* by vitiated *Vata dosha* also affects the formation of *Oja (Prakrita bala)*, which produces *Ati daurbalya*.

Hridayadravata (Palpitation): *Acharya Gangadharas* clearly mentioned that *Hridayadravata* means increased *gati* of *Hridaya*. Moreover, while describing the symptoms of *Rasakshaya*, *Acharya Charaka* has mentioned “*Hridayam Tamyati*”. [26] *Gangadhara* has commented on “*Tamyati*”. Here, *Vyana vayu* is aggravated with its *chala guna* resulting in *Hridayadravata*.

Krodha prachurata (Excessive anger): After the union of *Prakriti* and *Purusha*, *Mahat* entity comes in to the existence. *Mahat* means *Buddhi* (Intellect) which has the power to think, to understand and also to analyze the things. This *Mahat* considered as part taking of three fundamental attributes (*Satva*, *Raja*, and *Tama*) of latent or original nature. *Ahamkara* or egoism in its turn may be grouped under 3 subheads as *Vaikarika*, *Tajasa* (operative or *Rajasika*) and *Bhutadi* (Illusive or *Tamasika*) *Ahankara* come in to existence, it means the (thought of uniqueness of self existence) or attachment to wrong image of oneself (Ego). This *Ahankara* entity is the main cause of *Krodha*. *Vaikarika* (*satvik*) *Ahankara* is the *Karma* of *Sadhaka Pitta* and *Krodha* is form of *vikrut Sadhak pitta*. *Acharya Caraka* has emphasized *Krodha* (Anger) as *Dharaniya Vega*. At many places, *Acharya Caraka* listed *Krodha* as *Hetu* in general and also a symptom in diseased conditions, but in it is listed as *Raktapradoshaja Vikara*.

Klama: The tiredness of body and mind without doing any physical and mental exertion is called as *Klama*. *Klama* is common symptom in the maximum number of EHT patients. *Acharya Caraka* listed the symptom under *Raktapradoshaja vikaras*. *Vatadoshaprakopa* results in the vitiation of *Rasa* and *Raktadhatu*s which causes *Klama*.

CONCLUSION

In *Ayurvedic* classics, there is no direct description found regarding Essential hypertension. So the treatment should be based on the *Dosha-Dushya* involvement. *Acharya* has described *Hridaya* and process of *Rasa-Rakta vikshepana* control mainly by *Prana* and *Vyana vayu* which is very closely related to the circulatory system in modern science.

It has been screened as *Essential Hypertension* is a ‘*Vata-Pitta Pradhan Raktapradoshaja vyadhi*’, being greatly influenced by morbid state of *Mana* i.e., a psychosomatic disorder, which originated by involving different factors like *dosha*, *dushya*, *agni*, *srotasa* etc.

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