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CRITICAL UNDERSTANDING OF HYPERTENSION IN AYURVEDA

Yadav Pooja Shivshankar¹, Madhava Diggavi²

¹PG scholar, Department of PG studies in Kayachikitsa, Taranath Government Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

²Professor, Guide and HOD, Department of P.G studies in Kayachikitsa, Taranath Government Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

Corresponding Author: yadav292pooja@gmail.com

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ABSTRACT

The main objective of this review is to understand the pathophysiology of Hypertension in view of *Ayurveda*. *Vyana Vayu*, *Apana Vayu*, *Sadhaka Pitta and Rasa Dhatu* play an important role in pathogenesis of *Hypertension*. Raised BP remains the leading cause of death globally. In this article an attempt is made to explain the pathophysiology of Hypertension in the view of *Ayurveda* and its relevance in various *Ayurvedic* pathological conditions. It is not advisable to co-relate Hypertension to only *Raktagata Vyadhis*. Wide Literature Review is done to find the relation of Hypertension in pathologies other than *Raktagata Vyadhis*.

Keywords: Hypertension, Vyana Vayu, Apana Vayu, Sadhaka Pitta, Rasa Dhatu, Raktagata Vyadhis, Pathophysiology.

INTRODUCTION

High Blood pressure is the leading modifiable risk factor for Cardio-Vascular Diseases contributing to the greatest global burden of disease.^[1] Raised BP remains the leading cause of death globally accounting for 10.4 million deaths per year.^[2] Despite several initiatives the

prevalence of raised BP and adverse impact on cardiovascular morbidity and mortality are increasing globally, irrespective of income. The Eighth Joint National Committee (JNC8) recently released evidence-based recommendations on treatment thresholds, goals, and medications in the management of Hypertension in adults. The Eighth Joint National Committee (JNC8) are updated guidelines on HTN Which addresses blood pressure threshold at which drug therapy should be initiated.^[3] Unlike the JNC7 which recommend a treatment threshold of 140/90 mm hg regardless of age, JNC8 raises the systolic threshold at age 60.[4] Also, JNC7 recommended a lower treatment threshold (130/80 mm hg) for patients with diabetes or chronic kidney disease. For persons 18 years or older with chronic kidney disease (CKD) or diabetes mellitus, the treatment threshold and target blood pressures are same as those for the general population younger than 60 years (i.e., threshold systolic pressure of 140 mm Hg or threshold diastolic pressure of 90 mm Hg; target systolic pressure of less than 140 mm Hg; target diastolic pressure of less than 90 mm Hg). There is no evidence that treating patients with CKD to a lower blood pressure goal slows the progression of the disease. Similarly, there is no evidence from randomized controlled trials showing that treatment to a systolic pressure of less than 140 mm Hg improves health outcomes in adults with diabetes and Hypertension. The available anti-hypertensive regimen stands effective in most cases but fails to keep a check on Blood Pressure of many subjects, the cause of which is still unexplained. In Ayurveda most of the authors tried to explain the disease but many a times the efforts have been restricted to mere translation of the disease name.

Objective:

This study is aimed to explain Hypertension in the light of *Ayurveda* with the objective of understanding Hypertension in terms of *Vishista Samprapti, Vishishta Lakshana* and also according to the *Chikitsa* adopted by various practitioners to treat/manage Hypertension.

Material and Methods:

Blood pressure is defined as the lateral pressure exerted by the blood on the walls of the blood vessels.^[5] Many authors in Ayurveda try to co-relate this function with the function of *Rakta Dhatu* as the blood is directly translated as *Rakta* but to co-relate the blood pressure following points should be considered.

1) Foetal Circulation -

Acharya Charak in Shareera Sthana explains the concept of nourishment of foetus. He explains that Nabhi of foetus is attached with Apara and this Apara is connected with Matru Hrudaya. Matru Hrudaya nourishes the foetus through Syandamana Siras word Syandamaan is defined as Sanspandamaan which means Flowing or Quickly Moving^[6]. In the above context the anatomical parts are same as it is found in a gravida. But placenta and umbilical cord supply blood to the foetus, which on a lighter aspect is compared with Rakta. But Acharya Charaka use the term Rasa and says Tasya Raso Balavarnakarah Sampadyate.[7] This shows the blood which is circulated in the foetus is Rasa and not the Rakta. Acharva Sushruta also coins the term Rasavaha Naadi for Garbha Nabhi Nadi [8]. Acharya Sushruta considers Rakta as Chaturtha Dosha still he doesn't use the word Rakta for Garbha Nabhinadi.

2. Rasa Utpatti:

Acharva Sushruta explains Rasotpatti in Shonitvarneeya Adhyaya the Param Sukshma Saara of the *Ahara* is called *Rasa* and it's *Sthan* is *Hridaya*.^[9] This Rasa is circulated through the 24 Dhamanis and does the Tarpana Vardhana Dharana and Yapan Karmas. Acharya Dalahan in commentary says this Rasa is Anusaransheela (continuously moving). Again, to assess the Gati of Rasa Acharya Sushruta says to use Anumana Pramana and observe Kshaya, Vriddhi and Vikruti. Dalhana comments, Rasa Kshaya causes Hrutpeeda Hrutkamp and Rasa Vruddhi causes Hridayotkleda. [10] Such statements are not found in the context of Rakta though. Acharya Chakrapani quoted phenomenon by commenting on terms "Parivruttistu Chakravat" and explain it as continuous production /Nirantar Utpatti.[11] By other contexts it is considered as wheel like movement or continuous circulation. This again shows that Rasa is continuously formed and circulated.

3.Functions of *Vyana Vayu*: In *Grahani Chikitsa Adhyaya* the Process of circulation of *Rasa Dhatu* is told to be done by *Vyana Vayu*. *Vyana Vayu* does the circulation of *Rasa* all over the body at once (*Yugpadityeka Kalam*) without stopping (*Ajasramiti*

Avishrantam Vikshipyate).^[12] Acharya Sushruta in Nidana Sthana quotes the function of Vyana Vayu as Rasa Samvahana and Sveda-Asruka Shrava.^[13]

4. Functions of Sadhak Pitta

Sadhaka Pitta Sthana is Hrudaya and its functions are told Dhairya, Shaurya, Bhaya, Krodha, Harsha etc. These functions can be co-related with the functions of adrenaline. [14] Adrenaline is not produced in heart but it's action on heart and transport to other organs by heart or circulation can establish its seat on heart. Here Sthana can be considered as a point/station where Chakravat Paribhrama takes place. Also, Sadhaka Pitta removes The Kapha Aavarana from Hrudaya so it can also be co-related with the pacifying action of adrenaline on acetyl choline. [15]

5.Prana-Apana Sambandha

Vayu is the main factor for the movements in the body. Shreedharacharya while commenting on Bhagvadgeeta tells Prana - Apana Vayu is Nasantara Sanchari. [16] According to Chhandagyopanishada 1-3-3, Apana Vayu does the function of Inspiration by taking the environmental air in as it is Adhogami Vayu whereas Prana Vayu does the function of expiration as it is Urdhwagami Vayu. Due to rarity of this book the reference is given below

Yadve Purushah Praaniti Mukhanasikabhyam Vayum Bahirnissarayati Sa Pranakhyo Vayovrutti Visheshah, Yada Apaaniti Apashwasiti Tabyamevantarakarshati Vayum So Apano Apanakhya Vruttihi

Acharya Sushruta says, Naabhi Sthita Pranasanjak Dushita Vayu first goes to heart and for getting oxygenated exists out through 2 Apasthambha Nadis. Acharya Sushruta quotes that body's Abhyantaravprana with the qualities of Bahya Prana does the Dharan of Panchabhoutika Shareera. [17]

6) Rasa - Rakta Chakravat Bhramana

Shuddha Rasavaha (Here Rasa can be co-related with Rasa and Rakta both) Siras originate from the heart and circulates this Poshaka Rasa to all over the body [18]. Acharya Sharangadhara says Shuddha Vayu assists the Shiras and Dhamanis to provide nourishment to all Dhatus. [19] By above mentioned references it can be said that Hypertension should not be considered as only Raktagata Vyadhi just because in alternative science it

is related with blood. With the above-mentioned references, we can assess that Ayurvedic Classics consider the fluid flowing through the Siras and Dhamanis as Rasa. Many commentators consider this Rasa as both Rasa and Rakta and some others say that it is Drava Bhaga of all the Dhatus. [20], In Teeka of Madhavanidhana Atankadarpana Pramehanidhan Prakarana. he uses the term Raktarasa for Tejobhuta Param Sukshma Sara. [21] On this note we can consider that in Hypertension this Raktarasa is affected & also the blood corpuscles perform the functions of transport of oxygen, coagulation and immune response thus the corpuscles do not take direct part in the manifestation of disease Hypertension. Even in modern science the explanation of pathogenesis of HTN is not clear as the widely occurring essential HTN doesn't have any specific cause. Thus, it is not ideal to explain a disease in terms of an entity which itself is unexplained.

DISCUSSION

Through this paper the most relatable comparison of Hypertension will be a Vatapradhana Pittanubandhi Rasa Dhatugata Vyadhi. Through above explanation Pranavayu, Vyanavayu And Apanavayu are involved in the pathogenesis of HTN. There will be Gati Aadhikya or Vimarga Gati of these Vayu's. Sadhaka Pitta will be the main Pitta involved in this disease as it is told as Hrudayagata Kapha Avaranahara. Also, HTN is a metabolic disorder so it is more logical to compare it with Rasa Dhatu Dushtijanya Vyadhi. Main symptoms found in Hypertension are Shirashoola, Hrudshoola, Hrudrava, Padashotha, Krodhaprachurarta, Shirobhrama, Moha, Murcha, Atisweda, Pippasa etc. These Lakshanas cannot be seen in any particular disease. But some of the signs of this Vyadhisankara are found in various conditions which are enumerated here. [22], The Lakshanas Chhardvadin (Acharva Dalhana comments that with Aadi Shabda, Ruja of Parshwa & Udara, Hrudstambha, Hrudaytoda Or Urdhava Raktapitta) Moha, Murchcha, Pipasa, Hrudgraha And Parshwavedana are found in Amashayagata Vata. In Charaka Samhita also Hrudaya-Nabhi-Parshwa-Udara Ruja, Trushna,

Udgar, Visuchika, Kasa, KanthaShosha, Shwasa are mentioned as Lakshanas of Amashayagata Vata. The Lakshanas Hrudroga, Gulma Parshwa Shoola are found in Kosthagata Vata. The Lakshanas Murchchha Pipasa Bhrama Tama Shoola are found in Pittavrut Vayu. The lakshana Asvastha Hrudaya is found in Malavruta Vayu. The Lakshana Smrutikshaya is found in Pranavrut Vyana. Atisweda, Romanch are found in Vyanavruta Prana. The Lakshanas Grahani, Parshwa Hrudaya Aamashaya Shoola, Hrudgada are found in Samanavruta Apana. The Lakshanas Shirograha, Hrudroga, Nischwas. Uchchwas Sangraha, Mukhshotha are found in Pranavruta Udana. The Lakshanas Ojo-Varna-Bala Nasha/ Mrutyu are found in Udanavrut Prana. The Lakshanas Chhardi Shwasa are found in Udanavrut Apana. Moha is found in Apanavrut Udan. The Lakshanas Chhardi, Adhman, Udavarta & Gulma are found in Vyanavrut Apana. Other than Gata Vata and Avaranas; in Nanatmaj Rogas to the signs and symptoms of Hypertension can be found. [23] Vataja Nanatmaja Roga includes Udavarta, Hrunmoh, Vakshuddharsha, Prushtha Graha, Hruddrava, Vakshatoda, Vaksha Uparodha, Shankhabheda Lalatabheda, Shiroruk, Bhrama, Tama, Vepathu, Hikka, Jrumbha, Glani. On the other hand, very few but important Lakshanas of Hypertension are mentioned in Pittaja and Kaphaja Nanatmaja Rogas like Atisweda & Tamapravesha in Pittaja Nanatmaja Rogas. Hrudyopalepa and Dhamanipratichaya are found in Kaphaja Nanatmaja Roga. By all these above references it shows that symptoms of Hypertension are extensively present in Vataja Nanatmaja Roga and various Avaranas of Vata. It shows the significant involvement of *Vata* than *Pitta* and *Kapha*.

CONCLUSION

Hypertension is always compared with *Raktagata Vata* or translated as *Uchcha Raktachapa* or *Raktabhara*. In this article the effort to establish the relation of Hypertension and *Rasa Dhatu* has been made. The *Doshas* involved in Hypertension can be *Prana Vayu*, *Vyana Vayu* And *Apana Vayu* along with *Sadhak Pitta* vitiating the *Rasadhatu*. As Hypertension is a Metabolic disorder it clearly indicates the involvement

of *Rasa*. Hence while managing a patient of Hypertension prime focus to be given to rasa and treatment like *Amapachana*, *Langhana* and *Shodhana* should be taken into consideration. When a patient approaches an ayurvedic physician with signs and symptoms of *Amashayagata Vata* etc. then one should also evaluate the symptoms of Hypertension in the patient to prevent further complications.

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