

## AYURVEDIC ORIENTATION OF HYPERTENTION TO DIFFERENTIATE BETWEEN DISEASE AND SYMPTOM

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### ABSTRACT-

Modern times, has ushered in a host of life style disorders, one of them is Hypertension (HTN). Blood pressure (BP) value is only a numerical representation of the symptoms of a deeper malady. Predicament of the practitioners nowadays is, whether to focus on controlling the BP to within the ascribed limits or to focus on the root cause. Because there is both peer and patient pressure on them, for a fast and visible result. Needless to say, the *ayurvedic* practitioner should focus on achieving *Dhatu samya* (balanced *dhatu*) which automatically corrects the increased BP levels, rather than focussing on the BP to within the limits. Through this article an effort is made to give a new dimension to understanding HTN in *ayurveda*, keeping *ahararasa* (product of *jatharagni* digestion), *dhamani* and *vyana vata* as components of HTN. *Bruhat trayi* texts and existing correlations to HTN were reviewed to interpret HTN through *ayurveda*.

**KEYWORDS-**Hypertension,*Ahararasa*,*Dhamani*, *Vyana vata*

### INTRODUCTION-

Hypertension (HTN), a deemed silent killer is prevalent among the people owing to the modern life style. HTN is diagnosed based on the Systolic & diastolic pressures. It may not be a right approach to assess a condition, by relying on these readings alone. Because, many a times, even the people with high systolic / diastolic pressures, do not feel any sort of

discomfort. And on the contrary, there are HTN patients complaining of unease, discomfort, pain, etc., despite the controlled BP values. *Ayurvedic* doctors are required to decide, whether to focus mainly on the BP values, or to follow the classical line of treatment, ignoring the BP values initially.

**Hypertension<sup>1</sup>**

**HTN is of two types-**Primary(Essential HTN) and secondary HTN. Clinically both these may be benign or malignant . Haemodynamic factors regulating HTN are, Cardiac output and the total peripheral vascular resistance.

#### **Essential HTN-**

- Increase in blood volume in other words ,volume HTN and arteriolar constriction also known as vasoconstrictor HTN.
- Increased cardiac output

#### **Secondary HTN**

- Renal vascular HTN
- Renal parenchymal HTN

In HTN there is ,

- ✓ Increased pressure exerted by the heart during the phase of relaxation on the arterial walls
- ✓ Increased cardiac output
- ✓ Raised peripheral resistance

*Bruhat trayi* texts were thoroughly studied and information was compiled regarding the probable components ,which are discussed in the present article as the pathological factors of HTN .The available literature about correlations and interpretation of HTN in ayurvedic perspective were also reviewed.

#### **DISCUSSION-**

Before making an attempt to interpret HTN as per *ayurveda*, the existing correlation and conditions in *ayurveda* to which HTN is compared in recent years has to be taken into account. HTN is commonly being termed as *Uccha rakta chapa*<sup>2</sup> . HTN is also found to be correlated to, *Shonita dushti*, *raktagata vata*, *raktaavruta vata*, *siraagata vata*<sup>3</sup> and so on. They can only aid to some extent in management of HTN in *ayurveda*, because these are the conditions which only partly reflect the actual pathogenesis of HTN. This might in some way help in reducing the increased blood pressure, but will not be of any help in removing the *samprapti* (pathogenesis). Therefore, through this article an effort has been made to understand and interpret HTN, as per *ayurvedic* principles in a holistic way, for better management of HTN. While treating a HTN patient it is important for the doctor, to be able to assess/approximate , the time required for the Blood pressure to come to normalcy , when treated on the lines of authentic *ayurveda* (targeting *dosha dhatu*) which will in turn bring the BP under control .

#### **HTN-An ayurvedic interpretation.**

An attempt here is being made to interpret, through *ayurveda*, keeping the following two factors of HTN into consideration,

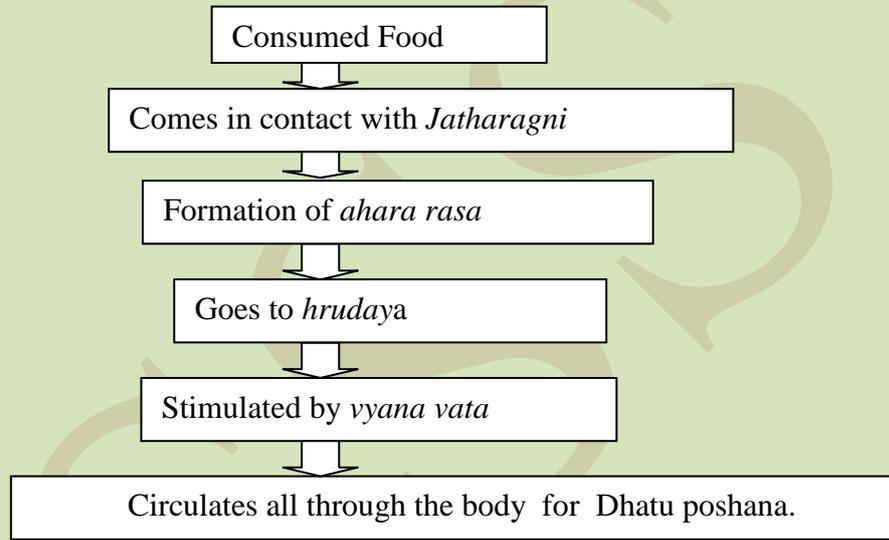
- a) Increased cardiac output and
- b) Raised peripheral resistance.

With a thorough knowledge of *Prakruti* (physiology), it is possible understand the

***Prakruta Ahara parinamana***<sup>5</sup> The ayurvedic physiology.

*vikruti* (pathology) and there by to interpret HTN. Creatures are born out of *ahara* (food) and so are the diseases<sup>4</sup>.

Therefore any change, whether it is positive or negative, is a result of food intake



**Flow chart -01. Showing *Prakruta ahara parinamana***

Derangement in any stage of this cycle is the whole and sole cause for all diseases and it holds good for HTN as well.

It could be inferred that HTN is the derangement of,

01. *Drava dhatu* (the fluid)
02. *Hrudaya/vyana vata* (functional components)
03. *Dhamani* (vessel)

All or any of the above derangements can lead to high blood pressure. Also, any one of the impaired component will invariably affect the other two, as they are interlinked.

### **01. Role of deranged *drava dhatu* (fluid) in causation of HTN**

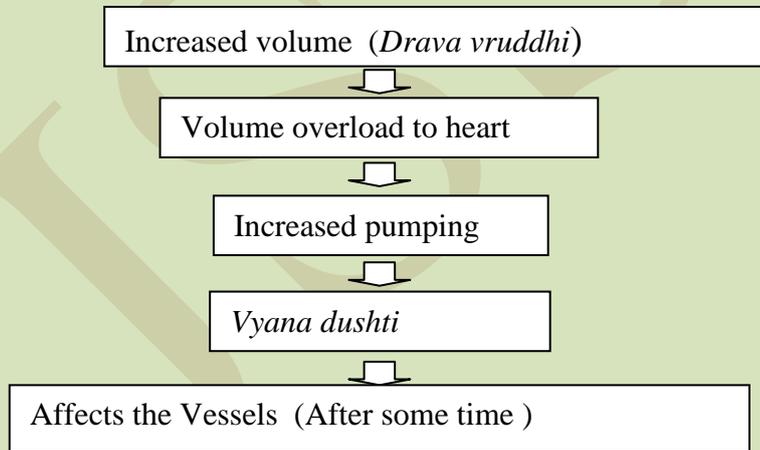
Firstly it is essential to understand the concept of *drava dhatu* (fluid). *Drava*,

that is to be considered in case of HTN is the *ahara rasa*, the end product of *jatharagni paka*(digestion) and not the *dhaturoopa* (tissues) *rasa* or *rakta*. According to Chakrapani, *ahararasa*, the outcome of *jatharagni paka* is the one, which is in circulation <sup>6</sup> through the circulatory system. So, the circulating fluid / *drava dhatu* is predominantly the *ahara rasa*. It might contain a portion of *rasa* and *rakta*, but, it contains mostly the *ahara rasa*. When *jatharagni*(digestive fire) is impaired, the food consumed is not *a. Drava guna pradhana ama*:

*Ama* ( intermediary product) which predominantly has *drava guna* ( fluidity ). This could be inferred by the *nidana sevana*( indulgence in causative factors)

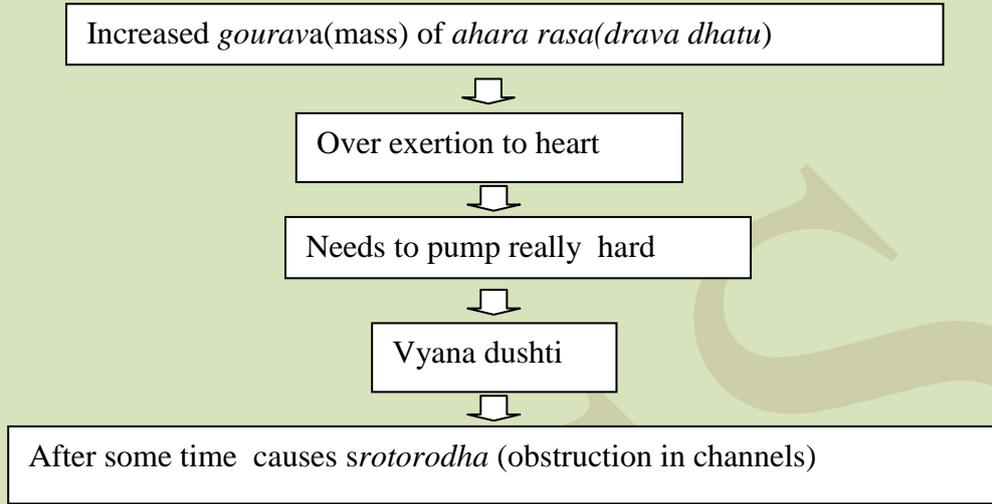
properly transformed , leading to the formation of *Ama*(intermediary product).

स्रोतोरोध बलभ्रंश गौरवानिलमूढताः।  
आलस्यापक्तिनिष्ठीव मलसंङ्गारुचिवलमाः। Above  
verse details the characteristics of *ama*<sup>7</sup>. As per Arunadatta, *ama* can be of *drava* (fluidity), *guru*(heaviness), *aneka varna* (of different colors) and so on qualities <sup>8</sup>. The formed *ama* (intermediary product ) may be of two consistencies a. *drava guna pradhana* b. *guru guna pradhana*.



Flow chart -02. Showing the role of *drava guna* dominant *ama* in HTN.

**b.Guru guna pradhana ama:** Ama ( intermediary product) which predominantly has *guru guna* ( heaviness ). This could be inferred by the *nidana sevana*( indulgence in causative factors)



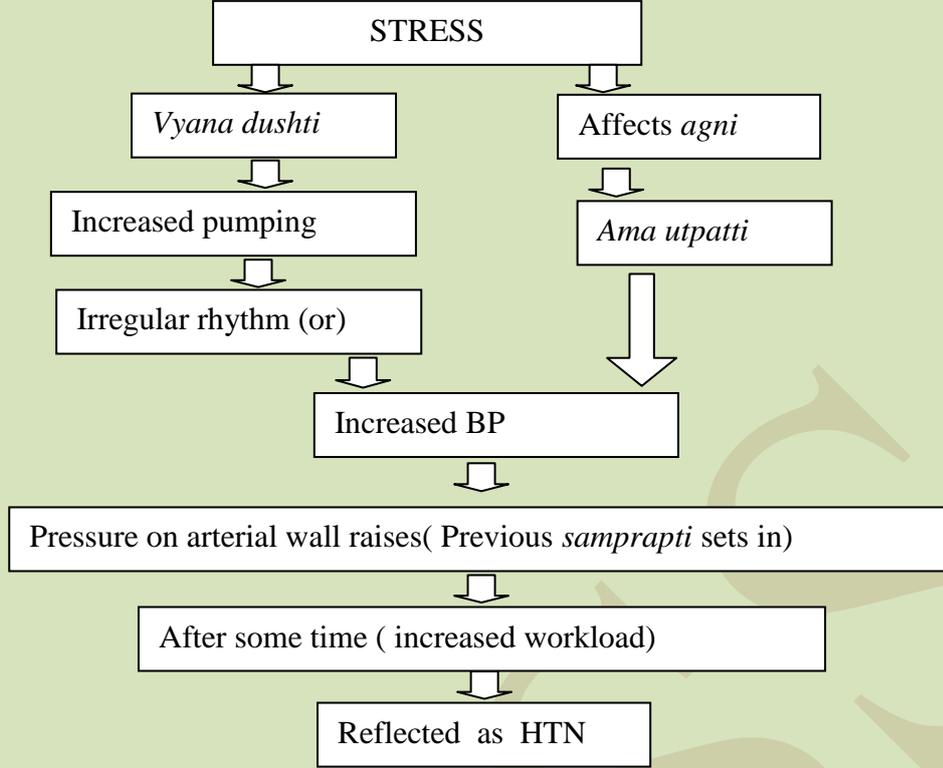
**Flow Chart -03. Showing the role of guru guna dominant ama in HTN.**

Both or any of the above stated pathogenesis can occur when the *drava dhatu* (circulating fluid), gets disturbed or improperly metabolised. And *drava dhatu* (fluid) can get deranged by, pre-existing pathologies like, *Grahani*, *pandu*, *shotha* and *shonita dushti*, consequently affecting the blood pressure. Here, in derangement of *drava dhatu* ( fluid), the type of the *ama* formed, is to be assessed and treatment should be planned accordingly.

Correction of *jatharagni* is the first line of treatment. If it is found that, *drava guna ama* is the causative factor and if the

increased *drava dhatu* (fluid) is due to *pitta*, the management should include *tikta rasa deepana* <sup>9</sup>. And if the *drava guna ama* is due to *kapha*, then the *ushna katu kashaya rasa deepana pachana* should be used. This would correct the *agni* and in turn correct the increased *drava dhatu* (circulating fluid). Eg- *Drakshadi kashaya for pitta* and *amrutarishta /draksharishta* so on for *kapha* can be made use of.

In case of pre-existing pathologies like, *grahani*, *pandu* so on, treatment should be aimed at the correction of respective pathologies.

**02. Role of Deranged Vyana Vata (Hrudaya) in causation of HTN.**

**Flow chart -04. Showing role of impaired vyana vata in HTN**

Stress is another important factor in causing High Blood Pressure. It is a common knowledge that, when a person is agitated or when stressed, body gives out reactions like increased heart rate /increased respiration and so on, which is natural as a mechanism for survival (fight or flight), and causes no harm to the body . But, if continued for a prolonged period of time, body suffers changes like increased HR so on , which starts causing some discomfort ,over a period of time resulting in vyana vata dushti<sup>10</sup> (impairment). When vyana is affected , normal functioning of hrudaya(heart) is affected . In case of HTN, the longstanding stress vitiates

vyana vata<sup>11</sup>, impairing the functions of vyana, which is responsible for normal functioning of hrudaya. In this case the pumping increases. This increased pumping further vitiates vyana vata and vice versa, thus forming a vicious circle.

Stress, apart from causing vyana vata dushti, also impairs agni to a very great extent, leading to ama ahara rasa<sup>12</sup>(formation of intermediary component) and when this happens – pathogenesis of deranged drava dhatu(fluid) sets in.

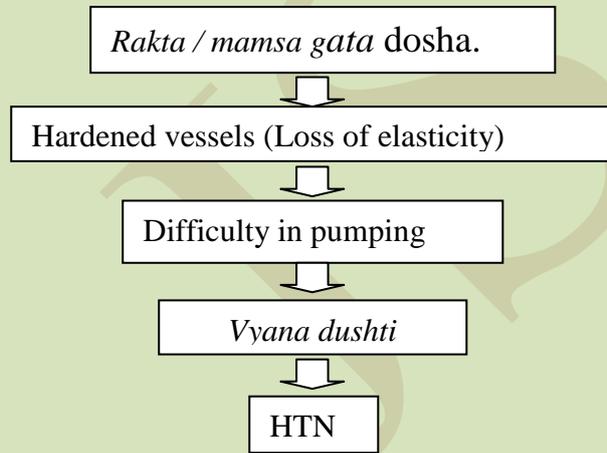
In such cases, only after nidana parivarjana (avoidance of causative

factors), ie. stress in this case, *vyana vata* should be corrected, by using *Anulomana* (correcting the movement of *vata*). Treating *vyana* without reducing stress, is not the classical approach. Use of *Hrudya* and *ojasya* drugs will help correct the impairment of *vyana vata*<sup>13</sup>. *Agni*<sup>12</sup> is to be treated too.

### 03. Role of Deranged Vessels (*dhamani*) in causation of HTN-

The vessels referred here are the *dhamanis*, because the *ahara rasa*, the circulating fluid remains in circulation in the *dhamanis*, as they are the *sthana* (Seat) for *Ahara rasa*<sup>14</sup>. This only means that,

#### Phenomenon 01.



Flow chart -05. Showing pathology in *dhamanis*.

In a long standing case of HTN, *doshas* are normally found to be *uttana dhatugata* (seated in *rakta, mamsa*). They cause structural change like narrowed lumen<sup>1</sup> in the arteriolar walls, posing obstruction to the normal flow of *drava*, resulting in

all the 365days and 24/7, this *ahara rasa* keeps circulating relentlessly and gets replenished every day. So every meal contributes to a raised or lowered BP depending upon it's content.

Therefore, in a nutshell ,components of HTN are the “*ahararasa* stimulated by *vyana vata* in *dhamani*”.

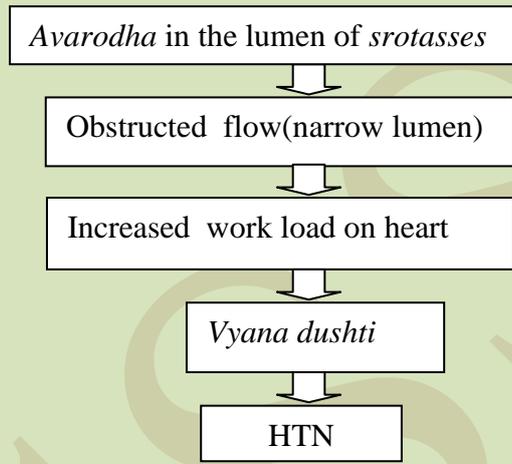
Initial *sampraptis* (pathogeneses) happen at the level of *dhamani* ie., mainly in the form of *avarodha* (obstruction). Changes in the arteriolar walls result in raised peripheral resistance (only after some time )<sup>1</sup>

*vyana vata dushti* and the vicious cycle starts. Therefore *dhatugata doshas* (seated in *rakta, mamsa* tissues) have to be cleared for an effective *vyana dushti* correction and cure thereon.

In these cases, it may take months or even years for the BP to come under control. Even here the treatment should be targeting the *dosha dushya* and not BP.

After having cleared the *dhatugata dosha*, the *vyana vata* which has undergone impairment secondarily, has to be corrected by *Anulomana*.

## Phenomenon 02.



## Flow chart -06. Showing pathology in dhamanis -02

This is easier to treat when compared to the first condition as the *doshas* in this case, are not *dhatugata* (deeply seated). *Dhamani pratichaya*<sup>15</sup> is one among the *shleshma nanatmaja vikaras* according to Charaka. If the *srotorodha /pratichaya* is due to *kapha/ama* (*guru guna* dominant), use of *Lekhaniya mahakashaya*<sup>16</sup> drugs would help clear the obstruction posed. Clearance of *srotorodha* (obstruction to channels) by other suitable *dravyas/shodhana* (purification) therapy and then correction of *vyana vata* with

*ghrutas*, like *dadimadi ghruta*<sup>17</sup>, *shatpaala ghruta*<sup>18</sup> and so on, should be the line of treatment.

In such cases, controlling BP needs lesser span of time compared to first phenomenon.

Therefore, treatment should be planned, based on the involvement of the above three components (*Drava, vyana vata, dhamani*), rather than just BP reading. As High blood pressure only is a presentation

of the underlying pathology of these very components..

**CONCLUSION-** HTN can be understood as the impairment in *dravadhatu( ahara rasa)* , *vyana vata* and the *dhamanis*. Initially , one among these might be impaired , but over a period of

time involves all the three. Accurate knowledge about the involved pathological factors helps in assessing the time period required for the blood pressure to come under control without compromising on the *ayurvedic* principles and ensures better and faster relief.

### REFERENCES-

1. Harsh Mohan .Kidney and lower urinary tract: Praveen Mohan,Tanya Mohan,Sugandha Mohan,editors.Textbook of Pathology.6<sup>th</sup> ed.Jaypee brothers medical publishers;2010.pp .685-686
2. Hari Sharma, H.M. Chandola, Gurdip Singh, and Gopal Basisht. The Journal of Alternative and Complementary Medicine. December 2007, 13(10): 1135-1150; Available from :[https://scholar.google.co.in/scholar?q=ayurveda-correlation+of+HTN&hl=en&as\\_dt=0&as\\_vis=1&oi=scholart&sa=X&ved=0ahUKEwiZt\\_ro3rfLAhWKC44KHb3LCfcQgQMIGjAA](https://scholar.google.co.in/scholar?q=ayurveda-correlation+of+HTN&hl=en&as_dt=0&as_vis=1&oi=scholart&sa=X&ved=0ahUKEwiZt_ro3rfLAhWKC44KHb3LCfcQgQMIGjAA)
3. Vithalani Lalitkumar V., Dalvi Sanjay A., Lele Vinayak T.,Sakharkar Bhagyashri V, HYPERTENSION-AN AYURVEDIC PERSPECTIVE,Available from: [http://www.iamj.in/posts/images/upload/2322\\_2329.pdf](http://www.iamj.in/posts/images/upload/2322_2329.pdf)
4. Agnivesha ,Charaka, Drudabala,Charaka samhita,Sootrsthana,Vividha ashita pitiya adhyaya,28/45 ,edited by Acharya Yadavji Trikamji, 7<sup>th</sup> edition,Chaukambha ayurveda academy,2010;181
5. Agnivesha ,Charaka, Drudabala,Charaka samhitaChikitsasthanaa,Grahani chikitsa adhyaya15/36 ,edited by Acharya Yadavji Trikamji, 7<sup>th</sup> edition,Chaukambha ayurveda academy,2010;516
6. Chakrapanidatta,Commentator,Charaka samhita , Sootrasthana ,vididha ashitapeetiya adhyaya 28/4 , edited by Acharya yadavaji trikmji,7<sup>th</sup> edition,Chaukambha

- Krushnadas academy,2010;175-176
7. Vagbhata,Ashtanga Hrudaya,Sootrasthana,Dosopakramaniya adhyaya,13/23 , edited by Bhishagacharya Harishastri Paradkar , Chaukambha ayurveda academy, 2009;216
8. Arunadatta ,Commentator,Ashtanga Hrudaya, Sootrasthana, Doshopakramaniya adhyaya 13/27,edited by Bhishagacharya Harishastri paradkara,C haukabha ayurveda academy , 2009;217
9. Vagbhata,Ashtanga Hrudaya,Sootrasthana,Raasabhedi ya adhyaya,10/14-15 , edited by Bhishagacharya Harishastri Paradkar , Chaukambha ayurveda academy, 2009;176
10. Vagbhata,Ashtanga Hrudaya,Nidanasthana ,vatashonitha nidana,16/23-24, edited by Bhishagacharya Harishastri Paradkar , Chaukambha ayurveda academy, 2009;537
11. Chakrapanidatta,Commentator,Charaka samhita , Sootrasthana ,Arthe dashamahamooliya adhyaya 30/5 , edited by Acharya yadavaji trikmji,7<sup>th</sup> edition,Chaukambha Krushnadas academy,2010;184
12. Agnivesha ,Charaka, Drudabala,Charaka samhita,Vimanasthana,Trividha kukshiya adhyaya, 2/9 ,edited by Acharya Yadavji Trikamji, 7<sup>th</sup> edition,Chaukambha ayurveda academy,2010;238
13. Agnivesha ,Charaka, Drudabala,Charaka samhita,Sootrasthana,Arthedasha mahamooliya adhyaya, 30/14 ,edited by Acharya Yadavji Trikamji, 7<sup>th</sup> edition,Chaukambha ayurveda academy,2010;185
14. Chakrapanidatta,Commentator,Charaka samhita , Sootrasthana ,vividha ashitapeetiya adhyaya 28/4 , edited by Acharya yadavaji trikmji,7<sup>th</sup> edition,Chaukambha Krushnadas academy,2010;175
15. Agnivesha ,Charaka, Drudabala,Charaka samhita,Sootrasthana,Maharoga adhyaya, 20/17 ,edited by Acharya Yadavji Trikamji, 7<sup>th</sup> edition,Chaukambha ayurveda academy,2010;115
16. Agnivesha ,Charaka, Drudabala,Charaka samhita,Sootrasthana, Shadvirechanashatashritiya



- adhyaya, 4/9, edited by Acharya  
Yadavji Trikamji, 7<sup>th</sup>  
edition, Chaukambha ayurveda  
academy, 2010; 32
17. Agnivesha , Charaka,  
Drudabala, Charaka  
samhita, Chikitsasthana, Pandu  
chikitsa adhyaya, 16/46 , edited by  
Acharya Yadavji Trikamji, 7<sup>th</sup>  
edition, Chaukambha ayurveda  
academy, 2010; 529
18. Vagbhata, Ashtanga  
Hrudaya, Chikitsasthana  
, Rajayakshma chikitsa, 5/22-23,  
edited by Bhashagacharya  
Harishastri Paradkar ,  
Chaukambha ayurveda academy,  
2009; 611