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"THE CRITICAL REVIEW ON HYPERTENSION: AN AYURVEDIC PERSPECTIVE"**Dr. Rekha Mehenge¹, Dr. Mrityunjay Sharma², Dr. Archana Dachewar³**

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ABSTRACT:

Hypertension is lifestyle disease that is characterized by abnormally high arterial blood pressure that is usually indicated by an adult systolic blood pressure of 140mm Hg or greater or a diastolic blood pressure of 90 mm Hg or greater¹. Hypertension results from a variety of reasons like stress, obesity, genetic factors, over use of Salts in diet and ageing. As we all know, Hypertension is called a silent killer because it rarely exhibit symptoms before it damages to the heart, brain or kidney. In 2019, the global age standardized prevalence of hypertension in adults 30 -79 yrs was 32% in women and 34% in men². It has been found that the percentage of hypertensive patients is rising sharply in spite of number of antihypertensive drugs in modern medicine. In Ayurveda hypertension is neither denoted in samhita nor in any sangraha, acharya charak mentioned in samhita that all vyadhi not need to be denoted by name but dosha is a reason for developing various types of disease. In Ayurveda basic principal of treatment is sampraptibhanga occurs due to dosha, dushya etc. The cause of hypertension is Raktadushti, which also involves the Tridosha, with a strong vata and pittadosha influence. Here, a sincere effort is made to identify the Ayurvedic cause of essential hypertension. This article aims to provide some light on the clinical understanding of Essential Hypertension (EHT) in terms of the patient's clinical symptoms based on Ayurvedic principles, as well as provide insight into Ayurvedic pathology.

KEY WORDS:- Essential Hypertension, lifestyle disorder, dosha, Ayurveda

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INTRODUCTION

The pressure exerted on the wall of arteries by the strength of the contraction of the heart is called blood pressure³. Hypertension (HTN) When the blood pressure is elevated without an evident cause, it is called as Essential hypertension (EHT). HTN produced by an identifiable cause is called Secondary hypertension being a chronic non-communicable disease constitutes an important public health challenge because of its prevalence and concomitant increase in the risk of cardiovascular diseases⁴. The World Health Organization (WHO) has identified India as one of those nations that is going to have most of the lifestyle disorders in the near future⁵. It's estimated that 600 million people are affected worldwide with have hypertension. By the year 2025, approximately 1 in 3 adults aged over 20 years, totally 1.56 billion people worldwide people have hypertension⁶. In Ayurveda there is no description of such a single disease which can resemble with hypertension. As per Ayurvedic principles, in case of unknown disease, the physician should try to understand the nature of the disease through Dosha, the site of manifestation, etiological factors and then should initiate the treatment. So, it becomes necessary to study the factors which are involved in hypertension and find the effective therapy for the same⁷. Hypertension it can be said that manas dosha Raja and Tama are also important factors in EHT. Since chinta, Bhay, Krodha etc. Manas bhavas are etiological factors in EHT Dushyaras, Raktadhatu plays important role in pathogenesis of hypertension⁸. The Symptomatology quoted under Raktapradoshaj rogas by Acharya Charak almost coincides with signs and symptoms of essential hypertension among those bhrama (vertigo), shirshool (headache), hriddrav (palpitation), klama (exhaustion without any exertion) etc are common symptoms⁹. Though hypertension may remain symptomless in most of the population, some symptoms are seen in patients. If classification of etiological factors (Hetu), symptoms (Lakshana) and pathogenesis (Samprapti) is done on doshanubandha basis then two set of conditions are seen. One is Kaphanubandhi with Vata dominance (pradhanya) and another Pittanubandhi with Vata dominance (Pradhanya). Therefore, as the science advanced the Ayurvedic physicians and workers also tried to find out the cause and the treatment of Hypertension. Some of them are: Raktagata Vata, Siragata Vata, Avrt Vata, Dhamani Praticaya, Rakta Vridhi, Rakta Vata. In all different opinions one can said that in Ucharaktachapa –Hypertension the main pathogenesis occurs in Rasa-Raktadhatu, Hridaya and Shira or Dhamani. It is considered as Psychosomatic and Vata Pradhana Tridoshaja Vyadhi. So, one should consider this disease on the basis of symptomatology and basic principle of Ayurveda. Many researches have been carried out on HTN to evaluate the proper diagnosis and treatment modality according to Ayurveda but still a widely acceptable theory is not available.

AIMS AND OBJECTIVES

To understand the etio-pathogenesis of Hypertension in terms of Ayurveda.

MATERIALS AND METHODS

The study of various Ayurvedic texts was made critically, and an effort is made to understand the pathogenesis of hypertension in terms of Ayurvedic principles. This study is carried out by a literature search and critical review of the obtained facts by searching various medical research databases like PubMed, Google Scholar, Embase and other national research databases.

LITERATURE REVIEW

Nomenclature

In this modern era there are several references available for the disease hypertension with worldwide acceptance, but in Ayurveda experts have suggested different names to demonstrate the phenomenon, like Raktagata Vata, Siragata Vata, Avrita Vata, Dhamani Prapurana, Rakta Vikshepa, Vyana Prakopa, Raktamada, Uchharaktachapa, Vyana Atibala, etc.¹⁰

According to Acharya Charaka, sometimes it is neither possible nor necessary to identify a disease by a name. An Ayurvedic physician should attempt to construct the Samprapti of a given clinical condition based on the signs, symptoms and investigative findings in each case and should plan the management accordingly. The disease hypertension is an abnormality of Rakta Dhatu, popularly known as Shonita Dushti, because the Lakshanas are similar to that of hypertension: Shiroruk, Klama, Anidra, Bhrama, Buddhi Sammoha, and Kampa, which are akin to the manifestations of hypertension. Mada, Murcha, and Sanyasa are equally true in relation to malignant hypertension (Charaka Samhita, Sutrasthana 24/11-17).

Factors involved in Hypertension:

Dosha:

Prana Vayu:

In modern science, the functions of nervous system have been described similar to description of the Pra- krita Prana Vayu. 'Hridaya Dhruka; (i.e.Dharana of Heart) the function of PranaVayu can be correlated with the vagal inhibition of nervous system¹¹. In addition to this, vasomotor center controls the blood pressure by autonomic nervous system; similarly Prana Vayu also controls the regulation of blood pressure by controlling Vyana Vayu. So pathology of Prana Vayu can cause abnormality of heart as well as vessels.

Vyana Vayu: Vyan Vayu is said to be responsible for various kinds of movements in the body¹². With the help of Vyan Vayu, heart contracts and propels blood (Rasa Rakta Dhatu) continuously all over the body. So, it suggests the involvement of Vyana Vayu in regulation of blood pressure.

Samana Vayu: According to Sha- rangadhara after the digestion process 'Samana Vayu' helps in the transportation of Rasa into the heart and from there it circulates in the whole body¹³. Thus Samana Vayu has an important role in the circulation.

Apana Vayu: Vitiating of Apana vayu hampers the excretion of the Purisha and Mutra affecting homeostasis which may affect blood pressure. From the above fact it can be concluded that Apana vayu also plays a role in regulation of normal blood pressure¹⁴.

Avalambaka Kapha: Normal rhythm, contractility, and tone of cardiac muscles can be correlated with functions of Avalambaka Kapha¹⁵. Thus; it keeps heart in a healthy state and enhances its continuous pumping capacity. Dushya: In circulatory system Aahar rasa, Rasa Dhatu and Rakta Dhatu are the entities which circulate all over the body. In the context of blood pressure Rasavaha and Raktavaha Srotas are important as they are related to 'Rasa-Rakta Samva- hana'. Annavaha Srotas get vitiated due to untimely intake of large quantity of un- wholesome food and impairment of Agni (digestive capacity).

Rasa Dhatu- Acharya Charaka in Vima- nashana described various factors respon- sible for Rasavaha Srotas Dushti, viz. ex- cessive intake of Guru (heavy), Shit (cold), excessively unctuous food, and constant worry. Rakta Dhatu- Raktavaha Srotas get viti- ated due to intake of food and drinks which are irritant, unctuous, hot and liq- uid; excessive exposure to sunlight and fire¹⁶.

Agni: Agni is an important factor in the pathogenesis of all the diseases. Agni Dushti occurs at two levels Jatharagni Mandya and Dhatwagni Mandya. Atimatrashana (excessive diet), Viruddhashana (intake of food having oppo- site properties), and Adhyashana (intake before the digestion of previous food) are the factors which cause Jatharagni Man- dya. It will affect all other Agni viz. SaptaDhatvagni and Panchamahabhutagni. Jatharagni Mandya will cause Ama formation which results in Strotorodha and vitiation of all Doshas. It will ultimately increase peripheral resistance and can lead to hypertension. Atherosclerotic changes in vessels can be an outcome of chronic Agnimandya and Ama. Acharya Charaka has already described DhamaniPratichaya as one of Nanatmyaja disease of Kapha dosha¹⁷.

Mana: In Ayurveda Pradnyaparadha and Asatmendriyarthasamyoga are considered as the root causes for every disease, which indicate the involvement of psyche. Manas Bhavas like Chinta (worry), Krodha (anger), Bhaya (fear) etc. plays an important role in the pathogenesis, progression and prognosis of disease as well as response to the treatment of the disease¹⁸. This fact reveals that Mana is also in- volved in hypertension and the disease should be considered as psychosomatic. Modern medical science also considers involvement of psyche as causative factors for hypertension.

Samprapti (Pathogenesis of hypertension)

Depending upon the type of Hetusevana (etiological factors) two types of Samprapti are seen of hypertension. One is of Vatapradhan Kaphanubandhi type and another of Vatapradhan Pittanubandhi type. If Kaphapradhan Prakriti person of Mandagni indulges in Guru, Abhishyandi Bhojana, Adhyashana, Ajirashana, Avyayama, Divaswapa; it causes production of Ama. Its Sthanashamsraya occurs in Rasavaha and Raktavaha Srotas causing Margavarodha in Vayugati and causes hypertension. This Kaphanubandhi type of hypertension may present with deranged lipids, Shotha, Sthaulya, Tandra, Shwas, Shirogaurava and Gatraguruta.

If Pittapradhan Prakriti person indulges in excessive use of Katu, Amla, and Lavana rasa, smoking and alcohol; he is short tempered by nature and working late nights (Prajagarana), it causes Pittaprakopa further causing Raktadushti. This causes Avarana of Vata causing Avarodha in Vayugati thus resulting in Pittanubandhi hypertension. This type of Pittanubandhi hypertension may present with normal bodyweight and lipids, Hridrava (palpitation) and Shiroruja (throbbing headache), Hrillasa, Bhrama and Santapa.

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Samprapti Ghataka¹⁹ (Factors in pathogenesis): -

- Dosha -Vata (Prana, Vyana) -Pitta (Sadhaka) -Kapha (Avalambaka)
- Dushya -Rasa, Rakta, Manas
- Agni -Jatharagni Mandya Janita Aama, -Rasa, Rakta Dhatvagni Janita Aama
- Strotasa -Rasavaha, Raktavaha, Manovaha
- Strotodusti -Sanga
- Udbhavasthana -Aamashaya
- Roga Marga -Kostha, Shakha and Marmagata
- Sancharisthana -Sarwang Sharira
- Vyaktasthana - Sarwang Sharira
- Adhisthana -Dhamani, Sira, Sarwang Sharira
- Vyadhi Swabhava -Aashukari/Chirakari

Chikitsa (Treatment of hypertension)

Aushadha (treatment) is one of the Sutras among the Trisutras of Ayurveda, but before this, Linga (symptoms), which indicates the need for proper examination of the patient, is also mentioned ([Ch.Su.1/24](#)). Hence, a physician should first diagnose the disease, and thereafter, he should administer the therapy, applying the knowledge of the science of medicine that he

had gained before (Ch.Su.20/20). Essential hypertension is the disease which has many roots of pathogenesis, and by taking support of these roots, the mode of drug therapy also varies. Aacharya Charka mentioned that 'Chikitsa' aims not only at the radical removal of the causative factor of the diseases but also at the restoration of the Doshic equilibrium in the study (Ch.Su.9/5). While treating the diseases, one must follow the suggestion of Aacharya Vagbhata: "It is not rational treatment where the medicine modifies one disease; on the other hand, it provokes a new complication" (A.H. Su. 13/96).

Aacharya Charak described three types of treatment.

1. Nidanparivarjan – Nidana factors such as Atikashayarasa Sevana (overuse of astringent food), Adhyasana (eating during digestion of previous meal), Atilavanasevana (excessive use of salt), Ati-ambupana (excessive use of water), Atigurubojana (excessive use of heavy-to-digest food articles), Atividahibhojana (excessive use of inflammation/burn-causing food), Atimadyapana (excessive use of alcohol), Avyayama (lack of exercise), Diwasvapana (daytime sleeping), Atidhoomrapana (excessive use of medicated smoking), Ratrijagarana (night awakening), Chinta (anxiety), and Krodha (anger) were mainly observed in patients, and patients were advised to avoid indulging in these.

2. Shaman – The Shamana remedy has been selected, taking into view the aspect of the preventive, curative and also

Dosha-pratyanika & Vyadhi-pratyanika Chikitsa. Like Vata shamak drugs, Medhya, Nidrajanana, Rasayana, Mutrala, Hridhya drugs & drugs having Medogna properties are useful as shaman chikitsa in hypertension.

3. Shodhan-

Panchakarma

a. Abhyanga (Massage): Enhances elasticity, flexibility, and blood flow.

b. Vaman and Virechan (Emesis and Purgative Therapy): Beneficial for patients with Uttam Bala and mild/moderate hypertension.

c. Basti (medicated enema): effective for Vata disorders. Hypertension treatment should be tailored according to the involved Dosha and Dushya. Manasa Bhavas, such as Chinta, Krodha, and Bhaya, significantly influence disease progression and treatment response.

Diet: reduce sodium intake and excessive water retention, Adopt a high-potassium diet. Consume fruits, vegetables, whole grains, and low-fat dairy products. Limit refined sugar, processed food, caffeine, Acharya Charak has also considered Lavan as a substance not to be used in excessive quantities for longer durations and alcohol.

Yoga and Stress Reduction: Meditation, yoga, and relaxation techniques lower blood pressure. Beneficial asanas: Shavasana, Sukhasana, Dhanurasana, Makarasana, and Vajrasana. Pranayama practice helps control Prana.

Additional Strategies: Weight reduction, regular aerobic exercises (brisk walking, jogging), discontinuing tobacco use, and limiting alcohol consumption.

DISCUSSION

Ayurveda views hypertension as a complex condition resulting from doshic imbalance and lifestyle factors. The primary dosha involved is Vata, with Pitta and Kapha playing secondary roles. Causes include stress, mental tension, poor diet, digestion, sedentary lifestyle,

family history, and excessive salt consumption. Symptoms manifest as headaches, dizziness, fatigue, palpitations, and nosebleeds. Ayurvedic treatment focuses on restoring balance through Panchakarma (detoxification and rejuvenation), herbal remedies (ashwagandha, arjuna, and hawthorn), dietetics (low-sodium, high-potassium diet), yoga, and stress reduction (meditation, pranayama, and asanas). Lifestyle modifications, such as regular exercise and stress management, are also emphasised. Hypertension results from a combination of factors, including improper lifestyle and food habits, psychological stress, and genetic predisposition, which disrupt the balance of the three Doshas. This disruption triggers the pathogenesis of hypertension through mechanisms such as Anya Dosha Avarana and Anyonya Avarana. Fortunately, modern medical advancements enable early diagnosis.

allowing for effective management and prevention of damage to vital organs. Hypertension can be understood as a psychosomatic haemodynamic condition characterised by the vitiation of Vata-pradhana Tridoshas, affecting Rasa-Rakta Dhatus and impacting both physical and mental well-being. The condition has its roots in Sarva Shareera and Manas, with long-term complications leading to structural changes in organs like the heart, blood vessels, and kidneys.

CONCLUSION

The disease hypertension is not a single disease entity; rather, it is a common presentation of a wide spectrum of pathological processes. To devise treatment of hypertension as per Ayurveda, the various pathological components (Samprapti), like Dosha, Dushya Srotas, etc., should be examined properly. These pathogenetic factors should be addressed properly with special consideration of the strength of the disease and the diseased while treating hypertension.

Thus, hypertension can be understood as a psychosomatic haemodynamic condition where Vata Pradhana Tridoshas and Mana are vitiated and affecting the Rasa Rakta Dhatus as Dushyas with both the entire body and mind.

REFERENCES

- 1)Chobanian AV, Bakris GL., Black HR, et al. The seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure: the JNC 7 report. JAMA. 2003;289(19):2560-2572.
- 2) RM Carrillo , Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population representative.lancet 2021 - 5&6
- 3)Davis FA, Tabers Cyclopedic Medical Dictionary. 20 edn. 2005, p.268.-7105(2020)
- 4) Gupta R. Defining hypertension in the Indian population. Natl Med J India 1997 MayeJun;10(3):139e43.
- 5) WHO report of Prevention and control for Cardio vascular diseases, 2001-2002, available from [http://www.sld.cu/.pdf/.international cardiovascular diseasesstatistics](http://www.sld.cu/.pdf/.international%20cardiovascular%20diseasesstatistics). page 2
- 6) Kearney PM, Whelton M, Reynolds K, Muntner P, Whelton PK, He J. Global burden of hypertension: Analysis of worldwide data.Lancet 2005; 365:217-23,
- 7) Acharya vidhyadhar shukla and pro. Ravi Dutt tripathi, charak samhita, vol 1 Sutrasthan 18/44 chaukhamba Sanskritpratishtan delhi, edited with vaidya manorama hindi commentary along with special deliberation, reprint, 2007; 281.
- 8) Esler. murry. parati, Gianfranco, is essential hypertension sometimes a psychosomatic disorder, journal of hypertension,2004; 22(5): 873-876, <http://doi.org/10.1097/00004872-2000405000-00003>.
- 9) Acharya vidhyadhar shukla and pro.Ravi Dutt tripathi, charak samhita, voll, charak samhita sutrasthan24/12,13,14,15,16, chaukhamba Sanskrit pratishtan, delhi, edited with vaidya manorama hindi, commentary along with special deliberation:reprint, 2007; 323.
- 10)Dhamle Madhumati. Post Graduate Thesis on the study of Yojana Chatushka of Charaka and Yojana for the management of Raktashrita Vyadhi (hypertension). Department of Basic Principles, Institute of Post Graduate Teaching and Research in Ayurveda; 2001.
- 11)Vriddha Vagbhata, Ashtanga Samgraha (Shashilekha commentary of Indu), edited by Shivaprasad Sharma, 2nd ed, Chaukhamba Sanskrit series office, Varanasi, 2008, Sutrasthana 20/6: 156
12. Ibid 11
13. Sharangadhara, Sharangadhara Sam- hita, edited by Shailaja Shrivastava, Reprint edition, Chaukhamba Orientalia, Varanasi, 2009, Poorvakhanda 6/8, 52.
- 14) Swami Sadashiva Tirtha, The Ayur- veda Encyclopedia, edited by RC Uni- yal, 5th edition, Ayurveda holistic center press, USA, 2005, pg.360.
- 15). Ranjitray Desai, Ayurvediya Kriyash- arira, 5th edition, Baidyanath Ayurveda Bhawan Ltd., Allahabad, 2003, pg.741.
- 16). R.K.Sharma et. Al., Caraka Samhita Volume 2, Chaukhamba Sanskrit Series Office, Varanasi, Third edition 1994, Ch. Vi. 5/12-14, pg. 178-179.
- 17). R.K.Sharma et. Al., Caraka Samhita Volume 1, Chaukhamba Sanskrit Series Office, Varanasi, Fourth edition 1995, Ch. Su. 20/17, pg. 370

18). Dhananjay Patel et.al, Role of Manas Bhavas in the etiopathogenesis of Uchcharaktachapa (EHT) and its management with Medhya Rasayana and Shirodhara, MD thesis, GAU, Jamnagar, 2003.

19) Anil d Avad, et al. Understanding Essential Hypertension through Ayurveda – A Review. International Journal of Pharmaceuticals and Biological Archives: 2013; 4(4). 593

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