

Ayurvedic Management Review on Hypertension (Essential Hypertension)

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ABSTRACT

Many Ayurveda Scholars have been implied many theories like Raktagata Vata, Raktavrita Vata, Siragata Vata and Shleshmavrita Vata to describe the basic of EHT, but no one has adopted the theory of Mishra Avarana, a concept of Charaka (Ch.Chi.28/232) which might have been left incomplete for intellectuals (Ch.Chi.28/217) to think over it in detail. In Rakta pradoshaja Vikaras (Ch. Su. 24/11-16) the whole symptomatology of EHT e.g. Shirahashoola, Anidra, Bhrama, Akshiraga etc. are present. Hence Rakta pradoshaja has been considered to be involved in the process. In some Anyonyavarana the symptoms of EHT found, hence this concept also has been included in etiopathogenesis. Mainly Vyana, Prana and Udana these Vayus have found to be involved. Each and every Avarana represents different symptomatology of EHT. Thus, Rakta pradoshaja and Avaranas along with Anyonyavaranas have been considered in unison to postulate the etiopathogenesis of EHT. Most of the EHT patients have the signs and symptoms of excessive Santarpana and some also have that of Apatarpana. In pathogenesis of all patients, the involvement of different Vata (Vyana, Udana and Prana), Rakta and Medasa is generally found. These factors are involved in pathogenesis in the sense of Avaraka, Avrita and Rakta as in impure form (Rakta pradoshaja). Hence in the prescription of treatment, the considerations of all types of pathogenesis are essential

Keywords: *Rakta pradoshaja Vikaras, Avarana, Hypertension, Shamana Chikitsa, Shodhana Chikitsa.*

1. INTRODUCTION

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. EHT is an instrumental disease which is the recent diagnostic invention of modern science. Hence there is no straight reference of HTN in Ayurveda by name as well as by its pathophysiological views. 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 Pratichaya, 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.

NEED FOR STUDY

EHT is common, asymptomatic, readily detectable, usually easily treatable disease and often leads to lethal complication if left untreated. It increases the risk at least two-fold for cardiovascular diseases including coronary artery disease (CAD), congestive heart failure (CHF)/stroke (ischemic and hemorrhagic), renal failure, peripheral arterial disease and diabetes.

A number of conceptual studies have been conducted to develop the correlates of HTN in Ayurveda. Certain scholars have attempted to correlates HTN with “Raktagata Vata” disease as described in ayurvedic classics while others compare it with “Vyana Bala Vikruti”. Attempt has also been made to compare the ayurvedic patho terms —Dhamani Praticayal and “Dhamani Kathinya” with atherosclerosis and arteriosclerosis which are the known pathological associates of HTN.

Thus, the Samprapti of this disease encompasses, on one hand, the dominant role of Vata while on the other, the pathological contributions of Kapha, Ama and Meda in causing Dhamani praticaya and Dhamani Kathinya.

So, EHT is Vatapradhan, Tridoshaj Vyadhi with Raja and Tama dosha. According to the nature of disease it is the need of the hour to find such formulations, which have Tridoshahara property and also must act on mano dosha (psyche), heart, brain and kidney (Trimahamarmas) as well as in disorders of G. I. Tracts.

AIMS AND OBJECTS:

- 1) To study the various ayurvedic aspect in the management of Essential Hypertension.
- 2) Review on Shamana Shodhana Chikitsa and Pathya- Apathya Chikitsa in the management of Essential Hypertension.

CHIKITSA: -

Aushadha (treatment) is one of the Sutra among Trisutras of Ayurveda but before this Linga (symptoms) which indicates the need of proper examination of patient is also has mentioned (Ch.Su.1/24). Hence 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). The essential hypertension is the disease which is having many roots of pathogenesis and by taking support of these roots the mode of drug therapy also variates.

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 Vagbhatta, “It is not rational treatment, where the medicine modifies one disease, on the other hand it provokes new complication (A.H. Su. 13/96).

Aacharya Charak described three types of treatment: (1) Samshodhan (2) Shamsaman (3) Nidanparivarjan In our classic are no description about EHT treatment. But According to Symptomatology of EHT and Dosha – Dushya and Linga may helpful for treatment.

(i) Nidan – Parivarjan: -Nidan – Parivarjan i.e. to avoid the causes. The first principle to treat any disease is the avoidance of the aetiological factors which normally ensure the prevention of disease but also controls, it constitutes the cure responsible to cause EHT should be avoided.

(ii) Shamana: - The Shamana remedy has been selected taking in to view the aspect of the preventive, curative and also Dosha-pratyanika & Vyadhi- pratyanika Chikitsa.

(1) When psychological condition leading to stress will be manage by Aachara Rasayana , Sadvritta , Sattvavajay.

(2) Shamana Chikitsa: Like Vata shamak drug, Medhya, Nidrajanana, Rasayana , Mutrala , Hridhya drug & drug having Medogna properties are useful.

a) Aushadha Kalpana used in EHT:

Single Drug wise Classification

Single Drug:-1) Amalaki 2) Celastrus panniculatus 3) Chhangal-Jadi 4) Coleus forskollie 5) Coleus ambonicus
6) Elacocarpus genitrus 7) Haridra 8) H. rosasinensis 9) Japapushpa 10) Jatamamsi 11) Jyotishmati 12) Lochhnera
alba and rosea 13) Moringa oleifera 14) Rasona 15) Punarnava 16) Rudraksha 17) Sadabahar 18)
Sarpagandha 19) Shankhapushpi 20) Shigru 21) Tagara 22) Vacha 23) Brahmi Churna, 24) Marich & 25) Aswagandha churna,

COMPOUND DRUG WISE CLASSIFICATION

Compound Drug: - 1) Arjuna Ksheerapaka 2) Brahma Rasayana 3) Chandrakala Rasa 4) Chyavana-prasha 5) Guduchi Rasayana 6) Jatamansi Kvatha 7) Jatamamsyadi Yoga

8) Katuki-Snuhi Bhavita 9) Krishnadi Choorna 10) Madhuparnyadi Yoga 11) Madhujeevan compound 12) Maha-vata-

vidhvansa Rasa 13) Mandyadi Kvatha 14) Mangalya-Kusuma-Mansyadi Yoga 15) Mansyadi Kvatha 16) Medhya Rasayana 17) Medhya Vati 18) Nartia compound 19) Nirvishi Sindoor Kalpa 20) Prasadi Vati 21) Prasadini Vati 22) Rasagandhadi Vati - 23) Rasa Sindoor 24) Rasona, Guggulu 25) Ksheerapaka 26) Sarpagandha Ghana-vati

27) Sarpagandhadi, compound 28) Shodashanga Kashaya 29) Vacha-Mansyadi Yoga 30) Panchakol ,31) Triphaladi churna , 32) Avipatkar Churna etc. are used.

Some Ayurvedic Medicinal Herbs properties for Hypertension

Ayurvedic herbs like ashwagandha, Sarpagandha, Arjuna, Brahmi, Triphala and garlic are believed to help lower high blood pressure (BP) due to their natural properties, such as reducing stress, promoting relaxation, and improving blood circulation.

1) Sarpagandha:-Sarpagandha is contains phytonutrients, specific alkaloids with antihypertensive and sedative qualities. Furthermore, herbal medicines prepared from the roots of this plant are utilized to treat high blood pressure, which relaxes tight blood vessels to regulate forceful blood flow to the heart.

2) Jatamansi: - Jatamansi herb is save the arteries from damage due to free radicals. As a result of which it controls the build-up of plaque in the blood vessels. it was found that there was a significant reduction in mean systolic blood pressure and mean diastolic blood pressure

3) Ashwagandha: - is a potent ayurvedic herb that improves immunity. Ashwagandha, rich in adaptogens, helps the body cope with stress and anxiety. Those suffering from high blood pressure can control it significantly by consuming it.

4) Punarnava: - Punarnava is lowering blood cholesterol levels, making cardiac muscles more robust, controlling blood pressure fluctuations and decreasing the risk of acquiring cardiac ailments like CVD, and arrhythmia. It is also known as a natural diuretic that ensures blood supply to the kidneys

5) Ajmoda (Apium graveolens): - Ajmoda, is diuretic properties, which can help lower blood pressure by reducing fluid retention and excess water in the body. It contains compounds like phthalides, which help relax the muscles in the walls of blood vessels, promoting vasodilation and improving blood flow

6) Arjuna: - This herb works wonders anti-hypertensive compounds. It effectively dilates and relaxes the stiff blood vessels, to normalize blood pressure and relieves discomforting symptoms of hypertension. According to a study it was observed that Arjuna had a cardioprotective effect on angina patients.

7) Garlic / Rasona (Allium Sativum): - a raw clove of garlic each morning can help reduce cholesterol levels,One key component, the sulfur compound allicin, plays a vital role in improving blood flow and relaxing blood vessels. These effects can contribute to lower blood pressure.

8) Amalaki (Emblica Officinalis): - regular intake of amla lowers blood pressure and also reduces the risks of cardiovascular diseases. has abundant stores of antioxidants, vitamins and minerals like potassium. Potassium is a micronutrient that is extremely effective in relaxing the blood vessels which in turn drops the blood pressure resulting in controlled symptoms of hypertension.

9) Brahmi: - is used to treat various ailments, including anxiety, helps fight and high blood pressure. In animal studies, Brahmi is safe and effective in lowering both systolic and diastolic blood pressure levels.

10) Triphala:- Triphala is miraculous ayurvedic medicine for high blood pressure. consuming Triphala powder every day helps in maintaining the right BP levels, reduces cholesterol levels, and eliminates plaque from blood vessels. Furthermore, the anti-inflammatory properties aid in relaxing the strained blood vessels.

11) Jeera (Cuminum cyminum): - It contains compounds like cumin aldehyde and thymol, which have been shown to have hypotensive effects, helping to lower blood pressure.

12) Tulsi: -This herbal plant has been linked to lowered blood pressure. Studies suggest that basil is high in eugenol which may help in reducing blood pressure by acting as a natural calcium channel blocker. Therefore, the calcium channel blockers inhibit the movement of calcium into the heart and arterial cells, eventually relaxing the blood vessels.

13) Gokshura (Tribulus terrestris): - It may also help lower blood pressure by acting as a diuretic, promoting the elimination of excess fluid from the body and reducing blood volume. Additionally, Gokshura has antioxidant properties that can protect blood vessels from damage and support overall cardiovascular health.

14) Kesar (Crocus sativus): - Kesar, contains compounds like crocetin and crocin, which have been shown to have vasodilatory effects, relaxing blood vessels and reducing blood pressure.

15) Rudraksha (Elaterospermum tapos): - Rudraksha contain alkaloids and other bioactive compounds that have been traditionally used to help lower blood pressure and support overall cardiovascular health. Wearing Rudraksha beads or consuming Rudraksha extract may help promote relaxation, reduce stress, and support healthy blood pressure levels.

Quath: Dashmool Quath, Gandharavahatadi Quath, Mansyadi Quath , Punarnavadi Quath.

Rasaushadhan: Brihatvata chintamani Rasa, Shilajatu Rasayan, Praval Pisti, Moti yukta Kamdudha Rasa etc.

(3) Shodhan Chikitsa:

Application of an appropriate Shamshodhan is essential in primary & secondary prevention & treatment of EHT. Shamshodhan include Panchkarma therapy.

In Panchakarma: Virechana, Basti, Rakta Mokshana, Takra Dhara, Kshiradhara, Shirodhara, , Jala-Dhara, Shirolepan, Shiropichu are suitable in EHT.

Thus, we can say that the treatment of EHT is Vyadhiparita chikitsa, Shamana, Shamsodhan measure, Rasayana therapy & yoga exercises.

In Raktapradosha the Choices of Treatments are: (Ch.Su.24/18)

- 1) The treatment which alleviates Raktapitta.
- 2) Purgation (Virechana) according to Bala and Dosha.
- 3) Fasting (Upavasa) according to Bala and Dosha.
- 4) Bloodletting (Shonita Sravana) according to Bala and Dosha.
- 5) Purification of blood (Rakta Shodhana.)

These Choices Can Be Utilized in the Treatment of EHT:

- 1) In first choice the treatment will be Sheeta and Pitta Shamaka. Shodhana has also indicated according to the direction of Raktapitta and Bala-Dosha-Pramana (Ch.Chi.4/55-56).
- 2) In second Verechana is the choice. There are many references in which Virechana has been indicated in different roots of pathophysiology of EHT (Evam Utthanam). To alleviate main Pitta Dosha and vitiated Rakta, choice is Virechana.
- 3) Upavasa is a one type of Langhana. When patient is having less strength than one should proceed for fasting to alleviate the morbid Kapha and Pitta Dosha. (Ch.Su.22/18, 22).
- 4) If blood became impure by any Dosha, then it should be alleviated by Shonita Sravan i.e. bloodletting.
- 5) Blood purification by Raktaprasadaka Chikitsa.

In '2, 3 and 4 the principles of treatment are based on Apatarpana, in '1' it is based on both Tarpana and Apatarpana, while in '5' Charaka has indicated Shamana Chikitsa.

According to early made assertion, EHT comes under complex Avarana, although predominance of individual Dosha and their different fractions are also notable.

Charaka has implied following Chikitsa Karma in general Avarana (Ch.Chi.28/239-241):

- 1) Anabhishtyandi,
- 2) Snigdha,
- 3) Srotasa Shuddhikara,
- 4) Kapha-Pitta Aviruddha,
- 5) Vata Anulomana,
- 6) Yapana Basti, Mrudu Virechana or Sansrana, Mrudu Virechana or Sansrana.

All these fractions are in sequence and views the mode of treatment serially. First choice is Anabhishtyandi drugs because the property of Abhishtyandi drugs is to obstruct Rasavahi Srotasa by its Guru and Pichhila fractions (Sh.Pr.5/24). Second indication gives the idea of lubrication of Srotasa to perform the functions of Srotoshuddhikara and Vatanulomaka Drugs smoothly. Here treatment regimen only indicates Evacuation of morbid Doshas. Kapa-Pitta Virodhi Chikitsa can cause the derangement of Dhatus; therefore, Charaka has enunciated Kapha-Pitta Aviruddha Chikitsa in case of Avarana. All the remaining serials are used to normalize the deranged Dhatus caused by Avarana.

Specific Treatment of individual Avaranas Participated in EHT Pathophysiology:

- 1) **Kaphavrita Vata Chikitsa (Ch.Chi.28/187):** Anna: Yava, Jangala Mruga-Pakhimansa. • Sweada, Tikshna Niruha, Vamana and Virechana.
- 2) **Pittavrita Vata Chikitsa (Ch.Chi.28/183)** Vyatyasat Chikitsa - Sheeta and Ushna • Jeevaniya Sarpi, Kseera Basti,

Virechana, Kseera-pana

3) Raktavrita Vata Chikitsa (Ch.Chi.28/194, Ch.Chi.29/41): - Vatashonitiki Kriya: Snehayukta Virechana, Bastikarma

4) Medasavrita Vata Chikitsa: • Prameha-Vata-Medoghna treatment (Ch.Chi.28/195) : Vatagna Annapana, Shleshma-Medohara, Ruksha-Ushna-Tikshna Basti and Ruksha Udvartana (Ch.Su.21/21), Meda-Anila-Shleshma Nashana Chikitsa in Atisthulya (Hemadri-As.H..Su.14/21) Raktamokshana (Bloodletting therapies).

5) Sirodhara: - As a vasodilator Arjuna, garlic etc. and their preparation like Arjuna Churna, Arjunarista. As a diuretics Arjuna, punarnava, gokshura etc and their Preparation like gokshura powder, punarnavashava

As a stress reduction Jatamansi, Shankhpushpi, Bramhi etc. and their Preparation like Saraswat powder saraswatarishta & yoga, pranayam

We can use also some Herbo mineral preparation like Hridayana Rasa, Tarkeshwar Rasa, Praval Pishti etc.

The Yojana of Chikitsa When Kapha-Pitta Impinges Vyana, Udana, Prana, Samana and Apana Vayu: - Charaka implied the aim of treatment is to redirect the Vayu in their appropriate direction (Swamarga Yojanam-Chakrapani Ch.Chi.28/219) - i.e.

1) Vyana in all directions: Chakrapani enunciated here Vamana, Virechana and Shamana

2) Udana Vayu upwards: Chakrapani enunciated here Vamana

3) Prana Vayu is vital and deserves to maintain its course

4) Samana Vayu: Chakrapani asked to redirect Samana in the middle.

5) Apana Vayu: Chakrapani implied here Virechana.

Thus, by observing the symptoms of a disease EHT, the proper treatment can be done according to the involvement of type of Vayu. In EHT, Vyana, Udana and Prana these are frequently involved types therefore in the treatment these types should be considered.

Yojana In Anyonyavarana Samprapti of EHT:

1) Vyanavrita Prana: Lubricant purgative (Snehayukta Virechana)

2) Samanavrita Apana: Ghee prepared with appetisers (Dipana Sarpi)

3) Pranavrita Udana: Treatment related to head (Urdhvhvabhagikam Karma)

4) Udanavrita Apana: Basti, Anulomaka Bhojana

5) Samanavrita Vyana: Exercise (Vyayama), light meal (Laghu Bhojana)

Yojana of Virechana in EHT:

1. In general, Avarana of EHT – Mrudu Shodhana, Sransana (Ch.Chi 28/241)

2. Virechana in Meda, Kapha, Pitta and Rakta Avrita Vata (Ch.Chi.26/28, 30)

3. In the Pitta dominant EHT – Sarpipana, Madhura- Sheeta Virechana. (As.H.Su.13/4).

4. In the Shleshma dominant EHT – Tikshna Virechana. (As.H.Su.13/10).

5. EHT patient with Sthulya, Bala, dominancy of Pitta and Kapha- Sanshodhana (As.H.Su.14/12)

6. EHT patient with Brihata Sharira and Balavana – Langhana Vishuddhi (Ch.Su.22/19)

7. Raktapradoshaja Roga – Virechana (Ch.Su.24/18)

8. EHT patient with excessive Santarpana induced symptoms- 1) Virechana and 2) Raktamokshana.

Thus, it can be said that Virechana Karma is a common procedure in many etiopathological routes of EHT hence it can be utilized in the management of hypertension.

Opinions of Different Ayurveda Scholars in the Management of Hypertension: (Madhujivan 1983)

Vd. M.P. Nanal:

1) Vachasuvarna Yoga: Process: Take one piece of Vacha and then dip it in Brahmi Swarasa. After wetting of Vacha insert wire of Shuddha Suvarna in it and then dry, after drying rub it on somewhat rough stone surface with water or milk and use it.

2) Hemagandha: Same preparation process is indicated here also, only the change is of Sarpagandha instead of Vacha. Vd

S. Jalukar

3) Single herbal drugs: Yashtimadhu, Haritaki, Amalaki, Pippali, Pippalimula, Eranda, Mridvika, Triphala, Musali etc. Anupana: Madhu, Amalaki paka, Dugdha and Jala

4) Rasaushadhi : Combination of Lakshmi Vilasa Rasa or Hemagarbha or Chaturmukha Rasa one part with Pravala Panchamrita or Mrigashringa or Sitopaladi Churna four part – Muhurmuhu internal administration.

Vd. B. Katti: He used following drugs in particular stage of hypertension

1) In Upadravavastha for the protection of Hridaya and Shira Marmas Brihat Vata Chintamani, Arjunarishta and Pippalyasava are the drugs of choice.

2) If involvement of heart is not present then for Shakhagata Amapachana and Sansana: Punarnavadi Guggula, Bhallatakasava, and Abhayarishtha.

3) If involvement of heart is present then for Amapachana and Sansana, Arogyavardhini, Gomutra Haritaki, Draksharishta, Kumari Asava.

Shree N.R. Karandikar:

1) Brahmi Swarasa, Brahmi Arka or Brahmi Prasha

2) Saraswatarishtha

3) Ajamoda 2part + Guduchi Sattva + Kumari Swarasa - Tablets, oral administration with milk and sugar

4) Experienced decoction for HT: Guduchi + Dhamasa + Raktachandana + Tikta Patola + Shunthi + Aragvadha Phalamajja + Dhanyaka etc.

Vd. Karmarkar:

1) Chandraprabha 250 mg – 4 times Samudga with milk or Medohara Yoga (Vidanga, Mandurabhasma, Trikatu, Triphala) in Obese patients with HT.

2) Raktamokshana, Vasakasava, Nagakeshara, Shatavari Kalpa with milk in Vriddha Rakta patients.

Evam Pratikara, Pravrutti and Nivritti (Prescriptions and Prohibitions in the Treatment): -In EHT the Avaraka entities are Meda, Kapha (Santarpanjanya) and Pitta, Rakta etc. Therefore, the prescriptions and prohibitions depend upon which Dosha, Dhātu and Mala is involved in the pathogenesis. Therefore, hypertensive patients should avoid Kapha, Meda, Rakta, Pitta and Vata kara

Ahara- Vihara according to the dominancy of Dosha and Dhātu.

APATHYA (PROHIBITIONS): Patient should not take (Ch.Su.24/5-10): -

1) Excessive alcohol (Bahu-Tikshna-Ushna Madya)

2) Excessive salt, alkaline, acidic and pungent food intake.

3) Kulattha, Masha, Nishpava and Til oil.

4) Mulaka and all green eatables.

5) Meat of aquatic, marshy, Prasaha and the animals living in holes.

6) Fatty diet, eggs.

7) Curd, sour, whey (Mastu), vinegar, Sura and Sauviraka.

8) Rotten, putrefied food and which has mutually contradictory qualities.

9) Ratri jagaran, Chinta, Bhayadi seven, Ksara seven, Maithuna, Guru, Abhisayandi, Katu, Ruksha, Ushna Aahara, Dahi, Amalrasa, Mansa, Kulatha, less activity, Smoking

10) Excessive anger, excessive exposure to the sun and fire.

11) Suppression of the urge for vomiting, avoidance of bloodletting (in Sharada)

12) Exertion, external injury, heat, taking food before previous food is digested etc. Apathya of EHT.

(VIRUDDHA): -

1) Idli, Dosa, Panjabi diet, Chinese diet and other fast foods.

2) Tobacco, Cigarette smoking, tea and coffee.

- 3) Sleeping during day time after taking liquid, unctuous and heavy food, avoidance of night sleep.
- 4) Excessive anger-stress, excessive exposure to the sun and fire.
- 5) Exertion, heat, taking food before previous food is digested.

PATHYA (PRESCRIPTIONS):

- 1) Anabhishtyandi, Vatanulomaka, Avidahi, Pittashamaka,
- 2) fresh food, Swarna Siddha Jala Pana,
- 3) Godhum, Jawar, Yava, Mudga, Dugdha, Sastika, Sali, Chana, Cow milk, Meat of pigeon, leaf vegetables like Upodika, Sunishanka, Tandulkiya . Fruits like Amalaki, Draksh, Kusmand etc.
- 4) Garlic (Jalukar Madhujivan 1983), Tilataila Abhyanga, Ghrita Nasya at sleeping time (Jalukar Madhujivan 1983),
- 5) Chandra Bhedana Pranayama (Pranayama-Janardana Swami),
- 6) Shavasana (L. Vinekar- Kaivalyadham, Lonavla), Gayatri or Omkar Uchhara)

NON - PHARMACOLOGICAL MEASURES:

1) Weight reduction: Weight reduction of even as little as 4 -5 kg has been found to reduce blood pressure in a large proportion of overweight persons with hypertension (Sthaulya- Excessive Santarpana).

2) Physical activity: Regular aerobic physical activity can promote weight loss, increase functional status and decrease the risk of cardiovascular disease and all-cause mortality. A program of 30-45 minutes of brisk walking or swimming at least 3-4 times a week could lower SBP by 7-8 mm Hg. Isometric exercises such as weight lifting should be avoided as they lead to pressor effects.

3) Alcohol reduction: - Notwithstanding the evidence that an alcohol intake up to three standard drinks a day may lower the risk of coronary heart disease. Alcohol attenuates the effect of anti-Hypertensive drug therapy but its pressure effect is at list partially reversible within 1-2 weeks by moderation of drinking around 80%. Hypertensive patients who drink alcohol should be advised to limit their consumption to not more than 20-30 gm. Of ethanol per day for men and 10-20 gm for women. They should be warned against the heightened risk of stroke associated with being drinking.

4) Reduction in salt intake: - Epidemiological evidence suggests an association between dietary salt intake and elevated blood pressure. The total daily intake of salt should be restricted to 6 gm, however in hot summer this may be relaxed. Patients should be advised to avoid added salt, processed foods, and salt containing foods such as pickles, papads, chips, chutneys and preparations containing baking powder. In the Indian context, salt restriction is more important as Indian cooking involves a high usage of salt. In randomized trials, it was found that salt restriction, (from 150 m mol / day to 70-80 m mol / day) producing fall in SBP to 3-4 mm of Hg and in DBP of about 1mm of Hg in Hypertensive patients. Some patient shows greater BP falls and patients may either show no BP fall or even slight elevation of BP in salt restriction. On the basis patients have been classified in to salt sensitive and salt resistant. With Hypertension must be recommended the reduction of salt intake in their daily meals. (HT in practice, D.G. Beevers, G.A. Macgregor 2nd ed. 1995)

5) Diet: Vegetarians have a lower blood pressure compared to meat eaters. This is due to a higher intake of fruit, vegetables, fibers coupled with a lower intake of saturated fats, and not due to an absence of intake of meat protein. Intake of saturated fats is to be reduced since concomitant hyperlipidemia is often present in hypertensives. Regular fish consumption may enhance blood pressure reduction in obese hypertensives. Adequate potassium intake from fresh fruits and vegetables may improve blood pressure control in hypertensives. A dietary fiber consists of complicated carbohydrate substances and is useful in the prevention of constipation by increased intestinal transit times. Increasing fibers in the daily meals give advantage with greater consumption of fruit and vegetables. Dietary fiber content might lower the blood pressure.

6) Cessation of tobacco smoking: - Cessation of tobacco smoking is perhaps the most powerful life style measure for the prevention of both cardiovascular and non-cardiovascular diseases in Hypertensive patients.

7) Relaxation: - The most effective way of lowering blood pressure is to sleep. This fall in blood pressure during sleep is largely due to relaxation therapies, for e.g. biofeedback, transcendental meditation, Yoga, sleep therapy and psychotherapy are very helpful to combat psychosocial stress in Hypertensive patients. Dhyana, Satvika Ahara and fasting are also useful to control the high blood pressure. In this way holistic approach towards Hypertension is very useful to control the blood pressure, as well as its complications. (Discovering human potential energy by Dr. Lajpat Rai published by central council of Yoga and Naturopathy.)

8)Yogic measure: Satwavajaya is one of the recognized methods of treatment according to Charaka. (Ch. Su. 11/54). As we know that EHT, is a Psychosomatic disease. Raja & Tama are main culprits in Samprapti of EHT. Thus, the regulation of the Satva by yogic exercises is highly beneficial in the treatment of hypertension. Because the yoga is known to endow man

with beneficial of physiological, biochemical & mental functions. (Jounrel No. -x) (vol - 2). Also, Acharya Charak says that one who has a happy combination of his thought, speech, action who has his mind under control, who has this intellect clear & the also processes knowledge of soul & who is devoted to austerities & yoga never

suffer from any diseases. (Ch. sha. 2/47). Yoga gives an effect on reduction of: - weight, rate of respiration & heartbeat, lowering of blood pressure, improved mental acuity a state of hypocoagulability, better micro circulation. In bio -chemical changes - increase in urinary 17- hydroxy & reduction in the 5 cholesterol & blood sugar (current Joun. Vol-2).

Yoga promotes a stronger mental competence, indicated by prominent alpha waves in EEG, reflecting a stable nervous system. These changes are accompanied with low acetylcholine & low cholinesterase activity.

Shavasana, Sukhasana Dhanurasana, Makarasana, Vajrasana and Pranayama are found to be very useful for lowering blood pressure in normal as well as hypertensive individuals if performed accurately and adopted as a lifestyle

Yogic relaxation with Shavasana lead to significant reduction of blood pressure & drug dispensation in patient suffering from EHT. Shavasana exercises influences the hypothalamus through continuous feedback of slow rhythmic

proprioceptive & interoceptive impulses. This sets the regulatory mechanism in the hypothalamus at a lower level & theory helps in reduction blood pressure. The Shavasana gives better response in cases of EHT.

With the help of meditation, yoga and other mind-body relaxation techniques stress can be reduced which lowers the blood pressure.

2. CONCLUSION

1) 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.

2) After thorough study of literature and fundamentals in both Ayurveda and Modern medicine, it is concluded that Ayurvedic approach to treat a disease according to its Samprapti (pathogenesis) is very practical and should not be overlooked. This review of hypertension showed that the disease can be well managed by following Pathya- Apathyaas (healthy-unhealthy diet and life style pattern) mentioned in Ayurveda.

3) Considering detailed we can definitely say that Ayurveda describes appropriate lifestyle and diet management called as Aahar and Vihar for maintaining homeostasis and thereby preventing hypertension. Proper medication as per Ayurvedic guidelines (along with proper Aahar, Vihar and Yoga) will definitely control blood pressure without any untoward effects. Additional benefit of Ayurvedic management is absence of hazardous effects which is very important in view of the global acceptance of Ayurveda

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