

HYPERTENSION IN LIGHT OF DASHVIDHPARIKSHAYABHAV**¹Dr. Ujwala V. Pawar and ²Dr. Meera Rajaram Khandekar**¹Guide, Associate Professor & HOD Rognidan Vikruti Vigyan, Govt Ayurved College, Nanded.²P.G Scholar, Dept of Rognidan Vikruti Vigyan, Govt. Ayurved College, Nanded.***Corresponding Author: Dr. Meera Rajaram Khandekar**

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ABSTRACT

Dashvidhparikshya bhav is a concept which is described by Acharya Vagbhat for confirmatory diagnosis of any disease. Dashvidhparikshyabhav includes Dushya, Desh, Bal, Kal, Analah, Prakriti, Vayah, Satva, Satmya and Ahara. These parikshyabhav helps to diagnosis and break the samprati of disease by taking specific action and treatment. This concept can apply in any disease diagnosis and treatment. Hypertension is a dreadful disease which is multifactorial in its origin with a chronic aetio-pathogenesis when thought adapting the principle of Dosh-Dhatu-Mala theory. The pathology seems to be centered on Shonit Dhatu and Tridosh, so it fall in Madhyam Rogmarg(intermediate route) and hence it is Yasya disease(difficult to cure). One can break samprapti of hypertension by avoiding the things which contributes in Dashvidhparikshyabhav of this Anukta disease.

KEYWORD: Dashavidhparikshyabhav, Hypertension, Anukta vyadhi, Strotas.**INTRODUCTION**

Hypertension also known as high blood pressure, is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. Hypertension in adults aged 18 years and older who are not actually ill, it is defined as systolic blood pressure of 140 mm Hg or greater and/or diastolic blood pressure of 90 mm Hg or greater or any level of blood pressure in patients taking any hypertensive medication.¹

Classification

1. Primary (essential) hypertension : About 90–95% of cases are primary, defined as high blood pressure due to nonspecific lifestyle and genetic factors.

Lifestyle factors that increase the risk include excess salt in the diet, excess body weight, smoking, and alcohol use.

2. Secondary hypertension : The remaining 5–10% of cases are categorized as secondary high blood pressure, defined as high blood pressure due to an identifiable cause, such as chronic kidney disease, narrowing of the kidney arteries, an endocrine disorder, or the use of birth control pills.

In Ayurveda, Hypertension as such is no mentioned as a disease but there are many references in Ayurvedic classical texts about Hridaya, Sira, Dhamani which are commonly affected by high blood pressure.

अनुक्त : "विकारानामकुशलो न जिह्वीयात कदाचन ।

न हि सर्वविकारानाम नामतोऽस्ति ध्रुवास्थिती ॥"³ - च.सू. १८/४४

Hypertension can be understood by assessing the involved Doshas, Dooshyas (entity which is affected by morbid Dosha), Srotas etc. There are still many controversies related to this disease in Ayurveda. Thus, this is an attempt to thoroughly understand hypertension and interpret it in terms of Ayurvedic principles, considering all the existing views.

Various Ayurvedic scholars have coined different names for hypertension such as: Raktagata Vata, Siragata Vata,

Avrita Vata, Dhamani Prapurana, Rakta Vikshepa, Vyana Prakopa, Raktamada, Uchharaktachapa, Vyana Atibala etc.

Dashvidh Parikshyabhav

Acharya Vagbhata described these ten fold diagnostic tool which gives assessment of status of both Patient and diseases.

दृष्यं देशं बलं कालमनलं प्रकृतिं वयः ।

सत्त्वं सात्म्यं तथाहारमवस्थाश्च पृथग्विधाः ॥ - वाग्भट सं. सूत्रस्थान 12/67²

1. Dushya – Dosha, Dhatu, Strotas
2. Desh – Geographical region and site in body
3. Bala – Rog and Rogi
4. Kal – Season
5. Analah – Agni
6. Prakruti – Physical and Mental
7. Vayah – Age
8. Sattva – Physiological state
9. Satmya – Habits
10. Ahara - Diet

AIMS AND OBJECTIVES

1. To find out the factors involved in hypertension as per Ayurvedic line of thinking i.e
2. To explain disease hypertension in terms of Ayurveda.

1. Dushya

Hypertension is mainly a Tridoshaja Vyadhi having the dominancy of Vata Dosha.

In Circulatory system Ahar ras, Ras dhatu and Rakt dhatu are entities which circulate all over body.

Strotas: In the context of blood pressure Rasavaha and Raktavaha Srotas as are important as they are related with 'Rasa-Rata Samvahana'. Also essential hypertension is a psychosomatic disorder, so role of Manas is also very important in this case. Hence, it can be said that Rasavaha, Ratavaha, Annavaha and Manovaha are the Srotas which are affected in hypertension.

Annava strotas: It get vitiated due to untimely intake of large quantity of unwholesome food and impairment of Agni(digestive capacity)⁴

Rasava strotas: Excessive intake of Guru (heavy), Shit(cold), excessively unctuous food and constant worry.⁴

Raktava strotas: Raktwahstrotas get vitiated due to intake of food and drinks which are irritant, unctuous, hot and liquid, excessive exposure to sunlight and fire.⁴

2. Desh

Desh refers to both Bhumi desha as well as Atur desha.

A) A region-specific : About 33% urban and 25% rural Indians are hypertensive.

The differences in HTN prevalence between urban and rural areas noted due to differences in socioeconomic conditions, risk factors, and quality of healthcare services provided. Rural parts of India have lower rates of literacy and have wider disparity in access and quality of health services as compared with urban areas. Recent studies

from India have shown that HTN is significantly more prevalent in the lower education group when compared with higher education group.

The higher prevalence of HTN in urban areas may have arisen as cardiovascular disease risk factors among the urban poor and middle class are rapidly increasing in India. Lifestyle changes (harmful dietary practices, consumption of tobacco, and sedentary habits) occurring because of rapid urbanization and economic progress in urban areas have also contributed to the growing epidemic of HTN in urban areas of India.⁶

B) Being overweight or obese: The more you weigh, the more blood you need to supply oxygen and nutrients to your tissues. As the amount of blood flow through your blood vessels increases, so does the pressure on your artery walls.

3. Bala

Physical fitness

Middle and high levels of muscular strength were associated with a reduced risk of HTN in prehypertensive men only.

4. Kal

BP generally higher in winter and lower in summer, that's because low temperature because your blood vessels to narrow which increase BP because more pressure is needed to force blood through your narrowed veins and arteries.

5. Anal

Agni is an important factor in the pathogenesis of all the diseases.

Agnidushti occurs at two levels

- a. Jathragnimandya
- b. Dhatwagnimandya

Atimatrashan (excessive diet), Viruddhashan (intake of food having opposite properties) and Adhyashan (intake before the digestion of previous food) are the causative factors of Jathragnimandya.

It will affect all Agni viz. Saptdhatwagni and Panchdhatwagni.

Jathragnimandya will cause Aam formation which results in strotorodh and vitiation of all Dosh. It will ultimately increase peripheral resistance and can lead to Hypertension.

Atherosclerotic changes in vessels can be outcome of chronic Agnimandya and Aam.

Acharya Charak has already described Dhamanipratichay as one of Nanatmaj disease of Kapha Dosh.

6. Prakruti

People with Vata and Pitta predominant constitution are more prone to HTN than any other.

Manas Prakriti: Unprocessed anger, frustration, irritability, anxiety and fear leads to maladaptation of endocrine system, which then leads to condition like HTN.

Among all Prakriti, Sama Prakriti is best and gets diseased less as compare to others.

Vata Prakriti person have less strength and so chances to get diseased are most and so physician should be care full if planning any Samshodhana (body purification) treatment.

Sama and Kapha dominant Prakriti person will slow in development of any disease.

PRAKRITI-PSYCHO-SOMATIC CONSTITUTION :
Constitution and Dosha dominancy of Sperm and Ovum at the time of conception.

Time and condition of the uterus.

Food, regime and mental status of the mother at the time before, after and during pregnancy.

Nature of Mahabhootas comprising the foetus.⁵

7. Vaya

Age also give clue about strength : Childhood age has immature Dhatus, while in old age decline phase starts. So both are having less quality of Bala (physical strength).

Middle age person have good quality of Bala and so prognosis will be better as compare to childhood and old age.

Main purpose of examination of age is to know natural predominance of doshas in person, and its association with the vitiated dosha, dushya.

The structure and function of the human heart and vasculature change with age. Structural changes in the vasculature increase arterial stiffness, which reduces arterial buffering capacity and gives rise to age-associated changes in systolic and diastolic blood pressure.

On average, systolic blood pressure rises with age, while diastolic blood increases until approximately 50 years and then declines.

8. Satwa : Manas

Hypertension is considered as a psychosomatic disorder also. In Ayurveda Prajnaparadha and Asatmyaindriyarthasamyoga 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. play an important role in the etiopathogenesis, progression and prognosis of disease as well as response to the treatment of the disease – hypertension.

Stress: High levels of stress can lead to a temporary increase in blood pressure. Stress-related habits such as eating more, using tobacco or drinking alcohol can lead to further increases in blood pressure.

9. Satmya

SATMYA PARIKSHA- DIET STATUS
Wholesomeness developed by habits.

Individual for whom Ghee, milk, oil, and meat soup as well as the drugs and diets having all the six tastes are wholesome: Pravara satmya

Those who are accustomed to unctuous things and drugs and diets having only one particular taste : Avara satmya.

If there is combination of both these types of homologation, individuals are possessed of moderate strength.⁵

Not being physically Active: People who are inactive tend to have higher heart rates. The higher your heart rate, the harder your heart must work with each contraction and the stronger the force on your arteries. Lack of physical activity also increases the risk of being overweight.

Using tobacco: Not only does smoking or chewing tobacco immediately raise your blood pressure temporarily, but the chemicals in tobacco can damage the lining of your artery walls. This can cause your arteries to narrow and increase your risk of heart disease. Secondhand smoke also can increase your heart disease risk.

Drinking too much alcohol: Over time, heavy drinking can damage your heart. Having more than one drink a day for women and more than two drinks a day for men may affect your blood pressure.

10. Aahar

Nutritional intake of humans is assessed by different methods.

These are: 24 hours dietary recall, Food frequency questionnaire, Dietary history since early life.⁵

Too much salt (sodium) in your diet. Too much sodium in your diet can cause your body to retain fluid, which increases blood pressure.

Too little potassium in your diet. Potassium helps balance the amount of sodium in your cells. A proper balance of potassium is critical for good heart health. If you don't get enough potassium in your diet, or you lose too much potassium due to dehydration or other health conditions, sodium can build up in your blood.

DISCUSSION AND CONCLUSION

Hypertension is mainly a Tridoshaja Vyadhi having the dominance of Vata Dosha. Scientific investigation is the key point in all types of research. Acharya Vagbhatokt Dashavidha Parikshya Bhava (tenfold of investigation) are one of the evidence of critical scientific approach of Ayurveda. These can be considered as a validation of ancient research methods and can be fully correlated with contemporary or current research Methodology.

Hypertension is major risk factor for cardiovascular disease, stroke and kidney disease leading to high mortality. Conventional treatment modalities do not have enough efficacies in reducing target organ damage and they have adverse effects as well. So it is the need of time to get safe, effective and cost effective remedies in Ayurveda.

Therefore to maintain good health and quality of life patient look towards Ayurveda.

The principle focus of Ayurveda is on maintaining good health and adopting a healthy lifestyle. Hypertension is an anukt vyadhi which is not mentioned in ayurvedic classical texts. But Acharya Charak said that in case of such unknown disease/Anukt vyadhi, the physician should try to understand the nature of disease through dosh dushya lakshnas. So it's our prime concern to understand the dushti lakshnas in hypertension and above Dashvidhparikshyabhav so that we can improve the quality of life of patient by Ayurvedic Pathyapathya, Shodhan and Shaman chikitsa.

REFERENCES

1. API, Textbook of Medicine, edition 8(1): 532.
2. Vagbhat, Ashtang Hriday, Shastri HS, Paradkar (editor), Chaukhamba Sanskrit Sansthan Varanasi, Sutrasthan chapter 12/67.
3. Acharya Charak, vd. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharti Prakashan, Varanasi, 378, chapter 18th sutrasthan, Trishothiya adhyaya verse, 2013; 44(1).
4. Acharya Charak, vd. Bramhanand Tripathi, Charak Samhita, Chaukhamba Surbharti Prakashan, Varanasi, 5th Vimansthan, Stotoviman adhyaya verse, 2013; 16(1).
5. <https://www.slideshare.net/mobile/PrashanthJain/das-hvidha-pariksha>.

6. ncbi.nlm.nih.gov. Hypertension in India: a systematic review and meta-analysis of prevalence, awareness, and control of hypertension.
7. Reddy KS, Prabhakaran D, Jeemon P, Thankappan KR, Joshi P, Chaturvedi V, et al. Educational status and cardiovascular risk profile in Indians. Proc Natl Acad Sci., U S A 2007; 104:16263–16268.
8. Jeemon P, Reddy KS. Social determinants of cardiovascular disease outcomes in Indians. Indian J Med Res., 2010; 132:617–622.
9. Kinra S, Bowen LJ, Lyngdoh T, Prabhakaran D, Reddy KS, Ramakrishnan L, et al. Sociodemographic patterning of noncommunicable disease risk factors in rural India: a cross sectional study. BMJ 2010; 341: c4974.