INTRODUCTION

Hypertension is a health issue distressing the mankind throughout the globe. It is a condition in which the blood pressure is chronically elevated i.e. 140/90 mm Hg or higher. Elevated level of blood pressure correlate directly with the risk of developing cardio vascular disorders (CVD) and stroke leading to mortality. As per World Health Organization (WHO), the incidence of hypertension in urban population is around 40% and rural around 18%. Basically Hypertension is classified as primary hypertension and secondary hypertension. Most of the cases are categorized as primary Hypertension. Primary Hypertension is originated from unknown cause in allopathic system of medicine.

However, the changes in social and economic conditions, lifestyle, dietary habits and an increasing stress and strain in producing the livelihood have increased the prevalence of this disease. In Ayurvedic classics, Hypertension term is not mentioned, but on the basis of its symptomatology is found in the chapters of Vata vyadhi, Prameha, Hridayaroga. It's correlated with Vyayamula vishnya i.e. vikriti (abnormality) of vyaa vyu (a subtype of vata, that is situated in cardiac region). In the pathogenesis of hypertension, vyayamuvaa along with prana and apana vyu get affected. Basically, it is considered in doshaja nanatmaja vikara (symptoms due to disequilibrium of three regulatory functional factors of the body) like Hridravata (tachycardia), Shiroruk (headache), Lalat bhed (frontal headache), Vakshatod (pectoralgia), Vakshaparodh (chest tightness), Bhrama (giddiness), Bhradha (tremor) etc.

Number of antihypertensive drugs available in allopathic medicine which control the blood pressure and prevent the risk of CVD. Sarpagandha (Rauwolfia serpentina) is a popular Ayurvedic plant drug among the scientists as Antihypertensive. In the present study, a classical Ayurvedic formulations Sootshekhar ras and Akik pisti used as an antihypertensive drug for the elevated blood pressure and associated symptoms of primary hypertension.

CASE STUDY

A 38 years old female patient who was normal before three months develop symptoms like headache, palpitation, vertigo, heaviness at chest area and nausea. Three months before when she was suffering these symptoms, she went to the general physician who has diagnosed primary hypertension. After taking the detailed history, she came to our clinic who has diagnosed hypertension and prescribed antihypertensive medicines i.e. Amlodipine. She had taken the medicine for two months but did not get relief, after that she came to outpatient department (OPD) of Regional Ayurveda research institute for Ayurvedic treatment. The registration no. was 1213 dated 19.06.2018. The patient was complaining of headache, palpitation, vertigo, nausea, burning in chest and stomach. After taking the detailed history, the consent was taken from the subject and study was in accordance with ICH GCP guidelines.

General examination

Pulse: 114/min
Respiratory rate: 26’ min
Blood pressure: 170/114 mm of Hg
Temperature: 98.6 ° f
General condition: Poor

Systemic examination

Rest of the systemic examination did not reveal any significant abnormality.

Dashavidhapaniksha (ten important aspects for examination)

- Prakriti- Vat pittaj
- Vikriti- Pitta
- Sara- Meda
- Samhanan-Madhyam

Received on: 25/11/18 Accepted on: 07/01/19
**OBSERVATION AND RESULT**

During the first visit of treatment along with Ayurvedic intervention, conventional antihypertensive drug was continued as BP was high. After a week patient came to the OPD as follow up, conventional antihypertensive drug, which was prescribed previously by other physician, where patient has taken treatment, was tapered down and stopped. After that patient was registered for Ayurvedic treatment. The treatment was used for 21 days with every 7th day follow up. After first follow up blood pressure had come to nearly normal i.e. 120/80 mmHg and pulse rate also comes to 84 per minute and headache, palpitation, vertigo, heaviness at chest area and nausea symptoms had disappeared. The patient had followed the diet and restrictions as advised.

**DISCUSSION**

In the present era number of options for treatment of Hypertension. World Health Organization has accentuated development and utilization of herbal drugs and traditional medicines. The organization has accessed that about 80% of the population of developing countries is depend on these medicines. According to Ayurveda, essential hypertension is similar to Vyanabal vaishnya. The disease Vyanabal vaishnya seems to be resulted from the vaisamya of vyanaavata. Vata is a unique dosha, which regulates and is responsible or the movement of other two pitta and kapha doshas. As the vyana vata is responsible for the movement of rasa rakta dhatu. Obstruction and accumulation in the circulation of Rakta dhatu may barriers for the movement of vyana vayu, which produce increased force in the wall of the channels during its course of movement to circulate rasa raktadhatus through the body. The appearance of the hypertension, the vyana vayu and pitta dosha are the major contributing factor, which gives the nucleus for the pathogenesis. Vitiated vata disturbed the blood circulation and aggravated pitta produce giddiness, burning sensation, sweating, and abdominal pain. Soothshekhar ras due to its content has potent effect in the treatment of acid peptic disorders, dyspepsia, gastritis, vomiting, abdominal colic, diarrhoea, dysentery, hemorrhage, mental disorders, cardiac disorders and circulatory disorders. Its action helps in maintaining of digestion and primary hypertension. Akik Pisti acts as cardiac tonic, pitta related disorders, heart burn, headache, vision and infection related eye disorders. Collective mode of action of intervention are pacification and alleviates constipation, appetizer, digestive which gives patient symptomatic relief in burning in chest, burning in stomach, giddiness, constipation and headache.

**CONCLUSION**

On the basis of our clinical observation, it is concluded that the trialized intervention is safe and effective without producing adverse effects in the management of Essential hypertension due to their pharmacodynamics action i.e. piittashamak, digestive properties.

**ACKNOWLEDGEMENT**

The author expresses sincere thanks to the Director General, Deputy Director General, CCRAS, New Delhi for their encouragement. Authors are grateful the patient who has given consent to publish this case report.

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**Table 1: Drug and Polysy**

| SN | Name of medicine | Doses | Ingredient | Reference |
|----|------------------|-------|------------|-----------|
| 1. | Soot shekhar ras (powder) | 250mg BD for 21days | Shuddha Parad, (purified Mercury), Tanka Bhasma (purified Borax), Shuddha Vatsanabha (purified Aconium ferax), Shunti (Zingiber officinalis), Maricha (Piper nigrum), Pippali (Piper longum), Daattura (Datura metel), Gandhaka (purified Sulphur), Tamra Bhasma (herbal purified powder from Copper), Ela (Elettaria cardamomum), Twak (Cinnamomum zeylanicum), Patra (Cinnamomum tamala), Nagakeshara (Mesua ferrea), Shankhu Bhasma (herbal purified Conch Shell), Bbiva (Aegle marmelos), Kachura (Curcuma zedoaria) and Juice extract of Bhringaraja (Eclipta alba). | Yogaratnakara Amlapitta Chikitsa 705, Ayurvedic Formulary of India Vol. 1, 20.52 |
| 2. | Akik pisti (powder) | 250mg BD for 21days | Akik (Cryptocrystalline silica) powder, Aloe vera juice extract, juice extract of Ketaki (Pandanus odoratissimus), Jalapipalli (Phylia nodiflora) juice. | Ayurvedic Pharmacopeia of India, Part 2 Vol 3, 1st edition |

**Table 2: Investigation carried out for assessment**

| Biochemical and radiological parameters | At the starting of the treatment | At the end of the treatment |
|----------------------------------------|---------------------------------|----------------------------|
| S. Cholesterol                          | 178 mg/dl                       | 175 mg/dl                  |
| Triglycerides                          | 157 mg/dl                       | 164 mg/dl                  |
| HDL                                    | 42 mg/dl                        | 42 mg/dl                   |
| LDL                                    | 113 mg/dl                       | 116 mg/dl                  |
| VLDL                                   | 31 mg/dl                        | 33 mg/dl                   |
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Cite this article as:
Anil Mangal and Uma Mangal. Efficacy of an Ayurvedic intervention in the management of hypertension: A case study. Int. J. Res. Ayurveda Pharm. 2019;10(1):64-66 http://dx.doi.org/10.7897/2277-4343.100115

Source of support: Nil, Conflict of interest: None Declared

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