

A Case Report on Hypertension Managing Through Ayurveda W.S.R Raktgata - Vat

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ABSTRACT –

Hypertension is high blood pressure that doesn't have any known etiopathology. Most of sufferers (85%) are asymptomatic and as per available reports, in more than 95% cases of hypertension under lying cause is not found. It is estimated that 600 million people are affected worldwide. Hypertension under lying factor for the development of cardiovascular disease (CVD). Its impact is greatest on stroke. MI and end stage is renal failure as it's known as a silent killer. Hence there is no direct reference of hypertension in Ayurvedic classics by name as well as by its physiological views. Many works have been carried out on hypertension to evaluate the perfect diagnosis and mode of treatment on the basis of different nomenclatures also have been adopted by Ayurveda experts like Raktagata vata, Raktagata Vyana Vaisamya Uccha Rakta Chapa, Raktavrita vata, Siragata Vata etc.

KEYWORD: Raktgatvata- dusti, Cardiovascular system, Hypertension, Uccha – Raktachap.

I. INTRODUCTION

Hypertension is blood pressure that doesn't have any known etiopathology. As most of the patients suffering from a normally elevated blood pressure are asymptomatic, diagnosis is either missed or delayed. Hypertension is an instrumental disease which is the recent diagnostic invention of modern science in hypertension different views have been adopted, but no one has denied the fact that in Raktagata vata dusthi because the main pathogenesis occurs in Rasa and Rakta dhatu in blood vessels with the alteration in all the three Doshas. Common abnormalities are elevated lipid profile level, uremia, proteinuria, elevated FBS and PPBS level, abnormal ECG etc.

II. CASE REPORT

A 56 year old female patient come to kayachikitsa OPD of Pt. Dr. Shivshakti Lal Sharma Ayurvedic Medical College & Hospital Ratlam (M.P) with the chief complain of headache, palpitation, weakness, vertigo, chest tightness, mild

tremors. Mainly and sweating and nausea sometimes. When she developed these symptoms she was taken to the general physician clinic who diagnosed her Hypertensive (essential), after taking detailed history, doing complete examination and all investigation like USG abdomen, renal artery Doppler, which were normal, doctor started her Antihypertensive treatment but she had no specific relief. After visiting she had taken this treatment from Pt. Dr. Shivshakti Lal Sharma Ayurvedic Medical College & Hospital, Kayachikitsa OPD. On examination pulse was 70/min., Blood pressure was 140/90 mmHg and all systemic examination was done which were found normal. Patient was having habit of tea, late night sleep, daily intake of salt and pickle in lunch and dinner. Patient was diagnosed as Pittavrita vata, Dhoshadushti was Pitta, Rakta, and Vata and Rasa.

Vitals before Treatment –

- Blood pressure – 140/90
- Pulse Rate – 70/min
- Respiratory Rate – 22/min
- Temperature – 98.9F, Afebrile
- Other – Odema, pallor, icterus, lymphadenopathy absent
- General condition – Normal

SYSTEMIC EXAMINATION –

Rest of the systemic examination did not reveal any significant abnormality

Dashvidh Pariksha –

1. Prakriti – Pitta – Kaphaj
2. Vikriti – Vata- pitta
3. Saar – Meda
4. Samhanan – Madhyama
5. Satmya - Vyamishra
6. Satva – Pravara
7. Pramaan – Madhyama
8. Aahar Sakti – Madhyama
9. Vyayaam Shakti – Pravara
10. Vaya – Prodhavastha

H/O Past Illness:

NAD

LINE OF TREATMENT IN AYURVEDA :

1. Nidan parivarjan –

The following causative factors of hypertension should be strictly avoided.

- Excessive intake of salt, vegetable oil, chillies, fast foods, junkfood spicy foods, tea and coffee etc.

2. Saman Chikitsa –

The following drugs are commonly used for prevention and control of Hypertension .

Drug Administration –

S.N.	Drug Name	Dose	Anupaan	Time/ Specific
1	Sarpagandha Ghan Vati	250 mg	Water	BD AF
2	Arjun Twak churn	10 gm	milk as Kheer paak	OD in breakfast
3	Tripanchmoola Kwath	15 ml	luke warm water	BD BF
4	Punarnavasava	15 ml	Luke warm water	BD BF

Vitals After Treatment –

Analysis of patient after 7 days of treatment -

- Blood pressure – 118/78mmhg
- Pulse rate – 72bpm
- Pulse Pressure 40mmhg
- Respiratory Rate – 18/min.

III. DISCUSSION

The Hypertension has no such reference in Ayurvedic texts. It is concluded that, Vata pradhan Tridoshaj Vyadhi. These vitiated Doshas leads to vitiation of Rasavaha, Raktvaha and Manovaha srotas. The main pathology occurs in Rasa-Rakta Dhatu. As the Adhishtana of the disease in Hridaya. The line of Ayurvedic Management of Raktagata Vata dusti is application of Sarpagandha Ghan vati, Arjun Twak Choorana (as kheer paka), Trinpanchmoola Kwath, Punarnavasava, and motivate to do Yogaasan in daily schedule like Surya Namaskar, Sawasan, Pranayam Anulom-vilom and Meditation. Which are Shada-Indriya Prasadana, Preenana Vata Pitta Shamak, Hridya, Mutral, Virechak, Daha-Murccha Prashamana, Nidra janak etc.

Sarpagandha has itself bronchodilator that gives immediate hypotensive activity. Arjuna twak choorna (as ksheer paaka) useful in angina pectoris, mild hypertension and dyslipidemia, its exact role in primary/secondary coronary prevention. Further, it along with Tripanchmoola kwatha, Punarnavasava and not only reduced the fluid overload due to renal impairment by diuretic action but also strengthen the renal and cardiac systems.

IV. CONCLUSION

Vata is the main causative factor for Hypertension as per Ayurved. It may be due to

- Alcohol consumption and smoking.
- Day sleeping and awakening at night.
- Excitation provocation, quarrelling worries and anxieties.

obstruction of pitta or Kapha Avarana, Sarpagandha Ghan Vati, Arjun Twak kheer paak, are useful medicine in Hypertension, As many interventions are used in this case, so it is difficult to understand by which interventions are used in this case, so it is difficult to understand by which intervention patient got relief but all are work as a black box interventions as cardio protective, vasodilator, antioxidant diuretic, Ca²⁺ channel antagonist Purgative, Reno protective, and mental stress reliver. Patient got significant relief. Large scale clinical trial should be done to establish it as general treatment for Hypertension.

REFERENCES

- [1]. ABC of Hypertension edited by Eoin O'Brien; D. Gareath; Beevers; Heward. J Marshall, BMJ publication, 1995, 3rd edition, p. 58.
- [2]. Anonymus, Rasatantra Saar & Siddhaprayogasangraha Part I, Krishangopal Ayurved Bhavan, Kaleda Krishnagopala, 23rd edition, 2014, p.250
- [3]. API – Database of Medicinal Plants used in Ayurved Vol, 1st to 6th Reprint edition, 2012, CCRAS, Dept. of ISM & H, Govt. of India.
- [4]. API Text book of Medicine Vol. 1, Hypertension, Section 12 chapter 20, 9th Edition, p.689.
- [5]. Charaka, Charaka Samhita, Acharya Y.T. (editor), Chaukhamba Surbharati Prakashana Varanasi Reprint 2008, Sutrasthan 20/11, p.113
- [6]. Charaka, Charaka Samhita, Acharya Y.T. (editor), Chaukhamba Surbharati Prakashana, Varanasi, Reprint 2008, Sutrasthan p. 269



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- [7]. Charaka, Charaka Samhita, Acharya Y.T. (editor), Chaukhambha Surbharati Prakashana Varanasi, Reprint 2008, p. 274.
- [8]. Devidson's Principle & Practice of Medicine, Cardiovascular disease , Chapter 18, 21st edition. P.580
- [9]. Harrison principal of medicines, Harrison Principles of Internal Medicine – Editors- Brian L. Casper & other 19th edition, vol 1b Publishers – McGraw hil Education, Chapter 241, 9th edition, p. 1549
- [10]. Yadav ji Trikram ji, Ras tantra sara & Sidha yoga sangraha part I, Krishana gopal ayurveda bhawan, kaleda, H.P. India, Bhasma prakarna, p.93.