

AYURVEDIC INTERPRETATION OF HYPERTENSION: AN EIGHTFOLD *SAMPRAPTI* FRAME WORK

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Introduction

Hypertension, commonly known as high blood pressure, is one of the most prevalent lifestyle disorders of the modern era. It is often referred to as a “silent killer”⁹ because it usually remains asymptomatic until serious complications arise. The increasing incidence of hypertension in recent decades highlights its global significance and its strong association with cardiovascular, renal, and cerebrovascular diseases. From an Ayurvedic perspective, hypertension can be understood through the concepts of *Dosha*, *Dushya*, *Srotas*, and *Samprapti*. This article aims to explore the Ayurvedic understanding of hypertension by correlating modern clinical features with Ayurvedic principles. Furthermore, eight possible *Samprapti* (pathogenetic mechanisms) have been postulated based on collected data and observations, providing an integrative view that bridges classical Ayurvedic knowledge and contemporary medical understanding.

Methods of study

This study is primarily conceptual in nature and is based on a comprehensive review and correlation approach. Relevant Ayurvedic and modern literature was critically analysed to understand the pathogenesis (*Samprapti*) of hypertension from both perspectives. The Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Samgraha* and their commentaries were reviewed to collect references related to *Vata*, *Pitta*, *Kapha*, *Rakta*, *Srotodushti*, *Avarana* and *Manasika Nidanas*. Modern medical textbooks and scientific articles were referred to identify clinical features, etiological factors, and pathological mechanisms of hypertension.

By correlating these findings, eight possible *Samprapti* pathways were postulated, integrating modern clinical observations with Ayurvedic pathophysiological concepts. Each proposed *Samprapti* was analysed with respect to *Dosha*, *Dushya*, *Srotas*, *Agni*, *Srotodushti Lakshana*, *Udbhavasthana* and *Adhistana* to provide a comprehensive understanding.

Keywords: *Dosha*, *Dushya*, *Samprapti*, *Srotas*

Literature review

Hypertension – Systemic effects

Hypertension is a multifactorial cardiovascular disorder characterized by persistently elevated arterial blood pressure due to structural and functional abnormalities in the vascular system. It develops through a complex interaction of genetic, neural, hormonal, renal, and vascular mechanisms.

Table 1 - Hypertension Pathology Chart³

Pathogenic Factor	Mechanism	Effect on blood pressure (BP)
↑ Sympathetic activity ^{1,6}	Vasoconstriction, ↑ heart rate, ↑cardiac output	Sustained BP elevation

Renin Angiotensin Aldosterone System (RAAS) overactivation ^{1,3,5}	Ang II → vasoconstriction, aldosterone → Na ⁺ retention	↑ Volume and vascular resistance
Endothelial dysfunction ^{4,7}	↓ Nitric oxide, ↑ endothelin	Stiff arteries, ↑ resistance
Impaired renal sodium excretion ^{1,8}	Water/salt retention	↑ Blood volume
Vascular remodelling ^{1,4}	Smooth muscle hypertrophy	↑ Arterial stiffness
Genetic factors ^{1,8}	Polymorphisms in RAAS, Sympathetic nervous system	Increased susceptibility
Environmental factors ^{1,8}	Salt, obesity, stress, alcohol	Trigger & worsen hypertension

Hypertension is often called the “silent killer,”⁹ but several symptoms may appear due to high pressure, vascular compromise or end-organ involvement. Common symptoms are persistent headache (especially occipital and at morning), dizziness, giddiness, palpitations, fatigue and reduced exercise tolerance, blurred vision, epistaxis (nosebleed), chest pain or tightness, shortness of breath, sleep disturbances Target organ–related symptoms can be neurological [confusion, transient weakness, stroke symptoms], cardiac [angina, exertional dyspnoea, arrhythmias], renal [nocturia, swelling, altered urine output] or retinal [vision loss, floaters]^{1,3}.

Ayurvedic understanding of Hypertension

Hypertension, as a distinct clinical entity, is not described explicitly in the Ayurvedic classics. However, Ayurveda does not restrict itself to disease nomenclature alone; rather it emphasizes understanding disease processes through fundamental principles. Hence, conditions comparable to hypertension are to be comprehended through *Yukthi*—the logical application of Ayurvedic concepts. Ayurveda is a principle-based science, wherein diagnosis and interpretation of disease are grounded on the assessment of *Dosha*, *Dushya*, *Srotas*, *Agni*, *Ama* and *Samprapti*. On the basis, hypertension can be analysed and interpreted through the frame work of *Ashtavidha samprapti*, enabling a rational and systematic understanding of its pathogenesis in accordance with Ayurvedic principles. *Acharaya charaka* has clearly emphasized this approach while dealing with *Anuktha vyadhi*¹⁰ (diseases not specifically mentioned in the classics.)

Ayurvedic preceptors have elaborately described the circulation of blood (*Rakta Pravahana*) and various disorders arising from circulatory disturbances, yet a direct terminology for hypertension is not explicitly mentioned in the classical treatises. Hypertension as a clinical entity lacks specific signs or symptoms until target organ damage occurs, which may explain its absence as a distinct nosological category in Ayurveda. Nevertheless, upon deeper study of the texts, references can be traced that closely resemble the clinical features observed in hypertension.

Ayurvedic elements involved in Hypertension

Prana Vayu the foremost among the five types of *Vata*, governs vital movements¹¹ and sustains life through functions such as *Hridaya Dharana* (maintenance of cardiac activity) and *Dhamani Dharana* (regulation of vascular function). It is located in the *Murdha*¹² and maintains functional association with the *Hridaya* and the *Dasa Dhamanis*,¹³ thereby facilitating *Rasa–Rakta Sravana* (circulation of blood) and *Ojas Samvahana* (distribution of vital essence). Disturbance of *Prana Vayu* disrupts these physiological processes, resulting in circulatory imbalance, which can be understood as paralleling the pathogenesis of hypertension.

Vyana Vayu, located in the *Hridaya* (heart),¹² governs the circulation and distribution of *Rasa* throughout the body (*Rasa Sravana* and *Samvahana*). Disturbance in its movement leads to defective flow of *Rasa*, which can directly influence cardiac activity and heart rate, thereby contributing to circulatory imbalance relevant to hypertension.

Apana Vayu, located in the *Apana*¹² *Pradesha*, governs elimination functions such as defecation and urination, moving through the waist, bladder, and thighs. Though primarily associated with excretion, it is closely connected to the ¹³*Hridaya* and *Dasa Dhamani*, thereby exerting a direct influence on cardiac function. Disturbances in *Apana Vayu*, such as suppression of natural urges (*Moothra–Pureesha Vegadharana*), contribute to circulatory imbalance.

Samana Vayu, according to *Sarangadhara Samhita*¹⁴, plays a vital role in circulation by transporting *Rasa* to the heart after digestion, from where it is distributed through the *Dasa Dhamani* to nourish the entire body. Thus, *Samana Vayu* is essential for *Rasa Samvahana* (distribution of nutrients and essence), and any disturbance in its function can impair circulation.

Udana Vayu, situated in the *Urasthana* (chest region), is regarded as the source of *Bala* (strength). Its primary functions include *Vakpravritti*¹² (speech), *Smritikriya* (memory), and other vital expressions of energy. Though not directly linked to circulation, disturbances in *Udana Vayu* can weaken systemic vitality and indirectly influence cardiovascular function.

Sādhaka Pitta, situated in the *Hridaya* (heart),¹² exerts a significant influence on *Manas* (mind). *Nidanas* such as stress, fear, and anger cause *Dushti* (vitiation) of *Sādhaka Pitta*, which in turn leads to *Rasavaha Srotodushti*. As a result, *Sādhaka Pitta* plays an important role in *Rakthadimarda* (conditions comparable to hypertension), linking psychological factors with circulatory disturbances.

Pachaka pitta- The *Pitta* situated in ¹²*Amasaya* is having role in proper digestion and in the formation of *Rasa dhatu*.

Avalambaka Kapha is located in the region of the *Hridaya* and is responsible for providing support and stability to the body. It helps maintain the strength of the *Dasa Dhamani*¹² and other circulatory channels. When *Avalambaka Kapha* is disturbed, this supportive function becomes compromised, leading to circulatory imbalance. In this manner, it can be understood as contributing to the pathogenesis of conditions comparable to hypertension.

Rasadhātu performs the function of *Prīṇana*¹⁴ (nourishment) and distributes *Ojas* throughout the body through the *Rasavaha Srotas*. The subtle essence of food formed after digestion becomes *Rasa*, which resides in the *Hridaya* and circulates through the twenty-four *Dhamanīs*, continuously nourishing and sustaining the body. Disturbances in the quantity or quality of *Rasa* are inferred from the resulting abnormalities. The *Nidānas* and *Lakṣaṇas* of hypertension show close resemblance to *Rasavaha Srotodushti*

Raktha Dhatu performs the function of *Jeevana*¹⁵ (sustaining life), as pure blood imparts strength, lustre, and happiness¹⁷, with vital breath following its circulation. When a person indulges in unwholesome food and lifestyle, under the influence of *Rajas* and *Tamas*, the vitiated *Doshas* obstruct the channels of *Raktha*¹⁷ and *Rasa*. This leads to disorders such as *Mada* and *Murcha*, which closely resemble the clinical features of hypertension.

Medo Dhatu is characterized by *Sramam* (fatigue) as its sign of increase,¹⁸ with *Sweda* (sweat) as its *Mala*. Symptoms such as excessive sweating and tiredness are commonly seen in hypertension. In *Sthoulya* (obesity),¹⁹ *Medo Dhatu Vriddhi* obstructs the channels, confining the movement of *Vata* to the *Koshta*. This leads to disturbances in *Agni* and provocation of *Vata*

Srotases 'Sraavanath Srotamsi'²⁰ indicate the flowing nature of channels. *Srotas* are defined as transporting passages of *Dhatu*s undergoing transformation. There are 14 types of *Srotases* according to their origin and abnormality. As long as these *Srotas* are normal, the body is not inflicted with any disorder. Food and behaviour, which are similar to *doshas* and dissimilar to *dhatu*s, are the main cause for *Srothodushti*. In hypertension, the *Srotases* involved depending on the symptoms may be *Rasavaha srotas*, *Raktha vaha srotas*, *Medovaha srotas*, *Moothra vaha srotas*, and *Pranavaha srotas*.

Ojas, the substantial essence of all *Dhatu*s ending in *Sukladhatu*, is termed as *Ojas*¹⁸. Of the two types, *Para Ojas* is situated in the heart, yet spreads throughout the body, enhancing and maintaining all vital functions. It is *Snigdha*, *Sita*, pure, and slightly reddish-yellow in color. Physical and psychological functions depend on the quality of *Ojas*, and its destruction leads to the destruction of life itself. The body's various aspects are dependent upon *Ojas*. In hypertension, three stages of *Ojonasa* are observed—¹⁵*Ojo Visramsa*, *Vyapath*, and *Kshaya*. Psychological and other causative factors of hypertension are similar to those leading to *Ojonasa*.

Agni - *Mandagni*, *Vishamagni*, or *Teekshnagni* - may be associated with hypertension depending on the pathology. Proper *Agnibala* leads to health²¹. Life span, complexion, strength, health, enthusiasm, corpulence, lustre, immunity, energy, heat processes, and vital breath all depend on *Agni*. Any interruption in the function of *Agni* leads to *Rogas*,

Amam - As in many *Rogas*, at the stage of *Agnimandya* there is the possibility of *Ama* formation. This *Ama* may get dislodged and circulate to different parts of the body, disturbing the normal movement of

Doṣhas. It may also lodge in *Sira*, *Dhamani*, or minute channels, leading to obstruction. In hypertension, a similar possibility of *Ama* involvement can be considered in the initial stage of pathogenesis.

Features of hypertension and *doṣha* involved

The probable *Nidanas* include *Uṣṇa*, *Tikṣṇa*, *Amla*, and *Vidahi ahara*, *Krodha*, *Atichinta*, *Adhovāta rodha*, *Sakṛd vegadharāṇa*, and *Atimadyapana*, which are also considered contributory factors for hypertension in the modern view.

The common *Lakṣaṇas* observed in hypertension include *Tamodarsanam*, *Akṣhiragam*, *Hridaya atispandanam*, *Bhrama*, *Murcha*, *Hrillasa*, *Swedatipravṛttanam*, *Nidranasa* and *Siroruk*.

Siroruk in hypertension mainly indicates *VātaPaittika* involvement, with possible association of *Rakta* and *Kapha*. Similar features are described in conditions such as *Pittavruta Praṇa*²² and *Sonithaja roga*,¹⁷ where *Siroruk* is mentioned as an important *Lakṣaṇa*. On analysing the associated symptoms, these conditions show close similarity to the clinical presentation of hypertension.

Bhramam, **Tamodarsanam** – involved *Doshas* are *Vata* and *Pitta*. Mainly seen in *Pittavrutha Praṇa*²², *Pittavruta Vata*²², and *Sonithaja roga*¹⁷. Possible *Nidanas* are *Katuamla Teekshna upayoga*, *Adhovatarodha*.

Akshiragam is explained in *Sonithaja roga*¹⁷ in the context of *Vidhisonithiya Adhyaya*. Possible *Nidanas* are *Krodadi viharas* and *Teekshna ushna madyopayoga*

Hridayatispandanam indicates the involvement of *Praṇa vayu*, *Vyana vayu*, and *Apana vayu*. All three *Vayus* are functionally related to the heart. *Hridaya piḍa*²² is also described in *Sarva dhatuavruta Vata*. The probable *Nidanas* include *Sakṛd vega dharāṇa*, *Adhovata rodha*, *Atiāhara*, *Jṛimbha-kṣavathu-vega rodha*, and *Abhigata*.

Nidranasa mainly indicates the involvement of *Vata* and *Pitta doṣhas* and is explained in *Aṣṭauninditiya Adhyaya*.¹⁹ The possible *Nidanas* include *Bhaya*, *Chinta*, *Krodha*, *Dhumapana*, and *Upavasa*. *Nidra bhraṃsa* occurs in *Vata prakopa*,¹⁸ while *Nidra alpata* is seen in *Pitta prakopa*.

Swedadipravṛttanam is mainly due to *Vyāna vata kopa*.²³ *Sweda asṛk sravaṇa* is described as a function of *Vyana*. *Swedatipravṛttanam* may also occur in *Medo dhatu duṣṭi*. The possible *Nidanas* include *Atigamanam*, *Chinta*, *viruddhahara*, *Bhaya*, etc.

Chittabhraṃsam involves *Udana* and *Vyana vata*,²² with predominant *Vata Pitta doṣha* involvement. The possible *Nidanas* include *Atirudita*, *Atiharṣha*, *Nidra vega dharāṇa*, *Atichinta*, and *Bhaya*.

Hrillasa / Vami is seen in *Sleṣhmavruta Praṇa*, *Pittavruta Praṇa*, *Udana vata duṣṭi*, and *Rasavaha srotoduṣṭi*.²² The possible *Nidanas* include *Guru snigdha ahara*, *Avyayama*, and *Atiahara*.

Comparative descriptions in Ayurveda *Samhita*

Based on the *Lakṣaṇas* and possible *Nidanas*, certain conditions described in Ayurveda can be compared with hypertension.

Pittavruta Vata²²

This condition is explained in the context of *Avaraṇa prakaraṇa*. Continuous intake of *Pitta-Prakopaka ahāra* and *vihara* leads to *Pitta prakopa*, which causes *Avaraṇa of Vata*, resulting in *Daha*, *Tṛiṣhṇa*, *Sula*, *Bhrama*, *Tama*, *Vidaha*, etc. Almost all these symptoms are similar to those observed in hypertension.

Sarvadhātuavruta Vata²²

This condition is also described under the *Avaraṇa* context. The main symptoms include pain in the *Sroni*, *Vamkṣaṇa*, *Prṣṭha*, etc., along with discomfort in the *Hridaya* and chest pain.

Pittavruta Praṇa²²

When *Praṇa vata* is obstructed by *Prakupita Pitta*, symptoms such as *Bhrama*, *Murcha Ruja*, *Daha*, and *Vamana* are produced.

Pittāvṛuta Udana²²

Prakupita Pitta causing *Avaraṇa of Udana vata* results in symptoms like *Bhrama*, *Murcha*, *daha*, and *Urja bhraṃsa*.

Kaphāvṛuta Praṇa²²

When *Prāṇa vāta* is obstructed by *Prakupita Kapha*, symptoms such as *Sada*, *Vamana*, and *Niḥśvāsa-ucchvāsa samgraha* are observed.

Praṇāvṛuta Udāna²²

In *Praṇāvṛuta Udāna*, the main symptoms include hindrance to inspiration and expiration, catching pain in the head, diseases of the heart, and dryness of the mouth.

Udavarta²⁴

Udavarta is explained as an *Upadrava of Arsas*. Intake of *Rukṣa* and *Samgrahi ahara* leads to *Apana vayu prakopa*, resulting in *Vata-vid-mutra sanga*. The main signs and symptoms include *Admana*, *Hṛllasa*, *Chardi*, *Hṛidroga*, *Badhīrya*, *Timira*, *Svasa*, *Siroruk*, and *Manovikāra*, which are almost similar to those seen in hypertension.

Apatantraka²⁵

This condition is described in the context of *Vatavyadhi nidana* and is one among the *Akṣhepaka* disorders. *Adhovata rodha* leads to *Pratiloma gati* of other *Vatas*, which get *Sthana-samsraya* in *Hṛidayasrita naḍis*, causing *Piḍa* in the *Hṛidaya*, *Sira*, and *Sankha*. The main symptoms include *kṛcchra ucchvasa nihsvasa*. This condition may occur as a complication of hypertension.

Sleshmavṛuta Vata²²

When *Praṇa vayu* is obstructed by *Kapha*, symptoms such as *Sada*, *Vami*, *Tantra* and *Nihsvasa ucchvasa samgraha* are produced.

Soṇita Vikāra¹⁷

Prolonged excessive intake of *Kaṭu*, *Amla*, and *Lavaṇa rasa*, along with *Atimadyapana*, leads to *Rakta duṣṭi*, resulting in disorders such as *Siroruk*, *Sammoha*, *Krodha prachurata* and *Tamaḥ darsanam*, which closely resemble the symptoms of hypertension.

Raktagata Vata²⁵

This condition is explained in *Vatavyadhi nidana*. Aggravated *Vata* affecting the *Rakta dhatu* produces severe pain, loss of tactile sensation, increased temperature, redness, and dizziness, which are seen in severe cases of hypertension.

The genesis of a particular illness occurs due to a specific cause, resulting in definite *Doṣha* vitiation in accordance with the strength of the causative factors²⁶. This leads to a particular pattern of bodily derangement, expressing characteristic features. *Samprapti* provides the exact nature of the disease and guides the appropriate line of treatment. For these reasons, *Samprapti* is placed as the final component in confirming a disease. Knowledge obtained through other diagnostic measures alone may not reveal the precise characteristics of an illness, which are clearly understood through *Samprapti*.

Formulating *Samprapti*

In the case of hypertension, more than one *Samprapti* may be formulated by analysing the *Nidāna*, *Lakṣaṇa*, and *Doṣha duṣṭya vivecana*.

Rasa is the vital essence formed as a result of digestion and is subtle in nature¹⁶. It is situated in the *Hṛidaya* and from there circulates through twenty-four *Dhamanis*—ten upward, ten downward, and four obliquely. It continuously nourishes and sustains the entire body. The increase or decrease of circulating *Rasa* is inferred from the abnormalities produced in the body. Any disturbance in its flow results in the manifestation of symptoms. *Rasa duṣṭi* leads to *Agnimandya* and the formation of *Ama*, which causes *Srotorodha* and results in *Vāta kopa*. This process may occur in different ways.

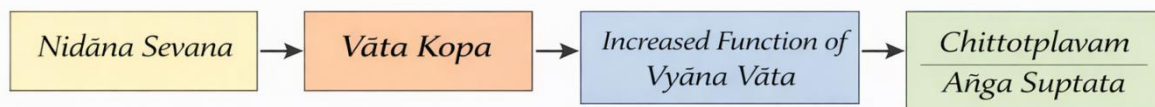


Figure 1 – *Samprapti* involving *Vata Kopa*

Due to *Acharana* of *Nidanas* like *Athigamana*, excessive²²thinking, *Vishama cheshta*, excessive fear, sorrow etc causing *Vata kopa* especially *Vyana*. It will lead to increased function of *Vyana vata* may produces symptoms like *Angasupthatha*, *Chittotplavam*, *Balabhramsam*, *Swedathipravritti* etc. In this way physiological variation of blood pressure can be explained

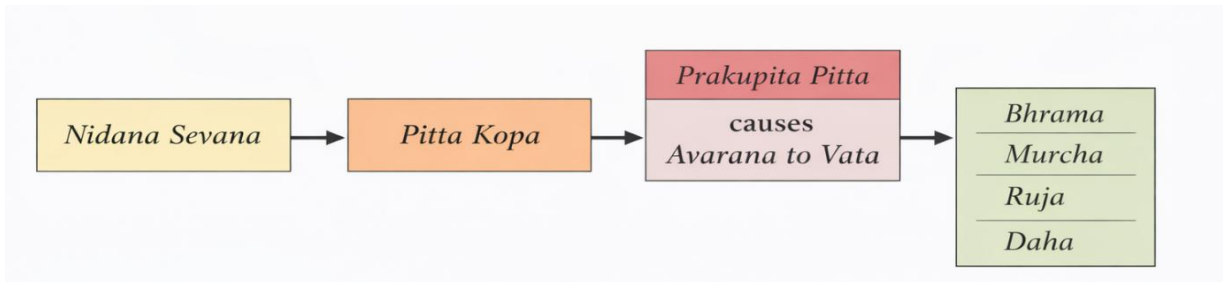


Figure 2 - Samprapti involving Pittakopa

Prolonged use of *Katu*, *Amla*, *Lavana*, and *Tikshna dravyas*, along with the practice of *Krodhadi viharas*,²² leads to *Pitta prakopa*. The aggravated *Pitta* causes *Avarana* of *Vata*, especially *Prana*. When associated with trauma or *Ativyayama*, this results in *Bhrama*, *Murcha*, *Ruja*, and *Daha*, which may be considered an example of acute exacerbation of hypertension.

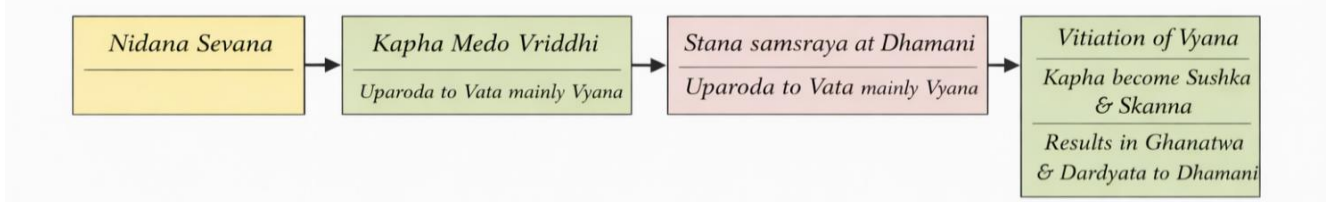


Figure 3 - Samprapti involving Kaphakopa

Prolonged *Atiupayoga* of *Madhura* and *Snigdha dravyas*, along with a sedentary lifestyle, leads¹⁹ to *Kapha Meda vriddhi*. Gradually, the *Vridhdha Meda* and *Kapha* get lodged in the *Dhamanis*, causing obstruction to *Vata*, especially *Vyana*, resulting in disturbance of *Rasa vikshepana*. By the action of vitiated *Vata*, the lodged *Kapha* becomes *Khara* and *Sushka*, leading to increased *Ghanatva* and loss of the normal elasticity of the *Dhamanis*, thereby disturbing *Rasa vahana*

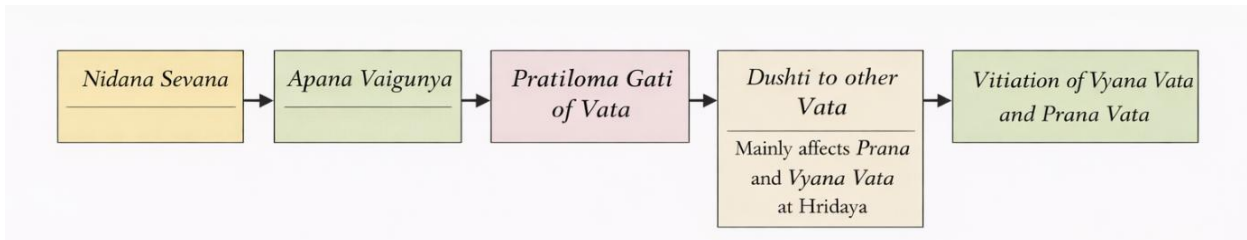


Figure 4 -Samprapti involving Apanavata vaigunya

Practice of *Guru* and *Ruksha bhojana*, *Vegaghata*, *Ati vahana*, etc., leads to *Apana vaiṣamyā*²⁴ resulting in *Vata pratilomata* and *Dushti* of other *Vayus*, which attain *Sthana-samsraya* in the *Hridaya*, causing *Vyana vayu kopa*. As *Apana* and *Prana* *vayus* have a direct connection with the *Hridaya*,²⁷ derangement of one affects the other, resulting in *Hatotsaha*, *Dīnata*, *Kṣamata-hani*, *Svāsa*, *Klama*, *Anga-bhanga*, and *Svayathu*, etc.

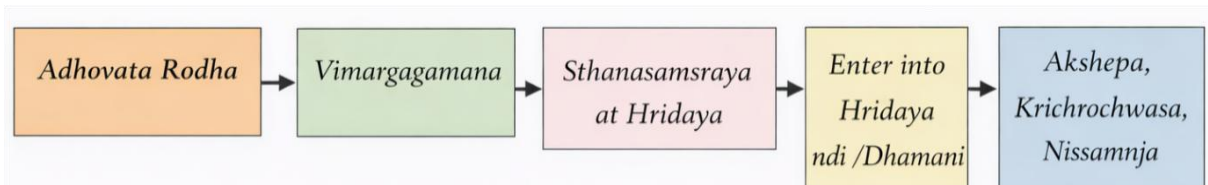


Figure 5 - Samprapti involving Adhovatarodha

Aggravated *Vata*, when obstructed in its normal downward movement, begins to move upward and enters the channels connected to the *Hridaya*, producing pain in the head,²⁵ *Akshepa*, *Krcchra ucchvasa*, and *Nihsamjna*.

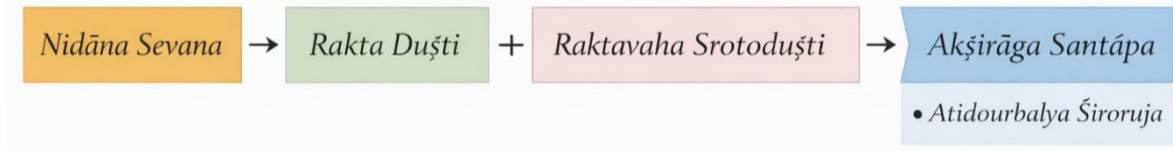


Figure 6 - Samprapti involving Raktadushti

Prolonged use of *Uṣṇa*, *Tikṣṇa madya*,¹⁷ *Ati lavaṇa*, and *Kṣara amla katu*, along with *Srama*, *Ajirṇa*, *Adhyasana*, and *Guru snigdha ahara*, leads to *Rakta duṣṭi* and *Duṣṭi* of *Raktavaha srotas* (with chances of both *Atipravṛtti* and *Sanga*). This results in *Akṣhiragam*, *Santhapa*, *Atidaurbalya*, *Siroruk*, *Klama*, *Mada*, *Kampa*, *Tantra*, *Tamaḥ darsanam*, and *Krodha-prachurata*, etc.

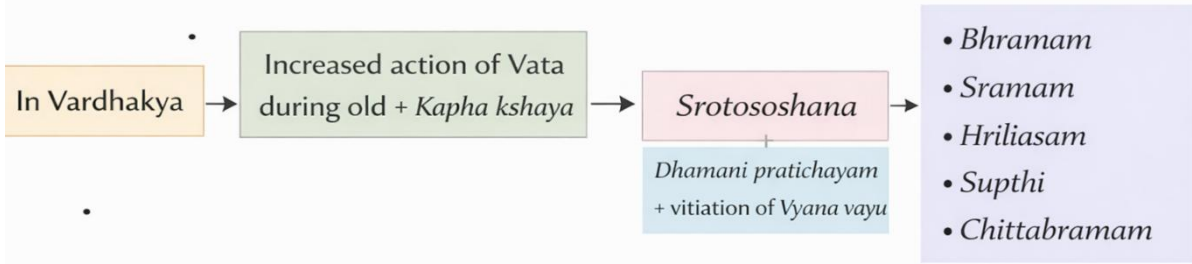


Figure 7 - Samprapti in Vardhakya

Increased action of *Vata* during old age leads to *Srotososhana*,²⁸ followed by decreased nourishment to the *Dhatus*. This results in *Dhamani pratichaya* and obstruction to *Rasa-samvahana*, producing *Bhrama*, *Srama*, *Hrillāsa*, *Suptata Chitta bhramsa*, and similar symptoms

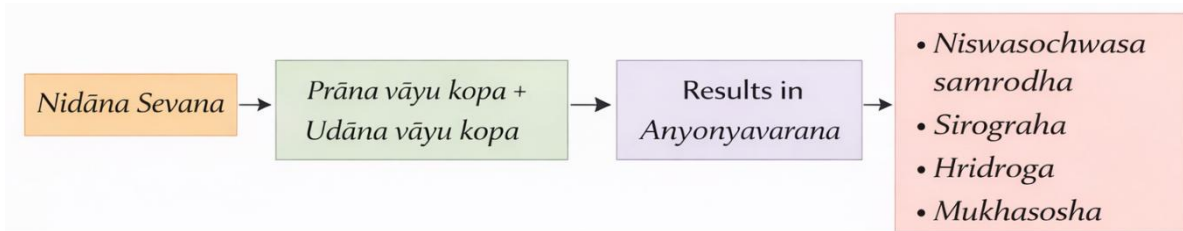


Figure 8 -Samprapti involving Anyonya Avarana

Exposure to *Atiahara*, *Abhigata*, *Atiadvā*,²² *Jṛmbha*, *Kṣavadivega dhāraṇa*, *Ativyayama*, etc., causes *kopa* of *Praṇa* and *Udana vayu*. *Anyonya avarana* occurs, resulting in symptoms such as *Niśvāsa ucchvāsa samrodha*, *Sirograha*, *Hridroga*, and *Mukha-śoṣa*.

Discussion

Hypertension is a condition that can be interpreted in multiple ways according to the presenting symptoms, *Nidanans* (causative factors), and involvement of various components such as *Srotas*, *Dosha* predominance, *Agni*, and *Manasika* factors. The present study highlights the importance of viewing hypertension not as a single disease entity but as a spectrum of pathological presentations arising from diverse *Samprapti* (pathogenetic) pathways.

Each manifestation of hypertension may have different *Dosha* involvement, *Agni* status, and *Srotas* participation, leading to varied clinical expressions and responses to therapy. Recognizing these variations helps in adopting a more individualized approach to management rather than applying a uniform treatment strategy.

Hence, assessment of all relevant parameters—including *Dosha* predominance, *Agnibala*, *Srotodushti*, and *Manasika* involvement—is crucial in diagnosing and managing hypertension effectively. This multidimensional view aligns with the Ayurvedic principle of *Nidanapanchaka pariksha*²⁹ and emphasizes *Rogabala* and *Rogibala* evaluation before initiating *Chikitsa*.

Conclusion

The present conceptual study attempted to interpret hypertension through the lens of Ayurvedic pathogenesis by formulating an eightfold *Samprapti* model. By correlating the clinical manifestations of hypertension with Ayurvedic terminologies, the study identified the predominant *Dosha*, *Dushya*, *Srotas*, and other *Sampraptigatakas* involved in its development. The findings suggest that hypertension is a multifactorial disorder with varying *Samprapti* patterns depending on individual predominance of *Dosha* and *Srotodushti*. Each of the eight *Samprapti* types reflects a distinct pathogenic mechanism that can guide personalized approaches in diagnosis and management. Thus, understanding hypertension through this Ayurvedic framework offers a more comprehensive and individualized basis for prevention and treatment, integrating classical wisdom with contemporary clinical relevance.

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