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Role of *Pradhana Sharira* and *Manas Prakriti* on Manifestation of Hypertension: A Cross Sectional Survey Study

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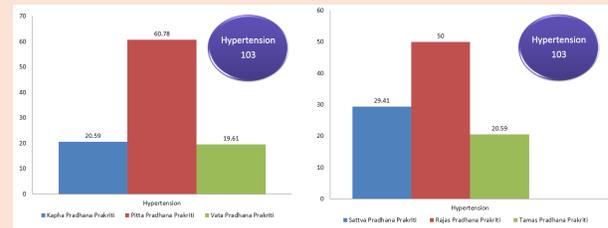
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ABSTRACT

Background: Hypertension is the most menacing disorder in Ayurveda. Prognosis of diseases can be identified by Concept of *Prakriti* (human constitution). Therefore in this study, we intend to study *Pradhana sharira* and *Manas prakriti* (dominant bodily and mental constitution) in Hypertension. On the basis of manifestation of sign and symptoms and current evidences Hypertension can be equated to *Raktapradoshaja vikara*. **Methods:** The specific research proforma was made to assess *Sharira–manasa prakriti*. *Prakriti* determination proforma was prepared having *Vatika*, *Paitika* and *Kaphaja* characters with reference to anatomical, physiological and sociological characters, by following *Brihatrayi* (*Charaka*, *Sushruta* and *Ashtanga Hridaya*). *Prakriti* of 103 subjects of Hypertension was assessed as per *Sharirika* (bodily humors) and *Manasika prakriti* assessment proforma which were analyzed according to characteristics found in subjects. **Results:** Maximum 60.78 % subjects were having *Pitta Pradhana prakriti* and maximum 50 % having *Rajas Pradhana prakriti*. 53.92 % were in age group of 36-55 years, 66.67 % patients were male, 97.06 % patients were Hindu, majority of patients i.e. 98.04 % were married, 64.71 % patients were have sitting occupation, 98.04 % patients were educated, maximum No. of patients i.e. 89.22 % were from middle class. In *Rajas Pradhana prakriti lakshana*, *Kama* found in 67.65 % and in *Tamas Pradhana prakriti lakshana*, *Buddhinirodha* was found in 82.35 %. **Conclusion:** *Sharira* and *Manasa bhava* play an important role in manifestation of Hypertension. Therefore, it can be said that dominant *Pitta* and *Rajas prakriti* may have influence on manifestation of Hypertension.

PICTORIAL ABSTRACT



KEYWORDS Hypertension, Manas, Prakriti, Sharira.

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1. INTRODUCTION

Chronic diet-related diseases are on rise around the world due to new lifestyles and eating habits.^[1] Change in the life style is becoming major strategy for prevention of non-communicable diseases^[2] and for promotion of health. Most of these non-communicable diseases share common preventable risk factors, such as tobacco use, high alcohol consumption, anxiety, raised cholesterol level and sedentary life style. Lifestyle diseases like Hypertension, diabetes mellitus and obesity are the major risk factors for the development of CVD.^[3] As per different opinions it can be said that in Hypertension i.e. *Ucharaktachapa*, the main pathogenesis occurs in *Raktadhatu* and *Sira* or *Dhamani*. It is considered as Psychosomatic and *Tridoshatmaka* disorder. *Sharira* and *Manas*

prakriti have an important role in *Hetu Skandha* (causative factor), *Linga Skandha* (Symptom factor) and *Aushadha Skandha* (treatment factor). Many works has been done on *Sharira prakriti*, but researches on *Manas* and *Sharira prakriti* with relation to *Vyadhi Utpatti* (disease manifestation) are very few or not available. As per Ayurvedic Classics, it is said that '*Vataladya Sadatura*'.^[4] Therefore, the present study was conducted in patients with Hypertensive not more than one year chronicity were selected to prove particular *Sharira – Manas prakriti* relation. On the basis of manifestation of sign and symptoms and current evidences Hypertension can be equated to *Raktapradoshaja Vikara*. Here, an attempt is made to find out the relationship of *Sharira* and *Manas prakriti* through survey pro forma in diagnosed patients of Hypertension.

2. MATERIALS AND METHODS

A cross sectional survey study was conducted on 103 newly diagnosed Hypertensive subjects, attending OPD and inpatient Department of IPGT and RA, Gujarat Ayurved University, Jamnagar, Gujarat, India, from December 1, 2013 to February 28, 2014, after obtaining approval from the Institutional Ethics Committee. (Ref. PGT/7-A/Ethics/2012–2032/3552 dated 25/02/2013). This study is registered in Clinical Trial Registry of India (CTRI) vide CTRI/2013/06/003775 [Registered on: 21/06/2013] - Trial Registered Retrospectively. The subjects were selected using simple random sampling and written informed consent was taken as per Helsinki declaration after offering sufficient explanations about the study and its aims. All subjects were interviewed in the local language by a single person.

2.1. Assessment of Prakriti

The specific research proforma was made to assess *Sharira – Manasa prakriti*. *Prakriti* determination proforma was prepared having *Vatika*, *Paitika* and *Kaphaja* characters with reference to anatomical, physiological and sociological characters, by following *Brihatrayi* (Charaka, Sushruta and Ashtanga Hridaya).^[5,6] Assessment was made by analyzing obtained data from filled questionnaire and physical examination of subjects. All anatomical characteristics were assessed by visual and tactile examination. *Vata*, *Pitta* and *Kapha Pradhana prakriti* were analyzed with proforma according to character found in individuals. Maximum characteristic of any *Dosha* indicates *Pradhana dosha prakriti* of that individual. After assessing *Prakriti*, subjects were further divided into three categories i.e *Vata pradhana*, *Pitta pradhana* and *Kapha pradhana prakriti*. Same method is obtained to assess *pradhana manas prakriti* i.e. *Sattva Pradhana*, *Rajas Pradhana* and *Tamas Pradhana prakriti*. All the collected survey data were statistically assessed by calculating percentage to identify the *prakriti* in the causation of diseases mentioned above.

2.2. Inclusion Criteria

Participants between age group of 18 to 60 years who had no confirmed mental illness to participate were selected without any bar of, sex, caste and religion. The diagnosis was mainly based on mercury containing Sphygmomanometer Systolic Blood Pressure above 140 mmHg and Diastolic Blood Pressure above 90 mmHg without antihypertensive treatment and newly diagnosed patients were selected.

2.3. Exclusion Criteria

Patients having any systemic illness, Pregnant and lactating women were excluded from the study.

3. RESULTS

A total of 103 patients of Hypertension were studied. Baseline characters related to principle variables, namely, age,

gender, religion, marital status, occupation, socio-economic status, etc., are depicted in Table 1. Factors related to *Sharira prakriti* of patients with Hypertension are depicted in Table 2. Factors related to *Manas prakriti* of patients with Hypertension are depicted in Table 3.

4. DISCUSSION

Majority of the patients were from age group of 36 to 55 years. The age is an important factor in the manifestation of the disease because Hypertension is found mostly in middle and senile age group. After 50 yrs, substantial increase in blood pressure occurs due to the hormonal imbalance, but the patho-physiology is still unclear. In Ayurvedic classics, the age has been implied as an important factor in the manifestation of the diseases and in the prognosis of the disease. As the Hypertension generally occurs in middle and senile age, it can be said that the disease is mainly related to *Vata* and *Pitta* dominancy. On other hand, if the dominancy of *Dosha* in Hypertension is not according to the age then the management of Hypertension can become easy.^[7,8] In present study, maximum patients were female. It was also reported that in young females it was noted that with a shift from normal BMI the incidence of Hypertension was very high.^[9] The data represents that majority of patients were married. *Chinta* was the most common factor observed in married persons. Difference of opinion between the partners, the worry for their children and family or sedentary life style

Table 1. Demographic Distribution of 103 Patients of Hypertension

Parameters	Divisions	No. of Patients	%
Age	20 to 35 yrs	09	8.82
	36 to 55 yrs	55	53.92
	Above 56 yrs	39	38.24
Sex	Female	68	66.67
	Male	35	34.31
Religion	Hindu	99	97.06
	Muslim	04	3.92
	Christian	00	00
Marital Status	Married	100	98.04
	Unmarried	03	1.96
Occupation	Sitting	66	64.71
	Standing	32	31.37
	Walking	05	4.90
Education	Educated	100	98.04
	Uneducated	03	1.96
Socio-economic Status	Upper	00	00
	Middle	91	89.22
	Lower	12	10.78

Table 2. Factors Related To Sharira prakriti of Hypertension Patients

Prakriti	Anga	No. of Patients (%)	%
<i>Kapha prakriti</i>	<i>Snigdha</i> (unctuous)	43	42.16
	<i>Upachita</i> (well nourished)	40	39.22
	<i>Sthira</i> (Stable)	24	23.53
	<i>Alpa Santapa</i> (not so much hot)	20	19.61
<i>Pitta prakriti</i>	<i>Shithila</i> (loose)	20	19.61
	<i>Gaura</i> (fair)	18	17.65
	<i>Tanu</i> (thin)	17	16.67
	<i>Ushnanga</i> (Hot estimates)	15	14.71
<i>Vata prakriti</i>	<i>Ruksha</i> (dry)	40	39.22
	<i>Apachita</i> (not nourished)	37	36.27
	<i>Anavasthita</i> (not properly maintained)	23	22.55
	<i>Shitanga</i> (hot extremities)	28	27.45
Prakriti	Gatra (extremities)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Sundara</i> (beautiful)	36	35.29
	<i>Suvibhakta</i> (well structured)	33	32.35
<i>Pitta prakriti</i>	<i>Sukumara</i> (elegant)	47	46.08
	<i>Avadata</i> (White)	44	43.14
<i>Vata prakriti</i>	<i>Krishha</i> (Thin)	20	19.61
Prakriti	Varna (color)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Avadata</i> (White)	49	48.04
<i>Pitta prakriti</i>	<i>Gaura/Pitta</i> (~fair)	32	31.37
<i>Vata prakriti</i>	<i>Aruna/Shyama</i> (black)	22	21.57
Prakriti	Sharira Sandhi Mansa (Joint muscles)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Sthira</i> (stable)	35	33.33
<i>Pitta prakriti</i>	<i>Shithila</i> (loose)	52	50.98
<i>Vata prakriti</i>	<i>Chapala</i> (active)	16	15.69
Prakriti	Sandhi Bandhana (joint)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Sushlishta</i> (firm)	35	33.33
<i>Pitta prakriti</i>	<i>Shithila</i> (loose)	50	48.04
<i>Vata prakriti</i>	<i>Shabdagamina</i> (crapitus)	18	16.67

Prakriti	Manda (slow)	No. of Patients	%
<i>Kapha prakriti</i>	-	62	60.78
<i>Pitta prakriti</i>	<i>Chapala</i> (active)	-	-
<i>Vata prakriti</i>	<i>Shigra</i> (fast)	33	32.35
	<i>Manda</i> (slow)	28	27.45
	<i>Laghu</i>	16	15.69
	<i>Alpa</i>	15	14.71
Prakriti	Karya (activity)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Ashigra</i> (slow)	23	22.55
<i>Pitta prakriti</i>	<i>Madhyama</i> (medium)	60	58.82
<i>Vata prakriti</i>	<i>Shigra</i> (fast)	20	19.61
Prakriti	Gati (gait)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Sara adhithita</i> (stable)	53	51.96
<i>Pitta prakriti</i>	-	-	-
<i>Vata prakriti</i>	<i>Laghu /Chapala</i> (active)	35	34.31
Prakriti	Aharamatra (food quantity)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Alpa</i> (low)	34	33.33
<i>Pitta prakriti</i>	<i>Prabhuta</i> (maximum)	49	48.04
<i>Vata prakriti</i>	<i>Aniyamita</i> (irregular)	20	19.60
Prakriti	Kshudha (hunger)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Alpa</i> (low)	17	16.67
<i>Pitta prakriti</i>	<i>Dandashuka</i> (frequent hunger)	55	54.90
<i>Vata prakriti</i>	<i>Aniyamita</i> (irregular)	31	30.39
Prakriti	Trishna (thirst)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Alpa</i> (low)	47	46.08
<i>Pitta prakriti</i>	<i>Prabhuta</i> (maximum)	31	30.39
<i>Vata prakriti</i>	<i>Aniyamita</i> (irregular)	25	23.53
Prakriti	Sweda (Perspiration)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Alpa</i> (low)	33	32.35
<i>Pitta prakriti</i>	<i>Prabhuta</i> (maximum)	40	39.22

Vata prakriti	Aniyamita (irregular)	30	29.41
Prakriti	Sharira Gandha	No. of Patients	%
Kapha prakriti	Alpa (low)	17	15.69
Pitta prakriti	Prabhuta (maximum)	61	59.80
Vata prakriti	Aniyamita (irregular)	25	24.51
Prakriti	Drishhti (eye sight)	No. of Patients	%
Kapha prakriti	Prasanna (~clear)	23	22.54
	Shukla (White)	23	22.54
	Raktanta (Reddish at corner)	14	13.73
Pitta prakriti	Tamra (yellowish)	59	57.84
Vata prakriti	Chapala (frequent movement)	20	19.61
Prakriti	Mukha (face)	No. of Patients	%
Kapha prakriti	Prasanna (~healthy)	45	44.12
	Priya Darshana (beautiful)	39	38.24
Pitta prakriti	Ushna (hot)	31	30.39
	Tamra (yellowish)	31	30.39
Vata prakriti	Chapala (frequent movement)	28	27.45
	Krishna (thin)	27	26.47
Prakriti	Swara (voice)	No. of Patients	%
Kapha prakriti	Prasanna/ Snigdha(~healthy)	28	27.45
Pitta prakriti	Vyathita Asya (unhealthy oral cavity)	44	43.14
Vata prakriti	Pratata/ Ruksha/ Krishna(dry/ thin)	31	30.39
	Bahupralapa (excessive talking)	00	00
Prakriti	Darshana (look)	No. of Patients	%
Kapha prakriti	Prasanna/ Snigdha(~healthy)	42	41.18
Pitta prakriti	PrabhutaPiplu Vyanga (Maximum mole etc)	49	48.04
Vata prakriti	Bahukandara (visible tendons)	12	11.76
Prakriti	Bala (strength)	No. of Patients	%
Kapha prakriti	Adhika (more)	36	35.29
Pitta prakriti	Madhyama (medium)	55	53.92
Vata prakriti	Alpa (low)	12	10.78

Prakriti	Sahishnuta (tolerance)	No. of Patients	%
Kapha prakriti	Klesha Sahishnu (distress)	15	13.73
Pitta prakriti	UshnaAsahishnu (can't tolerate hot)	62	60.78
Vata prakriti	ShitaAsahishnu (can't tolerate cold)	36	34.31
Prakriti	Kesha/ Shmashru/ Loma (hair/ beard/ small hairs)	No. of Patients	%
Kapha prakriti	Sthira (stable)	09	8.82
	Kutila (curl)	07	6.86
	Nilai/Shyama (grayish)	02	1.96
Pitta prakriti	Ghana (thick)	02	1.96
	MridulAlpa (soft/ low density)	27	26.47
	Tanu (thin)	24	23.53
	Kapila/ Pingala (brown)	07	6.86
Vata prakriti	Palitya/ Khalitya (grayish/ hair fall)	04	3.92
	Parusha (hard)	68	66.67
	Atyalpa (very low quantity)	46	45.10
	Ruksha (dry)	62	60.78
Prakriti	Nakha (nail)	No. of Patients	%
	Sphutita (two ended hairs)	20	19.60
	Dhusara (rough)	11	10.78
Kapha prakriti	Shukla (white)	29	28.43
	Snigdha (unctuous)	29	28.43
Pitta prakriti	Tamra (yellowish)	55	53.92
	Tikshhna (sharp)	54	52.94
Vata prakriti	Dhusara (greyish)	19	18.63
	Sphutita (broken)	17	16.67
	Ruksha (dry)	06	5.88
Prakriti	Agni (digestive power)	No. of Patients	%
Kapha prakriti	Manda(slow)	20	19.61
Pitta prakriti	Madhyama (medium)	66	65.69
Vata prakriti	Vishama (irregular)	17	16.67
Prakriti	Nidra (sleep)	No. of Patients	%
Kapha prakriti	Adhika (maximum)	10	9.80
Pitta prakriti	Madhyama (medium)	63	61.76
Vata prakriti	Jagruka (insomnia)	30	28.43
Prakriti	Trasa/ Raga/ Viraga (anger/ irritation)	No. of Patients	%
Kapha prakriti	Alpa (low)	14	13.73
	Chirat (after long time)	02	1.96

	<i>Alpa Krodha</i> (low anger)	06	5.88
<i>Pitta prakriti</i>	<i>Kshipra Prakopa Prasada</i> (Immediately anger and immediately normalize)	24	23.53
	<i>Bhuri Krodha</i> (excessive anger)	18	17.65
<i>Vata prakriti</i>	<i>Anishchita</i> (irregular)	43	42.16
Prakriti	Smriti (memory)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Dhritimana</i> (determinant)	22	21.57
	<i>Chiragrahi</i> (slow grasper)	14	13.73
	<i>Dirgha Drishti</i> (understanding power)	11	10.78
<i>Pitta prakriti</i>	<i>Medhavi</i> (intellectual)	12	11.76
	<i>Nipuna Mati</i> (good intellectual power)	16	15.68
	<i>Tejasvi</i> (intelligent)	06	5.88
<i>Vata prakriti</i>	<i>Shruta Grahinyo</i> (immediate grasper)	21	20.59
	<i>Alpa Smriti</i> (low memory)	33	32.35
Prakriti	Avayavavishesha (Specific Organs)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Pralambabahu</i> (excessive long hand)	33	32.35
	<i>Prithupinavaksha</i> (width)	43	42.16
	<i>Mahalalata</i> (long forehead)	22	21.57
<i>Pitta prakriti</i>	<i>UshnaMukha</i> (hot oral cavity)	12	11.76
	<i>Kshipra vali</i> (wrinkles)	11	10.78
<i>Vata prakriti</i>	<i>Supte Unmilitani</i> (opened eyes when sleep)	10	9.80
	<i>Prabaddhapindika</i>	10	9.80
Prakriti	Satmya Rasa (wholesome taste)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Tikta</i> (bitter)	11	10.78
	<i>Kashaya</i> (pungent)	07	6.86
	<i>Katu</i> (spicy)	19	18.63
<i>Pitta prakriti</i>	<i>Madhura</i> (Sweet)	32	31.37
	<i>Tikta</i> (bitter)	18	17.65
	<i>Kashaya</i> (astringent)	05	4.90
<i>Vata prakriti</i>	<i>Madhura</i> (sweet)	40	39.22
	<i>Amla</i> (sour)	67	65.69
	<i>Patu</i> (astringent)	47	46.08
Prakriti	Aharaguna	No. of Patients	%
<i>Kapha prakriti</i>	<i>Ushna/Ruksha</i> (Hot/dry)	43	40.20
<i>Pitta prakriti</i>	<i>Shita</i> (cold)	43	40.20
<i>Vata prakriti</i>	<i>Ushna</i> (hot)	17	16.67

Prakriti	Akshi (eye)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Shuklal Paksh mala</i> (white eyes lashes)	38	37.25
	<i>Vishala/ Dirgha</i> (Big/ rounded)	34	33.33
<i>Pitta prakriti</i>	<i>Pingalal Tamra</i> (yellowish)	37	36.27
	<i>Tanu</i> (thin)	27	26.47
<i>Vata prakriti</i>	<i>Dhusaral Alpa Paksh mala</i> (grayish/ low density eyebrow)	24	23.53
	<i>Vritta</i> (round)	18	17.65
Prakriti	Swapna (dream)	No. of Patients	%
<i>Kapha prakriti</i>	<i>Toyada</i> (water)	30	29.41
<i>Pitta prakriti</i>	<i>Jyoti</i> (flame)	25	24.51
<i>Vata prakriti</i>	<i>Viyati Gacchati</i> (airy)	09	8.82
	<i>Shalidruma Gacchati</i>	09	8.82

after marriage could be the factors which may be responsible for their high blood pressure. A study found that the marital status and marital transitions have indirect influences on health outcomes including Hypertension through health risk behaviors and stress and direct influences on cardiovascular, endocrine, immune, neuro-sensory and other physiological mechanisms.^[10]

In present study, maximum patients were having sitting occupation. Generally, business causes mental stress which may produces stress induced Hypertension. In service related stressful work is the important cause for increase in blood pressure. It was postulated that one of the underlying mechanisms through which job strain leads to cardiovascular diseases is high blood pressure due to chronic physiological arouse.^[11] The study shows that maximum No.s of patients were from lower middle class. As this hospital being a free Govt. hospital, only middle and lower- middle class and very poor people might be frequently visiting to this hospital. The negligence to proper *Abara* and *Vibara* by middle class people may be the other cause of high blood pressure. The studies suggest that adolescents in lower-socio economic status neighborhoods with few family SES resources may be at particularly high risk for developing Essential Hypertension and other cardiovascular complications in early adulthood.^[12] Maximum patients of Hypertension have *Pitta Pradhana prakriti*. The main seat of *Sadbhaka Pitta* is *Hridaya*. The primitive cause in the vitiation of *Dosha* is the *Abita Sevana* of *Abara* and *Vibara*.^[13,14] Vagbhata has elucidated intellectuals, grasping and ego as the functions of *Sadbhaka Pitta*. All these functions are very much related to mind. If these functions are not in normal state can alter the cardiac output and vascular resistance. As the signs and symptoms of the EHT can be inferred under many *Vyadhi Avastha* e.g. *Raktapradosha Vikara* and *Vata-Pitta Pradhana Tridoshaja Vikara* then it becomes a

Table 3. Factors Related to Manas prakriti of Hypertension Patients

Prakriti	Lakshana	No. of Patients	%
Sattva Pradhana prakriti	Bhakti (conscious in work)	79	78.22
	Buddhi (intelligent)	59	58.42
	Satya (truth)	58	57.43
	Anrushanshya (polite)	65	64.36
	Samvibhagaruchita (balance nature)	52	51.49
	Medha (determination)	60	59.40
	Dhriti (concentration)	80	79.21
	Kritagyata (~emotional)	62	61.39
	Vyavasaya (~active)	60	59.40
	Shaucha (clean)	65	64.36
	Abhishanga Bhava (~detached)	60	59.40
	Dharma (~faith)	67	66.34
	Titiksha (endurance)	60	59.40
	Smriti (memory)	60	59.40
	Dakshinya (~heplful)	60	59.40
Rajas Pradhana prakriti	Amitbhashitva (good speaker)	70	69.31
	Dukhabahulata (sorrow)	75	74.26
	Akarunya (~rigid)	66	65.35
	Kama (~desire)	68	67.33
	Atanshilata (~traveler)	66	65.35
	Harsha (excitement)	75	74.26
	Adhriti (not determinant)	70	69.31
	Krodha (anger)	62	61.39
	Anarya (~lazy)	60	59.41
	Maan (proud)	76	75.25
	Matsarya (~jealousy)	63	62.38
	Anrutikatva (false speaker)	68	67.33
	Ahankara (ego)	72	71.29
	Dambha (arrogance)	64	63.37
	Lolupatva (desire)	65	64.36
Tamas Pradhana prakriti	Pramada (mishit)	48	47.53
	Matsarya (greed)	60	59.41
	Vishada (depression)	62	61.39
	Paratisandhana (acoustic)	59	58.42
	Shoka (tense)	68	67.33
	Vipratipatti (confused)	63	62.38
	Agyana (dull)	55	54.45
	Alasya (lazy)	53	52.48
	Durmedha (indeterminate)	42	41.58
	Nastikya (atheist)	59	58.42
	Kshu-Trishna (more hunger-thirst)	56	55.45
	Nidra (sleepy)	54	53.47
	Buddhi Nirodha (~baffled)	75	74.26

light job by taking the etiological factors quoted under the same headings. Therefore, it can be said that *Pitta Dosha* is the primitive *Dosha* for manifestation of Hypertension. The study also proves the higher incidence of Hypertension in *Pitta Pradhana prakriti* persons.

Maximum patients have *Rajas Pradhana prakriti*. The *Raja* being *Pravartaka* indeed aids in increasing the *Chala Guna* of *Vata*. In *Rajasika prakriti*, due to excess of *Roshansha* all emotions like *Krodha*, *Shoka*, *Bhaya*, *Chinta* etc. appear in them in their full exaggerated form and they can face the critical stressful situation after consolation or after being convinced by someone. So, they are more prone to develop psychosomatic disorders. *Rajas* in *Manasa prakriti* might play a major role in the prone-city of Hypertension and simultaneously, it may also hints towards the incurability of the disease. In hypertensive patients, coronary-prone individuals seem to be more prone to channel emotional arousal into action aggressive when provoked. The research is seen as providing support for the utility of emotion as a construct relevant to understanding psycho-physiological mechanisms associated with cardiovascular disorders.^[15] Earlier studies have also proven that, dominant *Prakriti* has influence on biochemical, anthropometry and other bodily and mental parameters in mant diseases such as Obesity,^[16,17] Non-insulin Dependent Diabetes Mellitus,^[18] *Chittodvega* (Generalized anxiety disorder).^[19] The present study on Hypertension also proves that dominant *Pitta* and *Rajas prakriti* may have influence on manifestation of hypertension.

5. CONCLUSION

Hypertension is considered as a psychosomatic disorder also. *Sharira* and *Manasa Bhava* play an important role in production of Hypertension. *Pitta* and *Raja Dosha* dominant *Prakriti* was found in manifestation of Hypertension. In Ayurveda, the root cause of any ailment is *Prajnaparudha* and *Asatmya indriyartha Sanyoga* which indicates the involvement of psyche. The two *Mano Dosha* viz. *Rajas* and *Tamas* are involved in Hypertension. *Rajas* is *Pravratta* and *Tama* is *Avartaka* when they become vitiated it produce symptoms like *Bbrama*, *Tandra*, *Murcha*, *Tamodarshana* etc. These symptoms are usually found in the patients of Hypertension. Therefore, it is concluded that the dominant *Dosha* involved in *Sharirika* and *Manasika prakriti* of a person have more possibilities of manifestation of the same *Dosha*-dominant disease.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

ABBREVIATIONS

CVD: Cardio Vascular Diseases; **BMI:** Body mass Index; **SES:** socio economic status; **EHT:** Essential Hypertension.

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