

A CLINICAL TRIAL ON VYANA BALA VAISHAMYA (HYPERTENSION) BY AYURVEDIC DRUGS

**Subal Kumar Maity¹, Anukul Chandra Kar², M. Mruthyumjay Rao³ and
Arun Kumar Mishra⁴.**

(Received on 17-9-99)

Vyana Bala Vaishamyia hypertension is a common health problem occurring in about 2-15% of population in India and many other countries. So many Ayurvedic physicians are treating this disease successfully. But to give rationals to the effectiveness of Ayurvedic drugs and to provide statistically viable scientific data on the subject, a blind trial had been conducted during the year 1992-1999 at R.R.I. (Ay.), Calcutta as per the direction of CCRAS, New Delhi. Tagaradi & Ushiradi churna were undertaken for clinical trial and it was found that Ushiradi churna was more effective than Tagaradi churna.

Introduction

There is no universally accepted definition of hypertension. The Joint

National Committee (JNC-IV) of United States on detection, evaluation and treatment of high blood pressure defines hypertension as systolic blood pressure (SBP) of 140 mmHg or more and /or Diastolic blood pressure (DBP) of 90 mmHg or more. Rather it is defined arbitrarily at levels above generally accepted normals. For example 140 /90mmHg at the age of 20, 160 / 95mmHg at the age of 50. According to this criteria about 15% of the population can be regarded as hypertensive. In more than 95% of cases a specific underlying cause of hypertension is not found. Such patients are said to have essential hypertension. Though there is no direct description of this disease in Ayurvedic texts, still so many other conditions having more or less similar symptoms to hypertension are found. Regarding nomenclature of this disease is concerned, so many authors have tried to

1. Assistant Research officer (Ay.),

2. Research Officer (Ay.),

3. Assistant Director, Regional Research Institute (Ay.), 4-CN Block, Sector-V, Bidhan Nagar, Calcutta-700 091.

identify the disease on the basis of vitiated *Dhatu* (*Rasa bhara, Rakta sampida, Rakta sammardani, Rakta gata vata*) others named the disease on the basis of involvement of *Vata* system (*Vyana bala* etc.) & another group tried to name the disease on the basis of vascular changes (*Dhamani partichay*). Among these *Vyan bala vaishamya* looks more close trem to replace the modern terminology in Ayurveda, but it appears to be an over simplification of a complex problem. If we look at ancient texts like *Charak samhita*, which tells us about now in ancient India, they use to manage the undiagnosed patients and about the instructions they have given regarding diagnosis and treatment of new diseases.

विकारनामाकुश्नो न जीह्मियात् कदाचन
न हि सर्व विककाराणां नामतोऽस्ति ध्रुवा
स्थितिः स एवं कुपितो दोषः समुत्पान विशेषतः
स्थानान्तरगातश्चापि विकारान् कुरुते वह्न
तस्माधिकार प्रकृतीर्धष्टानान्तराणि च
समुत्पान विशेषाश्च बुद्ध्या कर्म समाचरेत्
(च. सू. १८/३८-३९)

A physician should never feel shy if he is simply unable to give the name to any disease. As all *Doshas* vitiated by multiple aetiological factors effect different sites of body and are capable to produce different kinds of disease, therefore better treatment can be planned by under standing the underlying aetiopathogenesis *Vikarprakriti* (*dosha*), *adhithana*, *samutthana vishesha* of a disease (Ch. Su 18/38-39).

So, after studying carefully about the aetiopathogenesis of hypertension on the

light of Ayurvedic principles, the factors taking part in aetiopathogenesis may be concluded as follows.

Dosha - Main *Dosha* is *Vata* (mainly *Vyana, prana & apana* also)

Dushya - *Rasa & Rakta*

Srotas - *Rasa vaha srotas*

Adhithana - *Sarva shareera gata dhamanis*

Though there is effective drug to control the hypertension in modern medicine, but due to their side effects on continuous use, it is the need of the time to explore a safe and effective Ayurvedic drugs for the above purpose. By keeping the above aim and objective in mind, a blind clinical trial has been conducted during the year 1992-1999 at RRI(Ay), Calcutta as per the direction of CCRAS, New Delhi.

Materials and Methods

Selection of patients - A total number of 122 cases were registered for the trial during the year 1992-1999 from the OPD & IPD of the institute hospital. The cases were diagnosed by adopting the following inclusion and exclusion criteria.

Inclusion criteria

- (I) The hypertensive patients of either sex between the age of 35-70 years
- (II) Patients having no known complications of this disease.

(III) Patients having blood pressure above 140/90 mm Hg

(IV) Duration of disease less than 15 yrs

(V) No retinal change on fundoscopy

Exclusion criteria

(I) Patients below the age of 35 and above 70 years

(II) Patients having systemic/serious complication of cardio vascular system, cerebral vascular system & renal

(III) Blood pressure 140/90 mmHg or below

(IV) Hypertensive retinopathy

(V) Malignant hypertensive

(VI) Malignancy

(VII) History of liver disease in the recent past

(VIII) Patients responding to salt restricted diet avoiding mental & physical strain

(IX) Cerebrovascular accidents

(X) Haemorrhage (retinal & systemic)

(XI) Suffering from chronic infection in addition to hypertension

By following the above criteria, the patients were randomly subjected for the trial in two groups. In the Ist group having 46 cases, *Tagaradi churna* was advocated

and in the IInd group having 76 cases. *Ushiradi churna* was administered.

Selection of drugs : The drugs were selected as per the direction of the Council. These were procured from the I.I.K.Patials.

Administration of drug & follow up : Both the drugs were administered at the dose of 2-3 gms. three times daily with water. The patients were explained to take the diets which does not aggravate *Vata* & *Kapha*. Only moderate quantity of salt was allowed with the diet. The patients who were already taking the modern drugs were allowed to continue as such and the blood pressure at that time was taken as base level for the study. All the drugs were administered for 6 weeks and the patients were followed up at every 15 days.

Laboratory examination : Complete laboratory examination was not possible before & during the follow up due to some technical problems. Only few patients were subjected for the routine laboratory investigations of blood, stool & urine. So the results were assessed basing upon the improvement in clinical signs & symptoms as well as recording of blood pressure.

Criteria for the assessment of result : The assessment was completely based on the clinical improvement & improvement in blood pressure level.

Assessment :

(1) **Good response-** (a) Normalcy in the systolic and diastolic blood pressure as per criteria laid down.

- (b) Free from presenting symptoms.
- (c) Improvement in general well being of the patient.
- (2) **Fair response** : (a) Considerable reduction of blood pressure (systolic + diastolic) & (b) No significant improvement in general well being of the patient.
- (3) **Poor response** : (a) When there is mild improvement in clinical symptoms & well being of the patient, but blood pressure remains unchanged.
- (4) **No response** : No response in the symptoms & blood pressure unchanged or increased.

Withdrawal from the study : Out of 122 cases registered for the study only 55 cases were dropped out due to following reasons.

- (I) Discontinuation of treatment during trial
- (II) Development of complication due to disease/drug
- (III) The blood pressure increases and the patient does not show any significant improvement in clinical symptoms

Observations and Results

The table shows that the disease affects the individual in age group of 35+60 yrs. In this study, in comparison to make, females are more prone to this disease.

Table I
Incidence of age & sex of 122 patients

Sex	Age	in	years	
	35-50	51-60	61-70	Total
Male	12 (9.83%)	19 (15.57%)	15 (12.29%)	46 (37.70%)
Female	38 (31.14%)	24 (19.67%)	14 (11.47%)	76 (62.29%)
Total	50 (40.98%)	43 (35.24%)	29 (23.77%)	122 (100%)

Table II**Incidence of signs of 122 patients of *Vyana Bala Vaishamy***

	Symtoms	No. of cases	Percentage
1.	<i>Sirahsula</i> (headache)	120	98.36
2.	<i>Bhasma</i> (dizziness)	104	85.24
3.	<i>Kshubdhata</i> (irritability)	98	80.32
4.	<i>Shrama</i> (fatigueness)	101	82.78
5.	<i>Anidra</i> (insomnia)	121	99.18
6.	<i>Daurbalya</i> (weekness)	85	69.67
7.	<i>Adhmana</i> (fatulence)	03	2.45
8.	<i>Hrid drava</i> (palpitation)	72	59.01
9.	<i>Nasa rakta srava</i> (epistaxia)	-	-
10.	<i>Sarakta mutra</i> (hematuria)	-	-

Almost all symptoms are present in all cases except *Nasa rakta srava* (epistaxia) & *Sarakta mutra* (hematuria). But *Anidra* (insomnia), *Sirahsula* (headache) *Bhasma* (dizziness) & *Shrama* (fatigueness) are predominantly present.

Table III**Response of treatment of hypertension cases**

Group	Drugs	Response				
		Good resp.	Fair resp.	Poor resp.	No resp.	Total
I	<i>Tagaradi churna</i>	13 (19.40%)	09 (13.43%)	03 (4.47%)	2 (9.98%)	27 (40.29%)
II	<i>Ushiradi churna</i>	22 (32.83%)	12 (17.91%)	03 (4.47%)	3 (4.47%)	40 (59.70%)
Total		35 (52.23%)	21 (31.34%)	06 (8.95%)	05 (7.46%)	67 (100%)

More than 50% of cases shows good response to the treatment. Very few cases shows poor & no response. Regarding the response of individual group is concerned, the *Ushiradi churna* is more effective than the *Tagaradi churna*.

Conclusion

- The clinical profile shows that the females are more prone to the disease in comparison to male
- There is higher incidence of the disease between the age group of 35-60 years
- Most of the case were using modern medicine for a longtime prior to this trial
- The withdrawal phenomenon was resorted by very few cases

- No such serious side effects were observed in the cases during trial
- The patients were interested in taking the drug in capsulated form rather than in such powder form
- The trial drugs show very good response in more than 50.00% of cases
- The *Ushiradi churna* is more effective than the *Tagaradi churna*. However to prove the complete effectiveness of *Ushiradi churna* a more no. of cases to be studied

Acknowledgement

Authors are thankful to director, CCRAS, New Delhi for providing the necessary facilities and encouragement. We are also thankful to the patients without whose cooperation, the present study would not have been possible.

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सारांश

व्यान बल वैषम्य में आयुर्वेदिय औषधि योगों का चिकित्सीय अध्ययन

सुबल कुमार माइति, अनुकूल चन्द्र कर, एम. मृत्युञ्जय राव एवं अरुण कुमार मिश्रा

प्रस्तुत शोध प्रत्र में व्यान बल वैषम्य में तगरादि चूर्ण एवं उशीरादि चूर्ण के प्रभाव पर अध्ययन किया गया। यद्यपि उच्चरक्तचाप के बारे में आयुर्वेद में उल्लेख नहीं मिलता है, मात्र वर्तमान स्थिति में आधुनिक शास्त्र के आधार पर इस रोग का नामकरण करने का प्रयास किया गया है। इन नामकरणों में व्यानबल वैषम्य ही सबसे उपयुक्त प्रतीत होता है। इस चिकित्सीय अध्ययन में उशीरादि चूर्ण का प्रभाव तगरादि चूर्ण के प्रभाव की तुलना में श्रेष्ठ प्रतीत होता है। परन्तु उशीरादि चूर्ण के पूर्ण प्रभाव आकलन हेतु और अधिक रोगियों पर शोध की आवश्यकता है।