

UNDERSTANDING VYANAVATA IN ESSENTIAL HYPERTENSION: A CONCEPTUAL REVIEW

Vd. Adinath Vishnu Vetel^{1*}, Vd. Arshadkhan Rasulkhan Pathan², Vd. Sandip
Shankarrao Kamble³

¹BAMS, PG Scholar, Department of Kayachikitsa, Yashwantrao Chavan Ayurvedic Medical
College and Hospital, Chh. Sambhajinagar, Maharashtra, India.

²Associate Professor Department of Kayachikitsa, Yashwantrao Chavan Ayurvedic Medical
College and Hospital Chh.Sambhajinagar.

³HOD and Professor, Department of Kayachikitsa, Yashwantrao Chavan Ayurvedic Medical
College and Hospital Chh.Sambhajinagar.

Article Received on 03 Sept. 2026,
Article Revised on 24 Sept. 2026,
Article Published on 01 Oct. 2026,

<https://doi.org/10.5281/zenodo.23033854>

*Corresponding Author

Vd. Adinath Vishnu Vetel

BAMS, PG Scholar, Department of
Kayachikitsa, Yashwantrao Chavan
Ayurvedic Medical College and
Hospital, Chh. Sambhajinagar,
Maharashtra, India.



How to cite this Article: Vd.. Adinath Vishnu
Vetel^{1*}, Vd. Arshadkhan Rasulkhan Pathan²,
Vd. Sandip Shankarrao Kamble³ (2026).
Understanding Vyanaavata In Essential
Hypertension: A Conceptual Review. World
Journal of Pharmaceutical Research, 15(19),
344-348.

This work is licensed under Creative Commons
Attribution 4.0 International license.

ABSTRACT

Essential hypertension is a leading modifiable risk factor for cardiovascular disease and is rising steadily in India. Classical Ayurvedic texts do not describe a disease with the same name, so it has to be understood through *dosha*, *dhatu*, and *srotas* concepts. *Vyanaavata* is the subtype of *Vata* seated in the *hridaya* (heart) that governs circulation, and it is the most relevant *dosha* to this condition. This article reviews the classical description of *Vyanaavata*, explores its correlation with the physiology and pathogenesis of essential hypertension, and outlines the resulting management principles. The correlation is a conceptual hypothesis and needs clinical validation.

KEYWORDS: *Vyanaavata*, essential hypertension, *Raktavaha srotas*, *Avarana*, *Kayachikitsa*.

1. INTRODUCTION

Hypertension is defined as a sustained systolic pressure of 140 mmHg or more and/or a diastolic pressure of 90 mmHg or more (ESC/ESH 2018). About 90-95% of cases are "essential", meaning no single identifiable cause exists, and they arise from interacting

genetic, dietary, stress-related, and lifestyle factors (Oparil et al., 2018). Indian data show a substantial and growing burden with low awareness and poor control (Anchala et al., 2014).

Ayurveda has no exact synonym. Contemporary scholars have proposed several correlations, including *Raktagata Vata*, *Vyanabala Vaisamya*, *Avarana* conditions, and *Rakta-Pradoshaja* disorders. Because blood pressure is fundamentally a matter of circulatory force and flow, *Vyanavata* forms a logical starting point.

2. AIM AND OBJECTIVES

- To review the classical description of *Vyanavata*.
- To correlate its functions and vitiation with the physiology and pathology of essential hypertension.
- To derive management principles from this understanding.

3. MATERIALS AND METHODS

This is a literature-based conceptual study. Primary sources were the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* (*Vata* subtypes, *Srotas*, *Vatavyadhi*, and *Avarana* chapters). Secondary sources were modern textbooks, guidelines, and epidemiological articles from PubMed and DHARA. Interpretations were compiled by the author and are offered as a hypothesis.

4. Review of Vyanavata

4.1 Seat and Functions

The classics place *Vyanavata* in the *hridaya*, from where it moves rapidly through the whole body. Its actions include.

- Propelling *Rasa* (and by extension *Rakta*) to all tissues (*Rasa-samvahana*)
- Regulating movements such as flexion, extension, and blinking
- Promoting sweating and normal bleeding

Descriptions appear in *Ashtanga Hridaya Sutrasthana* 12, *Charaka Chikitsasthana* 28, and *Sushruta Nidanasthana* 1.

4.2 Related Structures

The *hridaya* is described as a *Mahamula* (a vital root organ) with ten associated *Dhamanis* (*Charaka Sutrasthana* 30). *Rasavaha* and *Raktavaha Srotas* are the channels through which

Vyanavata acts (*Charaka Vimanasthana* 5). Because *Vyanavata* is the driving force behind circulation, its dysfunction is likely to appear in these channels.

5. Correlation with Essential Hypertension

5.1 Physiological Parallel

The circulatory functions of *Vyanavata* parallel the roles of cardiac output and vascular tone in maintaining blood pressure. Normal *Vyana* keeps flow smooth and adequate to every tissue, comparable to normal, autoregulated perfusion.

5.2 Pathogenesis (Samprapti) Hypothesis

Ayurvedic concept	Possible modern parallel
<i>Vata</i> -aggravating <i>Nidana</i> (excess <i>ruksha</i> , <i>katu</i> , <i>tikta</i> diet, irregular meals, sleeplessness, excess worry, suppression of urges)	Stress, sympathetic overactivity, irregular lifestyle, poor sleep
<i>Chala</i> and <i>Khara</i> qualities of <i>Vata</i> affecting <i>Dhamanis</i>	Arterial stiffness, raised peripheral resistance
<i>Srotorodha</i> / <i>Sanga</i> (obstruction) due to <i>Kapha</i> and <i>Meda</i>	Atherosclerosis, obesity, dyslipidemia
<i>Rakta-Pitta</i> vitiation with <i>Ushna-Tikshna</i> diet, anger, and heat exposure	Endothelial dysfunction, oxidative stress, high sodium intake
<i>Avarana</i> of <i>Vyana</i> by <i>Pitta</i> or <i>Kapha</i>	Vasoconstriction combined with metabolic derangement

The *Avarana* concept (*Charaka Chikitsasthana* 28) is particularly useful. When *Vyana* is covered by *Kapha* or *Pitta*, its free movement is impeded. This may correspond to raised pressure needed to perfuse tissues against resistance. *Vata* alone does not explain the whole picture, so hypertension is best seen as *Vata* involvement together with *Pitta-Kapha* and *Rakta-Meda* factors.

5.3 Clinical Features

Common symptoms include headache (*Shirahshula*), giddiness (*Bhrama*), palpitation (*Hritdrava*), fatigue, irritability, and disturbed sleep (*Anidra*). These fit *Vata* and *Pitta* involvement affecting *Hridaya* and the *Manovaha Srotas*.

6. Management Principles

The following principles are derived from classical guidance and remain conceptual until validated.

1. ***Nidana Parivarjana:*** Avoid the causative factors, namely excess salt, fried and Ruksha* foods, stress, and sleep deprivation.
2. **Vatanulomana and Vata-shamana:** Restore the normal downward movement of *Vata*.
3. **Srotoshodhana:** Clear *Kapha-Meda* obstruction where present.
4. **Hridya and Medhya Rasayana:** Support the heart and calm the mind.
5. **Lifestyle:** Regular *Dinacharya*, weight control, yoga, *Pranayama*, and adequate sleep.

Drugs often studied in this context include *Sarpagandha* (*Rauvolfia serpentina*), *Arjuna* (*Terminalia arjuna*), *Jatamansi*, *Brahmi*, and *Shankhapushpi*. Procedures such as *Shirodhara* and *Takradhara* have also been explored. *Sarpagandha* contains reserpine, an alkaloid with historical antihypertensive use, and has been associated with side effects, so self-medication is inappropriate. Any patient with hypertension should continue prescribed antihypertensives and be managed under supervision, since hypertension can cause stroke, renal damage, and cardiac events.

7. DISCUSSION

Framing hypertension through *Vyanavata* offers a functional lens: the circulatory role of *Vyana* matches the hemodynamic core of blood pressure regulation. The *Avarana* model helps explain how *Kapha* and *Pitta* factors (obesity, dyslipidemia, inflammation) contribute alongside *Vata*. It also supports why treatment combines stress reduction, dietary correction, and metabolic care rather than targeting a single *dosha*.

Limitations include the absence of a direct classical entity, the variability of scholarly correlations, and the lack of large controlled trials. Future work could include observational studies of *Prakriti* and *Vyana*-related symptoms in hypertensive patients, and randomized trials of standardized formulations against a baseline of conventional care.

8. CONCLUSION

Vyanavata, with its role in circulation, provides a coherent Ayurvedic framework for understanding essential hypertension, especially when considered with *Avarana*, *Srotorodha*, and *Rakta-Pitta* involvement. Management combines *Nidana Parivarjana*, *Vata*-pacifying and *Srotoshodhaka* measures, *Hridya* and *Medhya* drugs, and lifestyle modification. The correlation remains hypothetical, and clinical studies are needed to establish it.

REFERENCES

1. Sharma RK, Dash B. *Charaka Samhita* (Text with English translation and critical exposition based on Chakrapani Datta's Ayurveda Dipika). Varanasi: Chowkhamba Sanskrit Series Office. (Sutrasthana ch. 12 and 30; Vimanasthana ch. 5; Chikitsasthana ch. 28.)
2. Sharma PV. *Sushruta Samhita* (English translation). Varanasi: Chaukhambha Visvabharati. (Nidanasthana ch. 1.)
3. Murthy KRS. *Astanga Hridayam of Vagbhata*. Varanasi: Chowkhamba Krishnadas Academy. (Sutrasthana ch. 12.)
4. Tripathi B. *Charaka Samhita* (Hindi commentary). Varanasi: Chaukhambha Surbharati Prakashan.
5. Williams B, Mancia G, Spiering W, et al. 2018 ESC/ESH Guidelines for the management of arterial hypertension. *Eur Heart J*, 2018; 39(33): 3021-3104.
6. Whelton PK, Carey RM, Aronow WS, et al. 2017 ACC/AHA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults. *Hypertension*, 2018; 71(6): e13-e115.
7. Oparil S, Acelajado MC, Bakris GL, et al. Hypertension. *Nat Rev Dis Primers*, 2018; 4: 18014.
8. Anchala R, Kannuri NK, Pant H, et al. Hypertension in India: a systematic review and meta-analysis of prevalence, awareness, and control of hypertension. *J Hypertens*, 2014; 32(6): 1170-1177.
9. Kearney PM, Whelton M, Reynolds K, et al. Global burden of hypertension: analysis of worldwide data. *Lancet*, 2005; 365(9455): 217-223.
10. Mills KT, Stefanescu A, He J. The global epidemiology of hypertension. *Nat Rev Nephrol*, 2020; 16(4): 223-237.
11. Loscalzo J, Fauci A, Kasper D, et al., eds. *Harrison's Principles of Internal Medicine*. 21st ed. New York: McGraw-Hill; 2022. (Chapter on hypertension.)