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Ayurvedic Perspectives on Lifestyle Modification for Prevention & Management Hypertension: A Review

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ABSTRACT

Background: Hypertension is a growing global health concern, often linked to sedentary lifestyles, improper diet, and chronic stress. While modern medicine provides symptomatic control through antihypertensive drugs, Ayurveda offers a comprehensive and preventive approach focused on lifestyle correction and individual constitution (*Prakriti*). This review article examines classical Ayurvedic concepts relevant to the pathogenesis and management of hypertension, drawing parallels with conditions such as *Raktagata Vata* and *Rakta Dushti*.

Aims and Objectives: The primary aim of this review is to explore and critically analyze Ayurvedic concepts and guidelines related to lifestyle modification for the management of hypertension. The objective is to compile relevant information from classical texts and contemporary research to provide a comprehensive understanding of non-pharmacological interventions rooted in Ayurvedic principles.

Materials and Methods: This review is based on a qualitative analysis of literature collected from classical Ayurvedic texts such as *Charaka Samhita* and *Sushruta Samhita*, as well as few peer-reviewed research articles published in national and international journals.

Results: This review explores the Ayurvedic understanding of hypertension (commonly correlated with *Raktagata Vata*) and emphasizes its management through daily and seasonal regimens, balanced diet, and mental well-being through practices like Yoga, *Pranayama,* and meditation.

Conclusion: Ayurvedic lifestyle modification offers a promising, non-pharmacological approach to hypertension management. By addressing physical, mental, and behavioral factors, these interventions not only help in blood pressure regulation but also improve overall well-being. Integration of these principles with modern clinical protocols presents a promising approach to sustainable and preventive hypertension care.

Key Words *Ayurveda, lifestyle modification, Hypertension, Dincharya, Ritucharya*

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INTRODUCTION

Hypertension, or high blood pressure, is one of the most prevalent non-communicable diseases globally and a major risk factor for cardiovascular disease, stroke, kidney failure, and premature death. The World Health Organization (WHO) estimates that approximately **1.28 billion adults aged 30–79**

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years worldwide suffer from hypertension, with **two-thirds living in low- and middle-income countries** and a significant number remaining undiagnosed or inadequately treated. "Every hour, more than 1000 people die from strokes and heart attacks. Most of these deaths are caused by high blood pressure, and most could have been prevented," "Good hypertension care is affordable, within reach, and strengthens primary health care. The challenge now is to go from "within reach" to "reached." Lifestyle changes like eating a healthier diet, quitting tobacco and being more active can help lower blood pressure. The prevention, early detection and effective management of hypertension are among the most cost-effective interventions in health care and should be prioritized by countries as part of their national health benefit package offered at a primary care level[1].

According to WHO Hypertension is diagnosed when it is measured on two different days, the systolic blood pressure readings on both days are >140mmHg and the Diastolic blood pressure readings are > 90mmHg[2]. **(Table 1)[3]**

[4]On the basis of aetiology, hypertension is classified into 2 types:

1. Primary Hypertension -It is also called as essential hypertension. There is no specific underlying cause of this type. It is present in more than 95% of cases.

2. Secondary Hypertension- It is mainly due to consequence of a specific disease or any sort of abnormality such as renal disease, endocrine disease.

[5]Risk factors of hypertension:

Hypertension is influenced by both **non-modifiable** and **modifiable** risk factors.

1. *Non-Modifiable Risk Factors:*

- **Age:** Blood pressure increases with age, especially in individuals with initially higher values.
- **Sex:** Men typically have higher blood pressure than women during young and middle adulthood; this gap narrows with age and may reverse post-menopause.
- **Genetics:** Hypertension shows a hereditary pattern. Twin and family studies reveal a strong genetic component. Children of hypertensive parents are at significantly higher risk compared to those of normotensive parents.

2. Modifiable Risk Factors:

- **Obesity:** There is a direct correlation between increased body weight and elevated blood pressure.
- **Salt Intake:** High dietary sodium (>7–8 gm/day) is linked with increased blood pressure, whereas potassium, calcium, and magnesium may have protective roles.
- **Saturated Fats:** Consumption of saturated fats is associated with elevated blood pressure and serum cholesterol.
- **Dietary Fiber:** Higher intake of fiber is inversely related to hypertension and coronary heart disease.
- **Alcohol Intake:** Excessive alcohol consumption raises blood pressure.

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- **Physical Inactivity:** Sedentary lifestyle indirectly contributes to hypertension through weight gain.
- **Stress and Psychosocial Factors:** Mental stress and heightened sympathetic activity are important contributors. Elevated catecholamines like noradrenaline have been observed in hypertensive individuals.
- **Socioeconomic Status:** In post-transitional societies, lower socioeconomic groups have higher prevalence; the reverse may be seen in pre-transitional societies.
- **Other Factors:** Oral contraceptives, particularly those containing estrogen, are common causes of secondary hypertension. Environmental factors like noise and temperature may also play a role.

[6]Complications of hypertension:

Uncontrolled high blood pressure can cause several serious health problems:

1. *Heart Attack or Stroke* – Due to hardened and narrowed arteries (atherosclerosis).
2. *Aneurysm* – Weakened blood vessels may bulge and potentially rupture.
3. *Heart Failure* – The heart muscle thickens, making it harder to pump blood efficiently.
4. *Organ Damage* – Narrowed vessels can impair the function of kidneys and other organs.
5. *Vision Loss* – Damage to the small blood vessels in the eyes can lead to blindness.
6. *Metabolic Syndrome* – A group of conditions like obesity, high triglycerides, and insulin resistance that increase the risk of heart disease and diabetes.
7. *Memory Problems* – High blood pressure may impair cognitive functions such as memory and learning.

Lifestyle changes like eating a healthier diet, quitting tobacco and being more active can help lower blood pressure. The prevention, early detection and effective management of hypertension are among the most cost-effective interventions in health care and should be prioritized by countries as part of their national health benefit package offered at a primary care level[7]

"In light of increasing interest in integrative medicine, this is an effort to comprehensively understand ayurvedic perspectives on lifestyle modification for hypertension."

Concept of blood pressure in Ayurveda:

In Ayurveda, hypertension is not described as a single disease but is understood through various terminologies such as *Uccharaktachapa*, *Vyanabala Vridhi*, *Raktagata Vata*, *Siragata Vata*, and *Dhamani Prapurana*. Eminent scholars like Vaidya Brihaspati Dev Triguna have correlated it with *Vyanabala Vridhi*, referring to the excessive force of *Vyana Vata* in blood circulation[8].

The systolic BP attained during contraction of the heart is controlled by *Vyana Vata.* Though the SA node generates impulses on its own, the rate of its impulse generation is controlled by the autonomic nervous system via sympathetic and para-sympathetic nerve fibres emerging from the brain. It is the *PranaVata* situated in the *Moordha* (Brain) that controls

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the *Hridaya* (heart) and does *Dhamani Dharana* (arterial perpetuation)[9]

This self-excitatory function of the heart can be attributed to the functioning of the *Vata Dosha*, in particular the *Vyana Vata* as it is seated in the heart and is responsible for blood circulation[10]. *Charaka* clearly describes that *Vyana Vata*, a component of *Vata Dosha* constantly forces the blood out of the heart and distributes it[11- 12].

Ayurveda, the traditional system of medicine from India, offers a holistic approach to health that emphasizes balance between body, mind, and spirit through individualized lifestyle practices. Concepts such as *Dinacharya* (daily regimen), *Ritucharya* (seasonal routine), Sattvic diet, Yoga, Meditation, and Ayurveda remedies are core to Ayurvedic management of lifestyle disorders. Several Ayurvedic texts, including the *Charaka Samhita* and *Sushruta Samhita*, highlight the importance of lifestyle in maintaining cardiovascular health and preventing diseases resembling hypertension, such as *Raktagata Vata* and *Uchcha Raktachapa*[13].

Etiopathogenesis (*Nidana* and *Samprapti*):

Ayurveda outlines the causation (*Nidana*) of disease through dietary and behavioural mismanagement known as *Mithya Ahara-Vihara*. Excessive intake of *Lavana* (salt), *Guru* (heavy), and *Snigdha* (oily) foods, irregular meal timings, sedentary behaviour, and suppression of natural urges (*Vegavidharana*) are primary etiological factors. Additionally, psychological elements such as *Chinta* (worry), *Krodha* (anger), and *Bhaya* (fear) disturb *Manasika Doshas*, particularly *Rajas* and *Tamas*, causing autonomic imbalances that mirror the sympathetic overactivity noted in essential hypertension[14].

The resulting pathogenesis (*Samprapti*) begins with the aggravation of *Vata*-dominant *Tridosha*, especially *Prana* and *Vyana Vata*, along with *Sadhaka Pitta* and *Avalambaka Kapha*, leading to exaggerated cardiac activity and increased vascular resistance. The affected *Dhatus* include *Rasa*, *Rakta*, and *Mamsa*, while *Srotodusti* occurs as *Sangha* (obstruction) or *Vimargagamana* (abnormal flow)[15].

As *samprapti* highlights, high blood pressure involves all three *Doshas*, the heart, and the blood vessels. Therefore, depending upon dominant *dosha* following features has been described in literature:

***Doshas* pre-dominancy Symptoms[16]-**

• *Vata Dosha*: When Vata predominates, an increase in blood pressure will be followed by worry, strain, overwork, anxiety or insomnia. It frequently associated with nervous system disorders. Anxiety, worry, stress, and strain, are usually the main factors, therefore, treat the psychological conditions.

• *Pitta Dosha*: When Pitta predominates, anger, nosebleed, Irritability, and Violent headaches Sensitivity to light contribute to high blood pressure.

• *Kapha Dosha*: When Kapha is prominent, there may be dull headache, oedema, and lethargy with obesity. Blood pressure remains continually high. Kapha type of hypertension is almost due to arteriosclerosis.

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Chikitsa-

Nidana Parivarjana[17]

उष्णाभितप्तस्य जलप्रवेशाद्दूरेक्षणात् स्वप्नविपर्ययाच्च |
प्रसक्तसंरोदनकोपशोकक्लेशाभिघातादतिमैथुनाच्च ||(Shu.Ut.1/25)||

Avoidance of etiological factors of a disease is known as *Nidana Parivarjanam*. The following causative factors of hypertension should be strictly avoided. Exposure to excessive heat followed by sudden immersion in cold water, prolonged gazing, disturbed or improper sleep, intense attachment, suppression of natural urges, anger, grief, mental strain, physical injury, and excessive sexual activity.

Hypertension, a chronic condition of sustained elevation in arterial blood pressure, is now widely understood to have strong roots in lifestyle factors—ranging from stress and poor dietary habits to circadian rhythm disruption and sedentary behaviour. Ayurveda, through its holistic and preventive approach, emphasizes daily and seasonal regimens, dietary discipline, mental well-being, and mind-body practices. These lifestyle modifications are not merely preventive but have a direct role in the modulation of pathophysiological factors involved in hypertension, including *Dosha imbalance*, stress, sympathetic overactivity, and metabolic dysfunction.

Lifestyle modification in Ayurveda for prevention and management of hypertension:

1. *Dinacharya* (Daily regimen)

Dinacharya, or the daily routine, stabilizes the body's circadian rhythm and autonomic functions—both critical in blood pressure regulation.

It includes:

- *Brahma Muhurta Jagarana* (waking early) improves melatonin secretion and reduces morning cortisol peaks.
- *Abhyanga* (oil massage) mitigates *Vata dosha*, enhances circulation, and improves vascular tone[18].
- *Vyayama* (moderate exercise) aids in *Medo dhatu* reduction, boosts cardiac efficiency, and helps reduce blood pressure[19].
- Timely meals and sleep support *Agni* balance and hormonal homeostasis, preventing stress-related BP surges.

Clinical Impact*:* *Dinacharya* improves baroreceptor sensitivity and reduces sympathetic overdrive—key contributors in hypertension pathogenesis[20].

2. *Ritucharya* (Seasonal regimen)

Ritucharya involves adapting one's lifestyle to seasonal fluctuations, thereby preventing *Dosha* vitiation.

- In *Grishma Ritu* (summer), high temperatures elevate *Pitta*; hence, cooling foods and hydration prevent inflammatory vascular responses.
- In *Hemanta* and *Shishira Ritu* (winter), *Vata* predominance increases vascular stiffness; unctuous, warm diets and oil massages counteract this[21].

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• Clinical Impact*:* Seasonal adaptation reduces *Aama* accumulation and prevents endothelial dysfunction, a precursor to hypertension[22].

3. *Ahara* (Dietary guidelines)

Diet is a cornerstone in both Ayurvedic and modern lifestyle interventions for hypertension.

• Ayurveda recommends *Laghu*, *Satmya*, and *Snigdha Ahara* (light, suitable, nourishing food) to maintain *Agni* and reduce *Kapha*.

• Restriction of *Lavana* (salt), *Amla* (sour), and *Katu* (pungent) foods prevents *Pitta and Rakta dushti*—key factors in hypertensive pathology[23].

• Encouragement of vegetable-rich, high-fibre diets with barley, green gram, and bitter vegetables directly supports lipid balance and arterial health[20].

Clinical Impact*:* These dietary modifications reduce systemic inflammation and blood pressure, comparable to outcomes seen in DASH (Dietary approach to stop Hypertension) diets.

[24]Details of advocacy on diet and lifestyles advocated for EHTN: As Seen in Table 2

4. *Sadvritta* and *Achara Rasayana*

Sadvritta refers to ethical living, while *Achara Rasayana* involves behavioural rejuvenation, both directly impacting mental and cardiovascular health.

• Practices such as truthfulness, mindfulness, contentment, and emotional regulation reduce *Rajas* and *Tamas*, improving *Sattva*[25].

• These reduce chronic stress and HPA-axis dysregulation, common in hypertensive patients.

Clinical Impact*:* Improved emotional regulation leads to lower sympathetic drive, improved vagal tone, and reduced blood pressure variability[26].

5. *Yoga* and *Pranayama*

Yoga and Pranayama are evidence-based adjuncts in the non-pharmacological management of hypertension.

• *Anulom-Vilom*, *Bhramari*, and *Sheetali Pranayama* reduce mental stress, enhance parasympathetic tone, and lower BP levels.

• *Shavasana* and *Viparita Karani* promote vascular relaxation and reduce cardiac workload[27.]

Clinical Impact*:* Integrated yoga protocols have been shown to significantly reduce systolic and diastolic BP, enhance quality of life, and decrease dependency on antihypertensive medications[28].

[22]Details of Asana/Kriya/Pranayama advocated: As Seen in Table 3

Integrative View and Modern Evidence:

The integration of Ayurvedic principles with conventional medicine offers a holistic approach to hypertension management. A retrospective observational study under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) in India demonstrated that combining Ayurveda, Yoga, and lifestyle modifications with standard care significantly reduced blood pressure levels. Notably, 36.7% of participants were able to discontinue conventional antihypertensive medications after integrating Ayurveda, Yoga, and lifestyle changes with standard care[29]. Such findings

validate the complementary role of Ayurveda and emphasize the importance of integrating traditional health systems into public healthcare models for chronic disease management[30].

Discussion:

Hypertension, recognized in Ayurveda under the conceptual umbrella of *Raktagata Vata*, is often linked to modern lifestyle factors such as stress, sedentary behavior, and improper diet[31]. Ayurveda emphasizes a holistic approach toward prevention and management of such lifestyle disorders by focusing on *Dinacharya* (daily regimen), *Ritucharya* (seasonal regimen), *Sadvritta* (ethical conduct), and mental well-being, all of which are essential in maintaining homeostasis[32-33].

Emerging research has shown that Ayurvedic lifestyle modifications—including dietary control, physical activity (*Vyayama*), regular sleep (*Nidra*), and stress reduction through Yoga and *Pranayama*—can significantly reduce systolic and diastolic blood pressure levels[34-35]. Practices like *Abhyanga* (therapeutic oil massage), *Shirodhara*, and *Padabhyanga* are known to activate the parasympathetic nervous system, reducing stress-induced cardiovascular load[36].

The Ayurvedic dietary principles emphasize consumption of *Laghu* (light), *Snigdha* (unctuous), and *Satmya* (compatible) foods, and recommend restriction of *Tikshna* (pungent), *Amla* (sour), and *Lavana* (salty) foods, which are believed to aggravate *Pitta* and *Vata* dosha, contributing to hypertension[37]. Warm water (*Ushnodaka*) and detoxification strategies to clear *Ama* (toxins) further support cardiovascular health by improving *Agni* (digestive metabolism)[38].

Ayurvedic texts and modern studies agree on the importance of psychological well-being in hypertension management. The role of *Manasika Bhavas* (mental attitudes) such as *Krodha* (anger), *Chinta* (anxiety), and *Shoka* (grief) has been linked with elevated blood pressure[39]. Lifestyle interventions such as meditation, counseling, and *Satvavajaya Chikitsa* (Ayurvedic psychotherapy) have shown promise in reducing these stressors[40].

While modern medicine relies predominantly on pharmacological interventions, Ayurveda offers a preventive and root-cause–oriented approach. Integrating Ayurvedic lifestyle practices with conventional treatment protocols can enhance therapeutic outcomes, reduce drug dependency, and improve overall quality of life[41].

However, the field still faces challenges such as lack of standardized protocols, limited high-quality clinical trials, and the need for evidence-based validation of Ayurvedic regimens. There is a growing necessity for interdisciplinary research to establish scientifically robust Ayurvedic lifestyle modules for hypertension[42].

Conclusion:

The Ayurvedic approach to lifestyle modification presents a holistic, non-invasive, and cost-effective strategy to manage and prevent hypertension. These interventions—rooted in daily discipline, seasonal awareness, dietary

prudence, emotional ethics, and mind-body balance—have clear physiological effects on the autonomic nervous system, vascular resistance, hormonal regulation, and metabolic pathways. Incorporating these timeless practices offers both preventive and therapeutic benefit in hypertension.

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