

# HYPERTENSION AND ITS MANAGEMENT THROUGH UNANI APPROACH -A REVIEW

Sadaf firdaus 1, Dr. Ammar ibne Anwar2, Dr. Abdul Aziz Khan2, Prof. Rubi Anjum3

1.PG Scholar,2. Assistant Professor, 3.Prof.and Chairperson

Dept. Of Tahhafuzi Wa Samaji Tib, F/O Unani Medicine, Ajmal Khan Tibbiya College,

AMU, ALIGARH.

## ABSTRACT

Hypertension is a long-lasting condition and it causes of coronary heart diseases, stroke and other complications. It became the common cause for the development of cardiovascular diseases posing a chief public health tasks to population in socio economic and epidemiological evolution. It is one of the major risk factors for cardiovascular mortality which account for 20-50 percent of all death. In the classical unani literature, the term hypertension has not been used as such. The condition that causes hypertension are described under the heading "imtila". In this condition body fluid is accumulated in different part of the body especially blood vessels. Hypertension is one of the major risk factors for the development of cardiovascular diseases. There are two type of risk factor like modifiable and non-modifiable risk factor for the development of hypertension. High blood pressure is classified as primary hypertension or secondary hypertension.

**Key words:** hypertension, coronary artery diseases, imtila, chronic kidney disease.

## INTRODUCTION:

Hypertension is the most common public health problem of the developed as well as developing countries. Hypertension also known as high blood pressure is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. High blood pressure typically does not cause any symptoms. Long-term high blood pressure is one of the most important risk factor for the development of coronary artery diseases, stroke, heart failure, atrial fibrillation, peripheral arterial diseases, chronic kidney diseases and dementia<sup>[1]</sup>. Approximately 54% of strokes and 47% of coronary heart diseases are attributable to high BP and it became a leading cause of mortality worldwide. If we control the hypertension than the cardiovascular diseases control automatically.<sup>[2]</sup> Fluctuations in diet can reduce the blood pressure, prevent the progress of hypertension, and reduce the risk of development of cardiovascular diseases such as myocardial infarction, angina pectoris, heart failure, and stroke [3].

High blood pressure classified as primary or secondary hypertension. About 90–95% of cases are primary and it is caused by nonspecific lifestyle and genetic factors. Lifestyle factors include excess salt intake and excess body weight, smoking and alcohol use <sup>[4]</sup>. 5–10% of cases are characterized as secondary hypertension and it is caused by chronic kidney diseases, endocrine conditions such as Cushing syndrome, hypothyroidism, hyperthyroidism, acromegaly, conn syndrome and other cause such as obesity, sleep apnea, pregnancy, coarctation of aorta and excessive drinking of alcohol.[5]

## UNANI CONCEPT:

In unani concept, the term hypertension is described under the heading "imtila". Basically, it is a disease condition in which body fluid is accumulated in different part of the body especially blood vessels.[6]. *Imtila'* is caused by excess intake of foods, alcohol, inactivity, and bathing, as these conditions may result in the

accumulation of waste products in the body. **Majusi stated that:** Abnormal accumulation of the morbid matters increased tension and pressure in the blood vessels. [7]

#### Categories:

1. *Imtila' bi Hasbil Auyia*
2. *Imtila' bi Hasbil Quwa*

*It is categorized by Razi, Majusi and Ibn sina and it is clinically observed in hypertension.*

#### ***Imtila'bi Hasbil Auiya (Repletion regarding vessels):***

It is an increase in the blood volume consequential increased vascular pressure. Unani physicians have regarded the decreased lumen of the blood vessels as an etiology of increased vascular pressure. The salient symptoms are flushing of the body, prominent and dilated vessels, congestion of eyes, drowsiness, yawning, the heaviness of head, visual disturbances.

Its severe form may rupture the blood vessels and causes lethal conditions such as epistaxis, haemoptysis, hemorrhage. In such patients, *Fasd* (venesection) is suggested to reduce the high blood pressure due to increased blood volume and to prevent the chances of hemorrhage which may cause sudden death. In this condition light diet and rest should be advised [8]

#### ***Imtila' bi Hasbil Quwa (Repletion regarding vitality)***

*It is also called as Imtila' bi Hasbil Kaifiyah.* This type of *Imtila'* occurs due to excess quantity and the quality of humours is deranged.[6]

The increased volume of intra-cellular fluid may result in *Imtila* said by ibne Rusd. If it is associated with abnormal temperament, it is called as *Imtila' bi Hasbil Quwa*.

The clinical presentation is heaviness, lethargy, congestion of eyes, drowsiness, yawning, heaviness of head, visual disturbances, loss of appetite, difficulty in performing mental functions, mental stress, nausea, high volume pulse, and dark and cloudy urine without flushing of face. The complications are epistaxis, haemoptysis and haemorrhage.[8]

### **RISK FACTOR FOR HYPERTENSION:**

Hypertension is one of the major risk factors for the development of of CVD. There are two type of risk factor for the development of hypertension. These may be classified as:

#### **1. Non modifiable risk factors**

- AGE: In both sexes, blood pressure rises with ages. The rise is greater in those with higher initial blood pressure.
- SEX: Early in life there is little difference in blood pressure between the sexes. However, at adolescences men display a higher average level. This difference is most evidence in young and middle-aged adults. Late in the life difference is narrow and the pattern may be reversed. Post-menopausal changes in women may be the contributory factor for this change.
- GENETIC FACTORS: There is considerable evidence that blood pressure level is determined by genetic factor and that inheritance is polygenic. The evidence is based on twin and family studies.

Twin studies have confirmed the importance of genetics factors in hypertension and family studies have shown that the children of two normotensive parents have 3% possibility of developing hypertension whereas this possibility is 45% in children of two hypertensive parents.

- ETHNICITY: population studies have consistently revealed higher blood pressure level in black communities than other ethnic group. average difference in blood pressure between the two group vary from slightly less than 5mmHg during the 2 decades of life to nearly 20 mm Hg during the sixth. Black americans of African origin have been demonstrated to have higher blood pressure levels than the whites. [9]

## 2.MODIFIABLE RISK FACTOR:

- Obesity: obesity act as a risk factor for the development of hypertension. Greater the weight gain, greater the risk of high blood pressure. Central obesity indicated by an increased waist to hip ratio has been positively correlated with high blood pressure in several population.
- Salt intake: A high salt intake (I.e. 7-8 g per day) increases blood pressure proportionately.
- Saturated fat: saturated fat raises the blood pressure as well as serum cholesterol.
- Dietary fibre: the risk of CHD and hypertension is inversely related to the consumption of dietary fibre. Most fibre reduces plasma total and LDL cholesterol.
- Alcohol: high alcohol intake is associated with an increased risk of high blood pressure.it appears that alcohol consumption raises the systolic pressure more than the diastolic
- Physical activity: physical activity by reducing body weight may have an indirect effect on blood pressure.[9]

## MANAGEMENT:

There are three principles which managed the hypertension

- *Ilaj bil-Ghiza* (Diet therapy)
- *Ilaj bit-Tadbeer* (Regimenal therapy)
- *Ilaj bil-Dawa* (Pharmacotherapy)

1. *Ilaj bil-Ghiza*: In the Unani system of medicine, there are elaborative dietary recommendations that are very beneficial for prevention hypertension. Diets containing high potassium may slightly lower the blood pressure.[10] Dietary changes are of paramount importance. These conciliation:

- (a) Reduction of salt intake to an average of not more than 5g per day.
- (b) Moderate fat intake.
- (c) Avoidance of high alcohol intake.
- (d) Restriction of energy intake appropriate to body needs.[11]

Some foods which are considered as anti-hyperlipidemia and anxiolytic such as Kalonji, Lehsan, Zeera Siyah, Kishniz, Piyaz, and Gajar.They are beneficial in the prevention of hypertension.[10]

2. *Ilaj bit -Tadbeer* (Regimenal Therapy): *Ilaj bit Tadbeer* is the modification in *Asbab-e-Sitta Zarooriya* (six essential prerequisites). This mode of treatment is very effective in prevention as well as control of hypertension.

- ❖ Weight reduction: the prevention and correction of overweight or obesity (BMI greater than 25) is a prudent way of reducing the risk of hypertension and indirectly CHD.
- ❖ Having adequate sleep.
- ❖ Increased physical activity: Regular physical activity leads to fall in body weight, blood lipids and blood pressure.it suggest that regular physical activity should be encouraged as a part of strategy for risk control.[11]
- ❖ Reduction of mental tension and anxiety may reduce the clinical implications of 'Imtila'.

Some common regimenal therapies for control of Imtila are as follows:

*Fasd* (venesection), *Ta'leeq* (leeching), *Is'hal* (purgation), *Ta'reeq* (diaphoresis).

3. *Ilaj bil-Dawa* (Pharmacotherapy): Several unani formulations have been used in the management of *Imtila* or hypertension. these are as follows:

- (1) *Mudirr* (Diuretic): Tukhm-e-Kharpaza (*Cucumis milo* Linn.), Tukhm-e-Kheyarain (*Cucumis sativa*), Parshi-aoshan (*Adiantum capillus*), *Habb-e-Mudirr*, *Sharbat-e-Buzoori Motadil*.
- (2) *Musakkin* (Sedative): Sankha Holi , Asrol (*Rauwolfia serpentina*), Tukhm-e-Kahu (*Lactuca sativa* Linn.), Gul-e-Neelofar (*Nymphaea lotus*).
- (3) *Mufattih* (Vasodilator): Lahsan (*Alium sativum* Linn.), Chaal Arjun (*Terminalia arjuna* Linn.)
- (4) *Mufarrih* (Exhilarant): Abresham (Silk coccon), Sandal Safaid (*Santalum album*), Sankhaholi (*Evolvulus alsinoides* Linn.)
- (5) *Munawwim* (Hypnotic): *Ikseer-e- Shifa*, *Roughan-e-Laboob Sab'a*, *Roughn-e-Khash'khash*, kahu.
- (6) *Mubarrid* (Refrigerant): Tukhm-e-Khirfa (*Portulaca oleracea* Linn.), Kishneez (*Coriandrum sativum* Linn.), Tukhm-e-Kahu (*Lactuca sativa*), Gul-e-Neelofar (*Nymphaea lotus*).[10][12]

**CONCLUSION:** Hypertension also known as high blood pressure is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. High blood pressure typically does not cause any symptoms. Long-term high blood pressure is one of the most important risk factors for the development of coronary artery diseases, stroke, heart failure, atrial fibrillation, peripheral arterial diseases, chronic kidney diseases and dementia. High blood pressure is classified as primary hypertension or secondary hypertension. Primary hypertension caused by nonspecific lifestyle and genetic factors and secondary hypertension due to an identifiable cause such as chronic kidney diseases, endocrine conditions such as Cushing syndrome, hypothyroidism, hyperthyroidism, acromegaly and other cause such as obesity, sleep apnea, pregnancy, coarctation of aorta. In unani system of medicine the condition that causes hypertension are described under the heading "imtila". Basically, it is a disease condition in which body fluid is accumulated in different part of the body especially blood vessels. *Imtila is categorized by Razi, Majusi and Ibn sina and categorized into two types Imtila' bi Hasbil Auyia and imtila' bi Hasbil Quwa. there are two type of risk factor for the development of hypertension. These may be classified as a modifiable and non-modifiable risk factors. There are three principles which managed the hypertension Ilaj bil-Ghiza (Diet therapy), Ilaj bit-Tadbeer (Regimenal therapy) and Ilaj bil-Dawa (Pharmacotherapy).*

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