

## 6.5. Uchcha raktachaapa etc.

### Unit 6.5 — Uchcha Raktacāpa, Hṛdgata Dhamanīsaṅga (CAD/IHD/MI), Hṛdgata Rakta-saṅkula-janya Kāryākṣamatā (CHF), Hṛdgati Vaiṣamyā (Conduction defects)

#### 6.5.0 Concept Map

These conditions represent a **continuum of cardiovascular pathology**:

**Uchcha raktacāpa (↑BP) → Dhamanīsaṅga / Dhamanīpraticaya (arterial wall pathology) → Hṛcchūla / Hṛdroga (angina/IHD) → MI (acute ischemic necrosis) → CHF (pump failure) ± Hṛdgati vaiṣamyā (arrhythmia/conduction defects)**

Ayurveda explains the continuum mainly through:

- **Vāta (Vyana-Prāṇa interplay) dysfunction**
- **Kapha-Meda upalepa / saṅga in dhamanī**
- **Rasa-Rakta srotoduṣṭi**
- **Ojas-kṣaya in advanced failure**

#### 6.5.1 Uchcha Raktacāpa (Hypertension)

##### A) Clinical meaning (modern)

Persistent elevation of arterial blood pressure → predisposes to CAD, stroke, CKD, CHF.

##### B) Ayurvedic perspective (conceptual mapping)

Classical texts do not use the term “hypertension” directly. Clinically, it is understood through:

- **Vāta prakopa (especially Vyana vayu) + Rakta/Rasa involvement**
- **Dhamanīsaṅga / upalepa tendencies** (Kapha-Meda predominance)
- Psychological triggers: **cintā, bhaya, trāsa** etc. as strong nidāna that disturb circulation/heart function.

##### Core anchor for “vessel pathology”

**Caraka Saṃhitā, Sūtrasthāna 20/17 (Mahārōga Adhyāya)**

श्लेष्मविकारांश्च विंशतिमत ऊर्ध्वं व्याख्यास्यामः ; तद्यथा- ... धमनीप्रति(वि)चयश्च ... इति विंशतिः श्लेष्मविकाराः ... ॥१७॥

**English meaning (relevant idea):** Among the important Nanātmaja Kapha disorders, **dhamanī-praticaya** is enumerated—indicating Kapha-linked pathological change in vessels.

##### Core anchor for “circulatory regulation”

**Aṣṭāṅga Hṛdaya, Sūtrasthāna 12/6**



वाक्प्रवृत्तिप्रयत्नोर्जाबलवर्णस्मृतिप्रक्रियः ।  
व्यानो हृदि स्थितः कृत्स्नदेहचारी महाजवः ॥६॥

**English meaning:** Vyana Vāta—located in the heart—moves rapidly throughout the body and governs functions like effort, strength, activities, etc. (Clinically applied to circulation and systemic distribution).

### C) Samprāpti (pathogenesis) - student-friendly

**Nidāna** (salt excess, heavy diet, sedentary life, stress, sleep deficit, suppression of urges)

- **Kapha-Meda upalepa** develops in dhamanīs (dhamanī-praticaya tendency)
- **Vyana vāyu** gets disturbed (either “hyper-drive” or irregular propulsion)
- **Rasa-Rakta gati vaiṣamya** (abnormal flow dynamics)
- **Uchcha raktacāpa** (clinically expressed as headache, heaviness, irritability, palpitations, insomnia, etc.)

### D) Samprāpti-vighaṭana (breaking the chain)

1. **Nidāna parivarjana:** stress + salty/heavy foods + sedentary habits
2. **Kapha-Meda śamana** (langhana, rukṣa-lekhana where appropriate)
3. **Vāta anulomana + Vyana regulation** (not “over-stimulating” therapies)
4. **Rasa-Rakta prasādana** (diet + appropriate dravya selection)
5. **Rasāyana (long-term stability)**

### E) Chikitsā sūtra (principles)

- If **Kapha/Meda predominance:** start with **langhana + lekhana + kapha-śamana** (and consider śodhana when fit).
- If **Vāta predominance** (anxiety, palpitations, insomnia): emphasize **vāta-anulomana, mild snehana**, and mental calming measures.
- If mixed: treat **Kapha-saṅga first**, then stabilize Vāta.

### F) Representative clinical case (simulated, de-identified)

**Case A:** 46-year male, BP 154/96 repeatedly, central obesity, heaviness after meals, sleep late, stress, mild breathlessness on climbing. Tongue mildly coated.

**Ayurvedic inference:** Kapha-Meda-pradhāna with Vyana-vāta anubandha; early dhamanī-praticaya tendency.

**Appropriate chikitsā type:** Kapha-Meda śamana (langhana/lekhana) → then Vāta stabilization + rasāyana.

## 6.5.2 Hṛdgata Dhamanīsaṅga Vikāra (CAD / IHD) and Myocardial Infarction

### A) Modern meaning

- **CAD/IHD:** Atherosclerotic plaque → reduced coronary blood flow → angina, ischemia.
- **MI:** acute coronary occlusion → myocardial necrosis → severe chest pain, autonomic symptoms, shock/arrhythmia risk.

### B) Ayurvedic correlation (high-yield concepts, not slogans)

1. **Dhamanī-praticaya / upalepa** → structural basis of “saṅga”
2. **Kaphaja hṛdroga / Vātānubandha** → heaviness/tightness + pain
3. **Hṛcchūla (hṛdsūla)** → chest pain presentation; must differentiate from āmāsāya-origin pain when relevant

## Classical nidāna + symptom cluster for heart disease

### Caraka Saṃhitā, Cikitsāsthāna 26/77

व्यायामतीक्ष्णातिविरेकबस्तिचिन्ताभयत्रासगदातिचाराः ।  
छर्दयामसन्धारणकर्शनानिहृद्रोगकर्तृणितथाऽभिघातः ॥७७॥

**Meaning:** Excess exertion; overly strong purgation/enema; anxiety/fear/stress; mismanagement of illness; suppression of vomiting/āma; emaciation; trauma—cause hṛdroga.

### Caraka Saṃhitā, Cikitsāsthāna 26/78

वैवर्ण्यमूर्च्छाज्वरकासहिक्काश्वासास्यवैरस्यतृषाप्राप्नोहाः ।  
छर्दिःकफोत्क्लेशरुजोऽरुचिशृङ्खलद्रोगजाःस्युर्विधास्तथाऽन्ये ॥७८॥

**Meaning:** Discoloration, fainting, fever, cough, hiccup, dyspnea, unpleasant taste, thirst, confusion, vomiting, nausea/kapha-upsurge, pain/distress, anorexia—occur in hṛdroga.

## Doṣa-wise bheda (useful for CAD vs inflammatory vs functional patterns)

### Caraka Saṃhitā, Cikitsāsthāna 26/79-80

हृच्छून्यभावद्रवशोषभेदस्तम्भाःसमोहाःपवनाद्विशेषः ।  
पित्तात्तमोदूयनदाहमोहाःसन्नासतापज्वरपीतभावाः ॥७९॥  
स्तब्धगुरुस्यात्स्तिमितचर्मकफात्प्रसेकज्वरकासतन्द्राः ।  
विद्यत्त्रिदोषत्वपिसर्वलिङ्गतीव्रार्तितोदकृमिजंसकण्डूम् ॥८०॥

**Meaning (clinical utility):** Vātaja = emptiness, pricking, stiffness/obstruction, variable pain; Pittaja = burning/heat/yellowish features; Kaphaja = heaviness, stiffness, salivation, cough, drowsiness; Tridoṣaja mixed; Krimija severe pain with itching.

## C) Samprāpti (CAD → MI)

**Kapha-Meda** accumulation + sedentary diet

→ **Dhamanī upalepa/praticaya** (progressive saṅga)

→ **Coronary “mārga-āvarodha”** in hṛdaya region

→ **Hṛcchūla / hṛdroga lakṣaṇa** (effort-related chest tightness)

→ If acute rupture/occlusion: **tivra hṛdsūla, śvāsa, mūrccā, sveda, kampana** etc. (clinical MI picture)

## D) Chikitsā sūtra (CAD/IHD)

1. **Saṅga-kapha reduction** (langhana/lekhana; kapha-hara)
2. **Vāta pain control + stabilization** (vāta-śamana, snehana as appropriate)
3. **Hṛdya-balya support** (convalescence)
4. **Śodhana selection** depends on doṣa:
  - **Kaphaja dominance** → Vamana line is explicitly indicated in Caraka (see below)
  - **Pittaja dominance** → Virecana (cooling approach) is emphasized
  - **Vātaja dominance** → snehana-tailas, vāta-anulomana measures

## Kaphaja hṛdroga line (important for CAD-like heaviness/tightness)

### Caraka Saṃhitā, Cikitsāsthāna 26/96

हृदि स्थितं श्लेष्महरैः कषायैः पिबेत्सुसिद्धैः कटुकैश्चयुक्तैः ।



वाम्यो नरः श्लेष्महरैर्यवागूभक्तैश्च लिङ्गं च शमं व्रजेच्च ॥९६॥

**Meaning:** Kapha in heart—use kapha-hara kaṣāya with katu drugs; perform vamaṇa when suitable; take kapha-reducing gruels/foods.

## Vātaja ḥṛdroga pain line (useful for chest pain with vāta features)

Caraka Saṃhitā, Cikitsāsthāna 26/84

सपुष्कराह्वंफलपूरमूलमहौषधंशट्यभयाचकल्काः ।

क्षाराम्बुसर्पिलवणैर्विमिश्राःस्युर्वातहृद्रोगविकर्तिकाष्नाः ॥८४॥

**Meaning:** Formulations containing puṣkaramūla etc. with gṛta + salts, etc. alleviate Vātaja ḥṛdroga and cutting chest pain (vikartikā).

## E) Case vignette (CAD/IHD)

**Case B:** 55-year male, chest tightness on walking fast, relieved by rest, heaviness after meals, daytime sleep habit.

**Ayurvedic inference:** Kaphaja ḥṛdroga + dhamanī-praticaya tendency, with Vāta-anubandha (effort pain).

**Chikitsā type:** Kapha-saṅga reduction (langhana/kapha-hara; consider vamaṇa if eligible) + vāta pain measures as needed; long-term pathya + rasāyana.

## F) MI vignette (acute)

**Case C:** 60-year male, sudden severe chest pain radiating, sweating, breathlessness, faintness.

**Ayurvedic inference:** Acute ḥṛdmarma crisis; clinically corresponds to tīvra ḥṛcchūla with prāṇa-vyāna dysregulation.

**Chikitsā type (Ayurvedic framing):** Emergency stabilization first; later doṣa assessment and convalescent ḥṛdya-balya support.

## 6.5.3 Ḥṛdgata Rakta-saṅkula-janya Kāryākṣamatā (Congestive Cardiac Failure)

### A) Modern meaning

Heart cannot pump adequately → fatigue, breathlessness, edema, orthopnea, fluid overload.

### B) Ayurvedic understanding

CHF is typically explained as:

- Ḥṛdaya bala-hāni with Vyana-vāta dysfunction
- Kapha-udaka saṅgraha (fluid retention/śoṭha picture)
- Chronic disease leads to Ojas-kṣaya tendencies (low vitality, recurrent infections, exhaustion)

### C) Samprāpti (simple chain)

Long-standing dhamanī-saṅga / ḥṛdroga nidāna

→ myocardial weakening (bala-hāni)

→ improper rasa-rakta distribution (vyāna dysfunction)

→ kapha/udaka accumulation (śoṭha, śvāsa)

→ functional failure (kāryākṣamatā)

## D) Chikitsā sūtra (CHF)

1. **Saṅga/udaka-kapha reduction** (langhana, suitable śamana; select śodhana only when stable)
2. **Vāta stabilization** (avoid excessive rukṣa measures if weakness is marked)
3. **Balya-rasāyana** after stabilization
4. **Pathya** is central (regular, light, warm, easily digestible; avoid guru/snigdha excess in fluid overload states)

## E) Case vignette (CHF)

**Case D:** 63-year male with exertional dyspnea, pedal edema, fatigue, nocturnal breathlessness; appetite low.

**Ayurvedic inference:** Kapha-udaka predominance with Vyana-vāta dysfunction; bala reduced.

**Chikitsā type:** Gentle kapha-udaka śamana + vāta stabilization; then balya-rasāyana + strict pathya.

## 6.5.4 Hṛdgati Vaiṣamyā (Conduction defects / Arrhythmias)

### A) Modern meaning

Abnormal rhythm due to conduction system pathology (AV block, bundle branch block, atrial fibrillation, ectopic beats, etc.)—may be benign or life-threatening.

### B) Ayurvedic lens

Most arrhythmia-like presentations are approached through:

- **Vāta (Vyana + Prāṇa) dysregulation**
- **Manasika nidāna** (cintā, bhaya, trāsa) amplifying Vāta
- Sometimes **Kapha saṅga** contributing to heaviness/slowness patterns

### Vyana anchoring shloka (circulatory and systemic spread)

**Aṣṭāṅga Hṛdaya, Sūtrasthāna 12/6** (same as above)

... व्यानो हृदि स्थितः कृत्स्नदेहचारी महाजवः ॥६॥

**Clinical application:** Rhythm irregularity and force/propulsion variability are interpreted as Vyana dysfunction, often with Prāṇa involvement.

### C) Samprāpti-vighaṭana

- Remove nidāna (sleep deficit, stimulants, stress, heavy meals at night)
- Stabilize Vāta (regular routine, vāta-śamana strategies)
- If Kapha/āma present: clear it first; then stabilize rhythm tendencies

### D) Case vignette (arrhythmia)

**Case E:** 40-year female, palpitations, anxiety, insomnia; ECG shows benign ectopics.

**Ayurvedic inference:** Vāta-pradhāna (Vyana disturbance) with manasika nidāna.

**Chikitsā type:** Vāta-manas śamana first; then long-term rasāyana and pathya-routine stabilization.

## 6.5.5 Pathyāpathyā (common to this entire unit)

### Pathya (generally supportive)

- Warm, light, freshly prepared meals; fixed meal timing
- Avoid day-sleep (especially kapha-pradhāna individuals)
- Daily gentle walking / regulated vyāyāma (not excessive)
- Sleep hygiene; stress reduction; pranayama/yoga suited to patient's capacity
- Warm water sips in Kapha/Āma tendency; cooling regimen only if clear Pittaja heat signs predominate

### Apathya (commonly aggravating)

- Excess salt, fried/heavy foods, repeated overeating
- Irregular sleep, night जागरण
- Chronic mental stress (cintā/bhaya/trāsa)
- Sudden extreme exertion (especially in known ḥydroga) — **Caraka Cikitsā 26/77** lists vyāyāma and stress as direct nidāna.

## 6.5.6 Student exercises

### Exercise 1 — Doṣa identification (short)

Given 3 mini-cases, mark doṣa predominance:

- Case 1: heaviness + lethargy + chest tightness after meals
- Case 2: burning chest discomfort + heat intolerance + irritability
- Case 3: variable palpitations + anxiety + insomnia

### Exercise 2 — Samprāpti chain writing

Write a 6-step samprāpti chain for:

- Uchcha raktacāpa
- CAD (dhamanīsaṅga)

### Exercise 3 — Chikitsā selection

For each case, select:

- **Primary chikitsā type** (kapha-śamana / pitta-śamana / vāta-śamana / śodhana candidate / rasāyana phase)
- One relevant shloka anchor (from the given ones in this unit)