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Role of *Manasik Bhava* in etiopathogenesis of Essential Hypertension

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ABSTRACT

As man has entered in 21st century with modernization in each and every walk of life, he has also paid for it by living in several stressful psychological conditions. The response to the psychological conditions varies person to person because each has different psychic and bodily constitution. However, these stressors play certain role in the development, progression, prognosis as well as management of the disease. This stressful life-style affects one's mind and homeostasis of body by several psychosomatic mechanisms and causes many psychosomatic disorders. The '*Uccharaktachapa*' (Essential hypertension) is one of such diseases. Hypertension is most prevalent cause for cerebrovascular and cardiovascular disorders, causing high rate of mortality and morbidity. So, hypertension is gaining more and more attention globally. Due to its high prevalence in our country, India is known as *Nation of Hypertension*. Hypertension is also known as silent killer of mankind because most sufferers (85%) are asymptomatic and as per available reports, in more than 95% cases of hypertension under lying cause is not found. Such patients are said to have Essential Hypertension (EHT).

Key words: *Nidan, Uccharaktachapa, Manasa Bhavas, Essential Hypertension (EHT)*

INTRODUCTION

In Ayurveda, various *Manasa Bhavas* (psychological conditions) like *Chinta* (worry), *Udvega* (anxiety), *Lobha* (greed), *Shoka* (grief), *Bhaya* (fear), *Krodha* (anger) etc. are described. When these *Manasa Bhavas* (emotional states) cross the physiological limit, they are considered as *Manasika Vikaras*, which is pathological state adversely affecting the mind and the body. So, *Charaka* has suggested controlling these *Manasika Bhavas* to maintain physical and mental well-being.

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Though lots of researches have been carried out on hypertension still, there is enough scope to assess the role of *Manasa Bhavas* like *Chinta*, *Krodha*, *Bhaya*, *Lobha*, *Moha*, *Shoka* etc. in the etiopathogenesis and manifestation of this disease with its management aspect because in modern medical science, its management aspect remains symptomatic with troublesome side effects.

So far as Ayurvedic description is concerned, no specific term is found for EHT. However, as *Acharya Charaka* has mentioned, "It is not necessary that every manifestation be named but, the problem can be measured according to their specific features itself."

Hypertension can also be correlated with *Dushti* of *Vata* (*Vyana & Prana Vayu*), *Pitta* (*Sadhaka*) and *Manovaha Srotasa* involving *Hridaya*, *Rasayani*, *Oja* and process of *Rasa Vikshepana*. It is due to disturbed psychological factors like *Chinta* (Worry), *Tanav* (Stress), *Krodha* (Anger) etc., producing Hypertensive State.

Characteristic of Manasa

वैवृत्यान्मनसो ज्ञानं सान्निध्यात्तच्च वर्तते/ अणुत्वमथ
चैकत्वं द्वौ गुणौ मनसः स्मृतौ|| (Ch. Sha. 1/19)

Anutvam (atomic dimension) and *Ekatvam* (oneness) are the two characteristics of the *Manasa*.

Chintya (things requiring thought), *Vicharya* (consideration), *Uhya* (hypothesis), *Dhyeya* (emotional thinking), *Sankalp* (determination) or whatever can be known by mind are regarded as its subjects.

1. **Chintya:** Thing requiring thought, to think about to do or not to do with purposeful or purposeless manner.
2. **Vicharya:** It is a distinct analysis, which enough to direct the mind to accept or reject a thing.
3. **Uhya:** It is a speculation, hypothetical self-discussions, and logical thinking about a thing.
4. **Dhyeya:** It is an emotional thinking about distinct thing.
5. **Sankalp:** It is consideration, determination of mind about a thing.

Functions of Manasa

इन्द्रियेणेन्द्रियार्थो हि समनस्केन गृह्यते/ कल्प्यते मनसा
तूर्ध्वं गुणतो दोषतोऽथवा /

जायते विषये तत्र या बुद्धिर्निश्चयात्मिका/ व्यवस्यति तया
वक्तुं कर्तुं वा बुद्धिपूर्वकम् || (Ch. Sha. 1/20)

Indriyabhighraha (control of sense organs), *Svasyanigraha* (self-restraint), *Uha* (hypothesis) and *Vichara* (consideration) represent the action of mind.

Physiology of Manasa

Physiology of *Manasa* can be divided into three stages:

1. Perception (Cognitive or Sensory)
2. Discussion and Determination
3. Stimulation or Initiation (Conation or Motor Reflex)

Manovaha Srotasa

Charaka has mentioned that the channels of the whole body transport the *Tridosha*, similarly *Manasa* is

transported through same channels to provide *Chetana* to all the living cells of the body (Ch. Vi. 5/7).

Psychopathology in Ayurveda

Scriptures of Ayurveda has mentioned the 'abnormal status of mind' i.e., psychopathology in various contexts. *Charaka* states that *Raja* and *Tama* are chief pathogenic factors of the mind and due to them many *Manasa Vikaras* are produced.

Manasika Bhavas

To understand the influence of *Manasa Bhava* in *Uccharaktachapa*, a stress induced disease, it is necessary to understand the *Manasa Bhavas*.

It is always interesting to probe into the mystery of *Manasa* (mind). The workers in the field of applied science like psychology and psychiatry are trying to trace out the mystic nature of it.

Charaka says that *Manasa* is one of the nine *Dravya* (Ch. Su. 1/48). *Ubhayatmaka* and *Atindriya Manasa* is *Achetana* but *Kriyavana* (Ch. Sha. 1/75). After *Sannikarsha* of *Atma*, *Indriya* and *Artha*, the main factor whose presence or absence determines the *Jnanotpatti* that is *Manasa* (Ch. Sha. 1/18-19). It has two *Gunas* - *Anutva* and *Ekatva*; two *Doshas* - *Rajas* and *Tamas* (Ch. Su. 1/57); three types - *Shuddha* (*Sattvika*), *Rajasika* and *Tamasika* (Ch. Sha. 4/36).

Sixteen types of *Manasa Prakriti* are described based on types of *Manasa*. It may be said that *Rajasika* and *Tamasika Prakriti* are more prone to psychosomatic disorders due to excess of *Rosha Ansha* and *Moha Ansha* respectively (Ch. Sha. 5/40). In the same way in *Sharirika Prakritis Paittika* and *Vatika Prakriti* are more prone to psychosomatic disorders as their *Manasa* is easily affected by *Krodha*, *Kshobha* etc. in comparison to *Kaphaja Prakriti* whose *Manasa* is not affected or affected minimally or after a long duration by these *Bhavas* (Ch. Vi. 8/96-98).

Manasa Bhavas

Charaka has given brief explanation of *Manasa Bhavas* in *Vimanasthana 4*, which are 22 in number and can be explained as follows: (Ch. Vi. 4/8)

- *Mano - Artha (Avyabhicharena)* - By perception of specific objects even in the presence of all other senses along with their respective objects.
- *Vigyana (Vyavasayena)* - By proper reaction to activities.
- *Rajah (Sangena)* - By attachment.
- *Moha (Avijyanena)* - By lack of understanding.
- *Krodha (Abhidrohena)* - By revengeful disposition.
- *Shoka (Dainya)* - By sorrowful disposition.
- *Harsha (Amodena)* - By happiness or celebrativeness.
- *Priti (Toshena)* - By satisfaction which is reflected by joyful appearance of the face etc.
- *Bhaya (Vishadena)* - By apprehension.
- *Dhairya (Avishadena)* - By fearlessness.
- *Virya (Utthanena)* - By initiation of action.
- *Avasthana (Avibhramena)* - By stability of mind.
- *Shraddha (Abhiprayena)* - By request or quests.
- *Medha (Grahena)* - By the power of comprehension.
- *Sangya (Nama Grahena)* - By recollection of names.
- *Smriti (Smaranena)* - By the power of retrieval.
- *Hriyam (Apatrapanena)* - By bashfulness.
- *Shila (Anushilena)* - By habitual intake or following.
- *Dvesha (Pratishedhena)* - By disinclination.
- *Upadhi (Anubandhena)* - By subsequent manifestations.
- *Dhriti (Alaulyena)* - By firmness.
- *Vashyata (Vidheyata)* - By compliance with others.

These *Bhavas* are also described by Acharya Bharata in “*Natya Shastra*.” These *Bhavas* are also known as “*Sthayi Bhavas*” there. With these *Bhavas* other short-term *Bhavas* also originate and they are known as “*Vyabhichari Bhavas*”. They also affect our body and produce some changes. We find that in ancient Indian

literature these *Bhavas* have been greatly stressed. The *Gita* lays great stress on overcoming these human weaknesses.

These *Bhavas* are broadly divided into two divisions – *Sukha* and *Dukha*. According to *Prashastapada Sukha* and *Dukha* are originated by the *Sannikarsha* of *Atman*, *Manasa*, *Indriya* and *Artha*, which are known as “sensory feelings” in modern view.

Hridaya related to emotions, elementary emotional drives and egoism

In *Ayurveda*, *Sadhaka Pitta* is deemed to be essentially responsible for the higher mental faculties and emotional states of the human being. *Sushruta*, *Vagbhata*, *Chakrapani*, *Dalhana* etc. have clearly mentioned that *Sadhaka Pitta* is responsible for emotional activities. All the *Acharyas* have unanimously described that *Sadhaka Pitta* is located at *Hridaya* and it is responsible for *Bhaya*, *Shaurya*, *Krodha* and *Harsha*. *Sushruta* has observed that *Pitta*, located in *Hridaya*, is known as the *Sadhakagni*, whose function is to enable one to achieve one’s aspiration (Su. Su. 21/10). While commenting upon this, *Dalhana* has further elaborated the functional aspect that it (*Sadhaka Pitta*) does its functions by dispelling the *Kapha* and *Tamas* of the *Hridaya* and thus enables the *Manasa* to perceive things clearly. *Dalhana* has clearly correlated *Manasa* and *Hridaya* with the functioning of *Sadhaka Pitta*. *Vagbhata* has also located *Sadhaka Pitta* in *Hridaya* and attributed to it *Buddhi* (intelligence), *Medha* (memory and intellect), *Abhimana* (selfesteem and ego factor) and the capacity that enables one to achieve one’s aspiration. While describing the etiology of mental disease, *Charaka* has described the close relation of the emotions are shown to be deeply related and dependent upon *Hridaya*.

Emotions and their bodily expression

As a science psychosomatic medicine aims at discovering the precise nature of the relationship of the emotions and bodily functions. To a certain degree every emotion finds some bodily expressions. The individual will show his emotions in some visible form, perhaps in his posture and attitude, perhaps in his changes could be found in the organ themselves, e.g.,

if he flushes or turns pale, circulation of the individual's body speaks in a language of its own. The emotions and their physical expressions tell us how the mind is acting and reacting in a situation, which it interprets favourable or unfavourable. A few emotions are described as follows;

Krodha (Anger)

Anger is generally seen in *Rakshasa*, *Danava* and *Uddhata* personalities and that seems to be relation, education and actions abuse and *Matsarya* also. The anger influences the organs, mobilizes them for actions or lays an additional stress on them. Some people, when they are angry, have stomach trouble at the same time or grow red in the face. Their circulation is altered to such a degree that a headache ensues. We shall generally find unadmitted rage and humiliation behind attacks of migraine or habitual headaches and with some people anger results in trigeminal neuralgia or fits of an epileptic nature. Its symptoms are the flushing of eyes, sweating and violence.

In an outburst of temper, e.g., the individual has wished to overcome his imperfections as quickly as possible. The best way has seemed to be hit, accuse, or attack another individual. This condition affects one's body organ like heart by several psychosomatic mechanisms. So that heartbeat, blood circulation etc. are found to be increased due to excessive activation of sympathetic nerves.

According to Ayurveda, the degree of anger can be measured on the basis of intensity of "*Droha*" found in a person (Ch. Vi. 4/8). In this emotional disorder the victim can go up to the extent of murder also.

Shoka (Grief)

The victim suffering from grief is seen with weeping, feeling of self-insult, with dry mouth and throat, anaemic and flaccid body having regular and long expirations. His memory is found affected and he suffers from giddiness and anxiety in the hope of happy future. His face colour changes and continuous lacrimation occurs. The degree of *Shoka* can be measured based on intensity of "*Dainya*" (Ch. Vi. 4/8). The victim of *Shoka* can suffer from diarrhoea, diabetes

mellitus, insomnia and pyrexia etc. regarding this *Charaka* has mentioned *Shokaja Atisara*, where shoka is because of it (Ch. Su. 19/11). A man of weak mind "*Hina Sattva*" can pass into stupor "*Murchha*" or even death due to the acuteness of *Shoka* persisting for a long time.

Bhaya (Fear)

Its intensity is examined by "*Vishada*" (Ch. Vi. 4/8). This is specific emotion by which so many diseases are caused. Fear is caused due to injuries of physical and social environments, when one is threatened by some social foe or by some physical threat from the environment, one may attempt to flee from it with accompanying feelings of fear.

When one man is in a situation in which he is afraid, he trembles, the hair of another will straighten and a third will have palpitation of heart. Still others will sweat or choke, speak in a hoarse voice or shrink physically and cower away. Sometimes the tonus of the body is affected; the appetite lost or vomiting induced. With some it is the bladder, which is mainly irritated by such emotions, with others the sexual organs.

The victim of *Bhaya* can suffer from Diarrhoea. *Acharya Charaka* has mentioned *Bhayaja Atisara* among its 6 types (Ch. Su. 10/11).

Flight and attack are the basic and the primitive activities concomitant with the emotions of fear and rage. Fear in civilization most frequently occurs without physical running away from the situation although as we shall see, psychological running away is quite common. Fear is quite normal and undoubtedly necessary emotional behaviour in the civilized world.

Chinta (Worry)

Sometimes individual suffer from an emotional disorder, which is psychologically just as disabling as the more extreme forms of fear but in which the individual really does not know, of what he is afraid, this is known as *Chinta*.

Neurotic anxiety is perhaps the most important of all the symptoms in the sphere of emotions of psychopathology. The physiological concomitants of

increase blood pressure, of tachycardia, of increased respiration, of tremors and of sweating of skin surface, which occurs in real fear likewise characterizes this anxiety.

This form of anxiety is important as a symptom because it occurs as a warning signal that repressions are about to become unconscious ones. When repressions do break down actual psychosis or psychoneurosis occurs.

By the above emotional disorders and the other than them viz. *Lobha* (greed), *Moha* (narcosis), *Irshya* (jealousy) etc, so many diseases are seen. Thus, the great importance is given to these psychic factors in respect of their knowledge and necessity of description. Hypertension, fever, diabetes mellitus, insanity, insomnia, diarrhoea, hysteria, *Apatanaka* and so many other diseases are found originated by these emotional factors (S. P. Gupta, 1977).

The means by which the body is influenced have never been completely explored and we shall probably never have a full account of them. A mental tension affects both the voluntary system and the vegetative nerve system. By means of vegetative system the tension is communicated to the whole body, and so, with every emotion, the whole body is itself in a tension. The manifestations of this tension, however, are not as clear at every point and we speak of symptoms only in those points where the results are discoverable. If we examine more closely, we shall find that every part of the body is involved in an emotional expression and that these physical expressions are the consequences of the actions of the mind and the body. It is always necessary to look for these reciprocal actions of the mind on the body and on the mind, since both are parts of whole with which we are concerned (Alfred Adler, 1952).

Pathophysiology of Stress Diseases

Stressor: Any stimulus that produces a stress response is called a stressor. A stressor may be almost any disturbance like:

- Heat or cold
- Environmental poison

- Toxins given off by bacteria during a raging infection.
- Heavy bleeding from a wound or surgery.
- Strong emotional reaction.
- Stressors vary among different people and even in the same person at different times. Following any physical or mental stress there occur two types of reactions.

Homeostatic Mechanism: It attempts to counteract the everyday stress of living. If they are successful, the internal environment maintains normal physiological limits of chemistry, temperature and pressure.

General Adaptation Syndrome: If a stress is extreme, unusual or long lasting however, the normal mechanisms may not be sufficient. Then, the stress triggers a wide-ranging set of bodily changes called the stress responses or general adaptation syndrome (GAS). Unlike homeostatic mechanisms the GAS does not maintain the normal internal environment. It resets the levels of controlled conditions to prepare the body to meet an emergency. For instance, blood pressure and blood sugar level are raised above normal.

General Adaptation Syndrome (GAS)

It has three successive phases:

1. Alarm Reaction
2. Resistance Reaction
3. Exhaustion

Stressors stimulate the hypothalamus to initiate the GAS through two pathways.

The 1st pathway produces an immediate set of responses called the alarm reaction.

The 2nd pathway, called the resistance reaction, is slower to start, but it effects last longer.

Alarm Reaction

The alarm reactions or fight-of-flight response is a complex of reactions initiated by hypothalamic stimulation of sympathetic division of the autonomic nervous system and the adrenal medulla. It might

occur in a situation in which a person is being attacked by a dog. The responses are immediate, mobilizing the body's resources for immediate physical activity. In essence, the alarm reaction brings the body's resources for immediate physical activity. In essence, the alarm reaction brings huge amounts of glucose and oxygen to the organs that are most active in warding off danger. These are:

- The brain, which must become highly alert.
- The skeletal muscles, which may have to fight off an attacker.
- The heart, which must work furiously to pump enough materials to the brain and muscles.
- The Hypertension associated with sympathetic activity is produced by increased heart functions stimulated by epinephrine and norepinephrine from the adrenal medulla.

Among the stress responses that characterizes the alarm stage are the following:

- The heart rate and the strength of contraction increase to circulate substances in the blood very quickly to areas where they are needed to combat the stress, resulting increase in blood pressure.
- Blood vessels supplying the skin and viscera (except the heart and lungs) constrict, while blood vessels supplying the skeletal muscles and brain dilate.
- The spleen contracts and discharges stored blood, which increases the volume of blood in the general circulation. These responses increase the blood pressure.
- The liver transforms large amounts of stored glycogen into glucose and releases it into the blood stream.
- The rate of breathing increases.
- Sympathetic impulses to the adrenal medulla increase its secretion of epinephrine and norepinephrine. These hormones supplement and prolong many fight-or-flight responses.
- During the alarm reaction digestive, urinary and reproductive activities are inhibited. If the stress is

great enough, the body mechanisms may not be able to cope and death can result.

Resistance Reaction

The second stage in the stress response is the resistance reaction. Unlike the short-lived alarm reaction that is initiated by nerve impulses from the hypothalamus, the resistance reaction is initiated in large part by hypothalamic hormones and is a long-term reaction. The hormones are corticotrophin releasing hormone (CRH), growth hormone releasing hormone (GHRH) and thyrotrophin releasing hormone (TRH).

TRH causes the anterior pituitary to secrete thyroid - stimulating hormone (TSH), GHRH causes is to secrete human growth hormone (hGH). CRH stimulates anterior pituitary to increase secretion of ACTH, which stimulates the adrenal cortex and increased secretion of aldosterone, which acts to conserve Na⁺ and eliminate hydrogen ions. During stress, Na⁺ retention also leads to water retention, which tend to increase blood volume to maintain the high blood pressure of alarm reaction.

The resistance stage of the stress response allows the body to continue fighting a stressor long after the alarm reaction dissipates. During this stage, blood chemistry returns to nearly normal. Thus, blood pressure level returns to normal.

Generally, the resistance stage is successfully in seeing us through a stressful episode and our bodies then return to normal. Occasionally, the resistance stages fail to combat the stressor, however, and the GAS moves into the stage of exhaustion.

Exhaustion

If the stress is maintained and increased further, the resistance gradually fails after one or two months. All the science of failure as described under first stage, reappear and the person dies in prostration.

Factors affect in pathophysiology of Essential Hypertension, response to Manasa Bhavas

- In the response of *Manasa Bhavas*, the factors affect the pathophysiology of EHT, are discussed here, which may rise blood pressure both in

patients with EHT and in the small minority of patients with an underlying cause.

- EHT is known as the multi-factorial diseases as multiple conducting factors are responsible for its inducement.
- A great deal of research has been centered on the mechanisms underlying EHT.
- An understanding of these mechanisms might help to prevent the development of high blood pressure.

The Autonomic Nervous System

- The autonomic nervous system, particularly the sympathetic, can cause both constriction and dilation of arterioles of smooth muscle.
- In some psychological conditions like stress, strain, anxiety, anger etc. sympathetic nerves of autonomic nervous system more activates. These over activities increase heart rate, increase cardiac output and increase peripheral vascular resistance by its contractions. Therefore, the over activity of sympathetic nervous system has been suggested as possible cause of EHT.
- With the response of stressors, sympathetic nerves increase secretion of epinephrine and norepinephrine, resulting rise in BP.

The Renin-Angiotensin - Aldosterone System

- The renin angiotensin system is very important among the hormonal systems that affect the control of blood pressure.
- Renin is secreted from the juxtaglomerular apparatus of the kidney in response to reduced Na⁺ level in blood. It is also released in response to stimulation from the sympathetic nervous system in such psychological conditions (Stress, Anxiety, Anger, Fear etc.)
- Renin is responsible for converting renin substrate to angiotensin-I, an inactive substance, which is converted to angiotensin - II by Angiotensin Converting Enzymes (ACE)

- In addition, it stimulates the secretion of aldosterone from the adrenal cortex, which results in a further rise in blood pressure related to sodium retention at the expense of potassium loss.

In response to *Manasika Bhavas*, there are many other vasoactive systems and mechanisms occurred, which affect sodium transport and vascular tone that are involved in the pathophysiology of EHT.

Hormones affects in pathophysiology of EHT, response to *Manasa Bhavas*

During emotional outburst, glandular secretions may be increased, which may play an important role in pathophysiology of EHT. These are as follows:

▪ ACTH (Adreno Corticotropic Hormone)

To the response of stressors, CRH (Corticotropin Releasing Hormone) is stimulated. It stimulates anterior pituitary to increase secretion of ACTH, which stimulate Adrenal cortex to secrete more Aldosterone.

Aldosterone increases the retention of sodium, which further increase retention of water and elimination of H⁺ ions. So, the blood volume is increased, leads to high blood pressure.

▪ Epinephrine and Norepinephrine (Adrenaline and Noradrenaline)

Stressors of psychological emotions, increase the activity of sympathetic nervous system, which stimulate the adrenal medulla to increase secretion of epinephrine and nor epinephrine excessively. Its function causing high blood pressure are as follows:

Hormone System	Epinephrine	Norepinephrine
1) Heart		
a) Rate	Increased	Slightly increased
b) Force	Increased	Slightly increased
c) Output	Raised	No change
2) Blood pressure		
a) Systolic pressure	Raised	Raised
b) Diastolic pressure	No change Increased	Raised Raised

c) Mean Arterial Pressure		
3) Vessels		
a) Heart, Lung, Brain	Dilator	Constrictor
b) Peripheral	Constrictor	Constrictor

Cardiac Psyche

Braan in his work, introduces the concept of 'Cardiac Psyche' of which the essential mark is anxiety. He finds the heart to be the specific sense organ of anxiety comparable to the eyes of the sense organ for sight (Emotions and Bodily changes, Flanders Dunbar 1924, page 321).

Braun further added that anxiety is an inner tactile sensation bounds up with a special apparatus located in the cardiac tissue, which is well supplied with sensory nerve endings, maintaining that all anxiety shows at least an irritability in the specific cardiac organ (Herz and Angst).

William Harvey stated that "Every affection of the mind that is attended with either pain or pleasure, hope or fear is the cause of an agitation, whose influence extends to the heart."

DISCUSSION

Manasa Bhava/emotions is a kind of psycho-physiological phenomenon, which expressed outwardly in the form of smiling, laughing, crying, screaming, running in flight and so as well as internally in the form of visceral and vascular changes through autonomic nervous system. So, with every emotion whole body is affected. During emotional stress through activation of autonomic nervous system and hypothalamus, different neuroendocrine changes occur which in turn affect the normal homeostasis of body. When the emotion is continued for a longer duration, the physical changes may themselves become to some degree modified or permanent.

During stress the body gears up to take action. This preparation is called the "fight or flight" response. In this response, the level of many hormones shoots up. The defensive endocrine response is useful since it

raises resistance to stress, but the resulting endogenous hormone over dosage may cause certain disease called "Diseases of Adaptation" or in another words "Psychosomatic Disorders."

Essential Hypertension is one of the psychosomatic disorders. Obesity & overweight, positive family history, excess of salt intake in diet act as predisposing factors for the disease. First frank manifestation of the disease may occur during these stressful situations of they may worsen the condition of Hypertensive. The hormones like catecholamine, epinephrine, norepinephrine, mineralocorticoids increase during stress and directly affect the blood pressure.

CONCLUSION

Manasa Bhavas like *Chinta* (worry), *Krodha* (Anger), *Bhaya* (Fear) etc. play an important role in the etiopathogenesis, progression and prognosis of disease as well as response to the treatment of the disease - *Uccharaktachapa*. Hence, that type of drug/therapy should be recommended, which pacify these disturbed *Manasika Bhavas* to calm the mind and relax the entire physiology.

REFERENCES

1. Ashtanga Hridaya composed by Vagbhata with the commentaries Sarvangasundari of Arunadatta and Ayurveda Rasayana of Hemadri, Chaukhambha Orientalia, Varanasi.
2. Ashtanga Samgraha composed by Vagbhata with the commentary in Indu, edited by Vd. Anant Damodar Atthavale, Ayurvedhya Mudranalaya, Pune.
3. Ayurveda Ka Vajjnjanika Itihasa of Prof. P.V. Sharma.
4. Barar and Sharma (1965): Ind. J. Med. Res., 53, 871.
5. Bernstem R.M. (1980): Journal of Genetic Physiology, 136:231 – 45.
6. Bhatt G. J. & Singh G. (1996): A Clinical Study on the Role of Adambu Balli (*Ipomea pescaprae* Linn.) and Mamsyadi Kvatha in the Management of Chittodvega viz. – a – viz. anxiety disorders DSM III.
7. Bhavprakasha Nighantu of Sri Bhavamisra commentary by Dr. K.C. Chuneekar, Chaukhambha Bharati Academy, Varanasi.

8. Broughton J. (1978): Development of Concepts of Self, Mind, Reality and Knowledge, Vol – I.
9. Chakradatta of Sri Chakrapanidatta with the "Vaidyaprabha", Hindi commentary, Chaukhambha Sanskrit Sansthana, Varanasi.
10. Charaka Samhita with the Ayurveda Dipika commentary of Chakrapanidatta, Chaukhambha Surbharati Prakashana, Varanasi.

11. Charaka Samhita text with English translation and critical exposition based on Chakrapanidatta commentary by Dr. Ram Karan Sharma and Vd. Bhagwan Dash.

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