

Perspective of Hypertension in Unani System of Medicine

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ABSTRACT

Cardiovascular diseases are leading cause of debility and premature death. Untreated or uncontrolled cases of hypertension with target organ damage gradually progresses from asymptomatic to symptomatic, eventually leading to overt cardiovascular events. Hypertension (*Zaght ud dam Qawi*) is a condition in which arterial blood pressure is chronically elevated. It can be correlated with term *Imtila ba hasbul au'iyya* in Unani system of medicine. Essential hypertension is most common form (90-95% cases) with no clearly defined aetiology. According to the 2017 ACC/AHA guidelines, 3 in every 5 Indian adults have hypertension.

Keywords: *Zaght ud dam Qawi, Imtila ba hasbul au'iyya, Unani*

INTRODUCTION

Blood pressure (BP) is a physiologic parameter and one of the basic elements used in evaluating a person's health. It is subjected to continuous dynamic fluctuations that occur as a result of a complex interplay between environmental, physical and emotional factors inducing BP changes, and cardiovascular regulatory mechanisms aimed at maintaining the so-called BP "homoeostasis"¹. The relationship between the palpated pulse and the development of heart and brain afflictions was described by ancient physicians in the *Ebers papyrus* (1550 BC). Ancient historical records as far back as in 2600 BC report that acupuncture, venesection and bleeding by leeches were the sole means of treating what was called 'hard pulse disease'².

Hypertension is a condition in which arterial blood pressure is chronically elevated³. Clinically, hypertension may be defined as that level of blood pressure at which the institution of therapy reduces blood

pressure-related morbidity and mortality⁴. Broadly there are two main types of hypertension: Primary (Essential) Hypertension & Secondary hypertension. Primary hypertension is highly prevalent accounting globally for 80-95% cases, represents a spectrum of disorders with different underlying pathophysiology and can be defined as a rise in blood pressure of unknown cause that increases risk for cerebral, cardiac, renal events and vascular accidents⁴. Primary hypertension tends to be familial and is likely to be the consequence of an interaction between environmental and genetic factors. Some hypertensionogenic variables found to be associated includes ageing, being overweight, reduced physical activity, high salt and low potassium and calcium consumption, smoking & tobacco consumption, insulin resistance/diabetes and hyperlipidaemia⁴. Despite several initiatives, researches and advancement in understanding the risk factors, pathogenesis, management & sequelae of hypertension, the prevalence of hypertension keeps on

increasing globally and its adverse impacts remain a public health issue.

The description of hypertension has not been found as such in Unani classical literature. However, the term “Zaght ud dam Qawi” and ‘Irtifa fishar ud dam” have been used to address the concept of hypertension by Unani scholars. On the basis of resemblance of symptomatology, hypertension can be correlated with term *Imtila ba hasbul au’iyya*. Ancient Unani scholars including *Ibn e sina*, *Zakariya Razi*, *Majoosi* mentioned the concept of *Imtila* in their writings.

Imtila described as fullness of the body with fluids or accumulation of normal or abnormal fluids in the body⁵ and is classified as *Imtila ba hasbul quwa* and *Imtila ba hasbul au’iyya /Tajaweef*. *Imtila ba hasbul au’iyya* is described as a condition in which the quantity (*Kamiyat*) of Humors (*Akhlat*) & pneuma (*Rooh*) is increased without compromising with its quality (*kaifiyat*)⁶. As per the physiological concept the blood pressure is mainly dependent on cardiac output and peripheral vascular resistance, an increase in blood volume affects the cardiac output and elevates the blood pressure.

The description of *Imtila* especially *Imtila ba hasbul au’iyya* has similarities with respect to hypertension as its most of the features resemble with its clinical features. But due to lack of complete overlap of known symptoms of the two confirms that increased blood pressure can be due to some other causes and reasons as well; therefore, these symptoms may not completely match.

- *Ibn e rushd* in *kitab ul kulliyat*, defined *Imtila ba hasbul au’iyya* as a condition in which the volume of the blood gets increased to such an extent that it produces tension (*Tamaddud*) within the body⁷.
- According to *Rhazes*, when there is increased quantity of *pneuma (rooh)* and *humour (Akhlat)* in the blood vessels then the condition is known as *Imtila-ba-hasbul au’iyya*. The increased

quantity of blood in the lumen of blood vessel produces tension and gas⁸.

- *Majoosi* defined it as the presence of excessive matter in stagnant or pulsating vessels more than their capacity so that it develops tension (*Tanav*) & *Tamaddud* in their lumen which leads to their distension by overfilling them with blood and pneuma (*rooh*)⁹.

CAUSES:

According to *Majoosi*, *Imtila* develops due to excessive intake of food and alcohol, refrain from exercise and *Hammam* and physical activity. These conditions lead to excessive accumulation of morbid matter which is not being metabolised (*tahleel*)⁹.

Causes of *Imtila* can be extrinsic and intrinsic.

Extrinsic causes¹⁰

- a. A dietary moisture beyond the need of the body leads to the accumulation of matter which interfere with the action of emunctories.
- b. Taking bath frequently, especially after meals
- c. Inadequate exercise
- d. Inadequate evacuation.
- e. Irregular food habits.

The above factors prevent the proper metabolism of the matter in the body

Intrinsic causes¹⁰

- a. Poor digestive power leads to improper utilization of the food.
- b. Weak expulsive faculty.
- c. Strong retentive faculty, so that humours are retained for longer period in the body.
- d. Narrowing of the excretory channels.

The above-mentioned factors lead to accumulation of excessive matter in the body i.e. “*Imtila*”.

CLINICAL FEATURES

Ibn e rushd describes that *Imtila ba hasbul au’iyya* is characterised by weakness of body power, decreased appetite, difficulty in movement, eventually lead to decrease in vital faculty of the body. He further stated that the symptoms of this kind of *Imtila* is similar to that of *Ghalba-e- Dam* (excess in

volume of blood). In this condition, *Nabz-e-azeem* (Hypervolumic pulse), engorgement of vessels, heaviness of head and eyes, decreased concentration, redness of complexion and epistaxis are seen⁷.

According to *Ibn-e-Sina* fatigue, diminished vision, fullness of pulse, dreams indicating fatigue/heaviness of body, tightness of skin are some added features mentioned by him in addition to above features. He describes that these symptoms are also present in *Imtila ba hasbul Quwa* but their severity & intensity are less¹¹.

The features described by *Majoosi* are enlargement of body in all dimensions so that it seems to be distended, vessels are prominent, distended and stretched, colour of body is red and warm on palpation⁹.

In addition, yawning, facial puffiness, redness over face & tongue, bleeding from anal orifice, sweet taste of mouth, heaviness over temporal region are some of the features mentioned in Unani classical literature^{12,13}.

MANAGEMENT

Management of hypertension includes non-pharmacological & pharmacological measures. Non pharmacological measures comprise life style changes which includes promoting weight loss, regular physical exercise, dietary modifications, smoking & tobacco use cessation etc. Pharmacological measures encompass several classes of anti-hypertensive drug with the therapeutic intention of controlling or treating hypertension. In modern system of Medicine, Renin-Angiotensin system (Angiotensin-converting enzyme inhibitors & Angiotensin receptor antagonists), Adreno-receptor antagonist (alpha blocker & beta blocker), Calcium channel blocker, Diuretics, Vasodilators, centrally acting agents, Renin inhibitors have been widely used⁴.

Imtila ba hasbul au'iyya is characterised by increase in blood volume so principle of management to reduce *Imtila* would be helpful. *Zakariya Razi* and other scholars, suggests venesection in this type of *Imtila*.

Management of *Imtila* can be done by following principles of Unani¹⁴:

- ❖ *Ilaj bil Ghiza* (Dietotherapy)
- ❖ *Ilaj bit Tadbeer* (Regimen Therapy)
- ❖ *Ilaj bil Dawa* (Pharmacotherapy)

Ilaj bil ghiza (Dietotherapy) & *Ilaj bit Tadbeer* (Regimen Therapy) constitutes the non-pharmacological measures.

1) ILAJ BIL GHIZA

- Fruits & vegetables rich in potassium, calcium and magnesium should be advised.
- Avoid adding/ sprinkling salt to cooked food or any salt preserved food, pickles, sauces ketchup, butter, bakery products, excess of non-veg, junk or processed foods.
- Lateef and Zud hazm Aghziya (light and easily digestible diet) should be advised to avoid production of *Khilt e ghaleez* (Viscous humors) and thus preventing the *Imtila*.
- Some Unani drugs having properties of anxiolytics, anti-hypertensive & hypolipidaemic can be included in diet: *Heel e khurd* (*Elleteria cardamomum*), *Kalonji* (*Nigella sativa*), *Lehsun* (*allium*), *Kishneez* (*Coriandrum sativum*), *Khash khash* (*Papaver somniferum*) etc.

2) ILAJ BIT TADBEER

It deals with the modifications in *Asbab e sitta zarooriya* (Six essential factors)¹⁵:

- Avoid sedentary lifestyle, brisk walk-in fresh air & encourage physical activity and exercise unless contraindicated.
- Dietary modifications
- Stop tobacco chewing & smoking.
- Avoid mental stress or anxiety.
- Moderate and properly timed sleep
- Avoid excess *Hammam* (bath), shouting and extreme emotions (anger, sadness, fear)
- Avoid constipation.

Some of the common regimen therapies are advised for the management of *Imtila*:

- *Tareeq* (Diaphoresis)

- Idrar e baul (Diuresis)
- Fasd (Venesection)
- Is'hal (Purgation)
- Hijama (Cupping)
- Taleeq (Leeching)

3) ILAJ BIL DAWA

Several Unani medicines have been proven efficacious in the treatment of *Zaght ud dam Qawi*, drugs having following properties can be taken into consideration for relieving the symptoms (if present) as well as reducing the elevated blood pressure.

SINGLE DRUGS (MUFRAD ADVIYAT) 16,17

- *Mudir e Baul* (Diuretics)
Parsioshan (*Adiantum capillus veneris* Linn.)
Filfil siyah (*Piper nigrum*)
- *Mufarreh Qalb* (Exhilarant)
 - ✓ Abresham (*Silk coccon*)
 - ✓ Sandal safaid (*Santalum album*)
- *Musakkinat* (Sedatives)
 - ✓ Tukhm-e-kahu (*Lactuca sativa*)
 - ✓ Asrol (*Rauwolfia serpentina*)
 - ✓ Sankhaholi (*Evolvulus alsinoides*)
 - ✓ Kishneez (*Coriandrum sativum*)
- *Munawwimat* (Hypnotics)
 - ✓ Asrol (*Rauwolfia serpentina*)
 - ✓ Tukhm e Kahu (*Lactuca sativa*)
- *Mufatteh urooq* (Vasodilator)
 - ✓ Lahsun (*Allium sativum* Linn.)
 - ✓ Filfil siyah (*Piper nigrum*)
- *Musaffiyat*
 - ✓ Sandal (*Santalum album*)

COMPOUND FORMULATIONS

- *Qurs Dawa us shifa*
- *Khamira abresham Sada*
- *Khamira sandal*
- *Sharbat Bazoori Moatadil*

Declaration by Authors

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