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A Comparative Clinical Study of *TakraDhara* and *TailaDhara* in the Management of Essential Hypertension

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ABSTRACT

There are 2 types of hypertension primary and secondary, in that primary hypertension is called as Essential hypertension and it is the most common type and affects 90-95% of hypertensive patients without any cause. There are 4types of *Murdhnitaila* i.e. *Abyanga, Seka, picchu,* and *basti,* in that *shirodara* stands second place. *Shirodhara* comes under *Bahyasnehanachikitsa* which mainly works on the *Manovahasrotas.* As essential hypertension as no cause but stress is the major triggering factor so by doing *shirodhara* it relives the stress there by it decreases the hypertension.

A few studies done on *TakraDhara* in Essential hypertension, were proved to be effective, only few studies are carried out on *TailaDhara* in Essential hypertension, hence, the present study was conducted to compare the efficacy of *Takra* and *TailaDhara* in Essential hypertension. This is a comparative clinical study, 30 patients diagnosed as essential hypertension were selected and assigned randomly into two groups of 15 patients each. In Group A the patients were given *Takradhara* and in Group B with *Tailadhara(Balataila)*. The subjective and objective parameters were assessed and statistically analyzed. The reduction of Systolic blood pressure and Diastolic blood pressure is statistically better in Group A then Group B, but overall response is not statistically significant between the group.

Response based on Symptoms is statistically similar in two groups studied but clinically *tailadhara* had a good result.

KEYWORDS

Essential hypertension, Takradhara, Tailadhara



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INTRODUCTION

Shirodhara is *bhayasnehanachikitsa* which comes under *MurdhiniTaila*, which is of 4 types *Abhyanga*, *Seka*, *pichu*, *Basti*, and they are told *UttarottaraGunaprad*¹

An elevated arterial pressure is probably the most important public health problem in developed countries. It is common. asymptomatic, readily delectable, usually easily treatable, and often leads to lethal complication if left untreated². Patients with arterial hypertension and no definable cause are said to have primary, essential, or idiopathic hypertension³. Hypertension is very strong risk factor for cardiovascular diseases. It is estimated that it increases the risk at least two- fold for cardiovascular including coronary artery disease congestive heart failure, stroke, renal failure and peripheral arterial disease⁴

Hypertension has been described in details in the modern books with its aetiology, pathogenesis, symptomatology and treatment. There is no such clear cut description of Hypertension seen in our classics. Seka is one amongst four MurdhiniTaila. It is indicated in Arumshika, shirastoda, Dahapaka, Vrana etc. Dharakalpa is the only most authentic text of keralatradition with maximum and direct references of Dhara⁵. Shirodhara is a bahirparimarjanachikitsa which acts on the

both central nervous system and hormonal level, which relaxes the mind and thus helps in reducing symptoms and blood pressure.

AIMS AND OBJECTIVES

1. To study the efficacy of *Takradhara* in Essential hypertension.

2. To study the efficacy of *Tailadhara* in Essential hypertension.

3. To compare the efficacy of *Takra and Tailadhara* in Essential hypertension.

MATERIALS AND METHODS

1. Sources of Data:

Patients were selected from the O.P.D &I.P.D of Department of Shri Jayachamarajendra Institute of Indian Medicine, Dhanvantari Road. Bangalore

2. Method of collection of data

This is comparative clinical study, where in 30 diagnosed Essential Hypertension patients of either sex were randomly assigned in to two groups each comprising of 15 patients. dhara was the common procedure carried out in both the groups with different dravya.

Diagnostic Criteria:

Patients with persistent Blood pressure above 140/90 mm of Hg and up to 180/110mm of Hg were taken for the study. Table no 1



	Systolic(m	Diastolic(mm./h
	m./hg)	g)
Normal	<140	< 90
Stage – I	140-159	90-99
(Mild)		
Stage – II	160-179	100-109
(Moderate)		
Stage – III	180-209	110-119
(Severe)		
Stage – IV (V.	≥210	≥120
Severe)		

[Joint National Committee (JNC), V Report on Detection, Evaluation and Treatment ofHypertension, WHO/International Society of Hypertension]

Inclusion criteria: (Table 1)

- Stage 1 & stage 2 hypertensive patients.
- The patients presenting with or without symptoms like headache, dizziness, palpitation, and fatigability.
- The patients who are under antihypertensive drug.

Exclusion criteria: (Table 1)

• Stage III and Stage IV of Hypertension.

	Systolic pressu	re Diastolic
	(mm Hg)	pressure
		(mmHg)
Stage – III	180-209	110-119
Stage – IV	≥ 210	≥120
[Joint Nation	al Committee (INC) V Report

[Joint National Committee (JNC), V Report on Detection, Evaluation and Treatment ofHypertension, WHO/International Society of Hypertension]

- Patients below 30 years and above 65 years.
- Patients suffering from secondary hypertension.
- Patients suffering from other systemic disorders like diabetic mellitus, renal

disorder, and other cardiovascular disorder were excluded.

Investigations:

✓ Blood: Hb%, TC, DC, ESR FBS, PPBS,
 Serum Blood urea, Serum creatinine

✓ Urine examination : Protein , Glucose, Microscopic

Intervention:

• 30 patients who are suffering from hypertension were selected and divided randomly into two groups namely Group-A and Group-B containing 15 patients each.

• Group-A — 15 patients were given Takradhara

• Group-B — 15 Patients were given Tailadhara(BalaTaila)

• Time duration for dhara = 45min in each group

• Quantity of Takra & BalaTaila = 3 litres each

- Total duration = 7 days in each group
- Time of dhara = 7 am to 10 am.

The patient's who fulfilled the inclusion subjected criteria were for routine Haematological examination. Before commencement of the treatment, an informed consent was taken from the patients. Before and after the treatment patients were evaluated for both Subjective parameter like headache, dizziness. palpitation, easy fatigability and Objective parameter of recording BP.



Once the data was collected both subjective and objective parameters were statistically analyzed by using Chi-square test (for symptoms), Student test (unpaired) for between Group comparisons and Student t test (paired) for within group comparison.

Poorva Karma

• The patient should pass his natural urge. Before starting the treatment the BP was measured in sitting position.

• Patients were asked to lie down on the dhara table in supine position. The eyes were covered with cotton pad and lightly bandaged so that the oil / takra is avoided from entering the eyes of the patients.

• The takra was taken in a steel vessel and is heated indirectly up to Luke warm.

PradhanaKarma

• The takra was poured on the head of the patient, neither very fast nor very slow rate from a height of 4 angula.

• When the takra started pouring, then the vessel was moved to bring oscillations in the stream of the flow.

• The takra was collected, reheated and used.

• Daily fresh takra was prepared and taken

PashchatKarma:

• The takra was wiped with a napkin from the forehead of the patient.

• The rasnachoorna is rubbed over the anterior fontanel.

• Then patient is asked to take rest for about 10 minutes

• Again BP was recorded in sitting position.

• The patients were asked to take Luke warm water bath after one hour.

In Group B also same procedure was followed but here instead for takra. balataila was used.

Assessment criteria:

The assessment was made by recording the blood pressure, before and after Shirodhara procedure, daily and also on the end of the treatment. The symptoms of hypertension were also evaluated before and after the treatment.

1st day

In Group A - The systolic blood pressure falls to 151.87 from 158.93 with P value <0.001** which is statistically highly significant at before and after Takradhara (Table no 2).

In Group B- The systolic blood pressure falls to 150.27from 155.33with P value <0.001** which is statistically highly significant at before and after Tailadhara (Table no 2).

2nd day

In Group A -The systolic blood pressure falls to 152.13from 158.93with P value <0.001** which is statistically highly



significant at before and after Takradhara (Table no 2).

In Group B- the systolic blood pressure falls to 148.40 from 146.00with P value <0.001** which is statistically highly significant at before and after Tailadhara (Table no 2).

<u>3rd day</u>

In Group A -The systolic blood pressure falls to 150.00from 155.20 with P value 0.001** which is statistically highly significant at before and after Takradhara (Table no 2).

In Group B- the systolic blood pressure falls to 146.00 from 152.53 with P value 0.021* which is statistically significant at before and after Tailadhara (Table no 2).

4th day

In Group A - The systolic blood pressure falls to 148.67from 154.40with P value 0.001** which is statistically highly significant at before and after Takradhara (Table no 2).

In Group B- The systolic blood pressure falls to 143.73 from 151.07with P value 0.003** which is statistically highly significant at before and after Tailadhara (Table no 2).

5th day

In Group A -The systolic blood pressure falls to 145.33 from 150.93 with P value

0.003** which is statistically highly significant at before and after Takradhara (Table no 2).

In Group B-The systolic blood pressure falls to 142.40 from 148.67with P value <0.001** which is statistically highly significant at before and after Tailadhara (Table no 2).

<u>6th day</u>

In Group A - The systolic blood pressure falls to 142.13 from 148.53with P value 0.001** which is statistically highly significant at before and after Takradhara (Table no 2).

In Group B- The systolic blood pressure falls to 141.47 from 147.87with P value 0.004** which is statistically highly significant at before and after Tailadhara (Table no 2).

7th day

In Group A - The systolic blood pressure falls to 140.53from 146.80with P value <0.001** which is statistically highly significant at before and after Takradhara (Table no 2).

In Group B- The systolic blood pressure falls to 141.20 from 146.13with P value 0.004** which is statistically highly significant at before and after Tailadhara (Table no 2& Graph no 1).

Table 2 Comparison of SBP (mm Hg) in two groups of patients studied



Time of study	Pre/Post	Group A (n=15)	Group B (n=15)	P value
1 st dav	Before	158.93±14.36	155.33±15.98	0.522
	After	151.87±13.97	150.27±15.71	0.770
	P value	< 0.001**	< 0.001**	-
2 nd day	Before	158.93±13.75	154.27±17.34	0.421
·	After	152.13±13.78	148.40±15.95	0.498
	P value	< 0.001**	< 0.001**	-
3 rd day	Before	155.20±13.89	152.53±16.74	0.639
·	After	150.00±12.74	146.00±17.14	0.474
	P value	0.001**	0.021*	-
4 th day	Before	$154.40{\pm}14.01$	151.07±16.21	0.552
•	After	148.67±13.62	143.73±16.29	0.376
	P value	0.001**	0.003**	-
5 th day	Before	150.93±12.82	148.67±15.56	0.667
·	After	145.33±10.60	142.40±17.69	0.586
	P value	0.003**	< 0.001**	-
6 th day	Before	148.53±12.64	147.87±14.25	0.893
·	After	142.13±11.65	141.47±15.22	0.894
	P value	0.001**	0.004**	-
7 th day	Before	146.80±11.56	146.13±14.15	0.889
-	After	140.53±9.21	141.20±15.59	0.888
	P value	< 0.001**	0.004**	-



Graph No 1 Comparison of SBP (Mm Hg) in Two Groups of Patients Studied

<u>1st day</u>

In Group A - The Diastolic blood pressure falls to 92.93 from 93.07 with a P value 0.334 which are statistically insignificant at before and after Takradhara (Table No 3 & Graph no 2). In Group B - The diastolic blood pressure falls to 93.60 from 94.00with P value 0.009^{**} which is statistically highly significant at before and during Tailadhara (Table No 3 & Graph no 2). <u>2nd day</u>



In Group A-The diastolic blood pressure falls to 91.40 from 92.93 with P value <0.001**which is statistically highly significant at before and during Takradhara (Table No 3 & Graph no 2).

In Group B - The diastolic blood pressure falls to 92.53 from 93.33 with P value 0.009^{**} which is statistically highly significant at before and during Tailadhara (Table No 3 & Graph no 2). <u>3rd day</u>

In Group A - The diastolic blood pressure falls to 91.33 from 91.87 with P value 0.262which is statistically insignificant at before and during Takradhara (Table No 3 & Graph no 2).

In Group B - The diastolic blood pressure falls to 91.20 from 91.87 with a P value 0.262 which is statistically insignificant at before and during Tailadhara (Table No 3 & Graph no 2).

4th day

In Group A - The diastolic blood pressure falls to 90.33 from 91.47 with P value 0.023* which is statistically significant at before and during Takradhara (Table No 3 & Graph no 2).

In Group B - The diastolic blood pressure falls to 90.4 from 91.87 with a P value 0.006**which is statistically highly significant at before and during Tailadhara (Table No 3 & Graph no 2). <u>5th day</u>

In Group A - The diastolic blood pressure falls to 89.73 from 90.40 with a P value 0.096+ which is statistically suggestive significant at before and during Takradhara. (Table No 3 & Graph no 2).

In Group B - The diastolic blood pressure falls to 88.93 from 90.13 with a P value 0.007** which is statistically highly significant at before and during Tailadhara (Table No 3 & Graph no 2).

<u>6th day</u>

In Group A - The diastolic blood pressure falls to 89.27 from 89.47 with a P value 0.596 which is statistically insignificant at before and during Takradhara (Table No 3 & Graph no 2).

In Group B - The diastolic blood pressure falls to 88.27 from 89.73 with a P value 0.006** which is statistically highly significant at before and during Tailadhara (Table No 3 & Graph no 2).

7th day

In Group A - The diastolic blood pressure falls to 88.00 from 88.40 with P value 0.334 which are statistically insignificant at before and during Takradhara (Table No 3 & Graph no 2).

In Group B - The diastolic blood pressure falls to 88.27 from 88.67 with P value 0.002 which is statistically insignificant at before and during Tailadhara (Table No 3 & Graph no 2).



Fime of study	Pre/Post	Group A (n=15)	Group B (n=15)	P value
1 st day	Before	93.07±6.71	94.00±5.50	0.680
v	After	92.93±6.80	93.60±5.51	0.770
	P value	0.334	0.082+	-
2 nd day	Before	92.93±6.45	93.33±5.00	0.851
-	After	91.40±6.00	92.53±5.48	0.593
	P value	<0.001**	0.009**	-
3 rd day	Before	91.87±5.88	91.73±5.06	0.947
·	After	91.33±5.79	91.20±4.83	0.946
	P value	0.262	0.104	-
4 th day	Before	91.47±5.42	91.87±5.10	0.837
	After	90.33±4.84	90.4±5.14	0.971
	P value	0.023*	0.006**	-
5 th day	Before	90.40±4.91	90.13±4.81	0.882
	After	89.73±5.06	88.93±5.34	0.677
	P value	0.096+	0.007**	-
6 th day	Before	89.47±4.98	89.73±4.53	0.879
	After	89.27±4.64	88.27±5.28	0.586
	P value	0.596	0.006**	-
7 th day	Before	88.40±5.19	88.67±5.43	0.892
·	After	88.00±5.35	88.27±5.34	0.892
	P value	0.334	0.189	-

Table 3 Comparison of DBP (mm Hg) in two groups of patients studied



Graph No 2 Comparison of DBP (mm Hg) in two groups of patients studied The table no. 4 & Graph no 3 shows in **Group A** P Value is 0.354 & in **Group B** is 0.876 which shows the reduction of SBP is statistically better in **Group A** then **Group B**

Table 4 Comparison of difference of p	pre and post in SBI	P (mm Hg) in two g	roups of patients studied
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Time of study	Group A(n=15)	Group B(n=15)	P value
1 st day	7.07 ± 5.59	5.07±4.26	0.281
2 nd day	6.80±5.75	5.87±4.98	0.638
3 rd day	5.20±4.71	6.53±9.72	0.638
4 th day	5.73±5.06	7.33±7.95	0.516
5 th day	5.60±5.91	6.27±3.77	0.716
6 th day	6.40±5.91	6.40±7.09	1.000
7 th day	6.27±5.39	4.93±5.59	0.512
P value	0.354	0.876	-
(1st day-7 th day)			



Graph No 3 Comparison of difference of pre and post in SBP (mm Hg) in two groups of patients studied

Table 5 Co	nparison of	difference of	pre and	post in DB	P (mm Hg	g) in two g	groups of	patients studied
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Time of study	Group A	Group B	P value	
-	(n=15)	(n =15)		
1 st day	0.13±0.52	0.40±0.83	0.299	
2 nd day	1.53±1.12	$0.80{\pm}1.01$	0.071+	
3 rd day	0.53±1.77	0.53±1.19	1.000	
4 th day	1.13 ± 1.73	$1.47{\pm}1.77$	0.605	
5 th day	0.67±1.45	1.20±1.47	0.326	
6 th day	0.20±1.42	$1.47{\pm}1.77$	0.039*	
7 th day	0.40±1.55	0.40±1.12	1.000	
P value	0.645	1.000	-	

(1st day-7th day)

The Table no.5 & Graph no 4 shows in **Group A**, P Value is 0.645 & in **Group B** is 1.000 which shows the reduction of DBP is statistically better in **Group A** then **Group B**.



Graph 4 Comparison of difference of pre and post in DBP (mm Hg) in two groups of patients studied



Headache		1^{st} day(n=15)	$7^{\text{th}} \text{day}(n=15)$	% change			
	Group A						
•	Absent	9(60%)	14(93.3%)	33.3			
•	Present	6(40%)	1(6.7%)	-33.3			
			Group B				
•	Absent	10(66.7%)	14(93.3%)	26.7			
•	Present	5(33.3%)	1(6.7%)	-26.7			
P va	lue	1.000	1.000	-			

Table 6 Comparative evaluation of symptom Headache in two groups of patients studied

Table no 6. & Graph no 5 Shows In **Group A** among 15 patients 6 patients had head ache before treatment, after treatment 5 patient got relief, 1 patient had no relief. 33.3 % change.Table no 6. & Graph no 5 Shows In **Group B** among 15 patients 5 patients had head ache before treatment, after treatment 4 patient got relief, and 1 patient had no relief. 26.7 % change.

Statistically **Group A** & **Group B** are similar in reduction of headache. With 33.3 % change in **Group A** & 26.7 % change in **Group B** (Table no 6. & Graph no 5).



Graph No 5 Comparative evaluation of symptom Headache in two groups of patients studied

Palpitation	1 st day	7 th day	% change
-	(n=15)	(n=15)	
Group A			
• Absent	12(80%)	13(86.7%)	6.7
• Present	3(20%)	2(13.3%)	-6.7
Group B			
• Absent	12(80%)	13(86.7%)	6.7
• Present	3(20%)	2(13.3%)	-6.7
P value	1.000	1.000	_

Table no 7 & Graph no 6 shows In **Group A** & **Group B** among 15 patients 3 patients had palpitation before treatment, after treatment only 1 patient got relief and 2 patients had no relief.



Statistically **Group A & Group B** are similar in reduction of palpitation with 6.7% change in both the groups (& Graph no 6).



Graph No 6. Comparative evaluation of symptom Palpitation in two groups of patients studied

Dizz	ziness	1^{st} day(n=15)	$7^{\text{th}} \text{day}(n=15)$	% change	
Gro	oup A				
•	Absent	8(53.3%)	14(93.3%)	40.0	
•	Present	7(46.7%)	1(6.7%)	-40.0	
Gro	oup B				
•	Absent	9(60%)	15(100%)	40.0	
•	Present	6(40%)	0(0%)	-40.0	
P va	alue	1.000	1.000	-	

Table 8 Com	parative evaluation	on of symptom	Dizziness in two	groups of patients studied
				8

Table no 8 & Graph no 7 Shows In Group
A among 15 patients 7 patients had
Dizziness before treatment, after treatment
6 patient got relief, 1 patient had no relief.
Table no 8 & Graph no 7 Shows In Group
B among 15 patients 6 patients had head

ache before treatment, after treatment 6 patients got relief.

Statistically **Group A** & **Group B** are similar in reduction of Dizziness with the change 40% in both the groups (Table no 8 & Graph no 7)



Graph No 7 Comparative evaluation of symptom Dizziness in two groups of patients studied



Easy fatigabili	ty $1^{st} day(n=15)$	7^{th} day(n=15)	% change	
Group A				
• Absen	t 10(66.7%)	11(73.3%)	6.7	
• Preser	t 5(33.3%)	4(26.7%)	-6.7	
Group B				
• Absen	t 12(80%)	14(93.3%)	13.3	
• Preser	it 3(20%)	1(6.7%)	-13.3	
P value	0.682	0.330	-	

Table 9 Comparative evaluation of symptom Easy fatigability in two groups of patients studied

Table no 9 & Graph no 8 shows In Group A among 15 patients 5 patients had Easy fatigability before treatment, after treatment 1 patient got relief, 4 patients had no relief. Table no 9 & Graph no 8 shows In Group B among 15 patients 3 patients had Easy fatigability before treatment, after treatment 1 patients got relief, 2 patients had no relief. Table no 9 & Graph no 8 shows Statistically Group A having p value 0.682(6.7%) &Group B 0.330(13.3) which show reduction of Easy fatigability is better in group B.

Table no 10 & Graph no 9 shows **In Group A** - 0 patients had no response, 5(33.3%) patients had mild response, 8(53.3%) patients had moderate response, and 2 (13.3%) patients had marked response.



Graph No 8 Comparative evaluation of symptom Easy fatigability in two groups of patients studied

Table no 10 & Graph no 9 shows **In Group B** -1(6.7%) patient had no response, 7 (46.7%) patients had mild response, 5(33.3%) patients had moderate response, and 2(13.3%) patients had marked response.

Table10Comparison of Overall assessment (BP in
mm Hg) in two groups of patients studied

BP response	Group A (n=15)	Group B (n=15)
No response	0	1(6.7%)
(<0 % BP fall)		
Mild response	5(33.3%)	7(46.7%)
(<5% fall)		
Moderate response	8(53.3%)	5(33.3%)
(5-10% BP fall)		
Marked response	2(13.3%)	2(13.3%)
(10-20 % BP fall		
Excellent response	0	0
(>20% BP fall)		



Graph No 9 Comparison of Overall assessment (BP in mm Hg) in two groups of patients studied



Table no 11 & Graph no 10 shows **In Group A -** 7 patients had no response, 4 patients had moderate response, and 4 patients had marked response.

Table no 11 & Graph no 10 shows **In Group B -** 9 patients had no response, 1 patient had moderate response, and 5 patients had marked response.

Table 11 Comparison of Overall assessmentSymptoms in two groups of patients studied

Symptoms	Group A	Group B
response	(n=15)	(n=15)
No response	7(46.7%)	9(60.0%)
Mild response	0	0
(<20 %		
improvement)		
Moderate	4(26.7%)	1(6.7%)
response		
(20-50%)		
improvement)		
Marked response	4(26.7%)	5(33.3%)
(>50%		
Improvement)		



Graph 10Comparison of Overall assessment Symptoms in two groups of patients studied

DISCUSSION

Dhara comes under Murdhinitaila, which is bahya shaman chikitsa. The detailed procedure of takradahra & tailadhara is not explained in our classics, the detailed procedure is available in *Dharakalpa* of *keeraliyachikitsa*. Both *takra* and *tailadhara* beneficial in *srama*, *dourbalya*, *shirashoola*, *hridroga*, *Ojokshya* and gives strength to both *shareeika* and *manashikabala*.

Takra is laghuguna, Ushnaveerya &kaphavatahara, *Amalaki*is Guru, Sheetha, Ruksha, Tridoshahara. For tailadhara balataila was selected from Sahasrayoga. The Main ingredients are Bala, TilaTaila & Ksheera, which is not only best for vata but also vata vitiated in all the *dhatus*. Bala is considered as sangrahika, balya, vatahara. Due to its ephedrine content, it possesses psycho stimulant properties, affecting the central nervous system and also the heart.

Ksheera is Guru, Snigdha, Sheeta Guna, Sheetaveerya. vatapittahara. It is brimhana, Medhya and Balya.

Essential hypertension is Asymptomatic, sometime it presents with headache, dizziness, palpitation, Easy fatigability all this can be managed by *dhara*.

The reduction of Systolic blood pressure and Diastolic blood pressure is statistically better in Group A then Group B (table no 4 & 5, Graph no 3 & 4) but overall response Moderate /Marked response is though more in Group A when compared to Group but is not statistically significant between the group (table no 10 & Graph no 9).



Response based Symptoms on is statistically similar in two groups (table no 11 & Graph no10) but Easy fatigability had better result in group B (table no 9 & Graph no 8) .clinically tailadhara had a good result. Tailadhara is having more brihmana effect then takradhara because of snehana properties. The study was conducted for 7 days to see the effect of takra and tailadhara in essential hypertension during the procedure and there was no follow up study. Further different tailayoga and follow study has to be studied.

CONCLUSION

From Ayurvedic perspectives, the disease essential hypertension is not described by its name. EHT is а vata-pitta pradhanatridoshajavyadhi and rasa-rakta are the chief culprits. Distortion in hridaya and manas also takes place. Shirodhara is a bahirparimarjanaChikitsa one among Shareerika which acts on both Å Manasikalevel. dhara is indicated in almost all stress and psychosomatic disorders such as IBS, Asthma, Neurological disorders viz. Headache, Motor neuron diseases like Psychosis, Neurosis, Insomnia, psoriasis, Hypertension, etc. Based on the overall response for the treatment it can be concluded that statistically both the Groups having good result Essential on

hypertension, but *Tailadhara* is having slightly better than *Takradhara* clinically.



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