



## Model Initiation of Hypertension in the Context of Nepal

Anjali Yadav

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**Abstract:** Hypertension is based on above the borderline of the blood pressure and it is associated with the blood vessels. If the blood pushed by the force against the walls of blood vessels (arteries) as it is pumped by the heart creates blood pressure. The study focused on the key

model initiation BP. There is no single pioneer of hypertension in Nepal, even though Dr. Bhagwan Koirala promoted heart health and established Shahid Gangalal Heart Centre. Dr. Buddha Basnyat contributed through research on high blood pressure. Institutions like Nepal Heart Foundation, BPKIHS, and the Institute of Medicine helped in awareness, screening, and studies. WHO Nepal also supported national surveys and policies related to hypertension.

A multisector approach is required to make people aware of blood pressure and control it with the proper lifestyle as well.

**Keywords:** Blood pressure, Initiator, Multisector approach

**Declaration:** There is no conflict of Interest.



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### Introduction

Hypertension, also known as high or raised blood pressure, is a condition in which the blood vessels have persistently raised pressure. As blood is carried from the heart to all parts of the body in the vessels, each time the heart beats, it pumps blood into the vessels. Blood pressure is created by the force of the blood pushing against the walls of blood vessels (arteries) as it is pumped by the heart (1). Hypertension is often considered a “silent killer” as most people with hypertension are unaware of the problem and the condition may present no warning signs and symptoms (2). Worldwide, 7.6 million premature deaths (about 13.5% of the global total) were attributed to high blood pressure (4).

Like other countries, Nepal is currently going through an epidemiological transition along with the rising burden of non-communicable diseases. Hypertension remains one of the foremost causes of death and disability all over the world (6). Different factors, such as socio-demographic characteristics, behavioral factors, biomedical characteristics, knowledge, and attitude, can contribute to hypertension (3). Like other developing countries, there is an epidemiological transition along with a rise burden of non-communicable disease in Nepal. According to the 2019 STEPS survey of Nepal, the prevalence of hypertension was found to be 24.5% (2). Limited data exists on the prevalence and associated factors of hypertension at the local level, especially at the ward level.

**Methodology:** The study is based on the secondary source of information. The secondary source was relied on the publication of articles in Google, Google Scholar and WHO.

**Model initiation:** The awareness of sustained elevations in BP, now known as hypertension, dates to the Chinese Yellow Emperor’s Classic of Internal Medicine (2600 BC). Even in those early times, the appreciation of salt as a contributor to elevated pressure was appreciated: “If too much salt is used in blood, the pulse hardens.” About 1000 years later, the association



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between the palpated pulse and the development of heart and brain diseases was described by ancient Egyptian physicians in the Ebers Papyrus (1550 BC). Three millennia later, William Harvey, in 1628, studied the cardiovascular system and focused on how blood circulation occurs. A 100 years later, in 1733, English clergyman Stephen Hales invented a manometer and published the first accounts of arterial BP measurements conducted on a horse (5).

The first report of elevated BP in a person without evidence of kidney disease was made by Frederick Mahomed in 1874 using a sphygmograph. The term essential hypertension is credited to Eberhard Frank in 1911 and describes elevated BP for which no cause can be found (5).

In Nepal, there is no single pioneer of hypertension, but many individuals and organizations have played an important role. Dr. Bhagwan Koirala promoted heart health and established Shahid Gangalal Heart Centre. Dr. Buddha Basnyat contributed through research on high blood pressure. Institutions like Nepal Heart Foundation, BPKIHS, and the Institute of Medicine helped in awareness, screening, and studies. WHO Nepal also supported national surveys and policies related to hypertension.

**Conclusion:** Just as early pioneers dared to explore the unknown to understand human health, today's fight against hypertension requires a collective effort. Whether through education, research, healthy habits, or support for innovation, everyone's contribution matters. By joining hands, we honor the legacy of past pioneers and pave the way for a healthier future.

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