



MANAGEMENT OF PREGNANCY INDUCED HYPERTENSION THROUGH AYURVEDA: A CASE REPORT**Dr. Jayashree Patil¹ and Dr. Namrata Rathod²**¹M.D. Professor and HOD, and ²M.S. Scholar^{1&2}(Streerog-Prasutitantra)^{1&2}Dr. D. Y. Patil College of Ayurved and Research Centre, Pimpri, Pune**Abstract**

Pregnancy is a very pivotal period for a woman as many physiological changes take place during this period in her body. Hypertension is a common medical problem complicating pregnancy that contributes significantly to maternal and perinatal morbidity and mortality. Hypertension is a sign of some underlying pathology and it may preexist a pregnancy or appear for the first-time during pregnancy. Hypertension is seen commonly now a days during pregnancy known as pregnancy induced hypertension, due to increased age of marriage and thus delayed conception. In India the incidence of PIH is 4 times higher in primipara than multipara. So as a physician it's our duty to discover all majors to prevent these disorders up to the maximum possible level which will be useful for good maternal and child outcome. In ayurveda there is no any reference for pregnancy induced hypertension but Acharya Harita mentioned it as Shophā in updravas of garbha in grabhiniviyadhi. In the present case study, 1 case was selected from the OPD of Dr D Y Patil College of Ayurved and Research Centre, Pimpri who was a pregnant lady of 5 months and 10 days gestational period of age 27 years primi gravid. She was treated with Dhamasa, gokshur, jatamansifanta once a day along with yoga which helps to lower blood pressure.

Keywords: Pregnancy Induced Hypertension, GarbhiniVyadhi, Dhamasa, Gokshur, Jatamansi.**Introduction**

Being pregnant and able to give a birth to new life is wonderful, enhancing and proud moment for a lady but complication associated with it may make it difficult and have long lasting impact on mother and child. Pregnancy Induced Hypertension (PIH) is one of such complication and contribute significantly to the maternal and perinatal mortality and morbidity. Gestational hypertension or Pregnancy Induced hypertension is development of new hypertension in a pregnant woman after 20 weeks of gestation without presence of protein in urine and other symptoms of pre-eclampsia. Hypertension is defined as having a blood pressure more than 140/90mmHg. Provoking factors of PIH are Elderly and young Primigravida, Excessive salt intake, Genetic considerations, Long interval between two pregnancies, Environmental factors. Basic pathology is endothelial dysfunction and vasospasm mainly affecting the vessels of uterus, placental bed, kidney, liver and brain. In PIH oedema, hypertension, proteinuria, headache, blurring of vision, oligouria, epigastric pain are the alarming symptoms and maternal deaths are related to eclampsia, accidental hemorrhage, acute renal failure, HELLP syndrome, DIC. Management includes rest, high protein diet, lying in left lateral position, diuretics, antihypertensives like labetalol, nifedipine, methyl dopa and definitive treatment is termination of pregnancy as placenta is main culprit.

In Ayurveda, specific description related to pregnancy induced hypertension is not there but Acharya Harita mentioned Shophā as one of the Updravas of Garbha while mentioning GarbhiniVyadhi. The main Dosha responsible for the condition can be taken as Vata specially Vyana Vayu as it is responsible for normal circulation of blood in whole body due to ChalaGuna of Vayu. Vata can be increased due to two reasons either VataPrakopa directly due to intake of VataPrakopakaAahara Vihara and second by Aavarana. Sankocha and sthambha causes due to the vitiation of vata results into the constriction of arteries and leads into symptoms like Shankhbheda, Aswapna, Bhram and further vitiates Rakta also causing Raktadushti due to which Shiroruk, Pipasa, Buddhi Sammoha, Sweda, Kampa occurs in this condition. The Chikitsa in this condition should be Vatanulomaka, Vatashamana, MriduVirechana, Raktashodhaka, Anulomana, Hridya, Medhya and Nidrajanana.

Case Report

A 31-year-old married woman visited the Prasuti Tantra and StreeRoga O.P.D. of Dr D Y Patil College of Ayurved and Research Centre Pimpri on 20/08/2020, for regular antenatal check up with pregnancy of 20 weeks. She was a primi gravida with LMP on 04/04/2020 and EDD on 11/01/2021. Patient had history of bike accident with multiple bone fractures and head injury. Hematological, biochemical & microbiological investigations were found to be normal. On examination the general condition of the patient appeared normal. BP was 120/70 mm of Hg and Pulse 75 bpm. Pallor, edema etc. were absent. Per abdomen examination revealed fundal height corresponding to 18-20 weeks of gestation. Then she continued her regular antenatal check up here which was uneventful. When she came on 17/09/2020 with her sonography report, her reports were normal showing single intrauterine fetus with vertex presentation of 24 weeks. Her BP was 150/100 mm Hg on that day with normal urine report and mild pitting pedal oedema. She was given dhamasa, gokshur and jatamansiphanta in evening at 6pm and nidrakaryog 2 tablets in night along with tab lobet 100mg twice a day after meal and tab calcigaurd R20 in night after meal for 7 days. She was told to take rest, lie in left lateral position and told to come after 7 days. On 24/09/2020, her BP was recorded 140/80 mm Hg with no fresh complaints. The treatment was continued and she was advised to come again after 7 days on 01/10/2020 when her BP was found 120/80 mm Hg and no pedal edema was there.



The treatment was continued, on 08/10/2020 her BP was 120/70 mm Hg and on 15/10/2020 her BP was 120/80 mm Hg. This can be tabulated as follows;

DATE	BP(mmHg)	PR	WEIGHT	FUNDAL HEIGHT	EDEMA
20/08/2020	120/70	76/min	95kg	18-20weeks	No
17/09/2020	150/100	90/min	96kg	24weeks	Mild pitting
24/09/2020	140/80	84/min	96.2kg	25weeks	Mild pitting
01/10/2020	120/80	80/min	97kg	26weeks	No
08/10/2020	120/70	88/min	98kg	27weeks	No

Drug Given: 1)GOKSHUR + DHAMASA + JATAMANSI PHANTA IN EVENING AT 6PM.

2)NIDRAKAR YOG 500mg 2TABLETS IN NIGHT AFTER MEAL.

3)TAB LOBET 100 mg TWICE A DAY AFTER MEAL.

4)TAB CALCIGAURD R20 ONE IN NIGHT AFTER MEAL.

Table1:

Name of drug	Latin name	Part used	Quantity
Gokshur	Tribulus terrestris	Dried fruits	3g
Dhamasa	Fagoniacretica Linn	Whole plant	3g
Jatamansi	Nardostachysjatamansi	Roots	3g

PHANTA- The Hot Water Infusion.

Method- Finely powdered plant material is soaked in 4 times hot water and thoroughly mixed. The mixture is then filtered through a four layered muslin cloth.

Dose-80ml.(proportion is 3gm each drug)

NIDRAKAR YOGA- It consists of following ingredients in equal quantity in dry powder form as shown in table

Table2:

Name of drug	Latin name	Part used	Quantity
Sarpagandha	Rauwolfia serpentina (L.)	Root	500mg
Brahmi	Bacopa monnieri (Linn.)	Whole plant	500mg
Arjun	Terminalia arjuna	Stem bark	500mg
Guduchi (Amruta)	Tinospora cordifolia	Stem bark	500mg
Jatamansi	Nardostachysjatamansi	Rhizome	500mg

Discussion

Diuretics and commonly used anti-hypertensive in pregnancy as first line therapy like methyl dopa, labetalol and nifedipine has complications in mother like weakness, fatigue, muscle cramps, hypokalemia, postural hypotension and diminished placental perfusion leading to fetal compromise. So, to avoid these side effects and provide a safer Ayurvedic alternative, the present study was done.

As the main Dosha responsible in PIH is Vata specially Vyana Vayu and RaktaDushti is also there so in the present study drugs selected have Raktashodhaka, Anulomana, Hridya, Medhya, Nidrajanana and Vatashamaka properties. Properties and pharmacological action of drug used are shown in table no3

Table 3: Properties and pharmacological action of the drugs.

Drugs	Properties	Pharmacological action
Gokshur	Vatashamaka, Anulomana, Hridya. ¹⁴	Hypotensive, cardiotoxic, diuretic.
Dhamasa	Dahahara, Meha, Moha, Medohara	Rich in ascorbic acid, anti-inflammatory.
Jatamansi	Medhya, Nidrajanana, Anulomana, Hridbalya, Raktabharaniyamaka, Mridurechana ¹³	Hypotensive, diuretic, antianxiety
Sarpagandha	Nidrajanana, Raktabharaprashamana ¹⁰	Hypotensive, vasodilator
Brahmi	Medhya, Akshepahara, Anulomana, Raktashodhaka ¹¹	Tranquilizer
Arjun	Hridya, Hridayottejaka ¹²	Cardio protective
Guduchi (Amruta)	Trishnanigrahana, Anulomana, Hridya, Raktashodhaka ¹⁵	Antistress, antioxidant, hypotensive, diuretic



The drugs used have diuretic, hypotensive, antioxidant, antistress, cardiogenic, vasodilator and anti-atherosclerotic properties which helps in lowering blood pressure.

Conclusion

after observing the results, it can be said that main Dosha responsible for Pregnancy induced Hypertension is Vyana Vayu and Raktadushti occurs in this condition. The drugs selected have Raktashodhaka, Anulomana, Hridya, Medhya, Nidrajanana and Vatashamaka properties. Gokshur, jatamansi, jatamansiphanta and Nidyakaryog are effective in controlling blood pressure in pregnancy induced hypertension in the present case but to validate the effect of Gokshur, jatamansi, jatamansiphanta and Nidyakaryog in pregnancy induced hypertension, appropriate research methods should be adopted for future clinical studies.

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