

Management of Pregnancy Induced Hypertension: A Case Study

Dr. Akshata M Pujar¹ BAMS, Dr. Shobha B Nadagouda² BAMS MS (Ayu),
Dr. Satish Jalihal³ BAMS MS (Ayu)

¹PG Scholar, Department of PG Studies in Prasuti Tantara and Streeroga,

²Professor & HOD, Department of PG Studies in Prasuti Tantara and Streeroga,

³Associate Professor, Department of PG Studies in Prasuti Tantara and Streeroga,

^{1,2,3}SVM Ayurvedic Medical College and R.P.K Hospital, Ilkal, Karnataka, India

ABSTRACT

“Purnamiva tailapatra samkshobhayad garbhinim upachared iti”

The famous verse of by our acharyas that depicts a pregnant women like a pot filled with oil where slight oscillation may cause spillage, likewise even a slight carelessness results in unsatisfactory outcome”. Pregnancy is a delicate stage where in many physiological and hormonal changes seen in pregnant women due to growing fetus. Hypertension is a common medical problem complicating pregnancy that contributes significantly to maternal and perinatal morbidity and mortality. The incidence of Preeclampsia in India is reported to be 8-10%. According to study the prevalence of hypertensive disorders of pregnancy was 7.8% with preeclampsia in 5.4% of the study population in India. 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 Ayurveda there is no direct reference for PIH but Acharya Harita mentioned it as a shopha in upadravas of garbha in garbhiniyadhi. This is case selected from OPD of Prasuti tantra and streeroga of SVM Ayurvedic medical college, Ilkal, Primi 6 ½ month of gestational period along with PIH treated with Prabhakaravati, Punarnavamandura, Yashtimadhu and Gokshura churna ksheerapaka along with Tab Lababet 100 and cap depin 5mg and Garbha samskara with Pranav sadhana. This is a very well managed case of PIH.

KEYWORDS: *Pregnancy induced Hypertension, Garbhiniyadhi, Prabhakaravati, Punarnavamandura, Garbha samskara with Pranav sadhana*

INTRODUCTION

Pregnancy is very delicate stage. There are many physiological and hormonal changes seen in pregnant women due to growing fetus. Being pregnant and able to give 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 morbidity and mortality. Provoking factors for PIH are elderly and young primigravida, excessive salt intake, genetic considerations, increased interval between two pregnancies and environmental factors. The basic pathology is endothelial dysfunction and vasospasm mainly affecting vessels of uterus,

placental bed, kidneys and brain. The alarming symptoms are sudden weight gain, pedal edema, headache, blurring of vision, oliguria, epigastric pain, and maternal deaths are related to eclampsia, acute renal failure, HELLP syndrome, DIC. Management includes rest, high protein diet, lying in left lateral position, antihypertensives like lababet 100, nifedipine and methyldopa and definitive treatment is termination of pregnancy as placenta is main culprit.

Case Report

- Aturanama – XYZ
- Vaya – 34 years
- Linga – Female

How to cite this paper: Dr. Akshata M Pujar | Dr. Shobha B Nadagouda | Dr. Satish Jalihal "Management of Pregnancy Induced Hypertension: A Case Study" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-2, February 2022, pp.990-992, URL: www.ijtsrd.com/papers/ijtsrd49372.pdf



Copyright © 2022 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



- Jaati – Hindu
- Vilaasa – Ilkal
- Shikshana– BA completed
- Vrutti – House wife
- Praveshadinaka – 10/12/2021
- Vyaadhiniraya – Primi 5 ½ month amenorrhoea along with PIH

A 34 years old female patient with Marrital status of 2yrs who conceived after taking treatment for Infertility visited Prasuti tantra and streeroga OPD of RPK Ayurvedic hospital on 4/10/2021. Her pregnancy confirmed by UPT on 20/5/2021, LMP – 9/4/2021 and EDD- 14/01/2022. She was having regular antenatal checkups at our hospital with normal BP. After completing 5th month her BP was started raising for the first time during pregnancy with the symptoms Pedal edema, weight gain, she has no H/O OF Hypertension before pregnancy, On

examination patient general condition appeared normal and BP was 150/92 mmHg and pulse 80 bpm with no proteinurea. The symptoms are mild pitting edema with no albumin Per abdomen examination shows fundal height corresponds to 24 weeks, FHR 142-150 bpm, USG on 02/09/2021 – SLIUG about 20 weeks 6 days in breech presentation, EDD- 14/01/2022, Placenta- posterior, Liquor -less and advised Tab Asparin 150mg initially started with Prabhakaravati, Punarnavamanduravati, Tab Ecosprin 150 mg and yashtimadhu with gokshura churna ksheerapaka, Cap Depin 5mg OD and Tab Ecosprin 150mg, after 20 days started wih Tab Lababet 100, Cap Depin BD, Cap Caldikind plus, at 8th month of pregnancy Tab Ecosprin 150mg was stopped. Patient well managed with these medications till the delivery and discharged with minimal antihypertensive drugs and within 4 weeks patient settled with normal BP.

The treatment according to weeks:

DATE	BP(mmHg)	PR (BPM)	WEIGHT (kg)	FUNDAL HEIGHT	EDEMA
20/09/2021	150/92	92	55	22 weeks	No
4/10/2021	143/85	85	55	24 weeks	No
25/10/2021	156/100	90	56	27 weeks	No
8/11/2021	134/82	108	57.5	29 weeks	Present
18/11/2021	137/82	97	58	30 weeks	Present
28/11/2021	131/88	107	58	31 weeks	Mild
9/2/2021	130/85	104	59	32 weeks	Mild

Treatment on 20/09/2021 – 22 WEEKS

1. Tab Prabhakaravati 2 BD
2. Tab Punarnavamanduravati 2BD
3. Tab Ecosprin 150 mg 1OD
4. Yashtimadu + Gokshurachurna – ½ tsf ksheerapaka BD

Treatment on 4/10/2021 – 24 WEEKS

1. Tab Ecosprin 150mg 1BD
2. Cap Depin 5mg 1 OD
3. Cap Evion 400 -1 OD

Treatment on 25/10/2021 – 27 WEEKS

1. Tab Lababet 100 – 1 OD
2. T Ecosprin 150mg – 1 OD
3. Cap Depin 5mg – 2BD
4. T Valium 5mg – 1 HS
5. Cap Evion 400 – 1 OD
6. Prabhakaravati – 2 BD

Treatment on 28/11/2021 31 WEEKS

1. Matrabasti with Dashamulataila 70 ml for 5 days alternatively, On each day of basti BP is checked

Table 1

DRUG	CONTENTS
Prabhakaravati	Makshikabhasma
	Lohabhasma
	Abhrakabhasma
	Tavaksheeri
	Shuddhashilajit
	Arjuna

Table 2

DRUG	CONTENTS
Punarnavamanduravati	Punarnava
	Trivrut
	Shunti
	Maricha
	Pippali
	Vidanga
	Daru
	Chitraka
	Kushta
	Haridra
	Daruharidra
	Haritaki
	Vibhitaki
	Amalaka
	Danti
	Chavya
	Kutajaphala
	Katuki
	Pippalimula
	Musta
	Mandurabhasma

Discussion

The main dosha involment in PIH is vata dosha and Raktadushti, The Prabhakara vati which mailly acts on vata and kapha dosha, it relaxes the arterial smooth muscles thus induces vasodilation and also have the property of good penetration and circulation which improves the Uteroplacental circulation and thus proper circulation to fetus is mentained. The ingredients of prabhakara vati will helps in impaired blood circulation.

Punarnava mandura vati it contains anti-oxidants and other igrredients that help to provide aid in the treatment of PIH and anemia, it is also have deepana, pacchnaaRasayana property which helps to regulate metabolism,enhance immunity. It also has diuretic and anti inflammatory properties which help to maintain kidney and urinary functions. It may also help to reduce toxins from the blood and decreases urea, creatinine, cholesterol.

Conclusion

- Not all the PIH cases end up with complications if they are well managed.
- Masanumasika garbhini paricharya and Garbha sanskara plays significant role in good outcome of health of both mother and fetus.

This is a very well managed case of PIH with conservative management with good outcome.

BIBILOGRAPHY

- [1] Prof Premavati Tiwari, Ayurveda Prasuti tantra evum streeroga part 1 prasuti tanta 6th chapter, 2nd edition Choukamba orientalia, Varanasi 1999 Reprint 2014.
- [2] D C Dutta Edited by Hiralal konar, Text book of obstetrics, chapter 18, 8th edition, Jaypee brothers Medical Publishers (p) Ltd 2015, Reprint 2016.
- [3] D C Dutta Edited by Hiralal konar, Text book of obstetrics, chapter 34th, 8th edition, Jaypee brothers Medical Publishers (p) Ltd 2015, Reprint 2016.
- [4] Kaviraja Shree Govindadas sen, Bhaishajya Ratnavali, Hindi Tranaslation Siddhiprada by Siddhinandan Mishra, Choukambha surabharati prakashana Varanasi, Hridrogadhikara 66-67.
- [5] Vaidya Yadavji Trikamji Acharya, 2nd edition, Varanasi Choukamba surabharati prakashana; 2005. Agnivesha, charaka, drudabala, Charaka samhita, chikitsa sthana, Panduroga chikitsa adhyaya, 16/93-96.