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NEED OF INTEGRATED APPROACH AGAINST PREGNANCY INDUCED HYPER-TENSION (GARBHAJANYA VISHAMAYATA) FOR SAFE MOTHERHOOD AND HEALTHY CHILD INSIGHT OF AYURVEDA.

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ABSTRACT

Everything is changing and not stable in nature. Generally, we observe that menarche age is falling, and marriage age is growing. This condition develops so many health issues. We are more attracted by the western culture rather than following our own Indian culture. New Technology gave new Health issues. Pregnancy (*Garbhadharana*) is a physiological (*Sharirkriya*) normal process. A change of lifestyle and certain other co-factors develops lot of trouble for the developing fetus and mother for labor and delivery. Specifically, after covid pandemic such issues are increasing like conception problems and if conceived then fetus development issues, cardiac activity not developed etc. A Pregnancy diverts normal biochemical values within homeostatic limits. *Garbhajanya Vishamayata* (Pregnancy induced hypertension) is develops in a pregnant woman after 20 weeks of gestation. We should focus on early detection and Integrated approach of treatment. *Ayurved* see this as a *Vata Dosha Dusti* (abnormality in placentation) then *Kapha, Pitta Dushti* happens. *Dushya is* Heart *(Hridaya),* blood arteries (*Dash Dhamanya), veins (Sira), Ras- Rakt –vaha and Manovaha Strotas, Ras, Rakt Dhatu and Manna*. Treatment of line should be *Vaatashaman- Anulomana, Pittashamana, Hridya, Garbhasthapaka, Medhya, Brahman* and *Balya*. Preventive care, Do's is *Masanumasika Paricharya* & Don'ts are *GarbhopaghatakaraBhava's*. This paper is about how Integrated approach against pregnancy induced hypertension for safe motherhood and healthy child.

Keywords: *Garbhadharana, Garbhajanya Vishamayata,Dosha* ,Pregnancy induced hypertension, *GarbhaVishamayata*.

INTRODUCTION

Pregnancy induced hypertension is one of the causes of maternal and neonatal mortality. PIH (*Garbhajanya Vishamayata*) generally occurs in teenage pregnancy and old primigravida (age above 35 years). Pregnancy-induced hypertension (PIH) is defined as hypertension that exists during pregnancy after 20 weeks gestation with no protein in the urine[1] .PIH is defined as systolic blood pressure greater than140 mmHg and diastolic blood pressure greater than 90 mmHg. The broad classification of pregnancy-induced hypertension during pregnancy is gestational hypertension, pre-eclampsia and eclampsia [2]. Every individual is unique. So, we have to find the exact cause (*Hetu*) of disease. If fetus not getting sufficient amount of oxygen and nutrition, then according to the demand heart pump and flow increases and blood pressure rises. Umbilical artery having notch and block is one of the genetic reasons for PIH. We should confirm this by USG and Arteriogram. Different lifestyle and increasing stress hamper the normal physiology and produces pathology. Reducing maternal mortality and morbidity require obstetrician's critical decision of whether to perform termination of pregnancy delivery according to the clinical deterioration[3]. It is well known that cardiac, renal, endocrine systems will be affects during pregnancy and could result in maternal life deterioration[4]. The problem should be developed after 20 weeks of gestation based on series of certain criteria. The difference between mild and severe PE (Pre-eclampsia) determined by the level of diastolic blood pressure (BP) and percentage of protein in the blood[5]. It was agreed that premature fetal delivery should be characterized by lung maturation and fetus ability of extra uterine adaptation with less intensive care requirement[6].

Objective:

1. Integrated approach for PIH for safe motherhood and healthy child.
2. To give importance " *Masanumasika Paricharya"* to prevent PIH.
3. "*Pathyapathya"* plays main role for healthy and safe pregnancy.

Methodology:

Review of different Ayurveda *Samhita* and published research about PIH.

DISCUSSION

We should focus on the age for normal pregnancy .Health status of mother and proper concealing for antenatal care. Hereditary history should be noted. Genetic problems should be detected. Most daily activity which can vitiate *Vata Dosha* should be avoided. While going through different research articles we get different numbers for morbidity and mortality rate in different countries. But in India we see the increase in numbers for such PIH situations. Blood pressure which is initially decreases due to vasodilation after some weeks it get increases and then after parturition again gets in normal hemostatic limits. Why this happens and why mother's body react in this way is quite all physiological condition which supports the conception, maturation and safely delivered the baby.

All the way first total body purification with help of *Panchakarma* should be done and a healthy gamete is produced by to be parents. What kind of *Dosha* is predominant in this decided the *Prakriti* of the Fetus and future baby.

Where maternal mortality is high, most of the deaths are attributable to eclampsia, rather than PE. According to the World Health Organization, hypertensive disorders account for 16% of all maternal deaths in developed countries, 9% of maternal deaths in Africa and Asia, and as high as 26% in Latin America and the Caribbean.[7,8] It was reported that PE during admission for labor and delivery increased by 25% from 1987 to 2004, while the rate of eclampsia decreased by 22%, albeit not statistically significant.[9] It in-

cludes renal failure, stroke, cardiac dysfunction or arrest, respiratory compromise, coagulopathy, and liver failure. In a study of hospitals managed by Health Care America Corporation, PE was the second leading cause of pregnancy-related intensive care unit admissions after obstetric hemorrhage.[10] In recent study, it was suggested that calcium supplement during pregnancy may reduce the incidence of PE and preterm delivery.[11] We should focus on proper nutritional supplement, exercise, yoga, stress management antenatal care –complementary programme through integrated approach and team work from all pathies.

CONCLUSION

In case of pregnancy induced hypertension early detection and proper intervention with the presence of efficient team can reduce the complications. Integrated approach gives us a positive outcome. If we focus on applications of Ayurveda for healthy lifestyle and stress management, we can reduce diver's conditions and complication. For most efficient, capable and healthy new generation we should obey certain rules like antenatal care *Masanumasika Paricharya* and avoid *GarbhopaghatakaraBhava's.* We suggest high-risk pregnant mother should be closely monitored, and the decision to terminate the pregnancy made without delay when the maternal or fetal condition worsens.

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