

## Timely intervention of Garbhani Paricharya to manage the increased tendency of pregnancy induced hypertension (PIH) (Garbhani Atiraktachapa)

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According to data, nearly one-third of the Sri Lankan adult population is hypertensive. Pregnancy induced hypertension (PIH) is one of the most common causes of both maternal and neonatal morbidity, affecting about 5-8% of pregnant women. According to Ayurveda, *Athiraktachapa* is a major complication (*Teewra Upadrava*) in gestational period. As per Ayurvedic view, *Garbhani atiraktachapa* is due to increased *Vata and Pitta dosha* and it involves *Hridaya, Dasha dhamani, Sira, Ras raktvaha strotas, Manovaha strotas, Ras dhatu, Rakta dhatu* and *Mana as dushya*. The risk of PIH for both mother and the fetus will be higher comparing with other major complications during pregnancy as it would result in placental abruption, stroke, intravascular blood coagulation, organ failures for mother and intrauterine growth retardation, premature delivery, intrauterine death for the fetus. The objective of this study was to estimate the increased tendency of PIH among pregnant women and to determine the timely intervention of *Garbhani paricharya* to manage this condition. In the methodology of this study, measured blood pressure levels of 446 pregnant women were collected during the first trimester of their pregnancy, who attended three antenatal clinics in Gampaha district as the subjective data and thereby tendency of PIH was determined in those pregnant women who attended the antenatal clinics from 2017 to 2021. Primary data regarding *Garbhani Atiraktachapa* and its prevention methods was collected from authentic books written in ancient times by Ayurveda authors. According to clinical data statistics, PIH percentages since 2017 to 2021 was 11.3%, 14.2%, 15.8%, 17.5% and 19.4% respectively which had shown that the tendency of PIH has been increased. Therefore, it could be suggested that timely intervention of *Garbhani paricharya* mentioned in Ayurveda classical texts should be recommended in which it has been prescribed the behavioral regimen and medicine to control the occurrence of PIH. As an example, the decoction of *Gokshura (Tribulus terrestris Linn)* can be recommended from sixth month of gestational period and analysis of the chemical constitutes of decoction of *Gokshura* confirms that it has several PIH reducing compounds including diuretic, absorption enhancing, cardiogenic, hepatoprotective, anti-inflammatory, analgesic activities. The contra-indicated factors mentioned in Ayurveda which are known as *Garbhopaghatakara bhava* are the main etiological aspects that can be identified to provoke PIH therefore correct guidance of *Garbhani paricharya* will be needed to prevent this condition rather than curing. PIH prevalence has been increasing yearly so as per Ayurvedic recommendations, taking the decoction of *Gokshura* and following other necessary behavioral regimens by a pregnant woman can be mentioned as a successful solution to PIH.

**Keywords:** Pregnancy induced hypertension, Athiraktachapa, garbhopaghatakara bhava, Decoction of gokshura, Garbhani paricharya

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