

About pregnancy induced hypertension (gestational hypertension or preeclampsia):

Pregnancy induced hypertension is the disease associated with the pregnant women with common symptoms such as edema, proteinuria, (protein detected in the urine) besides persistent high blood pressure. As another term called preeclampsia, the disease can progress to a sudden convulsions (spasm) accompanied with unconsciousness then hemorrhages in the brain or thrombosis formation in the blood vessels of the whole body. This is called eclampsia and is an emergency condition calls for intensive care.

Once it was believed that the disease was caused by toxic substances secreted from the placenta, but the causal relationship theory (etiology) has changed to that of the dysfunction of the placenta lead to hypersensitivity to certain substances responsible for high blood pressure. Consequently, in 2005, the name of the disease was changed to pregnancy induced hypertension, or gestational hypertension, collectively implies syndrome comprising various abnormalities associated with the disease. Underlying mechanisms were studied intensively and come up with the most likely etiology that the disease could happen when the balance between blood pressure elevating substances and their degrading enzymes (placental enzymes) has collapsed.

According to the clinical guideline for hypertension treatment, upper blood pressure of 140mmHg or higher and lower blood pressure of 90mmHg or higher are defined as hypertension. These patients are seen in about 10% of pregnant women. There is no effective and safe treatment at present but expulsion of the baby (fetus) or fetal death immediately normalize maternal blood pressure, therefore, caesarean section before completing normal gestation (37th to 42nd gestational week) is often dictated. By this inevitable medical practice, the rate of preterm low birth-weight infants in the total new born is increasing these days.

There are many antihypertensive drugs available now, however, scarcely can find effective ones for pregnancy induced hypertension. Some of them can affect the fetus adversely, some cannot used under health insurance. And many of them may cause long term adverse effects after birth if these drugs were used at high dose and over long duration. Because of these unfortunate realities, we strongly propose using female hormone preparations, which are identical to the natural female hormones, by which the specific placental enzymes can be produced in the patient's body and these enzymes will degrade blood elevating substances, that are excessively exist with the disease, then consequently normalize the blood pressure.