

CONDITIONS OF GESTOSIS IN PREGNANT WOMEN AND MODERN METHODS OF ITS TREATMENT

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Abstract: Many pregnant women experience bleeding and spotting at the beginning of pregnancy, i.e. during the first trimester. However, not all pregnancy bleeding or spotting in the first trimester is dangerous, but medical evaluation is very important. Doctors can determine the causes of bleeding in the first trimester through various tests and examinations. Once they determine the cause of the bleeding in pregnancy, they develop a treatment and a way to manage it.

Keywords: Toxicosis, pregnant women, heat-resistant exotoxin, metabolism.

Toxicosis is a very common condition in pregnant women, accompanied by nausea and vomiting. This condition occurs as a result of poisoning with toxins and other harmful substances produced in pregnant women during the development of the fetus.

Toxicosis can also lead to the manifestation of various symptoms, the most persistent of which are disorders of the central nervous system, cardiovascular system, and metabolism. The longer the toxicosis lasts during pregnancy, the longer the symptoms appear.

TYPES OF TOXICOSIS

- Staphylococcal toxicosis is caused by enterotoxigenic strains, when bacteria multiply, they release heat-resistant exotoxin into food products. In such cases, it is necessary to consult a doctor immediately, the doctor will carry out proper examination and treatment.
- Evening toxicosis - after a hard and difficult day, if not enough food is taken, the body weakens and succumbs to the attack of toxicosis. Evening toxicosis interferes with sleep and rest in peace. Evening walks, juice made from fresh fruits have a positive effect on orgasm.
- Toxicosis in the first half of pregnancy is the period from approximately 1 to 14 weeks of pregnancy. Doctors recommend to calmly experience the symptoms of toxicosis in the first trimester. With increasing symptoms, experts prescribe safe products of plant origin, which significantly relieves the condition of a pregnant woman and reduces intoxication. It is worth noting that if the mother is taking the prescribed drugs, she feels better, but if she stops taking these drugs, the symptoms of toxicosis immediately begin again. To reduce toxicosis during pregnancy, you can use folk remedies that are relatively safe for the baby.
- Late toxicosis in pregnancy — with normal pregnancy development, toxicosis does not reappear in the second trimester. But there are cases when late toxicosis causes vomiting and nausea, if the symptoms increase, then this is called gestosis. This is manifested by swelling, the presence of protein in the urine, high blood pressure and weight gain of up to 400 grams per week. The stronger the toxicosis develops in the last stages of pregnancy, the more negative impact it has on the mother's health. But mothers who regularly visit the doctor are warned about gestosis in time and are sent to the hospital in time. Treatment is determined individually, it all depends on the specific condition and the degree of manifestation of symptoms.

Toxicosis before the delay of menstruation - did you have nausea immediately after fertilization? This is not a sign that you are pregnant. Toxicosis can begin 7-10 days after the development of the fetal egg. But nausea and vomiting are not always manifested, on the contrary, many women have a strong appetite.

SKIN RASHES

- This is the most unpleasant manifestation of toxicosis in the 13th week of pregnancy, it occurs in the form of scattered itching of the skin, it can also reach the genitals. This leads to discomfort, sleep disorders and depression.

RISK OF DEVELOPMENT OF TETANIA AND OSTEOMALASIA

Progressive development is observed due to disturbances in the metabolism of phosphorus and calcium in the body of the expectant mother. Osteomalacia causes softening of bone tissue, which threatens bone fractures. Tetany is dangerous with tremors in the muscles of the upper body, rarely observed in the legs and face.

AT WHICH WEEK OF PREGNANCY DOES TOXICOSIS END?

- Toxicosis related to the first half of pregnancy and subsequent trimesters are individual, so no one can give a definite answer to the question: "When will toxicosis end?" Some mothers experience mild symptoms of nausea, while others stay in the hospital for several weeks to overcome toxicosis. This factor also applies to the duration of toxicosis, because toxicosis in pregnancy can be observed in different trimesters, but in most cases it passes by the 14th week.

- Symptoms of toxicosis can last until the placenta is formed, and this process ends around the 12th or 14th week. After that, the quiet passage of the second trimester begins. In the third trimester, toxicosis can be repeated again, but it is called a completely different name - gestosis.

There are cases when expectant mothers have toxicosis in the last trimester, which is more dangerous than toxicosis in early pregnancy. If symptoms of late toxicosis are observed, it is necessary to consult a specialist immediately.

TREATMENT OF TOXICOSIS

- There are many drugs against toxicosis, some only reduce the symptoms of toxicosis, while others fight it. But it should be taken into account that not all drugs for toxicosis are safe and effective.

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- Treatment of toxicosis with the help of drugs. Among the drugs that are widely used in the fight against toxicosis, only valerian, no-spa and microelements are harmless substances. But in some cases, it is impossible to save the health of the mother and the child without the use of serious medicines. Medical treatment of early and late toxicosis can be comprehensive and include various drugs: Enterosgel, Essentiale, Tserukal, etc.

- Immunocytotherapy is a modern invasive treatment method. Its principles of action are as follows: lymphocytes of the spouse are injected into the skin of the pregnant woman's wrist. Symptoms of toxicosis are relieved after 24 hours. This method of treatment requires a detailed examination of the father for the presence of infections. It is important to know that immunocytotherapy can be dangerous, because the risk of contracting hepatitis C and other infectious diseases increases.

- Homeopathic method of treatment. This type of toxicosis test is the safest and most effective. Homeopathy makes it possible to choose special medicines that can treat not only the woman's body, but also the child. You don't have to worry about side effects and overdose, the drugs used are not addictive.

- Aromatherapy has been used since ancient times and has a positive effect on the condition of a pregnant woman. For example, in the morning manifestation of toxicosis, you can put a few drops of peppermint essential oil on a handkerchief and put it next to you. If you do this procedure for several days in a row, the result will not be long in coming.

- You can carry ginger oil with you and when nausea is getting worse, put a few drops in your palm, rub it well, bring your palms to your nose and take a deep breath.
- In addition to the above-mentioned methods of treating toxicosis, phytotherapy is also used, and some people prefer unusual methods: acupuncture, hypnosis, electrosonotherapy, etc.
- Do not convince yourself that toxicosis will not escape you during pregnancy. Repeat often: "Everything will be fine, both with me and with the child."

References:

1. Lymanska A. Yu., Davydova Yu. V. The main provisions of treatment of pregnant women with nausea and vomiting at the stage of primary care [Ukrainian] Available at: <https://health-ua.com/article/40603-osnovn-polozhennya-lkuvannya-vagtnih-znudotoyu-tablyuvannyam-naetap-pervi>
2. Bustos M, Venkataramanan R, Caritis S. Nausea and vomiting of pregnancy - What's new? *Auton Neurosci*. 2017 Jan;202:62-72. doi: 10.1016/j.autneu.2016.05.002.
3. Erick M. Hyperemesis gravidarum: a case of starvation and altered sensorium gestosis (ASG). *Med Hypotheses*. 2014 May;82(5):572-80. doi: 10.1016/j.mehy.2014.02.014.
4. Jennings LK, Krywko DM. Hyperemesis Gravidarum. [Updated 2021 May 13]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing. 2021; Jan. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK532917/>
5. Fejzo MS, Trovik J, Grooten IJ, Sridharan K, Roseboom TJ, Vikanes A. Nausea and vomiting of pregnancy and hyperemesis gravidarum. *Nat Rev DisPrimers*. 2019; 5(1):62. doi: 10.1038/s41572-019-0110-3.