

Effects Of Hormonal Preparations Used During Pregnancy On The Human Body

Abdirimova Gulrukh Ibadullayevna

Tashkent State Medical University

Assistant of the Department of Dental Disease Prevention

Khamrayeva Rano Rakhmatullayevna

Tashkent State Medical University

Phd assistant of the Department of Maxillofacial Surgery

Abstract: This article pays special attention to scientific research aimed at improving the treatment of enamel hypoplasia in children caused by hormonal preparations during pregnancy. At the same time, in modern dentistry, measures are presented to determine the clinical and functional features of the specific course of diseases associated with oral cavity diseases, which develop in children as a result of hormonal preparations during pregnancy.

Keywords: Enamel hypoplasia, physiotherapeutic measures, clinical-dental, laboratory, immunological and statistical methods.

Introduction

Enamel hypoplasia, caused by the use of hormonal drugs during pregnancy in their children, occupies a special place due to its widespread prevalence, complexity in diagnosis and treatment [1]. In scientific sources, it has been noted that "research conducted over the past twenty years has shown that enamel hypoplasia in children, caused by hormonal drugs during pregnancy, is observed up to 42%, and in combination with various syndromes, these diseases are observed up to 30%." This situation is explained by the fact that the initial stages of the disease are asymptomatic, there is no possibility of obtaining sufficient information about changes in both clinical and laboratory studies, and there are no unified etiopathogenetic views among specialists [2], [3]. This indicates the need to improve the methods of treatment and prevention of the problem.

Worldwide, special attention is paid to scientific research aimed at improving the treatment of enamel hypoplasia in children caused by hormonal preparations during pregnancy. At the same time, in modern dentistry, it is important to determine the clinical and functional features of the specific course of diseases associated with oral cavity diseases, which develop in children as a result of hormonal preparations during pregnancy; to assess the role of dental and physiotherapeutic measures in the process of complex treatment; to develop a plan for a comprehensive step-by-step approach, taking into account the somatic state of children; to propose methods of treatment and prevention based on disorders of the functioning of the organs of the oral cavity in children caused by hormonal preparations during pregnancy; to improve the development of methods for assessing the effectiveness of treatment [4].

In our country, targeted and practical measures are being implemented to reform the healthcare system and bring it up to world standards, scientific research aimed at developing effective methods for the prevention, early diagnosis, and complex treatment of oral mucosa diseases, improving methods

for diagnosing and treating enamel hypoplasia in children as a result of hormonal preparations during pregnancy is being conducted in leading scientific centers and higher educational institutions of the world, as well as at the Tashkent State Dental Institute [5], [6].

In studies to improve methods of treating enamel hypoplasia in children caused by hormonal preparations during pregnancy, a number of scientific results have been obtained, in particular, the significance of any disease in modern society is determined by the prevalence of this disease among the population, the severity and severity of the outcome, and the economic losses of the patient and their family or society as a whole [7].

According to organizations, it ranks 6th among dental diseases in terms of the prevalence of enamel hypoplasia in children caused by hormonal preparations during pregnancy. Enamel hypoplasia in children caused by hormonal preparations during pregnancy presents difficulties for dentists due to its multifaceted effects on the body. Thus, in modern dentistry, the study of the influence of enamel hypoplasia in children, caused by hormonal preparations during pregnancy, and the prevention of complications of diseases remains a pressing problem [8].

Analysis of literature sources showed that the influence of enamel hypoplasia in children as a result of hormonal preparations during pregnancy, the treatment and prevention of dental diseases have been studied.

Conducting a number of scientific studies devoted to the study of this problem testifies to the imperfection of the traditional method of treating the effects of enamel hypoplasia in children and complications of the disease caused by hormonal preparations during pregnancy [9], [10].

The reliability of the research results is substantiated by the use of modern, complementary clinical-dental, laboratory, immunological, and statistical methods used in the research work, obtaining children diagnosed with enamel hypoplasia caused by a sufficient amount of hormonal preparations during pregnancy, theoretical and practical confirmation of the presented results, their reliability in comparison with data obtained by domestic and foreign researchers, the validity of the presented conclusions, as well as confirmation by authorized organizations.

It's no secret that many pregnant mothers who want to give birth to healthy children have a negative attitude towards any pharmacological agents, including medications that are permitted during pregnancy [11]. However, this view is also considered incorrect, since during childbirth, a woman may contract cold or scabies, and conditions that prevent normal pregnancy are not excluded.

Any medication during pregnancy should be prescribed by a doctor. True, sometimes there are situations when women physically cannot contact a specialist. In this case, you need to know which tablets you can use. Here is the list of permissible medications for pregnancy:

Methodology

- Antipyretics and analgesics in the form of paracetamol and ibuprofen.
- Antiviral drugs in the form of Anaferon, Viferon, Arbidol.
- Almagelli phosphalugel is responsible for the treatment of heartburn.

Among spasmodics, Drotaverine is preferred.

Loratadine should be considered as an anti-allergic agent, but with caution.

- Oral dehydration rehydration agent Regidron.

• Enterosorbents for poisoning in the form of Enterosgel, "Smecta," "Neosmectide" and other medications permitted during pregnancy.

True, first of all, a woman should immediately consult a doctor to assess the situation. The thing is, as part of your first visit to a doctor with certain conditions, such as bloody discharge from the

genitals, severe abdominal pain, sudden swelling, sharp increase in blood pressure, uncontrolled vomiting, diarrhea, and high fever, you should ask her for a list of medications that are allowed during pregnancy. Taking medications and medicinal plants on their own is highly unwanted, as the results in this case are unpredictable.

Sovuq har doim yoqimsiz va ayol bolani kutayotganida, bu muammoli. Bunday holda, har doim siropli planshetlar qanday bo'lishi mumkinligi haqida savol tug'iladi vaqaysilari taqiqlanadi. ARVI yuqori haroratsiz o'tganda yaxshi, lekin agar termometr to'satdan katta belgi ko'rsatsa, nima qilish kerak? Vaziyatdan qanday qilib xavfsiz xalos bo'lish mumkin?

Homiladorlikning 1-trimestrida ruxsat etilgan dorilar shifokor tanlashda yordam beradi.

Of course, the main cold shock should be applied with the help of folk medicine, but be careful with herbal preparations, as some plants can be contraindicated, for example, juniper or strawberry. You shouldn't consume your favorite raspberry jam in tea either, but you'll need to consume it a lot to cause serious harm.

Do not steam your feet or do enema. Complications in the form of secondary infections of the throat or nasopharynx should be avoided. The thing is, a runny nose can turn into sinusitis or sinusitis, and the cough itself can turn into pneumonia or bronchitis. Then, of course, a woman cannot do without antibiotics, and this is the most important thing to carry.

Result and Discussion

It is necessary to know in advance what medications are allowed during pregnancy. The therapist should choose a medicine for fever; in extremely severe cases, it should be lowered with products containing paracetamol, which is a relatively safe remedy unlike Aspirin. The list of medications for cold-blooded pregnancy is not very extensive.

prescribed medications for cold and influenza during pregnancy

The use of nasal sprays such as "Euphorbium Composite," "Nazivin," "Pinosol" is permitted, and Givalex in combination with Orasept or Ingalipt serves as a suitable remedy for sore throat during pregnancy [12]. Additionally, remedies such as Bromhexine, Bronchicum (which should only be used in the first trimester), and later Stoptussin or Falimint can be used. Do not take codeine syrups, as this can lead to fetal respiratory depression.

The use of immunomodulators during anti-influenza therapy should be discussed with a doctor, as the issue of their use is still debatable. Paracetamol can be used to lower fever, and Pinosol drops are perfect for nasal congestion. During this disease, chamomile infusion with a soda solution or Furacilin for cleansing the throat, as well as Faringosept tablets, helps well. Zephyr root is used as an expectoran [13].

Immunomodulators are considered a method of treating influenza during pregnancy, but you should consult a doctor before using them. Many expectant mothers use homeopathy in the form of Oscillococcinum and Heel's Flu to treat this disease. Both of these medications are allowed during pregnancy.

In the role of a flu healer, you can use folk remedies and herbal remedies. For example, antitussives are compatible with infusions of calendula, essential oils, etc., along with inhalations. Lemon tea or rose tea can also help a woman recover faster.

Let's look at the medications that are allowed if there is a cough during the 3rd trimester of pregnancy.

A cough that is accompanied by a sore throat and does not produce phlegm is called dry. Such a reflex is a symptom of colds and infectious pathologies and is very dangerous for pregnant women.

It can cause intrauterine pressure, preventing normal oxygen supply to the fetus. Severe uterine contractions during coughing in the last months of pregnancy can lead to rupture of the amniotic sac, which leads to premature birth. At the initial stage, such a symptom becomes the culprit of the threat of abortion. As part of the fight against it, you can use tablets that inhibit the cough reflex.

The purpose of tablets designed to treat such symptoms in pregnant women is to accelerate the formation and excretion of mucous membranes. The best drugs are expectorane and mucolytics [14].

In the first trimester of pregnancy, doctors advise women to completely forget about headache pills. Many women overcome this by taking the air out of the room and lying quietly without a pillow. Often, uncomfortable health improves immediately after sleep. Self-massage of temples and rubbing cabbage leaves or ice on the forehead can help some patients.

Sometimes a tightly fastened scarf or scarf serves as an assistant. Infusions of mint, lemon balm, and chamomile have a mild analgesic effect. If a woman has low blood pressure, sweet black tea helps increase it and thereby relieves headaches. In the following trimesters, drugs based on paracetamol help to stop such attacks. We are talking about Panadol and Effergal. These medications do not lead to addiction.

Panadol Extra, an approved drug for colds and flu during pregnancy, in addition to paracetamol, also contains caffeine, so it can be used under low pressure. However, Panadol is rarely used by gynecologists. It is necessary to comply with the recommended dose in the instructions [15]. "No-spa" also sometimes serves as a lifesaver, reduces vasospasm, lowers blood pressure, and relaxes muscles. As for ibuprofen, it can only be used intermittently during pregnancy and as an anesthetic until the thirtieth week. Let's find out which nasal congestion remedies are best tolerated.

Conclusion: Oil drops are used to prevent drying of mucous membranes and reduce dryness and irritation, nasal congestion and swelling. These include, for example, a substance called "Pinosol." Due to the presence of mint, colza, pine, and juniper oils, this medicine relieves swelling, softens and stimulates local immunity. The drug is contraindicated for women with allergies to components and if the general cold has an allergic nature.

To stimulate local immunity, an oxolin ointment is applied to the nasal passage. For these purposes, influenzaferon and Derinat are also suitable. They move through the mucous membranes, stimulating the production of their own protective factor. Such drugs are used at any stage of pregnancy, according to strict indications, the duration of use is not limited.

References

- [1] M. A. Zubaidullaeva and R. A. Rakhimberdiev, "Dental caries in young children: epidemiology, etiology, prevention and treatment," *Achievements of Science and Education*, no. 4, 2020.
- [2] Z. Z. Aminov, "Social aspects and the role of nutrition in the dental health of children and adolescents," *Academy*, no. 10, 2019.
- [3] S. I. Borodovitsina, N. A. Savelyeva, and E. S. Tabolina, *Prevention of dental diseases*, 2019.
- [4] E. E. Maslak, A. S. Rodionova, M. L. Yanovskaya, and S. V. Stavskaya, "Modern concepts of caries treatment of milk teeth in young children," *Children's Dentistry*, no. 3, 2015.
- [5] G. I. Sharipova, "Discussion of results of personal studies in the use of OFMIL therapy in the treatment of trauma to the oral mucosa," *European Journal of Molecular Medicine*, vol. 2, no. 2, Mar. 2022, doi:10.52325.
- [6] G. I. Sharipova, *The effectiveness of using magnetic-infrared-laser therapy in traumatic injuries of oral tissues in preschool children*, *Academic Leadership*, vol. 21, no. 1, ISSN 1533-7812.

- [7] J. Featherstone, "The science and practice of caries prevention," *Journal of the American Dental Association*, vol. 139, no. 7, pp. 779–787, Jul. 2008.
- [8] J. E. B. Lussi and J. M. Hellwig, "Risk assessment and caries management in children and adolescents," *European Archives of Paediatric Dentistry*, vol. 8, no. 2, pp. 76–83, Jun. 2007.
- [9] P. A. M. Tenuta and O. A. Cury, "Fluoride: Its role in dentistry," *Brazilian Oral Research*, vol. 21, Suppl. 1, pp. 9–17, 2007.
- [10] L. Marthaler, *Changes in Dental Caries 1953–2003*, Basel, Switzerland: Karger, 2004.
- [11] K. R. Krasse and A. R. Axelsson, "Prevention of dental caries in preschool children," *International Journal of Paediatric Dentistry*, vol. 12, no. 6, pp. 435–441, Nov. 2002.
- [12] A. Pitts et al., "Early detection of dental caries: rationale and clinical use," *Caries Research*, vol. 37, no. 1, pp. 1–11, 2003.
- [13] H. J. A. Van Palenstein Helderman, "Fluoride and dental caries in children," *International Dental Journal*, vol. 54, no. 3, pp. 155–160, 2004.
- [14] S. W. Clarkson and H. J. D. Dellinger, "Effectiveness of school-based dental health programs," *Community Dentistry and Oral Epidemiology*, vol. 32, no. 4, pp. 289–296, Aug. 2004.
- [15] E. T. Dye et al., "Trends in dental caries in U.S. children and adolescents," *Journal of Dental Research*, vol. 87, no. 2, pp. 134–140, Feb. 2008.