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TOXICOSIS OF PREGNANT

Abstract

The author examines the current problem of modern medicine related to toxicosis in pregnancy. The fact is that this pathological process is still a mystery to doctors. Several theories have been proposed, but they cannot explain the cause of toxicosis in the early and late stages of pregnancy. According to WHO statistics, up to 90 per cent of all pregnant women suffer from toxicity in the first trimester of pregnancy and about 40 per cent in the third trimester. The author of the article has formed the opinion that in the development of gestosis (toxicosis in the third trimester) it is important to actively include in the metabolic process of the embryo's urinary system. His urine does not have time to suck from the bladder and on the urethra begins to periodically flow into the uterine cavity of the mother, causing poisoning of her body. This is the reason for the sharp deterioration of her condition. Vomiting urges increase up to 10-25 times a day, and they are not associated with eating. There is a weight loss of up to 10kg. There is weakness. The heart rate increases and blood pressure decreases. The temperature rises, there is bad breath, and the woman becomes inhibited. Some of them may have impaired kidney function, and an artificial termination of pregnancy is already required. All these symptoms immediately pass after childbirth, which only confirms the fairness of the proposed version of the cause of pathology and dictates the need to develop an adequate and effective treatment for this pathological process.

Keywords: pregnancy, toxicosis, nausea, vomiting, vertigo

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Hamiləlik toksikozu

Xülasə

Müəllif hamiləlik zamanı toksikozla bağlı müasir tibbin aktual problemini araşdırır. Fakt budur ki, bu patoloji proses hələ də həkimlər üçün sirr olaraq qalır. Bir neçə nəzəriyyə təklif edilmişdir, lakin onlar hamiləliyin erkən və gec mərhələlərində toksikozun səbəbini izah edə bilmirlər. ÜST-nin statistikasına görə, bütün hamilə qadınların 90 %-ə qədər hamiləliyin birinci trimestrində, təxminən 40 %-i isə üçüncü trimestrdə toksikozdan əziyyət çəkir. Qusma gündə 10-25 dəfəyə qədər artır və yeməklə əlaqəli deyildir. 10 kq-a qədər çəki itkisi mümkündür. Zəiflik şikayətlər arasında yer alır. Ürək döyüntüsü artır və qan təzyiqi azalır. Temperatur yüksəlir, ağızdan pis qoxu gəlir. Onların bəzilərində böyrək funksiyası pozulması ola bilər və artıq hamiləliyin süni şəkildə dayandırılması tələb olunur. Bütün bu simptomlar doğuşdan dərhal sonra keçir, bu, yalnız patologiyanın səbəbinin təklif olunan versiyasının ədalətliyini təsdiqləyir və bu patoloji proses üçün adekvat və effektiv müalicənin işlənilməsi hazırlanması ehtiyacını diktə edir.

Açar sözlər: hamiləlik, toksikoz, ürəkbulanma, qusma, başgicəllənmə

Introduction

The term "Toxicosis of pregnancy" was introduced by the German obstetrician-gynecologist Wilhelm Freund and dates back to the beginning of the last century.

The term is obviously not correct, since it does not reflect the full essence of pathological processes and does not correspond to modern ideas. Some authors considered toxic substances and "improper metabolism" in the body of the pregnant woman to be the cause. Others believed that in

In the placenta or in the chorion, toxic substances are formed, the elements of which, entering the mother's bloodstream, are broken down and cause a toxic effect (Radzinsky, 2019).

It is known that during pregnancy physiologically there is an increase in the load on the liver due to an increase in the production of sex hormones in the placenta, as well as the need to neutralize products fetal life and providing it with nutrients. Under adverse conditions, it is possible to disrupt the body's compensatory capabilities, which will lead to disruption of the functioning of excretory organs or exacerbation of existing diseases of the hepatobiliary system (Kravchenko, Markovskaya, 2012).

Early toxicosis (TP), the most common disease associated with pregnancy, is one of the most common complications of the 1st trimester, which significantly impairs the quality of life of pregnant women, often leading to a decrease or loss of ability to work. This pathology manifests itself in the first half of pregnancy and is characterized by dyspeptic disorders and disorders of all types of metabolism. Early TP occurs in 50-90% of pregnant women, the frequency of severe forms is from 0.1 up to 1.8%. The need for hospitalization occurs in 14-19% of cases (Palgova, Mozgovaya, Zhestkova, Vishnevskaya, Pazenko, 2018).

There are early and late toxicosis of pregnancy, with early may begin either from the first days after conception of a new life, or at 5-6 weeks of pregnancy, and ends by 13-14 weeks. It is

observed in almost all pregnant women (1,4). This complication is explained by the toxic effects of the embryo on the mother's homeostasis, when she has not yet formed the placenta - it is formed only by 12-14 weeks. Late toxicosis (hestosis) usually begins 30 weeks from the beginning of pregnancy - in the last (third) of her trimester, and sometimes even in the middle of the second, and then it proceeds heavier. It is observed in almost half of pregnant women. There are 4 forms of gestosis - water of pregnant women, nephropathy, preeclampsia, eclampsia. When waterside, water lingers in the body with the development of swelling. In nephropathy there is swelling, high blood pressure, protein in the urine. In pre-eclampsia there is a violation of the function of the nervous system. In eclampsia there are convulsions and loss of consciousness. The cause of gestosis has not yet been determined (Svirskaya, 2010). If early toxicosis, with a certain degree of doubt, the authors explained, or neuroreflex reactions from the effects of the embryo on the endometrial of the uterus, or poisoning by toxins coming from fetal tissue, or chorionic gonadotropic hormone, or they could not explain the late toxicosis.

It was not clear why the fetus suddenly began to pose a mortal danger to the mother in the last 2-3 months of life in her body. At this time, she had pronounced symptoms of inflammation in the abdominal cavity - constant abdominal pain, increased body temperature, tachycardia, drop in blood pressure, excruciating multiple vomiting, leukocytosis, increase in fertilized water, rotten breath (Yuan, Ren, 2013: 532013). Careful analysis of this clinical picture of the disease suggested that this is not an accidental negative phenomenon, but a certain pathological process associated with the impending birth of a child. At this time, his mother begins to feel his movements, which inevitably should have led to the strengthening of his metabolic processes. This is accompanied by increased kidney and rectal function. However, if the opening has a reliable locking mechanism - in the form of internal and external sphincters, the urethra is deprived of it. Not only has that, the preponderability in the inertia of the parasympathetic nervous system, over the sympathetic, made it unstable to stretch. As a result, the fetus does not have time to suck urine from the bladder cavity and begins to flow through the urethra into the uterine cavity. This was accompanied by the development of the inflammatory process. Determining the cause of gestosis allowed to revise the algorithm of treatment.

Working as a district homeowner for 16 years, I had to constantly do an examination of patients in the department of pathology of pregnant women. The main reason for their hospitalization was toxicosis. At a young age it was particularly difficult. Attempting to combat swelling only led to increased intoxication, although diuretics were part of the standard algorithm for treating these patients. This discomfort from treatment forced not only to reconsider the tactics of treatment of these pregnant women, but also to take a fresh look at the etiopathogeny of this pathological process. These observations formed the basis of the new theory of gestosis, as was reported above. To combat swelling, instead of diuretic began to limit the intake of fluid, and intoxication was reduced due to the normalization of the stool - making it daily and voluminous. This was achieved by taking bran, vegetables and fruits. Diet therapy was purely individual, but it was forbidden to take salty and irritating food. At the same time prescribed corrective infusion therapy, fat emulsion, vitamins and sedatives.

The increase in metabolic processes during pregnancy may have an excessive effect on the stimulation of the thyroid gland, leading to further hyperplasia of its tissues (Ma, Berger, Reau, 2019).

The immune system perceives the embryo as a foreign body and begins to attack it. As a result of such a struggle, the pregnancy is either preserved or a miscarriage occurs (Perkin, Peacock, 2002).

Swelling of the extremities, high blood pressure and its jumps are often noted in the II and III trimesters (usually at 28–30 weeks). These are signs of late toxicosis. It occurs against the background of various functional abnormalities in the body of a woman. The risk group includes pregnant women with diabetes (or a hereditary tendency), cardiovascular diseases, pathologies of the kidneys and liver, obesity or overweight. This also includes pregnant women over 35 years of

age. Late toxicosis can be extremely dangerous for the health of the mother and child. Hypoxia (lack of oxygen) of the fetus, swelling of the internal organs (as a result, an increased load on them), heart attack, stroke, hypertensive crisis - conditions that lead to such a violation as preeclampsia (the correct name for late toxicosis) (Uspenskaya, Kuznetsova, Sheptulin, Goncharenko, Gerasimov, Amiraslanova, 2018).

A good history and observation of the patient allows the doctor to accurately diagnose PT and assess the severity of the pathological process. In the diagnosis of this complication of pregnancy, indicators of urine and blood tests are important (10).

The most dangerous complications of preeclampsia are preeclampsia and eclampsia. At the first, the work of the central nervous system is disrupted, the second is characterized by convulsions, fainting. Even a lethal outcome or death of a child is possible. To exclude such complications, be sure to take tests in a timely manner. Even the slightest signs of preeclampsia will show a urine test. The increased content of protein in it is an alarming sign. Therefore, you should not refuse if the doctor offers to go under observation in a hospital (Morisco, 2013).

The specialist selects the tactics of treatment taking into account the form of toxicosis - early or late.

With early toxicosis, medications are not always used. But to tell the doctor even about a slight discomfort is worth it. Our experts will help you adjust your diet, advise simple methods for relieving symptoms at home. For nervousness, anxiety, insomnia, consult your doctor about relaxation techniques for pregnant women. It is necessary to exclude these factors, as they aggravate the course of toxicosis (Lao, 2020).

Conclusion

How to manage toxicosis and relief symptoms- need to eat in small portions, fractionally, every 2-3 hours. Food should be easily digestible, high-calorie and fortified whenever possible. In connection with a decrease in appetite, they recommend varied and pleasant food for the expectant mother, that is, products are selected taking into account the desires of the pregnant woman, with the exception of spicy dishes and smoked meats. It is important to remember that very hot or very cold food often induces vomiting, so the dishes should be warm. Reception of alkaline mineral waters in small volumes 5-6 times a day is shown.

If nausea and vomiting occur in the morning, immediately after waking up, it is recommended to have breakfast while lying in bed without getting up. For breakfast, you can eat dry crackers, crackers, drink tea or water with lemon, light yogurt is allowed. It is better to put all this next to the bed in advance or ask someone to bring breakfast.

Among non-drug remedies, physiotherapy exercises have a good effect. The complex of exercises includes walking, deep breathing with stretching of the muscles of the trunk and limbs. It is necessary to exclude inclinations, they can increase nausea. The complex includes dynamic exercises for training the muscles of the arms, legs, relaxation exercises. Remedial gymnastics also includes training in breathing techniques. As a result, the body is saturated with oxygen, the excitability of the vomiting center decreases - toxicosis is relieved.

The use of plant aromas has a positive effect on the expectant mother and baby. By inhaling pleasant aromas, you can achieve a good psychological effect, create a good mood, and reduce the effects of toxicosis. During pregnancy, aroma lamps, aroma medallions, pads - sachets are mainly used. To relieve nausea and vomiting, oils of noble laurel, lemon, lavender, cardamom present, dill, lemon balm, peppermint, anise, eucalyptus, ginger are suitable. To flavor the air, you can use the following mixture 0 3 drops of lavender oil, 1 drop of peppermint oil, 1 drop of eucalyptus oil.

If the symptoms of early toxicosis are severe, then medication can be prescribed. Be prepared to go to the hospital - here specialists will be able to monitor you and the baby. If necessary, medications are used to normalize the condition: vomiting, sedatives, vitamin-containing agents. Naturally, the selection of drugs is carried out taking into account the position of the woman, they are safe for mother and baby. With late toxicosis, pregnant women are taken under stationary

supervision in most cases. It is necessary to constantly monitor the pressure, weight (this is how internal edema is detected), the level of protein in the urine of a pregnant woman. Medical treatment is aimed at removing edema and restoring organ functions. Medicines are safe, many of them are on a natural basis (homeopathic). In some cases, an unscheduled cesarean is prescribed.

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