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Xomiladorlikning erta muddatlarida qayt qilish muammolari va ularni yechish yo‘llari

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Annotatsiya

Xomiladorlikning erta muddatida kuzatiladigan ko‘ngil aynishi va qayt qilish homilador ayolning hayot sifatiga ta’sir qilibgina qolmay balki xomilaga ham salbiy ta’sir ko‘rsatadi. Homiladorlikning birinchi yarmida ko‘ngil aynishi va qusish 60-80% ayollarda kuzatilib, oxirgi hayzdan 4-7 haftalar oralig’ida kuzatila boshlaydi. Homiladorlikning 8-12 haftalar orasi esa ushbu simptomlarning eng yuqori uchrash chastotasi hisoblanadi. [12] 15-30% homiladorlar ayollarda bu simptomlar 20-gestatsion haftadan keyin ham hatto homiladorlik oxirigicha ham davom etadi.hh HKQ “ertalabki qayt qilish” deb ham ataladi, ammo 1,8% homiladorlarda ko‘ngil aynishi ertalab kuzatilib, 80% homiladorlar esa kun davomida ko‘ngil aynishi kuzatilishi aniqlangan.[17]Agar ayol davo olmasa, bu bevosita ayolning ovqatlanish odatlariga, uyqu tartibiga, kundalik faoliyatining samaradorligiga, hayot sifatiga va yaqinlari bilan munosabatlariga ta’sir ko‘rsatadi. Hyperemesis gravidarum homiladorlikda kuchli va to‘xtamas qusish bo‘lib, degidratatsiya, elektrik disbalans, jigar shikastlanishi, xomilada mumkin bo‘lgan asoratlar va o‘ta og’ir holatlarda onaning o‘limiga olib keladi. Bunday holat 1,1% ayollarda uchrab, kasalxonaga gospitalizatsiyani talab qiladi.[7] Einarson et al. o‘tkazgan meta analiz tadqiqod natijasiga ko‘ra HKQ 40% ayollarda yengil, 46% o‘rtacha og’irlikda, 14%i esa og’ir darajada o‘tadi. HG esa 1,1% ayollarda uchraydi. [18]

Kalit so‘zlar: homiladorlik, birinchi trimestr, ko‘ngil aynishi, qusish, xavf omillari, davolash uslublari, zanjabil, romashka, akupunktura, akupressura, vit B6, metoklopramid, aromaterapiya.

Abstract

Nausea and vomiting observed in the early period of pregnancy not only affects the quality of life of a pregnant woman, but also has a negative effect on the fetus. In the first half of pregnancy, nausea and vomiting are observed in 60-80% of

women and begin to be observed between 4-7 weeks after the last menstruation. The highest frequency of these symptoms is between 8-12 weeks of pregnancy.[12] In 15-30% of pregnant women, these symptoms persist beyond the 20th week of gestation and even into the end of pregnancy. PNV is also called "morning sickness", but 1.8% of pregnant women experience nausea in the morning, and 80% of pregnant women experience nausea during the day. [17] If a woman does not receive treatment, it directly affects the woman's eating habits, sleep patterns, efficiency of daily activities, quality of life and relationships with loved ones. Hyperemesis gravidarum is severe and persistent vomiting in pregnancy, leading to dehydration, electrical imbalance, liver damage, possible fetal complications and, in extreme cases, maternal death. This condition occurs in 1.1% of women and requires hospitalization. [7] Einarson et al. according to the results of the meta-analysis study, 40% of women have mild, 46% moderate, and 14% severe PVN. HG occurs in 1.1% of women. [18]

Key words: pregnancy, first trimester, nausea, vomiting, risk factors, treatment methods, ginger, chamomile, acupuncture, acupressure, vit B6, metoclopramide, aromatherapy.

HKQ Yevropa, Amerika hindlari va eskimos populyatsiyalariga qaraganda Hindiston, Pokiston, Osiyoning boshqa qismlari va Yangi Zelandiya ayollarda ko'proq uchraydi.[25]

Shu vaqtgacha homiladorlar ko'ngil aynishi va qusishining aniq etiologiyasi oxirigacha o'rganilmagan edi. Ammo Fejzo, M., Rocha 2024 yilda Nature jurnalida chop etgan natijalariga ko'ra HKQ barcha og'irlik turlari GDF15 va IGFBP7 genlari bilan bog'liq. Ulardan birinchisi transformatsiyalovchi beta o'sish faktori bo'lgan GDF gormonini kodlaydi, ikkinchisi esa insulinsimon o'sish faktorini retsoptorlari bilan bog'lanishini boshqaruvchi oqsilni kodlaydi. Ikkalasi ham yo'ldoshni birikishida, ishtaha va charqoqni regulyatsiya qiladi. 168 ta ko'ngil aynishi kuzatilgan homiladorlarda va 148 ta bunday belgi kuzatilmagan ayollarni 15-gestation haftada GDF15 miqdori aniqlanganda, birinchi guruhda natijalar ancha yuqori ko'rsatgichlar bo'lgan. [9]

HKQ/HG ning og'ir formalari ko'proq neyrogarmonal faktorlar (asosan odam xorionik gonadotropin) sababli yuzaga keladi [6]. Bundan tashqari HGga B6 (pyridoxine), vitamin B1 (tiamin), vitamin K defisiti sabab ham bo'ladi.

HKQni og’irlik darajasini aniqlash uchun PUQE shkalasi 2002 yilda ishlab chiqilgan. Ammo oxirgi tadqiqot natijalariga ko‘ra 2005 yilda ishlab chiqilgan PUQE-24 modifikatsiyalangan shkalasi HKQni og’irlik darajasini oson va ishonchli o‘lchov sifatida istiqbolli vositaligi aniqlandi.[11] Bunga ko‘ra quyidagi so‘rovnoma natijalariga qarab og’irlik darajasi aniqlanadi:

- Oxirgi 24 soat ichida siz qancha muddat ko‘ngil aynishi, oshqozon sohasida bezovtalik yoki og’irlik his qildingiz?

Bo‘lmaydi	1soat va undan kam	2-3 soat	4-6 soat	6 soatdan ko‘proq
1 ball	2 ball	3 ball	4 ball	5 ball

- Oxirgi 24 soat ichida sizda qayt qilish kuzatildimi? va necha martta?

Bo‘lmaydi	1-2 martta	3-4 martta	5-6 martta	7 va undan ko‘p martta
1 ball	2 ball	3 ball	4 ball	5 ball

- Sizda nechi martta qayt qilishga olib kelmagan undovlar kuzatildi?

Bo‘lmaydi	1-2 martta	3-4 martta	5-6 martta	7 va undan ko‘p martta
1 ball	2 ball	3 ball	4 ball	5 ball

Engil daraja < 6 ball, o‘rta og’ir daraja 7-12 ball, og’ir daraja >13 ball deb baholanadi.

HKQning og’irlik darajasini aniqlash qaysi davolash rejasini eng yaxshi ekanligini aniqlaydi. Bu kunlik ovqatlanish tartibiga ozgina tuzatish kiritishdan tortib kasalxonaga yotqizish hatto qo‘shimcha dori vositalar qabul qilishgacha bo‘lishi mumkin. [12] HKQ ni oldini olish va simptomlarini kamaytirish uchun ovqatlanish odatlariga quyidagilarni kiritish lozim deb hisoblanadi: elektrik muvozanatni va adekvat gidratsiyani saqlash uchun kuniga 2 litrdan kam bo‘lmagan

miqdorda suv ichish [8], oshqozon bo‘sh qolmasligi uchun kam-kam miqdorda tez-tez ovqatlanish har 1-2 soat oralig’ida [3], oshqozon to‘lib ketishini oldini olish(ovqat bilan suv ichmaslik, yog’li va ko‘p miqdorda ovqat yemaslik) [8], o‘tkir xidli, achchiq taomlar yemaslik [3], taomlar oralig’ida yongoq va tarkibida yuqori oqsil saqlovchi ozuqa mahsulotlarni istemol qilish [16] tarkibida temir moddasi tutuvchi prenatal vitaminlash ichishni to‘xtatish [8]. Farmokologik dori vositalar yordamida davolashning ko‘plab variantlari mavjud bo‘lib, ular orasida vitamin B6, H1-retseptor antagonistlari(difengidramin, difengidranat), dofamin bloklovchi vositalar (metoklopramid) va kortikosteroidlar mavjuddir.[5] HKQning davosida foydalaniladigan 1-qatort dori preparatlardab biri bu piridoksin-doksilamindir. Doksilamin H1-gistaminoblkator bo‘lib, vestibular sistemaga bevosita ta’sir etib, qusish markazini stimulyatsiyasini pasaytiradi.VitaminB6 (piridoksin) esa suvda eruvchi vitamin bo‘lib, aminokislota, lipid, uglevodlar almashinuvida koenzim sifatida ishtirok etadi. Bu dori vositalar kombinatsiyalangan holda qabul qilinganda, o‘rta darajali ko‘ngil aynishi va qusishni batamom davolaydi, o‘gir formalarini esa yengil formaga o‘tkazadi. [4] 2-qator tanlov preparati metoklopramid bo‘lib, markaziy va perefirik dofamino D2 retseptor blokatori bo‘lib, qusish markazini sezuvchanligin pasaytira, ammo u homilada ekstrapiramidal buzilishlarga olib kelish xavfi borligi aniqlangan.[25]

Homiladorlar kimyoviy dori preparatlarning teratogen ta’siri mavjud bo‘lganligi sababli, ularni qabul qilishni afzal ko‘rishmaydi.[16] Shu sababli, kimyoviy dori vositalar o‘rnini bosuvchi alternativ an’anaviy tibbiy mahsulotlar mashxur bo‘lib kelmoqda, ulardan eng asosiysi bu zanjabil hisoblanadi.[19] Zanjabilning asosiy ta’siri uning tarkibidagi gingerol va shagoallar ichakdagi xolenergik M3 retseptorlari va serotonergic 5-HT3 va 5- HT4 retseptorlariga ta’sir etib oshqozon ichak trakti xarakatiga yaxshilashi aniqlangan. [13] 2022 yilda o‘tkazilgan meta analiz natijalariga ko‘ra homiladorlar kuniga 1 gr zanjabil va 40 mg vitamin B6 (piridoksin) qabul qilganlar va zanjabil vitamin B6 ga qaraganda XKQni davolashda ko‘proq samaradorligi va ular orasida yuqori farq yo‘qligini aniqlandi. [14] Mohammadbeigi et al., (2011) o‘tkazgan tadqiqotida esa zanjabil va metoklopramidni HKQga effektivligini o‘rganilganda, natijalar metoklopramide va zanjabil guruhlari orasida katta farq aniqlanmagan (p=0.509). Shunday qilib, zanjabil metoklopramiddan kam effektli bo‘la olmasligini, aksincha metoclopramidga alternativ vosita sanalishi aniqlandi. [20] Yana bir boshqa

tadqiqotda Pongrojpaw et al. (2007) zanjabil va dimengidrinat HKQni davolashda bir xil samadorlikka egaligi va zanjabilning nojo‘ya ta’sirlari kamligini aniqlagan.[23] XKQ ni alternativ davosiga zanjabildan tashqari, akupunktura, akupressura va aromaterapiya ham kiradi. Jamigorn va Phupong (2007) aniqlashicha vit B6 ($p<0.001$) bilan acupressure ($p<0.001$) ko‘ngil aynish, qayt qilish simptomlarini kamayishi ikkalasi ham teng kuchga egadir.[15] Adlan et al. (2017) tadqiqotida esa Nei-guan nuqtasiga 3 kun davomida 12 soatdan bog’ich taqilganda HG bilan kasallangan bemorlarda ketonuriya, ko‘ngil aynishi, qayt qilish kamayib, kasalxonadagi davo kunlari soni qisqargan.[2] Adabiyotlar qidiruvida acupuncturaga oida 2ta tadqiqot topildi. Bulardan biri Neri et al., (2005) 88ta HG bilan kasallangan homiladorlarda akupunkturadan foydalanilganda ko‘ngil aynish va qayt qilish soni sezilarli darajada kamaygan.[22] 2020 yilda Farzaneh Safajou et al.ning 2 tomonlama yashirin va randomizasiyalangan klinik tadqiqotida limon va myata kombinatsiyali aromaterapiya HKQni yengil darajasini o‘rta og’ir darajasiga o‘tishini oldini olishi aniqladi ($p<0.001$).[24] Modares et al. tadqiqotida esa romashka oral kapsulalari HKQ simptomlarini oldini olishda zanjabilga qaraganda ko‘proq effektivligini ma’lum qilgan.($p<0.05$) [21]

Xulosa qilib aytganda, homiladorlar ko‘ngil aynishi va qayt qilishi fiziologik, ammo u homilador ayolga sog’lig’iga salbiy ta’sir ko‘rsatadi. Ko‘rib chiqilgan adabiyotlar tahliliga ko‘ra, bir qancha nofarmokologik metodlar, zanjabil, romashka, akupressura, akupunktura, aromaterapiya HKQda asosiy yoki qo‘shimcha davo vositasida qo‘llanilishi mumkindir. Kelajakdagi tadqiqotlar homiladorlar ko‘ngil aynishi va qusishini davolashda nofarmakologik eng optimal metodni aniqlashga bag’ishlanishi kerak.

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