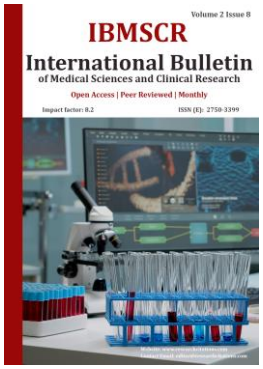

ANEMIA DISEASE IN WOMEN AND THEIR PREVENTION.

Misirova Maftuna Tukhtamish qizi
Student Termiz branch of the Tashkent Medical Academy
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Abstract: We know that anemia is very common in our country. This article talks about anemias that occur in women in various cases and their prevention.
Key words: severe anemia of pregnant women, anemia, hemorrhagic shock, ferritin protein.

Anemia or anemia is characterized by a low concentration of hemoglobin per unit volume of blood, and at the same time, it is associated with a decrease in the number of red blood cells (erythrocytes) in the human body. Anemia is secondary and is a sign of various diseases. Many diseases, infectious and parasitic etiology and precancerous conditions and the presence of cancer are accompanied by anemia. However, anemia as a primary condition causes a violation of the body's gas exchange, and as a result, chronic fatigue, drowsiness, dizziness, weakness, nervousness develop. In severe cases, anemia can lead to shock, hypotonia (lower blood pressure), coronary and pulmonary insufficiency, and hemorrhagic shock. Once anemia is diagnosed, treatment focuses on eliminating the symptoms and the underlying disease causing the anemia.

Anemia is one of the most common pathological conditions among the world's population. Among the types of anemia, several basic conditions are distinguished when classifying them according to the causes of the development of anemia:

- Iron deficiency anemia;
- Hemolytic anemia;
- Aplastic anemia;
- Sideroblastic anemia;
- B12-deficiency anemia as a result of vitamin B12 deficiency;
- Posthemorrhagic anemia;
- Sickle cell anemia and other forms.

According to experts, every fourth person on the planet suffers from iron deficiency anemia. The danger of this situation is that iron deficiency anemia has an imperceptible clinical form. Symptoms are felt when iron levels, and therefore hemoglobin levels, drop to very low levels.

Among adults, the following categories of people may be at higher risk of developing anemia:

- Those who adhere to the principles of vegetarian food;
- Those who regularly lose blood, for example, due to physiological reasons (blood loss in women as a result of menstruation), due to diseases (internal bleeding, the last stages of hemorrhoids, etc.) and constant donation of blood and plasma by donors;
- Pregnant and lactating women;
- Professional athletes;
- Patients with chronic or acute forms of certain diseases;
- Food-deficient or food-limited categories of the population.

Iron deficiency anemia, the most common form of anemia, is caused by a lack of iron and can be caused by one of the following factors:

• Inadequate intake of micronutrient iron with food;

• High need for iron according to conditions and individual characteristics (developmental pathologies, impotence, development of diseases, pregnancy, breastfeeding, labor activity, etc.);

• Strong loss of iron.

Mild forms of anemia can usually be treated by adjusting the diet, taking vitamin-mineral complexes, and iron-sparing drugs. Moderate and severe anemia requires specialist advice and an appropriate course of treatment.

Anemia in women is diagnosed when the hemoglobin in the blood is below 120 g / l (110 g / l during pregnancy). Physiologically, women are more prone to anemia.

It causes the female body to lose erythrocytes during monthly bleeding. The average amount of blood lost during menstruation is 40-50 ml, but with heavy menstruation, this amount can be 100 ml or more for 5-7 days. Multiple such blood losses are likely to cause anemia.

Among women, another common (20% of women) form of latent infertility occurs when the concentration of the protein ferritin decreases. This protein has the function of accumulating iron in the blood and releasing iron when the hemoglobin level decreases.

DEFICIENCY IN PREGNANT WOMEN

Anemia in pregnant women is caused by various factors. The developing fetus receives the necessary substances for its growth from the mother's blood, including iron, vitamin B12, and folic acid, which are necessary for the synthesis of hemoglobin. Lack of vitamins and minerals in food, chronic diseases (hepatitis, pyelonephritis), severe toxicosis in the first three months of pregnancy, and the presence of several fetuses can cause anemia in the expectant mother.

Physiological anemia in pregnant women develops due to hydremia, that is, liquefaction of blood: in the second half of pregnancy, the liquid part of blood increases, which naturally leads to a decrease in erythrocytes and the iron they carry. This condition is considered normal, if the hemoglobin level is not below 110 g / l, there are no signs of vitamin and trace element deficiency; this condition does not mean pathological anemia and will pass in a short time.

Severe anemia in pregnant women causes risks such as miscarriage, premature birth, toxicosis in the third trimester, difficulties in childbirth and anemia of the newborn.

Symptoms of anemia in pregnant women include the general clinical manifestations of anemia (fatigue, drowsiness, irritability, nausea, dizziness, dry skin, brittle hair) and changes in the desire for smell and taste (chalky, cut, raw (wanting to eat food, to smell pungent substances).

Mild anemia of pregnant and lactating women recovers after childbirth and breastfeeding. However, in the case of repeated pregnancies, which are observed shortly after, the body does not have time to restore its strength, and the anemia is more severe and severe, especially if this time interval is less than 2 years. The optimal period of recovery of a woman's body after childbirth is 3-4 years.

ANEMIA DURING BREASTFEEDING

According to a study conducted by experts, lactational anemia is often diagnosed in the severe stages of the disease. The development of anemia occurs due to blood loss during childbirth and hypoallergenic diet. The production of breast milk by itself does not cause anemia, but the exclusion of some important products from the diet, such as legumes (so that the child does

not have a stomachache), meat and dairy products (to prevent allergic reactions in the child) taking) significantly increases the likelihood of developing anemia. The reason for the late diagnosis of postpartum anemia is that mothers pay more attention to the child without paying attention to their own health, especially young mothers. The baby's health is more of a concern than the mother's own health, and the symptoms of anemia—dizziness, fatigue, drowsiness, loss of concentration, pale skin—are often caused by the fatigue associated with caring for the baby. is accepted.

Another common cause of iron deficiency anemia in nursing mothers is the misconception that iron supplements can pass into breast milk and have adverse effects on the baby's gastrointestinal system. This condition has not been confirmed by experts, and when iron deficiency anemia is diagnosed, the intake of medicines, vitamins and minerals prescribed by the doctor should not be postponed.

ANEMIA OF CLIMAX PERIOD

Anemia during women's menopause is a very common condition. Chronic anemia may develop as a result of hormonal changes, menstruation, pregnancy, childbirth, various dysfunctional conditions, and surgical procedures, and they may increase in the background of climax.

Eating restrictions, unbalanced diets, and the use of various drugs for weight loss also lead to anemia before and during the climax. Symptoms such as mood swings, fatigue, irritability, and dizziness are often considered climactic symptoms and the possibility of anemia is ignored, which leads to a delay in diagnosis.

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