



---

## Nephropathia Pregnant

Yo. G. Muydinova

Lecturer at the Department of Life Safety, Fergana State University

**Abstract** Nephropathy of pregnancy in the body accumulate fluid (edema) in which the capillaries are losing properties of detention of the fluid, resulting in easy absorption of all the liquid in the tissue. Nephropathia is dangerously for feminine health.

**Keywords** Nephropathia, praeclampsia, eclampsia, condition, fruit, water, hypertension, become pregnant, urine, treatment.

---

### Introduction

Information about gynecological diseases can be found in the Avesto, as well as in manuscripts found in India, Egypt and Greece. The great thinker Abu Ali ibn Sino, the ancestor of medical science, in his book "Laws of Medicine" in 1012-1013, thinks about some types of gynecological diseases. The famous 16th century scholar, Babur's original physician Yusuf, wrote about women's diseases, their course and treatment in his book "Medical Yusuf" [1, 4].

Nephropathy (nephropathy) Pregnancy nephropathy is usually after an accident (accumulation of fluid in the body) in which the capillaries lose their ability to retain water, so the fluid is easily absorbed into the tissues. If a woman prevents seizures and does not follow the rules of timely treatment table, diet, rest and work, the seizure progresses to nephropathy. In nephropathy (nephropathia gravidarum), other additional symptoms begin to appear due to the increase in swelling in the body, impaired salt, water and protein metabolism in the body.

There are 3 stages of nephropathy; in the first stage - the appearance of tumors in the body, in the second stage - an increase in blood pressure, in the third stage - the appearance of protein in the urine. The amount of protein in the urine is 3g / l. In nephropathy, more kidney function is impaired. In this disease, the kidney is not inflamed but there are degenerative changes in its tissue. Termination of pregnancy, premature birth and other conditions are observed. Later, the symptoms of nephropathy disappear one by one. The patient urinates less due to the accumulation of fluid in the body. Thus, one of the main symptoms of nephropathy is swelling, increased blood pressure, and the appearance of protein in the urine. Normally there should be no protein in the urine. There is so much protein in the patient's urine that it thickens when boiled. This method can be used to determine the presence of protein in the urine (in non-laboratory locations). Neuropathy is characterized by premature birth, premature ejaculation of the placenta, heavy bleeding in the first hours after birth. Even if the pregnancy lasts until the end, the baby is born small and frail. In addition, fetal asphyxia (suffocation in the mother's womb) can sometimes lead to her death.

As soon as a woman shows the first signs of nephropathy, she should be hospitalized immediately. Some women refuse to stay in the hospital despite being diagnosed with nephropathy, citing various reasons (loneliness and neglect of their children, loneliness at home, etc.). It is important to explain to such women that their lives are in danger and that immediate medical attention should be sought.



Pregnant women with nephropathy should follow appropriate rules. A woman's diet should be unsalted and she should drink less water. Cottage cheese can be eaten from 100 grams of boiled meat 1-2 times a day. It is useful for foods, vegetables, raw fruits, which have cervitamin A, C, and B groups. Intravenous administration of magnesium sulfate solution 4 times a day every 6 hours, 25-30 ml of 40% glucose solution to ascorbic acid, anti-inflammatory diuretics hypothiazide, mannitol, or lasix, anti-vomiting cerucal, sedative valerian tincture and aminazine has a hypotensive effect and is prescribed to lower blood pressure as well as other treatments. Placing the patient in a separate ward, creating a peaceful environment and carrying out physiological procedures gives effective results. He should not sit long in the evenings, sleep soundly at night, and sleep at least 2 hours during the day. If nephropathy is not prevented in time, it can easily progress to preeclampsia [3].

Preeclampsia (praeclampsia) is characterized by edema, increased blood pressure, and protein in the urine, as in nephropathy, but these symptoms are more pronounced than in nephropathy.

Blood pressure rises higher, protein in the urine increases, and in some cases can reach 2-3 g / l. The tumor covers the entire body. In addition, the patient has a severe headache, especially with increased pain in the forehead. Pain in the sternum is also characteristic of preeclampsia. The patient complains of dizziness, as if mosquitoes are flying in front of his eyes [2].

Treatment. Immediate hospitalization of the patient, constant supervision, and not leaving him alone, providing peace and quiet, will help the patient to improve his condition slightly. On the first day, the patient is given only a small amount of fruit juice (300-400 ml per day) or fruit (500-800 g); other foods are not recommended. Intravenous glucose (40% solution 30-40ml 2 times a day). The main function of glucose is to reduce intracranial blood pressure in the brain, improve muscle and heart nutrition, normalize blood circulation in the capillaries, increase anti-tumor diuresis and sedatives are prescribed.

If treatment is used in time, preeclampsia can be relieved.

the patient may return to a state of nephropathy. Such patients should only be treated in a hospital setting [3].

Eclampsia (eclampsia) is the latest severe type of toxicosis to occur in the second half of pregnancy. Eclampsia is a Greek word meaning "thirst", "inflammation".

Eclampsia begins with an involuntary seizure. In some cases, it can even start without any symptoms. Seizures can occur several days before or during childbirth. Eclampsia is most often seen in women who give birth for the first time. Eclampsia is more common in winter and early spring because of the lack of vitamins during this period. Headache before the onset of the disease, followed by seizures, insomnia, high blood pressure, muscle and limb muscle spasms, spinal curvature, and the patient's face becomes pale. The jaws are tightly closed, the eyes seem to be fixed at one point, the pupils dilated, drawn under the upper eyelid, and only the whites of the eyes are visible between the open eyelids. Tears flow from the eyes, the patient can not breathe during this period, the pulse becomes indistinguishable.

Often there is asphyxia (shortness of breath) and bleeding into the brain. This is called a tonic convulsion. Then begins clonic seizures, which are the last period of eclampsia. This condition lasts for 30 seconds. Then the seizure gradually subsides, the patient begins to wheeze, foaming at the mouth. Sometimes the foam is a mixture of blood, which is because the patient has bitten the tongue. The patient slowly calms down and begins to breathe slowly. Sometimes a seizure can last from 30 seconds to 1.5 minutes.

In some cases, eclampsia goes unnoticed, with high blood pressure. In severe cases, vital signs such as hemorrhage, pneumonia, nephritis, sepsis, and psychosis can occur. The more urine a woman starts urinating during eclampsia, the easier the disease will be and the attacks will stop.

Therefore, a pregnant woman should visit a doctor frequently and take the necessary advice. The more a woman cares about her health, the more a child will be born without any somatic diseases or defects. It should not be forgotten that this is the main duty of the aya and the people around it to society. Caring for a pregnant woman is the duty of each of us [2].

## References

- [1]. Ziyaeva M.F., Mavlonova G.X. Textbook for students of medical college "Gynecology", Tashkent 2008
- [2]. Ibroximova M.Sh., Abdullaeva Z.Q. What are pregnancy toxicosis, Tashkent 1981



- [3]. M.A. Abdurakhmonov, M.A. Abdullaeva. Dynamics of immune status indicators in patients with nonspecific aortoarteritis during combination therapy. Medical news. - Minsk, 2012. - No. 7 (214). - P. 78-80
- [4]. Bodyajina V.I. "Obstetrics" for uhashchixsya meditsinskix uchilishch Moscow: Meditsina, 1985.

