

ANALYSIS OF TREATMENTS FOR GYNECOLOGICAL DISEASES IN WOMEN OF REPRODUCTIVE AGE

Qayumov X.N., Tuksanova Z.I.¹

¹Bukhara State Medical Institute, Uzbekistan

Abstract: The article analyzes the structure of inpatient treatment of women of reproductive age with gynecological diseases. Reasons for treatment in the analysis are related to women's age, place of residence, information, diagnosis of diseases, conservative and physiotherapeutic treatments, methods of examination, expert advice, folk remedies recommended by doctors in the treatment of these diseases, duration, results and cost of treatment described.

Keywords: women of reproductive age, gynecological diseases, methods of examination, treatments, methods of folk medicine

The health of women of reproductive age is a factor shaping the health of the next generation of the population. Reducing the mortality rate of women with preventable deaths, diseases that reduce reproductive activity, as well as encouraging them to lead a healthy lifestyle are among the urgent tasks in strengthening the country's demographic potential.

Specific indicators characterizing the health of women of reproductive age are included in the system of parameters of reproductive health of the population (Shabunova, Kalachikova, 2009; Kalachikova, Shabunova, 2016). The health status of the mother is directly related to the number of successfully completed pregnancies, if the woman does not have chronic diseases, the chances of pregnancy progress and normalization of the birth process are high, the birth of healthy children is high [1]. Sociological research has also confirmed an integral link between

the health of women and their children [2]. The impact of a number of medical, behavioral and social factors on women's reproductive health has been confirmed in medical and social studies.

At present, the problem of quality control and provision of gynecological services has not been fully resolved. Although there are certain criteria used in practice, there are no clear approaches to assessing the quality of gynecological care. The use of preventive and curative methods of folk medicine in the treatment of gynecological diseases, especially women, has not yet been studied, and criteria have not been developed [3.4.5.6]. This situation motivated our research in defining its goals and objectives.

The purpose of the study. Study of the use of folk remedies in the inpatient treatment of gynecological diseases of women of reproductive age.

Materials and methods. In accordance with the purpose of the study, we developed a special questionnaire to study the status of the recommendation of folk remedies in the inpatient treatment of gynecological diseases in women of childbearing age. The questionnaire included their age, place of residence, marital status, profession, nationality, education, diagnosis of diseases, conservative and physiotherapeutic treatments, methods of examination, expert advice, methods of folk medicine recommended by doctors in the treatment of these diseases, duration of treatment, results and questions aimed at obtaining information about the value. Data were studied in the gynecology department of the Bukhara regional maternity hospital by random selection of women of reproductive age who had been treated for the last three years.

Results and their analysis. We analyzed the medical histories of 277 women of reproductive age treated in the gynecology department of the Bukhara regional maternity hospital. 0.7% of them are under 19 years old, 18.4% are 20-24 years old, 18.1% are 25-29 years old, 13.0% are 30-34 years old, 13.4% are 35-39 years old, 14.4% are 40-44 years old, 22.0% are women aged 45-49 years. Of the women of reproductive age studied, 37,6% were urban and 61,4% were rural. All women are married, 59.3% of them are housewives, 23.7% are teachers, 3.4% are entrepreneurs, 8.5% are health workers, 3.4% are students and 1.7% are accountants. 45,1% of women have secondary education, 44,1% have secondary special education and 10,8% have higher education.

In women of different ages, the composition of treatment in the gynecology department differed, and those under 19 years of age were treated only with an increase in hematocolpos (Table-1). 20-24 year olds with most ovarian cysts and chronic adnexitis, 25-29 year olds with

chronic adnexitis, interstitial hernia and ovarian cyst, 30-34 year olds with more interstitial hernia, chronic adnexitis and uterine fibroids, 35-39 year olds both were treated with interstitial hernia pus and uterine fibroids, and 40-44 and 45-49 year olds were treated with uterine fibroids and vaginal wall collapse. Interstitial rupture is most common in middle-aged women (25-39 years), which can be explained by the high birth rate in women of this age. Ovarian cysts and chronic adnexitis are more common in women aged 20-29 years. Uterine fibroids and vaginal wall collapse are higher in women aged 40-49 years.

Table 1

Composition of causes of treatment in the gynecology department of women of different ages, %

№	Reason for treatment	Women's age, year						
		19гача	20-24	25-29	30-34	35-39	40-44	45-49
1	Growth of hematocolpos	100,0	-	-	-	-	-	-
2	Interstitial area old torn pus	-	13.33	26.0	32.0	31.2	13.0	9.8
3	Ovarian cyst	-	23.3	16.0	-	9.4	10.6	5.0
4	Chronic adnexitis	-	23.32	29.0	16.0	9.4	8.0	3.3
5	Postpartum condition	-	3.33	-	-	3.13	-	-
6	Elbugoz	-	6.7	3.2	-	-	2.7	-
7	Post-contour situation	-	6.7	-	-	-	-	-
8	Abdominal IUD	-	3.33	-	-	-	-	-
9	Endometrial anterior and	-	3.33	-	-	-	-	-

	posterior wall rupture							
10	The situation after Keserova's amputation	-	6.7	-	-	-	-	-
11	Dysfunctional uterine bleeding	-	3.33	6.4 -	-	-	-	-
12	Bartolin gland cyst	-	3.3	12.9	4.0	6.25	-	1.6
13	Uterine fibroids	-	3.33	-	20.0	25.0	42.1	65.6
14	Voluntary surgical sterilization	-	-	3.3	8.0	6.3	2.6	-
15	Vaginal cyst	-	-	3.2	-	-	-	-
16	Extrauterine pregnancy	-	-	-	4.0	3.12	2.6	-
17	Infertility	-	-	-	4.0	-	-	-
18	Cervical polyp	-	-	-	8.0	-	-	-
19	Vaginal wall collapse	-	-	-	4.0	-	15.8	13.1
20	Metroragy	-	-	-	-	3.1	-	-
21	Dermoid cyst	-	-	-	-	3.1	2.6	-
22	Complete collapse of the uterus	-	-	-	-	-	-	1.6
Total		100,0	100,0	100,0	100,0	100,0	100,0	100,0

Source: Own study

Most women were prescribed various types of conservative treatment after examination, examination, and consultation (30.3%), while surgical treatment was performed in 69.7% of cases. Antibiotics were prescribed in 96.8% of cases, anti-inflammatory drugs in 89.5%, cleansing enemas in 32.1% of cases, vaginal sanitation in 2.9% of cases, hormonal drugs in 16.6% of cases, and drugs with a general strengthening effect in 12.4% of cases.

Conservative treatment was performed in a minimum of 45-49-year-old women (6.6%) and a maximum of 20-24-year-olds (60.0%). Surgical treatment reversed this, with 93.4% of women aged 45-49, 81.6% aged 40-44, 78.1% aged 35-39, 64.0% aged 30-34, 41.0% aged 25-29, and 40.0% aged 20-24%. The operation was performed mainly in patients with ovarian cysts, rupture of the interstitial space, uterine fibroids, vaginal discharge. Uterine fibroids often lead to surgical treatment of women of reproductive age. Recently, the diagnosis of uterine fibroids has been increasing in women who are sexually active and planning a pregnancy, as well as in pregnant women. Myomectomy is often chosen when planning surgical treatment in this group of patients.

The adverse effects of extragenital diseases on the health of the unborn child during pregnancy have been proven in many studies. In the gynecology department, pregnant women were mainly treated for the following diseases: risk of miscarriage (31.15%), anemia (32.5%), ARVI (18.7%), uterine scarring (5.0%), pregnancy cholestasis (3.75%), urinary tract infection (5.0%), pyelonephritis, bronchitis, ectopic pregnancy (from 1.25%), 37.3% of women reported 2-3 diseases.

At the hospital, women were very actively examined using laboratory and instrumental methods. The average number of laboratory tests is 3.2 ± 0.5 (Table 2). The average number of instrumental examinations was 0.87 ± 0.27 and did not vary in different age groups, ranging from 0 to 2.0 in different diseases.

Table 2

Methods of laboratory and instrumental examination of extragenital diseases during pregnancy (M±m)

№	Diagnosis	Laboratory tests	Instrumental inspections
1	Risk of miscarriage	3.5±0.41	0.7±0.18
2	Anemia	4.2±0.4	0.8±0.17
3	Acute respiratory virus infection	3.7±0.5	0.7±0.22
4	Uterine scar	4.0±1.0	1.0±0.5
5	Pregnancy cholestasis	3.5±1.3	1.0±0.5
6	Pyelonephritis	2.0±1.41	1.0±1.0
7	Urinary tract infection	2.5±0.8	0.3±0.27
8	Bronchitis	4.0±2.0	-
9	Extrauterine pregnancy	4.0±2.0	1.0±1.0

Source: own study

In all treated women, a general blood test was performed, 98.3% had a general urine test, 61.0% had a biochemical blood test, and 69.4% had a clean swab. One-third of the women underwent ultrasound examination (Table 3).

Table 3

Percentage of examinations performed in extragenital diseases during pregnancy

№	Diseases	Types of checking						
		ECG	Ultrasound	General blood analysis	General urine analysis	Blood chemistry	Smear analysis	Other
1	Risk of miscarriage	4.3	56.5	100.0	95.8	62.5	66.7	20.8

2	Anemia	3.9	3.9	100.0	100.0	65.4	84.6	23.1
3	Acute respiratory virus infection	6.3	56.3	100.0	93.7	75.0	62.5	37.5
4	Urinary tract infection	-	50.0	100.0	100.0	25.0	50.0	25.0
5	Pregnancy cholestasis	33.3	100.	100.0	100.0	66.6	66.6	33.3
6	Others	-	57.1	100.0	100.0	71.4	85.7	42.8
Total		7.9	62.9	100.0	98.3	61.0	69.4	30.4

Source: Own study

The average duration of treatment of women treated in the gynecological department is 5.45 ± 0.09 days. 18.8% of women were treated for 2-3 days, 65.1% for 4-5 days, and 16.1% for 6-7 days. The longest period of treatment is 6-7 days, this rate increases with age and reaches a high level in women aged 30-34 years - 32.0%, then has a tendency to decrease again (15.0% in 35-39 years, 10.0% in 40-44 years, 45-21.3% of 49-year-olds).

Conclusion. There is no information in the medical history of physiotherapeutic treatments in women treated in the gynecological department. However, in the treatment of gynecological diseases, none of the methods of folk medicine is recommended to any patient. This shows that obstetricians do not use folk remedies at all in the treatment of gynecological diseases, they have no skills in this area. However, in many foreign countries in the treatment of gynecological diseases are used effectively various methods of folk medicine (phytotherapy, acupuncture, etc.) [4]. To solve this problem, it is necessary to improve the skills of obstetricians and gynecologists in the field of folk medicine, the use of prophylactic methods.

References

1. Breusov A.V., Konovalov O.E., Kharitonov A.K., Kharchenko V.V., Breusov R.A. Sotsialno-demograficheskaya characteristics and sostoyanie zdorovya zhenrovchin fertnogo vozrasta Moskovskoy oblasti. Saratovskiy nauchno-meditsinskiy zhurnal, 2019, 15 (1), P.72-77.
2. Kalachikova O.N., Shabunova A.A. Reproductive health and behavioral factors of ego formation (on materialax sotsiologicheskogo issledovaniya in Vologda region). Problems of development territory, 2016, 1 (81), P.115-129.
3. Qayumov X.N. Integration of folk and complementary medicine into the health care system, a new day in medicine. 4 (32) 2020y. P.522-524.
4. Qayumov X.N. Prospects for the development of folk medicine//A new day in medicine. 2 (30) 2020y. P.134-136.
5. Qayumov X.N., Ergasheva N.O. The state of application of folk remedies in the primary care of the health care system. Narodnaya meditsina: proshloe i budushchee. Materials of the International Scientific-Practical Conference, Fergana-2021.
6. Qayumov X.N., Tuksanova Z.I. The role of folk remedies in the health system. A New Day in Medicine, 2 (34/3) 2021, P.166-168.