


A child's christmas in wales questions and answers

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Q:194; 194; What causes endometriosis?A:194; The most widely accepted cause of the disease is retrograde menstruation. This means tissue from the uterine lining, called endometrial tissue, which flows back through a woman’s fallopian tubes while she is menstruating. The tissue gets trapped and cannot leave the body as the rest of the endometrial lining does during menstruation. However, no matter where it is located in the body, endometrial tissue still responds to hormonal stimulation every month. Endometriosis can become inflamed, bleeding and develop into scar tissue. When implants are attached to the organs of the pelvic and abdominal cavity they can cause severe pain, infertility and other problems. There are other theories about what causes endometriosis, including a poor immune system response, hormonal imbalances or environmental causes. Experts have also found clear evidence to suggest a genetic link to the disease.Q:194; 194; How does endometriosis feel?A:194; 194; 160; Pain in the pelvic region is the most common symptom of the disease. Although some women with endometriosis have no symptoms. The degree of pain varies from very mild to severe pain which can make it impossible for a woman to live her normal life. Some women describe the pain as sharp and burnt. It can last all month, but it is usually worse during menstruation, with deep penetration during sex, or with bowel movements. Some women say there’s no pain. Other symptoms may include:abnormal menstrual bleeding menstrual pain spelling cramps other than menstrual pain chewing cramps during or after sexual penetration painful bowel movements with exessorceptful pelvic exesexutive executive executive executive executive executive Anation Q:194; A: How can I be sure to be correctly diagnosed if the pain associated with the disease can often be confused with other medical problems?A:194; A: If laparoscopy is not performed, sometimes your health care provider will prescribe hormonal treatments assuming endometriosis exists. If there is a response and a diminished pain, there is an assumption that endometriosis is actually the cause of the pain. However, endometriosis cannot be definitively diagnosed without laparoscopy and biopsy. The American College of Obstetricians and Gynecologs (ACOG) recommends a peritoneal (tissue) biopsy to confirm the presence of endometrial lesions.Q:194; 160; 160; 160; Can I get pregnant if I have endometriosis?A:194; 160; 194Yes, yes can. Almost all women who have endometriosis are fertile, and there are many women who have the disease and continue to have children. Endometriosis, unless it blocks the fallopian tubes, is not generally considered an absolute barrier to contraception.Q:194; 160; Is there any way to prevent Researchers cannot say with certainty what causes some women to have the disease while other women do not. Only ten percent per cent of all women in their reproductive years suffer from endometriosis. endometriosis. Most common medical therapies for endometriosis are hormonal contraceptives and other hormonal regimes, such as GnRH agonists (pharmaceuticals that release gonadotropin), which control the hormonal stimulation of endometrial tissue. Danazol, a synthetic androgen, is also used, but can cause some side effects, including weight gain, hirsutism (hair growth) and lowering of the voice. Surgical treatments range from the removal of endometrial implants by laparoscopy to the removal of uterus and ovaries. Q:194; How do I know what is the best treatment option for my endometriosis case? above all because comparative studies have not been conducted to determine which approach is better. There are pros and cons for all treatment options. Up to 90% of women with disease will be helped by medical therapies. Oral contraceptives can be used indefinitely to manage symptoms. The aim of surgery is to remove endometriosis, restore normal anatomical tissue relationship, and remove any scar tissue caused by the condition. Most women chose laparoscopy if they decide to go to surgery. Many women try to avoid hysterectomy if they can, since it is a radical procedure that will leave them sterile, without any guarantee that their endometriosis will be gone forever. Due to the risks associated with surgery, the usual course of treatment is to switch from less invasive or risky to more invasive treatment. This means that medical treatment is most often attempted before. If no success occurs after several studies of different types of drugs, laparoscopy can be recommended with isterectomy as a last resort for most women depending on their age and desire to preserve fertility. Correct answer: Continue with the latest daily buzz with the BuzzFeed Daily newsletter! Folic acid is a vitamin to B. If a woman gets enough folic acid before and during early pregnancy, it can help prevent neural tube defects (main baby's defects 12;s brain or spine). Women need 400 micrograms of folic acid every day. Women can get folic acid by taking a vitamin to with 400 micrograms of folic acid in it or eating food that is fortified with folic acid (such as some cereal for breakfast and foods made with flour enriched with vitamins). The neurological defects of the tube are severe birth defects of the brain and spine. They develop very early in pregnancy when the neural tube, which becomes the brain and the spine, does not close properly. Folic acid is necessary for the neural tube to be closed properly. Start taking folic acid after the time othat the neural tube should be closed (after six weeks of pregnancy) will not prevent the defects of the neural tube. The two most common defects of the neural tube are spina bifida (affecting the spine) and anencephaly (affecting the brain). CDC urges all women able to get pregnant to take 400 micrograms of folic acid every day to help neural tube defects (main birth defects of the baby's brain or spine). The terms A6AAAAAAA are often used interchangeably. However, folate is a general term used to describe vitamin B9 which has different forms. These include: folic acid, dihydrofolate (DHF), tetrahydrofolate (THF), 546A{AA methyenetetrahydrofolate (546AAA{---(-O); methyltetrahydrofolate (5-MTHF) [1]. Folic acid is the synthetic (artificial) form used in vitamin supplements and fortified foods such as rice, pasta, bread, and some breakfast cereals. Folic acid has been shown to be effective in preventing neural tube defects in many scientific studies and in countries around the world [2-6]. Folate is found in foods such as leafy green vegetables, citrus fruits and beans. Women should eat a balanced diet of food rich in natural folate. However, it is very difficult for most women to get the recommended daily amount of folate through food alone [7]. The effectiveness of supplements containing some form of folate other than folic acid (such as 5-MTHF, or labelled as “~~”) in preventing neural tube defects has not been studied. People in food are easily broken by heat and light. Folic acid is the most heat-stable form of vitamin B9 and is therefore more suitable for food fortification as many fortified products, such as bread, are cooked [8]. Folic acid has been shown to be effective in preventing neural tube defects in randomised control tests, community intervention programmes and food fortification programmes. [2-6] Folic acid is readily absorbed into the body and studies have shown that it can increase blood folate concentrations in the whole population (including those with the MTHFR TT variant – see below for more information) [9, 10]. Blood folate concentration is the amount of folate measured in the blood. When a woman gets folic acid from food or supplements, her blood folate level increases. When the level of folate in the blood is too low, there may be medical problems. Very low levels of folate in the blood can cause a form of anemia called megaloblastic anemia. Having enough folate in the blood can help improve a woman’s health and reduce the risk of getting pregnant with a neural tube defect [11]. Once a woman starts taking 400 micrograms of folic acid every day it may take several months to reach a blood folate concentration high enough to help prevent neural tube defects. The amount of dietary folic acid and/or folate in the duration of consumption before pregnancy are the most important factors in achieving a healthy high enough blood folate to help prevent neural defects in the tube. Yes! All women, including those with MTHFR TT or CT genotype, can benefit from 400 micrograms of folic acid daily, especially before and during early pregnancy. MTHFR (methyltetrahydrofolate reductase) is an enzyme that plays a role in the process of people people A common variant of the MTHFR enzyme (also known as MTHFR TT or CT genotypes) determines the speed at which some people can process folate. Although women with MTHFR TT or slow-acting CT genotype may increase their blood concentrations of folate sufficiently to prevent neural tube defects by taking the recommended daily dose (400 micrograms) of folic acid [11]. Research studies have shown that in populations with high levels of MTHFR TT or CT genotype, taking 400 micrograms of folic acid the day before and during early pregnancy may reduce the risk of neural tube defects up to 85% [5, 11]. Many studies have shown that folic acid consumption increases folate concentrations in the blood. For example, a study showed that after three months of intake of 400 micrograms of folic acid, blood concentrations of folate increase beyond 250% in women with MTFHR TT [9]. Crider, K.S., L.B. 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