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THE USE OF VITAMIN C IN PREGNANCY IN PARTICULAR IN THE PREVENTION Of JAUNDICE

In the development of therapy in recent years, it is undoubtedly a prominent place in time that belongs to vitamins like protein. You may well say, to life as well - In a short span of time they went from experimental to real therapeutics actually passing the inherent limitations of science to invade the broad areas of clinical and physiology.

Among the vitamins that have shown to test well independently as a therapeutic protocol "ascorbic acid” merits particular attention. Which state pregnancy increases the daily requirement - that we ourselves wanted to use criteria with systematic observation during pregnancy, based on the reports of those who are interested in the topic and the results in our private practice.

We chose a group of 89 pregnant women whom we observed during the first trimester of pregnancy. They were given 1 gr. Vit C (\*) per os, every other day for sixth months

(\*) Cebion gr. 0.500 (Bracco), offered by the company.

Infant Jaundice - absent in 61 cases

                                    - 24 mild cases (1 premature)

                                    - 3 cases marked

                                    - not ascertained cases 1

The physiological jaundice of the newborn, which is reported in 80-85% of cases (Anselmino and hoffmann: Ylppo: Fujimore) and was, therefore observed to a more or less degree, only 27.5%

INTERPRETATION OF RESULTS

There are two basic theories pathogenetic infant jaundice: and that of antigens Early research on this subject (Ylppo) concludes an abnormal bilirubin in the newborn, the presence of a failure of the liver, which continues - at birth - in it’s functional fetal state. Therefore whole blood bile pigment remains high until the liver has reached its functional maturity. Hirsch speaks of a “physiological jaundice disposition”

true with every newborn. According to Schiff and Farber question of increased bilirubin, resulting to hyperhemolysis, both of increased bilirubin, resulting to hyperhemolysis, is a relative inability of the liver of the newborn to repair, process, and secrete bilirubin. The hyperhemolysis, in turn, stems (Anselmino and Hoffmann) by "increased oxygenation of the blood, which occurs - at birth - with the respiration.

The research Mannherz and Coll - through the determination of bilirubin in the blood of the umbilical cord, venous blood, and tissue fluid in infants, as well as through the determination of capillary resistance - led to the conclusion that the theories pathogens and hematogenous in the pathogenesis of the jaundice infant are not sufficient as a satisfactory interpretation of the phenomenon.

The state of the capillaries first days of life, in fact, would play a significant role. Now therefore, influencing the treatment with ascorbic acid favors capillary resistance, which leads to a decreased incidence of infant jaundice- notable that this validates a decrease in serum bilirubin.

According to the latest views, ascorbic acid would act more directly, in the sense of eliminating the state of functional inability of hepatocytes, because certain (Bowden et Coll) physiological jaundice of newborn babies.

CONCLUSIONS

The brief clinical note is intended to confirm the undisputed therapeutic action of ascorbic acid used in large doses in pregnancy. In particular, it highlights the possibility of preventing - with such therapy - the incidence of infant jaundice, which is reminiscent of the main reasons pathogenic.