

Bölüm 20

ALKOL VE NİKOTİNİN BULANTI-KUSMA İLİŞKİSİ

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GİRİŞ

Bulanti, genellikle kusma dürtüsü ile ilişkili hastalık hissi olarak tanımlanır. Kusma ise gastrointestinal içeriğin zorla oral olarak atılmasıdır. Bulanti ve kusma solunum, dolaşım, sinir ve sindirim sistemlerinin koordinasyonunu gerektiren karmaşık mekanizmaya sahip bir refleks motor tepkisidir. Bu iki semptom vücudu, alınan toksinlerin emilimine karşı korumak için doğal bir savunma mekanizmasının bileşenleridir. Ancak, bu savunma tepkisi her zaman uygun şekilde tetiklenmez (1). Bu semptomlar emetojenik cevap ve uyanarlardan etkilenir ve semptomlar sıklıkla tekrarlandığında, yaşam kalitesini önemli ölçüde azaltabilir, sağlığa zararlı olabilir (2).

Bulanti ve kusma hastalık olmamakla birlikte yiyecek zehirlenmesi, aşırı yeme, barsak tıkanıklığı, migren, hareket hastalığı veya deniz tutması, hamilelik sırasında sabah bulantısı, ameliyat sonrası faktörler, mide tahrişi gibi durumların belirteleridir (2). Ancak, bu belirtiler zaman zaman apandisit, kalp krizi, böbrek veya karaciğer bozuklukları, beyin hasarı gibi daha ciddi hastalıklardan (2) ya da kanser kemoterapisi, radyoterapi, santral sinir sistemi (SSS) aktivasyonu, narkotikler, antiparkinson ve gastrointestinal sistem ilaçlarının yan etkilerinden dolayı ortaya çıkabilir (3). Bununla birlikte alkol ve nikotin kullanımı bulanti ve kusmada rol oynayan bu faktör ve mekanizmaları etkileyebilir.

Kusma refleksi oldukça karmaşık olmasına rağmen, emetojenik uyarıcıların SSS'ne iletilmesi (4) ve kusma cevabı olarak iki aşamada sınıflandırılabilir. Kusma cevabı, doğrudan periferik veya SSS üzerine etki eden emetojenik uyanarla tetiklenebilir. İç kulağın vestibüler sisteminden emetojenik girdileri almak için

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