

NAUSEA AND VOMITING COMPLICATIONS OF THE CANCER PATIENT

**1.CENTRAL NERVOUS SYSTEM VOMITING
CENTER AND GASTROINTESTINAL SYSTEM
EXISTENCE NAUSEA AND VOMITING NETWORK.**

**2.CHEMORECEPTORS AND NEURORECEPTORS
TRIGGER FUNCTIONS EXISTENCE VARIOUS
RATES /DEGREES.**

**3.STIMULATING VAGAL AND SPLANCHNIC
AFFERENT FIBERS WILL HAVE BEEN
STIMULATED OF VOMITING CENTER.**

**4.NEUROTRANSMITTERS HISTAMINE
,ACETYLCHOLINE , DOPAMINE , SEROTONIN,
SUBSTANCE P , CANNABINOIDS HAVE EMETIC
PROCESS.**

**5.RESPONSIBLE OF ANTIEMETIC DRUGS
OPPOSED OF CENTRAL NERVOUS SYSTEM**

**CHEMICAL EXISTANCE DIFFERENT DEGREE
SOLUTIONS ENDICATIONS AND
CONTRAENDICATIONS – COMPLICATIONS.**

**6.ACUTE DELAYED NAUSEA AND VOMITING
ANTIEMETIC REGIMEN SHOULD BE
PRECHEMOTHERAPY INTRA VENOUS AND
POSTCHEMOTHERAPY ORAL AS DUAL – BINARY
MODEL (DUAL ANTIEMETIC)**

**7.CLASSIFICATION ACUTE EMESIS , DELAYED
EMESIS , ANTICIPATORY EMESIS ,
CLINICOPATHOLOGIC – PATHOPHYSIOLOGIC
EMESIS THAT MAY OCCUR VARIOUS
REASONS.OTHER THAN CHEMOTHERAPY.**

**8.OXIDANTS AND INFLAMMATION MOLECULAR
LEVEL PATHOPHYSIOLOGY SHOULD BE
RELEASED OF LOCAL MEDIATORS FOR NAUSEA
AND VOMITING.**

**9.PHARMACOGENETICS GENETIC VARIATIONS
EMETOGENICITY OF CHEMOTHERAPEUTIC
AGENTS VARIATIONS AND ANTIEMETIC
AGENTS VARIATIONS WILL HAVE BEEN MADE
THERAPEUTIC COMPLEXITY.**

**APEX DEGREE MEDICAL
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