

CLINICAL PICTURE OF VEGETATIVE DYSTONIA IN PRE-CONSTRUCTION AGE ADOLESCENTS

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Abstract

This work is devoted to studying the problem of vegetative disorders in children and adolescents, as well as its impact on physical and physiological indicators. This is important because they form the basis of the contingent for conscription. Information is analyzed by age and type of signs identified during the medical examination. A methodology for eliminating these diseases and ways to prevent recurrences are given.

Keywords: nervous system, signs of disease, somatic signs, clinical morphism, veteralgia.

Introduction

The identification and correction of autonomic disorders will improve the quality of life of children and will make it possible to reduce the prevalence of chronic non-communicable diseases in older age. The autonomic nervous system (ANS) is part of a single nervous system that controls the activity of internal organs, endocrine glands, blood and lymphatic vessels. According to the anatomical principle, the ANS is divided into suprasegmental and segmental levels. The suprasegmental level is represented by the hypothalamus, which, being part of the limbic-reticular complex, has branched anatomical connections, receives extensive information and provides complex neuro-reflex and neurohumoral regulation of autonomic homeostasis [1].

In practical medicine, the diagnosis “Vegetative Dystonia Syndrome” (VDS) has been used for many years. As such, there is no nosological diagnosis of “SVD”. It is used by more than 90% of doctors as a syndromic diagnosis, reflecting the presence of autonomic disorders, which, as a rule, are secondary and accompany organic diseases of the nervous system, somatic diseases, physiological hormonal changes, etc. [2]. Among the reasons that determine the clinical manifestations of SVD are hereditary and constitutional factors, organic damage to the nervous system, somatic diseases, including endocrine diseases and age-related changes (puberty), acute or chronic stress, mental and physical fatigue, overexertion in athletes, as well as mental disorders, among which in children and adolescents the leading ones are neurotic ones, manifested by permanent paroxysmal emotional-motivational and multisystem somatovegetative disorders [3]. The issues of the influence of microelements are considered. The proven optimal means in these cases are drugs that affect the activity of monoaminergic transmission, such as GAM K-, serotonin-, norepinephrine-, dopaminergic drugs, drugs with multiple actions, as well as magnesium-containing forms [4].



Age-related features of the manifestation of neurotic disorders in this category of patients consist in modification of the clinical picture of the disease: its clinical polymorphism, rudimentary nature and incompleteness of psychogenic symptoms, which creates difficulties for their timely identification, diagnosis and prescription of adequate therapy .

Protecting the health of adolescent children is one of the priority areas for preserving and strengthening the health of the population. It is teenagers who will determine the demographic and labor potential of the country. It is especially important that it is during adolescence that the foundations of reproductive health, vocational guidance, family formation, and suitability for military service are laid [5, 6].

Purpose of the study: to identify the main patterns of clinical manifestations of vegetative dystonia in adolescents aged 15-17 years with disharmonious physical development.

MATERIAL AND METHODS

The work was carried out based on the results of a comprehensive survey of pre-conscription youths and conscripts in Andijan aged 15 to 17 years, called up for registration in the Armed Forces in 2009 - 2011 (n = 571). The main group consisted of 384 adolescents with VD (192 boys and 192 girls). Control group - children without VD (healthy children I and II in the health group) - 187 children of the same age (94 boys and 93 girls).

DISCUSSION

The data we obtained clearly showed not only the supposed clinical polymorphism characteristic of autonomic dysfunction, but - and this is the main thing - already formed systemic syndromes, somatoform and psychovegetative, indicating the permanence of autonomic imbalance and its significant severity. The fact of periodic manifestation of the process was established, dictating the need for treatment of a teenager in a hospital and at the outpatient stage of providing him with medical care and, finally, rehabilitation in a sanatorium. Autonomic imbalance in most of them is not pathological and is only a manifestation of an adaptive - compensatory reaction - autonomic dysfunction, which is based, as a rule, on biological, genetic and socio-environmental factors, such as negative behavioral stereotypes, violation of the foundations of a healthy lifestyle and others [8, 9].

Clinical signs of various somatomorphic manifestations of VD, identified in children with VD, depending on the harmoniousness of physical development, were very diverse. The study of the clinical features of the course of vegetative dystonia in adolescents with VD and HFR revealed a number of features in a number of somatoform manifestations in comparison with children with VD and HFR, both boys and girls. In children with VD and DHFR, significant gender differences ($p < 0.05$) were revealed in the frequency of clinical symptoms; in girls compared to boys, the following were more often noted: nausea - (by 41.6%), orthostatic syndrome - (by 27.5%). %, cephalgia - (by 24.7%), vegetalgia - (by 23.3%), abdominal pain - (by 23.1%), neurogenic bladder - (by 22.5%), constipation - (by 21.9%). In the group of children with VD and HFD, no significant gender differences were found in the frequency of clinical symptoms. Significantly more often ($p < 0.05$) somatoform signs of VD were detected in boys with DHFR compared to boys with DHFR: ossealgia - (by 41.4%), dizziness - (by 27.3%); in girls with DHFR, compared to girls with HFRD,



somatoform symptoms were noted significantly more often ($p < 0.05$): ossealgia - (by 63.9%), flatulence - (by 53.7%), constipation - (by 41.9%), nausea - (by 40.0%), orthostatic syndrome - (by 32.9%), dizziness - (by 25.5%), abdominal pain - (by 24.5%), cephalgia - (by 23.5%). As it turned out, the most frequent (in more than 2/3 of all groups examined and in almost all girls with a disharmonious type of physical development) and varied clinical manifestations, at least of a subjective nature, in children were vegetalgia.

Table 1. Drug treatment of vegetative dystonia in children

No.	Type	Type of therapy
1	Phytotherapy	Sedative: valerian, lemon balm, mint, motherwort, astragalus, wild rosemary, peony, viburnum, dill, sweet clover, oregano, sage. Tonic: ginseng, lemongrass, levzia, eleuthrococcus, zamanika, Rhodiola rosea, aralia, green tea, licorice
2	Nootropic therapy	Piracetam, gammaaminobutyric acid, homopanthic acid, pyriditol, picamilon, aminoacetic acid, etc.
3	Vegetotropic therapy	Bellataminol, beloid
4	Vascular therapy	Pentoxifylline, nicoshpan, xanthinosis, niclnitate

They formed the basis of the symptom, not only masking organ pathology - cardiac, abdominal and cerebral pain - but also defining a rather pronounced background of autonomic maladaptation, objective evidence of which could be identified both due to irradiation through neurogenic zones and due to painful palpation of exit sites individual nerve bundles - trigeminal and facial nerves, paravertebral, neurovascular.

The main principles of treatment of vegetative dystonia are: pathogenetic approach, complexity, selectivity and duration [10,11]. The choice of therapeutic tactics is made based on the severity of clinical manifestations and the duration of autonomic dystonia. The greatest attention in the treatment of vegetative dystonia should be given to non-drug treatment methods [12]. They are based on measures aimed at correcting lifestyle: optimization of work and rest regimes, balanced, rational nutrition, daily dosed physical activity [10,11, 12,13].

It must be noted that with vegetalgia, as well as other manifestations of vegetative imbalance, they were more often and more intensely represented in girls than in boys. However, in girls with DHFR they were more pronounced. The multiplicity of clinical symptoms, calculated for 1 examined teenager, had a significant difference in children aged 13-15 years with varying degrees of harmony. Thus, clinical signs in children with DHFR were 1.5 times more common compared to adolescents with DHFR.

Conclusion

Thus, somatoform manifestations of VD had significant differences between boys and girls with VD with both HGF and DHFR. Significant differences were determined between boys with HFR and DHFR and between girls with HFR and DHFR. It was found that in girls with DHFR, clinical manifestations of VD were observed more often and had a more pronounced and intense color compared to girls with DHFR.



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