

STUDY OF THE DEGREE OF CORRELATION BETWEEN CLINICAL, NEUROLOGICAL, NEUROPHYSIOLOGICAL SYMPTOMS OF HEADACHE IN WOMEN OF THE KASHKADARYA REGION AND ASSESSMENT OF THE PROGNOSIS OF DISEASE COMPLICATIONS

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Abstract

Background. Headache is one of the most common symptoms occurring in various diseases for which one should seek medical attention from a neurologist. Bo is the most common form of pain in the world. According to the Washington State Institute for Health Metrics and Evaluation, there were 1.89 billion cases of tension-type headache worldwide in 2016. According to the International Classification of Headache Revision 3 (ISGB-3, 2018), primary pain, in which no organic cause is identified, and secondary pain are due to organic damage to the central nervous system (CNS) or somatic diseases. Craniocerebral tension (CCN) includes a group of other primary cephalgias associated with migraines, autonomic trigeminal cephalgias, and various conditions.

Keywords Headache, central nervous system, migraine, cephalgia.

INTRODUCTION

A study of the epidemiological analysis of the spread of headaches, based on the results of a literary analysis, showed that every person during his life experiences headache pain. Among women, this sign is much higher than in men (lit), especially with age, the proportion of headaches in men

decreases when taccossing, but after 40 years it increases in women. The largest population-based Neuro-epidemiological study from the CIS countries (Eisenberg and headache., 2010), examined more than 3,000 people and found a 70% prevalence within a year. Another similar study

was conducted in Georgia, with 1.5% of the 58,000 people surveyed identified as having headaches. At the same time, migraines are very rare if we distinguish between which were patients with tension-type headache and the spread of migraines.

The issue of Epidemiology of migraine and headache pain stress in the Republic of Uzbekistan Gafurov B. G. (2009), Majidova S. N. (2019), Sanaeva M. J. (2020). WHO statistics show that headache disorders, specifically migraines, are ranked eleventh for women and nineteenth for men, are significant to human health (lit.). In 2007, Stovner L. S. headache., an analysis of epidemiological studies in the world has shown that which were patients with tension-type headache accounts for 45%, migraine 11%, with an average of 3% of the population of adults with chronic daily headache pain. Scientists (Naumov G.I., 2011, Abrams B.M., 2013, Thorlund K et al., 2017, Headache Classification Committee, 2020) Classification Committee, 2020), making up 5% of the total population, while abusive cephalgia in the population increased by 8%, which means 63 million people worldwide. The total frequency of the appearance of headaches in the United States (with a telephone survey of 14 thousand residents), more than 40% ; In Europe: 39% in Germany, 86% women in Denmark, 63% women, 16.2% in Thailand. Heterogeneity of information obtained over the past decade is evidenced by the method of epidemiological studies, the level of socio-demographic aspects and the regional-climatic factor with headaches, but all indicators indicate that headaches remain an urgent problem of modern health care.

In a number of recent studies, great importance is attached to climatic conditions, ecologically polluted areas, mountainous terrain or a state of very high humidity as a trigger for headaches and as one of the etiological factors (Venyan L. and headache 2019 by Sollen D, 2023). Scientists Jay Graham and headaches. 2017, conducted a large-scale study evaluating headaches between the intensity of environmental and headache pain in women with migraines using smartphones and

linear modules for 28 days. Environmental triggers were studied by scientists from the British university, in which they were exposed to dust, changes in altitude (geographical) strong winds, excessive dryness of the climate with an increase in the level of headaches of the population. (Kanira G., 2016). Elizabeth Hartman of Nebraska (2023) explains the headaches from the region's environmental problems as substances such as serotonin create a chemical imbalance in the brain. There are conflicting studies that confirm the reliability of the effect of the environment on headaches, which in the future should be studied with perspective pain (Debosh painsira F. S. and headaches. 2010). In 2020 Sadullaeva B. O. Studies the ecological aspects and properties of the hydrochemical indicators of the rivers of the country, where it finds a slightly higher level of chlorides, sulfates, minerals, which are health factors in samples. Exposure to changes (according to the World Bank) and increased risk of environmental problems are mainly in the city of qarshi (Myagkova N. V., 2020); on the one hand, natural resources, including oil and natural gas reserves, are the largest industries of the Kashkadarya region, on the other hand, the difficulty lies in the impact of groundwater on pollution with phenols, which determines the morbidity of the population (1.5 times higher than that of bile stones and urolithiasis) convention on biodiversity (3 Uzbekistan national accountability pain, 2006). Thus, sources of literature in recent years supplement evidence based on the possibility that the environment may have a cyperitic effect on triggering migraine headache pain.

Many brain structures are involved in the creation of the sense of pain and the perception of the impulse of pain, as a single nasiceptive system, where the initial headache is irritation of the pain receptors, and the end is the afferent fibers of the brain. Headache structures are the cerebral palsy, vascular system, skin, muscles, periosteum. Sexual identity headache affects, where it occurs three times more often in women due to imbalance and changes in hormone levels. More than a third of all headache sufferers experience headaches with climatic extremities. An important document

regulating cephalhalgia is the headache classification, the latest version of which was released in 2018 ISGB-3, where the most common major headaches are noted: these are which were patients with tension-type headache and migraines; the classification is based on the results of clinical observations, the genetic, epidemiological, pathogenetic aspects and the results of neurovisual studies are studied. When making a diagnosis, attention should be paid to the phases of headaches, localization, nature, duration and intensity of hurug, as well as the period after hurug. Additional research methods taking into account the growth of technical capabilities are considered to be the neurovisual method (MRI, CT), with the addition of the stimulation method in the last decade. A lot of research, publications are devoted to the treatment of headaches, materials (manuals) are created; international congresses and conferences, forums, where, in addition to therapy, today an equally important issue is raised on the Prevention of headaches, the chronicness of the process. The therapeutic approach divided the opinion of scientists, some adhere to a drug conference, a non-drug approach to the treatment of headaches. The treatment of patients with conventional drugs is not always optimal, has a number of disadvantages; intolerance, the risk of adverse reactions, age restriction, the development of an overabundance of headaches that lead to chronic conditions. Recent results from foreign studies show the benefits of neuromodulation - a method of stimulating the nervous system with a magnetic field, thereby changing the excitability of the cortex; stopping the wave of the pain chain. Thus, this study is devoted to a more detailed study of the characterization of clinical, pathogenetic aspects of which were patients with tension-type headache in women in special climatic conditions of the Kashkadarya region, the addition of a diagnostic algorithm and the optimization of treatment.

METHODS

To attract women to the study, it was necessary to conduct an initial primary headache of the causal indicators of headache pain in polyclinics in the city

of qarshi and in several private clinics (addressed by women from different districts of the Kashkadarya region). examination with a detailed study of complaints anamnesis, a neurological examination was carried out. The examination was carried out by women who asked the Office of a neurologist, gynecologist, therapist for help with a complaint of headache, many of whom had previously been diagnosed with cephalgic syndrome against the background of the following diseases: vertebrobasis deficiency, vegetative-vascular dystonia, dissirculatory encephalopathy, somatoform diseases and headaches. The initial headache performed on an outpatient basis made it possible to adequately select patients with which were patients with tension-type headache and migraines without acute aura.

Thus, 141 women were included in the study. "3 - beta 2018 International Classification of headache pain (isgb - beta 2018, adapted Russian version)" based on diagnostic criteria, the main group (141) is divided into groups: tension-type headache (THN) - 99 women, and the aura-free migraine group (MBA) - 42 women. In addition, according to the WHO classification, patients by age are divided into subgroups: the mature period (period 1) is from 20 to 35 years old (ZP1); the mature period (Period 2) is from 36 to 55 years old (Zp2).

which were patients with tension-type headache dan - ZP1 (43 females), Zp2 (56 females) and M6A-ZP1 (13 females), Zp2 (29 females). Control group, 39 healthy women without headache: 3p1-21 women, 3p2-18 women.

The primary (second) headache of women's studies required stationary monitoring, all women included in the learning headache were in the neurology department of the counter city and Regional Hospital in 2021-2024, where they underwent a detailed neurological examination. dynamics, with a description of Anamnesis (the nature of Anamnesis and headache pain), are checked by specialists: cardiologist, gynecologist, ophthalmologist; additional diagnostic methods have been carried out: neurovisual (brain, in some cases cervical region); of the methods of lip pain management: standard analysis of blood

biochemistry (coagulogram, blood for sugar); blood tests for female hormones (analysis for cortisone was mandatory); if necessary, patients were given ECG, EEG, ultrasound of internal organs (emphasis on ultrasound of the pelvic organs); a neuropsychological test to determine the level of emotional state (anxiety, depression); an important step was to carry out transcranial magnetic stimulation of TMS (D) as results from foreign studies show the benefits of neuromodulation - a method of stimulating the nervous system with a magnetic field, thereby changing the excitability of the cortex; stopping the wave of the pain chain. Thus, this study is devoted to a more detailed study of the characterization of clinical, pathogenetic aspects of which were patients with tension-type headache in women in special climatic conditions of the Kashkadarya region, the addition of a diagnostic algorithm and the optimization of treatment.

All women included in the study underwent a clinical and neurological examination, the standard research method includes a detailed history (the main sign of the disease is the duration of headaches, intensity, frequency of seizures, localization, personality trait, trigger factor of Headaches, Causes. Headache to relieve the). Examination includes assessment of cranial nerves, motor and sensory areas, coordination area, vegetative Area, Coordination and sensory areas, and condition of higher cortical functions (psyche). Attention to the state of the emotional sphere and the state of the sympathetic nervous system was paid to pain: changes in blood headache, dyspepsia, constipation, palpitations.

The women included in the study were Ibosh pain from two groups, the first of which were patients with tension-type headache- 99, where the clinical picture of headaches were characteristic signs: headache around headaches (such as edema); patients complained of headaches, dull pain from the occipito-parietal region; often headaches were of "dull", monotonous, moderate intensity, which made it difficult to concentrate; the frequency of seizures varies from 1 to 16 days a month (the annual number was difficult to determine on

average), but for at least a year it suffers from this problem; the duration of the pain was also headache, sometimes passed within an hour, and sometimes more than 9 hours. The main relief of the patient was carried out with the help of analgesics; headache caused headaches; taking diuretics. These signs differ in age parameter and individual emotional character.

The second group, patients with migraines without auras (MBA) - 42, had their own characteristics in headache; strong, pulsating, one-sided(half of a vertically divided headache); headache suddenly similar to hurug; pain reached nausea and vomiting, which also did not give significant relief; during hurug, women could not work, increased any movement or physical activity; barely looked, limited movement of the eyeball; barely survived sharp sounds or bright light; usually hurug (tried to stop pain relievers); most often, patients took sleeping pills, trying to fall asleep again, knowing that the snoring lasts up to 3 days; the average frequency of seizures is from 2 to 4 times a month; after snoring, women were accompanied by strong weakness, irritability, apathy. The examination and additional paraclinic examination were conducted by women in the control group (ng) - 39, to ensure transparency of the study. During the study, patients (in Russian and Uzbek) were offered daily: it recorded complaints, sensations during headaches, control of blood headache, heart rate, emotional state, sleep and wakefulness control. In addition, patients were examined by narrow specialists: ophthalmologist, otolaryngologist, dentist, gynecologist. Labial pain management research methods include standard indicators: complete blood count; blood biochemistry (Alt, ast, bilirubin and headaches); coagulogram (condition of hemostasis indicators); In addition, indicators of the concentration of hormones in the blood serum were studied (by the radioimmunological method; in the main group of women: prolactin, FSH, cortisol). To determine which standard sets of domestic and imported production were used; in private and public medical labial painkillers; the comparison was conducted in healthy women in the control group.

According to international diagnostic criteria, pericranial muscles (PM) should be examined by palpation in patients with tension-type headache; for this, the level of pain sign by slow headache (headache) of the fingers was checked, in all muscles, headaches from the shoulder girdle, back muscles of the headache, elevated-temporal and frontal areas. At the same time, small rotational movements with headaches were performed simultaneously with the second and third fingers of the hand. In PM headache, varying degrees of pain were manifested in palpation of the temporal, frontal, chewing, pterygopalatin, sternosleidomastoid, trapezius, and hind neck muscles (ventricle, lower oblique). At the same time, the level of violation was determined on a scale (from 0 to 3 points).

CONCLUSION

The relevance of the headache problem is explained by the prevalence among the population, the interdisciplinary diversity between the relevant clinical diseases, the complexity of the diagnosis, the complexity and breadth of therapy, despite the presence of only one symptomatology. signs that create the importance of differentiation in diagnostics and diagnostics, in addition, are not only a medical, but also a socio-economic problem.

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