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## Careful Attention To The History Of Chronic Urticaria Is One Of The Important Factors Of Productive Therapy

**Akhmedov Shavkat Kurbonalievich**

Assistants Of The Department Of Skin And Venereal Diseases Of The Samarkand State Medical Institute, Uzbekistan

**Ashirov Zohijon Fayozjonovich**

Assistants Of The Department Of Skin And Venereal Diseases Of The Samarkand State Medical Institute, Uzbekistan

**Oripov Rustam Anvarovich**

Assistants Of The Department Of Skin And Venereal Diseases Of The Samarkand State Medical Institute, Uzbekistan

**Siddikov Olim Abdullaevich**

Assistants Of The Department Of Clinical Pharmacology Of The Samarkand State Medical Institute, Samarkand, Uzbekistan

**Haydarov Musomiddin Mukhammadievich,**

Assistants Of The Department Of Clinical Pharmacology Of The Samarkand State Medical Institute, Samarkand, Uzbekistan

### ABSTRACT

Urticaria is an allergic disease characterized by the appearance of blisters on the skin and mucous membranes. The disease can be caused by external factors (temperature, mechanical, chemical) or internal (diseases of internal organs, disorders of the nervous system). [1, 2]. Allergies can be caused by toxins, bacteria, and undigested food. In the diagnosis of the disease, anamnestic data, dermatography and various skin allergological tests are used. There are acute (up to 6 weeks) and chronic (more than 6 weeks) urticaria. The latter is characterized by daily or frequent symptoms (blistering, itching, angioedema for 6 weeks or more [3, 4]. During life, 0.5-1% of the entire population of people suffers from chronic urticaria. At the same time, if acute urticaria is usually associated with the action of exogenous factors and allergens (food, medicines, insect bites, etc).

### KEYWORDS

Urticaria, chronic urticaria, idiopathic urticaria, disease, allergic disease, skin and mucous membranes, factors

## INTRODUCTION

In many cases, the cause of chronic urticaria is another disease or condition (for example, rheumatoid arthritis, infection, etc.) and urticaria is only a "symptom" of this disease or its cause is not detected at all (chronic idiopathic urticaria (HIC)). [5, 6, 7]. With repeated rashes, recurrent urticaria is diagnosed. Given the multifactorial nature of the causes that cause urticaria, patients are recommended to prevent the ingestion of allergens, diet, antihistamines, sedatives. If necessary, steroids and diuretics are used. [8, 9].

## OBJECTIVE

To use the most effective treatment tactics based on a careful study of anamnestic data in patients with chronic urticaria.

## Materials And Methods Of Work

34 patients aged from 30 to 50 years were taken under our supervision. All patients are married or married, have children, the duration of the disease in the anamnesis is on average 2-4 years. Among the patients, 18 are women and 16 are men, all of whom have received different recommendations so far. All patients underwent clinical and laboratory examinations (general blood and urine tests, biochemical blood tests, ultrasound diagnostics, and were additionally examined by specialists according to indications. The most important anamnestic data are revealed. It was found that patients received sodium thiosulfate, suprastin, and loratadine repeatedly during the treatment period. Dexamethasone injections in addition, 4 women were prescribed 2 times in the

previous period of therapy, and 6 men were given diprosan injections in three cases. In addition, 18 of these patients had chronic constipation, in 10 cases insomnia, in 2 cases, headache and joint pain in 4 cases, and in recent years, in 4 patients, due to the increased frequency of the above-mentioned complaints, uncontrolled unjustified use of ketanal and cinepar drugs was established, as a result of which heartburn and dyspeptic phenomena appeared. Symptoms of cholecystopancreatitis (in the morning, a sharp bitter taste in the mouth, a feeling of pain in the right hypochondrium, sometimes pain in the lumbar region, dyspepsia, belching and ultrasound) were established in two patients. In addition, 6 out of 16 men have symptoms of irritability, insomnia, and chronic constipation. From the conclusion of the neurologist, 2 patients had headaches associated with mild circulatory disorders of the brain, and 8 patients observed dependence on alcohol and smoking tobacco cigarettes, which aggravated the disease. Due to the presence of bad habits, urticaria was often accompanied by nausea. As mentioned above, all the patients under our supervision, along with chronic urticaria, were diagnosed with various symptoms and an unhealthy lifestyle. In view of these conditions, it is important to conduct productive and targeted therapy in these patients with the aim of effective treatment. The goal is to fight the evil - bad habits simultaneously with the directly conducted therapy. For this purpose, in addition to general therapeutic measures, symptomatic treatment is recommended for each patient. The treatment tactics were as follows. Women consisting of 10 patients are recommended; antihistamines, desensitizing drugs, sedatives, adsorbents, normalizing the tone of the gastrointestinal tract. The diet

should contain products from dairy and vegetable origin, with an emphasis on limiting salt and sugar. Exclusion of all allergenic products and allergens (shekolad, eggs, sausages, kazy, citrus fruits, strawberries, alcohol, levomyctin, spicy and spicy food). To eliminate constipation, in addition, we recommend "Dufalac" 15 ml (1 bag) 3 times a day, 45 ml (3 sachets) daily until complete recovery, then 15 ml (1 sachet) for a week. As a supplement to the main treatment of women suffering from insomnia, 2 capsules of "Persena" - night "2 capsules at night, for 4 weeks. Then, as a maintenance dose, take 1 capsule in the evening for 4 weeks at night, 4 women with heartburn - "Omeprazole" capsules 20 mg in the morning for 6 weeks before meals, 2 women with cholecystopancreatitis "Mezim forte" 2 tablets 1 time a day during meals for 6 weeks. In addition to the main treatment, 6 men suffering from irritability, insomnia and chronic constipation are recommended 2 capsules of "Persen-nocturnal" at night, for 4 weeks and 1 time at night as a maintenance dose for the next 4 weeks. "Dufalac" 15 ml (1 bag) 3 times a day, 45 ml (3 bags) a day until complete recovery, normalization of the stool, then 15 ml (1 bag) 1 time a day for a week. In addition to the main therapeutic measures recommended by the neurologist to 2 men with headaches, in order to improve cerebral circulation, it is recommended to take thiocetam 25% - 10.0 intravenously 1 time a day for 10 days, vinpocetin 1 tablet 3 times a day for 2 weeks after meals. The remaining 8 patients, consisting of men suffering from bad habits, are recommended to categorically exclude the use of alcoholic beverages and tobacco smoking, strict adherence to a healthy lifestyle and diet (dairy products), salt and sugar, eggs, chocolate, citrus fruits,

gooseberries, strawberries, sausages, spicy food, spices, exclude from consumption.

### THE RESULTS OBTAINED

As a result of the above treatment measures, the following results were achieved. Among the 10 women suffering from chronic constipation, there is a normalization of the stool after 4 days of our recommendations, as well as a sharp reduction in skin rashes, itching and a significant improvement in overall well-being. By the 10th day of treatment, the itching completely disappeared, the rash was not detected. In 2 patients with insomnia, an improvement in sleep was observed after 7 days of treatment, which, in turn, was accompanied by itching of the skin and a decrease in the number of rashes on the body. In the last days of treatment, these women experienced a complete recovery of sleep, and the disappearance of skin itching and rashes. Symptoms of dyspepsia and heartburn in 4 women sharply decreased from the 5th day of taking the recommended dose, and by the end of treatment, these sensations completely disappeared, as well as itching and itching. Symptoms of cholecystopancreatitis in 2 patients (bitterness in the mouth in the morning, pain in the right hypochondrium, sometimes pain in the lumbar region, dyspepsia, belching) are less noticeable on the 7th day of treatment. In the last days of the course of treatment, all objective and subjective symptoms disappeared in patients. Following the above-mentioned treatment tactics in men, the treatment of 6 male patients with symptoms of acute nervousness, insomnia and chronic constipation by the 10th day of treatment has already shown its effectiveness, and this patient was shown to be effective. In 2 men, headaches also sharply decreased with the disappearance of

objective skin manifestations. 8 male patients who abuse alcohol, along with the main treatment, antihistamines, desensitizers, sedatives, adsorbents, in addition to detoxification therapy, carried out explanatory work aimed at strict compliance with the recommended healthy lifestyle, also gave positive results in patients. Patients who received the above recommendations were monitored for 6 months after the end of the course of treatment, and none of the patients had relapses of chronic urticaria.

### CONCLUSION

Thus, as already mentioned above, in the treatment of pathological skin processes in patients with chronic urticaria, it is necessary to take into account the general condition of the entire body. In interviews with patients, a careful study of the history of history requires that we pay attention to the causes of disease, stage of development, clinical features and course of illness. At the same time, it is a therapeutic tactic that takes into account the consequences of potential internal diseases and functional changes in the central nervous system, as well as the consequences of existing unhealthy lifestyles that contribute to the recurrence of chronic urticaria.

### REFERENCES

1. Borzova E.Y. Clinical and pathogenetic features of the autoimmune form of chronic urticaria: author. dis. ... Cand. honey. sciences. - M., 2004. -- 42 p.
2. Gervazieva V.B, Sveranovskaya V.V, Sibgatullina N.A. Pathogenetic mechanisms of chronic urticaria // Vestn. RAMN. - 2003. - No. 4. -S.49-53.
3. Danilycheva I.V, Kupavtseva O.L, Ivanova S.M, Speransky AI // Ros. allergol. zhurn. - 2005. -№3. - P.19-25.
4. Danilycheva I.V. // Honey. messenger. - 2007. -№40. - S. 425.
5. Emelyanov A.V., Goryachkina L.A. // Allergology. - 2006. - No. 1. - S.12-16.
6. Sibgatullina N.A. Clinical and immunological features of chronic recurrent urticaria and methods of its diagnosis: author. dis. ... Cand. honey. sciences. - M., 2003. -- 27 p.
7. Sibgatullina N.A., Kuzmina N.S, Rakhmatullina N.M. et al. // Zh. microbiology. - 2002. -№5. - S.69-71.
8. Sibgatullina N.A., Rakhmatullina N.M., Gervazieva V.B. // Kazan. honey. zhurn. - 2002. - No. 83 (6). -S.409-410.
9. Fedenko E.S. // Clinical immunology. - 2004. -№8. - P.24-26.