

	<h2 style="color: blue;">Guidelines for the Psychotherapy of Patients with Bronchial Asthma, Personality Psychosomatics and Its Features</h2>
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<p>ABSTRACT</p>	<p>In this article, guidelines for the psychotherapy of patients with bronchial asthma and features are presented. Bronchial asthma is one of the diseases faced by many individuals and psychotherapy is used to deal with bronchial asthma which are indicated at different levels.</p>
<p>Keywords:</p>	<p>bronchial asthma, psychosomatic, psychotherapy, verbal communication, hereditary, chronic psychogenic, alexithymia, choleric and phlegmatic temperaments.</p>

In recent years, there has been an increase in bronchial asthma, worsening of the disease, an increase in deaths at the height of asthma attacks and insufficient effectiveness of existing methods of treatment.

In modern medical science, there is an integration of various disciplines, which allows us to consider a particular disease from different points of view. According to modern concepts, a number of pathogenic factors are involved in the etiopathogenesis of any disease, the role of many of them is often underestimated. In integrative concepts, attempts are made to “create a model of relations between the organism and the environment and a model of relations between biological, mental and social processes”, to establish the principles of the relationship of various system levels.

Domestic researchers have developed a number of concepts of a systemic vision of a person as a whole. These are the concepts of B.G. Ananiev, L.I. Wasserman, V.V. Abramov, F.B. Berezin, and others who consider the human body as a unity of various levels of

regulation of life processes: biological (hormones, metabolism), morphological (bodily constitution), physiological (function of internal organs), neurodynamic (properties of the nervous system), socio-psychological. These concepts were developed outside of psychosomatic problems and were not systematically used for these purposes. The complexity of applying these concepts for psychosomatic research lies in the fact that a person as an integral individuality has an infinite number of properties and features.

Psychotherapy as the main type of therapy can be used in a complex system of treating patients with a variety of diseases. The volume of psychotherapeutic influences, their orientation, are determined by factors that are considered as indications for psychotherapy. These include: the role of the mental factor in the etiopathogenesis of the disease; possible secondary neurotization as a consequence of a somatic pathological process, the reaction of the individual to the disease, the dynamic transformation of personality characteristics in the course of the disease.

Indications for psychotherapy must be determined at different levels (social, psychological, biological), to influence the possible manifestations of those syndromes, the correction of which is possible with the help of psychotherapy as the main or additional method of treatment. The aim of the study is to determine the indications for psychotherapy based on a systematic biopsychosocial approach using the example of the personality of patients with bronchial asthma.

The term "psychosomatics" was proposed in 1818 by J. Heinroth, who explained many somatic diseases as psychogenic, primarily in the ethical aspect. Thus, he considered the causes of tuberculosis, epilepsy and cancer as the result of experiencing feelings of anger and shame, and especially sexual suffering. After 10 years, M. Jacobi introduced the concept of "somatopsychic" as opposite and at the same time complementary in relation to "psychosomatic". The term "psychosomatics" was introduced into the medical lexicon only a century later (F. Deutsch, 1922).

Initially, the concept of "psychosomatic" united diseases in the development of which adverse psychotraumatic effects play a significant role (ischemic heart disease, arterial hypertension, peptic ulcer of the stomach and duodenum, bronchial asthma). Currently, the term has 2 meanings: one is associated with its application to the field of medicine, the second - to diseases in which psychological factors play an important role. Disorders classified as psychosomatic include not only psychosomatic diseases in the traditional, narrow sense of the term, but a much wider range of disorders: somatic disorders, pathological psychogenic reactions to a somatic disease.

This series also includes mental disorders that are often complicated by somatic pathology (anorexia nervosa, bulimia, alcoholism, etc.), disorders that complicate some methods of treatment, such as depression and memory disorders that develop after coronary artery bypass surgery, affective anxiety and asthenic conditions in patients

receiving hemodialysis. Within the framework of psychosomatic disorders, conditions associated with the generative cycle of women are considered (syndrome of "premenstrual tension" and "premenstrual dysphoric disorder"; depression of pregnant women and postpartum depression, including the syndrome of "sadness in childbirth"; involuntal hysteria, etc.). Psychosomatic disorders also include somatogenic (symptomatic) psychoses - delirium, amentia, hallucinosis, etc.

It is generally accepted that psychosomatic medicine is the same age as the current century. However, this is not about the emergence of a new concept in medicine, but about the revival of the principles of ancient medicine, which approached the disease as a specifically individual phenomenon, as a disease of a particular person, a disease of the soul and body. Psychosomatic medicine is as old as self-healing. The history of modern psychosomatic medicine begins with the psychoanalytic concept of S. Freud, who, together with Breuer, proved that "repressed affect", "psychic trauma" through "conversions" can manifest as a somatic symptom. Freud pointed out that a "somatic readiness" is needed, a physical factor that matters for the "choice of an organ" and which can be imagined in the process of its occurrence. W. Cannon showed that the body responds to emergency situations with certain adaptive changes in the general physiological structure. Uexkül described "diseases of readiness", in which there is a transition of emotions into a bodily reaction, and readiness can become chronic and lead to an increase in the activation of organ functions.

The disease develops when the resolution of the state of readiness is impossible. Sifneos introduced the concept of "alexithymia" - the inability of a person to emotional resonance. Creatively developing the idea of Z. Freud, F. Alexander proposed a theory of emotional conflicts that fundamentally affect the internal organs, linking the specifics of a psychosomatic illness with a type of emotional conflict that leads to the fact that actions aimed at an external

conflict are not performed. Emotional stress cannot be suppressed, as the vegetative changes that accompany it remain. In the future, tissue changes and irreversible organic disease may occur. In asthma, the most specific psychological conflict centers around communication with key figures in life. For example, the original mother-child relationship is broken. This disorder in a small child is observed in the suppression of the impulse to cry. Later, the child cannot establish confidential verbal contact with the mother. Therefore, a patient with bronchial asthma has difficulty in verbal communication, since the organ necessary for this function is unhealthy. Specific conflict predisposes patients to certain diseases only when there are other genetic, biochemical and physiological factors for this.

Certain life situations to which the patient is sensitized because of their key conflicts reactivate and intensify these conflicts. Strong emotions accompany this activated conflict and, based on autonomous hormonal and neuromuscular mechanisms, act in such a way that changes in bodily structure and functions occur in the body.

The existence of a prepsychosomatic personality radical is assumed - that radical of personality traits that lead to the disease; it is a focus of psychosomatic impulses, a fixed pathoplastic experience. It is formed in childhood and adolescence, more often in persons of choleric and phlegmatic temperaments. The main reason for the formation of this radical is the infringement of the fundamental claims of the individual, especially the sense of dignity arising from the dominant instinct. With brain damage and in the presence of a psychophysiological defect, the manifestations of the radical are aggravated.

All psychosomatic personalities, to one degree or another, are characterized by something in common: infringement, and therefore a heightened sense of dignity, self-centeredness, narrowing of interests, limitation and distortion of the hierarchy of values, goals and needs, which manifests itself in the inadequacy of the claims that make up the life plan of the individual. Characterized by

exaggerated masculinity, hysteria, bitterness. The statements of patients are often banal, empty words, they cannot develop their thoughts, they are not able to understand the figurative meaning of statements. The psychosomatic subject is separated from his unconscious and is closely tied to the world around him. Psychosomatic regression is regarded as a regression of the "I" to a primitive defensive level with tendencies in the form of somatization. The psychosomatic structure of personality is largely determined by the concept of "alexithymia". Patients are characterized by: A peculiar limitation of the ability to fantasize. Typical inability to express experienced feelings. High adaptability to comradely relations, their ties with a specific partner are characterized by a kind of "emptiness of relations", they remain at the level of a specific "objective" use of objects. Incapacity for a true relationship with the object and for the process of transference. There is a total identification with the object; the psychosomatic patient exists, so to speak, with the help of another person. From this it becomes clear why the loss of this "key figure" is so often found as a provocative situation at the onset of the disease. Incapacity for a true relationship with the object and for the process of transference.

There is a total identification with the object; the psychosomatic patient exists, so to speak, with the help of another person. From this it becomes clear why the loss of this "key figure" is so often found as a provocative situation at the onset of the disease. Evaluation of the causes of emotional stress in patients with neurological pathology.

Most definitions of bronchial asthma as an independent nosological form (the first group) are based on the leading clinical symptom: suffocation or shortness of breath, with their variability and reversibility characterizing them. In the second group of definitions, increased reactivity and sensitivity of the bronchi are used as the main criterion. The third group of definitions combines shortness of breath and suffocation with altered sensitivity and reactivity of the bronchi, the fourth group includes complex definitions

that include many indicators, including clinical and laboratory ones.

One of the most successful and popular in our country is the definition of bronchial asthma, made by A.D. Ado and P.K. Bulatov: "Bronchial asthma is independent. Chronic, recurrent disease of infectious or non-infectious (atopic) etiology, the obligatory pathogenetic mechanism of which is sensitization, and the main (mandatory) clinical sign is an asthma attack due to bronchospasm, hypersecretion and edema of the bronchial mucosa. Currently, there is a lot of undeniable evidence that changes in the immune system are not mandatory in the pathogenesis of bronchial asthma and that other environmental factors, in addition to infectious agents and atopic allergens, can also cause bronchial asthma.

It is currently not possible to include an indication of etiological factors in the definition of bronchial asthma due to their diversity and insufficient study, as well as the large role of hereditary, psychological factors in the occurrence of bronchial asthma.

This definition of bronchial asthma makes it possible to differentiate bronchial asthma from other diseases accompanied by bronchial obstruction, and allows you to individualize the clinical assessment of each case of the disease.

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