

	<h2 style="color: blue;">Neuropsychic Mechanism in the Etiopathogenesis of Bronchial Asthma and Existing Methods of Psychotherapy of Bronchial Asthma</h2>
<p>Abdurazakova Robiya Sheraliyevna</p>	<p>Teachers of the Department of Psychiatry, Medical Psychology and Narcology Samarkand State Medical University</p>
<p>Alkarov Rustam Baxtiyarovich</p>	<p>Teachers of the Department of Psychiatry, Medical Psychology and Narcology Samarkand State Medical University abdurazakova.robiyaaa@gmail.com</p>

ABSTRACT	<p>In this article, information about neuropsychic mechanism in .the etiopathogenesis of bronchial asthma and methods of psychotherapy is given. Neuropsychic disorders plays an important role in the development of bronchial asthma as well as the relationship with family and other emotional problems which can be treated by using various methods of physicians.</p>
<p>Keywords:</p>	<p>Psychotherapy, bronchial asthma, neurotic conflict, hypnosuggestion, etiopathogenesis, hypnosis, pathogenesis, physiological conflict, flexibility, bronchospasm.</p>

In modern domestic and foreign literature, works are widely represented that indicate a high frequency of neuropsychiatric disorders and their role in the development and course of bronchial asthma. At the same time, the main emphasis was placed on the study of the phenomenology of mental states caused by conflicts, as well as psychotraumatic circumstances. Most of the psychogenetic concepts of bronchial asthma put forward by foreign authors are made from psychoanalytic positions.

The most interesting of them are the concepts of "nuclear conflict" and "specific relationship", the first of which belongs to F. Alexander, and the second to N. Miller. The authors point out that the roots of the development of the protective and adaptive significance of the symptom of bronchospasm lie in the features of the early relationship between the mother and the sick child. In our

culture, such a relationship can be called "love and hate," when, when the relationship approaches, the mother feels irritation and guilt for him, and the child feels maternal indignation and alienation. This gives rise to fear and anxiety, and the open expression of feelings is forbidden by the mother ("do not cry, stop screaming") and is associated with the fear of pushing her away.

Blocking the verbal communication channel compensatory causes the development of bodily communicative ties, which include the desire to obtain the approval and warm attitude of the mother through asthmatic symptoms. In the future, these symptoms become a way for an asthmatic to manipulate persons of a significant environment, and for families with a "smoldering" neurotic conflict, from the solution of which they leave due to their neurotic traits, a way to maintain family "homeostasis". The authors saw the

physiological meaning of bronchospasm as a result of an increase in the level of anxiety in its protective meaning. They believed that bronchospasm is a reaction of defense against a threatening agent, and the same meaning, but with the inclusion of higher levels of response, carries a symptom of anxiety.

The physiological conflict in bronchial asthma has its continuation in the psychological conflict, in the emotional life of many asthmatics. It is known that maternal rejection plays a central role in the emergence of the neuropsychic mechanism of the pathogenesis of bronchial asthma. It has been established that in a number of cases, maternal rejection not only preceded the illness of the child, but it also preceded his birth. The reasons for her rejection stem from her own emotional immaturity, unresolved issues from her childhood. There is an opinion that bronchial asthma is a peculiar form of human adaptation to the environment. At the same time, the focus is on both the personality traits of patients, the conditions of their upbringing in parental families, and their own families and the nature of relationships in them, which affect the development and course of asthmatic symptoms. The microsocial environment is understood to mean both family and work environment, as well as any other environment in which an asthmatic symptom can be used as a pathological adaptation.

For parental families of patients with bronchial asthma with a neuropsychic mechanism of pathogenesis, the predominance of a rigid hierarchical structure is characteristic. An emotional leader is present in 75.8% of these families. Parents of patients often have contrasting personality traits that also determine their family positions; the dominant role of the imperious mother, who makes most of the family decisions, is expressed, combined with the dependent-subordinate position of the father. Such inertia, inflexibility of the rules of family functioning determines the family's reduced tolerance for stress, especially in crisis situations that require a reasonable change in family functioning, a revision of family roles, rights and obligations of family members. According

to clinical and psychological studies, in maintaining this rigid stereotype of interaction in families, an important role belongs to the patient's asthmatic symptoms, especially those provoked by the shunt mechanism. On the other side. Such a stereotype of avoiding confrontation with conflicts, the maintenance of which is a condition for the implementation of the usual forms of psychological protection of family members, contributes to the frequent manifestation of asthmatic symptoms and the chronicity of the disease.

The neuropsychic mechanism of the pathogenesis of bronchial asthma is said to be in the case when neuropsychic factors contribute to the provocation and fixation of asthmatic symptoms, are closely intertwined in the pathogenesis of the disease, and lead to an aggravation of the biological defect. There are four variants of the neuropsychic mechanism of the pathogenesis of bronchial asthma:

neurostenoid;

hysterical;

psychosthenic;

mixed (shunt).

Each option is characterized by intra- and interpersonal neurotic conflicts. External manifestations depend on the personal characteristics of patients, a variant of behavior that is sanctioned in a given microsocial environment and serves the purpose of patient adaptation. The beginning of the formation of the neuropsychic mechanism of the pathogenesis of bronchial asthma is also observed in patients in a state of preasthma. With a combination of actualization of a neurotic conflict and exacerbation of respiratory pathology, psycho-emotional stress is channeled along the somatic path. And although others are not yet properly "impressed" by respiratory discomfort, wheezing, and a hacking cough, an atmosphere of increased attention, care and exclusivity of the role of the patient is already being formed, so desired by infantile, dependent, but with a high level of claims to the environment, hysteroids.

Personal characteristics and neurotic disorders, as well as inadequate personal reactions to the disease (anxiety-depressive,

phobic, anosognostic, pseudo-anosognostic hysterical, hypochondriacal) predetermine destructive forms of patient behavior, which are then transformed into behavioral stereotypes that facilitate the development of asthmatic symptoms by a neuropsychic mechanism.

Emotional stress, irritation, troubles at work and in the family, as indicated, aggravate the course of the disease, often provokes its exacerbation. In such cases, sedative drugs in combination with other drugs often give an effect. In cases where psycho-emotional factors are predominant in the pathogenesis of asthma attacks, psychotherapy should be included in the treatment complex. Its tasks include the formation of correct views on one's illness, changing the patient's life position, developing the ability to overcome life's difficulties, suppress psycho-emotional stress in a conflict situation, etc. The fulfillment of these tasks is possible with a deep analysis of the factors that aggravate the severity of the disease, complicate its treatment, and facilitate the implementation of the neuropsychic mechanism for the development of asthma attacks.

Many problems in psychotherapy can be solved by the attending physician. A sensitive and attentive appeal to the patient, a skillful choice of certain means and methods in accordance with the phase of the disease, teaching the patient the ability to navigate in his condition often relieve anxiety and improve the patient's condition. Recently, foreign literature discusses the advisability of teaching patients or parents of sick children self-help programs. The main goal of such training is to teach how to prevent asthma attacks.

In the treatment of patients with bronchial asthma with a neuropsychic variant of the course of the disease, methods such as individual and group psychotherapy, autogenic training are widely used. A more in-depth analysis of the causes mediating the influence of neuropsychic factors on the course of bronchial asthma (behavioral stereotypes, features of life position) makes it necessary in some cases to conduct family psychotherapy. Its tasks include the normalization of the family

climate, the development of the correct attitude of family members to the patient, to assess the "family climate" the scale of the family environment is used. It is designed to measure and describe the characteristics of the relationship between family members. The subjective idea of the existing and ideal family climate is assessed by each family member, and the index of family incompatibility is calculated, which reflects the degree of difference in the perception of the family climate by different family members.

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 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.

At the same time, it is necessary to take into account the presence in the etiopathogenesis of three factors (biological, psychological and social), which necessitates appropriate influences, taking into account the mechanisms of each factor and the obligatory consideration and understanding of their relationship and mutual influence.

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.

With the help of hypnosuggestion, it is possible to influence all the symptoms of neurosis, concerning both their main psychopathological manifestations (fear, anxiety, asthenia, depression), and other neurotic syndromes. In recent years, the range of indications for hypnosuggestive psychotherapy in somatic diseases has been expanding. Suggestion in hypnosis with effect is used in bronchial asthma. With the help of

these methods, it is possible to influence psychopathological disorders - fear, asthenia, depression, hypochondria.

Considering the issue of the use of psychotherapy in the treatment of patients with somatic diseases, it is necessary to note the significance of the works that determined the systemic and multi-level psychotherapeutic impact cover three areas: biological, psychological, social, and thus the modern biopsychosocial approach is implemented in practice. In each of these areas, several levels of realization of psychotherapeutic influence are defined, such as: the level of the organism, functional systems, physiological systems, organs, cells (biological); personality, spheres of the psyche, mental properties (psychological); macrosocial, microsocial readaptation, autorehabilitation (social). This approach notes the need for a diversity of correction methods in terms of the degree of participation of consciousness, the number of people in the session, a didactic approach to the dynamics of the psychotherapeutic process, and stages.

At the same time, a method for objectifying the effectiveness of psychotherapy for somatic patients is proposed, including blocks: assessment of the dynamics of neurotic complaints, experimental indicators of the patient's psycho-emotional state, calculation of the assessment of medical, social, and economic efficiency coefficients. Psychotherapy becomes an essential component of treatment at all stages of rehabilitation therapy for patients with bronchial asthma.

The main goals of psychotherapy are stated to be the development of flexibility, the ability to find new, effective strategies of behavior; accumulate and rationally use energy resources; seek to maintain and develop resource states, provide activity, enthusiasm, optimism, maintain and develop health.

The main goals of psychotherapy are stated to be the development of flexibility, the ability to find new, effective strategies of behavior; accumulate and rationally use energy resources; seek to maintain and develop resource states, provide activity, enthusiasm, optimism, maintain and develop health.

References:

1. Antropov Yu.F., Shevchenko Yu.S. Psychosomatic disorders and pathological habitual actions in children and adolescents / Yu.F. Antropov, Yu.S. Shevchenko. -M., 1999.
2. Berezantsev A.Yu. To the question of the etiology and pathogenesis of somatoform disorders / A.Yu. Berezantsev // Sat. Modern aspects of therapy and prevention of neuropsychiatric disorders. — Vladivostok, 2003.
3. Bronchial asthma. Global strategy. Joint report of the National Institute of Heart, Lungs, Blood and the World Health Organization // Pulmonology. - 1996. - Appendix.
4. Usmanovich O. U. et al. Detection of adrenaline and stress conditions in patients using psychoactive substances with hiv infection //CUTTING EDGE-SCIENCE. - 2020. - P. 42.
5. Turaev B. T., Ochilov U. U., Kubaev R. M. Distribution of anxiety and depression in affective disorders of somatic depression // Medicus. – 2020. – no. 3. - S. 58-60.
6. Turgunboev A. U., Kubaev R. M. Optimization of the treatment of subdepressive conditions in alcoholics with withdrawal symptoms due to the correct prescription of antidepressant therapy // Bulletin of Science and Education. – 2020. – no. 24-2 (102).
7. Ochilov U. U. et al. Features of the development of depressive and anxiety disorders in HIV-infected patients with alcohol dependence // Problems of modern science and education. – 2019. – no. 11-1 (144). - S. 91-93.