

ИЗУЧЕНИЕ ЭФФЕКТИВНОСТИ МАГНИЯ ПРИ ЛЕЧЕНИИ АЛЬГОДИСМЕНОРЕИ (ОБЗОР ЛИТЕРАТУРЫ)

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ИЗУЧЕНИЕ ЭФФЕКТИВНОСТИ МАГНИЯ ПРИ ЛЕЧЕНИИ АЛЬГОДИСМЕНОРЕИ. ЖКМП.-2024.-Т.2.-№2.-С

Поступила: 27.03.2024
Одобрена: 19.04.2024

Принята к печати: 05.05.2024

Аннотация: Первичная дисменорея (ПД) — это патологический, циклически повторяющийся болевой синдром, который обусловлен комплексом нейровегетативных, обменных и поведенческих нарушений, сопровождающих менструальное отторжение эндометрия.

Ключевые слова: дисменорея, пубертат, менархе, магний.

ALGODISMENOREYANI DAVOLASHDA MAGNIY PREPARATLARINING SAMARALIGINI O'RGANISH (ADABIYOTLAR SHARHI)

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ALGODISMENOREYANI DAVOLASHDA MAGNIY PREPARATLARINING SAMARALIGINI O'RGANISH. KPTJ.-2024-N.2.-№2-M

Qabul qilindi: 27.03.2024
Ko'rib chiqildi: 19.04.2024

Nashrga tayyorlandi: 05.05.2024

Annotatsiya: Birlamchi dismenoreya - patologik, siklik takrorlanadigan og'riq sindromi bo'lib, u endometriyning hayz ko'rish rad etilishi bilan birga keladigan neyrovegetativ, metabolik va xulq-atvor kasalliklari majmuasidan kelib chiqadi.

Kalit so'zlar: dismenoreya, balog'atga etishish, hayz ko'rish, magniy.

STUDYING THE EFFECTIVENESS OF MAGNESIUM IN THE TREATMENT OF ALGODYSMENORRHEA (REVIEW OF LITERATURE)

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STUDYING THE EFFECTIVENESS OF MAGNESIUM IN THE TREATMENT OF ALGODYSMENORRHEA. JCPM.-2024.P.2.№2-A

Received: 27.03.2024
Revised: 19.04.2024

Accepted: 05.05.2024

Annotation: Primary dysmenorrhea (PD) is a pathological, cyclically recurring pain syndrome, which is caused by a complex of neurovegetative, metabolic, and behavioral disorders that accompany menstrual rejection of the endometrium.

Keywords: dysmenorrhea, puberty, menarche, magnesium.

Introduction: Primary dysmenorrhea occurs during the period of age-related morphofunctional restructuring of the reproductive system, during the formation of menstrual function in girls and is considered an independent nosological form (N 94.4 according to ICD-X), since it is not associated with any organic disease of the genital organs (specific gynecological inflammatory diseases, endometriosis, tumors of the ovaries and uterus, etc.), PD occurs as a result of the impact of numerous etiological factors on the developing body of a child and adolescent. These include complications of the perinatal period, acute and chronic infectious diseases of childhood and adolescence, chronic somatic pathology, metabolic disorders, psychogenic disorders, etc [1-3].

The key mechanisms for the development of PD in puberty are considered by the overwhelming number of authors to be a violation of hormonal homeostasis in the reproductive system, caused by age-related immaturity of the hypothalamic-pituitary-ovarian system (HPO) and its high sensitivity to adverse effects [2,4].

In the genesis of PD, structural histophysiological changes in the uterus are also important, caused by age-related immaturity and failure of the neuroreceptor apparatus, disorders of the vascular wall, blood supply to the endometrium, contractile activity of the myometrium, and slowdown of repair processes [6,7].

A number of researchers [9,10], list primary dysmenorrhea as one of the many manifestations of connective tissue dysmorphism (CTD), which is most often based on congenital or acquired long-term deficiency of intracellular magnesium (scoliosis, mitral valve prolapse, myopia, chest deformation). A study of the content of intracellular magnesium in the blood serum at the time of treatment of patients revealed that only 30.7% of patients had a normal value. In 69.2% of cases, the level of magnesium content was below standard values, averaging 0.73 mmol/l. It turned out that all patients with dysmenorrhea had most of the classic manifestations of connective tissue dysplasia [8]. Symptoms of magnesium deficiency include damage to visceral organs: diffuse abdominal pain due to gastrointestinal spasms, nausea, vomiting, heartburn, constipation followed by diarrhea, decreased insulin production by the pancreas and increased risk of diabetes; laryngo- and bronchospasm, spastic contractions of the uterus [10].

Material and methods: The study was conducted in the regional adolescent clinic in Andijan, which was attended by girls with dysmenorrhea from

various districts in the period from 2020 to 2022. During medical examinations, 50 girls with primary dysmenorrhea were examined. The basis for the diagnosis of dysmenorrhea was a complaint of painful menstruation. They underwent a one-time health examination to exclude organic pathology, i.e. secondary dysmenorrhea (ultrasound of the abdominal organs, smear on the flora). To conduct a targeted study, we have developed an examination card for a girl with painful menstruation, which takes into account the historical data of the girl and her mother, and data from objective and special research methods. In all the girls we examined, the presence of other genital and extragenital diseases, both infectious and non-infectious in nature, was excluded.

Results: During the examination of girls with primary dysmenorrhea, it was found that the largest contingent of those examined with juvenile dysmenorrhea were aged 15-16 years - 26 (52%), living in rural areas and studying at school. Unsatisfactory material and living conditions in the family, various mental and physical stress, and conflicts in the family and at the place of study contribute to the development of juvenile dysmenorrhea. Also, factors influencing the development of menstrual function were birth weight less than 3000 g, duration of breastfeeding less than 6 months, and mother's age at the time of birth of girls more than 30 years. An assessment of the sexual development of girls according to the parameters of secondary sexual characteristics showed that 32% of the examined girls had delayed sexual development. Magnesium deficiency plays a role in the pathogenesis of primary dysmenorrhea, and underestimation of the hormonal state leads to an increase in the frequency of relapses of the disease with impaired reproductive function. The main goal of drug therapy aimed at normalizing the hormonal profile is to compensate for the deficiency of various components involved in the process of hormone synthesis and correct metabolic disorders. A lack of magnesium leads to changes in pelvic hemodynamics in the form of hypertension and vasospasm, a disruption of hormonal metabolism resulting in dyshormonemia. Hyperestrogenism leads to the sequestration of magnesium ions from bone tissue and its relative deficiency in the blood.

Conclusions: During the treatment of magnesium deficiency, positive dynamics in the course of dysmenorrhea were noted. Magne B6 therapy was particularly effective in girls who had symptoms of

connective tissue dysplasia. Thus, the use of Magne B6 in the treatment of primary dysmenorrhea in adolescent girls is an effective pathogenetic agent, since the drug affects such mechanisms of the development of dysmenorrhea as the synthesis of prostaglandins, hormone imbalance, connective tissue dysplasia, acts as an anti-stress factor, and is a calcium antagonist. All this ultimately helps to relax the muscles of the uterus and relieve the symptoms of dysmenorrhea.

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Muallif haqida ma'lumot:

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