

## NIGHT ENURESIS THERAPY IN CHILDREN

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**Abstract:** Nocturnal enuresis is a disease that occurs in many young children, causing many discomfort and problems. Its diagnosis and therapy should be considered obdon. Specialists: pediatricians, pediatric neurologists, psychiatrists, on the basis of mutual conclusions, nephrologists, urologists and psychotherapists require a diagnosis and thorough treatment.

**Keywords:** night enuresis, diuresis, psychotherapy, physiotherapy, Oxybutinin.

The epidemiology of nocturnal enuresis depends on age. Its prevalence in children between the ages of 6 and 15 is a pathological condition. 4.5-up to 5pcs it is possible that this is a passing condition and this can be overcome by waking up the nocturnal adaptation reflex under the supervision of parents. Nocturnal enuresis is distinguished by primary (permanent) and secondary type, or psychogenic (acquired), enuresis. In primary enuresis, the patient has not formed control of bladder function from birth. In secondary enuresis, a conditioned reflex is developed that causes arousal, but is lost or sharply weakened due to mental damage. Treatment of enuresis. In some children, enuresis goes away as it ages without treatment, but there is no guarantee in this regard. Therefore, therapy is necessary if a child over 4.5-5 years of age has episodes preserved or constant urinary incontinence at night. Since Night enuresis therapy is determined by its etiology, approaches the treatment of this disease will help. For many years, doctors have used various methods of therapeutic effect on him. Severe infectious diseases, intoxication, etc. regime measures: the use of urine signals; night waking up on a schedule; teaching the child to forcibly empty the bladder before bedtime; providing a hard bed; creating a comfortable temperature and light regime; establishing a comfortable psycho-emotional environment; dietary therapy (exclusion of foods with spicy, salty, acute strength from the diet) limiting diuretic-acting products); limit the consumption of any liquid after dinner. Psychotherapy (only in the treatment of children with normal intelligence), physiotherapy (UVCH therapy, electrophoresis with potassium iodide is prescribed by the course to achieve the maximum effect of treatment. The number of Sessions and the intensity of exposure are determined by the physiotherapist individually for each patient). An increase in the rate of urination at night can serve as one of the TE factors. It is known that usually the amount of urine produced at night is much lower in children and adults than during the day. This is due to the fact that at night, the secretion of antidiuretic hormone (ADG), reabsorption of water increases, and a small amount of osmotic concentrated urine is formed. Among the reasons for the increase in the formation of urine at night, two can be considered: a decrease in the secretion of arginine-vasopressin of the pituitary gland or the formation of substances in the kidney itself that interfere with its action. The hypothesis that the circadian rhythm of arginine-vasopressin secretion varies with respect to other hormones has become widespread. The factors on which the secretion of this hormone depends are water balance, blood volume in the vessels, its osmolality and other causes that contribute to changes in vasopressin secretion, in particular melatonin secretion. One of the causes of nocturnal enuresis is seen in a violation of the rhythm of melatonin secretion: in children with Te, it has been shown that

melatonin levels in saliva decrease at 4 am and up to midnight than in healthy children. As a result of decreased secretion of vasopressin at night, it is assumed that patients with TE have increased urine formation – nocturnal polyuria. Studies on the amount of urine excreted by the kidneys of children with TE during night sleep have shown that there is not enough urine in them that the bladder cannot hold so much urine and the desire to wake up to urinate the child. The question of the role of the kidney in the pathogenesis of nocturnal enuresis remained open for a long time. An analysis of the functional state of the kidney in children with TE between the ages of 5 and 17 revealed the difference between the functional state of the kidney in healthy children and children with TE. The difference is that with enuresis, urinating at night is almost twice as much as with healthy children. The level of glomerular filtration in children with enuresis does not differ from the similar indicator in healthy children during the day. Children with TE have a high blood purification rate from osmotic active ingredients. The fact of the apparent physiological Paradox was revealed-the increase in diuresis occurs along with an increase in the reabsorption of osmotic free water. The reabsorption of osmotic free water is the higher the clearance of osmotic active substances in all cases. Sodium ions play a leading role in increasing diuresis in this case in a large part of children. The release of potassium ions in children with TE was no different from that of healthy children. For healthy children, the proportion of sodium ions in night osmolality cleansing is 22.0%, for children with TE it is twice as much – 45.5 % . Comparison of ion release rates and their release fractions, i.e. the proportion of ions released by filtered urine in the glomeruli of the kidney, shows that increased night urination is not due to an increase in glomerular filtration, but to a decrease in their reabsorption in the tubules, i.e. to the cells of the nephron tubules , altered secretion of hormones or physiologically active substances formed locally. Prostaglandin E<sub>2</sub> (PE<sub>2</sub>) reduces the response to vasopressin. The use of Prostaglandin synthetase inhibitors reduces the formation of PE<sub>2</sub>, increasing the antidiuretic response of the kidneys to vasopressin. To date, the use of Teda prostaglandin synthetase inhibitors has not been explained by the antagonistic interactions of vasopressin and prostaglandins. Analysis of this system disorder in children TE<sub>da</sub> has made it possible to determine the role of autacoids and analyze the increased local production value of PE<sub>2</sub> for normal kidney function, which provides compatibility between urine formation and urinary rate in healthy children, and also has a role in the development of renal pathology in TE<sub>da</sub> in children. Te drug therapy. With primary nocturnal enuresis, preparations of the following groups are prescribed: 1) substances affecting the bladder (Driptan, Spasmex); pharmacodynamics of Driptan. Oxybutinin has a direct antispasmodic effect on the smooth muscle fibers of detrusor, as well as an anticholinergic effect by blocking the action of acetylcholine on M-cholinergic receptors of smooth muscles. Oxybutinin is intensively metabolized in the liver, primarily using CYP 3A4, enzymes of the cytochrome P450 system, specifically those found mainly in the walls of the liver and intestines; its metabolites also have an M-anticholinergic effect. The main method of excretion is the kidneys; these properties cause the bladder detrusor to relax. In patients with unstable bladder, Driptan increases bladder volume and reduces the spontaneous contraction of detrusor. instability of bladder function due to neurogenic bladder dysfunction (detrusor hyperreflexia) reported in diseases such as multiple sclerosis and spina bifida, or increased urination or idiopathic instability of detrusor function (motor urgent incontinence). It is also used to control the excessive activity of the bladder, which occurs after surgery on the bladder or prostate gland or accompanied by cystitis. Children over 5 years old. Neurogenic instability of the bladder, nocturnal enuresis: the usual dose is 2.5 mg 2 times a day. The dose can be increased to 5 mg 2-3 times a day, with a clinical effect if the side effects are well tolerated. With nocturnal enuresis, the last dose should be taken before bedtime. Children. It is not recommended to use the drug for children under 5 years of age due to insufficient safety and effectiveness data. Monosymptomatic nocturnal enuresis (not associated with detrusor hyperactivity) has limited data on the potential for oxybutinin in children. In children over 5 years old, the drug should be used with caution, since they can be more sensitive to the effects of oxybutinin, in particular, to the manifestation of negative reactions of the central nervous system and the psyche. 2) drugs that improve blood circulation in the brain and nootropic drugs(Cortexin, Cerebrolysin , Actovegin, L carnitine); Pantocalcin-has nootropic, neurometabolic,

neuroprotective and neurotrophic properties. Increases the resistance of the brain to hypoxia and toxic substances, stimulates anabolic processes in neurons, combines moderate sedative action with a gentle stimulating effect, has an anticonvulsant effect, reduces motor excitability with simultaneous regulation of behavior. Increases mental and physical performance. Helps to normalize the composition of GABA in chronic alcoholic intoxication and subsequent abolition of ethanol. Has an analgesic effect. . Urinary disorders: enuresis, daytime incontinence, pollakiuria, imperative desires (adults and children from 2 years). In case of impaired urination for adults-0.5 - 1 g 2-3 times a day, daily dose-2-3 g; for children, one dose is 0.25 - 0.5 g, daily dose - 25-50 mg/kg. the course of treatment is 0.5-3 months. nootropic drugs (pantogam, pantocalcin, phenibut); Cortexin contains a complex of low molecular weight water-soluble polypeptide fractions that enter directly into nerve cells via GET. It has nootropic, neuroprotective, antioxidant and tissue-specific effects. Improves high brain functions, learning and memory processes, concentration, stability in various stress influences. Protects neurons from the action of various endogenous neurotoxic factors (glutamate, calcium ions, free radicals), reduces the toxic effects of psychotropic substances. Inhibits lipid peroxidation in neurons, increasing neuronal survival under conditions of oxidative stress and hypoxia. Activates the metabolism of neurons in the central and peripheral nervous systems, reparative processes, helps to improve the functions of the cerebral cortex and the overall tone of the nervous system. The mechanism of action of the agent is associated with the activation of peptides of neurons and neurotrophic factors of the brain; optimization of the balance of the metabolism of excitatory and inhibitory amino acids, dopamine, serotonin; GABA-Ergic effect; decrease in the level of paroxysmal convulsive activity of the brain, its ability to improve bioelectric activity; prevention of free radical formation (lipid peroxidation products). It helps well in night enuresis due to improving blood circulation in the brain in children especially in enuresis, which is accompanied by a neuralgic syndrome with high excitability, is done between 5mg and 1mg muscle for 10-14 days 4) sedative drugs and tranquilizers (Persen, Afabazole, Adaptol,) the conduct of Adaptol pathogenetic therapy allows the following-to increase the effectiveness of therapeutic measures. In practice, the requirements for drugs used in basic Pediatrics are well mastered by their children. Nowadays, the time of Pediatricians uses modern anxiolytics and adaptol corresponding to the adaptogen-list above requirements. The active substance of adaptol is an organism close in chemical structure to natural metabolites: its molecule is composed of two methylated molecules of bicyclic parts that are part of urea structures. Adaptol is chemically inert, does not interact with acids, alkalis, oxidizers and reducing agents, with various drugs and components that allow it to be used regardless of food. Persen forte is a herbal preparation with a mild sedative effect. Contains Valerian extract-50 mg, mint extract - 25 mg lemon mint extract (lemon balm) - 25 mg reference: saves. The combination of substances has a weak calming effect and is indicated to relieve weak temporary nervous tension (mental stress, an excited state, as a daily sedative for irritability). Valerian has a calming effect. It has a positive effect on well-being with symptoms of irritability such as restlessness, agitation and tension due to nervous overload. With insomnia, it helps to fall asleep faster. Melissa also has sedative and antispasmodic effects. Mint is traditionally used in combination with valerian in sedative preparations. Persen, Persen forte is used for neuroses when it is not advisable to take strong sedatives. Indications for use are determined only on the basis of long-term experience. In children with late enuresis, urinary tract infections are often added due to impaired Urodynamics of the lower urinary tract, in which the appointment of uroseptics is necessary. In this situation, furamag is the drug of choice, which is a mixture of furazidine potassium salt and basic magnesium carbonate in equal proportions, with a high impact force when administered orally. Because Nitrafuran unums are excreted through the digestive tract and urinary tract, it is these organs that have an antibacterial effect on inflammation. Bioavailability as opposed to furazidine (after taking the furamag capsule, furazidine potassium in the stomach does not turn into poorly soluble furazidine). When taking Furamag as a capsule, you need to drink plenty of water. Conclusion. In our experience, it is better to prescribe Furamag in children with enuresis to comply with regimen measures. Nitroxalin can also be

applied not before bedtime, but in the afternoon. 3mahal 14 days a day. Therapy is prescribed by the course to achieve the maximum effect of treatment.

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