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NEUROCIRCULATORY DYSTONIA AMONG YOUNG PEOPLE

Abstract: The origin of neurocirculatory dystonia, causes of neurocirculatory dystonia, symptoms of NSD, prevalence among young people, vagotonics, prevention of NSD.

Keywords:Neurocirculatory dystonia, stress, nervousness, psychoemotional, psychosomatic, syndrome, vagotonic, statistical, homeostasis, sympathetic, parasympathetic, sympathotonic.

Introduction: In the modern era, various health problems are increasing due to the development of technology, urban lifestyles, and psychological pressure. NSD is one of the frequently occurring conditions, especially among young people. The causes of NSD are characterized by a disruption of the balance between the nervous and circulatory systems. The following factors influence the prevalence of this condition among young people:

1. Stress and Mental Pressure: The strict demands of the educational process and social problems within families disrupt mental well-being.

2. Sedentary Lifestyle: Spending a lot of time in front of screens reduces physical activity.

3. Poor Nutrition and Sleep Disorders:Energy drinks, unhealthy foods, and late sleeping can lead to NSD.

4. Social Network Pressure: High competition and the pursuit of perfection in networks increase stress levels.

The symptoms of NSD include fatigue, fluctuations in blood pressure, heart rate irregularities, nervousness, and insomnia. The vegetative dystonia syndrome manifests as a series of vegetative, psychoemotional, and psychosomatic disorders. VDS is not a separate disease but a syndrome that can occur in various diseases. Until recently, the terms "vegetative-vascular dystonia" and "neurocirculatory dystonia" were used in parallel. These terms are no longer used. It is now preferable to refer to this syndrome, which manifests with vegetative disorders, as vegetative dystonia syndrome. The VSD syndrome is primarily common among young people. Due to its manifestation as a clinical syndrome of various diseases, there are no precise statistical data on its prevalence among the population.

Etiology and Pathogenesis: Significant emphasis is placed on hereditary constitutional factors in the origin of VDS. The morphofunctional imbalance or delayed development between the sympathetic and parasympathetic parts of the nervous system is considered one of the main etiopathogenetic factors in the development of VDS. This imbalance begins to manifest clinically, especially during adolescence. In individuals predisposed to VDS, factors such as psychoemotional stress during puberty, an unhealthy lifestyle, and other conditions can exacerbate vegetative dysfunction. In adolescents with pronounced hereditary constitutional predisposition, overeating, heavy physical labor inappropriate for their age, heat, and other meteorological factors can trigger the development of VDS. Children who frequently suffer from acute respiratory infections and chronic purulent processes from

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early childhood, colloquially referred to as "frequently catching colds," are also prone to the development of VDS. The role of brain diseases in the development of this syndrome is significant, as suprasegmental vegetative centers are located in the brain. Therefore, any cerebral pathology or neuroinfections can lead to dysfunction of the autonomic nervous system (ANS). The ANS ensures homeostasis, meaning it regulates the functioning of internal organs and systems, adapting the organism to various changing external stimuli, and directly participates in increasing psychoemotional and physical activity. No physiological or pathophysiological processes in the body occur without the involvement of the ANS. We observe vegetative reactions in various pathological conditions that arise in response to various exogenous and endogenous factors. The extent to which these reactions occur largely depends on the organism's response to pathogenic factors and the strength of their influence. Of course, hereditary-constitutional predisposition also plays a significant role here. It is known that depending on the functional dominance of the sympathetic or parasympathetic nervous systems, individuals can be classified into sympathicotonic and vagotonic types.

Types of Neurocirculatory Dystonia:**

1. Cardiac: Cardialgia, heart function disturbances, tachycardia, extrasystoles on EKG.

2. Hypotonic: Blood pressure below 100 mmHg, vascular insufficiency (coldness, sweating, dizziness).

3. Hypertensive: Blood pressure rising to 130-140/85-90 mmHg, headaches, tachycardia.

4. Mixed: A combination of various types of symptoms.

Research: I conducted a study among students of Kokand University, Andijan Branch. During the research process, arterial blood pressure, tachycardia, respiratory rates, and saturations were checked. A total of 50 students were selected from the university, and their physiological indicators were examined. Elevated arterial pressure was identified in 15 of these students. It was found that arterial hypertension is prevalent among students aged 18-25. The main reasons identified were spending too much time in front of phone screens, low physical activity, and disrupted sleep cycles. Given that students aged 18-25 exhibited rapid heart rates, increased respiratory rates, nervousness, and insomnia, which are indicative of neurocirculatory dystonia, I advised these students to visit a neurologist.

Conclusion: With timely prevention and treatment, the symptoms of NSD can be effectively managed, and the overall condition of patients can be improved. Therefore, it is important to take this condition seriously and provide comprehensive assistance to patients. Neurocirculatory dystonia (NSD) is a functional disorder of the cardiovascular and autonomic nervous systems, primarily associated with psychoemotional and stress factors. Although the disease is not life-threatening, the quality of life for patients can significantly deteriorate. The clinical manifestations of NSD are multifaceted, including palpitations, fluctuations in blood pressure, respiratory disturbances, emotional instability, and general malaise.

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