



Magnetostimulation in the Treatment of Nocturnal Enuresis in Children

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Abstract: *Nocturnal enuresis is a violation of the control of urination, which is expressed by the child's involuntary urination during sleep. Ancient Egyptian papyri in the 15th century describe symptoms associated with nighttime urinary incontinence, nocturnal enuresis (from the Greek "enureo" - urination). In the existing literature, it is noted that nocturnal enuresis or urinary incontinence is diagnosed only from the age of 5, that is, when the child reaches the normal age to control the activity of the bladder. This disease 2.3-30% of 4-15-year-olds is observed, and it is observed in every 3-4 children, which emphasizes the relevance of this condition. Today, nocturnal enuresis is widespread among children, and it is not only harmful to the child's health, but it is considered one of the social obstacles for the child to take his place in a healthy society along with mental disorders in the child.*

Keywords: *children, night enuresis, diagnosis, treatment, trans cranial magneto stimulation.*

Payment: This childhood period urine catch not get or urine to separate control violation many of experts interest reflection makes (1, 3). GWAS association by in 2018 conducted research results scientific world between big achievement being, this in bed moisten hereditary that showing that _ on the ground to himself special genes analysis that's it shows that if the parents enuresis development 11 times the risk increases (5, 7). Untreated children adolescence and from him big age of the disease spread percentage save remain (3, 4). Night with enuresis in children belongs to and important factor is _ of the disease the reason determination and treatment optimization measures apply need _

Research purpose _ In children nocturnal of enuresis clinical of appearances to himself special features learning and in treatment magnetic stimulation the effect study _

Materials and research methods. Samarkand state medicine University (SamDTU) many network of the clinic children neurology in the department stationary treated children medical out of sight was conducted. Avoidance criteria based on 2020-2022 from 5 to 10 years 38 people _ with enuresis children choose received _ To research urine system organic diseases has been patients not entered ; of children average age 7 ± 2 years cover got it , son 26 boys , 12 girls . Research initial stage there is hereditary inclination determination for of parents anamnesis account received _ In research of blood biochemical check and urine analysis (inflammation process an exception to do for) check was held. Instrumental research methods lumbosacral spine step digital radiography all children for was conducted. Children's age contingent according to their psychoneurological inspection from treatment before and after was conducted.



Research the result Sorting criteria according to 2 years 38 people for the term (2020-2022). enuresis select the identified child received _ At night sleep on time urine catch not get each day 18%, in 54% of children 1-2 times a week , other in 28% of cases 2-3 times a month observed . Vishnevsky according to the formula (2, 6). urine to separate violation level evaluation points checked in children found out , in bed damping (M) average 3, (m) average 1.5; urine bladder volume (ml) (m) 1.7, (m) 1.25, bu on the ground reliability is 0.600 was _ Received anamnestic to information according to parents in one this disease cases there is they are _ of those examined an average of 10% organize does _ From this except in 25.5 % of cases enuresis with checked of children in their mothers pregnancy during fetus drop off danger that it was 3 children were identified _ less weight with from the deadline before was born Children neurology department specialists with together conducted on inspection of children dynamic of the factor features determined , daily to pee from the norm high by 32 % right arrived , daily to pee the number while from the norm by an average of 12.6% reduced. Digital in radiography spine in 15.3% of children step in development born defect as plug bifidae (lumbosacral) was found in the S1-S2 area spinabifidae 5%, in other cases in L1-L2 areas of arcs merger unobserved.Likewise checked _ _ in children of parents in bed moisturizing , neurological inspections about complaints focal changes does not give , only lumbosacral of the field relatively flatness (kefosis), this of the field relatively sure hairiness from this except _ Urine release system organic disorders laboratory and instrumental studies with not defined . Bigger in children of enuresis long continue reached in cases personal anxiety, aggression, isolation level increases.

Work next stage treatment tactics optimization mean caught _ Children to groups split , first group desmopressin in the form of medicines acceptance did , (intronasal) 1-2 drops (20 µg.) in 1-2 doses per day until); of the drug effect to do duration from 8 hours more than main impact , urination of size to decrease take comes as well central genesis effect does _ Same that's it in the group magnetotherapy sessions cervical- neck zone and lumbosacral region at the level (each other replaced) transferred . Group I is 26 years old children and longer to the course have big ages enters _ Second group (II) only drug treatment , medicine desmopressinitronasally took _ Treatment dynamics learning for check for again See you in 3 months after done increased _ Therapy efficiency increase important aspect , all parents known the rules shown information have questionnaire received (treatment do not stop for at least 10 " dry " nights reach , " alarm clock " method use _ the child at night to stand to teach the bladder each on the hour discharge ; from bed before and night during liquid consumption to do prohibition ; wet nights observation for from the diary use). Transferred cure from treatments after in children of enuresis three moon inside manifestation to be 81% decreased _ Urine bladder volume by an average of 30% increased _ From treatment after one in the child urine catch not get episodes observed and one in the patient treatment efficiency did not notice , the patient urodynamic of parameters violation an exception to do for addition diagnosis stages sent _ Same that's it 10 children in the group , dismopressin , magnetotherapy addition (10 sessions in the cervico -neck area , one monthly break , lumbosacral 10 sessions in the region) reception done _ 3 months during therapy efficiency high that proved _ Enuresis manifestation to be in practice not observed , guys he calmed down , to himself believed , drink mode , " alarm clock " mode compliance of doing all to the rules compliance to do for motivation appear it happened In group II only drug monotherapy received children 12 in number organize did _ From treatment after 3 months after while observation reliability that it has decreased showed , urine catch not taking in 3 children unchanged left _ Bladder volume by 28.7 % _ increased ; relief (full recovery for) in 2 children note done , nocturnal urine catch not get episodes decrease irrelevant was _ Enuresis with 3 sick children , as well as enuresis with infected group 1 patient urodynamic indicators addition to check needs was _ Slightly improved _ children physiotherapy to treatment sent (in group I applied scheme according to). So so inorganic _ come coming out nocturnal urine catch not taking - enuresis with hurt the children treatment result that's



it showed that the first group in children nocturnal urine release episodes sure decreased , urine bladder volume significant level increased ($p = 0.05$). . That's it according to magnetotherapy of urodynamics to normalization effect who does combined drug and physiotherapy of treatment efficiency to see can _

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