HEPATOBILIARY CHANGES AND THEIR CORRECTION WHEN THE DRUG" CORAL ZINC " IS DILUTED IN PATIENTS WITH ACUTE ALOPECIA DEPOSITION

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Relevance. Migraine alopecia disease is a disease of a polyethiological nature, the causes that cause the disease in its formation are neurogenic, infectious, the presence of migraine infections, changes in blood vessels, functional changes in the central and vegetative nervous system, pituitary, adrenergic and hormonal disorders at the cell level, which in turn cause hair follicles to enter the body of

The role of neurotrophic factors in the development of alopecia is large. Neurotrophic factors control the proliferation process of epidermis cells, control the state of apoptosis, the development cycle of hair follicles, as well as the process of melanogenesis. Nervous and emotional arousal are responsible for the development of neurovegetodistonia, which in turn leads to the appearance of deep disorders in the hair follicles in this disease. The disease is often observed to occur after stressful situations. In particular, such a condition is of particular importance in children. To the opinions of the authors of the series, the impact of a stress condition, one of the triggers of the environment in the occurrence of AA disease in children, is from 9.5% to 80% gacha.

Research objective. To study and practice hepatobiliary changes and their correction when the drug "coral zinc" is diluted in patients with acute alopecia deposition.

Inspection tools and materials. The diagnosis of AA in children was based primarily on clinical observations. Once the alopecia foci have been identified, patients are given urgu for location, number, constipation, atrophy, and teleangectasia. The structure of the furnaces, the possibility of joining, and the condition of the absence of hair in the furnaces were determined. The condition of observing the "area of frizzy hair" sign was determined by plucking the hair with the fingers of the hands around the foci of alopecia where the hair fell. Cases of the appearance of a loose hair root (dystrophic hair in the form of a telogensymon, exclamation mark) and a vellus condition, that is, the observation of thin, depigmented hair, were found. Observations revealed the condition of the nail plates, dermographism, and pilomator reflexes. Kulagin V. in the diagnosis of AA disease.I. (1992) based on the proposed classification.

Research results. Until observations, the duration of the disease was from 3 months to 3 years. Patients were denied that 54(45.0%) of children were urban and 66 (55.0%) were rural.

The gestation period was found to be 74 (61.7%) patients with toxicosis, 62 (51.7%) patients with anemia were found to be accompanied by eclampsia in 16 (13.3%) patients, and 19 (15.8%) cases with normal delivery. 45 (37.5%) of patients were found to be born in the family from I-pregnancy, 39 (32.5%) from II-pregnancy, 17(14.2%) from III-pregnancy, 17 (14.2%) from IV - pregnancy, and 2 (1.7%) from V-pregnancy. The course of the birth process was moderate in 99 (82.5%) cases and asphyxia in 11 (9.2%) cases. Babies are 49.7 cm tall at birth. ni, while the weight of the body is on average 3238.5 gr. organized. After completion, 117 (97.5%) of infants under the age of 1 were in natural feeding and 3 (2.5) were in artificial feeding. Artificial vaccinations in 104 (86.7%) sick children were performed during the break, while 16 (13.3%) sick children were noted to have no vaccinations. 109 (90.8%) of children with AA disease are URVI, 37 (30.8%) are influenza, 34 (28.3%) are anemia, 47 (39.2%) are caries, 85 (70.8%) are angina, 25 (20.8%) are bronchitis, 16 (13.3%)are gastritis, 46 (38.3%) are hepatitis, 22 (18.3%) are pneumonia diseases and in 7 (5.8%) cases, various operas were postponed. The median age for Sick Children's fathers was 30 years, and the median age for mothers was 27 years.

It was noted that 36 (30.0%) patients had the disease in Spring, 33 (27.5%) had the disease in summer, 26 (21.7%) had the disease in autumn and 25 (20.8%) had the disease in winter when children were observed to have the disease late in the year (Table 2.). In 78 (65.0%) cases, the incidence of AA worsened as patients aged, while in 40 (33.3%) cases remained unchanged, while in 2 (1.7%) cases the incidence was reversed, with improvement.

Conclusions.

AA disease occurs mainly in children over the age of 1 and is observed in 94.2% (iz) cases between the ages of 3 and 16. The disease is reported in the form of single foci in 24.2% (29) cases, multiple foci in the form of co-location in 55.8% (67) cases, and the occurrence of the local form of the disease in 58.3% (70) cases. The condition of the onset of foci of the disease from smooth skin areas of ensa 62.5% (75) later manifested in the form of Total and universal clinical forms.whereas IRNA damage was observed in 4 (3.2%) patients.