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## **FRIGHTENINGHYPNOTISM IN CASES OF VIOLATIONS**

**Resume.** Special" isolating " phobias (F40.2), which occur in certain situations with strict limitations, that is, when there are monsters, height, Lightning, flying in an airplane, in closed places. In this case man will take himself away from these situations. If this is the case, the confusion will call. Confusion disorders (episodic paroxysmal panic) (F41.0), the main sign –this is the return of severe panic (panic) attacks, the characterizes the occurrence in any situation or circumstances. Generalizedfrightening disorders (F41. 1) are mainly considered anxiety and have a generalized and persistent character, will depend on a specific event and events.

**Keywords.** Anxious -phobic, neurosis, psychoasthenic, hysterical, hypersthenic, mixed.

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## **УГРОЗА ГИПНОТИЗМА В СЛУЧАЯХ НАРУШЕНИЙ**

**Резюме.** Особые «изолирующие» фобии (F40.2), которые возникают в определенных ситуациях со строгими ограничениями, то есть при наличии монстров, высоты, молнии, полета в самолете, в закрытых местах. В этом случае человек отвлечется от этих ситуаций. Если это так, вызовет замешательство. Расстройства спутанности сознания (эпизодическая пароксизмальная паника) (F41.0), основной признак - это возвращение тяжелых панических (панических) атак, характеризующих возникновение в любой ситуации или обстоятельствах. Генерализованные пугающие расстройства (F41. 1) в основном считаются тревогой и имеют генерализованный и стойкий характер, будут зависеть от конкретного события и событий.

**Ключевые слова.** Тревожно-фобический, невроз, психастенический, истерический, гиперстенический, смешанный.

**Relevance.** In recent years, it has been found that psychopathological disorders in the form of panic-phobics all over the world have increased. Especially phobic manifestations are manifested. Phobic disorders-they manifest situational panic in one form. For them, the reaction of self-withdrawal is characteristic. In the treatment of

panic-phobic cases, the main place is occupied by the usual methods: antidepressants (amitriptyline, fevarin, melipromine, trachvilizers (Phenazepan, nozepam, seduxene), anxiolytic (Atarax), neurolytics (triftazine, eglonyl).

By the last time, interest in the use of psychotherapy in the treatment of phobic disorders has been increasing.

The purpose of the study is to investigate and compare the advantages of psychotherapy in combination with the method of psychotherapy in patients with mild-phobic disorders diagnosed with Neurosis and its dependence on the characteristics of the patient personality.

**Materials and methods of verification.** In order to perform the assigned task, 87 patients with neuroses underwent a clinical-psychopathological examination, in which more severe phobic disorders are observed in the clinic. The age of the thematic patients included the age from 21 to 52 years (average age  $34,2 \pm 1,2$ ). The course of the disease lasted from 3 months to 3 years (average  $9,5 \pm 0,5$ ) in the studied group, men were 38 (43,6%) women while 49 (56,3%) in the 2013-2015 years were patients with various panic disorder who were treated outpatient by Professor of psychiatry at AVPND and asistents of ADTI.

**The main method of examination:** Clinico-psychological method: the leading method of treatment carried out psychoterapiya was conducted.

Comparative diagnosis was carried out based on the main criteria listed in the MICA-10. Panic phobic disorders (F40. 0) - not only from open places of vision, but also from situations close to it, that is, in front of the universe, in which the patient returns to a safe place (usually home). Sosiophobia (F40.1) –uchrashi is the same in men and women. Bundacan not afford enough self-esteem and fear of criticism.

Special" isolating " phobias (F40.2), which occur in certain situations with strict limitations, that is, when there are monsters, height, Lightning, flying in an airplane, in closed places. In this case man will take himself away from these situations. If this is

the case, the confusion will call. Confusion disorders (episodic paroxysmal panic) (F41.0), the main sign –this is the return of severe panic (panic) attacks, the characterizes the occurrence in any situation or circumstances. Generalized frightening disorders (F41. 1) are mainly considered frightening and have a generalized and persistent character, will depend on a specific event and events.

**Conclusion and discussion.** The patients who were examined were divided into 2 groups: I-Group (main) patients were treated with psychotherapy, as well as with the usual medicamentous therapy - 45 patients (51%). II-Group (control) patients only 42 patients (48.2%) who received treatment for psychomotosis. That is, psychotherapy, exactly hypnotism, was considered the main method of treatment.

The patients who came to the reception were examined by General, Clinical-Psychological, psychopathological examination and pathopsychological, namely by Lusher test, MMPI test, panic scale (Spilberg) and depression scale (Bec), the clinical examination revealed that the patients ' response to the situation with informed consent and that the premorbid characteristics of the patient's personality were determined. As a result of clinical-psychopathological and pathopsychological examination, the following personality traits were identified in the patients under examination.

Psychoasthenic type was detected in 29 (33,5%) patients, in which the frightening malaise is characteristic. They are thought-provoking, inspirational images or impulsivity in relation to behavior, and these actions are content-oriented, but time is unpleasant for the subject. A characteristic sign is the duality of the behavior that they are doing and the difficulty of making decisions.

Hysterical type was detected in 26 patients (29.8%). Their characteristic sign is the variability and variety of the case. The peculiarity of the patient's senses is tied to this situation, and the main symptoms complain of sleep disturbance, headache, constant self-aversion.

Asthenic type was detected in 19 patients (21.8%), in which the decrease in the willpower of the character is characteristic. In them, the main criteria are rapid fatigue, a decrease in working capacity, rapid weight loss, and the mood swings will be on the lower side.

Hypersthenic type was detected in 8 patients (9.1%). These have the property of rigidity of character, with high reflectivity and at the same time there is an increase in weight. It also quickly passes from extreme activity to apathy, crying, impressiveness. Mixed type was detected in 5 patients (5.7%). This includes individuals of a schizoid, depressive, express nature type. Individuals of the schizoid type forgive a person, an isolated way of life, they are extremely impulsive, quickly offended, weak, like a "tree and glass", extremely fragile and fragile. Extreme excitability to depressive-expressive species is characteristic of a tendency to conflict directed at people of the surrounding environment. Such people are prone to alcohol and cocaine.

In the initial period of treatment, it was determined which type of psychotherapy was appropriate for the patient, the reason for the effect of this psyche with the help of hypnosis was explained. After that, the self-persuasion treatment formula was compiled individually for each patient. Hypnotic sessions were held in a special hypnotic room, in a relaxing musical accompaniment.

After that, it was prepared for the stage of hypnotic session, during the session to move to a comfortable position for the patient, then to relax the musculoskeletal system, to undergo interoceptive, relaxation, from the environment and internal suffering are convinced. Then transferred to general relaxation and switched to peace and quiet. An important and leading situation is the transition from sleep to hypnotic sleep.

Then the hypnotic state and the assurances of treatment switched to the next suggestive effect of hypnosis, and then to degipnotization. The duration of the

hypnotic session was 40-45 minutes, with an interval of 10-15 sessions per day in the course of treatment.

The effectiveness of the treatment was assessed by the following criteria: high efficiency-clinical recovery, complete disappearance of the objectektiv symptoms and complaints of the disease, moderate efficiency-significant reduction and attenuation of psychopathological symptoms, low efficiency-absence of positive dynamics of improvement, clinical efficiency minimum non-compliance.

A comparative study of the effectiveness of treatment showed that the high efficiency of treatment (compliance: 60% and 19.0%,  $r < 0.001$ ) among 1 - group patients (hypnotized) compared to 2 - group patients (only simple psychomentosis treatment). The mean effectiveness almost identical was observed in both groups of patients studied. Low effectiveness of treatment was noted among more than 2 - group patients (muv : 6.7% and 59.5%  $r < 0.05$ ).

In the process of being treated with hypnosis, patients with psychostenic, hysterical and asthenic character are able to improve their sleep for a while. During 10 days of treatment, the mood was restored, after 15 days, the general condition of the waxima, which irritated the patient, decreased. After 25 days, the unpleasant thoughts that tormented the patient disappeared, a month later, the adhesive fears that were observed at the initial stage of hypnotism disappeared. Patients began to engage in the usual way of life, their own cocktail activities, began to give some calm attention to the mukhit who tormented them in the past. Waxing and shrinkage decreased. He was interested in life. Relaxation has been more difficult for some time in patients with hypersthenic and mixed (schizoid, depressive and explazive) character traits. In some patients, negativity was observed in getting into this type of psychosis.

### **Conclusion:**

1. Conducted studies have shown that hypnotism is considered more effective in patients with phobic disorders of a heterogeneous typological nature.

2. The use of hypnotherapy (sugestia) in the treatment of patients with waxy-phobic disorders increases the effectiveness of treatment for patients with neuroses for a while. Psychotherapy in the treatment of psychostenic and hysterical typological personality featured patients has been effective for a while.

3. It is possible to strengthen the will of the patient, expand his outlook and interest in life, study his characterological characteristics and psychopathological features after the disease and prevent the occurrence of unpleasant situations in the queue.

### **Used literature**

1. Okanavsky.M.L. ObtshayaMedisinskaya psychology I Andijan psychopathology, 2007-203 s.

2. Okanavsky. M.L, Usmanova. M.B, Sarbaeva.N.Y.K. Psychotherapy prilicheniitrevojno-fobicheskixrasstroystv. MolodezhniyInnovasionniyVestnik-Russia, Voronezh, 2015, tom IV, №1, s.200-201.

3. Okanavsky. M.L, Usmanova. M.B, Sarbaeva.N.Y.K. Psychologicheskaya rehabilitation bolnixneurozamiprofilactictibbiet: yesterday,today and tomorrow" Republican scientific-practical conference.Andijan 2015 y

4. Dmitrieva.T.B. Klinicheskaya psychiatry. Moscow, 1998 -320 s.

5. The Tiger.G.I., Sedok.B.Dj. Klinicheskaya psychiatry. Moscow, 1999-420 s.

6. Psychicheskierasstroystva I rasstroystvapovedeniya. (Klass V MKB-10, adaptirovanniydlyaispolzovaniya v Republican Uzbekistan).- Tashkent, 2005. - 320 s.

7. Sobchik L.N.Y. Standardizirovanniy mnogofaktorniy method issledovaniyalichnosti (smil, Modifisirovanniy variant testa MMPI). M., 1990.-75 s

8. Sheider. R Rukovadstvapo psychiatry. Moscow, 1998-485 s.