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MEDICINES USED IN THE TREATMENT OF DIABETES INSIPIDUS

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Abstract: Many people know about diabetes mellitus, one of the diseases that shortens a person's life, but not everyone has information about non-diabetic diabetes, which is no less dangerous for health. In diabetes insipidus, the body does not respond to an important hormone involved in metabolism, as in diabetes. In diabetes insipidus, the body does not produce the hormone vasopressin, which responds to the release of urine, or there is a problem with it. This article provides information about the drugs used in the treatment of diabetes insipidus.

Key words: Diabetes insipidus, organism, fluid, endocrine, synthesis, kidney, ADG, analysis, diagnosis, Polyuria.

Diabetes insipidus is a neuroendocrine disease; It is mainly caused by hypothalamus and pituitary dysfunction. The disease was discovered in the 17th century, but because they could not distinguish it from diabetes, they did not treat it as a separate disease. Diabetes insipidus was first identified by the English scientist Thomas Willis (1674). He examined the urine of patients with diabetes insipidus and, unlike diabetes, did not find sugar in their urine and called this disease diabetes insipidus. The disease is mainly observed in young men and women, and partly in children. Symptoms characteristic of diabetes insipidus begin suddenly, the patient urinates a lot (polyuria), is very thirsty and drinks a lot of liquids (polydipsia), and has a dry mouth. These symptoms of the disease soon worsen, the patient becomes restless and nervous. During the peak of the pain, the amount of urine excreted in 1 day can be extremely high. In children, this disease begins with enuresis. Soon, the patient will lose a lot of weight, as a result of mineral metabolism in his body, his skin will become dry, his hair will become brittle, fall out often, and his nails will become brittle and brittle. Drinking a lot of water has an unpleasant effect on the digestive system. The production of digestive enzymes of the stomach is derailed, resulting in chronic gastritis, gallbladder secretory activity disorder, impaired movement of the small and large intestines, damage to the mucous membranes, permanent constipation, etc. Drinking too much water causes the stomach wall to stretch, increase in size, and cause the stomach to descend, which also affects the function of the organs around the stomach. It causes menstrual disorders in women, decreased libido in men, and stunted growth and development in children, as well as delays in sexual and physical development. The disease lasts a long time, often its development can be associated with brain injury and surgical procedures, bacterial meningitis, viral encephalitis, wounds, brain tumors.

In the field of modern endocrinology, it is based on which system changes in the development of diabetes mellitus. Central (neurogenic, hypothalamo-pituitary) and renal (nephrogenic) types of diabetes mellitus are distinguished. In central diabetes mellitus, there is a decrease in the synthesis of ADG in the hypothalamus or a small amount of its release into the blood. Kidney-related diabetes insipidus is characterized by a decrease in the sensitivity of the distal channels of nephrons to ADG. Central diabetes insipidus itself is divided into idiopathic (reduced hereditary ADG synthesis) and symptomatic (develops as a result of another disease) types. Symptomatic diabetes mellitus can develop (acquired) during a person's life, often it can be caused by brain injuries, tumor diseases, meningoencephalitis. Kidney-related type of diabetes mellitus is very rare. The reason for this is the incomplete formation of kidney nephrons or a decrease in their sensitivity to ADG hormone. This pathology can be congenital, or it can be caused by the influence of drugs and metabolic changes in nephrons.

Types of diabetes insipidus:Taking into account the mechanisms of development of diabetes mell itus, it can be divided into two main types:

• Central diabetes insipidus. It is formed as a result of a lack of production of vasopressin in the h ypothalamus or a violation of its transfer from the pituitary gland to the blood.

• Renal (nephrogenic) diabetes insipidus. In this form, the level of vasopressin is normal, but the kidney tissue does not react to it.

In addition, psychogenic polydipsia (strong thirst) sometimes develops in response to stress.At th e same time, diabetes insipidus can develop during pregnancy. The reason for this is the breakdo wn of vasopressin by placental enzymes. Usually, symptoms of the disease appear in the third tri mester of pregnancy, but after delivery they disappear by themselves.

Classification of the disease in the field of modern endocrinology is based on which system chan ges in the development of diabetes insipidus. Central (neurogenic, hypothalamo-pituitary) and re nal (nephrogenic) types of diabetes mellitus are distinguished. In central diabetes mellitus, there i s a decrease in the synthesis of ADG in the hypothalamus or a small amount of its release into the blood. Kidney-related diabetes insipidus is characterized by a decrease in the sensitivity of distal channels of nephrons to ADG. Central diabetes mellitus itself is divided into idiopathic (reduced hereditary ADG synthesis) and symptomatic (develops as a result of another disease) types. Sym ptomatic diabetes can develop during a person's life (acquired), often it can be caused by brain in juries, tumor diseases, meningoencephalitis. The kidney-related type of diabetes insipidus is very rare. The reason for this is the incomplete formation of kidney nephrons or a decrease in their sen sitivity to ADG hormone. This pathology can be congenital, or it can be caused by the influence o f drugs and metabolic changes in nephrons. Causes of diabetes insipidus The most common type of diabetes insipidus is the central type. This can be caused by tumors in the hypothalamohypoph ysis system, neurosurgical interventions, problems with blood vessels, tuberculosis, malaria, syph ilis (ulcer). In idiopathic diabetes insipidus, there are no organic changes in the hypothalamo-pitu itary system, antibodies against hormone-synthesizing cells are produced and they kill these cells . The causes of the development of the kidney-related type of diabetes insipidus include factors s uch as congenital or acquired kidney diseases (kidney failure, amyloidosis, hypercalcemia) or poi soning with lithium drugs. Congenital appearance of diabetes insipidus is often caused by Wolfra m syndrome, which is passed through an autosomal recessive gene, in which diabetes, optic nerv e atrophy, and deafness can develop along with diabetes insipidus. Symptoms of diabetes insipid us Typical symptoms of diabetes insipidus include polyuria (passing a lot of urine) and polydipsi a. Polyuria is manifested by an increase in the daily amount of urine (4-10 liters, sometimes up to 20-30 liters). In this case, the urine is colorless, retains a small amount of salt, and a decrease in r elative density (1000-1003) is also observed. A constant feeling of thirst is manifested by polydip sia, the body is dehydrated, the volume of lost fluid is equal to the volume of urine. The level of s ymptoms of diabetes insipidus depends on the level of deficiency of ADG hormone in the blood.

CONCLUSION Blood acts as the main "transport" in the body, carrying important nutrients and oxygen. As a result of slowing down the movement of blood along the vessels, the vital organs of the patient (brain, heart, liver, kidney, musculoskeletal system) will soon fail. If it is not possible to immediately satisfy thirst in patients with diabetes mellitus, symptoms of central nervous syste m disorders will soon appear: hyperresponsiveness, agitation, mental retardation, fever and coma . will give. As soon as the first symptoms of the disease appear, you should immediately consult a n endocrinologist. It also seriously harms children. Delaying their growth can lead to delays in se xual and physical development. There is a congenital and hereditary type of the disease. The anti diuretic hormone is not synthesized in the sick baby from the first days of his life.

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