

THE CONCEPT OF MENTAL DISORDER, WHICH DOES NOT EXCLUDE SANITY IN THE CRIMINAL LEGISLATION OF THE REPUBLIC OF UZBEKISTAN.

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Abstract: Until recently, the study of socially dangerous actions of the mentally ill and persons with mental abnormalities, in domestic studies, was the prerogative of forensic psychiatry. The common interest of lawyers and forensic psychiatrists arose mainly on the basis of the appointment and conduct of forensic psychiatric examination, establishing a kind of border between the spheres of competence. Now, interest in this problem is observed in several branches of science (in criminal law, criminology, forensic psychiatry, psychology, etc.), and at the same time, the point of view of each of them has an independent meaning for determining the normative parameters of limited sanity. At the same time, given the growing prevalence of mental pathology among criminals, there remains an urgent need to create a general theoretical concept of the influence of mental pathology on crime in general and certain types of criminal behavior. This is especially true of many important issues related to the prevention and investigation of serious crimes, mechanisms and motivation of criminal behavior, etc.

Keywords: mental disorder, sanity, criminal code, law, psychogenia, classification.

INTRODUCTION

In the Republic of Uzbekistan, consistently and gradually move the processes of deepening of judicial reforms and modernization of the country. The primary goal of judicial reforms - on the one hand, strengthening the status of the judiciary as an effective means to protect the rights, freedoms and lawful interests of citizens, and secondly, to ensure genuine independence of the judge, increasing the role in the formation of a humane, democratic state and civil society.

The Criminal Code of the Republic of Uzbekistan, adopted on 22 September 1994 and came into force on 1 April 1995, it is the only source of criminal law. It should be noted, that the criminality, penalty and other legal consequences of the criminal act are determined only by the Criminal Code of the Republic of Uzbekistan.

The aim of the Criminal Code is to protect the individual, his rights and freedoms, interests of society and the state from criminal encroachments. A person who commits a crime, in order to achieve the result of a criminal commits certain acts and wants to attack criminal consequences. But, in some cases as a result of these acts a person does not achieve his pursued aim. Although in such cases there is no encroachment on the specific social relations, it is not harmful, but there is a public danger. Therefore, the criminal law establishes criminal liability for an uncompleted crime – preparation for crime and criminal attempt [1, p. 1729].

DISCUSSION

First of all, it is necessary to understand the concept of mental anomalies in order to further carry out their classification. However, it will not be easy to do this, because, despite the fact that this term is widely used not only in the field of scientific vocabulary, but also in the practical activities of expert psychiatrists, practicing psychiatrists and psychologists, a unified understanding of this term has not yet been developed, although attempts to come to a common opinion have been made on several occasions.

So, according to the point of view of R.I. Mikheev and A.V. Mikheeva, “mental anomalies are such an inborn or acquired functional or physical change in the brain, which, reflecting on different aspects of the subject's mental activity, affects the content and nature of its socially significant behavior, including socially dangerous behavior” [2, p. 48].

S.A. Golumb under mental abnormalities, which does not exclude sanity, understands certain mental diseases and pathological states of the psyche or other disorders of neuropsychic activity that have not reached the degree of mental illness, which deprives the person of the opportunity to be aware of his actions and due to emotionally - volitional or intellectual pathology to guide them during the period of the crime [3, p. 5].

In the psychiatric literature, the content of mental anomalies is defined somewhat differently. For example, the German psychiatrist G. Binder included among such anomalies such forms of functional anomalies in which disintegration is expressed mainly in the mental sphere, where mental factors are leading in the general system of painful phenomena. These violations are mainly quantitative deviations from the norm [4, p.148].

According to Y.M. Antonyan and S.V. Borodin, when trying to determine mental anomalies, the following circumstances should be taken into account. Mental abnormalities include, first of all, structural or functional abnormalities of a stable nature, caused by disorders of prenatal development, for example, oligophrenia and nuclear or constitutional psychopathies. Further, such anomalies can include marginal psychopathies, pathocharacterological developments, residual phenomena of organic damage to the central nervous system of traumatic etiology, etc.

It should be noted that mental abnormalities contribute to the emergence and development of such character traits as irritability, emotional imbalance, hot temper, anger, cruelty, aggressiveness. Mental abnormalities contribute to a decrease in the level of control over volitional actions. They interfere with the normal life of a person, concentrated engagement in certain types of activity.

Of course, one cannot but agree with the opinion of the above authors on the concept of mental anomalies. However, it must be borne in mind that mental anomaly is primarily a medical concept, and it belongs to the number of problems studied by medicine. Within the framework of legal science, the concept of "mental anomaly" is applied insofar as a mental anomaly is related to the socially dangerous behavior of a person who has committed a socially dangerous act. It should be said that the study of this phenomenon by psychiatrists is of great help to the criminological study of

mental anomalies. However, as you know, for many centuries, priests, monks, philosophers, anyone, but not doctors, were engaged in mentally ill patients. The patients were stoned, burned at the stake, and imprisoned for life. Mental patients who could be used as cheap labor were auctioned off. A similar inhuman attitude towards the mentally ill took place even in the middle of the last century. An example of this is the 200,000 mentally ill people killed in Nazi Germany.

By the beginning of the 20th century, the clinic of many mental patients was thoroughly studied, the symptoms and syndromes of many mental disorders and mental abnormalities, as well as the method of their treatment, became known. Assessment of neuropsychic diseases and anomalies has become traditional for many works on psychiatry [5, p. 292]. The development of the theory of psychopathies in the first half of the 20th century in Russian psychiatry is primarily associated with the research of N.B. Gannushkin and representatives of his school. In the early 70s, the term "psychopathy" in the psychiatric literature was replaced by - "personality disorder".

To date, psychiatric science offers various options for classifying mental abnormalities. The most developed is the grouping according to complex criteria.

By the nature of occurrence:

constitutional (congenital);

acquired (acquired).

By the nature of mental changes:

true abnormalities (such as psychopathy);

pseudo-anomalies (i.e. arising from other mental disorders).

By the prevalence of mental disorders:

intellectual;

strong-willed;

emotional.

We will try to break down the above groups of mental abnormalities and characterize them according to the principle of their prevalence in psychiatric practice. However, when classifying and analyzing mental anomalies, we are forced to talk about them in a broad sense of the word, which essentially coincides with the concept of mental disorders, since individual chronic mental disorders will also be analyzed, in which a person can still be recognized as having limited sanity. In this case, we mean such mental disorders as schizophrenia, epilepsy, etc.

Alcoholism is a growing disease characterized by a pathological craving for alcoholic beverages. Alcoholism is extremely dangerous in terms of social consequences and, unfortunately, one of the most common types of mental abnormalities. The systematic consumption of alcoholic beverages causes a gradual restructuring of the body. Approximately 5-7 years after the beginning of the systematic consumption of alcoholic beverages, especially strong ones, control over the amount drunk begins to be lost and the body requires more and more doses of alcohol intoxication [6, p. 239].

Alcoholism and crime have a beneficial effect on each other. Alcoholism is an important condition contributing to crime, and vice versa, crime provokes alcoholism.

Persons leading an antisocial lifestyle for a long time and committing crimes, in most cases, abuse alcohol, which is especially characteristic of repeat offenders. The prevention of alcoholism is of great importance in the fight against crime, and especially in the prevention of that part of it, in the determination of which alcohol intoxication is of decisive importance - the majority of violent crimes; hooliganism, etc.

In order to stop alcoholism as a disease, it is necessary to completely stop drinking any alcoholic beverages. However, the altered reaction of the body to the action of alcohol does not disappear even with prolonged and complete abstinence. As psychiatrists say, "an alcoholic once - an alcoholic always." Facts are known when the accidental use of alcohol after 7-15 years from the beginning of the cessation of use led to binges, and sometimes completely unexpected for the person himself, it would seem, had long been rid of the disease and had time to forget about it. Chronic alcohol intoxication leads to the phenomena of the so-called alcoholic encephalopathy. Over time, the signs of encephalopathy become more and more distinct, sometimes turning into a picture of severe dementia.

Schizophrenia is a progressive (growing) disease characterized by gradually increasing personality changes (autism, emotional impoverishment, the appearance of oddities) and productive psychopathological manifestations of different severity and severity (affective, delusional, hallucinatory).

The most severe forms of schizophrenia are found to a greater extent in men, less progressive - in women. Schizophrenia, which manifests itself in adolescence, is more malignant than in adults. If there are schizophrenic patients in the family, it is not at all necessary that all descendants will have to suffer. So, Y. Polischuk points out that "responsible genes can remain idle throughout their lives. They are activated, as a rule, after emotional upheavals associated with family or personal life, after the collapse of hopes and disappointments. Most often, the disease begins in adolescence or adolescence. Due to serious hormonal processes, the psyche becomes especially vulnerable, turning even a trifling event into a tragedy of enormous scale. "

With continuously flowing schizophrenia, there is a gradual increase in painful manifestations. With sluggish schizophrenia, the development of the process for a long time does not lead to gross personality changes and pronounced violations of social adaptation. Malignant schizophrenia, beginning in childhood and adolescence, is characterized by early manifestation of negative changes, complication of the clinical picture due to the appearance of delusional disorders. There is a rapid development of the disease, already after 1-4 years ending in the final state with a gross emotional defect.

The second form of schizophrenia is characterized by seizures separated by remissions: during remission, progressive personality changes are clearly visible.

Recurrent (periodic) schizophrenia is characterized by recurrent attacks, which lead to gross negative changes and are replaced by deep remissions. The most characteristic are depressive-paranoid attacks with delusions of condemnation, staging, etc. The diagnosis of schizophrenia is facilitated by the presence of gradually increasing personality changes, as well as impaired thinking, the phenomenon of

mental automatism. Treatment of schizophrenia depends on the clinical picture, course, stage of the disease. In severe psychotic conditions that disrupt the adaptation of patients and require hospitalization, psychotropic drugs are used, as well as shock treatment methods. In cases where the development of the disease is in the early stages, drug treatment is carried out in combination with psychotherapy and occupational therapy.

For more than half a century, the question of the sanity of patients with schizophrenia has periodically become the subject of discussions among domestic and foreign psychiatrists. In 1938, two works devoted to this issue were published in the former USSR. The author of one of them, D. Amenitsky, considers the degree of preservation of the personality, its active adaptation to life and work, the establishment of certain social ties with appropriate compensation for mental defects as criteria that allow judging the sanity-insanity in schizophrenia. The author of another work, A. Khaletsky, proposed to consider the signs of personality unity, the safety of the motivation of actions (clarity of the motives of the crime, a relatively correct understanding of one's illness, an active line of social structure) as criteria for sanity in schizophrenia. In recent decades, the issue of sanity in schizophrenia has received particular attention. This is due to the outlined increase in the number of cases of sluggish schizophrenia [7, p. 33].

In the overwhelming majority of cases, patients with schizophrenia are recognized as insane, tk. the development of the disease, especially its pronounced forms, leads to the loss of previous social ties, a decrease in mental activity. In our case, the isolation of schizophrenia as a separate mental anomaly is due to those cases when the characteristic symptomatology of schizophrenia has not reached a high degree of severity, therefore, in these cases, sanity is not excluded. Although for a number of signs it (sanity) cannot be called complete. Therefore, we can only talk about limited sanity. Let us give a typical example of this kind [8].

Experts say that there is a connection between the date of birth of a person and the likelihood of developing a number of diseases in him. Those born in January, February and March are 10% more likely to become schizophrenic than those born in summer and autumn. And those born in May most often suffer from seasonal depression. The main risk factors for schizophrenia, according to experts, are: small growth at birth (up to 49 centimeters) and thinness in the period up to 7 years. In these children, the risk of schizophrenia increases fourfold [9,10].

Epilepsy is a chronic disease of the brain, characterized by convulsive and non-convulsive disorders (seizures), typical personality changes, often severe dementia and the possibility of developing acute and protracted psychoses in the late stages of the disease [11]. Epilepsy is based on increased neuronal activity. The name of the disease "epilepsia" comes from the Greek word for "suddenly fall," to be seized unexpectedly. If we touch a little on the history of the doctrine of epilepsy, then it goes back to the distant past. This disease has been known since ancient Egypt. Hippocrates suggested a connection between epilepsy and brain damage and objected to the then widespread opinion about the role of mysterious forces in the origin of the disease. The English neuropathologist J.H. Jackson made a great contribution to the

theory of epilepsy. He differentiated convulsive and non-convulsive paroxysms of epileptic disease and epileptiform seizures in various organic brain lesions [12, 13].

Some scientists question the possibility of recognizing a person with limited sanity in relation to the act incriminated to him in the event that this person is diagnosed with epilepsy. However, forensic psychiatric practice refutes such claims [14]. So, in particular, this can be evidenced by the following example from the archives of the Republican Psychiatric Dispensary, confirming this possibility [15].

With regard to the prevalence of this disease, we note that the most common epileptic seizures occur in childhood. Seizures in children are characterized not only by a high frequency, but also by a greater degree of severity. It is during the period of brain development that seizures can lead to secondary changes on the part of the child's psyche, therefore, it is necessary to provide specialized in the early stages of the development of this disease [16, 17].

The causes of this disease, like many other mental disorders, are not fully understood. The reasons for the neural activity of the brain are also not yet clear enough, but scientists presumably associate them with the structure of the brain cell membrane, as well as the chemical characteristics of these cells. In about 70% of cases, the cause of seizures remains unknown, despite a special neurological examination, since there are no obvious or suspected signs of an underlying brain disease [18]. Depending on the age at which the seizures appeared, one or another reason should be assumed. If seizures begin before age 20, the cause is most likely due to brain damage during pregnancy or childbirth; after 25 years - the cause is usually brain tumors; in the elderly - circulatory disorders of the brain. Summing up, it is necessary to note the factor of heredity of epilepsy. It is known that if one of the parents has epilepsy, then the probability of its occurrence in a child is about 6%, that is, more than three times more than for most people. If both parents have epilepsy, the risk of epilepsy in the child increases to 10-12%. Of course, the information is generalized and therefore in each specific case of the incidence of this disease, an individual approach to the patient is needed [19].

Epilepsy is often associated with other medical conditions, such as alcoholism. Alcohol has a very detrimental effect on epileptics. If there are patients in whom the abuse of alcoholic beverages does not affect the frequency of attacks, then the overwhelming majority of paroxysms during drunkenness become more frequent. An alcoholic epileptic as a patient is especially dangerous: he adds to the impulsive disorders caused by his underlying disease, those that are caused by alcohol dependence [20].

It should be noted that theoretically, every person can have epileptic seizures: they appear as a result of electrical discharges in the cells of the brain. It is known that many great people had epilepsy - these are Alexander the Great, Caesar, Socrates, Peter the First, Dostoevsky, Nobel and others. However, this was not an obstacle to their social activities. Epilepsy still occurs in many people today and does not interfere with their full and fruitful life. This requires regular visits to the doctor and strict adherence to medical prescriptions [21, 22].

Oligophrenia (literally - dementia) - congenital or acquired (under the age of 3 years) mental underdevelopment with a predominant lack of intellectual abilities. Oligophrenia can be a consequence of brain damage in the early stages of its development.

According to the principle of the depth of mental underdevelopment, three degrees of severity of oligophrenia are distinguished: idiocy, imbecility, debility. For the area of our research, related to the recognition of persons suffering from mental disorders or mental abnormalities as having limited sanity, only such a form of oligophrenia as debility is of certain interest, since in the other two cases a person can only be recognized as insane. Let us give on this occasion one typical example concerning the recognition of a person suffering from oligophrenia in the form of debility as having limited sanity [23].

Studies show that oligophrenics most often commit property crimes (mainly theft and robbery). In particular, this is evidenced by the above example.

It should be noted that mental retardation is one of the most common mental abnormalities among persons subject to art. 18¹ of the Criminal Code of the Republic of Uzbekistan. Debility is the mildest degree of dementia. Persons suffering from debility usually graduate from an auxiliary school and are able to lead an independent life. In such persons, a specifically descriptive type of thinking prevails, while the ability to abstract is almost absent. Some people suffering from mental retardation with a delay in general mental development and a low level of thinking are even partially gifted (for example, the ability to perform complex arithmetic operations in the mind) [24].

As for other forms of oligophrenia, it should be noted that idiocy is the deepest degree of oligophrenia, characterized by an almost complete absence of speech and thinking [25]. Such persons do not have basic self-service skills. Imbecility in severity of the consequence takes the middle line. Persons suffering from this form of mental retardation, unlike those suffering from idiocy, are able to understand the speech of others, they themselves can pronounce short phrases. Some imbeciles are capable of performing elementary counting operations, mastering the simplest self-service skills [26].

With all the variety of clinical forms of oligophrenia, there are signs of mental underdevelopment common to all patients. First, dementia encompasses not only the underdevelopment of the cognitive process, but also the personality as a whole, i.e. perception, memory, attention, speech, emotions, will, intellect, etc. suffer. Secondly, the leading role in the structure of a mental defect belongs to the lack of abstract thinking. Speech is notable for its poor vocabulary and illiteracy. Attention and memory are generally weakened, patients have a reduced level of initiative, physical development is also slow [27].

When diagnosing oligophrenia, problems of delimiting it from early-onset schizophrenia can cause problems. Oligophrenia should also be distinguished from dementia - acquired dementia, in which relatively rich vocabulary and a greater variety of emotional manifestations are revealed [28].

Prevention of some hereditary forms of oligophrenia begins during pregnancy: examination of pregnant women for syphilis, prevention of rubella in pregnant women, qualified assistance during childbirth [29].

Psychopathy is an inadequate development of emotional-volitional traits of a person's character, largely determined by innate inferiority of the nervous system. Psychopaths, first of all, are distinguished by the inadequacy of emotional experiences, a tendency to depressive states.

The term "psychopathy" was introduced by J. Koch. In his classification of borderline states, he identified, along with other mental anomalies, variants of constitutional psychopathies that do not change throughout life. In Russian psychiatry, the doctrine of psychopathic personalities has received significant development and has been singled out in a separate category since the 80s of the nineteenth century. The impetus for the development of this concept was a series of court cases in which prominent representatives of Russian psychiatry acted as experts.

Since the early 70s of the XX century, the concept of "psychopathy" in the psychiatric literature has gradually been replaced by the concept of "personality disorder". This term, according to P.V. Shostakovich, more accurately reflects the essence of mental disorders and is devoid of a socially negative sound.

As already noted, psychopathy is based on congenital inferiority of the nervous system, which can arise under the influence of hereditary factors. Of considerable importance in the formation of psychopathy is the unfavorable influence of the external environment, improper upbringing, mental trauma, the criminogenic behavior of parents, the influence of a dysfunctional micro-social environment. Confirmation of this kind of views are the results of studies showing the influence of negative factors of the social environment on the formation of a person's character, personality, focus of interests and behavior. Let us give one typical example in this regard [30].

Representatives of European criminology believe that true psychopathies are constitutional in nature, i.e. is a congenital anomaly. They develop between the ages of 5 and 20 and can be traced throughout life. Psychopathies, unlike psychosis, are not progressive. But it must be borne in mind that this is a general position, and it does not mean that the psychopathic personality is given already at the moment of birth and does not change during life.

Today, the most common classification of psychopathies is the following: asthenic type, psychasthenic, schizoid, paranoid, excitable, hysterical, affective, unstable. However, one should not forget that in addition to the biological division of psychopathies, they also use the sociological basis of their division, i.e. to a group of people who themselves suffer from their abnormality, and those who make society suffer. It is important that the first group consists of people who themselves go to doctors and seek their help, the second, on the contrary, go to doctors most often at the request of the judicial authorities. The second group is united by the fact that they always reveal certain moral defects .

As for the treatment of psychopathy, there is no need to talk about drug therapy in this area. Psychotherapy is directed mainly against abnormal reactions to living conditions arising from psychopathy. The most effective is, of course, correct upbringing in the early stages of a child's development. At a later age, living conditions, environment, social atmosphere, etc. become important.

Addiction (from the Greek word narco - numbness, sleepiness, numbness, mania - passion) is a group of diseases caused by systematic drug use and manifested by the syndrome of altered reactivity, mental and physical dependence, as well as some other mental and social phenomena. With the cessation of drug use, withdrawal symptoms occur, which is an objective sign of drug addiction. The development of the process of drug addiction is more pernicious and catastrophic than, for example, with alcoholism. Drug addiction can often be observed in people with chronic diseases who, for medical reasons, are prescribed narcotic drugs (most often these are painkillers). The spread of drug addiction, as a rule, leads to an increase in the number of crimes committed.

Drug addiction is a serious ailment that is extremely difficult to deal with, since the drug becomes part of the biochemical processes of the body, especially the brain. Drug addiction is a disease that develops with the use of drugs. Its peculiarity is that the physical and mental state of a person, his state of health is in constant dependence on the use of drugs, its presence or absence in the body. The patient is forced to periodically take the drug, otherwise he has a painful condition with pain, convulsions, etc. The drug damages almost all organs and cells. Drugs are substances that have a special effect on the nervous system, the entire human body, and, above all, on his mental state, consciousness, mood.

The growing number of drug addicts is becoming one of the most serious social problems of our time. It is of great concern that drug addiction affects mainly young people. The prevalence of this disease in the country is well known.

The human body is practically defenseless against the toxic effects of drugs. Their danger is that the pathological conditions they cause are, to a certain extent, irreversible and some of the negative changes occurring in the body remain forever. Addiction creates psychological and physical dependence. With physical dependence, the drug becomes a necessary substance to maintain the vital functions of the body. Otherwise, withdrawal syndrome ("withdrawal") occurs. Psychological addiction is an uncontrollable craving for drug use.

Naturally, compulsory drug addiction treatment was applied along with punishment only in relation to persons who committed a crime. The purpose of applying this measure is to try to heal a person suffering from drug addiction or improve his mental state, as well as to prevent him from committing new crimes.

Drug addicts can commit a crime in a state of limited sanity. Then the court can prescribe compulsory treatment, based on the requirements of part 2 of art. 18¹ of the Criminal Code of the Republic of Uzbekistan.

It is impossible to unequivocally answer the question of how effective compulsory drug addiction treatment is. Here a lot depends on the patient's desire. So, if he has set a goal to stop using drugs, any treatment will help, if not, then even the

most modern methods will be ineffective, not to mention the compulsory treatment that is carried out in state medical institutions.

Psychogenia - (from the Greek psyche - soul and gemaio - I generate) - mental disorders arising under the influence of mental trauma. Psychogenias can occur as a result of a one-time, intensely influencing psycho-traumatic situation or can be the result of a relatively weak but prolonged trauma. Unlike other mental disorders, psychogenia is not pathological in nature, it is a temporary and reversible mental disorder. In the emergence of psychogenias, a certain readiness for a "mental breakdown" plays an essential role, which develops against the background of the weakening of the body after an illness, prolonged nervous tension, and specific features of the nervous system. Thus, it is characteristic for psychogenias that they:

develop in connection with mental trauma;

mental trauma is directly reflected in painful experiences;

the condition stops after the elimination of the mental trauma that caused it.

Since there is no single qualification of psychogenias today, we will use the concepts that are best known to psychiatric science. Most often, psychogenias are divided into two large groups:

neuroses;

reactive states.

Neuroses are characterized by the fact that they arise under the influence of a long-term traumatic situation, most often in persons with an unstable nervous system. The previous reason is the exhaustion of the body and the nervous system as a result of infection, intoxication, and overwork.

Neurasthenia, psychasthenia, hysterical neurosis belong to neuroses.

Neurasthenia is expressed in increased irritability, emotional instability, absent-mindedness. Psychasthenia is characterized by obsessions, fears (for example, fear of heights, sharp objects), etc.

With hysterical neurosis, hysterical seizures, skin sensitivity disorders, temporary loss of speech, etc. are most often observed.

The forensic psychiatric significance of neuroses is small, since its presence in any degree of development does not lead to insanity, fully retains the ability to be a subject of criminal law and criminal procedural legal relations.

Reactive states are temporary and reversible mental disorders that arise as a result of mental trauma. With a great force of mental trauma, such a state can occur in any person. Most often, reactive states occur.

The residual effects of craniocerebral trauma include signs of traumatic asthenia - symptoms of irritability and exhaustion. Headaches, absent-mindedness, forgetfulness appear. With traumatic brain injuries of mild to moderate severity, especially those received in adolescence and adolescence, these disorders develop quickly and are marked by resistance. Sharp changes in mood are characteristic

Vascular diseases - a group of diseases that include various non-psychotic disorders based on vascular pathology of the brain (atherosclerosis, hypertension), as well as in vascular diseases of non-cerebral localization (myocardial infarction).

Modern medicine has proven that the cause of atherosclerosis is an excess of free radicals. They destroy the vascular system. At the site of damage, cholesterol is deposited, an atherosclerotic plaque is formed, the vascular wall becomes less elastic, blood flow is impeded, and as a result, the nutrition of brain cells noticeably worsens. In turn, the deterioration of blood flow in the vessels of the brain can lead to a stroke.

Atherosclerosis, as a rule, affects large and medium-sized vessels, and with hypertension, small vessels - arterioles and capillaries - suffer, their wall thickens, loses its elasticity, nutrients and oxygen poorly penetrate the brain cells.

Atherosclerosis and hypertension are not the only diseases that damage the blood vessels in the brain. In diabetes, as a rule, damage to the vessels of the brain also occurs. With the development of vascular disease in elderly people, first of all, asthenic components of character - indecision, self-doubt, etc., increase.

For the treatment of vascular diseases of the brain, neotrons are used - drugs that improve metabolic processes in the brain tissue, as well as vascular agents, antiplatelet agents, pressure regulating agents, vitamins, antioxidants, antidepressants.

All these mountains of drugs at risk are replaced by ozone, which can be used both for treatment and for the prevention of cerebrovascular lesions, as well as for rehabilitation.

Concluding this question, it should be noted that the above classification of mental disorders is summed up under the criterion common for all disorders - mental disorders of a non-psychotic nature.

REFERENCES:

1. Ochilov X., Kamalova D. Criminal responsibility for inchoate offence according criminal Code of the Republic of Uzbekistan //International Journal of Advanced Science and Technology. – 2020. – T. 29. – №. 5. – C. 1729-1737.
2. Mikheev R.I., Mikheeva A.V. The value of mental anomalies for improving criminal law measures to combat crime // Problems of legal regulation of issues of combating crime. Vladivostok, 1977, p. 48
3. Golumb Ts. A. Violent crimes committed by persons with mental abnormalities, and the prevention of these crimes: Author's abstract. dis. ... Cand. jurid. sciences. L., 1982, p. 5
4. Clinical psychiatry. M.: Medicine 1967, p. 148
5. Kerbikov O.V. Selected Works. M.: Medicine. 1971, p. 292
6. Bratus B.S. Personality anomalies. M.: "Thought". 1988, p. 239
7. L. Podrezova Issues of sanity in schizophrenia. // Sots. legality. 1988, p. 33
8. Eldarovna G. N., Ochilov K., Sobirov B. Problems of transplantation of human organs and tissues: international standards and international experience. Religación //Revista de Ciencias Sociales y Humanidades. – 2019. – T. 4. – №. 16. – C. 714-719.
9. Salomat N. COMMENTS ON THE COMPARATIVE ANALYSIS OF THE EXPERIENCE OF FOREIGN COUNTRIES IN THE FIELD OF VICTIMOLOGICAL PREVENTION OF VIOLENT CRIMES AGAINST THE PERSON //Review of law sciences. – 2020. – №. 4.

- 10.** Niyozova S. S. Legal Conditions For The Lawfulness Of Necessary Defense //The American Journal of Political Science Law and Criminology. – 2021. – T. 3. – №. 01. – C. 21-29.
- 11.** Niyozova S. S. Reasons for Suicide and the Issue of Responsibility //International Journal of Pharmaceutical Research. – 2020. – T. 12. – C. 528.
- 12.** Niyozova S. Approaches to the study of the physical and psychological prophylaxis of crimes committed against persons //Review of law sciences. – 2018. – T. 2. – №. 4. – C. 18.
- 13.** Niyozova S. SPECIAL PREVENTION OF VICTIMIZATION IN CRIMES COMMITTED AGAINST PERSON BY USE OF VIOLENCE //ProAcademy. – 2018. – T. 1. – №. 1. – C. 46-49.
- 14.** Kh K. F. Extreme cruelty is as the way of committing crime of murder: theoretical-practical problems and their solutions //European Journal of Research. <https://journalofresearch.info/>–Vienna, Austria. – 2019. – T. 4. – №. 10. – C. 8-11.
- 15.** Kh K. F. Force and threat of violence are as the ways of commission of rape //Хуқуқий тадқиқотлар журнали.–Тошкент. – 2019. – C. 50-54.
- 16.** Kh K. F. Objective signs of the intentional killing by a way endangering other people’s lives: theoretical-practical problems and their solutions //Materials of the XV International scientific and practical Conference Scientific horizons//Sheffield. Science and education LTD/–Sheffield, England. – 2019. – T. 12. – C. 119-123.
- 17.** Kh K. F. Theoretical aspects and specific legal significance of the optional features of the objective aspect of the crime //Bulletin of the Academy of the Prosecutor General of the Republic of Uzbekistan.-Tashkent. – 2018. – T. 4. – C. 75-79.
- 18.** Kh K. F. The way commission of a criminal offence and its criminal legal aspects //Science, research, development. – T. 13. – C. 98-101.
- 19.** Khudaykulov F. K. Force And Threat Of Violence Are As The Ways Of Commission Of Rape: National And Foreign Experience //Psychology and Education Journal. – 2021. – T. 58. – №. 1. – C. 1123-1132.
- 20.** Khudaykulov F. K. Signs Of The Objective Side Of Crime In The Theory Of Criminal Law Belonging To The Romano-Germanic Legal Family: Theoretical And Practical Problems //The American Journal of Political Science Law and Criminology. – 2021. – T. 3. – №. 01. – C. 57-62.
- 21.** Feruzbek K. Offence of infanticide: national and foreign experiences //Review of law sciences. – 2020. – №. 4.
- 22.** Xudaykulov F. Mutual relations and criminal-legal aspects of the subjective side of the crime //Review of law sciences. – 2018. – T. 2. – №. 3. – C. 59.
- 23.** Gafurova N., Khidoyatov B., Sunnatov V. Criminal responsibility of medical workers: National and foreign experience //International Journal of Pharmaceutical Research. – 2020. – T. 12. – №. 2. – C. 153-165.
- 24.** Vokhid S. specific aspects of motivation and purpose in the quantification of career fraud crime //Review of law sciences. – 2020. – №. 4.

- 25.** Altiev R. Subjective Signs of the Crime of Fraudulent Looting of Property in the Criminal Law of the Republic of Uzbekistan //Psychology and Education Journal. – 2021. – T. 58. – №. 1. – C. 1145-1155.
- 26.** Shamsiddinov Z. Z. Sources of Criminal Law of some European Countries and Rules for the Application of Criminal Law in Time //Psychology and Education Journal. – 2021. – T. 58. – №. 1. – C. 1133-1137.
- 27.** Allanova A. Leaving and entering illegally the Republic of Uzbekistan (instructions and specific features) //Review of law sciences. – 2018. – T. 2. – №. 2. – C. 29.
- 28.** Rakhimjonova N. R. Classification System of Crimes in Criminal Code of the Republic of Uzbekistan //Psychology and Education Journal. – 2021. – T. 58. – №. 1. – C. 1094-1101.
- 29.** Abzalova K. M. et al. Some matters of imposition of punishment for preparation for premeditated murder in the criminal code of the Republic of Uzbekistan //International Journal of Legal Studies (IJOLS). – 2018. – T. 4. – №. 2. – C. 159-167.
- 30.** Ruzmetov B. K. Protection of Human Rights in the Criminal Procedure Legislation of the Republic Of Uzbekistan and Improved Reforms Taking Into Account Foreign Experience //Psychology and Education Journal. – 2021. – T. 58. – №. 1. – C. 1102-1115.