THE IMPORTANCE OF NEUROLOGICAL AND PSYCHOLOGICAL METHODS IN THE DIAGNOSIS OF DISORDERS OF THE ACTIVITY OF THE JAW-LOWER JAW

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Relevance:

The problem of dysfunction syndrome (DS) in pain complications of the jaw-lower jaw has attracted the attention of many specialists; in particular, the katorian study is devoted to the axamity of biological factors for the development of the disease and the possibility of patients ' adaptation in rare cases - neurological and psychological changes; on top of this, so far, there is no single classification for various forms of DS of the jaw-lower jaw, which makes the diagnosis of this disease dress up. 1197 patients aged 20-70 years who applied to the Dental Center at Buxoro State Medical Institute for specialized assistance in determining the frequency and clinical characteristics of jaw-lower jaw patients were taken to the examination. Diagnosis of the patient's condition-in terms of urni, which holds both biological, mental and neurological factors in the development of the disease, the stool was lost. The main clinical signs of the disease are pain in the face, pain in the chewing muscles, restriction of the opening of the mouth, asymmetrical dysfunction of the chewing muscles, manifested by a violation of chewing on the account of deviations of the lower jaw in the movements are known to specialists. Listed util clinical features "Kosten syndrome" (Costen J.B., 1934), "Jaw-lower jaw -pain dysfunction syndrome of the lower jaw", "Myofastial painful dysfunction syndrome of the face" (Laskin L., 1969) is reflected in the terms. In addition, psycho-social factors that affect the development and creep of jaw-lower jaw DS include parents at childhood age, unstable and inappropriate relationships in the reading environment, family and material difficultieschiliklar, patients ' consumption of drugs or alcohol, chronic diseases of the family, loss of a close person, as well as humor, qodir ability to high activity of the brain, emotional disorders. Thus, having studied the nature and methods of providing diagnostic assistance in the DS of the jaw-lower jaw, it shows the need to conduct more in-depth scientific research that aspects of the tugr of this disease have not been able to tula uz solution today.

Purpose of the study.

Methods of research in the diagnosis of syndromes of functioning disorders of the lower jaw with the complication of occlusion of the lower jaw, as well as to determine the severity of bilateral relations and urinalysis of various specialists.

Materials and methods of the study.

1197 patients with 20-70 years of age who applied to the Dental Center at Bukhara State Medical Institute for specialized assistance in determining the frequency and clinical characteristics of jaw-lower jaw diseases were subjected to examination by orthopedists, psychotherapists and neurologists.

Phenomena in tone when writing electric potentials of four chewing muscles with the help of portable electromyography (EMG) "synapsis" chewing muscles [1]- tonic activity in a calm state; - optimal electromyogram; - appearance of interperated EMG; - "bioelectric calm"; - short – term flea bites-BEA, which occur from the cross-beam, are registered at a frequency of 2-6 oscillations per second in a calm state; - hypercinchron electromyogram; - Partial collapse of the IEA; - series of eruptions that occur from the fullness; - tremor - shaped electromiogram; - zalpimum electromiogram; - the participation of the neck muscles in the implementation of specialized activities (chewing, speech) was struck. In the main group of patients, psychological examination was performed on the basis of SCL-90-R measurements [11] in order to assess the expression of complaints in the evaluation, we divided the patients into three groups; according to the sum of the confirmation responses, it was used to evaluate clinically significant complaints with a normalized index of 20.4±1.98, as well as patients In turn, when using the "clinical index of CHPJB dysfunction" measurement in patients with 1 and 2 MG, the index was higher than 5 points, and patients with 3 MG with an index of up to 5 points [10].

The results obtained and their discussion.

We analyzed the collected data based on modern representations of the etiopathogenesis of nervous-mental disorders from the point of view of the diagnosis of the patient's condition - urni, which holds both biological and mental and neurological factors in the development of the disease.

The results showed that (Table 1) the main Group (MG)-a total of 608 patients suffering from jaw-lower jaw DS (100%); of them patients with Oas – 245 (40,29%) (1 - MG), NMS-154 (25,32%) (2 - MG) and patients with VVD-209 (34,37%) (3 - MG);-control group (ng) - 589 people who had virtually no problems by the jaw-lower jaw; also 50-59 and the highest indicator of chpjb pathology in 60-69 – year – olds was established-27,13% and 27,75%, respectively; healthy individuals accounted for 49,03% , of these, 37,79% I women, 62,20% i men. According to the nosological clinical forms of Oas 50-59% of women among the elderly 31.25%; NMS – 28.57% of women and 30.76% of men; as well as VVD – 60-69% of men among the elderly – 40,65%, in women 32,55% of cases were diagnosed.

In the study, it was found that movements of the lower jaw were observed with noise phenomena in 280 (46.06%) patients with jaw-lower jaw; including right – hand swelling when the mouth was opened - 45 (15.84%) patients; in the chap - 80 (28.57%) patients; right - hand swelling when the mouth was closed-92 (32.85) people; left-hand swelling-63 (22.5%) patients, including 50-59 and observed.

In the study of pain in the palpation of the jaw-lower jaw, the following were established: pain in the right side in palpation was 178 (59,13%); pain in the left side in palpation was 123 (40,86%) patients; pain by age was observed mainly in the controls aged 40-49 years, 50-59 and 60-69 years (58.2%, respectively; 54.8% and 55.3%).

The main clinical complaint of jaw-lower jaw in DS is pain, including pain in the area of the lower jaw joint and chewing muscles; that is, the restriction of movement of the lower jaw, numbness and tingling in the jaw-lower jaw, a feeling of discomfort in the side areas of the jaw-lower jaw and face, rapid fatigue of the chewing muscles during conversation and eating. When the patients were examined in clinical trials, the local areas indicated by the patients were allocated: the upper part of the face; jaw-lower jaw area; facial muscles and chewing muscles; facial area: pain in the upper part of the face – that is, in the upper half of the face without a clear location, one-sided spread pain was complained of 1 – MG da-28 (11,42%); 2 – MG-22 (14,28%); 3 – MG-20 (9,56%), vash moderate intensity according to the pain measurement was reported 4,2±1,01; 4,6±1,11; 3,8±0,8 score was equal to; one-sided pain with irradiation of them respectively 17 (6,93%); 9 (5,84%) and 11 (5,26%) people were disturbed.

In the results of the study on the study of complaints of a sense of heaviness and discomfort in the face area, it was found that 33 (13.46%) patients at 1-MG; 2-MG 18 (11.68%) and 3-MG 10 (4.78%) examined patients complained of discomfort in the face muscle area; as well as, respectively 68 (27,75%); 32 (20,77%) and 11 (5,26%) patients complained of a sense of "traction" and a sense of strain on the mimic muscles.

When considering the phenomenon of deviations of the lower jaw according to the frequency of manifestation of this sign, in patients 1 - and 2-MG from 65 to 73%, in patients 3-MG from 38%, when opening the mouth, the lower jaw was observed. According to the results, it can be assumed that the presence/absence of deviations in the lower jaw when the mouth is actively opened is characteristic for patients with jaw-lower jaw dysfunction and muscle-tonic disorders of the chewing muscles, and the symptom is not typical only for patients with somatorf manifestations.

The main part of the examined patients, no matter what group they were in, observed in themselves various cases of discomfort and dysfunction during movement of the lower jaw. In general, the limitation of mobility was found in 87 (35,51%) patients at 1-MG; in 2-MG (32,46%) patients at 3-MG (32,15,31%) patients; in combination with P/j "jump" respectively 82 (33,46%); - 44 (28,57%); - 29 (13,87%) in one patient was appropriate; the phenomena of "noise" (in the joint "hissirlash", "shiqirlash") - respectively 128 (52,24%); - 65 (42,20%); - 22 (10,52%) in one patient; stab; pulling, pressing, pain with the character of swelling – 28 (11,42), respectively %);- 11 (7,14%); - 22 (10,52%) in one patient; - pain of a whiplash character, which is often not observed at the time of tungi-respectively - 128 (52,24%); - 70 (45,45%); - 15 (7,17%) observed in one patient. According to our estimates, in the group of patients under study, "noise" phenomena and pain were associated with increased strain on chewing muscles and dysfunction of the jaw-lower jaw.

At the time of conducting a clinical interview using a semi-structured interview, the results of which we draw up additional information about the changes and problems that characterize the emotional-will sphere of the patient, as well as the characteristics of the presented in Table (diagram).

1- Table

Complaints of a pronounced psychopathological character in patients

The sphere of emotional-will	**1-MGn=245**	**2-MG n=154**	**3-MGn=209**
Worry	88 (35,91%)	51 (33,11%)	52 (24,88%)
Circus performing	59 (24,08%)	29 (18,83%)	36 (17,22%)
Sensitivity	29 (11,83%)	16 (10,38%)	20 (9,56%)
Mood: frequency	198 (80,81%)	127 (82,46%)	124 (59,33%)
Loss of appetite	14 (5,71%)	11 (7,14%)	18 (8,61%)
Depressed	46 (18,77%)	26 (16,88%)	31 (14,83%)
General nature	58 (23,67%)	34 (22,07%)	18 (8,61%)
Diving school	48 (19,59%)	30 (19,48%)	47 (22,48%)
Breast	13 (5,30%)	5 (3,24%)	13 (6,22%)
Presombositions	52 (21,22%)	34 (22,07%)	10 (4,78%)
Introsombosms	29 (11,83%)	16 (10,38%)	15 (7,17%)
Protosimbuzilish	20 (8,16%)	12 (7,79%)	5 (2,39%)

The results showed that the manifestations of individual psychopathological symptoms were diverse: from a low level in the form of "physical" ("compression of the chest", "decreased appetite") to a moderate (in the form of changes, melancholy, bruises, manifestations of a special feeling in the form of sarcasm and anxiety), and to a high level-in the form of depressive experiences (low mood).

As a result of the clinical examination of a neurologist and a doctor psychiatrist, the patient's condition - depression, need for help, depressed mood in the form of disappointment for the future-was achieved at 1 - MG-75 (30.61%); at 2 - MG-75 (30.61%); at 3 - MG-23 (11.0%); - decreased workability-respectively 119 (48,57%); - 65 (42,20%) 108 (51,67%) one patient observed:- symptoms of mental anxiety in the form of sub-anxiety and/or anxiety for various reasons,

respectively 128 (52,24%); 70 (45,45%); 80 (38,27%) one patient observed: - in accordance with the different character of the physiological manifestation of anxiety 120 (48,97%); 77 (50,0%) and it was observed in 48 (22.96%) patients.

Conclusions.

The conducted studies testify that jaw-lower jaw DS symptoms are very common: 46.1% of patients had complaints of swelling in the area of the jaw-lower jaw when opening and/or closing the mouth, 49.5% had painful sensations in the area of the jaw-lower jaw, teeth ;jaws, occlusion disorder 53.1%, the restriction of opening the mouth was observed at 29.6%.

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