IJACT, Volume 2, Issue 6, 2024 ISSN: 2995-5378
http://medicaljournals.eu/index.php/IJACT

INTERNATIONAL JOURNAL OF ALTERNATIVE AND CONTEMPORARY THERAPY

Indications for the Imposition of Pathologies of the Lower Jaw Dysfunctional Syndrome

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Relevance of the study: According to the results of a clinical study, the diagnosis of pathology of the muscles of the lower jaw and chewing is established in 70-80% of the adult population and is the third most common after parodont and caries diseases, as well as diseases of the lower jaw and chewing muscles, it is noted that an increase in the number of patients Internal functional disorders make up 54 to 80% of the lower jaw area, which are not considered inflammatory diseases and are associated with changes in the structure and condition of the connective capsular apparatus and joint disc. A number of foreign authors have also studied the etiology, pathogenesis and treatment of these diseases. At the same time, a wide variety of opinions are common regarding the etiopathogenesis of pathology, the importance and place of side pathologies, as well as the improvement of treatment methods. In the pathogenesis of lower jaw disorders, myogenic factors are of leading importance, at the same time, there is no single opinion among supporters of myogenic conception of the development of lower jaw dysfunction about the etiology of parafunctional disorders, at the same time aggravated by hypertonus of the chewy muscles at the base of traumatic occlusion. The diagnosis of lower jaw functional changes has not been fully studied. The number of pathologies associated with lower jaw tissues has been recorded as growing – according to some data there is a large difference in the frequency of their occurrence, ranging from 19.6% to 76%. These indicators are consistent with the results of BJSST's epidemiological investigation of peoples in more than thirty countries around the world.

Also in the literature, it can often be found that lower jaw dysfunction usually occurs in women, and the majority of cases are observed more often between the ages of 14 and 40. These results, according to scientists, are associated with disorders of the hormonal background in women or in patients of high "medical activity" or reproductive age. Also in more than 50% of women with lower jawdisfunctional pathology, the detection of healthy teeth and physiological bite will draw attention to itself. In many published works today, some scientists challenge the views of other scientists or mention that there are some shortcomings. It has been mentioned that the diagnosis of the lower jaw as well as the treatment of this disease has a bad effect in the process. Among the ways of origin of disorders of the functioning of the lower jaw, it is necessary to highlight occlusion and articulation, as well as neuromuscular theories. Including, the author puts forward a monoethiological concept. Asnosi of this concept include: changes in the lower third of the face, the appearance of deafness symptoms and the hearing of a different noise in the lower jaw, tingling in the lower jaw, severe pain in the inner and outer part of the ear, intermittent rotation of the head, simmered pain in the upper and back of the skull and in the back Some scientists argue that increasing the alveolar height with an orthopedic treatment measure is the most optimal way. This treatment measure helps the head of the joint to stand in the center of the Chuck recess, and this condition helps to spread the same pressure that falls on the joint and anatomical derivatives.

In order to prove the correctness of these theories, proponents of the above views noted that in 90% of patients who turned to an orthopedic Dentist Specialist, a violation of the lower jawfoality is observed along with small, medium and large defects of dental resins or is caused by a complication of these defects. Some scientists argue that changes in the patching of the lower jaw rows to the upper tooth rows are not the only factor in the origin of lower jawfaullity disorders, according to supporters of this theory, the disease was often observed in patients with healthy tooth rows and physiological bites. In addition in applied dentistry, there are data that patients who do not experience this disease are also observed when the lower jaw is a third of the face, that is, when the bite height decreases, in complex

deformities of the teeth, in addition to various defects in duration and location. It has been mentioned that the occlusion points that occur during the chewing process, the pressure that falls on the parodont tissue determines the muscles involved in chewing and the lower jawfaality through MNT. Experts believe that the lack of a clear theory on the etiology and pathogenesis of lower jaw disorders is due to the fact that patients who have applied for this disease, unknowingly, have to become prisoners of dental specialists who have applied the dovo measure. The result is the absence of specific anatomical changes, the fact that patients do not have an accurate diagnosis and treatment measure for lower jaw disorders, they have to resort to this disease from one doctor to another medical specialist in order to find a dovo. But a specific treatment measure does not apply.

In addition, in some sources, a violation of the lower jaw, which occurs on a pathogenetic surface and when not a single tooth is lost in the tooth rows and no pathological bite is observed, is also very often observed, this condition is called primary lower jawindrome teeth neuromuscular reflector is an impressive Sensory Organ at the beginning of the arc defects in small,, disorders in the patching of the lower jaw folds, manifested due to periodont diseases, in relation to the upper jaw folds, can cause a violation of the balance of the lower jawflex. Some scientists note that in some patients with lower jaw disorders, there is a high incidence of chewing on one side, which produces defects and hyperturned contacts in the tooth rows with different positions and duration. At the same time, in the case of dysfunctional destruction of the lower jaw, partial secondary adentia – 44.6% were observed, which came to healers; in the case of decompression disorders of pathological tooth extraction – 6.1%; in the case of uneven deformities of the facial jaw system-21.8%; in the case of pre-term contacts-48.2% ; eating with only one side– in 51.8% of cases; teeth cramping as a result of diffuse periodontitis – in 8.4% of cases-was achieved [1.3.5.7.9].

In their work, other authors, according to the classification of scientists in partial secondary adentia, suggest that dental defects and a decrease in the lower third of the face, functional changes in the morphological Ham in healers, in which the lower jaw is shifted distally in the lower jaw, have a negative effect on all organs of the YUJT, and musculus masseter pathology and In patients with lower jaw dysfunction associated with occlusion pathology, electromyography studies have been carried out to determine an increase in bioelecetric activity and discoordination in the original chewing and chakra muscles. Mental overload causes muscle exhaustion, this condition causes muscle tightness and pain to occur, as a result of which, as a result, it is necessary to lose the state of adaptation as a result of the influence of various mental and physical loads, and such a condition is the cause of lower jawfinality disorder. It has also been pointed out by the authors that between the consequence of mental loading and the increase in activity in the muscles involved in chewing, one is associated with one, in particular, in patients with impaired joint activity, a response reaction of lateral wing-like muscles is more observed. At the same time, during neurological diagnoses in patients with lower jaw dysfunction syndrome, emotional load peaks in 85.1% of patients, an increase in neuroticism in the patient in 36.2% of cases, and expressive depression was noted in 12.7% of those examined. Or by another author, in 25% of patients with lower jaw disorders, there were clearly manifested changes, emotional emptiness, decreased psychological activity and a negative shift in the general condition.

Nowadays, foreign sources cite new data on the dependence of the anatomical structure of the skull and spinal cord of the origin of lower jawfaulate disorders, however, such data are considered very scarce. the anatomy and topography of the lower jaw cannot be given a clear idea of exactly what they are. Judging by the data from the last years, the lower jawphaolate perturbationingwhich proves the importance of the essence of connective tissue dysplasia at the exit of the body, the occurrence of mesenchymal tissue is associated with a hereditary defect of the structures. A number of authors note that the nature of the rejection of the lower jaw dysfunctions and its possible complications depend on the degree of severity of connective tissue dysplasia, as well as heredity in the occurrence of lower jaw dysfunctions, vitamin deficiency, especially Vitamins B1, B6, C, are considered muxim. In addition, its dominance in antioxidant protection causes mental tension in oxidation, which is observed by changes in movement, as well as disorders of the lower jawfaolate. When thinking about diagnosing lower jawphaolytic disorder, it is important to further perfect graphic recording of movements of the jaw in a

modern way and recommend its use in medical practice in relation to additional methods of examination, the patient's condition, as well as the upper jaws of the lower jaws in the observed occludator and articulator. It is also important to diagnose changes in occlusion and articulation, to determine the electrotropotency of the muscles that provide the lower jaw with the help of an electromyograph apparatus, to carry out verification methods such as MRI [2.4.6.8.9].

The method of studying the diagnosis of occlusion and artiulation in different directions, in the patient's oral cavity, in addition, in diagnostic plaster models installed on the articulator is highlighted. At TJT, it is proposed to identify the etiology of origin in the development of pathological processes in an activity disorder, as well as develop a comprehensive treatment measure with an individual approach to patients who have applied and work with special articulators. In some cases, it is noted to make occlusion errors when restoring small defects of the part of the tooth crown with filler or orthopedic prosthetics. In orthopedic dental practice, it has been mentioned that there is no use of articulators that replicate different jaw movements, if dental prostheses are made that can be taken and not taken in a position that uses articulators that replicate the lower jaws will cause the quality of the future prostheses to come out even better. In addition, the failure to take into account extraordinary contacts in prosthetics prosthetics of patients is not only aesthetic, but also the fact that acts such as chewing, talking, swallowing are the cause of the disorder and the origin of various pathological processes in the lower jaw, the authors mentioned. In recent years, there have been several views on the origin of the feeling of pain in neuromuscular syndromes. One of the most basic theories is vascular theory, the theory that generates excitations caused by the intensification of the pathological process, as well as psycholophysiological theories are examples of this. Of particular interest are the views of the authors who believe that on the basis of MFS lies the dysfunction of the neuromuscular apparatus, which is not located far to the excitable side of the plate, that is, located in the area of neuromuscular junction. This process causes the lower jaw to contract too much. A psychophysiological theory has been proven to explain the lower jaws. According to him, the state of stress causes Psychovegetative arousal in the body, as a result of which the tension of the muscles involved in chewing causes a violation of the lower jawfaality [8.9].

However, it should be noted that in the criteria for diagnosing lower jawpatological lesions as well as for comparative diagnosis, often in their initial period, no specific perfect diagnostic algorithm has been developed for this disease. The fact that X-ray examinations, which are being used and planted a lot, do not give the opportunity to accurately diagnose means that it is necessary to accurately diagnose and apply a treatment measure using the most modern methods to accurately assess the lower jaws, and this, as a result of accurate data from the results of the examination, increases the effectiveness of The development of an accurate algorithm for the intended visualization of the lower jaw elements requires a standard definition of single-type disorders in the Joint by various researchers. **Conclusion.** So, on the basis of the above data, it is reasonable to think that there are several etiological influencers of lower jawfaolic disorders and a pathogenesis process that is very complex. The origin of lower jawpatalogy is closely related to the state of muscle structure, changes in occlusion and articulatory processes, a decrease in bite height, endocrine, nervous structure, emotional as well as mental changes.

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