

Modern Interventions for the Occurrence of Pain Syndrome in Dental Diseases

Olimov Siddiq Sharipovich, Bakayev Jasur Najmiddinovich, Safarova Mavludabonu Jamolovna
Bukhara State Medical Institute named after Abu Ali ibn Sino

Abstract:

in this case, it is worth noting the main ones, having developed several pathogenetic theories explaining the algorithm of anesthesia for masticatory muscle dysfunctions. This is a vascular theory pathologically based on stress generation and a psychophysiological theory. The article describes the modern aspects of the formation of pain syndrome in the chin area - diseases of the lower jaw, as well as the main causes of its development in the chin muscles. The study describes modern approaches to the study and planning of treatment of common causes of mandibular diseases in 65 children.

Keywords: pain dysfunction syndrome, mandibular neuroreceptor system, myofascial syndrome, muscle blisters

Relevance: Currently, several pathogenetic theories have been developed to explain the algorithm of anesthesia for dysfunctional disorders of the masticatory muscles, among which it is worth noting the main ones. This is the theory of stroke, the creation of pathological strong stress and psychophysiological theory. However, it is possible to observe a pattern when researchers adhering to the relevant etiological theory tend to ignore or overestimate the importance of some views on this issue [16]. According to the vascular theory of pain [4], its formation should be due to the state of decreased blood supply in individual joints of the three-horned nervous system.

It is known that there are closely related structures of blood vessels and neuroreceptors in the membranes of the upper and lower jaws [13]. At the same time, the peculiarity of the structure of the lower alveolar nerve helps to receive various sensory data from the mouth [12]. Due to the proximity of blood vessels and the location of nerve trunks, existing abnormal disorders are formed, which represent a vasoneurological conflict leading to pain syndrome. In 1834, Frorer called the painful ligaments "muscle blisters" that were found in the muscles. Currently, they are described as "nodular thickening and swelling of the masticatory muscles, which leads to pain in the teeth" [8]. J. travel and G. Simons published data on the transformation TN the direction of the chewing muscles, muscles of functional disorders and psycho-emotional stress in the 1980-ies [6,10].

L. L. According Schwartz (1955), spasm of the masticatory muscles is "the main factor responsible for the symptoms and signs of a syndrome of pain dysfunction CHPJB" [6,20].

Combining the ideas of different authors, the concept is that any proprioceptive impulse, including pathological, in the downward-facing nucleus of the tricorn nerve, causes physiological excitation of the kuchaygan, which, with prolonged exposure, can become a pathological condition. At the same time, the somatosensory membrane also occupies a special place in ultrasound in the sense of pain.

Bruxism of all parafunctional disorders of the masticatory muscles is the most negative risk factor for the development of CHPJB ODS and myofascial pain [11]. D.Sh. According to the observations of Shukrullayeva (2016), bruxism is observed in 10-21.4% of the adult population, in 15.6-18% of children and adolescents. Such a high rate of parafunction is explained by the influence of emotional factors on a person's life. Internal and external causes are considered by most authors to confirm that psychoemotional stress is a leader in the formation of bruxism based on clinical and experimental data [31, 58]. The reason is the clenching of teeth during sleep, emotional stress, manifested by constant or constant frequency, and chewing without eating in cases of simultaneously worsening muscle disorders [10].

Associated with emotional stress, the emergence of bruxism and parafunction of the masticatory muscles A.V.Tsimistov, Lopushanskaya T.A. (2012), S.Sato and other scientists. (2008) the theory that bruxism is a causal factor for the somatic realization of psychological stress.

In recent years, many publications have pointed out the importance of psychosomatic factors in the occurrence of ODS in CHPJB. A number of scientists believe that chronic emotional stress (repeated mental trauma) is a key factor in the occurrence of disorders of the regulatory system of the neuromuscular apparatus and joint diseases [17, 19].

Pathology of CHPJB is most often observed in patients with prolonged emotional stress, as well as with latent depression and some nervous disorders. Emotional disorders, mainly in the form of depression and anxiety, were detected in 40.3% of the examined individuals with CHPJB dysfunction [4,7, 18]. After analyzing the modern literature, we came to the conclusion that psychological, emotional factors, unexplained mental manifestations, as well as social and economic status lead not only to hyperactivity of the muscle tone of the masticatory muscles, but also to a decrease in the "flexibility" of individual muscles, which together contributes to the formation and development of CHPJB ODS.

The purpose of the study: A comprehensive approach to the study of early diagnosis of orthopedic treatment of diseases of the temporomandibular joint in patients of different ages and the causes of pain syndrome.

Material and methods: the study was conducted on the basis of the Department of maxillofacial surgery of the Bukhara Regional Multidisciplinary Hospital and the dental educational, therapeutic and practical center of the Bukhara State Medical Institute. During the study, 65 patients with diseases of the temporomandibular joint of different ages were examined. The study used clinical and dental research methods, clinical and laboratory methods, statistical methods

Results: during the study of quantitative parameters, we found that a reduction in the duration of training of lower jaw movements was most often observed in patients with pain dysfunction syndrome chpjb (67.7%). The authors explain this decrease in the amplitude of movements of the lower jaw by "functional overload of the masticatory muscles in hypertension." As a result of the study of the masticatory muscles using needle EMG in the temporal region itself, a positive reaction to a high level of activity and psychoemotional effects was found. This is M.Masseter and M. temporal, bioelectric activity in a calm state (BEF) increases, which is a manifestation of spasm dysfunction. According to the authors, with muscle spasm, painful areas appear – muscle zones of the "trigger" or "Trigger", from which the pain spreads to the articular areas of the face and neck. The work of several researchers indicates the presence of sympathetic innervation of muscle spindles, which is a proprioceptive component of muscle tissue. Bruxism of all parafunctional disorders of the masticatory muscles is the most negative risk factor for the development of CHPJB ODS and myofascial pain. Bruxism was observed in 10-21.4% of adults, 15.6-18% of children and adolescents in 65 examined patients. Such a high rate of parafunction is explained by the influence of emotional factors on a person's life. Gammualfs confirmed that psychoemotional stress is a leader in the formation of bruxism based on clinical and experimental basis. The cause is simultaneous muscular impairment from aggravating conditions, gnashing of teeth in sleep, gnashing of teeth during emotional stress, manifested by constant or constant frequency, and chewing without food.

Conclusion: the results of the study were summarized as follows:

1. In in patients of different ages, the interdependence of the components of the functional system of the maxillofacial system is determined, as a result of which the pathogenetic role of dental anomalies and deformities in children aged 6-18 years is determined and, as a consequence, the formation of diseases of the temporomandibular joint;
2. The study of the epidemiology of dental anomalies and deformities in children, risk factors leading to their formation, assessed the role of risk factors in the occurrence of dental anomalies;
3. Develop sufficiently effective measures for short-term and long-term monitoring of dental system pathologies in the population with complex treatment.

Used literature:

1. Адоньева А. В., Доронин Б. М., Брега И. Н., Воропай Н. Г., Сысолятин П. Г. Первичная диагностика и лечение миофасциального болевого синдрома лица в условиях амбулаторного стоматологического приема. // Лечащий врач. – 2011. – N 5. – С. 15–22.
2. Азимова Ш.Ш., Аbruев У.Р, Расулов М.М. Тиш-жағ тизими аномалияларининг Бухоро шаҳар мактаб ёшдаги болалар орасида тарқалиши. //Доктор Ахборотномаси. 2020. - №1. - С. 23-28 бет.
3. Бадалян О.Л. Миофасциальный болевой синдром : Возможности применения Сирдалуда / О.Л. Бадалян, А.А. Савенков // Неврология.–2013.–N 10.–С. 504–506.
4. Барадина И.Н. , Рубникович С.П., Докукина Т.В., М.Ф. Минзер / Особенности диагностики пациентов с мышечно-суставной дисфункцией зубочелюстной системы в сочетании с патологической стираемостью зубов. //Стоматолог. –2014. – N 1. – С. 50–54
5. Guljamol Fazliddinonvna Makhmudova, Adkhambek Uygunovich Nurboboyev. Treatment of mechanical jaundice via the modern way// Scientific progress, 2021.-№6.-P.530-537

6. Makhmudova G.F. Age-related clinical, anatomical and morphological features of malignant tumors of the cervix // Journal of science and technology // 2021. - P. 475-480.
7. Мартынов И.В. Функциональная диагностика жевательно-речевого аппарата и лечение дисфункций ВНЧС и парафункции жевательных мышц с использованием аппаратного комплекса MYOTRONICS / И.В. Мартынов, Р.А. Фадеев, С.В. Нечкин // Клини. стоматол. – 2013. – N 3. – С. 26–29.
8. Мингазова Л.Р. Миофасциальный болевой синдром лица : клиника, диагностика и лечение с применением ботулинического токсина типа А (Лантокс®) / Л.Р. Мингазова, О.Р. Орлова // Эффект. терапия в неврол. и психиатр. – 2010. – N 1. – С. 36–45.
9. Махмудова Г. Ф., Темирова, Д. В., & Баротова, Ш. Б. (2021). Бачадон бўйни хавфли ўсмаларининг ёшга хосхусусиятлари // Academic research in educational sciences // 2(5). - Б.-186-196. <https://doi.org/10.24411/2181-1385-202100871>
10. Makhmudova G.F., Soxibova Z.R., Mamedov U.S., Nurboboyev A.U. Fertil va keksa yoshli ayollarda bachadon boʻyni xavfli oʻsmalari tahlili (Buxoro viloyatida) // Oriental Renaissance: Innovative, educational, natural and social sciences // -2021. - V 8. - B. 175-184.
11. М.А. Ахмадова, А.Т. Чўлиев, Ж.Р. Нуров, Д.К. Худойбердиев Лучевая диагностика эхинококкоза печени-стр./Биология ватиббейтмуамолари.2019, №4.2(115)с.20-25
12. Nurboboyev A.U., Makhmudova G.F. Miniinvasive approach in the complex treatment of tumor and stone etiology of mechanical jaundice // International journal on Orange technology // Vol 3. Issue 9. Sep.2021. - P. 85-90
13. Abdulkhakov Sh. The role of computed tomography in the diagnosis of spinal injuries. International journal of development and public policy – 2021; 106.
14. A.T.Choʻliyev., U.S.Mamedov., M.A.Akhmadova., R.R.Navroʻzov., D.F.Narziyeva Diagnostics of exinococcosis in youth at the modern stage. / Journal of Natural Remedies. 2021, №1(1). - P37-40
15. Сохибова З.Р., Ахмадова М.А. Комплексная диагностика и хирургическое и хирургическое лечение осложненных форм эхинококкоза печени. / Oriental Renaissance: Innovative, Educational, natural and social sciences / 2021 й - стр 203-212.
16. Гафур Нормуродович Саидов, Учкун Гафурович Абдукаримов, Гулжамол Фазлиддиновна Махмудова. Эпидемиологические показатели первично-множественных опухолей (обзор литературы) // Биология и интегративная медицина // 2019 № 11 (39). - С.
17. Brainstem Dysfunction in Chronic Migraine as Evidenced by Neurophysiological and Positron Emission Tomography Studies / S.K. Aurora, P.M. Barrodale, R.L. Tipton, A. Khodavirdi // Headache: J. Head and Face Pain. – 2007. – Vol. 47 (7). – P. 996–1003.
18. Goadsby P. Neurovascular headache and a midbrain vascular malformation : evidence for a role of the brainstem in chronic migraine / P. Goadsby // Cephalalgia. – 2002. – Vol. 22 (2). – P. 107–111.
19. Hubbard D. Myofascial trigger points show spontaneous needle EMG activity / D. Hubbard, G. Berkoff // Spine. – 1993. – Vol. 18. – P. 1803–1807.
20. Jagger R. The effectiveness of occlusal splints for sleep bruxism / R. Jagger // Evid. Based Dent. – 2008. – Vol. 9. – P. 23.
21. Montgomery G.T. Psychophysiological responsiveness on a laboratory stress task : methodological implications for a stress-muscle hyperactivity pain model / G.T. Montgomery, J.D. Rugh // Biofeedback and Self-Regul. – 1990. – Vol. 15 (2). – P. 121–134.
22. Passatore M. Sympathetically induced development of tension in jaw muscles : the possible contraction of intrafusal muscle fibers / M. Passatore, C. Grassi, G. Filippi // Pfluegers Archiv. – 1985. – Vol. 405. – P. 297–304.
23. Reduction of pain and EMG in the masseter region by trapezius trigger point injection / C. Carlson, J.P. Okeson, D.A. Falace, A.J. Nitz, J.E. Lindroth // Pain. – 1993. – Vol. 55. – P. 397–400.
24. Schiffman E.L. The prevalence and treatment needs of subjects with temporomandibular disorders / E.L. Schiffman // J. Am. Dent. Assoc. – 1990. – Vol. 120 (3). – P. 295–303.