

ПРИЧИНЫ РАСПРОСТРАНЕНИЯ ОСТЕОТЕРОЗА В НАСЕЛЕНИИ И ЛЕЧЕНИЕ

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Аннотация: в популяции встречаются заболевания, которые носят сезонный характер, обостряются или рецидивируют в зависимости от времени года (рецидивирующая форма). В результате некоторые заболевания возникают осенью. Общеизвестно, что в этот период активизируются воздушно-капельные инфекции. Помимо этих заболеваний, в этот период также возникает артрит. К ним относятся ревматизм, артрит, остеоартроз, инфекционные и врожденные заболевания, вызывающие поражение суставов. В этой статье вы найдете полезную информацию о выявлении, лечении, диагностике и профилактике остеоартроза от артрита.

Ключевые слова: остеоартроз, ревматоидный артрит, артрит, диагностика, наследственность, костная ткань, субхондральная кость, дядя, микроскопическое наблюдение.

CAUSES OF THE DISTRIBUTION OF OSTEOOTHEROSIS IN THE POPULATION AND TREATMENTS

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Annotation: There are diseases in the population that are seasonal in nature, escalating or recurring depending on the season (recurrent form). As a result, some diseases occur in the fall. It is a well-known fact that airborne infections are very active during this period. In addition to these diseases, arthritis also occurs during this period. These include rheumatism, arthritis, osteoarthritis, and infectious and congenital diseases that cause joint damage. This article provides you with useful information on the detection, treatment, diagnosis and prevention of osteoarthritis from arthritis.

Keywords: osteoarthritis, rheumatoid arthritis, arthritis, diagnosis, heredity, bone tissue, subchondral bone, uncle, microscopic observation.

The most common joint diseases in the population today are osteoarthritis, rheumatic fever and rheumatoid arthritis. Of these, osteoarthritis is a common disease of the joints, and there has been a recent increase in the number of cases of osteoarthritis. Osteoarthritis of the knee joint is one of the leading causes of disability in both men and women. The disease is a heterogeneous group of different etiologies and similar biological, morphological and clinical manifestations. Osteoarthritis mainly affects the weight-bearing joints: the knee, hip, shoulder, and lumbar joints. Distal and proximal interphalangeal joints and wrist joints may be affected, but such localization is very rare. Daily weight bearing plays an important role in the development of the disease, as they mainly affect the supporting joints.

Osteoporosis develops slowly over a long period of time. The patient may not even notice it. When the density in the bones decreases to a certain extent, the pain begins.

First of all, the density of the bones of the spine decreases, sometimes fractures. Only after a fracture of the spine does the patient feel pain. Unfortunately, patients only see a doctor when the pain gets worse.

Osteoarthritis can be primary or idiopathic, the cause of which remains unknown. It can be local (one or two joints affected) and generalized (three or more joints affected). Local osteoarthritis is often associated with damage to the knee joints (gonarthrosis) and hip joints (coxarthrosis). In secondary osteoarthritis, there is a clear cause of the disease: trauma, metabolic diseases, other rheumatic diseases.

The causes of osteoarthritis can be:

- ✓ old age
- ✓ Obesity
- ✓ Injury
- ✓ Heredity (Family history of osteoarthritis)
- ✓ Low estrogen levels in women
- ✓ muscle weakness

- ✓ Work-specific features (eg, regular strenuous exercise)
- ✓ infection
- ✓ Acromegaly
- ✓ Inflammatory osteoarthritis (eg rheumatoid arthritis)
- ✓ Hereditary metabolic diseases.
- ✓ Neuropathic diseases leading to the development of Shako joint.
- ✓ Injury to bone tissue.

There are a number of reasons for the onset of the disease, such as changes in metabolism, excessive or inactivity, the external environment, hereditary predisposition.

What are the symptoms of the disease?

Symptoms of the disease can be known not only doctors, but also representatives of other fields. Joint pain. Pain can often occur after physical exertion in the afternoon. Pain depends on movement. In peacetime, it can be a night of pain.

The most common cause is pain in the knee joints. The more active the joint, the more pain there is. For example, players may have knee injuries, tennis players may have elbow injuries, and builders may have shoulder and elbow injuries.

If we examine my joints, a healthy joint will not feel any pain when it moves. The joints are free to move.

For various reasons, the mountain begins to change. Uncle's smoothness is gone. This can lead to pain. The mountains can be destroyed over time. This decay is then transferred to the bone. As a result, the patient has difficulty walking and moving. We can learn this better by getting acquainted with the pathophysiology of osteoarthritis.

Primary and secondary osteoarthritis have a single pathological basis. Previously, osteoarthritis was thought to be a degenerative disorder in the synovial joints and caused by biochemical degradation of the hyaline mountain. However, a slightly different view has been adopted today that osteoarthritis affects not only the hip joint but the entire joint, including the subchondral bone, synovial layer, and surrounding tissues.

Despite the degenerative nature of osteoarthritis, there is increasingly evidence that the inflammatory process develops after the synthesis of chondrocytes and the release of cytokines into the joint cavity. Anti-inflammatory mediators do not participate in matrix degradation, but activate the chondrocytes of the ridge surface layer, leading to the synthesis of matrix metalloproteinases and the consequent articular degeneration.

Diagnosis of osteoarthritis is based on clinical and X-ray findings.

In osteoarthritis, the symptoms of the acute phase of inflammation are usually in the normal range. In erosive arthritis, the rate of inflammation may increase.

The diagnostic method in the diagnosis of osteoarthritis is an X-ray examination. Some features of the connective tissue and soft tissue that are not visible on X-rays can be seen using MRI. However, MRI is not required in most patients with osteoarthritis.

Ultrasound examination does not play a role in the routine clinical evaluation of a patient with osteoarthritis. It can be used to monitor joint degeneration as well as for intra-articular injection.

To prevent osteoarthritis, it is important to see a doctor first. General blood tests, X-rays, MRIs, and computed tomography scans can help diagnose the disease in a timely manner.

The disease can be divided into 4 stages. In stage 4, medications are almost useless. This stage needs to be treated surgically.

At the onset of osteoarthritis, anti-inflammatory drugs are used. Mountain resuscitation treatments are prescribed. Calcium supplements and lubricants are also beneficial. Physiotherapeutic procedures should be repeated from time to time. Massage is also very useful. Treatment in sanatoriums prevents the prolongation of pain and relieves pain. If the patient sees a doctor late, surgical treatment is used. In this case, an artificial joint is placed in place of the pelvic joint.

Patients with osteoarthritis should not stand for long periods of time, should not walk long distances, should not carry heavy loads, and should rest frequently while walking. It is important to exercise daily to prevent obesity. It is better not to do heavy work that is good for the feet. It is also impossible to walk on uneven and rough paths.

Patients are not allowed to play volleyball, football, basketball or running. Swimming, on the other hand, helps to heal. When you are not in pain, you can do light sports.

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