# Chin-The Algorithm of Diagnosis in Pathologies of Lower Jaw Activity and the Effectiveness of Komplex Treatment Methods

**Gafforov Sunnatullo Amrulloevich, Astanov Otabek Mirjonovich, Idiev Gayrat Elmurodovich**

Ministry of Health of the Republic of Uzbekistan, Center for Advanced Training of medical personnel, Department of Dentistry, Pediatric Dentistry and Orthodontics, Bukhara State Medical Institute named after Abu Ali ibn Sino Department of Orthopedic Dentistry

**Abstract:**

The article presents a comparative diagnosis of 84 patients with painful pathologies of dysfunction of the temporomandibular joint, formed as a complication of defects in the dentition and masticatory occlusal surface - occlusive-articulatory syndrome, neuromuscular syndrome and dislocation of the articular head syndrome as a differential diagnosis and a control group of 36 healthy the person given in the example. With anamnestic and subjective examinations, special medical and instrumental examinations, there is a scientific justification for the need to replace social factors in the diagnosis of this type of pathology, as well as the need to focus on eliminating the etiological factor of pathology.

**Relevance of the study.** As is known from the catarrhal literature, chakka-lower jaw (CHPJB) dysfunction has been widely disseminated in the last 15-20 years and has relevance with its complexity in the diagnosis and treatment [1, 7], including; the population of this pathology is observed in 20% [3, 4] in children and adolescents, in 80% [17] in adults, the main cause of the disease is tug - tug activity disorder syndromes (BFBS) - from 78,3% to 95,3% [15, 11], according to the authors - the course of the initial stages of pathology without persistent and thematic signs, the absence of sufficient information on organic changes in the CHPJB members and hairs of clinical-functional, clinical-specific investigations, is the only etiopatogenetic Karash load among the specialists until today [2]. From khakikat to ham, factors of pathologies in the Chpjb are tug-of-war; articular-occlusive syndromes (Oas) in which the structure of bone elements passes without elongation [13]; - hypertonic syndromes of chewing muscles [14,17]; - mental factors of Man [3]; - the combined Komplex effect of disharmony and internal factors [6, 16]; inconsistent activity of the tooth - jaw system (TJT), for example, causing unilateral deviation of the lower jaw (p/j), causing tooth catory and chewing surface nuances [12, 16]; - occlusion and postrual system nuances associated with the equilibrium and gavda status [8] there are multiple points in the knot.

In Chpjb BSE, patients should contact specialists such as otolaryngologist, neuropathologist, psychiatrist, general therapist, surgeon, endocrinologist, infesionist in COPD cases [9, 10, 15] cases with a different course of clinical symptoms in pathology, the dependence of which further complicates the process of diagnosis burn.

Currently, specialists in the field of functional medicine , electromyography (EMG), axiography; magnetic resonance imaging (MRI), computed tomography (CT) in the majority of cases, the possibility of extensive use of medical technologies such as functionality in the diagnosis and treatment of Chpjb BFBS is limited, when the possibility is found, the solution of catarrhal problems in the diagnosis and treatment of both acute and chronic failure to create a system of thematic diagnosis, complicating the issues of increasing the effectiveness of treatment.

The purpose of the study is to compare clinical – functional symptoms of jaw-lower jaw bug activity disorders, formed from the complication of dental row and dental surface nuances, to improve the method of comparative diagnosis burn and treatment.

Methods of research object. Children's dentistry Polyclinic of Bukhara region with CHPJB BFBS applied 20-60 age range-39 (46,42%) - occlusion-ariculation syndromes (Oas-AG1-group); 28 (33,33%) - neuromuscular syndromes (NMS-AG - 1 group); 17 people (20.23%) – with the diagnosis of partial exit of the articular dumbbell (BDCH –AG-3 group) and 36 as a control group (N/g) (30.0% compared to the general group) pathologies in the chpjb chest clinical-functional examinations in unhygienic healthy people - Anamnesis, jaw-tooth socket soft and hard tissues, MRT, R-graph, EMG, axiographic examinations have been completed and statistical analysis divided into small groups of treatments Kilindi (Table 1).

**1-table.**

**Study groups; diagnosis, age, sex and treatment group taxonomy (in%)**

| Pathology | | Pathology | Pathology | | Pathology | Pathology |
|---|---|---|---|---|---|---|
| Young rock | Young rock | Young rock | Young rock | Young rock | Young rock | Young rock |
| **20-29 n=12** | Э; n=4 | 2 (6,25%) | 2 (6,25%) | - | *12 (14,28%)* | *2 (12,5%)* |
| | A; n=8 | 4 (7,69%) | 3 (5,76%) | 1 (1,9%) | | *2 (10,0%)* |
| **30-39 n=22** | Э; n=7 | 3 (9,37%) | 2 (6,25%) | 2 (6,25%) | *22 (26,19%)* | *5 (31,25%)* |
| | A; n=15 | 8 (15,38%) | 4 (7,69%) | 3 (5,76%) | | *5 (25,0%)* |
| **40-49 n=24** | Э; n=8 | 3 (9,37%) | 3 (9,37%) | 2 (6,25%) | *24 (28,57%)* | *5 (31,25%)* |
| | A; n=16 | 8 (15,38%) | 5 (9,61%) | 3 (5,76%) | | *6 (30,0%)* |
| **50-59 n=26** | Э; n=13 | 7 (21,87%) | 4 (12,5%) | 2 (6,25%) | *26 (30,95%)* | *4 (0,25%)* |
| | A; n=13 | 4 (7,69%) | 5 (9,61%) | 4 (7,69%) | | *7 (35%)* |
| **M; n= 32 (38,09%)** | | 15 (17,85%) | 11 (13,09%) | 6 (7,14%) | *84 (100%)* | *16 (44,44%)* |
| **W; n=52 (61,9%)** | | 24 (28,57%) | 17 (20,23%) | 11 (13,09%) | | *20 (55,55%)* |
| **n=84 (100%)** | | **39 (46,42%)** | **28 (33,33%)** | **17 (20,23%)** | *84 (100%)* | *36 (100%)* |
| STOM. patients treated | | **20 (23,80%)** | **10 (11,90%)** | **10 (11,90%)** | *40 (47,61%)* | - |
| (1-small group). | | **19 (22,61%)** | **18 (21,42%)** | **7 (8,33)** | *44 (52,38%)* | - |
| General reviews. N=120 As. Group 84 (70,0%) | General reviews. N=120 As. Group 84 (70,0%) | **39 (32,5%)** | **28 (23,33%)** | **17 (14,16%)** | *84/36* | *36 (30,0%)* |

In the diagnosis burn in CHPJB BFBS, the diagnosis was uttered on the basis of a questionnaire and OB examination sheet approved by the Scientific Council of BuxMI [4, 15, 17]. Patients in the study group; the causes of the disease in the Anamnesis – restoration of the occlusion surface of the chewing teeth with fillings, Burns of artificial teeth, the presence of unilateral chewing behavior and

harmful habits, the appearance of the first clinical signs of a violation of the activity of the TJT, the ogrik vakti, the restriction of opening of the mouth, asymmetry Object – type and description of cases of noise in the head and Kulak sphere; tjt sphere and ogrics in the head – description, vakti, strength, vakt state; P/J output – tula, kisman, vakti; limitation of movement (blocking) – kisman, tula, vakti, description; CHPJB activity-based on diagnostic tests - P/j head position, muscle tone, tightness, density, asymmetry in muscle contraction case, p/j catarrhal complaints such as J's siljishi were perfectly stressed and valued [3, 15]. In order to add more clarity to the etiological factors, models for the diagnosis of occlusion surface, nuances, early dental relations in the dental and dental catharsis were prepared, and plaster was applied to the articulator with moderate parameters; teeth, dental rows, the type of tooth, occlusion, especially for visual research, invisible relationship nuances in the oral cavity were evaluated, as well as areas that have been restricted or blocked have been identified.

Special Research Methods; occlusion method and activity in one vector-diagnostic tests [2, 9] bioelectric activity of the chewing muscles - were evaluated in an electromyograph; spiral computed tomography (SCT), mouth open and closed (bunda scanning time in a presser 5-7 seconds 120 kv; 140 ma; cross - section thickness 1.25 mm, reconstruction interval 0.8 mm); (3D) images showed the position of the head of the tip of the buttock - A1 point; the lower end of the external auditory canal – A5 point; the front surface of the head of the buttock – A2; the back surface of the head of the buttock-A3; the posterior surface of the articular cavity – A4) and from the point at the top of the articular head (A1-A5 to the cross section – B1 Point; Perpendicular Nokta – B2; B2-B1 continued the cross section up to the intersection with the articular cavity – B3 point; A1 B2, A5 B2 B3 corners were divided into biological sectors) biological sectors crossed the So, the analysis of the CHPJB SKT: S1-S2 = D1-high-front dimension; V1-V3 = D2 – high dimension; S3-S4 = D3 – high rear dimension; A1-A2 = D4 – front dimension; A3-A4 = D5 – rear dimension.

In the max of assessing the effectiveness of treatment methods in dynamics; 1 - small groups; Oas - 20; NMS - 10 and BDCH – 10, dental treatment measures for a total of 40 patients-restoration of tooth catory and dental surface nuances: combined treatment in one vakt 2-small group; Oas - 19; NMS – 18; BDCH - 7 repeated examinations for a total of 44 patients were

1 – in a small group-selective grinding of teeth was carried out on the basis of application of fillings, orthodontic treatment, restoration of the dentures with the help of prosthetics, relying on occlusion conceptions, and also it was recommended not to take solid food for a month, control of p/j movement – not to open the mouth wide, not to perform unusual side movements.

2 - in the subgroup – 1 - in addition to treatment, as in the subgroup - analgetics in the maxallofacial elimination of ogric symptomatic symptoms - ibuprofen 400 mg (4 times a day), when the load on the muscle tone was found (3 people (6,8%)) - miorelaxants (midokalm 50 mg (2 maxal per day), miogimnastic exercises for chewing muscles komplexi - rubbing was performed; according to the instructions, duration was 10-15 minutes, treatment up to 30 soles.

The population of Pathology for both groups of patients was given an excellent predictor; etiology, course, complications of the yakin and uzak period, as well as the connection between dental and dental catarrhal lesions with the morphological activity of the musculoskeletal system, clinical manifestations of the disease in different ways; headache, with prolonged mining pressure, with symptomatic kurinologies of otorhinolaryngological organs, nervous system, internal secretory gland pathologies, information was given in the tugri of the garden bulge.

During the study, we analyzed 170 occlusion line charts, 84 pairs of diagnostic model burns, vertical recording of more than 170 p/j movements, 170 EMG and CT scans in CHPJB BFBS, 84 patients with Oas, NMS and BDCH during the diagnosis burn. Usual results analysis - "STATISTICA V." for

Windows - XP. The relationship between properties using the 6.0"software package was studied by Spirmena (R) correlation dependencies analysis method. The difference was taken into account that P<0,05 has a statistical significance.

**Study results and analysis.** In our study, different forms of Chpjb BFBS were observed in 84 (70%) subjects of 120 (100%) people; 32,5% - Oas; 23,33% – NMS; 14,16% – BDCH and N/g as 30% pasient and 38,09% of them were male; 61,9% of women; also 20-29 years old - 14,28%; 30-39 years old – 26,19%; 40-49 years old – 28,57%; 50-59 years old – 30,95% of cases

Also, the analysis of the medical card of the main group - 84 patients - Oas – 46.42% (AG-1); NMS – 33.33% (AG-2); BDCH – 20.23% (AG-3); nosological forms of the same CHPJB BFBS-1 at - 95%, 100% status recording at AG-2 and AG-3 are presented in Table 2.

When the ogizni opening and vakti at CHPJB BFBS was hit specifically; when the mouth was opened and closed at Oas, NMS and BDCH, a description of vertical movements - the amplitude of movements at AG-1 was determined to decrease to 1,0±0,2 CM (24,8±4,1%) when the mouth was opened to the maximum. AG - 1 - amplitude-2,9±0,6 CM, vakt-6±0,4 Sonya; AG-2 – amplitude - 3,0±0,2 CM, vakt - 6±0,3 Sonya; AG-3 – amplitude - 3,1±0,7 CM, vakt 5±0,5 Sonya, n/g these indicators are adjusted to 4,4±0,4 CM and 4±0,2 Sonya. When compared with N/g, it was found that there is a complete correlation between the correlation coefficient P/j decrease in the amplitude of vertical movements and the occurrence of CHPJB Oas, NMS and BDCH. When the mouth was opened and closed, a deviation of the jaw from the mid-sagittal line to 2±0,5 cm occurred, which was expressed in the stretching and changing of the direction of the image.

The main group of patients in the study included EMG results; showed an increase in bioelectric activity (TBE) of the chewing muscles in the relaxed state, a decrease in the maximum contraction and vice versa during chewing. Also in patients in the "closed mouth" position, the results of the SKT in curve projection; showed a fracture of the joint in the D4 section on the damaged side, in the D2 and D5 sections – narrowing of the fracture, at this time on the healthy side – sections D2 and D5. In the "open mouth" position, the articular dumbbells are 20 (51.28%) in AG-1; in AG-2 12 (42.85%); in AG-3 9 (52.94%) in three parts in the patient; in accordance with 18 (46,15%); 13 (46,42%) and in 8 (47,05%) patients, the placement of the articular dumbbell in the backrest was observed.

During the studies, the main group of patients underwent SCT in the "closed mouth" and "open mouth" position, curve projection. In the" closed mouth " position, the damaged side is narrowed by the fracture of the joint in the D3, D5 sections, in the D4 section – kengaygan, on the healthy side – D3 and D5 sections, D4 section is narrowed. In the case of "open mouth", the dumbbells of the joint are tripled, respectively, in pathology 37 (94,87%); 28 (100%) and in 17 (100%) patients, it was observed that the articular dumbbell on the damaged side is located at the tip of the thigh dumbbell in the middle slope and the healthy side is at the tip of the thigh dumbbell.

Occlusiography in the study revealed early eruptions in the front occlusion – 14, 16 teeth, 37 in the right occlusion, 38 teeth, 45 in the left occlusion, 47 teeth. In the present case, in the curve projection of SCT-reformations, narrowing of the joint fracture on the right side (D1=1,8 mm, D2=1,3 mm, D3=1,7 mm) was observed; narrowing of the joint fracture on the chap (D1=1,2 mm, D2=1,2 mm, D3=1,3 mm) was observed, and when the opening of the

CHPJB was observed in 97% of patients with BFBS – Oas and NMS - with moderate opening of the mouth, swelling, simulating pain, gingival and tooth abscess on the surface, pain in urination, deviations, early jipsification, decrease in muscle amplitude, increased bioelectrical activity of muscles in the relaxed state, and harmful habits.

Almost 100% of patients with bdch suffer from swelling when the mouth is opened on average, short-term pain when chewing and maximal opening of the mouth, a feeling of foreign body in the throat, muscle exhaustion, numbness of the Joint Secretary, inability to hold physiologic JIPS, harmful habits, chewing on one side, pain in the lat qan wing muscles, restriction of opening of the mouth, the fracture was accompanied by a narrowing, the location of the articular buttocks on the slope of the articular cartilage (Table 2).

**2-table.**

**Clinical signs of Chpjb BFBS in cases of Oas, NMS and BDCH**

| Complaints OADS | Complaints OADS | Complaints OADS | Complaints OADS | Complaints OADS |
|---|---|---|---|---|
| Pain in one side Joint 25 | Pain in one side Joint 25 | 24 | 10 | 59 |
| | | 5 | 7 | 25 |
| Pain in the joints on both sides 13 | Pain in the joints on both sides 13 | 26 | 6 | 32 |
| The nature of pain: acute - | The nature of pain: acute - | 19 | 12 | 69 |
| simulated pain, bitter 37 | simulated pain, bitter 37 | 4 | 6 | 38 |
| Pain relapse: chuckle, nape, ear 28 | Pain relapse: chuckle, nape, ear 28 | 8 | | 18 |
| chewing muscles 10 | chewing muscles 10 | 20 | 15 | 63 |
| Tickle on one side 28 | Tickle on one side 28 | 5 | | 15 |
| Tickle on two sides 10 | Tickle on two sides 10 | 21 | 7 | 64 |
| Formation of tickling: mouth duck. 38 when opened | Formation of tickling: mouth duck. 38 when opened | 10 | 8 | 1 |
| Resiprok - | Resiprok - | 4 | 9 | 19 |
| Crunching when the jaws are tightened 6 | Crunching when the jaws are tightened 6 | 26 | 10 | 50 |
| Feeling of a foreign body in the thigh 14 | Feeling of a foreign body in the thigh 14 | 20 | 12 | 50 |
| Noise in the ears, ears bite 18 | Noise in the ears, ears bite 18 | 26 | 15 | 55 |
| Blocking of jaw movements 14 | Blocking of jaw movements 14 | 10 | 4 | 19 |
| Hypertonus in chewing muscles | Hypertonus in chewing muscles | 8 | 2 | 16 |
| Jaw daytime shortness | Jaw daytime shortness | 3 | 3 | 11 |
| Gnashing of teeth at night | Gnashing of teeth at night | 6 | 20 | 40 |
| Rapid muscle exhaustion during chewing | Rapid muscle exhaustion during chewing | | | |
| Anamnesis of the disease | Anamnesis of the | 28 | 17 | 82 |

| | | | | |
|---|---|---|---|---|
| | disease | | | |
| Long-term chewing on one side | Long-term chewing on one side | 28 | 4 | 71 |
| Harmful habits | Harmful habits | 8 | 6 | 17 |
| Izni wide opening of the network | Izni wide opening of the network | 8 | 12 | 24 |
| Long-term rehabilitation | Long-term rehabilitation | 4 | 1 | 27 |
| Orthodontist-after orthopedic treatment | Orthodontist-after orthopedic treatment | 1 | - | 5 |
| After filling the teeth | After filling the teeth | | | |
| Obektiv inspection data | Obektiv inspection data | 28 | 12 | 49 |
| Asymmetry of the face to the affected side | Asymmetry of the face to the affected side | 28 | 16 | 44 |
| Deflection | Deflection | - | 11 | 49 |
| Deviasia | Deviasia | 28 | 15 | 58 |
| Limitation of the opening of the mouth | Limitation of the opening of the mouth | 12 | 10 | 34 |
| Defects of the tooth row | Defects of the tooth row | 9 | 7 | 25 |
| Secondary deformation of occlusion | Secondary deformation of occlusion | 5 | 9 | 20 |
| Height decrease between alveolarians | Height decrease between alveolarians | 8 | 14 | 30 |
| Pathological tooth extraction | Pathological tooth extraction | 23 | 14 | 66 |
| Pain when palpating the area of the CHPJB | Pain when palpating the area of the CHPJB | 7 | 13 | 32 |
| Pain when chewing muscles palpate | Pain when chewing muscles palpate | 7 | 11 | 29 |
| Pain when palpating the muscles of the pelvis | Pain when palpating the muscles of the pelvis | 26 | 16 | 81 |
| Pain when palpating the external and internal canine muscles | Pain when palpating the external and internal canine muscles | 23 | 13 | 74 |
| Early contacts of Antagonist teeth | Early contacts of Antagonist teeth | 22 | 12 | 64 |
| Decrease in the amplitude of the chewing muscle | Decrease in the amplitude of the chewing muscle | 4 | 3 | 7 |
| Increased amplitude of chewing | Increased amplitude | 16 | 14 | 38 |

| muscles | of chewing muscles | | | |
|---|---|---|---|---|
| BEF reduction when the jaws are maximally stretched | BEF reduction when the jaws are maximally stretched | 12 | 12 | 30 |
| BEF decrease in chewing time | BEF decrease in chewing time | 20 | 11 | 66 |
| Increased TBE in the chewing muscles | Increased TBE in the chewing muscles | 6 | 17 | 36 |
| BEF increase when the chin is maximally stretched | BEF increase when the chin is maximally stretched | 8 | 8 | 31 |
| BEF increase during chewing | BEF increase during chewing | 22 | 14 | 56 |
| Narrowing of the joint fracture | Narrowing of the joint fracture | 8 | 3 | 23 |
| Bruising of the joint | Bruising of the joint | 20 | 6 | 42 |

The examination card and database created on the basis of the results obtained in the studies CHPJB allows to draw up a complete clinical picture of all nosological forms of BFBS – Oas, NMS and BDCH, the symptoms encountered in 100% of cases have been identified, the basis for drawing up a detailed developed schedule of diagnosis of ponies. With special research techniques, it is possible to create a framework – algorithm for data processing, electronic visualization systematization and documentation based on the correlation between the amplitude of vertical movements of p/j, TBE changes in the chewing muscles and the formation of symptoms of Oas, NMS and BDCH (Table 3). The axiomatic aspect of this chart algorithm is that the CHPJB focuses on the set of symptoms typical for each nosological form of BFBS, with a greater possibility to make a thematic and early diagnosis, and makes it possible to use the Samaritan method of treatment during the kiska period.

**3-table.**

**Chpjb is a table of the algorithm of comparative diagnosis in the nosological forms of BFBS (Oas, NMS and BDCH) (n=84).**

| Character CHPJB Oas (n=39) CHPJB NMS (n=28) CHPJB BDCH | Character CHPJB Oas (n=39) CHPJB NMS (n=28) CHPJB BDCH | Character CHPJB Oas (n=39) CHPJB NMS (n=28) CHPJB BDCH | Character CHPJB Oas (n=39) CHPJB NMS (n=28) CHPJB BDCH |
|---|---|---|---|
| Subject | | | |
| Pain during chewing | - | + | + |
| Acute pain in CHPJB | - | + | |
| Simulated pain at CHPJB | + | - | + |
| Short-term pain in CHPJB | - | + | + |
| Feeling of a foreign body in the thigh | - | + | + |
| Rapid muscle exhaustion during chewing | - | + | + |
| "Stoppage" and "blocking" of joints" | - | + | + |

| | | | |
|---|---|---|---|
| Chew on one side | - | + | + |
| Objective objects | | | |
| Early contacts | + | - | + |
| Partial absence of teeth | + | - | - |
| Pain in palpation in the area of VNCHS CHPJB | + | - | - |
| Lateral-pain in the wing-muscle palpation | - | + | + |
| Limitation of the opening of the mouth | - | + | + |
| Deflection on the patient side | - | + | + |
| Deviasia | + | - | - |
| Expressly | | | |
| Reduction of the opening amplitude | - | + | - |
| Reduction of the amplitude of the chewing muscles | + | - | - |
| Increased TBE in the chewing muscles | + | - | + |
| Jaws, Max. an increase in one's stomach throughput | + | - | + |
| Narrowing of the joint fracture | - | + | - |
| Bruising of the joint | + | - | + |
| Location of the buttocks on the slope of the articular joints | - | + | - |

The effectiveness of the above-mentioned treatment measures showed the autonomy of the axamity of the individual patient's dependence on the level and behavior of knowledge on the etiopathogenesis of the disease. Because the etiological factor, which is important to the population of pathology, is the state of a person's psyche, it is important to note that it is associated with the activity of the nervous and muscular system.

In the results of our studies, 6 months after treatment, 1 small group of patients with intact rows of teeth underwent repeated examination with occlusion, 12 patients with Oas (60.0%), 11 patients with NMS (55.0%), 5 patients with BDCH (50.0%), respectively.- 3,6±0,8; 3,8±0,4 3,4±0,3 turn 4,1±0,3;4,2±0,3 4,0±0,2 showed an opening to CM, there was no deviation from the mid-sagittal line.

6 months after treatment 2-14 patients with small group Oas (73.68%), 14 patients with NMS (77.77%), 5 patients with BDCH (71.42%) had multiple smooth tooth surface JIPS; as well as patients with FFBS OAS with P/j vertical movements amplitude - 4.2±0.5; 4.3±0.6 seconds; patients with NMS-respectively 4,4±0,8; 4,4±0,4; 4,1±0,3 s was equal to. The result of vertical movements in the opening and closing of the mouth in patients with Oas, NMS and BDCH; increased bioelectrical activity of TBE chewing muscles in AG-1, AG-2 and AG-3 of EMG; when maximum contraction and chewing – showed a decrease (Table 4).

**4-table.**

**Description of muscle activity in the treatment dynamics CHPJB BFBS.**

| | | EMG indicators (mkv) | EMG indicators (mkv) | | EMG indicators (mkv) | |
|---|---|---|---|---|---|---|
| **АГ-1** | | TBE | TBE | TBE | TBE | TBE |
| | | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) |
| | | BEF (chewing) | BEF (chewing) | BEF (chewing) | BEF (chewing) | BEF (chewing) |
| | | Chewing Time (s) | Chewing Time (s) | Chewing Time (s) | Chewing Time (s) | Chewing Time (s) |
| | | Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) |
| **After treatment** | TBE | TBE | TBE | TBE | TBE | 38,8±3,3 |
| | | | | | | 38,5±2,4 |
| | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) | 433,4±36,2 |
| | | | | | | 443,4±41,2 |
| | BEF (chewing) | BEF (chewing) EMG indicators (mkv) | BEF (chewing) | BEF (chewing) | BEF (chewing) | 364,8±59,1 |
| | EMG indicators (mkv) | | EMG indicators (mkv) | EMG indicators (mkv) | EMG indicators (mkv) | 364,8±59,1 |
| | | | | | | 354,8±56,1 |
| | TBE | TBE | TBE | TBE | TBE | 350,8±59,1 |
| | BEF (contraction) | BEF (contraction) BEF (chewing) | BEF (contraction) | BEF (contraction) | BEF (contraction) | 7,21±0,2 |
| | BEF (chewing) | | BEF (chewing) | BEF (chewing) | BEF (chewing) | 7,21±0,2 |
| **АГ-2** | | Chewing Time (s) | Chewing Time (s) | Chewing Time (s) | Chewing Time (s) | Chewing Time (s) |
| | | Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) |
| | | TBE | TBE | TBE | TBE | TBE |
| | | | | | | |
| | | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) |
| **After treatment** | | | | | | 37,1±3,2 |
| | BEF (chewing) | | BEF (chewing) | BEF (chewing) | BEF (chewing) | 37,0±3,1 |
| | EMG indicators (mkv) | EMG indicators (mkv) | EMG indicators (mkv) | EMG indicators (mkv) | EMG indicators (mkv) | 230,3±98,4 |
| | | | | | | 232,6±87,9 |
| | TBE | TBE | TBE | TBE | TBE | 260±76,6 |
| | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) | BEF (contraction) | 264±76,8 |
| | BEF | BEF (chewing) | BEF | BEF (chewing) | BEF (chewing) | 9,2±0,4 |

| | | | | | |
|---|---|---|---|---|---|
| (chewing) | | (chewing) | | | |
| **2** | | 8,24±0,6 | 8,2±0,3 | 9,0±0,1 | 9,0±0,1 |
| Quiet state TIME (s) | Quiet state TIME (s) | Quiet state TIME (s) | 7,46±0,4 | 7,98±0,2 | 8,28±0,3 |
| | | | 7,54±0,2 | 8,30±0,2 | 8,28±0,4 |
| **АГ-3** | | TBE | TBE | **40,4±2,8** | **36,3±5,1** |
| | | BEF (contraction) | BEF (contraction) | **218,6±125,3** | **248,4±134,1** |
| | | BEF (chewing) | BEF (chewing) | **260±87,4** | **295±93,3** |
| | | Chewing Time (s) | Chewing Time (s) | **9,86±0,6** | **9,03±0,4** |
| | | Quiet state TIME (s) | Quiet state TIME (s) | **7,48±0,1** | **8,67±0,4** |
| **After treatment** | **1** | TBE | 40,8±4,6 | 40,1±4,3 | 37,8±1,2 | 36,8±4,4 |
| | **2** | | 39,6±3,8 | 40,0±4,8 | 37,1±2,2 | 36,3±5,1 |
| | **1** | BEF | 370,4±78,4 | 370,8±89,4 | 234,8±92,4 | 238,8±104,1 |
| | **2** | | 375,4±66,2 | 371,1±79,9 | 246,8±88,2 | 234,4±98,1 |
| | **1** | BEF (tea) | 254±56,3 | 282±49,2 | 285±57,4 | 287±53,3 |
| | **2** | | 278±48,7 | 276±50,2 | 280±44,4 | 284±76,3 |
| | **1** | | 9,06±0,4 | 8,76±0,3 | 9,42±0,4 | 9,0±0,4 |
| | **2** | | 8,66±0,4 | 8,52±0,2 | 9,06±0,8 | 8,83±0,2 |
| | **1** | Rinsing time (s) | 7,43±0,4 | 7,78±0,3 | 7,98±0,2 | 8,47±0,4 |
| | **2** | | 7,88±0,4 | 7,81±0,3 | 8,34±0,2 | 8,22±0,4 |

**Application: 1-the first subgroup; 2-the second subgroup; reliability at r<0,05.**

After treatment in the main group of patients, the results of SCT in the curve projection in the "closed mouth" position, especially in the 2-subgroup, were found to be narrowed in the D4 section on the patient side and kengay in the D2 and D5 sections, at this time on the healthy side – yor fracture in the D2 and D5 sections; it settled in three parts (Table 5) at 71,42%).

**5-table.**

**Remission of chpjb joint fractures when examined in the dynamics of treatment.**

| Groups | Joint fracture | The damaged side | The healthy side | Control group |
|---|---|---|---|---|
| **АГ-1** | **D1** | **3,3±0,8** | **2,4±0,8** | **2,8+0,21** |
| | **D2** | **1,4±0,6** | **2,8±0,6** | **2,2+0,23** |
| | **D3** | **1,2±1,2** | **2,6±1,1** | **2,4+0,25** |
| | **D4** | **9,4±1,1** | **8,1±1,1** | **8,9+0,28** |
| | **D5** | **2,2±0,3** | **3,7±0,5** | **3,2+0,24** |
| **After treatment** **1** | D1 | 3,0±0,4 | 2,7±0,4 | 2,8+0,21 |
| **2** | | 2,8±0,6 | 2,8±04 | 2,8+0,21 |
| **1** | D2 | 1,8±0,4 | 2,4±0,2 | 2,2+0,23 |
| **2** | | 2,2±0,2 | 2,7±0,2 | 2,2+0,23 |
| **1** | D3 | 1,9±1,0 | 2,4±1,0 | 2,4+0,25 |
| **2** | | 2,2±0,8 | 2,4±1,1 | 2,4+0,25 |
| **1** | D4 | 9,1±1,2 | 8,4±1,4 | 8,9+0,28 |

| | | | | | |
|---|---|---|---|---|---|
| | **2** | | 8,8±1,0 | 8,7±0,8 | 8,9+0,28 |
| | **1** | D5 | 2,6±0,3 | 3,3±0,4 | 3,2+0,24 |
| | **2** | | 2,9±0,1 | 3,3±0,4 | 3,2+0,24 |
| **АГ-2** | **D1** | | **3,0±0,7** | **2,3±0,4** | **2,8+0,21** |
| | **D2** | | **1,5±0,4** | **2,5±0,3** | **2,2+0,23** |
| | **D3** | | **1,01±0,9** | **2,4±1,4** | **2,4+0,25** |
| | **D4** | | **9,0±1,1** | **8,0±1,1** | **8,9+0,28** |
| | **D5** | | **2,3±0,4** | **3,9±0,9** | **3,2+0,24** |
| After treatment | 1 | D1 | 3,0±0,1 | 2,5±0,6 | 2,8+0,21 |
| | 2 | | 2,7±0,2 | 2,6±0,2 | 2,8+0,21 |
| | 1 | D2 | 1,8±0,2 | 2,3±0,2 | 2,2+0,23 |
| | 2 | | 2,2±0,6 | 2,2±0,4 | 2,2+0,23 |
| | 1 | D3 | 1,8±0,5 | 2,5±1,0 | 2,4+0,25 |
| | 2 | | 2,0±0,4 | 2,3±0,8 | 2,4+0,25 |
| | 1 | D4 | 9,0±0,8 | 8,6±1,5 | 8,9+0,28 |
| | 2 | | 8,8±0,6 | 8,8±1,2 | 8,9+0,28 |
| | 1 | D5 | 2,8±0,4 | 3,4±0,6 | 3,2+0,24 |
| | 2 | | 3,2±0,8 | 3,4±0,3 | 3,2+0,24 |
| **АГ-3** | **D1** | | **2,4±0,8** | **3,1±0,9** | **2,8+0,21** |
| | **D2** | | **1,7±0,7** | **2,2±0,8** | **2,2+0,23** |
| | **D3** | | **1,7±0,1** | **2,8±1,2** | **2,4+0,25** |
| | **D4** | | **9,9±0,3** | **10,7±1,4** | **8,9+0,28** |
| | **D5** | | **2,8±0,5** | **4,2±0,7** | **3,2+0,24** |
| After treatment | 1 | D1 | 2,6±0,4 | 2,9±0,4 | 2,8+0,21 |
| | 2 | | 2,8±0,6 | 2,5±0,3 | 2,7+0,21 |
| | 1 | D2 | 1,9±0,5 | 2,1±0,4 | 2,2+0,23 |
| | 2 | | 2,2±0,4 | 2,1±0,8 | 2,2+0,23 |
| | 1 | D3 | 1,9±0,1 | 2,4±1,4 | 2,4+0,25 |
| | 2 | | 2,2±0,4 | 2,4±1,0 | 2,4+0,25 |
| | 1 | D4 | 9,8±0,2 | 9,7±1,1 | 8,9+0,4 |
| | 2 | | 9,2±0,2 | 9,8±1,4 | 8,7+0,3 |
| | 1 | D5 | 2,8±0,1 | 4,0±0,4 | 3,2+0,24 |
| | 2 | | 3,1±0,4 | 3,8±0,2 | 3,2+0,24 |

**Application: 1-the first subgroup; 2-the second subgroup; reliability at r <0,05.**

The results of the study showed that one year after treatment problems, all patients had vertical movements of the jaw, EMG and CT results – 37 in Oas, NMS, and BDCH, respectively; there were no complaints in 25 and 14 patients, while in 2, 3, 3 patients (respectively) the symptoms of the disease continued.

Clinical-activity diagnostic tests, special examination methods - EMG, occlusion, CT scan, P/j vertical motion amplitude, TBE change in chewing muscles and CHPJB confirmed the presence of a link between the occurrence of Bfbsda - Oas, NMS and BDCH. The effectiveness of the proposedeksex treatment was positively reflected in the example of 2-subgroup patients.

Conclusions. Chakka – activity disorders of the lower jaw joint – symptomatic signs of Oas, NMS and BDCH pathologies-ogric formation in the area of the joint, limitation of the opening of the

mouth, noise in the joints, ogric in the head, neck, nape, kulok and dental defects from 97% to 100% of cases were based on the need to evaluate each other with a harmonic

Diagnosis in BFBS pathologies in chpjb predicts the Prevention of complications of pathology, diagnosis of EMG, occlusion, SCT, CT, activity-diagnosis and clinical-activity tests in the diagnosis of burns and ponies, accumulation of anamnastic examination data and tug-of-warts in the diagnosis of ovarian hyperplasia and ovarian hyperplasia.

The results of the studies – clinical-activity and diagnosis-activity tests, Anamnesis data, special examination methods – algorithm created on the basis of EMG, occlusion, SCT, CT and used for the implementation of the comparative-diagnostic card CHPJB early diagnosis of BFBS pathologies for the detection of burns and treatment results compared to traditional methods Takan more succesful beating the social status of patients.

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