

THE ORIGIN OF MIASTHENIA DISEASE AND METHODS USED IN TREATMENT

Abstract:

As you know, in all organ systems in the body there are diseases that are inherent in a certain number. The prevention and treatment of these diseases will be the responsibility of young future doctors like us. For example the nerf system.One of the most common cases of disease in this system is : it is associated with the conduction of nerf impulses. In particular , when something iodine affects the body, it is received through receptors located in the impulse skin, tam cognition, sense of smell, hearing, sight and so on organs, transmitting it to the brain centers of the head.

Key words:

Miasthenia , treatment , hear , head , brain .

Author of the article:

Dalimova Manzuraxon Mukhtarovna

Andijan State Medical Instutute

This impulse goes through many places to reach the center , but this process occurs extremely quickly that is, it moves at speeds from 4.4 meters per second to 100 meters per second. These nerf impulses are studied by reaching the center and transmitted to the working organs.The working body performs work under the influence of this incoming impulse. . Another system diseases bn if we get acquainted for example, the muscular system. This system also has a number of diseases. Muscles perform work as a result of the impact from nerf fibers.Muscle is an active mobile part of the body. Each movement of the body occurs as a result of the contraction of the transverse lang-propaganda muscle fibers that are in the body.The body muscles attach to the bones and move them.They are involved in the formation of the wall of body cavities and are part of the walls of some internal organs (pharynx, upper part of the esophagus, larynx, lower part of the larynx). As muscles perform work they need energy, in accordance with this energy muscles perform work. If the source of energy in the body runs

out, the muscles will not be able to perform work. Since these two systems work together according to dem ak , a common disease of both systems is caused. This disease is Myasthenia Gravis.

In Los Angeles, 1959, the International Classification of miastenia was adopted, and it has been supported in all states until now. There are types of myasthenia gravis, such as disseminated and ocular myasthenia gravis. 6 types of disseminated myasthenia : Neonatal myasthenia gravis , congenital myasthenia gravis, myasthenia gravis accompanied by ophthalmaparesis or ophthalmoplegia, pediatric family myasthenia, juvenile myasthenia gravis , adult disseminated myasthenia gravis differ from one another. Eye miaste: divided into Juvenile and adult miasthenia.

Myasthenia gravis is a disease manifested by a weakening of the transverse-propagular muscles.In this case, when muscle weakness increases when performing any physical activity, a person returns to his state again after resting.This disease is a disease of the muscular and nerf system.It is caused by a violation of the metabolism, a disease of the endocrine gland. Auto immune processes play an important role in the development of myasthenia gravis.Most often , the muscles of the eyelid, chewing muscles, as well as the muscles of the arm leg are damaged. The prevalence of miasthenia disease is 10-24 people per 100,000 axoli.This disease develops at any age, that is, both in early childhood and in old age however, myasthenia is more common at the age of 20-40 years. Women get sick 2-3 times more often than men .

The etiology of myasthenia gravis is not fully organised. Its development is mainly associated with the thymuz pata logo. Because in miasthenia in 80% of cases, thymus pathology is detected, that is, 65-70% hyperplasia and 10-15% thymoma . In the rest of the cases, thymus pathology is not detected.Miasthenia sometimes occurs together with a number of autoimmune diseases,such as polymyositis, Hoshimoto's throat , SQB, rheumatoid arthritis, lymphosarcoma, sarcoidosis. Experts believe that the etiological factors that cause these diseases may be similar. He believes that a congenital defect of the presynaptic and postsynaptic membranes is also important in the development of myasthenia gravis. Because of these defects, synaptic activity is impaired, and symptoms of myasthenia gravis begin to

appear. Various viral infections are the impetus for suppressing these pathological processes. The pathogenesis of myasthenia associated with thymus activity has been somewhat well studied. Thymus imune I an endocrine gland that actively participate in process, the damage of which lead to the occurrence of powerful autoimmune Di order. Under the influence of etiological factors, which are still unknown, some cells of the thymus produce large amounts of antigens. In our body , antitanacs are formed in relation to these antigens, that is, the amount of antitana Cholar against acetylchonyl receptors in the blood increases. Antitanaches infect the honiloloreceptors located in the postsynaptic membrane Nas of the nerf-muscle synapses, and as a result, their number begins to decrease. Holinoreceptors are receptors that act on acetylholin. It is known that acetylcholine is a mediator of nerf-muscle Synapse. Acetylcholine is produced in the last part of the action nerfs growths and is paid in pericinaptic reticulums. Acetylcholine secreted from these vesicles into the synaptic cleft is obtained by taking it through holino receptors located on postsynaptic receptors. As a result of these processes, impulses pass from motion neurons to the muscles through synapses, and they contract. In miasthenia, this physiological process is disrupted, and it is manifested by tes exhaustion of the muscles. Since the rapid exhaustion of the muscles is very typical for this disease, the term “ Miasthenia " has been proposed .

Now the child born also has myasthenia gravis, which is manifested by ophthalmology. Children with deviations in this case get sick 2 times more often than girls. Autosoma is inherited in the Dominant type.The child is born with ophthalmaparesis: bilateral ptosis is detected in it, and the movement of the eyeballs is limited. As the child grows up, ophthalmaparesis goes into complete ophthalmaplegia, which means that both of his eyes are closed and the eyeballs are practically not moved. A slight exhaustion is observed in the mimic muscles.The muscles of the limbs remain in a healthy state or mild paralysis is detected. Correct identification of this condition practically does not give rise to difficult chilies.Congenital myasthenia should be distinguished from neonatal myasthenia.If, after the birth of a child, two-sided ptosis, a limitation of eye movements is observed, and these signs continue to intensify, a diagnosis of congenital myasthenia gravis is made.If the symptoms of myasthenia gravis go away within a few days, it means that the child has developed neonatal myasthenia gravis. Symptoms of Neonatal myasthenia gravis are mild.

What are the treatments for miasthenia? Treatment procedures for this disease are carried out at 3 bos qich. Phase 1 is the compensation phase section in which the antixo linezterase drugs bn consists of treatment.These drugs should be recommended as early as the day the disease is diagnosed.Stage 2-treatment with corticosteroids Boschi. In Miaste NIA,a lot of cartocasteroids,especially prednisolone, are used .The sama RAS of Corte costeroids is equivalent to almost 80%, in most cases to achieve a remission full of support for their wax kin. Stage 3-stage of treatment with immune suppressors. Treatment with immunosuppressors Corte costeroids is recommended in cases where the negative effect of negative emotions is low or their adverse effects and complications are more common . The effectiveness of immunosuppressors is very high,through which a complete remission can be achieved in 80% of cases.

The main puzzling issue of miasthenia is currently the study of etiology. To this issue, we young people enter hard and are constantly in search.

Literature :

1. Z. Ibadullayev . Nervous disorders: textbook - T – 2013 – 1001 P . Latin Ibadullayev Z. Nervous disorders.

2. Majidov.N. Textbook for Medical Institutes of general neurology

(propidevticasin of Nervous Diseases) – 2 - filled edition – T : medical publishing house named after Abu Ali ibn Sina . 1995-296 b

3. „ Human Physiology ” akad. E.B. Babsky under Edit V.Rahimov and T. Translation of gulomov. For students of medical universities„ medisina “ 1972. 840 b

4. Джалалова, О. К., Алейник, В. А., Жураева, М. А., Бабич, С. М., & Хамракулов, Ш. Х. (2020). Влияние жиров и их продуктов гидролиза на протеолитическую активность поджелудочного и желудочного соков. Экспериментальная и клиническая гастроэнтерология, (7 (179)), 131-136.

5. Nishonova, D. (2021). Dilafruz Nishonova Mathematical Assessment of the Risk of Developing Dysfunctions of Autonomic and Thyroid Statuses from the Point of View of

Evidence-Based Medicine. Архив исследований.

6. Nishonova, D. (2021). Нишонова Д. В мактаб ўқувчиларининг жисмоний ривожланишини бахолашда антропометрик кўрсаткичларнинг ахамияти. Архив исследований.