

THE ROLE RATIONAL NUTRITION IN PREVENTION OF DENTAL DISEASES

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Ancient Greek philosopher Thales of Miletus wrote that he is happy, who is healthy in body, receptive to soul and submissive to education. The Charter of the World Health Organization (WHO) refers to the highest level of health as one of the basic human rights. The human right is closely related to its responsibility. The entire way of life of a person, and especially a medical student and a doctor, should constantly remind him of the responsibility for his health and the health of others. The way of life is a culture of nutrition, movement, profession, use of free time, creativity. The health of modern man is 60% dependent on lifestyle. At the same time, a healthy lifestyle determines not only the absence of disease, but also the optimal functioning of all organs and systems, including the oral cavity. The way of life influences spiritual and physical health, strengthening or destroying it, prolonging or shortening life. Consequently, the right way of life is a factor of health, and an unhealthy lifestyle is a risk factor.

The purpose of our study was: studying the relationship between rational nutrition and oral health in children

Materials and methods of research: For the study, questionnaires were compiled, including 16 questions about assessing one's own health and the main risk factors in dentistry. Anonymous questioning was conducted among children. To process the data obtained, a mathematical-statistical method was used to package the standard EXCEL programs.

Results and discussion: The topic of prevention of dental diseases is very relevant, as the results of numerous studies show that the intensity of the main dental diseases among our population is quite high. Thus, in three-year-old children, the intensity of caries of temporary teeth is on average 3.7, that is, for every three-year-old child almost 4 teeth are affected by caries. Later, with age, there is a significant increase in caries activity.

The cause of tooth decay is bacteria. But the nature of nutrition is very important. In the recommendations on rational nutrition, one should not forget about the role of food as a factor in self-cleaning of the oral cavity, the natural process of liberation from food debris and soft plaque. If there is a lack of nutrients during the development of the child, due to illness of the child, the mother during pregnancy or lactation, these substances can be introduced into the body with the help of medications. To measures of effective primary prevention of dental diseases include rational nutrition, as one of the components of a healthy lifestyle, directly affecting the health of the oral cavity. The tissues of the oral cavity are target organs highly sensitive to a lack of nutrients in the body. Thus, protein deficiency in children during the development of teeth leads to a decrease in their size and mass, a violation of the structure of the enamel, degeneration of the connective tissue of the gum and periodontal ligament, delay healing of wounds and atrophy of the epithelium of the tongue. Excess intake of carbohydrates, especially simple, leads to increased

susceptibility of teeth to caries. One of the main defects in the nutrition of a modern child is the consumption of excess amounts of easily digestible carbohydrates, which have a negative impact not only on the teeth, but also on the body as a whole. They lead to rapid saturation with calories and prevent the intake of essential amino acids, vitamins, trace elements, etc.

Conclusion: From the above it follows that rational nutrition contributes to the formation of resistant organs and tissues of the oral cavity, to reduce the cariogenic effect of digestible carbohydrates, in addition, it helps self-purification of the oral cavity and strengthening the chewing apparatus. The laying of the teeth and the development of the entire chewing apparatus take place in the intrauterine period (6-7 weeks), which justifies the beginning of individual prevention of dental diseases from the antenatal period of the child's development.

БОШ МИЯ ЖАРОҲАТЛАРИ БЎЛГАН БЕМОРЛАРДА АДЕКВАТ НЕЙРОВЕГЕТАТИВ БЛОКАДА

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Тадқиқот мақсади: Бош миЯ жароҳатлари (БМЖ) интенсив терапиясида бош миЯ ичи гиперензиясини олдини олиш ва церебрал перфузион босимни (ЦПБ)ни таъминлаш мақсадида оптимал нейровегетация учун препаратларни танлаб олиш.

Материал ва усуллар: ТМА 2 ва 3-клиникасида 2016-2017 йилларда 30та БМЖ бўлган беморларда оптимал нейровегетацияловчи препаратларни куллаш орқали миЯда қон айланиши, БМИБ ва ЦПБ узгаришларини урганилди. Беморларнинг уртача ёши 29 ± 3.7 ёшни ташкил этди. Беморлар 2 гуруҳга бўлинди. Биринчи гуруҳга стандарт базис даволаш фонида нейровегетация учун midozalami+ketamini (n=15) кулланилди. Иккинчи гуруҳга эса нейровегетация учун droperidoli+phentanyli (n=15) танланди.

Натижа ва таҳлил: Биринчи гуруҳдаги беморлардан 8та бемор (53,3%) енгил неврологик етишмовчиликлар билан, 3та бемор (20%) моно- еки парепарезлар еки плегиялар билан, 3та бемор(20%) оғир неврологик етишмовчилик билан шифохонадан чиқарилди, 1та беморда (6,7%) улим ҳолати кузатилди. Иккинчи гуруҳдаги беморларнинг 9 (60%) тасида енгил неврологик етишмовчилик қолди, 4та бемор (26,7%) %) моно- еки парепарезлар еки плегиялар билан, 1та беморда (6,7%) оғир неврологик етишмовчилик билан шифохонадан чиқарилди. Улим ҳолати бу гуруҳда кузатилмади. 1-гуруҳ беморларда курсаткичлар куйидаича бўлди: УАБ- 80 ± 5 . БМИБ- 19 ± 5 . СПБ- 89 ± 10 . КИ- 14 ± 2 . 2-гуруҳ беморларда эса курсаткичлар куйидаича бўлди: УАБ- 112 ± 10 . БМИБ- 11 ± 5 . СПБ- 89 ± 10 . КИ- 10 ± 5 .

Хулосалар: 1. Стандарт базис даво тугри олиб борилганда нейровегетатив блокада мақсадида кетамин ва мидозалам кулланилганда БМИБнинг кутарилишига олиб келди ва уз навбатида ЦПБ камайиб, иккиламчи асоратлар эҳтимоли ошди.