

World Bulletin of Public Health (WBPH) Available Online at: https://www.scholarexpress.net

Volume-3, October-2021 **ISSN: 2749-3644**

ANALYSIS OF DATA ON THE MORPHOLOGICAL STRUCTURE AND BIOMECHANICS OF THE TEMPOROMANDIBULAR SYSTEM

N.B.Nurov

Bukhara State Medical Institute
Department of Orthopedic Dentistry and Orthodontics

Article history:		Abstract:
Received: Accepted: Published:	August 28 ^h 2021 September 30 th 2021 November 6 th 2021	The most important part of human NPZHB dental caries is a complex biomechanical system with different morphological maturation structures depending on the stage of growth and involution. At the same time, we know that NPWB is the last developmental link in human biological development, and the universality of its work with significant human development. Time lag is a sliding body that undergoes the process of crushing chains and crushing food blocks, in other colas it is a multi-layered galaxy that grinds its teeth with anger and rage. NPZHB - complex and coordinated, according to the description of movements, the hinges are locking [1.3.5].

Keywords: NPZHB, dental caries, human biological development

RELEVANCE.

The most important part of human NPZHB dental caries is a complex biomechanical system with morphological maturation structures depending on the stage of growth and involution. At the same time, we know that NPWB is the last developmental link in human biological development, and the universality of its work with significant human development. Time lag is a sliding body that undergoes the process of crushing chains and crushing food blocks, in other colas it is a multi-layered galaxy that grinds its teeth with anger and rage. NPZHB - complex and coordinated, according to the description of movements, the hinges are locking [1.3.5].

Other authors [2.4.6.8] believe that the superficial area of the flange of the ChPJB exhibits a saddle joint, the surface of which is similar to the surface of the wrist-toe core joints of the big toe. From a biomechanical point of view, the junction of the lower jaw (p / j) with the skull consists of four synergistic moving joints, so some authors propose to call the CHPJB "Chakka-lower jaw complex". According to the author (Yu. Simanovskoy) [7.9.10], ChPJB is a complex musculoskeletal carcass with many components, involved in the connection of the upper jaw (y / j) and the rows of teeth of the p / j, providing the movement of the p / j in different directions. block. Motions are an example of motion around instantaneous and variable axes, which is a condition in biomechanics. The authors (O.G. Bugrovetskaya and Hammual [11.13.15.16] divide the network of types of motion around different axes as follows; a horizontal arrow involved in the opening and closing of the mouth and between the arrows; slip planes lying at the level of the p / j tongue and varying in p / j protrusion and retrusion; a sidesliding bullet at the end of the bullet; the whole p / j

slides and moves laterally; axis of rotation around the vertical, located in the center of the right or left joint; a curved axis located at the center of one or the other joint for the combined movements of deviation and opening of the mouth.

By analyzing the processes of formation and activity of CHPJB, a number of authors observed the determining role of increasing loading, first under the influence of sucking movements and then the act of chewing after childbirth [10.12.14.17.18]. formation of the first ChPJB base skeleton is completed by the age of 16, at which time a permanent bite is determined. The determining position of the changing load is reflected in the formation of ChPJB and morphological changes occur in the head of the joint, which in turn leads to changes in the p / j body, ie the entire bone-muscle block. The interactions between the bone skeletons occur due to the transfer of formation to hard and soft tissues. The tongue and masticatory muscles play a special role in this, hard palate and alveolar tumors are formed at different levels. During anthropogenesis, the skull becomes thinner, and foods become more diverse. Thin bones would not be able to withstand the increasing load relative to the ChPJB if it did not decrease. During anthropogenesis, as the size of the brain increases, the size of the skull cannot increase indefinitely, it must be in a state of stable equilibrium, and the cervical vertebrae could not withstand all the increasing load. The thickness of the skull bones decreases, but at the same time the chewing loads increase, which should have led to an increase in the load on the ChPJB as well. This is not the case because the masticatory muscles have shifted the line of motion to the kia position.

The authors emphasize that the activity of TJT is related to the structure of its blocks, the suction



World Bulletin of Public Health (WBPH) Available Online at: https://www.scholarexpress.net

Volume-3, October-2021 **ISSN: 2749-3644**

activity should end in the eighteenth month of the period of postnatal ontogeny. Defects of dental arches and occlusion disorders were observed if suction was continued later; i.e., disorders in jaw articulation, morphological changes of joint heads, followed by deep structural changes in the upper jaw (yu / j), hard palate, temporal bone. These changes, in turn, adversely affect hemocirculation, hearing, respiration, and impaired chewing and facial muscle function in the cranial cavity. Studies have not been sufficiently studied in terms of human masticatory muscles and the force factors that produce CHPJB: One author suggests that ChPJB is not formed at all, while another suggests that it produces several hundred Newtonian reactions. The displacement of the p / j from the central occlusion to the anterior part is accomplished by the right and left lateral wing muscles, directed by the incisors, and the displacement of the p / j in the horizontal plane is manifested in the form of a "gothic angle; when the p / j moves laterally from the central occlusion (MO) position, the Bennett motion is observed to rotate around the vertical axis in the p / j groove on the laterotrusive side of the convex growth; The authors emphasize that the shape mechanism of p / j in the form of a spatial frame, i.e. it can rotate freely around the hinge axis until some restriction is formed.

Any opposite tooth that interacts with the tooth in question, either directly or through a piece of food, acts as a restriction of movement and primarily determines the function of all multi-rooted teeth - molar teeth during the chewing phase. The performance of the ChPJB under load is largely determined by the condition of the joint disc. It exhibits the complex structure of collagen fibers and chondrocytes located in isolated or isogenic groups. The articular disc appears in its central part in the form of an "avascular organ" (V.M. Tvere and E.Yu. Simanovskaya . A number of studies have also shown significant differences in the histological structure of the CHPJB disc in different animals: rabbits, dogs, rats, sheep, and pigs.

The matrix of disc fibrous cartilage is formed by thick collagen fibers of type I oriented according to the applied load. Ensuring the structural integrity of the cartilage matrix depends entirely on the chondrocytes that synthesize all the polymers that make up collagen. In turn, collagen fibers are immersed in giant molecules secreted by macromolecular aggregates - chondrocytes. The main function of proteoglycans is to form water in the cartilage matrix. It is the water that gives the cartilage matrix a gel state and its density and flexibility, the diffusion of nutrients and gases into the disc within the joint provides water. Fluid can pass from the joint disc to the synovial fluid and back into it. Under experimental conditions, the permeability coefficient of the ChPJB disc was greater than that for the hyaline cartilage, but smaller for the knee joint flange, and in the experiment it was recommended to use a Berlin laser mixture to assess water mobility within the joint disc.

CONCLUSION.

Wang MQ in modern notions about the macro and microstructure of the disc, if the disc is attached to the lateral and medial poles of the lower jaw bulge with cannot intracapsular ligaments, they independently, only move along the joint surface of the bulge, hence several questions firstly, the upper head of the lateral hemorrhagic muscle is attached to the anterior pole of the disc and the joint capsule. Whether or not it is attached; second, whether intra-articular ligaments can control the condition of the joint disc; and third, whether the eccentric placement of the disc can lead to the formation of a diverticulum of the joint capsule. The lack of data on morphopolitical changes in the "internal structure" of CHP makes it difficult to assess their condition by non-invasive research methods.

LIST OF USED LITERATURE.

- Astanov, O. M., & Gafforov, S. A. (2021). Diagnosis and treatment of patients with maxillary-mandibular joint dysfunction without pathology of inflammatory-dystrophic origin. Annals of the Romanian Society for Cell Biology, 25(1), 5721-5737. Retrieved from www.scopus.com
- 2. Eronov Yo. K. Discase incidence and statistical indicators in children with cerebral palsy // International enginuring journal for research development .Vol. 5 Issue 4.2020. P 31-32
- 3. Eronov Yo. K. Implementation of comprehensive prevention of dental caries in children with cerebral palsy // International Journal of Human Computing Studies Vol 2 № 6 2020. JHCS P 22-24
- 4. Eronov Yo.K. Indications for oral hygiene in stch children with cerebral palsy // International Journal of teguated Education Vol 3, Issue VI, June, 2020.-P. 26-27
- 5. Eronov Yo. K. Evalution of stomatological investications in children diagnosed with cerebral palsy. "Актуальные вызовы современной науки" Украина выпуск 4(48) Часть-1.-Р. 45
- 6. 6.Eronov E.K.Criteria forevalution of oral hygiene behaviorin children withcerebral palsy //"Актуальные вызовы современной науки" Украина выпуск 4(48) Часть-1.- Р.45
- Eronov Yo. K. Oral hygiene in sick children with cerebral palsy // "Actual problems of children's denristry" India 22 may 2020.-P.19-20



World Bulletin of Public Health (WBPH) Available Online at: https://www.scholarexpress.net

Volume-3, October-2021 **ISSN: 2749-3644**

- 8. Eronov Yo. K. Caries and stastical indicators in children with cerebral palsy. "Actual problems of children's dentistry" // "Actual problems of childrens denristry" India 22 may 2020. P. 26-27
- 9. 9.Мирсалихова Ф.Л. Минимально инвазивный метод лечения кариеса зубов у детей. // «Стоматология детского возраста и профилактика» Москва. 2018 2-70. С 9-12
- 10. Мирсалихова Ф.Л. Отстроченное пломбирование при кариесе постоянных зубов у детей с несформированными корнями. // «Клиническая стоматология» Москва, 2018 1/85/ январь-март. С 4-7
- 11. Мирсалихова Ф.Л. Минимально щадящий подход к лечению кариеса зубов у детей. // Материалы межрегиональной заочной научно-практической конференции с международным участием, посвященной 85-летию профессора В.Ю.Миликевича «Актуальные вопросы стоматологии». Волгоград. 29 апреля 2017 г. С- 238-241.
- 12. Олимов С.Ш. Значение метоболическых паказателей слюны в развитии зубочелюстных аномалий у детей с метоболическим синдромом.// "Стоматологик касалликларни даволашда ва профилактикасидаги долзарб муаммолар" илмий амалий конференцияси Бухоро 2016.- 336ет.
- 13. Олимов С.Ш., Бадриддинов Б.Б., Тожиев Ф.И. О гистологическом статусе протезного ложа у больных сахарным диабетом.// 88-я всероссийскаянаучно-практическая конференциястудентов и молодых ученых Казань. 2014 г. С 375.
- 14. Олимов С.Ш., Бадриддинов Б.Б. Улучшение лечения среднего кариеса постоянных моляров у детей.// 89-я всероссийскаянаучно-практическая конференциястудентов и молодых ученых Казань. 2015 г. С 410.
- 15. Олимов С.Ш., Бадриддинов Б.Б. Роль нормальной микрофлоры в развитии болезней пародонта у детей.// 89-я всероссийскаянаучно-практическая конференциястудентов и молодых ученых Казань. 2015 г. С 411.
- 16. Олимов С.Ш., Microbial spectrum and iocal state of rezistence Oral cavity of workers gas processing plantce.// "Стоматологик касалликларни даволашда ва профилактикасидаги долзарб муаммолар" илмий амалий конференция
- 17. Бухоро 2016 34-бет.

- 18. Саидов Акбар Ахадович. Олимов Сидик Шарифович. The volue of matrix metalloproteases and connective nissue markers in the patoloji of temp-jav joint in children // Journal of Critical Reviews (скопус). Vol.7 Issue 17 2020 p44-49
- 19. Раджабов А.А., Раджабов А.Б., Темирова Н.Р., Камалова Ш.М. Оценка результатов первичной хейлопластики у детей с врожденной двусторонней расщелиной верхней губы и нёба// Электронный научный журнал «Биология и интегративная медицина». 2017. № 5. С. 36-46.