

## **Rehabilitation Measures in Rheumatoid Arthritis Disease**

**Mukhsinova Sh. M.**

Samarkand State Medical University Assistant

**Istamova S. N.**

Samarkand State Medical University Assistant, Samarkand .Uzbekistan

**Abstract:** Rheumatoid arthritis is a disease that can develop rapidly and cause damage to the musculoskeletal system and even disability. In 80% of patients, destructive processes begin in the joints in the 3-6 months of the onset of the disease, and by the 2nd year of the onset of the disease, erosive processes are detected in the joints. Rehabilitation measures in RP disease prevent destructive processes in the joints.

**Keywords:** RA-rheumatoid arthritis, IL-interleukin, reconstructing psychological changes, Magnetotherapy, Thermootherapy, Occupational therapy.

Rheumatoid arthritis (RA) is an autoimmune rheumatic disease of unknown etiology, accompanied by chronic erosive - destructive inflammation of the joints and damage to the internal organs. With rheumatoid arthritis, between 0.5% and 1.5% of the world's population are affected. The highest age range for rheumatoid arthritis is between 45 and 65 years of age. Women are 2-3 times more susceptible to this disease than men. In rheumatoid arthritis, antibodies are produced against healthy cells of any tissues of the body. An inflammatory process occurs inside the joint, in which the synovial membrane thickens and the joint swells, causing the Bora-bora Bony skull to erode. The highest incidence, up to 70%, is disability. Treatment of RA consists of measures aimed at relieving pain, slowing disease progression, restoring joint function surgically, and rehabilitative measures. Rehabilitation is a set of measures aimed at restoring as much as possible the impaired functions of the organs due to illness or injury. Rehabilitation helps to be active and independent, move freely, serve oneself, work and learn, as well as fully communicate with people. It is important not to confuse rehabilitation and treatment of the disease. Rehabilitation is a set of additional measures that cannot be carried out in the acute stage of the disease. With only one rehabilitation measure, this disease cannot be overcome. Only drugs can stop the course of the disease and slow down the decay of the joints. In addition, certain types of rehabilitation can be the cause of exacerbation of constipation. Rehabilitation goals for rheumatoid arthritis will be aimed at reducing pain, reducing fluid buildup into cavities, joint swelling and joint stiffness, improving joint function, quality of life indicators, and reconstructing psychological changes. Early diagnosis and rehabilitation of RA disease is a complex area of Rheumatology, since the disease grows rapidly, seriously affects the musculoskeletal system and often leads to disability. At the same time, functional disorders develop very early, and this affects the professional and social activities of patients. In more than 80% of patients with RA, joint erosion develops in the first 2 years. Almost half of the patients who first turned to a rheumatologist were found to have begun to have limited movement of the joints. In the first 5 years of the disease, the joints are most quickly damaged. As the duration of the disease increases, more and more new joints and

extraarticular structures are affected, irreversible changes in the musculoskeletal system, that is, contractures, are formed. 20 years after the onset of the disease, disability is observed in 60-90% of patients. All this leads to serious functional disorders, pain syndrome, a decrease in quality indicators of life. In people of working age (35-55), the development of the disease is more frequent, therefore, more attention should be paid to medical, professional and social rehabilitation. Starting medicamentous treatment procedures as soon as the patient is diagnosed with rheumatoid arthritis ensures that patients progress to a period of remission of the disease, that joint function is not impaired, and that quality of life indicators improve. At the initial stage of RA, severe functional disturbances and extraarticular disturbances are not observed-so there is a high probability of reverting tissue changes to their state. Therefore, early initiation of rehabilitation measures is also effective in preventing and reducing disability. The rehabilitation program RAda should be based on the individual characteristics of the patient. It consists of various complex activities (aerobics, gymnastics, yoga), physiotherapy (laser therapy, cryotherapy, electrotherapy, balneotherapy), occupational therapy, psychotherapy. Patients with RA often avoid sports due to joint pain and morning stiffness. But physical activity is one of the most effective methods of nomedicamentosis to improve the patient's condition. Exercise therapy reduces functional disorders, pain and inflammation in the joints, prevents muscle atrophy, slows down joint contracture, reduces depression, improves sleep, and also increases muscle strength, slows down deformity of the foot joints, and increases the bending strength of the. Studies show that 3 months after exercise cessation, again the previous condition, i.e. function disorders, deformities may return. Therefore, patients with RA should not only practice sports regularly, but also take sports as a lifestyle. Electrotherapy helps to improve muscle and joint condition, blood circulation in joints, tissue regeneration and joint function, relieves pain. Tattoo-wave therapy improves joint mobility. Magnetotherapy eliminates edema, relieves pain, reduces inflammation. Heat treatment relieves pain and inflammation, improves metabolism, in which paraffin, mucus and sand are used as auxiliary agents. Thermotherapy should be used with caution in patients with high sensitivity and circulatory disorders. Cryotherapy is used to eliminate the local sign of fever in this inflammation, using a cold compress, ice and nitrogen. Phonophoresis is a method of introducing drug preparations into the body with ultrasound waves, increasing the effect of drug preparations. Mechanotherapy helps to painlessly restore joint mobility at an early stage. In it, exercises are performed on specially designed devices. With the help of mechanotherapy, joints can be developed in conditions of maximum relaxation. Occupational therapy is a method of using various labor processes for the purpose of treatment. Labor activity trains the patient to live independently and perform daily tasks such as dressing, washing, cooking, cleaning. A patient with RA sometimes performs even the simplest tasks with difficulties due to joint pain. For example, like wearing buttons, shaving hair, or preparing food. Professional labor activity simply contributes to the restoration of joint function and the absence of contractures. The use of orthopedic means is an important type of rehabilitation for patients with RA, since the disease leads to deformation of the joints, primarily the arms and legs. Orthopedic tools, namely corsets, bandages, apparatus, special shoes, help to prevent this deformation of the joint and slow down the process. Orthopedic means protect joints, reduce pain and inflammation. Balneotherapy-rehabilitation is carried out through the use of natural and artificially prepared mineral waters. In rheumatology, BT improves joint function, reduces muscle spasm, exhibits analgesic, anti-inflammatory, immunosuppressive, antioxidant and sedative effects. Pelotherapy is a treatment with tofli, sulfide, saprophilic slugs, eliminates inflammation, has an immune-enhancing. According to statistics, 8 out of every 10 people with RA suffer from anxiety and depressive disorders in one form or another. Therefore, it is important for most patients to undergo psychological rehabilitation. It can be individual and group psychotherapy or drug therapy. There are many types of psychotherapy and psychological counseling that can help reduce depression in the castle of RA. One of the most effective and popular tools in patients with RA is cognitive behavioral therapy. It aims to change the negative aspects of patients' thinking and behavior. This requires teaching patients to love themselves and life, exchanging anger, hatred for affection in them, passing psychological trainings.

In rheumatic diseases, pain can be associated both with damage to the joint and with the development of the inflammatory process of the muscles, joints, nerves and vessels around it. Therefore, pain localization is determined by asking the patient. If the pain is located in the Joint, it is important to determine its character, symmetry and the number of joints involved in the inflammatory process. In monoarthritis, only one joint is damaged. Up to 2-4 joints can be damaged in oligoarthritis. Polyarthritis-4 or more joints are damaged. Both symmetrical and asymmetrical damage to joints occurs depending on the nature of the damage. The localization of migratory pains is constantly changing.

Exercise and any other physical activity can increase pain. However, our body is designed for physical activity, so inactivity leads to increased pain over time and limited mobility of the affected joints. Therefore, activities such as walking in the fresh air, running can also be sufficient to relieve pain, to prevent joint deformities . The following pain associated with exercise may occur:

1. It is normal to observe mild pain in the joint before the start of exercise. Training is started with light, active movements and continued with low intensity movements such as walking if the pain does not increase further.
2. When moderate to severe joint pain is observed before exercise begins, it will be necessary to change the type of training to give the joints rest, and other milder exercises are chosen instead.
3. Severe pain that occurs during exercise. In severe pain, training is stopped. Sudden, acute pain can be a sign of inflammation. In this case, exercise can not only increase inflammation, but also lead to joint dysfunction. 4.If pain occurs the day after exercise, it will be necessary to rest and reduce the subsequent load.

Orthopedic equipment includes knee cover, glove compressors, auxiliary devices, adaptive equipment. They serve to restore joints, prevent and treat deformities. In RA disease, the fact that patients regularly perform scheduled physical exercises plays an important role in protecting joints in everyday life. Patients have improved disability associated with disease, psychoemotional status, and clinical prognosis. All clinics that deal with the treatment of rheumatic diseases should inform their patients about their condition, as well as the various types of physiotherapy and rehabilitation available to improve the quality of life. With the help of a multi-function "Vega plus" device, which is in the first place in terms of efficiency, used as a magnetic therapy, deformities in the joint significantly slow down and relieve pain, improve blood circulation. The presence of metal implants, orthopedic structures, a pacemaker is an indication against the use of this device. The second most effective device in the treatment of RA is the Delta Combi device, which combines ultrasound therapy with electromuscular stimulation, which has a wide range of possibilities, sending drugs using ultrasound therapy to muscles, deep layers of connective tissue, intra-articular fluid. As a result, the drug affects the required amount, the desired location. It is used in the treatment of arthritis, arthrosis, myositis, osteochondrosis, bursitis, neuritis. Drug-free ultrasound therapy can help reduce inflammation, swelling, reduce pain, and prevent joint contractures. The Delta device, on the other hand, is used to treat arthritis, arthrosis, muscle contracture. In electromyostimulation, low-frequency electrical impulses relieve muscle spasms, improve blood circulation and reduce swelling. This uses the Mercury electric pulse therapy apparatus. The device works in 3 modes: 1. Subcutaneous electrostimulation helps to reduce pain, improve blood circulation, ensure that the drug reaches exactly the desired organ. 2. In electromyostimulation, an electric current passes through the muscles, blood circulation improves, pain decreases, and the patient's condition is relieved. Neuromuscular pain, muscle atrophy are eliminated. 3. Massage regimen is less effective in RA disease, but helps to increase physical activity. The device helps to rest.

## References

1. E.V. Orlova, D.E. Karateev, A.V. Kochetkov Comprehensive rehabilitation of patients with early rheumatoid arthritis: results of a 6-month program//Scientific and practical rheumatol 2013; 51(4): 398-406
2. DISABILITY CAUSED BY RHEUMATIC DISEASES AMONG RESIDENTS OF THE RUSSIAN FEDERATION. O.M.Folomeeva, L.S.Lobareva, M.A.Ushakova, K.M.Kogan, M.N.Nikolaeva, Yu.D.Zatis // SCIENTIFIC AND PRACTICAL RHEUMATOLOGY NO.1,2001
3. Yaremenko O.B. Glucocorticoids in rheumatology: modern nomenclature of dose regimens and rational use // Ukrainian rheumatol. Journal. - 2002. - No. 3. - pp. 20-26.
4. Jalilova, D. M., & Istamova, S. N. (2023). Allergic Rhinitis and its Treatment. *Central Asian Journal of Medical and Natural Science*, 4(6), 576-579.
5. Jalilova, D. M., & Burkhanova, D. S. (2022). Learning to Write Prescriptions for Soft Drug Forms. *Eurasian Medical Research Periodical*, 13, 34-37.
6. Tosharova, M. A., Mardiyeva, J. S., & Jalilova, D. M. (2024). Use of Fluticasone Propionate in the Treatment of Allergic Rhinitis in Pregnant Women. *Research Journal of Trauma and Disability Studies*, 3(2), 1-3.
7. Sabina, D., & Murodovna, J. D. (2023). The Use of Glucocorticosteroids in the Treatment of Borderline Neurodermitis. *American Journal of Science on Integration and Human Development (2993-2750)*, 1(6), 64-69.
8. Murodovna, J. D., & Narzikulovna, I. D. (2023). Use of Beclometasone Dipropionate in the Treatment of Allergic Rhinitis in Pregnant Women. *Web of Synergy: International Interdisciplinary Research Journal*, 2(4), 367-369.
9. Rajabboevna, A. R., Farmanovna, I. E., & Murodovna, J. D. (2022). Optimization of the Treatment Algorithm of Patients with Low Resistance to Antiepileptic Drugs Using Pharmacogenetic Tests. *Eurasian Medical Research Periodical*, 11, 95-97.
10. Nuriddinovna, S. X., Baxriddinovna, Y. G., & Shavkatovich, T. I. (2023). YANGI TUG'ILGAN CHAQALOQLAR INFEKSION-YALLIGLANISH KASALLIKLARIDA ULTRATOVUSH MARKERLARINING AHAMIYATI. *World of Science*, 6(4), 490-497.
11. Nuriddinovna, S. X., Baxriddinovna, Y. G., & Shavkatovich, T. I. (2023). YANGI TUG'ILGAN CHAQALOQLAR INFEKSION-YALLIGLANISH KASALLIKLARIDA ULTRATOVUSH MARKERLARINING AHAMIYATI. *World of Science*, 6(4), 490-497.