

RHEUMATISM DISEASE

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Annotation: This article provides an in-depth overview of rheumatism disease, a condition that causes chronic inflammation and pain in the joints and surrounding tissues. The author discusses the various types of rheumatism, including rheumatoid arthritis, osteoarthritis, and gout, as well as common symptoms and risk factors associated with the disease. The article also delves into the importance of early detection and treatment to prevent further damage to joints and improve quality of life for individuals with rheumatism. Overall, this comprehensive resource serves as a valuable guide for those seeking to understand and manage this debilitating condition.

Key words: Inflammation, chronic heart valve, tonsillitis, connective tissue, chronic form, skin nodules, respiratory tract, causative agent.

Rheumatism, which is a systemic inflammation of all the tolerances in the body, is localized mainly in the heart shell. In particular, heart, garden and subcutaneous connective tolerances in the body are prone to disease. Rheumatism can be caused by simple angina, which is common among people. Tonsillitis in acute form, fever, accompanied by a headache, lameness in rheumatic fever leads to chronic heart valve damage, which can lead to disability or scientist throwing many years from chronic disease. Usually rheumatism affects children between the ages of 5 and 15, but adults can also get sick. The first symptoms of rheumatism usually begin to appear after 1-5 weeks after angina. Rheumatic attacks usually last three months, very rarely more than six months. Rheumatism: causes and factors of development.

Currently, three main reasons for the development of rheumatism are distinguished.

Diseases experienced. The development of the disease is influenced by Group A streptococci. If a person has had Group A streptococci with infectious diseases several times, there will be a possibility of developing a pathological process, as a result of which rheumatism may occur. However, it is important which serological subgroup of streptococcus is recorded in the patient. In some cases, rheumatism can develop even after a single infection with hemolytic Group A streptococcus. The risk of developing rheumatic lesions increases, especially if the patient is infected with ORVI and is not taking appropriate treatment measures.

Allergy. An allergic reaction can occur both directly by Streptococcus itself and due to the substances it secretes (toxins and enzyme proteins). Since toxins enter the bloodstream and spread throughout the body, the immune response must also be systemic. However, as a result of such an immune response, more heart and joint damage occurs. It should be noted that the chronic form of rheumatism is not associated with streptococcal infection. In chronic rheumatism, antibodies against streptococci are not detected in the blood.

Hereditary predisposition. It is necessary to say at once, rheumatism is not transmitted from generation to generation. However, a high predisposition to the development of rheumatism can breed when infected with streptococcus.

By the nature of rejection, rheumatism takes on an acute and chronic form.

Acute rheumatism. This form of rheumatism occurs in people under 20 years of age. The causative agent of the acute form of rheumatism is Streptococcus. When rheumatism is combined with an infection of the upper respiratory tract experienced, a delay in symptoms (usually on days 14-21) is noted. A characteristic feature of acute rheumatism is the speed of its development. Initially, patients are disturbed by symptoms such as colds and flu. It is the similarity of these symptoms that does not allow you to immediately identify this disease. After a while, specific symptoms begin to be felt, such as polyarthritis, rashes on the skin, sometimes skin nodules. The acute period of the disease lasts up to three months. In some cases, acute rheumatism lasts up to 6 months.

Chronic rheumatism. As for the chronic form of rheumatism, it is characterized by frequent recurrence, even if the patient carries out appropriate treatment in time. Especially the exacerbation of chronic rheumatism occurs more often in the autumn-winter season, since the cold is a serious provoking factor. In addition, prolonged standing (or living) in areas with high humidity contributes to the exacerbation of the disease. An attack of chronic rheumatism occurs several times a year.

Chronic rheumatism occurs in a sufficiently severe form, significantly reducing the patient's quality of life. The patient is disturbed by painful pain in the joints, as well as migraines in the heart area.

Depending on which organ is damaged, it can be divided into types:

The heart form of rheumatism. In this form of the disease, the heart muscle is affected. In this case, the pains in patients differ from each other: in someone pronounced pain, in others moderate pain is noted. In the early stages, the heart form of rheumatism is practically not manifested, and only certain instrumental studies, for example, ECG, are detected. In the last stages of the disease, severe heart damage and acute heart failure develop, which leads to a decrease in the contractile ability of the heart muscle.

Articular form of rheumatism. In the articular (articular) form of rheumatism, only joints with joints or heart can be damaged. Usually, the articular form of rheumatism affects large joints, and in the final stages, the pathological process also covers small joints. Gradually, damage to the joint bag and cartilages occurs. Due to the severe pain, it becomes more difficult for the patient to move the damaged joint. In the acute form of joint rheumatism or during the period of sensitivity, the body temperature can rise to 39 °C. Neurological form of rheumatism. Rheumatic damage to the nervous system is less common than joint and heart damage. In the neurological form of rheumatism, the cranial cortex cells responsible for movement are damaged. Therefore, involuntary movements of the patient's limbs or facial muscles are recorded.

Pulmonary form of rheumatism. Very rarely observed, it accounts for about 1-3% of all cases of rheumatism. Usually, the pulmonary form of rheumatism manifests itself in the form of bronchitis or pleurisy.

Skin form of rheumatism. This form of the disease is manifested in the form of skin rashes or specific rheumatic nodules. The skin form of the disease does not exceed 5% of the total number of patients with rheumatism. **Ophthalmological form of rheumatism.** This form of the disease is diagnosed only in combination with the classic symptom of rheumatism. Usually, the ophthalmic form affects the retina of the eye. The Ophthalmological form of rheumatism can lead to partial or complete blindness. Rheumatism is not a solitary disease. The harmful substances and

immune antibodies secreted by streptococci cause damage to many organs and systems, and all such manifestations can be considered forms of rheumatism. The first symptoms of rheumatism do not make it possible to diagnose the disease. They are manifested by shooting 2-3 weeks from an infection of the upper respiratory tract (pharyngitis, laryngitis, tonsillitis), which was carried out from the head with streptococcal lesions. The image looks like a recurrence of colds. Symptoms of acute rheumatism are sometimes manifested as an increase in body temperature up to 40 degrees, pulse acceleration, profuse sweating, weakness, joint swelling and pain. At first, the largest and most actively used joints are damaged. The inflammation then often spreads symmetrically to other joints. The joints swell strongly, Redden, become hot when touched, and feel pain when pressed or moving. Usually the inflammatory process does not cause stable changes in the joints. The pulse is accelerated, arrhythmic, pain in the chest is recorded, cardiac dilation, at the base a noise of friction of the pericardium is heard — this is a sign of heart damage.

Common symptoms of rheumatism:

Hyperthermia. Body temperature rises to dangerous levels (38.0-40.0 °c). This symptom is associated with the development of an acute immune reaction against Diggers; weakness. Judging by the tariff of patients, the body remains “cotton” fish, constantly sleeping;

Headache. Localized on the forehead.

Specific symptoms of rheumatism. At first, large ligaments (at the knees, elbows) are damaged, the groin is pulling, does not shoot and lasts long. For rheumatism, it is characteristic of the rapid development of the process, and, as it was, the flare-up in gardens and the rapid loss of pain and the restoration of their function;

Pain behind the stone. Capricorns of a non-throwing or simulating nature in the area of the heart. This symptom does not appear immediately, but occurs after one or several days;

Vascular disorders. Vascular fragility, nosebleeds.

Annular rash. Less than 4-10% of all cases show up in body. They look like a pink rash, forming a circle with uneven edges. Does not bother the patient in any way;

Rheumatic nodes. It forms in damaged joints. They are manifested as subcutaneous formations with a diameter of 5 mm to 2-3 centimeters, dense and motionless, without regrowth. They are very rare and persist for about two months from the onset of the disease.

Specific symptoms appear only after 1-3 days. Sometimes signs of damage to the abdominal head part (pains under the consciousness fry, etc.) are observed. This requires immediate hospitalization, indicating that the disease is severe.

Rheumatism in children occurs in a much milder form or chronic, without special symptoms. In general weakness, pulse rate and ligaments, pain is recorded, pain is not felt when moving. If there are no signs of heart damage, the disease rarely ends with a scientist, the average life expectancy of patients in the future is significantly reduced.

Consult a doctor to avoid possible complications. If the disease is confirmed to be streptococcal etiology, antibiotics are prescribed. Try to carry out antibiotic therapy completely.

Diagnosis of rheumatism includes a number of laboratory and instrumental studies, including:

Ultrasound examination (UTT);

Electrocardiogram (ECG);

Laboratory blood test for certain antibodies and factors.

Treatment of rheumatism.

Rheumatism is a pathology with a mixed immune-bacteriological nature. Therefore, rheumatism is difficult to treat and cannot be completely cured. Since the main source of the disease is streptococcal bacteria (while the immune reaction is a response to the “attack” of a secondary and foreign organism), the main purpose of treatment measures is to eliminate bacteria and quickly eliminate substances released as a result of their vital activity and breakdown.

To combat this disease causative agent, the head (and main) drug is Bicillin. Bicillin is an antibiotic in the penicillin line and has a longer effect than regular penicillin.

The first (active) stage of antibiotic treatment lasts from 10 to 14 days. Studies have shown that less time is not desirable because the infection persists, and more is useless because Streptococcus begins to produce antibiotic cleansers, while the antibiotic damages the patient himself.

This is followed by the second (passive) phase. Three weeks after the end of ingestion of Bicillin through the mouth, a similar drug is introduced into the patient intramuscularly. Such treatment should be continued for 5-6 years (1 injection every 3 weeks), which is necessary to reduce the likelihood of relapse and prevent the development of complications in the heart.

Aspirin. In medical practice, acetylsalicylic acid recommended well. Taking Aspirin has contraindications to COPD (during pregnancy and breastfeeding, vascular fragility, problems with digestive limbs), but such therapy of rheumatism will give pleasure to sensations in the boggy and neurological forms of the disease. Aspirin eliminates pain and reduces flaking in gardens. The first two weeks are taken in maximum permissible doses.

After the main period of therapy, aspirin is taken at a dose of 2 g / day for another 30 days.

Attention: Aspirin affects the mucous membrane of the stomach and the duodenum. Such an undesirable effect is often observed, especially if the recommendations for taking the drug are violated. This leads to erosion, stomach ulcers and ulcerative bleeding.

In the treatment of serious forms of rheumatism, the maximum permissible dose of Prednisolone is used.

If the disease is mild, a half-bed procedure is prescribed, which takes up to 10 days. If the disease is serious, any activity of movement should be excluded, since it will only aggravate the process. For a period of up to a month, the bed order is established.

Laboratory analyzes are carried out to assess the effectiveness of treatment. When the bearings approach normal levels, the bed order can be reversed. If the disease occurs when the father is serious, with bright disturbances of the heart rhythm, pain in the ligaments, inpatient treatment is necessary for a period of up to two months.

Complications: brain damage. Rheumatic heart disease can develop complications such as myocarditis (heart muscle flaking), endocarditis (flaking of the inner lining of the heart), and pericarditis (flaking of the outer shell of the heart). In severe cases, the scientist occurs. It is recommended to avoid the place where people are gathered. Rag the body's natural defenses. Wash your hands thoroughly before starting cooking, especially if you sneeze or cough. Through this, you will prevent the spread of angina-causing bacteria.

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