

UDK 61

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PAIN IN DENTISTRY: CAUSES OF TOOTHACHE

Annotation: Everyone has experienced pain in their life and knows how unpleasant and alarming this feeling is. Pain is the main defense mechanism created by nature to warn us about the impending danger.

According to the definition of the International Association for the Study of Pain, pain is an unpleasant sensation and emotional experience associated with real or potential damage to body tissues. Unpleasant sensations lead to specific behavior of the patient and the appearance of vegetative reactions, which allows the doctor to conclude that the patient is in pain. What is pain, what can it be associated with and what means should be used to combat it? What IS Pain?

Pain is multifaceted and multifaceted, and depending on which of its properties is the basis, different types of pain are distinguished. A special kind of pain is toothache. Toothache is one of the most difficult to bear pains. This fact is explained by the rich mixed (somatic and vegetative) innervation of the maxillofacial region. It is known that 1 cm² of the skin contains about 200 pain receptors, and 1 cm² of dentin contains up to 30,000 receptors! In various pathological conditions, toothache spreads to the temporal, parietal, frontal areas, to the larynx and even to the nose and ears.

Pain is an unpleasant physical and emotional sensation caused by real or potential tissue damage, as well as a description of such damage (International Association for the Study of Pain, 2006). Pain includes peripheral and central components. An important mechanism of pain is the irritation of nerve endings (nociceptors) by mediators released during tissue damage. The phenomenon of pain is a complex and multifaceted process.

Acute pain is a protective reaction to tissue damage and is important as the first symptom of the disease. Of course, in the treatment of a disease accompanied by pain, an etiopathogenetic approach is necessary. However, a successful result will be if rational anesthesia is used in the complex therapy of the disease. At the same time, not all patients with acute pain receive adequate anesthesia.

Acute pain is one of the most common reasons for seeking dental care. In 52% of cases, the reason for patients seeking medical help is pain. Pain is a symptom of many dental diseases. When interviewing patients in 90% of cases, doctors hear the phrase "I have a pain ...". The causes of toothache are different: caries, pulpitis, periodontitis, periodontitis, trauma. Sometimes toothache occurs after dental interventions: endodontic treatment of the tooth, surgery, etc. Acute toothache occurs unexpectedly, often radiates into the ear, temple, eye, increases when chewing, talking, at night, creates a negative feeling, suffering in the patient. Anyone who has ever felt a toothache in his life will say that there is nothing worse than this! It is not for nothing that in dental clinics you can find the famous inscription "Patients with acute pain are taken out of turn".

Each person feels pain in a special way, that is, the same manipulations can cause only small unpleasant sensations in one person, and bring another almost to a painful shock. This individual feature of perceiving pain stimuli of varying intensity with a sharpness characteristic only for this person is called a personal pain threshold. In other words, for each individual there is a certain degree of impact at which he begins to feel this irritation as a painful sensation.

A common cause of painful sensations in the dental area is the defeat of dental and other tissues, neuralgia of the ternary nerve and many dental diseases. Most often, toothache appears as a result of deep caries and the appearance of its complications, such as periodontitis, pulpitis, periodontitis.

At the first stages of caries development, pain is possible when exposed to sweet, cold, hot, sour food. This pain goes away after stopping eating and rinsing your mouth. The pain increases when the caries becomes deep. To get rid of this

pain, it is necessary to cure caries and seal the tooth. This is necessary not only in order to get rid of pain. Caries is a pathological process that leads to many serious dental diseases. The sooner a person gets rid of caries and seals the tooth, the higher the probability that he will get rid of complications. After all, all dental complications lead to painful sensations in the teeth.

When caries progresses and the pulp of the tooth becomes inflamed, pulpitis appears. With pulpitis, there is a strong spontaneous pain. It usually intensifies in the evenings. Not only a sick tooth can hurt, but also neighboring teeth, an ear close to the tooth, the back of the head, and the cheek. The pain can be both short-term and prolonged. If you start pulpitis, the pulp becomes dead and it becomes impossible to restore its viability. In the early stages of pulpitis, if you go to the dentist in time, the viability of the pulp is preserved. Neglected pulpitis leads to a more serious disease - periodontitis.

With periodontitis, there is a strong aching pain. It increases with pressure on the tooth, food consumption. There is a flux when there is swelling of the gums, the cheek close to the diseased tooth swells. In the advanced state of periodontitis, inflammation passes to the periosteum. A new disease appears - periostitis, which is characterized by the accumulation of pus under the periosteum. Then the pain spreads to the entire jaw. If you refuse timely treatment, the pus will spread to the soft tissues or bone tissue of the jaw. It is better not to bring it to this.

Experts say that pain cannot be tolerated in any case. It must be treated, because pain causes irreparable harm to our body, disrupting its immune status, its reactivity, hormonal balance, etc. Pain sensations strong in their severity can even lead to a violation of mental balance, therefore, the use of anesthesia methods is not a banal whim of a modern person to make his life even more stress-free, and one of the ways to preserve his physical and mental health.

Pain during dental treatment is an anachronism in modern dentistry.

But pain after dental interventions is a reality. If you got to a good doctor, then you will not remember any pain, since there are many opportunities in the

service of modern dentists to save patients from this phenomenon. And when letting the patient go home, the doctor must necessarily recommend a reliable analgesic so that the patient, when coming home, does not remain alone with his pain. Thus, ketorolac (ketorol) has good efficacy in acute pain, and nimesulide (naiz) effectively relieves inflammation that accompany most diseases of the maxillofacial region (alveolitis, periostitis, pericoronitis, lymphadenitis, trigeminal neuropathy, etc.) and the postoperative period (tooth extraction, gingivotomy, flap surgery, etc.). The right choice of NSAIDs can adequately eliminate pain and inflammation, reduce the risk of postoperative complications, improve the quality of life of patients, their efficiency and psychological state.

Conclusions:

1. Acute pain requires adequate treatment to eliminate the risk of developing chronic pain syndrome.
2. NSAIDs are pathogenetically based medications for the treatment of patients with pain syndrome.
3. The use of ketorolac (ketorol) is highly effective and safe for short-term treatment of acute pain.
4. For the purpose of anti-inflammatory therapy, it is recommended to use drugs that have a pronounced anti-inflammatory effect and are safe for long-term use (naiz).

References:

1. Cordell W.H., Keene K.K., Giles B.K., Jones J.B., Jones J.H., Brizendine E.J. The high prevalence of pain in emergency medical care// Am. J. Emerg. Med. - 2002. - Vol.20. - № 3. - P. 165-169.
2. Dula D.J., Anderson R., Wood G.C. A prospective study comparing i.m. ketorolac with i.m. meperidine in the treatment of acute biliary colic// J. Emerg. Med. - 2001. - Vol.20. - № 2. - P. 121-124.

3. Атаджанова Б. Т. Научный текст как источник обогащения профессиональной речи //Вестник педагогики: наука и практика. – 2020. – №. 51. – С. 70-71.

4. Henderson S.O., Swadron S., Newton E. Comparison of intravenous ketorolac and meperidine in the treatment of biliary colic// J. Emerg. Med. - 2002. - Vol.23. - № 3. - P.237-241.

5. Атаджанова Б. Т. Педагогические Условия И Принципы Формирования Профессионально-Коммуникативной Компетентности Будущего Инженера //Central asian journal of literature, philosophy and culture. – 2021. – Т. 2. – №. 11. – С. 93-97.

6. Tulkinovna A. B. Problems Of The Formation Of Professional Competence Of Students Of A Technical University In The Study Of Foreign Languages And Ways To Solve Them //The American Journal of Social Science and Education Innovations. – 2021. – Т. 3. – №. 12. – С. 43-50.

7. McLean S.A., Maio R.F., Domeier R.M. The epidemiology of pain in the prehospital setting// Prehosp. Emerg. Care. - 2002. - Vol. 6. - № 4. - P. 402-405.