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EFFECTIVENESS OF COMPLEX TREATMENT IN PATIENTS WITH
VERTEBROGENIC AUTHORIZATION OF LUMBAR PAIN.

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Annotation: This article is devoted to the problem of pain syndromes in the back. It is an analytical review of the scientific literature on the mechanisms of pain syndrome development, diagnosis and approaches to therapy.

Keywords: acute and chronic back pain, neuropathic pain, classification, clinic, therapy

A large part of the world's population suffers from lumbar disc herniation, diseases such as osteochondrosis, as a result of which severe pain and neurological symptoms occur in the lumbar region, legs. Coccyx-lumbar lumbalgia - painful neurological diseases of the coccyx and lumbar region, according to the 10th revision of the International Classification of Diseases (ICD-10), are caused by nerve compression and radiculopathy M51.1, osteochondrosis M42, spondylosis M47, spinal canal stenosis M48.0 due to herniated discs in these areas. Economic development in developed countries, an increase in life expectancy, an increase in the number of middle-aged and elderly people among the population, and physical inactivity are causing an actual increase in the number of painful neurological diseases of the lumbar and coccyx region among the population. These diseases do not discriminate between age and gender, and are most common in people aged 25-45, even in young people of working age. Vertebrogenic etiology of pain in the lumbar and sacral regions, intervertebral disc herniation in the lumbar region, is one of the most common degenerative diseases of the spine, affecting 1-3% of the general population. It causes acute and chronic pain and affects the psycho-emotional state. Affected patients fall into a deep depression, which leads to indifference to the environment, isolation from family members, social environment, work and depression. According to research, 60-80% of the working age population has pain in the sacral and lumbar regions. It should be noted that this disease mainly affects young people of working age, so this problem is not only medical, but also socio-economic. It reduces the quality of life, and sometimes, if an individual therapeutic approach is not followed, it leads to disability. Since all surgical treatment methods have their advantages and disadvantages, no conclusion has been reached about the superiority of one method of non-surgical treatment over another, and due to the lack of evidence to determine its effectiveness, there is no clear conclusion about which method is better. In some literature, the treatment of herniated discs, which causes spinal cord compression, is considered an alternative intervention based on a minimally invasive method. It is believed that this method can be used to achieve less damage and better results. In other literature, it is noted that many patients are afraid of using surgical methods in the early stages and their low effectiveness.



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On the contrary, patients demonstrate through their own experience that conservative treatment is more effective and efficient at different stages of the disease. In the case of a combination of various treatment methods, the effectiveness and rapidity of the treatment method, and the long-term recurrence of the disease are not observed. However, despite the above-mentioned different approaches, 60-90% of patients with lumbar osteochondrosis among the population, based on various methods, prefer conservative treatment and recover with this method. In this regard, the correct diagnosis and comprehensive approach to the treatment of neurological pain in the lumbar and sacral areas, as well as the use of complex treatment, is a very urgent problem in medicine.

To evaluate the effectiveness of complex treatment in patients of different ages with pain in the lumbar and sacral areas of vertebrogenic etiology by comparing several research methods.

The study included 30 patients with pain in the lumbar and sacral areas of vertebrogenic etiology. The subjects were aged 38 to 60 years (average age 45.8 ± 1.7). The disease status of these patients was assessed using various instrumental examinations, MRI, MSKT. The intensity of pain was determined by international scales NPI (Numeric Pain Intensity) and the degree of pain was determined by Laseg examination (Leg raising and hip extension test). The patients were equally divided into 3 groups: group 1 - patients who received only physiotherapeutic treatment. group 2 - patients who received only drug treatment. Group 3 patients who received complex treatment (drug therapy, therapeutic exercise, physiotherapy)

The patients' quality of life, such as reduction in pain levels, restoration of limb innervation, improvement in the patient's condition, restoration of lumbar mobility, restoration of lumbar mobility, etc. were compared. In group 1 patients, the effectiveness of these indicators was 42.6%. In group 2 patients, the effectiveness of these indicators was 60.7%. It was determined that the pain intensity on the NPI scale before the start of treatment in group 3 had an average value of 6.5 ± 0.6 . After the complex treatment, the abduction force based on the NPI scale was 1.4 ± 0.2 on the 7th day and this indicator remained at a low level for a long time (1.7 ± 0.5) ($P < 0.001$). Table 1 presents the comparative results. The patients' leg raising and hip extension test were 78% and 75.5% before treatment, 38% and 35.5% on the 7th day, and 8% and 13% in the first month ($P < 0.001$). The effectiveness of these indicators was 89.5% ($P < 0.001$)

Conclusion. The high effectiveness of complex treatment in patients with pain in the lumbar and sacral areas of vertebrogenic etiology leads to financial savings. This complex treatment may be used in outpatient and inpatient settings in the future, ensuring cost-effectiveness and effectiveness of treatment.

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