

ZO'RAYIB BORUVCHI MUSHAK SISTEMASI KASALLIKLARI

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Annotatsiya

Ushbu maqolada bosh miya po'stloqosti tuzilmalari boshqachasiga ekstrapiramid (piramida yo'ldan tashqari) yoki striopolidar tuzilmalar deb atalishi, odamdagi harakatning yaxshi tartibli bo'lishi piramida tizimdan tashqari po'stloqosti tuzilmalariga ham bog'liq bo'lishi haqida ma'lumot beriladi.

Kalit so'zlar: Ekstrapiramid, ruhiy va emotsional jarayonlar, shartli va shartsiz reflekslar, striar tizim, dumli yadro, qobiq, polidar tizim, oq sharlar, qora modda, qizil yadro, Lyusevo tanasi.

Ekstrapiramid deyilishiga sabab, bu tizim piramida tizimlaridan tashqarida yotadi. Ekstrapiramid baliqlar, qushlarda oliy harakat vazifasini bajaradi, chunki ularda bosh miya po'stlog'i yo'q. Ekstrapiramid tizim, o'z navbatida, bosh miya po'stlog'i, miyacha, miya ustuni va orqa miya bilan bog'langan. bu tizim ba'zi murakkab ixtiyorsiz va ixtiyoriy harakatlarni bajarishda, mushaklar tonusini boshqarishda, ruhiy va emotsional jarayonlar, shartli va shartsiz reflekslarni sodir qilishda qatnashadi.

Ekstrapiramid tizimi 2 xil bo'ladi.

Striar tizim – bu yadrolar tuzilmasidan iborat: bunga dumli yadro va qobiq kiradi. Polidar tizim – bunga oq sharlar, qora modda, qizil yadro, Lyusevo tanasi kiradi. Ekstrapiramid tizim, asosan, mimikalar uchun, mushaklar harakatining bir xil tartibli bo'lishi uchun, kundagi o'rganilgan harakatlarni tartibli bo'lishi, ma'lum vaqt, ma'lum joyda bajarilishida va mushaklar tonusi uchun katta ahamiyatga ega. bu – tizimning harakat tezligiga, uning to'g'ri bajarilishiga,

yurishga ham aloqasi bor. Odamning ruhiy, ruhiy-iroda vazifalariga ham ta'sir qiladi.

Striar tizimi zararlansa, bemorda ixtiyorsiz harakatlar paydo bo'ladi, tanada turli xil ixtiyorsiz harakatlar, mushak tonusi pasaygan bo'ladi. Bemorda harakatlar ko'p (giperkinez), bu harakatlarni bemor to'xtata olmaydi, bu giperkinetik-gipotonik belgilar deb ataladi. Ixtiyorsiz harakatlar quyidagi turlarga bo'linadi.

1. atetoz – qo'l va oyoqlarda asta-sekinlik bilan bo'ladigan ixtiyorsiz harakat.
2. torsion spazm – bo'yinda, belda bo'ladigan qiyshayishlar.
3. Xoreosimon giperkinez – yuz mushaklarida, qo'l hamda tilda kuzatiladi. Bunda bemorda ko'zlarini tez-tez yumish, qisish, labni burish, tilni va qo'l panjalarini qimirlatish belgilari kuzatiladi.
4. Gemiballizm – beixtiyor qo'lda, oyoqda juda rivojlangan katta qimirlash.
5. miokloniya – ayrim mushaklarning beixtiyor qisqarishi.
6. tremor – bosh, til, pastki jag' va qo'l barmoqlarning titrashi.
7. yozuv spazmi – faqat yozgan vaqtida qo'l barmoqlarida tortilish kuzatiladi.

Polidar tizim zararlansa bradikinez – kam harakat yoki akinez – bemorning bir joyda qotib qolishi kuzatiladi. Polidar tizim zararlanishi natijasida gipertonik – gipokinetik alomat paydo bo'ladi. Bunda bemorning tanasi yarim bukchaygan, qo'llar tirsakdan, oyoqlar tizza bo'g'imidan yarim bukilgan bo'ladi. Yuz mimikasi pasaygan – gipomimiya, qo'l, oyoq, tanada harakatlar sekinlashgan, yurishda qo'l ishtirok etmaydi. Bemorning qo'l, oyoqlari va pastki jag'i titrab turadi, yuzi qotib qoladi – amimiya. Bunday bemorlarda kulish tuyg'usi sekinlik bilan boshlanadi va kulgini keltirib chiqaruvchi sabab o'tib ketgandan keyin ham iljayib turaveradi. Bunday holat parkinsonizm kasalligida uchraydi. Bemorlarning yurishi mayda qadamchalar bilan, qo'l barmoqlarida tortishish, «tanga sanash» belgisi kuzatiladi. Bemorlar biroz turtib yuborilsa o'zini to'xtata olmaydi, yonga ketib qolsa – letropulsiya, oldinga ketsa – propulsiya, orqaga ketsa – retropulsiya belgilari kuzatiladi. Polidar tizim kasallansa, mushaklar tonusi oshadi

– ekstrapiramid xilida, ya'ni mushak tonusi bukuvchi mushaklarda ham, yozuvchi mushaklarda ham bir xilda oshadi. markaziy falajlikning piramid xilida mushaklar tonusi oshadi, bunda qo'llarda bukuvchi mushaklar, oyoqlarda yozuvchi mushaklar tonusi oshadi. bunda vernike-mann vaziyati kuzatiladi.

Shunday qilib, ekstrapiramida sistema miostatik - muskullarning harakat qilishga tayyorlaydi, harakatning aniq ravonligini, tananing aniq bir holatini boshqaradi va ko'ruv do'ngligi va gipotalamik soha bilan juda yaqin bog'langan.

Striar sistemasi patologiyasi

I. Gipotonik giperkinetik sindrom

1. Gipotoniya -muskul tonusining pasayishi
2. Giperkinez - avtomatik, ixtiyorsiz, maqsadsiz to'satdan paydo bo'ladigan ortiqcha harakatlarga aytiladi (xoreya, atetoz, torsion distoniya)

A. Xoreik giperkinezlar - tez, noaniq, tananing turli qismlaridagi muskullarni o'ziga qamrab oluvchi harakatlar. Bunda qo'l barmoqlari to'xtovsiz bukilib - yozilib turadi. Bemor to'satdan oyog'ini uzatib yana tezlik bilan yig'ib oladi. Yoki tanasi to'satdan bir tomonga bukilib yana tezlik bilan yoziladi. Mimik muskullarining giperkinezi tufayli peshonasini ixtiyorsiz ravishda tirishtiradi, og'zini qiyshaytiradi, qoshini chimiradi. To'satdan yurib ketadi. Ularning harakatlari o'yin tushayotgan kishini eslatadi. Uyquda yo'qoladi. Bu hol revmatik xoreyada uchraydi.

B. Atetoz - qo'l panjasi va barmoqlarda yozuvchi va bukuvchi muskullarning tonusi oshib ketadi. Harakat impulslari yozuvchi va bukuvchi muskullarga birdaniga kelishi natijasida barmoqlarda chuvalchansimon harakat paydo bo'ladi.

V. Torsion distoniya-striar sistema zararlanishidan kelib chiqadi. Bu kasallik tonusning muskullarga noto'g'ri taqsimlanishidan kelib chiqadi. Bemorlar harakat qila boshlaganlarida tananing tabiiy vaziyati o'zgaradi. Tananing yoziltiruvchi muskullarining tortib ketishi natijasida bemorning bo'yni orqa yoki yon tomonga qiyshayib, tanasi orqa tomonga egiladi.

G. Miokloniya- tez va qisqa vaqt ichida alohida yoki muskul gruppalarining klonik qisqarishi. Hayajonlanganda harakat ko'payib, uxlaganda yo'qoladi.

Ixtiyoriy harakatlarning yaxshi, tartibli, muvozanatli bo'lishi yana bir a'zo – miyachaga bog'liq. miyacha kalla suyagining ichida – orqa chuqurchada joylashgan bo'lib, og'irligi 120–150 g bo'lgan ikkita yarim sharlardan tashkil topgan. sharlarni biriktirib turuvchi o'rta qismida miyacha chuvalchangi joylashgan. miyacha ham butunlay bosh miya tuzilishini qaytaradi, lekin hajmi kichkina bo'lganligi uchun miyacha deb ataladi

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