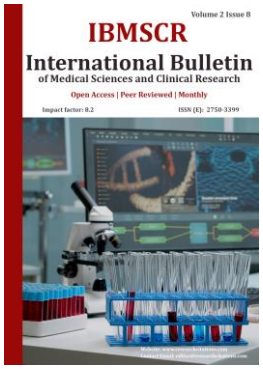


# DISEASES OF DISORDER OF THYROID GLAND FUNCTION.

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**Annotation:** in the article, thyroid gland diseases make up a large part of endocrine diseases, where iodine deficiency takes the leading place, memory loss, decreased interest in surrounding events, weakness, dry skin, etc. are observed and prevented.

**Keywords** Endocrine, secretory glands, thyroid gland, metabolism, hyperthyroidism, toxic goiter, hormone, Yodbalans-200.

**Introduction:** Endocrinology is a branch of clinical medicine that studies the structure, development and functions of endocrine glands, the hormones they produce, and diseases related to them. Endocrinology is a sciencewas formed from the second half of the 19th century. The German physiologist A. Bertold removed the testicles of roosters or transferred them to young roosters, in which various physiological and morphological changes occurred in the rooster to which the testicles were transferred. This was the first experiment in the field of E. (1849). Initially, the concept of internal secretion glands was put forward by the German physiologist and naturalist D. Müller (1830), but it was introduced into the science as a term by the French physiologist C. Bernard (1855). During these periods, the Irishman R. Graves (1835) and the German scientist K. Bazedov (1840) described diffuse toxic goiter, and the English doctor T. Addison (1855) described the clinic of chronic adrenal insufficiency.

The development of the thyroid gland begins during pregnancy, and when the child reaches the age of 1, its weight is 1-2 g, in the process of growth, it increases to 20-22 g. The thyroid gland develops from the epithelium of the embryonic sac. The thyroid gland is fully formed and secretes hormones in the 8-9 months of human embryo development, it is located in the neck, in the area of the larynx; It consists of 2 panels and a neck. The thyroid gland is supplied with blood by a pair of superior and a pair of inferior arteries, innervated by sympathetic and parasympathetic nerve fibers. It produces the iodine hormone thyroxine (T4), triiodothyronine (TZ) and thyrocalcitonin, which are involved in the regulation of substance and energy metabolism in the body. The function of the thyroid gland is controlled by the central nervous system, and its activity is controlled by the pituitary gland. The thyrotropin hormone of the pituitary gland enhances the function and development of the thyroid gland.

The Thyroid gland is very important in the body, it provides brain activity, metabolism, bone growth, immune systems, physical and mental development, sexual maturation processes, adaptation and other reactions. Dysfunction of this gland leads to goiter, hypothyroidism, hyperthyroidism, etc. Thyroid gland diseases make up a large part of endocrine diseases, and iodine deficiency is the leading one. In regions with moderate and severe iodine deficiency (our country is one of such regions), consumption of less than normal amounts of iodine leads to enlargement of the thyroid gland in pregnant women and the development of diffuse non-toxic goiter. Prevention of diffuse non-toxic goiter in areas with

iodine deficiency It is recommended to take iodine at the rate of 150-200 µg overnight for treatment. That is, it is recommended to take one tablet of "Iodomarin-200" or "Iodbalans-200" every day. These drugs usually stop the enlargement of the goiter, and in some cases make it smaller. If a woman has a large goiter before she becomes pregnant, and if the goiter is growing rapidly in the early stages of pregnancy, it is appropriate to take iodine together with thyroid hormones. For this purpose, it is recommended to take 50-100 mcg of L-thyroxine daily and use "Iodomarin-200" or "Yodbalans-200" in one tablet. This procedure allows to restore the normal functioning of the thyroid gland in a pregnant woman.

Widespread poison ivyIn diseases of the thyroid gland, its dysfunction is expressed by the production of gland hormones more than the norm (hyperthyroidism) or less (hypothyroidism). Among the diseases associated with hyperthyroidism of the metabolism, there is widespread toxic goiter.Diffuse toxic goiter is a disease characterized by excessive production of thyroid hormones and a uniform increase in the size of the thyroid gland. Genetic factors and autoimmune processes are involved in the origin of the disease. The disease occurs more often in women aged 20-50. Physical and mental stress also create conditions for the occurrence of the diseas. The main symptoms of disseminated toxic goiter

The main symptoms of the disease (the patient's weight loss, mental disturbance, loss of calmness, nervousness, constant rapid heartbeat, moist and hot skin, small tremors in the fingers of the hand extended forward, eyes It is not difficult to make a diagnosis of poisonous goiter in cases where the eye twitches (exophthalmos).

If the symptoms of the disease appear slowly, it can be difficult to make a diagnosis. To confirm the presence of the disease, the amount of thyroid hormones - free thyroxine (er T4) and free triiodothyronine (er T3) and thyroid stimulating hormone (TTG) is determined. The amount of hormones (earth T3, earth T4) is higher than the norm, and the amount of TTG is reduced in a poisonous bull. One of the most common conditions for determining the hormonal activity of the thyroid gland in pregnant women is the determination of total thyroxine (um T4) and total triiodothyronine (um T3) in the blood.

An increase in the binding properties of proteins in the blood of pregnant women with thyroid hormones increases the amount of um T3 and um T4 in the blood of a pregnant woman. However, since the protein-bound forms of thyroid hormones do not have a hormonal effect, an increase in their total amount is not the basis for the presence of thyrotoxicosis in pregnant women. For this, the effective forms of thyroid hormones (i.e. T3 and T4) should be increased. Infertility can also be observed.

About 3 percent of women with mild to moderate goiter can become pregnant. When the disease is severe, infertility is observed. Women with metabolic hyperthyroidism find it difficult to conceive, and toxic goiter is more common during pregnancy.

If not properly treated, the spread of toxic goiter complicates the course of pregnancy, especially has a negative effect on the pregnancy process, especially early toxicosis is severe, the probability of miscarriage or premature birth increases, and the risk of thyrotoxicosis crisis increases. Congenital defects of development (hydro- and microcephaly, hypospadias, cryptorchidism, umbilical hernia, soft palate defect, Down's disease) may occur in the fetus and the newborn baby.

**If there is a lack of hormones.** As a result of lack of thyroid hormones, hypothyroidism occurs. Most hypothyroidism (90-95%) is primary hypothyroidism and can be caused by thyroiditis, thyroid resection, radioactive iodine treatment, tumor, etc. Pregnancy in

hypothyroidism is rare, because the lack of thyroid hormones has a negative effect on the work of the internal organs responsible for reproduction and reproduction. Maturation of primordial follicles slows down in the ovaries, the ovulation process is disrupted, and the development of the corpus luteum slows down.

Loss of memory, loss of interest in surrounding events, weakness, dry and pale yellow skin, weight gain, swelling of the face and eyelids, enlarged tongue, slurred speech, irregular menstrual cycle are the main symptoms of hypothyroidism. Primary hypothyroidism in pregnant women often occurs after surgical removal of chronic autoimmune thyroiditis or diffuse toxic goiter and other goiters.

**CONCLUSION:** New methods of biochemical, genetic and morphological examination of thyroid cancer have been introduced, and an algorithm for the use of surgical, radiological and conservative therapy methods has been developed (prof. S.I. Ismailov). The immunological system of patients with diffuse toxic goiter and moderately acute thyroiditis was studied, and changes and dynamics of these indicators were determined in different methods of treatment.

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