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materiallar to‘plami

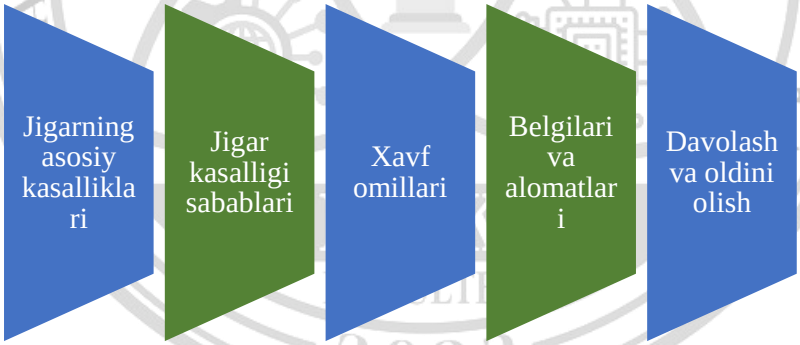
JIGAR KASALLIKLARI

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Jigar o‘ndan ortiq muhim hayotiy jarayonlarni bajaradigan ko‘p funksiyali organdir. Buni ulkan zavod miqyosida ko‘rib chiqadigan bo‘lsak, Gepatotsitlar deb nomlanuvchi uning xodimlari alohida jamoalarni tashkil qiladi. Jigarda o'lgan hamkasblarining ishini bajarishi mumkin bo'lgan juda ko'p bunday funktsional birliklar mavjud. Natijada, agar bu bez infektsiyalangan bo'lsa, patologik belgilar darhol rivojlanmasligi mumkin.



Jigar kasalligi - bu jigar funktsiyalarining progressive yomonlashishi. Jigar funktsiyalariga qon ivish omillari va boshqa oqsillarni ishlab chiqarish, metabolizmning zararli mahsulotlarini zararsizlantirish va safro chiqarilishi kiradi. Bu fibroz va sirozga olib keladigan jigar parenximasining yallig'lanishi, yo'q qilinishi va yangilanishining uzluksiz jarayoni.



Jigarning asosiy kasalliklari

Ko'pgina jigar kasalliklari, hatto davolash mumkin bo'lsa ham, yashirindir. Jigar qachonki jiddiy shikastlanganda, alomatlar paydo bo'ladi va katta muammolar paydo bo'ladi. Jiddiy holatlarda jigar kasalligi bemorning o'limiga olib kelishi mumkin. Sirroz bu organga ta'sir qiladigan eng keng tarqalgan va jiddiy kasalliklardan biridir. Boshqa tomondan, Sirroz kamdan-kam hollarda "o'z-o'zidan" rivojlanadi. Birlamchi biliar siroz istisno bo'lib, immunitet tizimi jigar hujayralariga zarar etkazadi. Odatda davolanmagan taqdirda surunkali muammolar natijasida yuzaga keladi. Ushbu muammolar bilan shug‘ullanadigan alohida mutaxassislik mavjud bo‘lmagani kabi,

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jigar kasalliklarining yagona tasnifi ham yo‘q. Ko‘pincha jigar og‘rig‘idan shikoyat qiladigan bemorlarni gastroenterologlar, infektsion kasalliklar bo‘yicha mutaxassislar va terapevtlar qabul qilishadi.

Surunkali jigar kasalligi (SJK) va unga bog'liq bo'lgan asoratlar (sirroz va jigar saratoni) sezilarli o'lim, kasallanish va iqtisodiy yukni keltirib chiqaradi. Jahon sog'liqni saqlash tashkiloti va global kasalliklar yukining nashr etilgan ma'lumotlari shuni ko'rsatadiki, SJK yuki katta va ortib bormoqda, bu birinchi navbatda alkogolsiz yog'li jigar kasalligi va alkogol bilan bog'liq jigar kasalligi ortib borayotgan yuk tufayli. Dunyoning Yaqin Sharq, Shimoliy Afrika va Osiyo mintaqalari gepatit B va gepatit C virusidan eng ko'p zarar ko'radi. Bundan tashqari, Yaqin Sharq va Shimoliy Afrika mintaqalari ham alkogolsiz yog'li jigar kasalligidan, Sharqiy Yevropa, G'arbiy Afrika va Markaziy Osiyo mintaqalari esa alkogol bilan bog'liq jigar kasalligi bilan kasallangan. Shu nuqtai nazardan, sirozning o'sish tezligi Yaqin Sharqda, shuningdek, o'rta va yuqori ijtimoiy-demografik indeks (SDI) mintaqalarida eng yuqori.

Jigar kasalligi sabablari

Jigar hujayralariga zarar etishiga quyidagi omillar olib kelishi mumkin:

- **Lipid almashinuvi buzilishi.** Natijada jigar hujayralarida yog‘ to‘planib qoladi. Buning oqibatida birinchi navbatda steatoz, so‘ngra steatogepatit rivojlanadi;
- **Alkogol.** Alkogol va uning qayta ishlangan mahsulotlari (atsetaldegid) jigar hujayralariga zarar etkazadi. Alkogolli ichimliklarga nisbatan sezuvchanlik genetika va boshqa omillarning kombinatsiyasiga bog‘liq. Kuniga 30 grammdan ortiq etanol iste’mol qilishda jigarning shikastlanish xavfi bir necha barobarga ortadi. Kuniga 120-160 gramm dozada etanol jigar uchun mutlaqo zaharli hisoblanadi;
- **Zaharlanish.** Kimyoviy moddalarning jigar hujayralari faoliyatini buza olish qobiliyati gepatotoksiklik deb ataladi. Bularga dori-darmonlar, sanoat kimyoviy moddalari, zamburug‘ va bakteriya zaharlari kiradi;
- **Viruslar.** Gepatit A, B, C, D, E viruslari farqlanadi, ulardan eng keng tarqalgani - gepatit B va C viruslari sanaladi. Zararlanish jinsiy aloqa, in’yektsiya, tibbiy muolajalar paytida va onadan bolaga yuqadi. Kasallik o‘zini hech qanday namoyon qilmasligi mumkin, shu bilan birga odam infektsiya manbai bo‘lib qoladi.
- Xoletsistit, pankreatit, o‘t-tosh kasalligi natijasida safro dimlanishi va o‘t yo‘llarining yallig‘lanishi;
- Jigarning qon ta’minoti izdan chiqishi. Bu yurak va qon tomirlari kasalliklarida qonning dimlanishi, qon tomirlarning o‘smalar tomonidan qisib qo‘yilishi va boshqalar bo‘lishi mumkin;

Xavf omillari

Ko‘pincha kasallik sabablari bir vaqtning o‘zida xavf omillari ham sanaladi, ya’ni bir nechta sabablarning kombinatsiyasida ularning ta’siri kuchayadi.

- 2-toifa qandli diabet. Insulin darajasining ko‘tarilishi va insulinorezistentlik hujayra ichida yog‘ to‘planishiga olib keladi, shu jumladan jigar hujayralarida ham.
- Semizlik lipid almashinuvining buzilishi bilan birga kechadi va jigarning yog‘li degeneratsiyasi rivojlanishiga hissa qo‘shishi mumkin.
- Himoyalanmagan jinsiy aloqa, giyohvand in’yektsiyalari virusli gepatitning tarqalishiga yordam beradi.
- Tezda vazn yo‘qotish, kofein, nikotin, gormonlar ta’siri ostida periferik yog‘ zahiralarini faol ravishda parchalanishi. Bunday holda, erkin yog‘ kislotalari jigar tomonidan ko‘p miqdorda ushlanishi mumkin.

Belgilari va alomatlari

Sariq kasallik - jigar hujayralarining parchalanishida qonga ko‘p miqdordagi bilirubin pigmenti kiradi. Ushbu holat shuningdek, jigar bilan bog‘liq bo‘lmagan safro chiqarishda yuzaga kelgan muammolarda ham kuzatilishi mumkin.

- Qon tomirlari faoliyati va qon ivishining izdan chiqishi.
- Modda almashinuvi buzilishi.
- Ensefalopatiya — miyaga ta’sir qilishi.
- Ko‘pincha virusli shikastlanishlar bilan birga kechadigan o‘tkir gepatitning belgilari.

Davolash va oldini olish

Jigar kasalliklari profilaktikasi medikamentoz va nomedikamentoz bo‘lishi mumkin. Ikkinchisi ovqatlanish va turmush tarziga o‘zgarishlar kiritishni nazarda tutadi. Hayot tarzini o‘zgartirmasdan faqatgina dorilar qabul qilish jigar muammolaridan himoya qila olmaydi. Jigar xastaligida ovqatlanish tartibi №5 parhezga asoslangan bo‘ladi. Asosiy qoida — muntazamlik. Kuniga 4-5 marta kam-kamdan ovqatlanish tavsiya etiladi, ochlik qat’iyan taqiqlanadi. Taomni qaynatish, dimlash yoki pechda pishirish ko‘rsatiladi.

Foydalanilgan adabiyotlar.

1. Jigar sirrozi bilan kasallangan bemorlarda gemorragik sindrom klinik-laborator diagnostikasi monografiyasi. Kurbonova Z Tairova G, Nuriddinova N. Toshkent – 2023
2. Jigar kasalliklari davolanishi oldini olish choralari. Qo‘ldoshev F, Eshmuratov S, Xasanov F.
3. https://med360.uz/kasalliklar/jigar-kasalliklari/
4. https://www.ncbi.nlm.nih.gov/books/NBK554597/
5. https://www.nejm.org/doi/full/10.1056/NEJMoa2117872
6. https://www.cghjournal.org/article/S1542-3565(23)00315-4/fulltext#secsectitle0020

DEVELOPMENT OF A METHOD FOR ASSESSING THE DISPERSION CONTENT OF DUST

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Dust particles with high dispersion content can cause significant health and environmental problems. However, current methods for measuring dispersion content in dust samples are limited. This study developed a novel method for assessing the dispersion content of dust based on Raman spectroscopy. Dust samples were obtained from 10 different locations and analyzed using the new Raman method and a standard gravimetric method. The Raman method showed a strong correlation with the gravimetric analysis (R2=0.89) and was able to provide qualitative information about the composition of the dispersed particles. This method represents a rapid, inexpensive technique for characterizing the dispersion content of dust samples. It can be applied in studies of environmental dust exposures and for monitoring dispersion emissions from industrial facilities.

Dusts containing dispersed particles have been associated with a range of health effects including asthma, allergic reactions, and cardiovascular disease [1]. In occupational settings, dust exposures containing dispersed particles also represent a potentially serious health hazard [2]. Quantitative characterization of the dispersion content of these dusts is therefore important for risk assessment and management.

Current standard methods for measuring dispersion content rely on gravimetric analysis, which requires time-consuming filtering, drying and weighing of dust samples [3]. These methods provide no information about the composition of the dispersed particles. More advanced techniques like electron microscopy can characterize individual particles in dust but are low-throughput and expensive [4].

Raman spectroscopy has shown potential for rapid characterization of the chemistry of dust particles [5]. Here, we describe the development of a Raman spectroscopy method for assessing the dispersion content of dust samples. This method was evaluated by comparison with standard gravimetric analysis on a set of test dusts obtained from diverse industrial and urban environments.

Dust sampling. Dust samples were collected from 10 locations in Example City, including industrial facilities (steel mill, cement plant, construction site), commercial locations (office building, shopping mall), and urban outdoor sites (park, roadside). At each site, settled surface dust was collected by brushing surfaces with a sterile brush and collected into a sterile vial. Samples were stored in the dark prior to analysis.

Gravimetric analysis. For each dust sample, triplicate 100 mg aliquots were weighed and mixed with 10 mL of 0.5% aqueous sodium hexametaphosphate solution. The suspensions were shaken for 1 hr then filtered through 0.22 μm polycarbonate filters. Filters were dried overnight at 100°C then reweighed to determine total suspended particulate matter.

Raman analysis.The remaining dust suspensions were centrifuged at 5000 rpm for 5 min. The supernatant was discarded and the solid residue resuspended in 200 μL of water. A 20 μL aliquot was deposited onto a quartz slide and air-dried prior to Raman