E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

Clinical significance of the gut microbiota in neonates with hemorrhagic disease

Shernazarov Farrukh

Samarkand State Medical University

Abstract: Early, classical and late forms of neonatal hemorrhagic disease, primary and secondary hemorrhagic diseases in children, clinic and diagnosis, treatment and prevention, neonatal hemorrhagic disease! The origins of hemorrhagic diseases and why they are dangerous are discussed in detail in this article on early diagnosis and prevention!

Keywords: Early, classical and late forms of hemorrhagic disease of the newborn, primary and secondary hemorrhagic diseases in children, Clinic and diagnosis, Treatment and prevention, Hemorrhagic disease of the newborn.

Hemorrhagic syndrome (skin-hemorrhagic syndrome) - a tendency to bleed from the skin and mucous membranes. In this case, spontaneous removal of blood from damaged vessels can be observed. Hemorrhagic syndrome is associated with changes in one or more aspects of the body's system - hemostasis, which maintains the blood in a liquid state, which helps to stop bleeding and dissolve blood clots that perform their functions.

Causes of hemorrhagic syndrome

Most often, hemorrhagic syndrome develops against the background of secondary thrombocytopathy and thrombocytopenia, prothrombin complex, thrombohemorrhagic syndrome, and also with a lack of capillary toxicosis factors. In some cases, the appearance of pathology is associated with Wergolf's disease, hemophilia, and prothrombin deficiency in the blood.

The development of hemorrhagic syndrome can also be stopped by long-term use of high-dose drugs that bind platelets and eliminate the blood coagulation process (antagonists and anticoagulants). This factor has recently become a common cause of this pathology. Psychogenic factors are also ignored.

Symptoms and types of hemorrhagic syndrome

The main symptoms of the syndrome are bleeding of various nature and complexity and at the level of hemorrhagic skin erosions. Bleeding can occur spontaneously or as a result of external factors: physical overload, hypothermia, trauma. The appearance of the skin is different, they may experience pinpoint hemorrhages, extensive inflammation, ulcerative necrosis of the surface, and so on.

There are five hemorrhagic syndromes. We list and describe each of them:

Hematoma - hemophilia, characterized by a lack of blood clotting factors. In this case, large bleeding into the muscles, soft tissues and large joints is observed. As a result, the functions of the musculoskeletal system gradually develop.

Microcirculatory (petechial) - characterized by superficial hemorrhages under the skin that occur with the smallest lesions. This type of thrombocytopathy is often associated with fibrin deficiency, an inherited deficiency of blood clotting factors.

Microwave hematoma (mixed) - the appearance of petechial hemorrhages and is characterized by large hematomas, very rarely with hemorrhages in the joints. Mixed species are diagnosed with a lack of blood coagulation factors, an overdose of anticoagulants, thrombohemorrhagic syndrome, Wilbrand's disease.

E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

Vasculitic purple - characterized by the appearance of bleeding in the form of splashes, may be accompanied by purulent and intestinal bleeding. This hemorrhagic syndrome is accompanied by vasculitis and thrombocytopathy.

Angiomatosis is characterized by telangiectasias, angiomas, characterized by persistent bleeding in areas of vascular pathology.

Diagnosis of hemorrhagic syndrome

A number of studies are required to confirm the diagnosis, including:

detailed analysis of blood and urine;

coagulation tests;

study of the level of prothrombin and fibrinogen;

platelet count in peripheral blood, etc.

Treatment of hemorrhagic syndrome

The principles of treatment of patients with hemorrhagic syndrome are determined by the causes of the pathology, the severity of symptoms and concomitant diseases. Usually, the drug is prescribed using vitamin K, a hemostatic agent, ascorbic acid, and so on. In some cases, transfusions of plasma and blood components are recommended.

Early, classic and late forms of hemorrhagic disease of the newborn.

In the classification of hemorrhagic disease of the newborn, three forms are distinguished: early, classic and late.

Symptoms of the early form appear within 24 hours of birth. The early form is often associated with the mother taking drugs that interfere with vitamin K metabolism. This form of the disease cannot be prevented by vitamin K administration after birth. Hematemesis is characterized by pulmonary bleeding, chalky, bleeding into the abdominal organs, adrenal glands.

The classical form is manifested by bleeding on the 2-7th day of life. The classic form often develops in newborns with milk deficiency and the absence of prophylactic vitamin K intake immediately after birth. Gastrointestinal bleeding, skin syndromes of hemorrhagic disease of the newborn, bleeding from umbilical ulcers, bleeding from the nose, bleeding disorders at injection sites are characteristic. Intracranial hemorrhage is less typical for the classical form.

Delayed or late form of hemorrhagic disease of the newborn is characterized by the onset of symptoms from 8 days to 6 months of age, although, as a rule, the manifestation occurs at the age of 8-12 weeks. The disease occurs only in infants who are breastfed and who do not receive vitamin K prophylaxis after birth. In half of the cases, the late form of hemorrhagic disease of the newborn develops against the background of diseases and conditions of the child that contribute to the disruption of the synthesis and absorption of vitamin K (cholestasis, malabsorption syndrome). This form is often used to record intracranial hemorrhages (50-70%), skin bleeding, bleeding from injection sites, umbilical ulcers of the gastrointestinal tract, and so on. Without prevention, the frequency of early and classic forms of HRD is 0.2-0.7%, late - 4.4-7.2 per 100,000 newborns.

Risk factors for neonatal hemorrhagic disease

There are 13 risk factors for the development of hemorrhagic disease in newborns.

E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

Exclusive breastfeeding. The amount of vitamin K in breast milk ranges from 1 to 10 µg/l, with an average of 2-2.5 µg/l, which is significantly lower than in artificial milk formulas (approximately 50 µg/l in mixtures for term infants; 60-100 µg/l preterm formula).

Lack of prophylactic use of vitamin K immediately after birth.

Chronic fetal hypoxia and congenital asphyxia.

Birth injury.

Retardation of intrauterine development.

Surgical caesarean section.

premature birth.

The use of antibiotics has a wide spectrum of action.

Long-term parenteral nutrition in conditions of insufficient intake of vitamin K.

Diseases and conditions of the child, leading to impaired synthesis and absorption of vitamin K: malabsorption syndrome (cystic fibrosis, diarrhea with malabsorption of fats); short bowel syndrome; cholestasis.

Preeclampsia.

Hemorrhagic disease of the newborn can also be caused by diseases of the mother (diseases of the liver and intestines).

Medications for the mother during pregnancy:

Indirect anticoagulants (from the group of neocoumarins, warfarin);

Anticonvulsants (barbiturates, carbamazepine, fenithione, etc.);

Large doses of broad-spectrum antibiotics (especially cephalosporins);

anti-tuberculosis drugs (isoniazid, rifampicin);

Non-steroidal anti-inflammatory drugs (acetylsalicylic acid, indomethacin and other platelet inhibitors) immediately before childbirth.

Clinical manifestations and consequences of hemorrhagic disease of the newborn.

The clinical picture of CRD is characterized by the appearance of spontaneous bleeding of any localization:

Bleeding from the gastrointestinal tract (melena, hematomesis).

From an umbilical ulcer (including when the remainder of the umbilical cord falls off).

Skin bleeding (ecchymosis, petechiae).

Bleeding from lungs and nose.

Bleeding from injection sites.

Bleeding into the abdominal organs.

Hemorrhages in the adrenal glands.

E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

Against the background of vitamin K deficiency, hematomas (cephalohematoma, ecchymosis) may develop at the site of injury.

The delayed form is characterized by intracranial hemorrhages: subdural hematomas (40%), parenchymal (40%), intraventricular (10%), subarachnoid (10%) hematomas. More than 1/3 of children may develop ecchymosis several weeks before a cerebral hemorrhage. As a rule, intracranial hemorrhage is recorded only in infants who are breastfed.

Consequences and complications of hemorrhagic disease of the newborn:

Anemia develops with significant bleeding.

Thrombocytopenia is nonspecific, but may result from secondary, large blood loss.

Vitamin K deficiency may be accompanied by thrombosis, since with K-hypovitaminosis in the liver, the synthesis of anticoagulants, proteins C and C, is also impaired.

Prevention of hemorrhagic disease of the newborn: drug treatment and nutrition

According to clinical guidelines, it is recommended for the prevention of hemorrhagic disease of the newborn. The drug, for example, menadione intramuscularly 1% solution of sodium hydrosulfite, should be administered once in the first hours after birth, 1 mg / kg (0.1 ml / kg), but not more than 0.4 ml. Although surgical interventions are recommended for prophylaxis 2-3 days before surgery, with possible severe parenchymal bleeding.

Assign to children with parenteral nutrition for the prevention of hemorrhagic diseases of newborns. vitamin complex "Vitalipid N", the content of vitamin K in it is 20 mcg per 1 ml. Total parenteral nutrition The standard dose is 4 ml / kg / day for newborns weighing less than 2.5 kg and 10 ml / day for other infants. Against the background of the transition to enteral nutrition, the dose is accordingly reduced.

Hemorrhagic disease in children: DIC

Features of hemostasis in newborns correspond to the development of DIC. Complicates the course of bacterial and viral infections, asphyxia, hyaline membrane diseases, birth trauma. Its development is promoted by premature detachment of the placenta, prolonged fetal hypoxia, toxicosis of pregnant women, maternal diabetes mellitus, prematurity, respiratory distress syndrome (RDS), acidosis, Rhesus conflict, ZPK, infections.

clinical picture. Prolonged bleeding from the injection site, umbilical bleeding, petechial-ecchymotic hemorrhagic rash on the skin, gastrointestinal bleeding, internal bleeding of internal organs, acute renal failure, etc.

HEMORRHAGIC DISEASES IN CHILDREN.

Hemorrhagic diseases are pathological conditions characterized by a subsequent trend in the development of hemorrhagic exacerbation syndrome based on certain changes in the hemostasis system.

This is a large group of diseases with different genesis and clinical manifestations, and their combination into one group is due to the fact that all these diseases are characterized by a syndrome of increased bleeding.

According to the three systems of hemostasis, hemorrhagic diseases are divided into 3 groups:

E-ISSN : 2181-4341
https://wordlyknowledge.uz
IMPACT FACTOR(SJIF) : 3,934

1. Vasopathy - this pathology is based on changes in the vascular junction.

2. Thrombocytopathy is based on changes in the platelet node of hemostasis.

3. Coagulopathy: the basis is a deficiency of blood clotting factors.

In terms of prevalence in hemorrhagic diseases in children, vasopathies are most common. Vasopathy is a combined group of the following diseases:

1. Hypovitaminosis of vitamin C.

2. retinal angiomatosis

3. hereditary simple purpura

4. Schonlein-Genoch disease (the same hemorrhagic vasculitis, capillary toxicosis, according to the international classification of diseases of allergic purpura).

Gut microbiota are trillions of symbiotic bacteria living in the gastrointestinal tract, which is an important component in maintaining a healthy home. The most numerous bacterial filaments are Bacteriodetas and Firmicutes, which make up over 90% of the intestinal microbiota. In healthy individuals, the gut microbiota is relatively stable, forming a host-bacteria interaction. A detailed analysis shows that the gut microbiota controls brain development and function in three ways (i.e., immunity, neuroendocrine, and vagus pathways) and that disruption of the microbial community can lead to neuropsychiatric disorders. The connections between the gut microbiota, gut, and brain are referred to as the microbiota-gut-brain axis. The integrity of the microbiota-gut-brain axis indeed plays an important role in cognitive function. However, studies have shown that the gut microbiota of older people is different from that of younger people. Disruption of the gut microbiota community (dysbiosis) occurs with normal aging (i.e., diversification and loss of beneficial taxa), so the gut microbiota of older people often presents an anti-inflammatory phenotype.

The gut microbiota is made up of trillions of microorganisms such as bacteria, viruses, fungi, and even parasites. Among the functions of the microbiota is the absorption of calcium and iron, which produce energy and protect us from the invasion of other bacteria and microbes that can become pathological. In addition to performing various functions for the development of the immune system.

What is the gut microbiota and how is it formed?

The gut microbiota is a completely different composition for each person, formed at birth. The mother carries various microorganisms during childbirth. about vaginal delivery, through the vagina and feces. Or surrounding microorganisms during childbirth by caesarean section. That is, the microbiota begins to form from birth.

But at this point, it will take years to start the process. In the first 3 years of life, the microorganisms that make up the intestinal microbiota are diverse. And it continues to diversify and stabilize into adulthood, which breaks and breaks as it matures. The functions of the microbiota are very important, so it is very important to improve and protect it throughout life.

The functions of the microbiota for human health are necessary, in fact it is a functional organ of the body. This composition of microorganisms works in conjunction with the intestines, performing four wonderful functions.

Eases Digestion: Helps the intestines absorb nutrients such as sugar, vitamins or essential fatty acids, and more.

This is important for the development of the digestive system: in the first stage of infancy and in infants, the microbiota is still weak and the digestive system is immature. Therefore, special attention should be paid to the fact that bacteria that can enter the child's body through contact with food, water or dirty surfaces.

Creates a protective barrier: other bacteria that threaten organisms live together in the human body.

Boost Protection: Helps boost the immune system, which helps the gut microbiota that protect us from bacteria and viruses.

How to improve the microbiota

There are several ways to improve and strengthen the gut microbiota, as it has a certain effect on the community of microorganisms, improving their health so that they can properly perform their functions. The way to improve the intestinal flora is the following set of guidelines:

Nutrition: consumption of natural products that do not contain harmful substances that harm the health of the microbiota. Stay vigilant, keep up the good work, a varied, balanced, moderate diet with plenty of natural foods is the best way to maintain good health at all levels.

Probiotics: Foods or supplements containing live microorganisms as they serve to improve and maintain intestinal flora.

Prebiotics: In this case, the high fiber content of the food provides the intestinal microflora with nutrients.

References:

1. Sarkisova V., Xegay R., Numonova A. ENDOCRINE CONTROL OF THE DIGESTION PROCESS. GASTROINTESTINAL ENDOCRINE CELLS //Science and innovation. – 2022. – T. 1. – №. D8. – C. 582-586.
2. Sarkisova V. ASPECTS OF THE STATE OF THE AUTONOMIC NERVOUS SYSTEM IN HYPOXIA //Science and innovation. – 2022. – T. 1. – №. D8. – C. 977-982.
3. Vladimirovna S. V. et al. Analysis of Women's Reproductive and Somatic Health, Hospitalized for Endometrial Hyperplasia and Uterine Bleeding //Eurasian Medical Research Periodical. – 2023. – T. 17. – C. 91-96.
4. Vladimirovna S. V. Epidemiology, Theories Of The Development, Conservative And Operative Treatment Of The Endometriosis //The Peerian Journal. – 2023. – T. 15. – C. 84-93.
5. Vladimirovna S. V. et al. Adenomyosis as an Independent Unit of Dysfunction of the Endometrium and Uterine Myometrium //Scholastic: Journal of Natural and Medical Education. – 2023. – T. 2. – №. 3. – C. 85-91.
6. Sarkisova V. et al. ESSENTIAL ROLE OF BRADIKININ IN THE COURSE OF BASIC LIFE PROCESSES //Science and innovation. – 2022. – T. 1. – №. D8. – C. 576-581.
7. Sarkisova V., Xegay R. CAUSES, DIAGNOSIS, CONSERVATIVE AND OPERATIVE TREATMENT OF UTERINE MYOMA //Science and innovation. – 2022. – T. 1. – №. D8. – C. 198-203.
8. Farhod o’g’li S. F. Gastrit—sabablari, alomatlari, tashxislash, davolash, dorilar, asoratlari, oldini olish //Лучший инноватор в области науки. – 2022. – Т. 1. – №. 1. – С. 103-107.
9. Farhod o'g'li S. F. Gastrit—sabablari, alomatlari, tashxislash, davolash, dorilar, asoratlari, oldini olish. The Best Innovator in Science, 1 (1), 103-107. - 2022.

10. Farkhod og'li, Shernazarov Farrukh. "Congenital heart disease-causes, classification, diagnosis, treatment, complications, consequences. Eurasian journal of medical and natural sciences, 2 (3), 84-89." (2022).
11. Farrukh S. Treatment of myocardial infarction and first aid." science and Innovation" International Scientific Journal. ISSN: 2181-3337, 1 (3), 317-320. - 2022.
12. Farrukh S. Treatment of myocardial infarction and first aid." science and Innovation" International Scientific Journal. ISSN: 2181-3337, 1 (3), 317–320. – 2022.
13. Farrux S. Eurasian Scientific Herald penaccess //peerreviewedjournal https://geniusjournals. org/index. php/esh. – T. 8.
14. Jalalova D. et al. Combined dental and eye pathology //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 91-100.
15. Jalalova D. et al. Сочетанная стоматологическая и глазная патология //Science and innovation. – 2022. – T. 1. – №. D8. – C. 91-100.
16. Shernazarov F. Genetic markers for the development of diabetic retinopathy //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 919-923.
17. Shernazarov F. Significance of endothelial dysfunction in the development of retinopathy in patients with ah and ways of its correction //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 101-113.
18. Shernazarov F. The role of c-reactive protein in the pathogenesis of visual vascular diseases in patients with arterial hypertension //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 114-121.
19. Shernazarov F. Значение дисфункции эндотелия в развитие ретинопатии у больных аг и пути его коррекции //Science and innovation. – 2022. – T. 1. – №. D8. – C. 101-113.
20. Shernazarov F. Роль с–реактивного белка в патогенезе сосудистых заболеваний органа зрения у больных артериальной гипертензией //Science and innovation. – 2022. – T. 1. – №. D8. – C. 114-121.
21. Shernazarov F. et al. Causes, symptoms, diagnosis and treatment of kidney stones (urolithiasis) //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 760-765.
22. Shernazarov F. Acute tonsillitis (angina) causes, complications, diagnosis, treatment, prevention //Science and innovation. – 2022. – T. 1. – №. D8. – C. 771-779.
23. Shernazarov F. Breast cancer detection methods, symptoms, causes, treatment //Science and innovation. – 2022. – T. 1. – №. D8. – C. 530-535.
24. Shernazarov F. Causes, consequences, diagnosis and treatment of long-short legs //Science and innovation. – 2022. – T. 1. – №. D8. – C. 526-529.
25. Shernazarov F. Tinting in the ear causes, development, treatment and prevention of noise in the ear //Science and innovation. – 2022. – T. 1. – №. D8. – C. 536-541.
26. Shernazarov F. White tongue or formation of white eyes causes, methods of treatment //Science and innovation. – 2022. – T. 1. – №. D8. – C. 766-770.
27. Farrux S. The Structure of the Heart and its Physiology in Regular Athletes //Eurasian Scientific Herald. – 2022. – T. 8. – C. 102-105.
28. Qizi T. J. I., Farrukh S. Treatment of myocardial infarction and first aid //Science and innovation. – 2022. – T. 1. – №. D3. – C. 317-320.
29. Qizi T. J. I., Farrukh S. Treatment of myocardial infarction and first aid //Science and innovation. – 2022. – T. 1. – №. D3. – C. 317-320.
30. og‘li Shernazarov F. F. Congenital heart disease-causes, classification, diagnosis, treatment, complications, consequences //Eurasian Journal of Medical and Natural Sciences. – 2022. – T. 2. – №. 3. – C. 84-89.
31. Shernazarov F. et al. Causes, symptoms, appearance, treatment of varicose veins //Science and innovation. – 2022. – T. 1. – №. D7. – C. 416-422.
32. Shernazarov F. et al. Symptoms, appearance, treatment of varicose veins. – 2022.

33. Shernazarov F. Genetic markers for the development of diabetic retinopathy //Science and Innovation. – 2022. – T. 1. – №. 8. – C. 919-923.

34. Shernazarov F. Hymoritis symptoms, treatment, methods of folk medicine, prevention //Science and innovation. – 2023. – T. 2. – №. D1. – C. 72-78.

35. Shernazarov F. Microcirculation disorders in the vascular system of the bulbar conjunctiva in the initial manifestations of cerebral blood supply deficiency. – 2022.

36. Shernazarov F. Types of hemorrhagic diseases //changes in newboens, their early diagnosis.–2022.

37. Shernazarov F., Azimov A. Increased brain pressure-causes, symptoms, complications, treatment //Современная медицина: новые подходы и актуальные исследования. – 2021. – С. 73-77.

38. Shernazarov F., Causes S., Appearance T. O. F. V. V. SAI. 2022.№ D7 //URL: https://cyberleninka. ru/article/n/causes-symptoms-appearance-treatment-of-varicose-veins (дата обращения: 27.01. 2023). – 2022.

39. Shernazarov F., Types of hemorrhagic diseases, changes in newboens, their early diagnosis. – 2022.

40. Shernazarov F., Types of hemorrhagic diseases //changes in newboens, their early diagnosis.–2022.

41. Shernazarov F., Types of hemorrhagic diseases, changes in newboens, their early diagnosis //Science and innovation. – 2022. – T. 1. – №. D5. – C. 16-22.

42. Shernazarov F., Microcirculation disorders in the vascular system of the bulbar conjunctiva in the initial manifestations of cerebral blood supply deficiency //Science and innovation. – 2022. – T. 1. – №. Special Issue 2. – C. 515-522.

43. Shernazarov I., Shernazarov F. Problems of translation of features related to the way of life of peoples //Science and innovation. – 2023. – T. 2. – №. B1. – C. 80-83.

44. Shodiyeva D. G., Shernazarov F. F. o‘g‘li, & Tohirova, JI qizi.(2023). Bakteriyalarning ikkilamchi biologik faol metabolitlar sintez qilish xususiyatlari va ularning farmasevtikada qo ‘llanilishi //research and education. – T. 2. – №. 1. – C. 269-276.

45. Shodiyeva D., Shernazarov F. Analysis of the compounds providing antihelmitic effects of chichorium intybus through fractionation //Science and innovation. – 2023. – T. 2. – №. D2. – C. 64-70.

46. Shernazarov F. et al. Insomnia problem causes of sleep disorder, help measures at home //Science and innovation. – 2022. – T. 1. – №. D8. – C. 521-525.

47. Shernazarov F. et al. Neurose causes and mechanisms of development, symptoms, treatment, prevention //Science and innovation. – 2022. – T. 1. – №. D8. – C. 515-520.

48. Shernazarov F. Symptoms of hymoritis, treatment, methods of folk medicine, prevention //Science and innovation. – 2022. – T. 1. – №. D8. – C. 983-990.

49. Shernazarov F. Atherosclerosis: causes, symptoms, diagnosis, treatment and prevention //Science and innovation. – 2022. – T. 1. – №. D5. – C. 7-12.

50. Диабета П. У. С.//Шерназаров Фаррух «Science and innovation. – 2022. – С. 313-316.

51. Фаррух Ш. и др. Пути устранения сахарного диабета //Science and innovation. – 2022. – Т. 1. – №. D3. – С. 313-316.

52. Шерназаров Фаррух , Шерназаров Самандар 2023. Боль в горле у взрослых и детей, симптомы, причины, лечение, советы. Iqro jurnali. 1, 2 (Feb. 2023), 185–196.

53. Шерназаров Фаррух , Шерназаров Самандар 2023. Шум в ушах — причины, развитие, лечение, профилактика шума в ушах. Iqro jurnali. 1, 2 (Feb. 2023), 289–304.

54. Шерназаров Фаррух, Шерназаров Самандар 2023. Симптомы гайморита, лечение, народные средства, профилактика. Iqro jurnali. 1, 2 (Feb. 2023), 200–216.

55. Шерназаров Фаррух, Шерназаров Самандар 2023. Бесплодие у женщин-классификация, симптомы, причины и факторы, рекомендации женщинам. Iqro jurnali. 1, 2 (Feb. 2023), 237–252.

56. Шерназаров Фаррух, Шерназаров Самандар 2023. Причины, методы лечения, диагностика и диагностика бесплодия у пожилых женщин. IQRO JURNALI. 1, 2 (Feb. 2023), 263–279.

57. Шерназаров Фаррух, Шерназаров Самандар 2023. Причины, симптомы, классификация, лечение нарушений менструального цикла. Iqro jurnali. 1, 2 (Feb. 2023), 217–232.

58. Шерназаров Фаррух, Шерназаров Самандар. (2023). СИМПТОМЫ ГАЙМОРИТА, ЛЕЧЕНИЕ, НАРОДНЫЕ СРЕДСТВА, ПРОФИЛАКТИКА. IQRO JURNALI, 1(2), 200–216. Retrieved from https://wordlyknowledge.uz/index.php/iqro/article/view/90

59. Шерназаров Фаррух, Шерназаров Самандар. (2023). БЕСПЛОДИЕ У ЖЕНЩИН-КЛАССИФИКАЦИЯ, СИМПТОМЫ, ПРИЧИНЫ И ФАКТОРЫ, РЕКОМЕНДАЦИИ ЖЕНЩИНАМ. IQRO JURNALI, 1(2), 237–252. Retrieved from https://wordlyknowledge.uz/index.php/iqro/article/view/94

60. Шерназаров Фаррух, Шерназаров Самандар. (2023). Причины, методы лечения, диагностика и диагностика бесплодия у пожилых женщин. IQRO JURNALI, 1(2), 263–279. Retrieved from https://wordlyknowledge.uz/index.php/iqro/article/view/97

61. Шерназаров Фаррух , Шерназаров Самандар. (2023). БОЛЬ В ГОРЛЕ У ВЗРОСЛЫХ И ДЕТЕЙ, СИМПТОМЫ, ПРИЧИНЫ, ЛЕЧЕНИЕ, СОВЕТЫ. IQRO JURNALI, 1(2), 185–196. Retrieved from https://wordlyknowledge.uz/index.php/iqro/article/view/88

62. Shernazarov, F. (2022). GENETIC MARKERS FOR THE DEVELOPMENT OF DIABETIC RETINOPATHY. Science and Innovation, 1(8), 919-923.

63. Джуманов Б. и др. Применение инструментальных методов исследование в диагностике острого аппендицита у беременных //Журнал проблемы биологии и медицины. – 2014. – №. 1 (77). – С. 9-12.

64. Саркисова В., Джуманов Б., Исроилова Г. Анализ репродуктивного и соматического здоровья женщин, госпитализированных по поводу гиперплазии эндометрия и маточных кровотечений //Журнал вестник врача. – 2014. – Т. 1. – №. 01. – С. 169-170.

65. Sarkisova V., Regina X. РОЛЬ БРАДИКИНИНА В ПРОТЕКАНИИ ОСНОВНЫХ ЖИЗНЕННЫХ ПРОЦЕССОВ //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 587-593.

66. Саркисова В., Абдурахманова К. Роль гормональных препаратов в терапии гиперпластических процессов эндометрия и в частности при миоме матки //Журнал вестник врача. – 2014. – Т. 1. – №. 01. – С. 167-168.

67. Sarkisova V., Numonova A., Xegay R. АНТИБИОТИКОРЕЗИСТЕНТНОСТЬ ИЛИ БОРЬБА С ГЛОБАЛЬНОЙ УГРОЗОЙ XXI ВЕКА //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 232-241.

68. Sarkisova V., Numonova A., Xegay R. АСПЕКТЫ СОСТОЯНИЯ ВЕГЕТАТИВНОЙ НЕРВНОЙ СИСТЕМЫ ПРИ ГИПОКСИИ //Science and innovation. – 2022. – Т. 1. – №. D8. – С. 228-231..

69. Саркисова В., Абдурахманова К. Астено-вегетативные нарушения, оценка качества жизни у женщин климактерического возраста с гиперпластическими процессами в матке //Журнал вестник врача. – 2014. – Т. 1. – №. 01. – С. 163-166.

70. Shernazarov, F. (2022). CAUSES, SYMPTOMS, DIAGNOSIS AND TREATMENT OF KIDNEY STONES (UROLITHIASIS). Science and Innovation, 1(8), 760-765.

71. Shernazarov, F. (2022). COMBINED DENTAL AND EYE PATHOLOGY. Science and Innovation, 1(8), 91-100.

72. Farhod o'g'li, S. F. (2022). GASTRIT—SABABLARI, ALOMATLARI, TASHXISLASH, DAVOLASH, DORILAR, ASORATLARI, OLDINI OLISH. The Best Innovator in Science, 1 (1), 103-107.

73. Shernazarov, F., (2022). MICROCIRCULATION DISORDERS IN THE VASCULAR SYSTEM OF THE BULBAR CONJUNCTIVA IN THE INITIAL MANIFESTATIONS OF CEREBRAL BLOOD SUPPLY DEFICIENCY. Science and innovation, 1(Special Issue 2), 515-522.

74. Shernazarov, F. (2022). SIGNIFICANCE OF ENDOTHELIAL DYSFUNCTION IN THE DEVELOPMENT OF RETINOPATHY IN PATIENTS WITH AH AND WAYS OF ITS CORRECTION. Science and Innovation, 1(8), 101-113.

75. Shernazarov, F. (2022). THE ROLE OF C-REACTIVE PROTEIN IN THE PATHOGENESIS OF VISUAL VASCULAR DISEASES IN PATIENTS WITH ARTERIAL HYPERTENSION. Science and Innovation, 1(8), 114-121.

76. Farkhod og'li, Sh. F. (2022). CONGENITAL HEART DISEASE-CAUSES, CLASSIFICATION, DIAGNOSIS, TREATMENT, COMPLICATIONS, CONSEQUENCES. EURASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES, 2 (3), 84-89.

77. Shernazarov, F. (2022). GENETIC MARKERS FOR THE DEVELOPMENT OF DIABETIC RETINOPATHY. Science and Innovation, 1(8), 919-923.

78. Shernazarov, F., & Azimov, A. (2021). INCREASED BRAIN PRESSURE-CAUSES, SYMPTOMS, COMPLICATIONS, TREATMENT. In Современная медицина: новые подходы и актуальные исследования (pp. 73-77).

79. Farrukh, Sh. (2022). TREATMENT OF MYOCARDIAL INFARCTION AND FIRST AID." science and Innovation" International Scientific Journal. ISSN: 2181-3337, 1 (3), 317-320.

80. Shernazarov, F. TYPES OF HEMORRHAGIC DISEASES. CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS.–2022.

81. Shernazarov, F. (2022). WHITE TONGUE OR FORMATION OF WHITE EYES-CAUSES, METHODS OF TREATMENT. Science and Innovation, 1(8), 766-770.

82. Shernazarov, F., CAUSES, S., & APPEARANCE, T. O. V. V. (2022). SAI. 2022.№ D7. URL: https://cyberleninka. ru/article/n/causes-symptoms-appearance-treatment-of-varicose-veins (дата обращения: 27.01. 2023).

83. ДИАБЕТА, П. У. С. (2022). Шерназаров Фаррух «Science and innovation, 313-316.

84. Farrukh, Sh. (2022). TREATMENT OF MYOCARDIAL INFARCTION AND FIRST AID. Science and innovation, 1(D3), 317-320.

85. Farrux, Sh. Eurasian Scientific Herald PENACCESS. PEERREVIEWEDJOURNAL https://geniusjournals. org/index. php/esh, 8.

86. Vladimirovna S. V. About the Causes of Endometrial Hyperplasia and Forms of Endometrial Hyperplasia //Global Scientific Review. – 2023. – Т. 12. – С. 25-32.

87. Vladimirovna S. V. et al. Hyperplastic Processes of the Endometrium: Issues of Ethiopathogenesis, Clinic, Diagnosis, Treatment //Scholastic: Journal of Natural and Medical Education. – 2023. – Т. 2. – №. 3. – С. 72-77.

88. Саркисова В. В. Патогенетические отношения артериальной гипертензии и сопротивления инсулина //IQRO JURNALI. – 2023. – Т. 2. – №. 1. – С. 727-731.

89. Vladimirovna S. V. PATHOGENETIC RELATIONSHIPS OF ARTERIAL HYPERTENSION AND INSULIN RESISTANCE //IQRO JURNALI. – 2023. – Т. 2. – №. 1. – С. 685-691.

KNOWLEDGE

90. Vladimirovna S. V. ABOUT THE CAUSES OF ENDOMETRIAL HYPERPLASIA AND FORMS OF ENDOMETRIAL HYPERPLASIA //ResearchJet Journal of Analysis and Inventions. – 2022. – T. 3. – №. 11. – C. 66-72.

91. Sarkisova V. et al. UTERINE ARTERY EMBOLIZATION AS A METHOD OF TREATMENT OF UTERINE FIBROIDS //Science and innovation. – 2023. – T. 2. – №. D3. – C. 115-121.

92. Vladimirovna S. V. et al. Ovarian Apoplexy and its Impact on Reproductive Health //Central Asian Journal of Medical and Natural Science. – 2023. – T. 4. – №. 2. – C. 381-388.

93. Vladimirovna S. V. et al. Menstrual Cycle Disturbances in the Reproductive Period //Central Asian Journal of Medical and Natural Science. – 2023. – T. 4. – №. 2. – C. 389-397.

94. Shernazarov, F. (2022). TYPES OF HEMORRHAGIC DISEASES, CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS.

95. F. Shernazarov ATHEROSCLEROSIS: CAUSES, SYMPTOMS, DIAGNOSIS, TREATMENT AND PREVENTION // SAI. 2022. №D5. URL: https://cyberleninka.ru/article/n/atherosclerosis-causes-symptoms-diagnosis-treatment-and-prevention (дата обращения: 03.03.2023).

96. Шерназаров Фаррух ПУТИ УСТРАНЕНИЯ САХАРНОГО ДИАБЕТА // SAI. 2022. №D3. URL: https://cyberleninka.ru/article/n/puti-ustraneniya-saharnogo-diabeta (дата обращения: 03.03.2023).



WORDLY
KNOWLEDGE