

Ежеквартальный  
научно-практический  
журнал

ISSN 2181-1008  
DOI 10.26739/2181-1008

# ЖУРНАЛ

гепато-гастроэнтерологических  
исследований



СПЕЦИАЛЬНЫЙ ВЫПУСК

2023

# ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

СПЕЦИАЛЬНЫЙ ВЫПУСК

JOURNAL OF HEPATO-GASTROENTEROLOGY RESEARCH  
SPECIAL ISSUE



ТОМ - I



ТОШКЕНТ - 2023



ISSN 2181-1008 (Online)

Научно-практический журнал  
Издается с 2020 года  
Выходит 1 раз в квартал

**Учредитель**

Самаркандский государственный  
медицинский университет,  
tadqiqot.uz

**Главный редактор:**

Н.М. Шавазид.м.н., профессор.

**Заместитель главного редактора:**

М.Р. Рустамов д.м.н., профессор.

**Ответственный секретарь**

Л.М. Гарифулина к.м.н., доцент

**Редакционная коллегия:**

Д.И. Ахмедова д.м.н., проф;  
А.С. Бабажанов, к.м.н., доц;  
Ш.Х. Зиядуллаев д.м.н., доц;  
Ф.И. Иноятова д.м.н., проф;  
М.Т. Рустамова д.м.н., проф;  
Н.А. Ярмухамедова к.м.н., доц.

**Редакционный совет:**

Р.Б. Абдуллаев (Ургенч)  
М.Дж. Ахмедова (Ташкент)  
А.Н. Арипов (Ташкент)  
М.Ш. Ахророва (Самарканд )  
Н.В. Болотова (Саратов)  
Н.Н. Володин (Москва)  
С.С. Давлатов (Бухара)  
А.С. Калмыкова (Ставрополь)  
А.Т. Комилова (Ташкент)  
М.В. Лим (Самарканд )  
М.М. Матлюбов (Самарканд )  
Э.И. Мусабоев (Ташкент)  
А.Г. Румянцев (Москва)  
Н.А. Тураева (Самарканд )  
Ф.Г. Ульмасов (Самарканд )  
А. Фейзиоглу (Стамбул)  
Ш.М. Уралов (Самарканд )  
А.М. Шамсиев (Самарканд )  
У.А. Шербекоев (Самарканд )

Журнал зарегистрирован в Узбекском агентстве по печати информации

Адрес редакции: 140100, Узбекистан, г. Самарканд, ул. А. Темура 18.

Тел.: +998662333034, +998915497971

E-mail: [hepato\\_gastroenterology@mail.ru](mailto:hepato_gastroenterology@mail.ru).

## СОДЕРЖАНИЕ | CONTENT

1. Атаева Мухиба Сайфиевна, Рустамов Мардонкул Рустамович ОСОБЕННОСТИ ПНЕВМОНИИ В ДЕТСКОМ ВОЗРАСТЕ	6
2. Ачилова Феруза Ахтамовна, Хайдарова Сарвиноз Хайдаржоновна НАРУШЕНИЕ ЭЛЕКТРИЧЕСКОЙ СИСТОЛЫ У ДЕТЕЙ С РЕВМАТИЧЕСКОЙ ЛИХОРАДКОЙ	10
3. Ачилова Феруза Ахтамовна, Раббимова Дилфуза Тоштемировна ЗНАЧЕНИЕ УДЛИНЕННОГО ИНТЕРВАЛА QT В КЛИНИКЕ СЕРДЕЧНОЙ ПАТОЛОГИИ У ДЕТЕЙ	14
4. Абдурахмонов Илхом Рустамович, Шамсиев Джахонгир Фазлитдинович БОШ МИЯ ФАЛАЖИ БИЛАН ПАРАНАЗАЛ СИНУСИТЛАРИ БОР БЕМОР БОЛАЛАРДА БУРУН ШИЛЛИҚ ҚАВАТИ МУКОЦИЛИАР КЛИРЕНСИНИНГ ЎЗИГА ХОС ХУСУСИЯТЛАРИ	18
5. Abdurakhmanova Zamira Ergashboevna, Dr. Imran Aslam, Babajanova Venera Aitekovna IVABRADINE WITHOUT CLINICAL HEART FAILURE IN STABLE CARDIOVASCULAR DISEASE	22
6. Абдуллаев Донир Баходирович, Алиев Ахмаджон Лутфуллаевич ЭРТА ЁШДАГИ БЕМОР БОЛАЛАРДА ГЕРПЕТИК СТОМАТИТ ФОНИДА ЎТКИР ЗОТИЛЖАМ КЕЧИШИНИНГ КЛИНИКО-ПАТОГЕНЕТИК ХУСУСИЯТЛАРИ ВА УНИ ДАВОЛАШ УСУЛИ	25
7. Абдукадирова Наргиза Ботирбековна, Ибатова Шоира Мавлановна, Уралов Шухрат Мухтарович ОЦЕНКА УРОВНЯ ИММУНОГЛОБУЛИНОВ В СЫВОРОТКЕ КРОВИ У ДЕТЕЙ РАННЕГО ВОЗРАСТА В ЗАВИСИМОСТИ ОТ ТИПА ВСКАРМЛИВАНИЯ	29
8. Axmedova Dilbar Yusufjonovna TUG'MA PNEVMONIYANING KLINIK KECHISH XUSUSIYATI VA ASORATLARI	32
9. Агзамходжаева Барно Улугбековна, Салихова Камола Шавкатовна, Шамансуров Шаанвар Шамуратович, Ишниязова Надира Дурдыбаевна ОТДАЛЕННЫЕ ПОСЛЕДСТВИЯ ПОРАЖЕНИЯ ЦЕНТРАЛЬНОЙ НЕРВНОЙ СИСТЕМЫ У НЕДОНОШЕННЫХ ДЕТЕЙ С ГИПОКСИЧЕСКИ-ИШЕМИЧЕСКОЙ ЭНЦЕФАЛОПАТИЕЙ	35
10. Азизова Нигора Давлятовна, Шамсиев Фуркат Мухитдинович, Туракулова Хилола Эркиновна, Мусажанова Раъно Анварбековна РЕТРОСПЕКТИВНЫЙ АНАЛИЗ ФАКТОРОВ РИСКА РАЗВИТИЯ БРОНХООБСТРУКТИВНОГО СИНДРОМА У ДЕТЕЙ	38
11. Ахрорхонов Рустамхон Акмалхон ўгли, Алиев Ахмаджон Лутфуллаевич ЗОТИЛЖАМ БИЛАН ОФРИГАН ИЛК ЁШДАГИ ТАНГЛАЙ–ЛАБ КЕМТИКЛИК НУҚСОНИ БОР БОЛАЛАРНИНГ КЛИНИК ТАВСИФИ	41
12. Azimbegova Sitora Nodirovna MODIFICATION OF TREATMENT OF TYPE 1 DIABETES MELLITUS IN CHILDREN AND PREVENTION OF DIABETIC RETINOPATHY	44
13. Алланазаров Алишер Боймурадович, Мамаризаев Иброхим Комилжонович, Абдукодирова Шахноза Бахроновна ФАКТОРЫ РИСКА РАЗВИТИЯ ОСТОРОГО БРОНХООБСТРУКТИВНОГО СИНДРОМА У ЧАСТО БОЛЕЮЩИХ ДЕТЕЙ ПО ДАННЫМ РНЦЭМП САМАРКАНДСКОГО ФИЛИАЛА	47
14. Нигина Собиржоновна Базарова, Зиядуллаев Шухрат Худойбердиевич ЗАВИСИМОСТЬ ПРОГНОЗА ОТ РАЗЛИЧНЫХ ФОРМ ХРОНИЧЕСКОГО НЕФРИТИЧЕСКОГО СИНДРОМА У ДЕТЕЙ	49
15. Нигина Собиржоновна Базарова, Шокира Шавкатовна Шомуратова ХАРАКТЕРИСТИКА МОЧЕВОГО СИНДРОМА У ДЕТЕЙ С ХРОНИЧЕСКИМ НЕФРИТИЧЕСКИМ СИНДРОМОМ	52
16. Белкина (Баженова) Юлия Львовна КАРДИОВАСКУЛЯРНЫЕ НАРУШЕНИЯ У ДЕТЕЙ В СООТВЕТСТВИИ С УРОВНЕМ КОНТРОЛЯ БРОНХИАЛЬНОЙ АСТМЫ	55
17. Begnayeveva Muxiba Usmonovna, Klinik farmakologiya kafedrası assistenti, Abdurahmonov Ilhomjon Rustamovich, Uralov Shuhrat Muxtarovich BOLALARDA SURUNKALI GEPATITNI DAVOLASHDA URSOSAN QO'LLANILISHINING AFZALLIKLARI	58
18. Бостанова Мадина Рамазановна, Казимурзаева Камила Сираджутдиновна, Щеглова Антонина Олеговна ОСОБЕННОСТИ ЛЕЧЕНИЯ САХАРНОГО ДИАБЕТА 2 ТИПА У ДЕТЕЙ	61
19. Burkhanova Dilovar Sadridinovna, Dr. Imran Aslam, Jiyanboev Nodirbek Soatboevich ACUTE MYOCARDITIS LINKED TO THE ADMINISTRATION OF THE COVID 19 VACCINE	64

<b>20. Воробьева Анастасия Вячеславовна</b> ТИПЫ КОНСТИТУЦИИ У ДЕТЕЙ С ОСТРОЙ ПНЕВМОНИЕЙ	67
<b>21. Грубова Елизавета Владимировна, Галкина Евгения Ефимовна, Горлова Ирина Сергеевна</b> РАЗРАБОТКА МЕТОДИКИ ОПРЕДЕЛЕНИЯ ГАММА–АМИНОМАСЛЯНОЙ КИСЛОТЫ МЕТОДОМ ТОНКОСЛОЙНОЙ ХРОМАТОГРАФИИ	69
<b>22. Garifulina Lilya Maratovna, Goyibova Nargiza Salimovna</b> FUNCTIONAL STATE OF KIDNEYS IN CHILDREN AND ADOLESCENTS WITH OBESITY	73
<b>23. Ганиева Марифат Шакировна</b> СОВРЕМЕННЫЕ МЕТОДЫ КОРРЕКЦИИ ИМУНОЛОГИЧЕСКИХ СДВИГОВ ПРИ ХРОНИЧЕСКИХ ПИЕЛОНЕФРИТАХ У ДЕТЕЙ	76
<b>24. Лариса Александровна Горбач, Динара Намазовна Аджаблаева</b> ТУБЕРКУЛЕЗ ОРГАНОВ ДЫХАНИЯ У ДЕТЕЙ ИЗ ОЧАГОВ ЛЕКАРСТВЕННО-ЧУВСТВИТЕЛЬНОГО И ЛЕКАРСТВЕННО – УСТОЙЧИВОГО ТУБЕРКУЛЕЗА	79
<b>25. Гарифулина Лиля Маратовна, Гойибова Наргиза Салимовна</b> СОСТОЯНИЕ ПОЧЕК У ДЕТЕЙ С ЭКЗОГЕННО-КОНСТИТУЦИОНАЛЬНЫМ ОЖИРЕНИЕМ	82
<b>26. Григорова Л.И., Стреляева А.В., Зайчикова С.Г., Васькова Л.Б., Лазарева Ю.Б., Федорова Л.В., Кузнецов Р.М.</b> СТАНДАРТИЗАЦИЯ ЛЕКАРСТВЕННОГО РАСТИТЕЛЬНОГО СЫРЬЯ ТРАВЫ ЛОБУЛЯРИИ МОРСКОЙ	85
<b>27. Djurabekova Aziza Tohirovna, Utaganova Guljaxon Xolmuminovna, Isanova Shoirra To'liqinovna, Muxtarova Maftuna Alisherovna</b> BOLALARDA ASORATLI TUG'RUQ TA'SIRIDA RIVOJLANADIGAN GIPERTENZIYION-GIDROSEFAL SINDROMINI ERTA TASHXISLASH VA DAVOLASH	89
<b>28. Даминова Хилола Маратовна, Матмуродов Рустам Жуманазарович</b> ЭФФЕКТИВНОСТЬ ЛЕЧЕНИЯ: ДОПАДЕКС СР, ПРАМИПЕКСОЛ И ПИРИБЕДИЛ ПРИ РАННЕМ И ПОЗДНЕМ ПАРКИНСОНИЗМЕ	92
<b>29. Жалилов Аслиддин Холматович, Уралов Шухрат Мухтарович</b> ТЕРАПЕВТИЧЕСКАЯ КОРРЕКЦИЯ ИЗМЕНЕНИЙ ПОКАЗАТЕЛЕЙ ЭРИТРОНА ПРИ ОСТРОЙ ПНЕВМОНИИ НА ФОНЕ ЖЕЛЕЗОДЕФИЦИТНОЙ АНЕМИИ	95
<b>30. Jalilova Dildora Murodovna</b> KICHIK O'LCHAMLI TOSHLARNI KO'CHISHINI TAMINLASHDA QO'LLANILADIGAN DORI VOSITALARI	98

# JOURNAL OF HEPATO-GASTROENTEROLOGY RESEARCH

## ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

**Azimbegova Sitora Nodirovna**

Assistant of the Department of Clinical Pharmacology  
Samarkand State Medical University  
Samarkand, Uzbekistan

### MODIFICATION OF TREATMENT OF TYPE 1 DIABETES MELLITUS IN CHILDREN AND PREVENTION OF DIABETIC RETINOPATHY

Fot citation: **Azimbegova Sitora Nodirovna. Modification of treatment of type 1 diabetes mellitus in children and prevention of diabetic retinopathy**

#### ANNOTATION

The great social significance of diabetes is that long-term decompensation of impaired carbohydrate metabolism leads to the development of complications such as retinopathy, neuropathy and nephropathy, which are the cause of early disability. According to different authors, from 30 to 90% of patients with type 1 diabetes mellitus who fell ill at a young age have late complications already after 5-10 years from the onset of the disease .

**Key words:** diabetes mellitus, glycosylated hemoglobin, diabetic retinopathy, analogue insulins, human insulins.

**Relevance.** In accordance with modern concepts of the pathogenesis of diabetic microangiopathies, the basis for their prevention is the achievement and maintenance of stable metabolic compensation for disorders of not only carbohydrate, but also lipid metabolism. To this end, insulin preparations of various duration of action and their combinations are currently used in the treatment of patients with type 1 diabetes mellitus [1, 6-10].

The introduction of insulin analogs into diabetological practice makes it possible to bring insulin replacement therapy closer to the physiological endogenous secretion of the hormone. At the same time, the achievement of compensation for the disease is accompanied by an improvement in the quality of life of patients.

The results of a prospective long-term study DCCT (Diabetes Control and Complications Trial) indicate that maintaining the level of glycated hemoglobin within the normal range is one of the most important indicators of successful prevention of vascular complications in type 1 diabetes mellitus [2, 11-17].

Numerous studies have shown that the introduction of human insulin analogues, or their combined use, provides a more pronounced degree of normalization of postprandial and basal glycemia. At the same time, the authors suggested that the reduction in the level of glycosylated hemoglobin achieved with the use of short-acting insulin analogues compared with human insulins should reduce the risk of late complications of diabetes mellitus, in particular diabetic retinopathy, by 15-25% [4,5].

Diabetic retinopathy (DR) remains one of the most frequent and unfavorable prognostic manifestations of diabetic microangiopathy. Diabetic retinopathy is one of the leading diseases of the organs of vision, leading to complete loss of vision in young people[3].

**Purpose of the study:** to conduct a comparative analysis of the results of long-term treatment of adolescents with type 1 diabetes mellitus with insulin analogues and human insulin preparations in the prevention of complications.

**Materials and methods of the study:** 75 adolescents with type 1 diabetes mellitus were examined during the study. The age level in patients of the studied sample ranged from 14 to 20 years, on average 16.4±2.5 years, while there were 32 (42.6%) boys and 43 (57.4%) girls.

Patients were examined on the basis of RIEIATMSVF, where adolescents were under outpatient supervision. The duration of the disease in patients at the time of the examination ranged from 6 to 9 years from the time of detection, on average 7.5±1.2 years. At the start of the study, all patients were treated with human insulin preparations using traditional regimens. The duration of insulin therapy corresponded to the length of the disease in all patients. The daily dose of insulin in adolescents was 21.24±1.33 units.

Two observation groups were formed: the 1st group consisted of 35 patients (17 boys and 18 girls) who continued treatment with short-acting (actrapid) and long-acting (insulatard) human insulin preparations. The 2nd group consisted of 40 patients (15 boys and 25 girls) who were treated with short-acting insulin analogs – novorapid, long-acting insulin – lantus.

To assess the dynamics of the treatment, all patients of the study groups underwent standard ophthalmological examinations: external examination of the eyeball, visometry, autorefractometry, biomicroscopy of the lens and vitreous body, ophthalmoscopy at least once a month. The determination of glycosylated hemoglobin (HbA1c) was carried out to assess the degree of compensation for diabetes mellitus during the treatment.

The target HbA1c level was 7.6%. The concentration of total cholesterol – cholesterol (norm 3.0-5.60 mmol / l), triglycerides – Tg (norm 0.84-1.68 mmol / l), high-density lipoproteins – HDL (0.60-1.30 mmol / l), low density lipoproteins – LDL (norm 0.90-4.60 mmol / l), very low density lipoproteins – VLDL (norm 0.40-0.80 mmol / l). The content of HDL, LDL and VLDL in the blood serum was judged by the level of cholesterol that is part of these lipoproteins.

Results: In the course of the study, the daily requirement for insulin (in units per kilogram of body weight) was calculated for adolescents who made up the observation groups. The average daily dose of insulin in patients of the 1st group (n=35) was 1.02±0.07 U/kg, in adolescents of the 2nd group (n=40) this figure was 1.05±0.11 U/kg .Thus, it should be emphasized that the baseline insulin requirements in the compared groups were the same (p>0.05).

The degree of diabetes compensation was assessed by the level of glycosylated heoglobin (HbA1c). The study lasted for 2 years and included monthly visits to the endocrinologist to determine the ade-



quacy of insulin therapy.

The average level of HbA1c in patients of the 2nd group after 2 years of treatment decreased by 10.7±1.3% to 8.5±0.9% (p<0.001). In patients of the 1st group, who used human insulin preparations, during the observation period, an improvement in the HbA1c level was also noted. The average level of HbA1c in the group decreased from 11.3±1.5 to 9.8±0.9% (p<0.05).

However, in comparison with the values obtained in the 2nd observation group, one can speak of a lower efficiency of human insulin preparations. Along with the study of the integral indicator of the level of compensation of carbohydrate metabolism – glycosylated hemoglobin, an analysis was made of the dynamics of the level of basal glycemia in the comparison groups at the beginning of the survey and after 2 years of intensive observation. For this purpose, fasting blood sugar was determined. The initial indicators of basal glycemia in both observation groups did not differ significantly: 11.4 mmol/l in the first group and 11.8 mmol/l in the second (p>0.05).

Under conditions of intensive management of DM, after 2 years of observation, a significant decrease in fasting blood sugar (p<0.05) was noted in the 1st group – from 11.4 to 9.2 mmol/l, in the 2nd group – from 11.8 to 8.4 mmol/l (p<0.05). However, it should be noted that in the 2nd observation group, the level of basal glycemia decreased by 27.4% compared with the initial value, and in the 1st group – by 19.5%.

According to the results of the study, the levels of cholesterol, triglycerides, LDL cholesterol, VLDL cholesterol and CA were significantly different when comparing both groups.

In patients of the 2nd group who used insulin analogues, the

level of total cholesterol was 4.33±0.08 mmol/l, and in the 1st group 5.34±0.06 (p<0.001). Triglycerides – 0.91±0.06 in the 2nd group and 1.16±0.10 mmol/l in the 1st group (p<0.05). LDL cholesterol 2.36±0.08 in group 2, 3.32±0.15 mmol/l in group 1 (p<0.001); VLDL cholesterol 0.36±0.04 in the 2nd and 0.563±0.06 mmol/l (p<0.005).

In the course of the study, it was found that the level of compensation for diabetes mellitus had a significant effect on the lipid spectrum of blood serum. Adolescents with poor glycemic control had higher levels of total cholesterol, LDL cholesterol, VLDL cholesterol, triglycerides and a decrease in HDL cholesterol levels.

The frequency of retinopathy increased in the 1st group from 17.1% to 25.7%, in the second group – from 20 to 22.5%. Also, during the study, it was found that against the background of replacement therapy with human insulin preparations (Group 1), 2 adolescents (5.7%) showed deterioration in the vessels of the eye fundus; preproliferative diabetic retinopathy was diagnosed. After consulting an ophthalmologist, these patients were recommended laser coagulation in a hospital setting. It is indicative that in the 2nd group of observation, against the background of stable metabolic compensation of the disease in the treatment of insulin analogs, in 3 patients (7.5%), regression of initial changes in the fundus was noted.

**Conclusions:** From our studies, it should be noted that in adolescents who received analogue insulin for 2 years, the level of fasting glycemia returned to normal, metabolic processes stabilized, including lipid metabolism, which depends on the level of diabetes compensation. The frequency of retinopathy decreased significantly, in 3 patients there was a regression of initial changes in the fundus.

#### Список литературы/ Iqtiboslar / References

1. Dedov I.I., Kuraeva T.L., Peterkova V.A., Shcherbacheva L.N. Diabetes mellitus in children and adolescents. M: Universum publishing. – 2002. – 391 p.
2. Dedov I.I., Peterkova V.A. Complications of diabetes mellitus in children and adolescents. A guide for doctors. – M. – 2003. – S. 18.
3. Dedov I.I., Kuraeva T.L., Peterkova V.A. Insulin therapy for type 1 diabetes mellitus in children and adolescents. A guide for doctors. – M. – 2003. – 86 p.
4. Alberti K. G. M. M., Zimmet P., Shaw J.: International Diabetes Federation: a consensus on Type 2 diabetes prevention. diabetes. Med. 24, P.451 – P.463, 2017.
5. Barclay AW, Flood VM, Rochtchina E, Mitchell P, Brand-Miller JC. Glycemic Index, Dietary Fiber, and Risk of Type 2 Diabetes in a Cohort of Older Australians. Diabetes Care 2017; 30: P. 2811-2813
6. Azim B. et al. THE STATE OF FREE-RADICAL OXIDATION OF LIPIDS IN EXPERIMENTAL MYOCARDIAL INFARCTION IN RATS //European Journal of Molecular & Clinical Medicine. – T. 8. – №. 03. – С. 2021.
7. Baxronovna F. X., Negmatovna A. M., Salomat X. Analysis Of The Specificity Of Antenatal And Intrapartum Risk Factors In Newborns With Intrauterine Hypoxia.
8. Butolin E. G. et al. ROLE OF BIOMARKERS OF ORGANIC MATRIX OF BONE TISSUE IN CHRONIC HEMATOGENOUS OSTEOMYELITIS IN CHILDREN //European journal of molecular medicine. – 2022. – Т. 2. – №. 9/ 9. 9. Nugmanovna M. A. THE NECESSITY OF EDUCATING THE YOUNG GENERATION IN THE SPIRIT OF NATIONAL IDEA IN THE CONTEXT OF GLOBALIZATION //Thematics Journal of Education. – 2022. – Т. 7. – №. 2.
9. Saidmurodova Zarifa Azamatovna, Xalimova Salomat Asrorovna, & Mamaraimov Ibroxim Xayrulla ògli. (2022). Mitoxondriya Va Uning Xujayradagi Vazifasi. Eurasian Journal Of Academic Research, 2(3), 338–342. <https://doi.org/10.5281/zenodo.6407819>
10. Рузикулов О. Ш. и др. Миграция Фрагмента Спицы Киршнера После Остеосинтеза Акромиального Ключичного Сочленения // Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 5. – С. 243-248.
11. Мурадова Р. и др. Особенности диагностики и лечения без болевой ишемии миокарда //Журнал проблемы биологии и медицины. – 2016. – №. 4 (91). – С. 174-179
12. 13. Ризаев Ж.А., Рустамов М.Р, Шавази Н.М Школа педиатров Самарканда Журнал гепатогastro-энтерологических исследований №3, 2021г., С. 2-5
13. 14. Шавази Н.М. , Рустамов М.Р. , Данияров Н.Ш. , Лим В.И. , Лим М.В. Основные принципы диагностики и лечения острых отравлений у детей. Ж. Вопросы науки и образования. № 29 (113), сентябрь. 2020. С. 20-24.
14. 15. Гарифулина Л. М., Кудратова Г. Н., Гойибова Н. С. Степень метаболических нарушений у детей и подростков с ожирением и артериальной гипертензией //Актуальные вопросы современной науки. – 2016. – Т. 4. – С. 19-23.
15. Жамшедовна А. М., Гарифулина Л. М. БОЛАЛАР ВА ЎСМИРЛАРДА СЕМИЗЛИК ВА Д ВИТАМИНИ ДЕФИЦИТИ, МУАММОГА ЗАМОНАВИЙ ҚАРАШЛАР //ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2022. – Т. 3. – №. 2.
16. Гарифулина Л. М., Ашурова М. Д., Гойибова Н. С. Совершенствование терапии метаболического синдрома у подростков при помощи применения α-липоевой кислоты //Наука, техника и образование. – 2018. – №. 10 (51). – С. 69-72.
17. Гарифулина Л. М., Гойибова Н. С. СОСТОЯНИЕ ПОЧЕК У ДЕТЕЙ С ЭКЗОГЕННО-КОНСТИТУЦИОНАЛЬНЫМ ОЖИРЕНИЕМ //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2020. – Т. 1. – №. 1.
18. Гойибова н. С., гарифулина л. М. Функции почек у детей с ожирением //вопросы науки и образования. – 2020. – №. 26 (110). – с. 51-57.
19. Z.R.Mamadaliyeva, M.Nazarova, Kediyorova Sh.X, & K.M.Xalikov. (2022). Determination of alanine aminotransferase in blood by virtual

- laboratory method on a biochemical analyzer. *Thematics Journal of Chemistry* ISSN 2250-382X, Vol. 6(No. 1 (2022)), 20–22. <https://doi.org/10.5281/zenodo.6563063>
20. Farangiz Sadriddinova Nabieva, Khilola Bahronovna Fayzullayeva, Fariza Salimovna Rayimova The importance of enzyme immunoassay in the diagnosis of infectious diseases // *CARJIS*. 2022. №10. URL: <https://cyberleninka.ru/article/n/the-importance-of-enzyme-immunoassay-in-the-diagnosis-of-infectious-diseases>.
  21. Aslam I., Jiyarboyevich Y. S., Ergashboevna A. Z. Prevention & Treatment Of Cardiovascular Diseases // *The American Journal of Medical Sciences and Pharmaceutical Research*. – 2021. – Т. 3. – №. 06. – С. 180-188.



# ЖУРНАЛ ГЕПАТО-ГАСТРОЭНТЕРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

СПЕЦИАЛЬНЫЙ ВЫПУСК

JOURNAL OF HEPATO-GASTROENTEROLOGY RESEARCH  
SPECIAL ISSUE

**ТОМ - I**

**Editorial staff of the journals of [www.tadqiqot.uz](http://www.tadqiqot.uz)**  
Tadqiqot LLC The city of Tashkent,  
Amir Temur Street pr.1, House 2.  
Web: <http://www.tadqiqot.uz/>; Email: [info@tadqiqot.uz](mailto:info@tadqiqot.uz)  
Phone: (+998-94) 404-0000

**Контакт редакций журналов. [www.tadqiqot.uz](http://www.tadqiqot.uz)**  
ООО Tadqiqot город Ташкент,  
улица Амир Темура пр.1, дом-2.  
Web: <http://www.tadqiqot.uz/>; Email: [info@tadqiqot.uz](mailto:info@tadqiqot.uz)  
Тел: (+998-94) 404-0000