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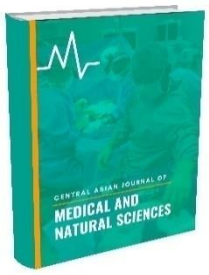

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Actual Problems of Internal Diseases (Therapy)

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Abstract: Therapy is considered one of the main methods of drug therapy for infectious and inflammatory processes. Antibacterial therapy is carried out in a complex treatment to obtain the best therapeutic effect in severe diseases such as pneumonia, osteomyelitis, meningitis, the effectiveness of which depends on the outcome of diseases. Antibiotic prophylaxis is an early, before the incision of the skin, administration of antimicrobial agents to the operated patient in order to ensure the bactericidal concentration of the antibiotic in tissues and cavities that have a risk of developing postoperative infection.

Keywords: type of operation, bactericidal concentration, genetic information.

Antibiotic prophylaxis does not pursue the goal of complete "sterilization" of tissues and body fluids through the use of massive doses of broad-spectrum antibiotics. Its purpose: through the use of safe therapeutic doses of antimicrobial agents, to reduce the bacterial contamination of a surgical wound to a level at which the body's own defenses become effective. Antibiotic prophylaxis is indicated for clean operations and in complicated conditions (deep depression of the immune system, severe experiences, diabetes mellitus, chronic alcoholism, long duration and high traumatism of the operation, severe blood loss, massive hemorrhage, neutropenia, imperfection of surgical and postoperative anesthesia, the elderly age of the patient, etc.). The choice of an antibiotic for antibiotic prophylaxis depends on the type of operation. In the optimal variant, a prophylactically prescribed antibiotic should have a high ability to penetrate into tissues and cavities in which infection is likely to develop; have a half-life with a single injection sufficient to maintain its bactericidal concentration in blood and tissues throughout the operation; not have a pronounced adverse interaction with drugs for anesthesia (primarily with muscle relaxants). It is necessary to use antibiotics with a wide spectrum of activity that affects all possible pathogens in the surgical intervention area. This is a standard of medical care for surgical patients, which allows improving the clinical results of treatment and reducing the cost of effective treatment.

Natural resistance is characterized by the absence of an antibiotic target in microorganisms or the unavailability of the target due to primary low permeability or enzymatic inactivation. With natural resistance, antibiotics are clinically ineffective. Natural resistance is a permanent feature of microorganisms and is easily predicted. Acquired resistance is the property of individual bacterial strains to remain viable at those concentrations of antimicrobial drugs that suppress the bulk of the

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microbial population. The appearance of acquired resistance in bacteria is not necessarily accompanied by a decrease in the clinical effectiveness of the antibiotic. The formation of resistance in all cases is caused genetically: the acquisition of new genetic information or a change in the expression level of their own genes.

The World Health Organization has named the resistance of microorganisms to antimicrobial drugs as one of the global threats to humanity today. Resistant forms of diseases do not respond to standard treatment regimens, which in turn leads to a prolonged course of diseases, as well as an increase in health care costs and an increased risk of complications, in some cases up to fatal outcomes. Without effective antimicrobial agents, medical procedures such as organ transplantation, chemotherapy for cancer, as well as surgical operations (cesarean section, hip replacement, etc.) will become risky.

An important role is played by the availability of antimicrobial agents to the population, the widespread use of self-medication; patients can independently buy antimicrobial agents on the advice of pharmacists. The lack of knowledge of pharmacokinetics and pharmacodynamics leads to non-compliance with certain rules, namely: the intake regimen, the interval between doses and the duration of therapy. Inadequate use of antimicrobial drugs, insufficient control of consumption, unregulated release of antimicrobial drugs without a prescription in pharmacies leads to an increase in the risk to public health associated with antibiotic resistance.

It is generally recognized that the study of internal diseases plays a special role in shaping the worldview of a doctor of any specialty. Throughout the history of the higher medical school, the course of internal medicine has occupied a central place in the clinical training of students, and the greatest amount of study time is traditionally allocated to mastering it, in comparison with other program disciplines. Undoubtedly, this is largely due to the significant share of internal diseases in the overall morbidity and mortality of the population, objectively creating a consistently high need for practical healthcare internists of general profile. But perhaps an even more important factor is the presence of many close links between therapy and all other clinical and paraclinical medical specialties - links reflecting the extraordinary breadth and diversity of diagnostic and therapeutic problems inherent in the clinic of internal diseases and giving an interdisciplinary, synthetic character to the issues discussed. The predominance of nonspecific symptoms and syndromes typical for patients with therapeutic diseases, very limited possibilities of direct "visualization" of the disease and diagnosis by external signs make it particularly necessary to thoroughly study the anamnesis and in a comprehensive assessment of all the results of the examination, require strict logic reasoning in the diagnostic process. It is these features of internal diseases that open up unique opportunities for students to form general clinical medical thinking in the learning process. It is also worth noting the special role of the internal medicine clinic in the development of the methodology of modern clinical science, primarily in the development of the principles of clinical epidemiology, evidence-based medicine, which in turn contributed to attracting even more attention to the teaching of therapy. Life invariably confirms the validity of the old thesis, according to which therapy is a "philosophy of medicine".

Without pretending to be original, we believe that the tasks of teaching the course of internal diseases should be considered broadly, in the context of the general tasks of training a specialist with a higher medical education. It seems that, with some degree of conditionality, three groups of such tasks can be distinguished.

Neglect of the educational aspects of training - is it not the root of the already mentioned, not so rare and at first glance paradoxical situation when yesterday's excellent student, becoming a clinical resident, turns out to be completely or partially professionally insolvent due to his social immaturity, underdevelopment of communication skills, insufficient awareness of the degree of his responsibility to patients and their relatives? As you know, medicine is not only a scientific, but also a humane

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profession. Too often, especially in crisis periods of society, the fate of an individual patient directly depends on the humanity, kindness, altruism of the attending physician, his ability to show compassion and mercy. No, even the broadest professional erudition can make up for the lack of these human qualities.

Moreover, erudition as such is by no means identical to the ability to clinical thinking - the ability to identify the most significant symptoms and signs in the diagnosis of each individual patient, to distinguish the main from the secondary, to find hidden cause-and-effect relationships, to use standard recommendations and therapeutic "schemes".

It should be noted that such a "classic" method of presenting patients in a practical lesson is certainly well known to all teachers; however, deviations from it are unjustifiably often allowed in life, although only it corresponds to the realities of clinical practice to the necessary extent. So, it should be recognized as a vicious "excursion" style of conducting classes, when the patient's anamnesis is reported to students by the teacher himself or, at his request, by the attending physician, or this anamnesis is drawn from the medical history, and independent communication of students with the patient is minimized. Although such an indirect (through a teacher) acquaintance with patients significantly saves time and formally allows for a noticeable increase in the number of patients shown to students in class, however, the pursuit of quantity seems counterproductive, since it does not contribute at all to the development of necessary medical skills among students and only creates the illusion of "proximity" to patients. Such an approach can be permissible only in exceptional cases, when direct communication of the patient with students for one reason or another is impossible or significantly difficult (for example, due to the special severity of the condition).

In this regard, it is necessary to ensure that in ordinary practical classes, the discussion of any issues of internal medicine would be situational conditioned and always concern those real patients (with all their diagnostic and therapeutic problems) who are currently in the therapeutic department or clinic where classes are held. At the same time, any discussion must necessarily be preceded by independent supervision by each student of one or more patients, followed by presentation of the medical history, examination results, diagnostic concept and treatment suggestions in the form of an oral report to the teacher and other students.

Currently, there are about 200 antibiotics of 12 pharmacological groups in our country, of which about 809 antibacterial drugs have been registered (more than 10% of all registered medicines), despite this huge arsenal of medicines of this group, patients can die from infectious diseases as a result of both the improper use of antibiotics and the development of resistance of microorganisms. In order to preserve antimicrobial drugs as a class of life-saving, systems are needed to monitor and analyze antimicrobial resistance, as well as the consumption of antimicrobial drugs using internationally recognized technologies and methodologies.

This list was developed within the framework of activities to combat antimicrobial resistance and developments in the field of creating new antibiotics. The list consists of 12 types of bacteria, which are divided into three groups according to the level of need for the creation of new antibiotics, namely: extremely priority, high priority and medium priority.

During the study, it was revealed that every third patient received antibacterial therapy, this was revealed in more than 30% of medical appointments, although according to the recommendations of the World Health Organization, no more than 20% are allowed. During the outpatient level study, it was revealed that in 11% of cases antimicrobial agents were prescribed for acute respiratory viral infections, broad-spectrum cephalosporin was actively used for lower respiratory tract infections (31%).

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Literatures:

1. Novokshonova I.V., Zelenskaya O.I., Goldberg I.E., etc. The importance of determining the resistance of shigella to antibiotics in the bacteriological diagnosis of dysentery //Antibiotics and chemotherapy. - 2005. - Vol.50, no. 2-3. - p.30-32.
2. Nursultanov S.K., Syzdykov M.S., Mekebekov M.Z. Diarrhea in military personnel //VI Russian Congress of Infectious Diseases doctors/Mat. Congress. - St. Petersburg, 2003. - p.280.
3. Rakhmanova A.G., Zholobov V.E., Kurchanov V.I. et al. Infectious morbidity in St. Petersburg based on the materials of infectious hospitals and outpatient clinics // Almanac "Infectious diseases-2003" / Under the general editorship of A.G. Rakhmanova, A.A. Yakovleva, E.N. Vinogradova. - St. Petersburg: Publishing House of the St. Petersburg State University, 2004. - pp.13-29.
4. Babadzhanova Zamira Hikmatovna, Tuxtayeva Hafiza Hikmatovna, and Khalimova Dilrabo Jalilovna. "ABU ALI IBN Sina – about a healthy lifestyle" Oriental renaissance: Innovative, educational, natural and social sciences, vol. 1, no. 5, 2021, pp. 366-370.
5. KHalimova Dilrabo Jalilovna; Juraev Shodmon Fayzullayevich. STUDYING THE PROBLEM OF COGNITION IN AVICENNA'S WORKS (A BRIEF ANALYSIS). Wor.Bull.Soc.Sci. 2021 , 2, 92-95.

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