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KIDNEY DISEASES AND MODERN CONSERVATIVE MEDICINE MEASURES

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Annotatsiya: Chronic kidney failure is a complex of symptoms caused by the death of Nephron cells and causing a lot of complications due to the irreversible change in the mass of nephrons in motion due to primary and secondary kidney diseases.

Chronic kidney diseases are one of the most pressing problems in Uzbekistan, like all over the world, and are among the diseases of social importance with a high mortality rate, a large financial cost. It is mainly common among the working population.

Kalit suzlar: SBE-surunkali buyrak etishmasligi, BC-buyrak kasalliklari, A\T-antibacterial therapy.

Kirish

The development of kidney diseases (CK) is associated with the terminal development of kidney failure. This disease is often not detected in time and not adequately treated. Therefore, the mortality rate of this disease remains high. Over the last 25 years, the death rate from chronic kidney diseases has increased by **135 percent** (Uzb. Res. SSV-2019).

According to the information provided by M.A. Sobirov, the chief specialist in nephrology of the Ministry of Health of the Republic of Uzbekistan, the number of patients with chronic kidney disease in the republic is **102,969 , of which 20,414** are registered with chronic kidney failure. **3 thousand 64 of them** receive hemodialysis treatment. The number of people under the age of 18 is **53.** The regional indicator of this disease in the republic is **21.7 percent** (Uzb. Res.SSV-2019).

Chronic renal failure (SBE) is a complication that affects both adults and children. The rapid development of pain depends on the etiological factor that caused the main disease that led to this complication, its type, morphological variants.

the diagnosis of SBE and its specific symptoms is not difficult: it is evaluated by the decrease in the function of nitrogen excretion of the kidneys based on the analysis of glomerular filtration. Clinical symptoms develop gradually and may not be observed for some time. This pathological process affects all organs and systems.

It is manifested by intoxication syndrome, anemia, uremic osteodystrophy, polyserositis, endocrine changes (hyperparathyroidism, hypercorticism, hyperaldosteronism, hyperinsulinemia, hyperestrogenemia), hemorheological disorders, dystrophic disorders of parenchymatous organs, disturbances in water-electrolyte, protein, fat, and carbohydrate metabolism.

Literature review and research conducted.

Chronic kidney disease is one of the most urgent social problems that can negatively affect the health of the population and the economic situation of the country. It affects almost 15% of the population of developed countries, and chronic kidney disease caused by it is characterized by high rates of disability and death among patients [1,2,3].

According to the forecasts of many authors, the prevalence of chronic diseases will increase by 40% in the near future. And these diseases are diseases such as diabetes, cardiovascular diseases, as well as chronic kidney disease, which are growing and common today. Excess weight in the body increases the risk of developing chronic atherosclerosis, coronary heart disease and diabetes due to hypertension, and causes polyorgan failure in the last stages [4].

The chronic inflammatory process causes irreversible damage to the kidney parenchyma with the replacement of damaged areas with connective tissue and the development of chronic kidney failure (Gasilina E.S., 2003; Safina A.I., 2005, AbeerAlNowaiser, GrahamJ. Roberts., 2003). Secondary pyelonephritis means a microbial-inflammatory process that develops in the presence of congenital, hereditary, acquired organic or functional urodynamic disorders (so-called secondary obstructive pyelonephritis) in the kidney tissue, or occurs against the background of metabolic diseases, congenital diseases. or cases of acquired immunodeficiency, endocrine dysfunctions - lead to secondary non-obstructive pyelonephritis (Korovina N.A., 2000).

The presence of organic or functional disorders of urodynamics is of great importance in the development and progression of the inflammatory process in the kidneys. Malformation of the urinary system is detected in more than half of children diagnosed with pyelonephritis (Leoncini G., Viazzi F., 2010). Among the causes of urodynamic disorders, vesicoureteral reflux has a special place (Marte A., Sabatino MD, 2010). The development of the process is also facilitated by the presence of kidney tissue dysplasia. The role of functional obstruction of the urinary tract, which develops with neurogenic dysfunctions of the bladder, is becoming more and more clear. Metabolic diseases also contribute to the development and chronicity of the micro-inflammatory process of kidney tissue. Chronic with pyelonephritis in children metabolic diseases in 50-60% of cases determined (Gasilina E.S., 2003).

In children, compared to adults, antibiotic therapy for pyelonephritis is carried out for a longer period, and the younger the child, the longer the course of therapy can be. Therefore, the treatment of acute uncomplicated pyelonephritis is carried out in two stages - initial antibiotic therapy (14-20 days), then anti-relapse therapy with uroseptics with a gradual decrease in the drug dose (up to 28 days). [5-7]

Antimicrobial therapy for pregnant women with SBK is indicated in the development of bacteriuria after kidney transplantation and before planned urological interventions. Treatment of SB reduces their risk of developing pyelonephritis by 20-35%, and also reduces preterm birth and intrauterine fetal failure [6].

Research material and results

As research material, patients who were treated in bed with the diagnosis of pyelonephritis and hydronephritis in the period of June-November 2023 in Shafirkon District Medical Association were included.

Table No. 1 Description of the number of cases by gender in the 1st half of 2023

Number of patients	Men	Women
53	28	25

Patients are divided into 3 groups

Group 1 patients diagnosed with complete hydrinephritis

Group 2 patients diagnosed with acute pyelonephritis

Group 3 patients without kidney disease

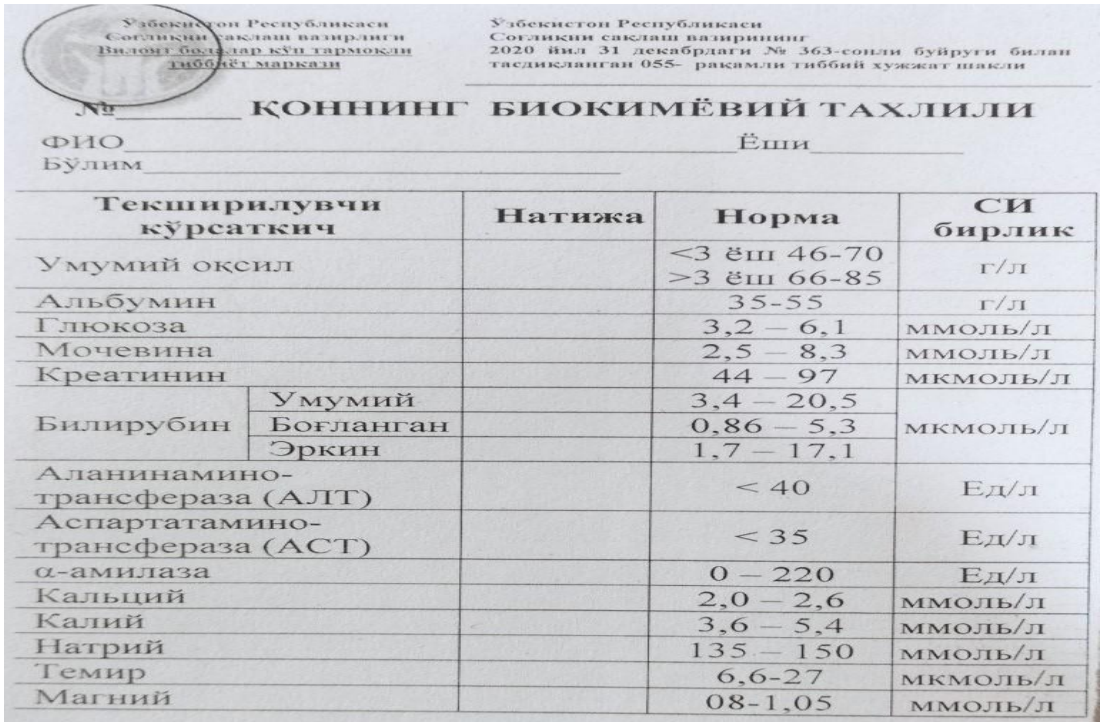
Folder #2

No	Description of treatment by treatment types and gender.		
Total number of patients	Another disease	hydrinephritis	pyelonephritis
Men-33	5	24	12
Women-28	5	6	11
63	10	30	23

Patients were treated on a standard basis for 6-7 days as an inpatient bed, and then the patients were taken under dispensary control.

Blood biochemical analysis (urea, creatinine, Um. bilrubin) of patients during treatment was monitored.

Picture #1



Ўзбекистон Республикаси Соғлиқни сақлаш вазирлиги Вилоят болалар кўп тармоқли тиббиёт маркази

Ўзбекистон Республикаси Соғлиқни сақлаш вазирининг 2020 йил 31 декабрдаги № 363-сонли буйруғи билан тасдиқланган 055- рақамли тиббий ҳужжат шакли

№_____ КОННИНГ БИОКИМЁВИЙ ТАХЛИЛИ

ФИО_____Ёши_____

Бўлим_____

Текширилувчи кўрсаткич		Натижа	Норма	СИ бирлик
Умумий оқсил			<3 ёш 46-70 >3 ёш 66-85	г/л
Альбумин			35-55	г/л
Глюкоза			3,2 — 6,1	ммоль/л
Мочевина			2,5 — 8,3	ммоль/л
Креатинин			44 — 97	мкмоль/л
Билирубин	Умумий		3,4 — 20,5	мкмоль/л
	Боғланган		0,86 — 5,3	
	Эркин		1,7 — 17,1	
Аланинамино-трансфераза (АЛТ)			< 40	Ед/л
Аспартатамино-трансфераза (АСТ)			< 35	Ед/л
α-амилаза			0 — 220	Ед/л
Кальций			2,0 — 2,6	ммоль/л
Калий			3,6 — 5,4	ммоль/л
Натрий			135 — 150	ммоль/л
Темир			6,6-27	мкмоль/л
Магний			08-1,05	ммоль/л

	men	Women
Urea up to 8.3 mmol/l	1	0
Urea up to 20.0 mmol/l	16	6
Urea is 20.0 mmol/l too much	11	10

	men	Women
Creatinine 97.0μmol/l up to	2	1
Creatinine 200.0μmol/l more than	19	11
Creatinine 400.0μmol/l up to	6	4

Based on the analysis of the initial laboratory parameters of the patients in the above tables, a treatment plan was drawn up, and the patients were treated in an inpatient setting for 7 days. In the course of treatment, laboratory tests were taken from patients several times. At the same time, patients were given broad-spectrum and urinary tract aseptic drugs obtained, the effectiveness is high when combined treatment (using modern antibiotics and the latest generations of uroseptics), which is due to the fact that the infection has developed resistance to the drugs we use regularly. This is of great importance for improving the quality of life of patients and, most importantly, for reducing the rate of disability.

	men	Women
rea up to 8.3mmol\l	17	11
Urea up to 20.0 mmol/l	11	5
Urea is 20.0 mmol/l too much	0	0

	men	Women
Creatinine 97.0μmol/l until	20	11
Creatinine 200.0μmol/l more than	8	5
Creatinine 400.0μmol/l until	0	0

In conclusion

It can be concluded that we should widely use modern methods in the treatment of kidney diseases, otherwise we may become the direct and indirect cause of the high number of disabilities among the population. This can lead to an increase in morbidity of the working class and a delay in economic development.

Literature review:

1. Daminov B.T., Egamberdieva D.A., Abdullaev Sh.S. Clinical significance of arterial hypertension in patients with diabetic nephropathy. //Medical Journal of Uzbekistan. 2010; No. 4; pp. 56-60.
2. Akhmedova N Sh., Sulaimonova GT. Analysis of the Results of a Study on the Frequency of Occurrence and Prevalence of Risk Factors for Chronic Kidney Disease. International Journal of Current Research and Review. 13. 2020. 127-131. 10.31782/IJCRR.2021.13232.

3. Akhmedova N.Sh , Hamdamov I.Overweight as a risk factor for chronic kidney disease and its modern approach to early diagnosis International Scientific and Practical CONFERENCE Trends in Science and Technology 2018/September Vol.3, p 34-36 Warsaw, Poland B . 34-36.
4. Vyalkova A.A., Lebedeva E.N. et al. Clinical and pathogenetic aspects of kidney damage in obesity // Nephrology, 2014, T. 18, No. 3. – P. 24–33.
5. Arusmatov D. L., Begaliev U. E., Nazhimitdinov Y.S. and others _ Umimius operation doctors standard statements of urology. T., 2005.
6. Laurent O. B., Sinyakova L. A., Kosova I. V. Modern approaches to the diagnosis and treatment of acute non-obstructive pyelonephritis in women // Medical Council. 2008; 1:59–63.
7. Korovina N. A. Pyelonephritis. In the book: Ignatova M. S., Korovina N. A. Diagnosis and treatment of nephropathies in children. Guide for doctors. M.: Geotar -Media. 2007; With. 164–199.