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AGRICULTURE

Efficiency of application of hydrogel artificial polymer water technologies in irrigation of agricultural crops

Amanova Zulfizar Uktamovna - a teacher of D.I.I.T(Drip and intensive irrigation technologies) department Annotation. As a result of the consistent implementation of agrarian policy in Uzbekistan, positive changes are observed in all areas of agriculture. It is important to meet climate changes, water shortages, guaranteed crop yields and food needs of the population, the widespread introduction of energy-efficient irrigation technologies from existing water resources. The Republic of Uzbekistan is one of the countries engaged in agriculture in the conditions of water scarcity. Uzbekistan's annual demand for water resources is 51 billion cubic meters, on average, 65 billion cubic meters. the average level of water supply for agriculture is 78-80%. Water supply in the Republic of Karakalpakstan, Bukhara, Navoi, Kashkadarya and Khorezm regions is lower than the national level. In some districts and farms in these areas, sometimes the water supply is 60-70% of the norm.

Keywords: hydrogel, mineral fertilizer, water resource, grain, phenological observation.

Extensive work is being carried out in the country on the efficient and targeted use of water. In particular, more than 5,000 km of irrigation networks, 12,000 km of collector-drainage networks and 50,000 km of ditches are cleaned annually. More than 200 kilometers of canals, 530 km of tray and collector networks, more than 400 hydraulic structures and many other facilities are being reconstructed and built. In particular, due to the reforms in the field of water management, the total amount of water used in agriculture has been reduced by 20%. More precisely, 10-15 years ago, 18,000 cubic meters of water were used per 1 hectare of irrigated land, but today this figure has decreased by 40%.

According to the data, drought years were observed every 6-8 years until 2000, but in subsequent years this situation is repeated every 2-3 years. This, of course, will inevitably have a negative impact on crop yields. Therefore, a large-scale work is

being carried out in our country on the efficient use of water resources, including precipitation, the prevention of water waste, with the introduction of modern and advanced irrigation technologies in the agricultural system.

One of the factors that negatively affects the increase in grain yield at the present time is the shortage of water during the growing season, and the second is that most farms do not take into account local soil and hydrogeological conditions, real water requirements during the transition phases of their growth and development. Some of the fertilizers, weeds and insecticides used in the process of irrigating crops are washed into the groundwater, leading to the deterioration of their ecological and reclamation status. The above reasons require the effective use of water resources allocated to irrigated lands, the system of agro-technological measures that do not adversely affect the environmental situation, the scientific substantiation and implementation of irrigation methods and procedures using hydrogel artificial polymer crystals.

Object of research - Scientific research TIQXMMI Bukhara branch in the laboratory in special containers made of artificial polymer crystal "Hydrogel" and in different soil conditions of the region and in the territory of the farm "Abdukodirobod" 2 g. The study of the impact of all measures on the cultivation and care of autumn wheat on the growth, development and yield of crops as a result of timely conduction and irrigation of autumn wheat by mixing the crystal in the soil.

Aims and objectives of the study: In the Bukhara oasis, "Hydrogel" is a highly absorbent, highly swollen artificial polymer granules, which can be used in laboratory and field testing, to show that it is a promising method of water conservation, to develop a scientific basis for high yields on irrigated lands.

To achieve this goal, the following tasks were set: To test the growth, development and productivity of crops in irrigated areas on the basis of modern water-saving technologies, testing of artificial polymer granules "Hydrogel" in the field and experiment, saving water and maintaining adequate soil moisture, preparation of scientific and practical recommendations based on the results of theoretical and practical research.

The degree to which the problem has been studied. In order to alleviate water shortages in Bukhara region and the rational use of water resources, the system of agro-technological measures at the level of today's requirements is to study the method of irrigation, the order of irrigation by introducing into the soil hydrogel crystals that do not adversely affect the environment. When irrigating crops on land, many measures are taken by hand, most importantly, the water required for agricultural crops is much higher (25-30%) than the norm required by this method. As a result of improper distribution of water to the fields, mineral fertilizers are washed with water or absorbed into the lower layers, their effectiveness is reduced, excessive irrigation has a negative impact on the reclamation and ecological condition of the soil, the operation of collector-drainage networks.

In many developed countries, the most modern economical, water-absorbing artificial hydrogel polymer irrigation method has been widely used for many years in the irrigation of agricultural crops.

According to the results of scientific research so far, irrigation of hydrogel artificial polymer granules into the soil and creation of sufficient moisture in the plant root layer as well as gradual assimilation of water by hydrogel by the plant have achieved significant water savings. This method of irrigation saves up to 35-40% of water, reduces labor costs, saves up to 35-40% of mineral fertilizers, increases grain yield by 25-30 ts / ha compared to irrigating 1 ha.

The specificity of the irrigation system by introducing hydrogel artificial polymer granules into the soil is determined by the reduction of plant demand for water. This network provides a continuous and regular supply of water to the root layer of the crop at a rate equal to the plant's need for water.

Hydrogel is an artificial polymer that absorbs water very well, allowing it to retain moisture in the soil for a long time. Hydrogel, saturated with snow - rain or irrigation water - slowly transfers moisture to the roots of plants, absorbing 250 - 400 times more water than its own weight. Simply put, 10 gr. The polymer can hold up to 2.4 to 4 liters of water. In terms of its efficiency, when used properly, it saves 20 to 40 percent of the water used for irrigation for most crops. It is known that water supply

is mainly divided into three systems: drinking and household water, and water used for production and agriculture. Toxic sewage must be treated before it can be added to water basins or municipal sewage.

Advantages of irrigation by adding hydrogel to the soil: Hydrogel is applied along with sowing seeds. 35-50 kg per hectare. hydrogel is consumed. In this case, its 20-30 cm. care should be taken to ensure a uniform distribution in depth. According to the test results, when using hydrogel in the field, it does not lose its properties for 2-3 years. The products of the decomposition of stale hydrogel do not disrupt the soil infrastructure and are assimilated by plants as nitrogen fertilizer. The use of hydrogels, which contain mineral fertilizers, trace elements and plant protection products against various diseases and weeds, leads to rapid germination, development and increased productivity of almost all plant grasses. As a result, large amounts of mineral fertilizers and water are saved. Groundwater damage can be prevented, and, importantly, crops can be planted and harvested on previously unused land.

Analysis of the data obtained in 2015 showed that the maximum water permeability at the beginning of the vegetation was 252.3 m³ / h in the first hour of the experiment, while in the 2nd hour of the experiment the soil water permeability was 175.3 m³ / h. if this value was 95.3 m³ / h, by going to 6 h of the experiments we can see that the water permeability of the soil has the lowest value and is 91.1 m³ / h. In general, during the experiments, we can observe that the water permeability of the soil for 6 hours was 867.6 m³ / h or 0.241 mm / min. Towards the end of the growing season, i.e., in the summer of 2016, this figure was 248.4 m³ / h in the first hour of the experiment in our variant irrigated with a hydrogel artificial polymer compound, and in the following hours the water permeability decreased accordingly in the first hours. water permeability was 92.8-88.6 m³ / h, respectively.

Experimental results of Krasnodar-99 variety of winter wheat grown using hydrogel water-saving technology grown in the experimental field (Figure 1).



a) Maturity

b) Full hardness

Figure 1. Experimental results of Krasnodar-99 variety of winter wheat.

In the control variant of the experiments, i.e., in our field observations, the water permeability of the field was 243.3 m³ / h at the end of the growing season, respectively, while in the 2nd and 3rd hours of the experiments the soil water permeability was 163.3 and 127.1 m³, respectively. / Hour. By the end of the observations, ie in 5-6 hours, the water permeability of the soil was 91.1 and 88.4 m³ / h, respectively, and the total amount of water absorbed during 6 hours was 829.9 m³ / ha in our control variant. we can see that it has a relatively low water permeability of 16.1 m³ / ha. That is, when the irrigation regime is 70-80-60% of the ChDNS, the mineral fertilizer norms are N250 per hectare; P175; When using K100, the water permeability for 6 hours according to the order of placement of experimental options was 1064.2 1186.4 m³ / ha.

Soil moisture before irrigation (in% of dry weight) Table 1

1	Soil moisture before irrigation. In% to ChDNS	IRRIGATION				
		1st	2 st	3 st	4 st	5 st
2019-2020						
1	Field irrigated by sprinkling a mixture of hydrogel on the soil	<u>14.4</u> 69.3	<u>15.9</u> 77.0	<u>16.1</u> 77.2	<u>13.8</u> 62	
2	In economic terms	<u>14.4</u> 69.3	<u>14.6</u> 71.1	<u>16.1</u> 77.2	<u>16.2</u> 78.0	<u>12.8</u> 62.8
2020-2021						
1	Field irrigated by sprinkling a mixture of hydrogel on the soil	<u>14.4</u> 70.4	<u>15.7</u> 77.1	<u>16.2</u> 81,0	<u>12.8</u> 61.2	

2	In economic terms	$\frac{14.7}{72.1}$	$\frac{15.1}{73.1}$	$\frac{16.2}{81,0}$	$\frac{15.9}{80,7}$	$\frac{12.2}{61.2}$
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It can be seen that the soil moisture of the experimental field varies directly with the air temperature and the amount of precipitation. Most importantly, in the experiment, the intended water regime was almost preserved, in theory the procedures were performed with a small difference in practice, the basis for the irrigation regime was created.



CONCLUSIONS.

In order to save water resources and get high yields from winter wheat fields in Bukhara region, hydrogel artificial polymer complex is applied to the soil in winter wheat fields. A high yield of 15.1 ts / ha was achieved. Control in the irrigated variant sprinkled with a hydrogel artificial polymer compound of the experimental field, a decrease in salts compared to the variant grown under farm conditions was observed. At the end of the growing season, in variant 1, the amount of dry residue in the soil increased from 0.016% to 0.032% in the 0-100 cm layer, while in our control field this value increased from 0.016% to 0.086%. The salt accumulation coefficient for chlorine ion was 2.0 in the field grown using the hydrogel compound and 2.38 in the control field. One of the main reasons for this can be explained by the fact that the moisture content of the field sprayed with a hydrogel compound is maintained for a long time, as well as a decrease in the rate of irrigation.

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Kartoshkani intensiv yetishtirish mulchalab sug'orishning ahamiyati va samaradorligi

“TIQXMMI” MTU Buxoro tabiiy resurslarini boshqarish institut “Suv resurslaridan foydalanish va melioratsiya” kafedrasi stajyor o'qituvchisi

JUMAYEVA SITORA RAHMONOVNA

Buxoro tuman irrigatsiya bo'limi bosh gidrometri

JUMAYEVA ZUHRO RAHMONOVNA

Annotatsiya: Dunyo mamlakatlari ichida oziq-ovqat mahsulotlari bilan to'la ta'minlangan mamlakatlar sanoqlidir. Cheklangan suvdan samarali foydalanib, kartoshkani intensiv yetishtirish texnologiyasini ishlab chiqdik va kuzatilgan natijalardan shuni aniqladikki, kartoshka turli usulda ekilganda to'g'ri agrotexnik, gidrotexnik, kimyoviy melioratsiya tadbirlari olib borilganda hosilimizni kutilgan samarasini ko'rdik.

Kalit so'zlar: o'tsimon o'simlik, tuganak, yorug'sevar, pushta, namsevar, arizona navi, o'tloq va o'tloqibotqoq, agrotexnik, gidrotexnik, kimyoviy melioratsiya.

Mahsulot yetishtirish uchun asosiy sarflaydiganimiz bu suv, cheklangan suv resurslaridan oqilona foydalanish va uni muhofaza qilish hamda bu boradagi muammolarga ilmiy- texnikaviy jihatdan yondashgan holda hal etish maqsadida barcha davlatlar jumladan (O'zbekiston ham bundan mustasno emas) suv bo'yicha turli qarorlar qabul qilinib, amalda tadbir etilmoqda. O'zbekiston respublikasi Qishloq xo'jaligini rivojlantirishning 2020- 2030 yillarga mo'ljallangan strategiyasida belgilangan vazifalarni 2021- yilda amalga oshirish chora- tadbirlar to'g'risidagi qarorida oziq-ovqat xavfsizligi bo'yicha davlat siyosatini ishlab chiqish va joriy etish yo'nalishida qishloq xo'jaligi ekinlarini joylashtirishda asosiy e'tibor uning hosildorligi, eksportbopligi, yaxlit maydonlarda yetishtirilishiga qaratilish muhim vazifalardan etib ta'yinlandi.[1] Ya'ni har bir ekin sug'oriladigan maydonning gidromoduliga, iqlimi, gidrogeologiyasiga qarab hosildorligi o'zgaradi. Sho'rlangan tuproqlarda qishloq xo'jalik ekinlarni ekish uchun avvalo meliorativ tadbirlar o'tkaziladi. Umuman olganda qishloq xo'jaligi oziq- ovqat xavfsizligini ta'minlashda asosiy bo'g'in hisoblanadi. Shuni inobatga olgan holda,

sugʻoriladigan maydonlarni unumdorligini taʼminlash, ularni ekishga tayyorlashda alohida eʼtibor qaratiladi.

Tadqiqotimizning subyekti sifatida kartoshkani tanladik. Kartoshkaning vatani Markaziy va Janubiy Amerika hisoblanadi. U Evropaga XVI asrning ikkinchi yarmida keltirilgan. Kartoshka XVII asrning oxirlarida Rossiyaga keltirilgan deb taxmin qilinadi, lekin uning keng tarqalishi XIX asrning birinchi yarmiga toʻgʻri keladi.

Kartoshka Oʻzbekistonga birinchi marta 1855-1856 yillarda Sibirdan mulla Gʻubay boshchiligidagi bir guruh tatar qochoqlari olib kelgan.

Oʻzbekistonda hozirgi davrda kartoshka 50-52 ming ga maydonda yetishtiriladi.

Undan olinadigan yalpi hosil 1,1-1,2 mln. tonnani tashkil etmoqda.[3] Kartoshka nondan keyingi oʻrinlarda turadigan oziq-ovqat mahsuloti hisoblanadi.

Qishloq xoʻjalik ekinlarni yetishtirishda tuproq holati yaxshilab oʻrganilgandan soʻng ekish ishlari olib boriladi. Biz ilmiy tadqiqotimizda kartoshkani “Arizona” navini hosildorligini oʻrganish maqsadida tajriba ishlari olib bordik.

Biz ilmiy tadqiqot ishimizda tumani Rabotiqalmoq MFY sida joylashgan “Madaniyat Ismat Muhammad” fermer xoʻjaligi yerlarida 0.3 sotix maydonda arizona kartoshka navini 2022 yilning 10 martida ekdik. Tuproq namligi 70-75 % ni tashkil qilib, havo harorati 27-28 C^o. Ekin maydonimizga madaniy texnik xizmat koʻrsatdik. Agʻdarilgan maydonimizni 7 ta qatorga boʻldik.

Birinchi qatorga boshidan oxirigacha ip tortdik. Va ipning ostiga bittadan kartoshkani nishlarini yuqoriga qaratib qoʻyib chiqdik. Ustiga bir ketmondan tuproq toʻshab chiqdik. 2- qatorni ham xuddi shunday qilib, faqat nishlarini 2 yon tomonga qaratib, 3-qatordagilarni pastga qaratib, 4-5-6- qator kartoshkani turli xilda ekib, ustiga somon toʻshab ekdik. Buning uchun bizga 15 kg somon kerak boʻldi. 7- qatordagi kartoshkamizni ekishdan avval kartoshka qoʻyiladigan joyga 6 kg shluxa toʻshadik va shluxa ustiga nishlari chiqqan kartoshkamizni qoʻyib ustidan tuproq toʻshadik. Kartoshkamizni ekkanimizdan keyin har 10 kunda kuzatib turdik. Kartoshka, sholgʻom, turp, savziga oʻxshagan sabzavotlarni yetishtirishda hosilning yaxshi oʻsib rivojlanishi uchun tuproqni yumshatib turilishi maqsadga muvofiq.

Savzi, sholg'om, kartoshkaga o'xshagan sabzavotlar tuproq ostida kattalashadigan mahsulot sanaladi, shuning uchun tuproq yumshoq bo'lishi lozim. Yana bir tavsiya, kartoshka jo'yagini to'ldirib sug'orish yaxshi natija bermaydi. Sababi jo'yak tubiga sug'orilsa pushta tuprog'ini qotmasligiga olib keladi bu esa kartoshkamizni yaxshi rivojlanib, hosilning kattalashishiga asos bo'ladi. [2]

O'zbekistonda sabzavot-poliz ekinlari va kartoshka ekin maydoni, hosildorligiva yalpi hosil viloyatlar bo'yicha 1-jadvalda keltirilgan.

jadval. O'zbekistonda kartoshkachilik ahvoli(1990 ... 2007 yy.)

Kartoshkachilik															
Qoraqalpog'iston	0,5	0,2	0,03	2,0	2,2	40	24,1	38,0	65,3	85,6	1,8	0,4	0,11	13,2	18,8
Andijon	0,8	0,5	0,23	4,1	4,6	90,0	127,5	111,5	205,1	233,3	7,2	6,6	0,5	84,7	107,3
Buxoro	0,1	0,2	0,23	3,3	3,5	40,0	59,0	79,9	185,9	225,5	0,4	1,2	7,56	60,8	78,9
Jizzax	0,7	0,3	0,31	1,6	1,8	70,0	66,4	80,3	131,3	158,4	5	2,1	1,85	21,0	28,5
Qashqadaryo	1,1	0,4	0,82	3,8	4,0	60,0	55,5	84,2	133,3	163,5	6,6	2,1	2,9	50,8	65,4
Navoiy	0,2	0,1	0,12	1,1	1,2	60,0	94,5	104,8	232,7	237,5	1,2	1	6,66	24,9	28,5
Namangan	1,7	0,4	1,72	3,8	4,5	115,0	176,6	152,6	201,6	238,3	19,6	7,2	108	76,8	107,2
Samarqand	1,4	1	1,38	9,0	9,6	100,0	117,9	113,3	231,6	262,6	14	11,6	29,51	208,7	252,1
Surxondaryo	1,1	0,8	0,24	5,4	6,1	75,0	80,7	79,5	160,4	191,1	8,3	0,8	16,98	86,7	116,6
Sirdaryo	0,5	0,1	0,03	1,2	1,2	55,0	46,3	47,9	143,2	165,2	3,7	0,5	1,87	16,7	19,8
Toshkent	3,2	0,8	20,9	6,3	6,7	120,0	80,9	112,3	227,5	255,3	38,5	6,6	0,13	143,2	171,1
Farg'ona	0,9	0,6	0,83	5,4	6,1	135,0	127,4	120,7	183,1	220,8	12,3	8,2	28,98	98,4	134,7
Xorazm	0,9	0,8	0,69	2,9	3,7	65,0	58,1	99,5	133,9	159,7	5,7	4,6	12,74	38,3	59,1
Respublika bo'yicha:	13,1	5,5	8,72	49,8	55,2	95,0	96,3	114,8	185,5	215,2	124,3	52,9	110,87	924,2	1188,5

Respublikamizda har bir sabzavot ekinlarining umumiy ishlab chiqarishdagi salmog'i ham o'zgarmoqda. [3]



Biz kartoshkani yetishtirish jarayonida shunga ahamiyat qaratdikki, kartoshka sovuqqa chidamsiz sabzavotlardan sanaladi. Ammo subyekt sifatida tanlaganimiz kartoshkani Arizona navi o C⁰ dan -5 C⁰ gacha sovuqqa bardosh qiladi.

Sug'oriladigan sharoitda ekilgan kartoshkani parvarish qilishning zaruriyusullaridan

biri chopishdir. Kartoshka hosilini oshirishning muhim shartlaridan biri – sug`orishdir. Tuproqning maqbul namligi 75-80%. Yer osti suvlari yaqin joylashgan o`tloq va o`tloqibotqoq tuproqlaridagi kartoshka 5-7 marta, bo`z to`proqlardagisi 8-9 martagacha sug`oriladi. Sug`orish apreldan boshlab tunganaklar shakllanguncha 7-8 kun oralatib, hosil shakllanayotgan bosqichda 4-6 kun oralatib o`tkaziladi. Kechki kartoshkani ekilgandan so`ng darhol sug`orish lozim. Yer osti suvlari yaqin joylashgan tuproqlarda sug`orish soni 7-10, chuqur joylashgan yerlarda 12-15 martagacha etadi. O`suv davomida sug`orishlar 8-10 kundan so`ng o`tkaziladi. Kechki kartoshkaning hosilini yig`ishtirib olishga ikki hafta qolganda sug`orish to`xtatiladi. [3]

Tadqiqot natijalarimizni baholash albatta hosilni yig`ishtirib olish vaqtida bilinadi. Kartoshkamizni 1- qatori ya`ni, nishlari yuqoriga qaratilgani boshqa usulda ekilganlarga nisbatan ancha yaxshi hosil berdi. Hosilni yirikligi, sifati, soni biz kutgan darajada bo`ldi. Ammo shluxa to`shab ekilgan kartoshka hosili ham kichik ham soni kam bo`lganligi kuzatildi. Kartoshka pushtasi ustiga somon tashab chiqqan variantimizda esa natija yaxshi bo`lgani kuzatildi.

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ECONOMY

Investment policy and innovative economy of Uzbekistan

Khamrakulova Oydin Davronovna - i.o. prof. Department of Investments and Innovations Samarkand Institute of Economics and Service.

Annotation: the paper considers the issues of conducting an active investment policy in the conditions of the formation of the innovative economy of Uzbekistan.

Key words: innovative economy, investment, state, investment policy, investment policy strategy.

Reforming the economy of Uzbekistan is very closely connected with the further development of the innovative development of a socially oriented market economy. Recently, a number of documents have been adopted, such as the Strategy for Innovative Development of the Republic of Uzbekistan for 2019-2021, the Strategy for the Investment Policy of the Republic of Uzbekistan until 2025, the Strategy for New Uzbekistan for 2022-2026, which define the need, conditions and prospects for the development of our country. [one]

At present, innovative development is becoming the most important element of the socio-economic development of countries and regions of the world economy. In Uzbekistan, as in other states of the world community, work is underway to modernize, technical and technological re-equipment of industrial production, and to involve academic and industrial science in this process.

Analysis of literature on the topic:

The diversity of theoretical and methodological problems of studying the innovative development of the economy has led to the existence at present of various points of view on this process and ambiguous approaches to the analysis of its features.

As a scientific direction, innovative development has become widespread thanks to the works of such scientists as I. Schumpeter, P. Drucker, D. Clark, G. Mensch, D. Bell, E. Denisov, T. Kuhn, M. Porter and K. Arrow.

The Russian scientific community of researchers of this problem is represented by the works of L.I. Abalkina, S.Yu. Glazyev, A.G. Gryaznova, A.A. Dynkina, A.G.

Zeldner, A.N. Illarionova, B.J.I., Inozemtseva, G.B. Kleiner, V.V. Kulikova, I.N. Myslyayeva and others.

Speaking about the innovative way of development, we studied the issues of state investment policy. So, to date, a number of economists continue to explore investment processes. Thus, American economists Stanley L. Brew and Campbell R. McConnell single out "investment costs as the second main determinant of aggregate demand"; and there are 2 parameters "interest rates and expected profits [3].

Research methodology

The work uses an abstract method, as well as mathematical and statistical methods.

Analysis and results:

The investment policy of the state is a set of interrelated goals and measures to ensure the required level and structure of investment in the country's economy and its individual areas and industries, to increase the investment activity of all the main agents of reproductive activity: the population, entrepreneurs and the state.

Investment policy is associated with the creation of conditions for attracting domestic and foreign investment, primarily in the real sector of the economy.

Investment policy as a part of financial policy is implemented at different levels of government and financial management of economic entities.

The purpose of the state investment policy is to: ensure the structural restructuring of the economy, stimulate entrepreneurship and private investment, create additional jobs, attract investment resources from various sources, including foreign investment, stimulate the creation of non-state structures to accumulate the population's monetary savings for investment purposes, create legal conditions and guarantees for the development of mortgage lending, the development of leasing in investment activities, the support of small and medium-sized businesses, the improvement of the system of benefits and sanctions in the implementation of the investment process, the creation of conditions for the formation and development of venture capital investment.

To date, the investment legislation of the Republic of Uzbekistan is one of the most advanced in the system of legislation of the CIS countries, incorporating the main provisions of international investment law, in particular, the provisions on guaranteeing the rights of foreign investors, providing significant preferences for investors and others. Heritage Foundation published the next report "Index of Economic Freedom - 2022". Uzbekistan ranked 117th out of 177 countries with a score of 55.7.[4] According to the index methodology, Uzbekistan retained its place in the group of countries with “mostly not free economies”. The "Economic Freedom Index - 2022" is based on the reforms and reports of international organizations implemented for the period from July 1, 2020 to June 30, 2021.

ОБЩИЙ БАЛЛ 55,7			МИРОВОЙ РЕЙТИНГ 117		
ВЕРХОВЕНСТВО ПРАВА			ГОСУДАРСТВЕННОЕ ВМЕШАТЕЛЬСТВО		
Права собственности	31,6	-26,2	Налоговое бремя	90,8	-1,6
Судебная эффективность	13,1	-37,7	Государственные расходы	78,1	-1,8
Целостность правительства	23,8	-6,7	Фискальное здоровье	96,6	-1,7
РЕГУЛЯТОРНАЯ ЭФФЕКТИВНОСТЬ			ОТКРЫТОСТЬ РЫНКОВ		
Свобода бизнеса	59,1	-14,4	Свобода торговли	75,6	+20,2
Свобода труда	48,0	-13,2	Свобода инвестиций	50,0	+30,0
Монетарная свобода	61,6	+1,3	Финансовая свобода	40,0	+20,0

Over the past five years, the rating of Uzbekistan has improved by 35 positions, however, in the 2022 document, a decrease by 9 positions was noted, which is associated with changes in the report methodology, including changes in indicators, their calculation, as well as the international data sources used.

State regulation of investment activity in the Republic of Uzbekistan is carried out with the help of the tax system, the depreciation policy, the system of subsidies, subsidies for individual enterprises, credit, pricing policies and many others.

At the same time, the financial and credit mechanism should pursue the elimination of monopoly in various industries and spheres. Since demand exceeds supply in the

capital market today, the borrower must take into account not only their own tax policy, but also the attractive conditions of other countries.

The ultimate (strategic) goals of the state determine the degree of impact of this form of financial and monetary policy on production. "... An investment decision is inherently the result of a comparison of marginal benefits and marginal costs" [5.]

In 2021, the total investment disbursed amounted to 254 trillion soums with a growth rate of 109 percent compared to 2020, of which foreign direct investment amounted to \$8.6 billion. In the reporting period, 318 large investment projects worth \$5.9 billion were implemented under the State Investment Program, and investment programs - 15,710 projects worth \$7.4 billion. [6] In total, more than 275,000 new jobs were created through the implementation of these projects. Instructions were given to improve the mechanisms of work to stimulate the attraction of investments and provide practical support to the initiators of investment projects, as well as to establish a system for ongoing project monitoring of their implementation with the assignment of responsible managers and employees.

The investment policy strategy makes it possible to determine the main priorities for the implementation of the investment policy of the Republic of Uzbekistan, intersectoral coordination of the activities of the executive bodies of state power of the Republic of Uzbekistan, local governments, the business community, as well as other stakeholders in the field of investment policy.

Prospects for the development of investment processes and ensuring, on this basis, the implementation of the goals and objectives of medium-term development are limited by the presence of a number of problems and imbalances both in the dynamics and structure of investment flows, and in the situation of the economy as a whole, individual industries and regions. The strategy highlights 15 key issues to improve investment attractiveness in Uzbekistan.[5]

Thus, the implementation of the state investment policy is aimed at accelerating the socio-economic development of the country, which is confirmed by the

main goals and priorities of the investment policy strategy of Uzbekistan until 2025.

A concrete expression of the long-term regulation of investment policy is the adoption in Uzbekistan of the Investment Program for 2021–2024, where it is planned

implement investment projects worth about \$52.15 billion. According to the document, in 2022 Uzbekistan plans to implement projects worth \$16.57 billion, of which \$6 billion is foreign direct investment. At the same time, projects worth \$7.51 billion will be implemented in the field of geology, energy, industry and its basic sectors. Uzbekistan plans to implement projects worth \$17.34 billion in 2023. The volume of foreign direct investment will amount to \$7.06 billion [7].

However, there are also certain shortcomings in the investment policy of the Republic of Uzbekistan that contribute to the slow development of the economy and the country itself as a whole. There are such shortcomings as: lack of investment in fixed assets, insufficient investment attractiveness, the dynamics of foreign investment is insufficient to accelerate economic growth, there is no clear mechanism for coordinating the investment market, new mechanisms aimed at innovative development of the economy do not work.

In addition, it should be noted that COVID -19 has introduced significant problems to the country's economy, since it is no secret that the world economy has fallen into a deep economic crisis, while innovations will solve the problems of economic growth, employment, and income growth.

Conclusions and suggestions

Investment The policy of the Republic of Uzbekistan in the field of economic development, in general, should be based on an equal public-private partnership and is aimed at combining the efforts and resources of the state and entrepreneurs of the country to enhance innovation.

The main guideline for us should be the continuous technological and technical renewal of production, as well as the constant search for external and internal reserves, the implementation of deep structural changes in the economy, the

modernization and diversification of industry. Based on the strategic directions for the transition to an innovative development path, we consider it necessary to:

- to use a strategic planning system that allows to form future models of innovative development of priority areas and industries based on long-term scenarios for increasing the country's intellectual and technological potential;
- use a flexible economic mechanism for introducing innovative forms of public administration that ensure the optimization and simplification of procedures for the provision of public services, increasing the efficiency of public administration; expand the conditions for attracting investments in the development and implementation of innovative ideas and technologies, improving the legal framework that ensures their further development;
- in the process of planning investment projects, take into account interregional disproportions and untapped export potential; move from drawing up short-term to medium-term government investment programs, attracting foreign investment;
- ensure information transparency of investment objects, increase the reliability of securities and enhance their role in foreign investment; improve the mechanisms and nature of the analysis, as well as the examination of the feasibility studies of investment projects, especially in regions with an unfavorable investment climate;

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MEDICINE

The effectiveness of Levothyroxine + Iodmarine therapy in teenagers with delay of growth and puberty

Alieva D.A., Urmanova Yu.M., Dalimova G.A.

Republican Specialized Scientific Practical Medical Center of Endocrinology,
department of neuroendocrinology with pituitary surgery,
Tashkent Pediatric Medical Institute department of endocrinology
Republic of Uzbekistan, 100125, г. Tashkent, Mirzo Ulugbek str, 56

Background. In the conditions of iodine deficiency, in addition to increasing the volume of the thyroid gland, the physical, intellectual and sexual development of children is violated (A. A. Baranov, 2001). In iodine deficiency regions in women, reproductive function is disturbed, the number of miscarriages and stillborn increases, perinatal and child mortality increases (E.P. Kasatkina, 2000), the risk of radiation-induced thyroid diseases (E.A. Troshina, 2003) increases. The presence of endemic goiter in children significantly increases the risk of chronic diseases (L.A. Shchepulyagin, 2013).

Aim – to study the effectiveness of Levothyroxine + Iodmarine therapy in teenagers with growth and delay of puberty (DGP).

Materials and methods. We followed 215 teenagers with DGP and diffuse goiter. Mean age of patients was $14,7 \pm 1,1$ years-old. All patients were evaluated for hormones levels (IGF-1, GH, LH, FSH, TSH, free testosterone, prolactin, cortisol, free thyroxin, etc.), pituitary MRI, thyroid ultrasonography etc.

All evaluations were repeated in 12 months after Levothyroxine (Berlin Hemi, Germany) therapy with the dosage of 25, 50 μg a day before meals, Iodmarine -100, 150 mkg daily.

Results. In patients with long disease background, we revealed hypopituitarism with GH, LH, FSH, and TSH deficit as well as IGF-1, testosterone and thyroxine (100%). All patients had symptoms characteristic for hypothyroidism including sleepiness, loss of memory, dry skin, constipations etc. Blood tests showed dyslipidemia.

Twelve months therapy with Levothyroxine showed significant improvement in well-being of patients such as regression of applicable complaints, laboratory and

antropometric values improvement in all patients (100%). The average growth was increased to $8,1 \pm 0,4$ sm, growth velocity was increased from $5,3 \pm 0,2$ sm /year to $6,3 \pm 0,3$. sm /year

Conclusions. 1) Levothyroxine+Iodmarine therapy significantly improves clinical and antropometric values in patients with DGP 2) it should be recommended to administer Levothyroxine +Iodmarinetherapy to patients with DGP

Thrombocyte content in sepsis in early-onset children

Alieva N.R., Ergasheva M.N.

Patients with severe sepsis have disorders of many organs and systems, including the hem coagulation system, which requires continuous monitoring of the condition. Thrombocytopenia occurs in 30-40% of patients. Recently, more and more attention has been paid to the morphological characteristics of platelets, such as the average volume platelets because it can reflect functional activity better than just platelet count. Currently, the determination of mean platelet volume (MPV - mean platelet volume) is available in routine practice. An increase in MPV is observed with increased platelet production and activation. Large platelets contain more granules and prothrombotic components. Many studies show an association between increased MPV and thromboembolic complications.

Purpose of the study. Evaluate the changes and properties of thrombocytes in thrombocytopenia.

Materials and Methods. Forty-four children with sepsis were examined, they were divided into two groups depending on the number of thrombocytes - Group 1 consisted of 26 patients with thrombocytopenia (less than $100 \cdot 10^9/l$) Group 2 included 18 patients without thrombocytopenia. Mean platelet volume, large platelet content was compared, thrombosis, width of platelet distribution. Clinical blood analysis and determination of morphological parameters of platelets were performed on a Sysmex XS-1000i hematology analyzer (Japan).

Results. The average number of thrombocytes in group 1 patients was $265 \cdot 10^9/l$, Group 2 patients - $96 \cdot 10^9/l$. The patients with thrombocytopenia revealed increased mean platelet volume (11.3 fl vs 10.5 fl; $P=0.008$) and increased content of large platelets (36.3% vs 30.1%; $P=0.004$). The width of platelet distribution was also increased with thrombocytopenia (16.1% vs 13.6%; $P=0.007$).

Discussion. Possible reasons for the increase in mean platelet size in thrombocytopenia in patients with sepsis are: increased platelet production due to thrombopoietin release and platelet activation with increased cell volume (viscous or viscous platelet transformation). It can be assumed that when thrombopoiesis is

stimulated in response to increased platelet consumption, both the average platelet volume and the width of the platelet distribution will increase. At viscous (viscous) transformation, we should expect an increase in platelet volume (size) without a change in the width of distribution (size variability).

Conclusions. Consumption of platelets during the septic process leads to thrombocytopenia. At thrombocytopenia MPV and the maintenance of large thrombocytes that testifies to increase of their production, updating of a population of thrombocytes and increased thrombogenic potential. Sepsis is characterized by thrombocytopenia due to destruction and consumption of platelets, as well as activation of thrombopoiesis.

Carrying out nursing care in patients with bone fractures and dislocations.

Ведение сестринского ухода за пациентами с переломами костей и

ВЫВИХАМИ.

Suyaklar sinishi va chiqiqlar bor bemorlarda hamshiralik parvarishini olib

borish.

Bozorova Ruxsat Sultonovna
Temirqulova Mahliyo Azamat qizi,
Mirzayeva Salomat Erkin qizi
Afshona named after Abu Ali ibn Sina
Public Health Technical School
professional science teacher
Phone: +998973041225
mahliyotemiqulova@gmail.com

Annotation: bone fractures are the most common condition in trauma, when adequate and timely necessary tubal care is not provided, complications that endanger the patient's life can be observed, in particular, postgemmoragic shock, which develops as a result of traumatic shock, fatty embolism, infection in open fractures, internal and external bleeding, among others. The article will provide information on the care of patients with bone fractures and dislocations and measures aimed at preventing complications.

Keywords: fractures, immobilization, transportation, bearings, tires, hematoma, deformation, crepitation, plaster, bandage.

Аннотация: переломы костей являются наиболее частым заболеванием при травмах, и при отсутствии адекватной и своевременной необходимой медицинской помощи у пациента могут наблюдаться опасные для жизни осложнения, в частности травматический шок, жировая эмболия, инфицирование открытых переломов, постгемморагический шок, развивающийся в результате внутреннего и внешнего кровотечения и т. д. В статье представлена информация об уходе за пациентами, у которых наблюдаются переломы костей и вывихи, а также о мерах, направленных на предотвращение осложнений.

Ключевые слова: переломы, иммобилизация, транспортировка, связки, шины, гематома, деформация, крепация, гипс, повязка.

Suyaklar sinishi va chiqiqlar bor bemorlarda hamshiralik parvarishini olib borish.

ANNOTATSIYA: suyaklar sinishi travmalarda eng kop` uchraydigan holat bo`lib, adekvat va o`z vaqtida zarur tibbiy yordam ko`rsatilmasa, bemor hayotiga xavf soluvchi asoratlار, xususan, travmatik shok, yog`li emboliya, ochiq sinishlarda infeksiyalanish, ichki va tashqi qon ketishi natijasida rivojlanadigan postgemmoragik shok va boshqalar kuzatilishi mumkin. Maqolada suyaklar sinishi va chiqiqlar kuzatilgan bemorlar parvarishi va asoratlarni oldini olishga qaratilgan chora –tadbirlar haqida ma`lumotlar beriladi.

KALIT SO`ZLAR: sinishlar, immobilizatsiya, transportirovka, boylamlar, shinalar, gematoma, deformatsiya, krepitatsiya, gips, bint.

Suyaklar sinishi kelib chiqish mexanizmi, sinish xususiyati, joylashuvi, parchalarning siljishi, yumshoq to`qimalarning qo`shilib shikastlanishi bo`yicha turli-tumandir. Suyaklar sinishi ko`proq zarba, turtib yuborish yoki yiqilish natijasida sodir bo`ladi. Bu og`ir shikast bo`lib, jabrlanuvchiga iloji boricha shoshilinch birinchi tibbiy yordam ko`rsatilishi lozim. Sinishlarda bunday yordam asosi – bu to`liq tinchlik yaratish va shikastlangan suyakni qimirlatmaslik va vaqt o`tkazmasdan shifokorga murojaat qilish muhim ahamiyat kasb etadi.

Suyak sinishi va chiqiqlar bor bemorlarda hamshiralik parvarishi, avvalo, bemorning umumiy holatini baholashdan boshlanadi. Suyaklar sinishining nisbiy (og`riq, shish, gematoma, deformatsiya, faoliyatning buzilishi, qo`l-oyoqlarning kaltalashishi yoki uzayishi) yoki ishonchli belgilari (normal bo`lmagan harakatchanlik, krepitatsiya (terining g`ichirlashi), ko`zdan kechirganda ko`rinib turadigan suyak bo`laklari (ochiq sinishlar))belgilari bor yoki yo`qligi tekshiriladi. Chiqiq belgilari: og`riq, qo`l-oyoqlarning majburiy holati, bunda og`riq kamayadi, bo`g`imlarda harakatning to`liq yoki hajmiy chegaralanishi, bo`g`imlar deformatsiyasi, qo`l-oyoqlar uzunligining o`zgarishi kuzatiladi. Shundan so`ng og`riq baholanadi: kuchli lokal og`riq kuzatiladi, paypaslaganda, arziyas harakatda og`riq kuchayadi. Bemorning umumiy ahvoli baholanganidan so`ng immobilizatsiya va transportirovka haqida fikr yuritish zarur.

Immobilizatsiya – turli vositalar yordamida shikastlangan tana sohasida harakatni chegaralash. Immobilizatsiya turlari transport va davolash immobilizatsiyasi turlariga farqlanadi. Transport immobilizatsiyasi – bemorni kasalxonaga olib borish uchun qulay sharoitda ko`chirishni amalga oshirish maqsadida tananing shikastlangan sohasining harakatini cheklash bo`lib, bu yumshoq bog`lamlar, turli shinalar (taxtali, fanerli, simdan tayyorlangan, to`rsimon, plastmassali) yordamida amalga oshiriladi.

Transport shinalarini qo`yish qoidalari:

- shinalarni bevosita shikast olgan joyda qo`yish;
- bemorlarni immobilizatsiya qilmasdan ko`chirish mumkin emas;
- bemorning oyoq kiyimi va kiyimlarini yechish tavsiya qilinmaydi, chunki bu og`riq va qo`shimcha shikast olishga sabab bo`ladi;
- shina qo`yishdan oldin, qon ketayotgan bo`lsa, to`xtatish lozim, jarohatga aseptik bog`lam qo`yiladi, analgetiklar yuboriladi;
- shina qo`yishdan oldin fiziologik holat beriladi.

Davolovchi immobilizatsiyada gipsdan tayyorlangan qattiq bog`lam ishlatiladi.

Gipsli bog`lam qo`yishda quyidagi qoidalarga amal qilish kerak:

- bemorni tinchlantirish va bajariladigan muolaja algoritmini tushuntirish;
- qo`l-oyoqlarga qulay fiziologik holat berish;
- qo`l-oyoqlar butunlay harakatsiz turishi kerak;
- gipsli bintni tortmasdan qo`yish kerak;
- bintlash chapdan o`ngga, har bir keyingi aylana oldingi aylanani 2/3 qismga yopishi lozim;
- har bir keyingi aylanani tekislash, gipsli bintdagi burmalarni to`g`irlab borish;
- bemor tana qismi konturiga moslab bog`lam qo`yish jarayonini modellashtirish;
- agar jarohat bo`lsa, gipsli bog`lamda bog`lam almashtirish uchun darcha qoldiriladi;
- agar gips qotishini tezlatish kerak bo`lsa, issiq suv ishlatiladi, agar sekinlashtirish kerak bo`lsa – sovuq suvdan foydalaniladi;

- bo`lishi mumkin bo`lgan asorat belgilari bo`yicha bemorga ma'lumot beriladi.

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Efficacy evaluation of pituitary transsphenoidal adenectomy (TSS) in ACTH-dependent Cushing's syndrome

Khalimova Z.Yu., Mirsaidova U.A.,

Republican specialized scientific and practical Endocrinology Medical Center named after Academician Y.X. Turakulov, Tashkent

The purpose of the investigation: to study the outcome of transsphenoidal adenectomy in patients with ACTH-dependent Cushing's syndrome and to determine their predictive factors.

Materials and methods: 80 patients with ACTH-related Cushing's syndrome who underwent TSS, regardless of age and gender, were examined. The examination was carried out during 2018-2022 at the department of neuroendocrinology and neurosurgery at the RSSPMEC named after Y.Kh. Torakulov.

Results: Remission was observed in 65(81%) of 80 operated patients, remission was not achieved in 15(19%).

Remission criteria were evaluated according to the parameters indicated in the practical recommendations of the American Society of Endocrinologists (early postoperative cortisol level <138 nmol/l, UFC <28-56 nmol/l) and regression of disease symptoms (clinical remission). These parameters were achieved in 48 (74%) of 65 patients. In 17 patients, the amount of cortisol in the blood was >138nmol/l and UFC was >56nmol/l. In these patients, the disease recurred after 3 years.

Also, complications were observed in 3 (3.75%) patients after TSS: in 1 (1.25%) patient, ileum (due to myocardial infarction), in 1 (1.25%) pangipopituitarism, in 1 (1.25%) licorice. observed. A patient with pangipopituitarism was prescribed hormonal replacement therapy. A fistula with liquor was poured into the patient who had liquefaction.

□ Conclusion: The average duration of the disease was 3 years in the remission group and 4.5 years in the relapse group. Therefore, early diagnosis of the disease and rapid transfer of TSS practice have a positive prognostic value.

□ Macroadenoma was detected in 5 (83.3%) of patients with tumor size-recurrence. So, if the tumor is large, the disease may recur.

□ The amount of ACTH in relapsed patients - 65 nmol/l before surgery and 36 nmol/l after surgery was higher than that of patients in remission (pre-operation-58 nmol/l, postoperative-25 nmol/l).

□ The amount of cortisol in the deposit and the amount of cortisol in the daily urine - in 58 of the 65 patients who achieved remission, the cortisol level in the blood in the early period after TSS was on average 138.5 ± 33.2 nmol/l, in UfC it was on average 55.6 ± 24.36 nmol/l, and in the relapse group, cortisol in the blood its amount is 350.5 ± 42.3 on average, UFC is 109.9 ± 28.31 nmol/l on average.

So, the lower the indicators after TSS practice, the more stable remission we will achieve.

The incidence of hematological diseases after sars-cov infection

Madaripovna D.A.

Department of Hematology and Clinical Laboratory Diagnostics
Bukhara State Medical Institute,
Bukhara, Uzbekistan

Coronaviruses are a large family of viruses, some of which are better known as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). SARS-CoV-2 viruses are positive, single-stranded RNA viruses that can be asymptomatic or lead to coronavirus disease 2019 (Covid-19). Covid-19 has a very wide range of respiratory manifestations, but also other non-specific symptoms, including fever, headache, hemoptysis, nausea, vomiting and, in particular, diarrhea, also previously identified with other coronavirus infections.

Purpose: to analyze the results of the medical activities of the hematology department during the COVID-19 pandemic.

Research materials. From October 20, 2020 to May 20, 2021, 512 patients were hospitalized in the Bukhara branch of the Research Center for Hematology and Transfusiology. At the time of admission, 507 (98.5%) patients had a negative test result for the detection of SARS-CoV-2 causative agent RNA, 13 patients were hospitalized for vital reasons without a test result for discharge from the nasopharynx. The distribution by nosology was as follows: 135 (25.5%) patients with lymphomas, 82 (16.5%) with multiple myeloma, 75 (14.2%) with acute leukemia, 51 (9.3%) with hemophilia, 11 (4%) - anemia of unknown etiology, 5 (1.8%) - Waldenström macroglobulinemia, 7 (1.7%) - aplastic anemia, 92 (16.6%) - various diseases for surgical intervention, 81 (8.8%) - other hematological diseases. Covid-19 is a respiratory infection with significant effects on the hematopoietic system and hemostasis. Currently, the hallmark of SARS-CoV-2 pathogenesis is a cytokine storm. Indeed, plasma concentrations of interleukin-6, interleukin-1 β , TNF- α , as well as granulocyte colony stimulating factor (G-CSF) or protein inducible interferon gamma (IP10) seem to be very high in patients with Covid-19 and even higher in the intensive care unit (ICU) than in patients not in the intensive care unit [15]. This release of cytokines syndrome in patients with Covid-19 is

associated with a decrease in the number of lymphocytes [15]. Lymphopenia occurs in more than 80% of patients with Covid-19 at admission and may predict the severity of Covid-19 disease [17]. This lymphopenia has been associated with a significant decrease in the number of T cells (particularly CD8+ T cells) and this significant decrease in the T lymphocyte subset is positively correlated with in-hospital mortality and disease severity. It is also suspected that B-lymphocytes are involved in Covid-19, since agammaglobulinemia patients with no B-lymphocytes had a mild clinical course, in contrast to patients with various immunodeficient Covid-19 patients with advanced disease.

Conclusions. Since the COVID pandemic in survivors of hematological patients, due to impaired hemostasis in patients with impaired primary hemostasis, the number of inpatients and their days of inpatient treatment has increased. It is necessary to carefully monitor patients before hospitalization and timely conduct hematological studies despite the negative result of PCR. Thus, there are four important aspects of the management of patients with COVID-19: early diagnosis and follow-up of DIC using blood parameters (platelet count, prothrombin time, fibrinogen, D-dimer monitoring), which can determine the prognosis. In conclusion, COVID-19 disease has prominent hematopoietic manifestations and is often associated with marked hypercoagulability of the blood.

Improvement of acne therapy taking into account clinical, genetic and biochemical research methods

Pulatova Sevara Khikmatillaevna
Tashkent Pediatric Medical Institute

Abstract

The urgency of the problem of acne and the need to improve the effectiveness of its treatment are not in doubt due to the high prevalence of this pathology, the significance of the health disorders caused by it, the material and moral damage to patients, the complexity and insufficiently high effectiveness of therapy. The approach to treating acne in a particular patient is largely determined by the severity of the current stage of acne. Often, in order for acne to disappear, there are enough simple external products that eliminate acne and improve skin condition, as well as actions of a general health plan (healthy diet, hygiene, stress reduction, etc.). However, if acne is severe, or the above methods have been tried, but did not give the proper result, then an analysis is necessary. Only additional tests for acne help to find the root cause of acne.

In recent years, the problem of psychosomatic disorders and their correction in patients with dermatosis has become increasingly important [1]. This is evidenced by the growth in the number of studies and scientific papers devoted to this issue [1–3]. Acne rashes in open areas of the body violate the psychological health of a person. According to a psychological survey, 80% of adolescents believe that the most unattractive thing about a person is acne [4]. And it is young women who are prone to psychological status disorders (including depression) due to acne [5, 6]. The presence of acne on visible areas of the skin can cause dysmorphophobia (the idea of an imaginary external deformity) [7].

The emotional reaction is the most sensitive component of mental activity and is accompanied by a specific spectrum of vegetative and endocrine manifestations, including the release of stress hormones, including androgens, which cause the functional activity of androgen-dependent target cells. Inhibition of personal evaluation in patients with acne causes them to constantly experience acute and

chronic stressful situations, provoking the above chain of metabolic changes [1, 3]. The role of acne is also significant in the violation of a woman's sexual health [8, 9]. The term "acne" comes from the ancient Greek language and is associated with the culmination of a tear in the skin. This nosology was first mentioned in the writings of Aetius of Aid, a physician at the court of Justinian I [10]. Currently, it is generally accepted that acne is a chronic disease manifested by open or closed comedones and inflammatory skin lesions in the form of papules, pustules, and nodules [1].

Acne is one of the most common human diseases. Despite the available effective treatments, acne affects up to 95% of patients, especially women under the age of 25 and more than 50% over 25 years of age. The peak incidence occurs between 15 and 18 years of age (in girls earlier than in boys). The manifestation of the process is characterized, as a rule, by the appearance (in response to androgen-mediated hyperstimulation of the sebaceous glands) of seborrhea and microcomedones. Subsequently, open and closed comedones, as well as inflammatory elements, quickly form.

Gender distributions of incidence are approximately equal, however, in men, the disease can occur with a predominance of severe forms and a longer course. In some cases (otherwise it contradicts the statement that more than 50% of women over 25 suffer from acne) by the age of 18-20, signs of spontaneous regression of the disease begin to be noted. In some patients, the disease acquires a chronic relapsing character, in some cases with the formation of "late acne" (acne tarda) by the age of 30-40, and the number of such patients is growing every year [11, 12].

In recent years, foreign literature refers acne to the so-called diseases of civilization, closely related to Western lifestyle factors, including dietary habits [13-16]. Western diets are high in sugar and other high glycemic index (GI) foods, as well as milk and dairy products. In the United States, 80% of fast-food customers are under the age of 18. This "food culture" is expanding, and it is not surprising that both in the US and in other countries, not only the prevalence of obesity, carbohydrate metabolism disorders, but also the frequency of acne detection, including beyond

adolescence, is growing. However, in countries where the population traditionally abstains from the Western diet, the prevalence of acne remains low [13, 14].

According to dermatovenereologists, the starting point in acne is often not a direct increase in the content of androgens in the body (absolute hyperandrogenism), but a genetically determined increase in its amount and / or, more often, an increased sensitivity of sebaceous gland cell receptors to testosterone derivatives (relative hyperandrogenism). Sebocytes possess enzyme systems such as 5-alpha-reductase (isoenzyme type I) and 17-beta-dehydroxysteroid dehydrogenase, which convert androgens into their active derivatives and transmit signals for cell proliferation.

There are 4 main links in the pathogenesis of acne: 1) an increase in the production of sebum; 2) excessive follicular hyperkeratosis; 3) reproduction of *Propionibacterium acnes* (*P. acnes*); 4) inflammation [11, 29].

In the occurrence of this disease, as a rule, a combination of several links of pathogenesis plays a role. According to the Clinical guidelines for the management of patients with acne (2015), acne is a multifactorial dermatosis, in the pathogenesis of which genetically determined hyperandrogenism and a genetically determined type of sebaceous secretion play an important role [29]. The diet of a woman and the action of environmental factors are also of great importance.

Hecht [1] was the first who studied the role of heredity in acne. Neonatal, nodulocystic, and conglobate acne have proven genetic influences [2]. Postadolescent acne is related with a first-degree relative with the condition in 50 % of the cases. Chromosomal abnormalities, HLA phenotypes, and polymorphisms of various genes have been associated with acne. Data from family studies confirmed familial clustering. High heritability estimates for acne in twins were reported. Higher correlations of sebum excretion and the proportion of branched fatty acids in the fraction of sebaceous wax esters were found in monozygotic vs. dizygotic twins [8, 9]

The lack of intensive research in the field of acne genetics is surprising considering its high incidence, morbidity, and immense health service costs. Polymorphism of CYP1A1 has been reported in a subgroup of acne patients [13]. Cytochrome P-450

1A1 regulates the conversion of endogenous retinoids, which are important sebaceous gland morphogens.

Since the first *C. acnes* isolate was sequenced in 2004 (KPA171202, a type IB strain recovered from skin), a number of putative virulence genes have been identified with designated functions involved in tissue degradation, cell adhesion, inflammation, and polysaccharide biosynthesis for biofilm formation [7]. Several genetic elements specific to each lineage have since been identified, which could explain the functional differences between lineages and association with different disease states. One of the most fascinating genetic differences between *C. acnes* lineages is the presence of clustered regularly interspaced palindromic repeats (CRISPR)/Cas locus in health-associated type II strains [8]. While this system is only partially present in type III and likely non-functional, it is completely absent from type I strains [6]. CRISPR is a bacterial adaptive immune system against viruses, phages, and foreign DNA, and its presence in *C. acnes* could prevent the acquisition of extra genetic elements that promote virulence and acne pathogenesis.

Approaches for treating acne

The approach to treating acne in a particular patient is largely determined by the severity of the current stage of acne. Often, in order for acne to disappear, there are enough simple external products that eliminate acne and improve skin condition, as well as actions of a general health plan (healthy diet, hygiene, stress reduction, etc.). However, if acne is severe, or the above methods have been tried, but did not give the proper result, then an analysis is necessary. Only additional tests for acne help to find the root cause of acne.

When answering the question of what tests to take for acne and acne, the following categories are usually indicated:

- **analysis of the skin for microbial flora and the presence of parasites**
- **blood chemistry;**

It is advisable to take skin tests for acne before starting treatment. The simplest type of analysis for acne, which is often started with, is a microscopic examination of a skin scraping conducted by a dermatologist.

It allows you to identify the presence of demodex - a subcutaneous tick, after which appropriate adjustments are made to the treatment program. However, this cause of acne is far from the most common. If any other violations of the skin microflora are detected during the analysis of the scraping, then the treatment should be concentrated in this direction (in the absence of other indications).

Tests for hormones are one of the most important in finding out the cause of acne, since it is hormonal imbalance that is one of the main causes of acne. Thus, an increase in the level of androgens during puberty very often provokes acne, and if the tests confirm an imbalance, then the treatment plan must necessarily take into account the possibility of correcting it. Acne hormone analysis will be mandatory if the following factors are present:

- Relatively late onset of acne (patient's age over 20 years);
- Manifestation of clinical signs of hyperandrogenism in women - a disorder caused by an increase in the activity of male hormones (often manifested as hirsutism);
- Irregular menstrual cycle;
- Manifestations of black acanthosis (a type of hyperpigmentation of the skin).

Conclusion. Diagnosis for acne, pimples should be carried out several times to determine how the process of dealing with them goes. It is advisable to check it comprehensively, this will help to identify the cause more accurately and select a specific treatment. It is also worth checking the skin for bacterial and fungal infections, as this can cause severe irritation of the epidermis, itching, burning and the appearance of unpleasant rashes in the form of acne, pimples, acne or comedones. Analyzes will be able to show what you should pay attention to and where to start therapy.

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Features of the use of medical rehabilitation in elderly patients.

Особенности применения медицинской реабилитации у пациентов пожилого возраста

Keksa yoshdagi bemorlarda tibbiy reabilitatsiyani qo`llashning xususiyatlari.

**Temirgulova Mahliyo Azamatovna,
Roziyeva Mehriqul Akramovna
Tokhirova Gulirukhsora Sobirovna**
Afshona named after Abu Ali ibn Sina
Public Health Technical School
professional science teacher
Телефон: +998973041225
mahliyotemiqulova@gmail.com

Annotation: currently, there is a trend towards a steady increase in the number of elderly and elderly people in the world population. This article provides an insight into the changes that occur in the physiology of elderly patients, the methods of using rehabilitation treatments in the treatment and Prevention of diseases, and the circumstances that should be given importance when choosing them.

Keywords: Geriatrics, old age, rehabilitation, sanatorium-resort treatment, arthopathy, atherosclerosis, bed wound, physiotherapy.

Аннотация: В настоящее время наблюдается тенденция к устойчивому росту числа пожилых и пожилых людей среди населения мира. Данная статья дает представление об изменениях, происходящих в физиологии пожилых пациентов, о способах применения реабилитационных процедур в лечении и профилактике заболеваний, а также о ситуациях, при выборе которых следует уделять внимание.

Ключевые слова: гериатрия, пожилой возраст, реабилитация, санаторно-курортное лечение, артрофия, атеросклероз, пролежни, физиотерапия.

Annotatsiya: hozirgi kunda dunyo aholisida keksalar va qariyalar sonining barqaror o`shishi tendentsiyasi kuzatilmoqda. Mazkur maqola keksa yoshdagi bemorlar fiziologiyasida yuz beradigan o`zgarishlar, kasalliklarni davolash va profilaktikasida reabilitatsiya muolajalarini qo`llash usullari va ularni tanlashda ahamiyat berilishi kerak bo`lgan holatlar haqida tushuncha beradi. .

Kalit soʻzlar: geriatriya, qariya, reabilitatsiya, sanator-kurort davosi, artrofiya, ateroskleroz, yotoq yara, fizioterapiya.

JSSST tasnifiga koʻra, odamlarning yoshi oʻrtacha - 45-59 yosh, qariyalar - 60-74 yosh, keksalar - 75-90 yosh, yuz yilliklar - 90 yoshdan oshganlarga boʻlinadi. Soʻnggi oʻn yilliklarda mamlakatimizda va barcha yuqori rivojlangan mamlakatlarda keksalar va qariyalar sonining barqaror oʻsishi tendentsiyasi kuzatilmoqda. Har yili bemorlarning ushbu guruhida koʻpayish kuzatilmoqda, bu ularning yosh xususiyatlaridan kelib chiqqan holda sanatoriy-kurort davolashni tashkil etishga alohida yondashuvni talab qiladi.

Maʼlumki, keksa odamlar bir qator yoshga bogʻliq oʻzgarishlar bilan ajralib turadi:

- organlar va tizimlardagi atrofik va degenerativ-distrofik oʻzgarishlar;
- hayotiy muhim organlar va tizimlar funktsiyasining pasayishi;
- tananing adaptiv va kompensatsion qobiliyatining zaiflashishi;
- yurak-qon tomir tizimining aterosklerozining rivojlanishi;
- neyrefleks faolligining pasayishi,
- harakatlarni muvofiqlashtirishda buzilish;
- xotira, aql, mehnat qobiliyatining pasayishi;
- boʻgʻimlarda qattqlikning rivojlanishi.

Bundan tashqari, jismoniy harakatsizlik tufayli yoshga bogʻliq involutiv jarayonlarning rivojlanishi sezilarli darajada tezlashadi. Qariya boshqalarga qaraganda koʻproq turli xil jarohatlar va kasalliklarga moyil boʻlib, uni uzoq vaqt yotoqda qoldiradi. Bu tananing har xil turdagi infeksiyalarga chidamliligini yanada pasaytiradi va mavjud patologiyani yanada kuchaytiradi.

Reabilitatsiya tadbirlarining asosiy tamoyillari bu davrda quyidagilar:

- Zararlangan hududda ham, butun tanada ham qon aylanishini yaxshilash;
- Yotoq yara va tromblarni oldini olish;
- Pnevmoniya rivojlanishining oldini olish;
- Kontraktura shakllanishining oldini olish;
- Oshqozon-ichak traktining normalizatsiyasi;
- Ijobiy hissiy fonni saqlash.

Yosh fizioterapiya uchun kontrendikatsiyaga ta'sir qilmaydi, ammo uni geriatrriyada qo'llash o'ziga xos xususiyatlarga ega. Ulardan eng muhimlari quyidagilardir:

1. Keksa va keksa odamlarni davolashda jismoniy ta'sirning dozasini 30-50% ga kamaytirish kerak. Bu quvvat, intensivlik, oqim kuchi, magnit maydonlar induksiyasining kattaligi, harorat, ta'sir qilish maydoni, protsedura davomiyligining pasayishi bilan ifodalanadi. jami davolash kursi uchun protseduralar. Geriatrriyada, birinchi navbatda, yurak-qon tomir va nafas olish tizimlarida sezilarli o'zgarishlarga olib kelmaydigan "stresssiz" jismoniy omillar qo'llaniladi.

2. Geriatrriyada ta'sir qilishning mahalliy usullaridan foydalanishga ustunlik beriladi.

3. Kun davomida bemor ikkitadan ko'p bo'lmagan fizioterapiya muolajalarini o'tkazishi mumkin. Ularni bir vaqtning o'zida ishlatish tavsiya etilmaydi.

4. Ikkita jismoniy protsedurani tayinlashda ular orasidagi interval kamida 3 soat bo'lishi kerak.

5. Ta'sir qilishning jismoniy usullarini qo'llashda tananing reaksiyasini diqqat bilan ko'p bosqichli kuzatish talab etiladi. Jarayon davomida hamshira bemorning funktsional holatini baholaydi. Fizioterapevt davolash usulida kerakli tuzatish kiritish uchun har 2-3 protsedurada takroriy tekshiruvlarni belgilaydi. Davolovchi shifokor bemorning ahvolini doimiy ravishda kuzatib boradi.

6. Keksa va keksa yoshdagi odamlarga fizioterapevtik davolash usullarini tayinlashda ularning o'simtadan oldingi jarayonlari va onkologik kasalliklarning yuqori ehtimolini hisobga olish kerak.

Jismoniy omillarning har biri patologik jarayonning ma'lum bo'g'inlariga ta'sir qiladi. Shuning uchun bir xil kasallik uchun turli xil ta'sir qilish usullari qo'llanilishi mumkin. Shifokorning san'ati ta'sir mexanizmini va bemorning individual xususiyatlarini hisobga olgan holda eng maqbulini tanlashdan iborat: kasallikning bosqichi, oldingi davolanish, birga keladigan kasalliklar va boshqalar. Shundagina geriatrik bemorlarda reabilitatsiya muolajalari o'z maqsadiga erishadi, bemorda ijobiy o'zgarishlar kuzatiladi.

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**The role and methods of curative physical education in the treatment of
bronchial asthma**

Роль и методы лечебной физкультуры в лечении бронхиальной астмы.

**Bronxial Astmani davolashda davolovchi jismoniy tarbiyaning o`rni va
usullari.**

**Temirqulova Mahliyo Azamat qizi,
Mirzayeva Gulhayo Erkin qizi
Baxshilloeva Dildora Bakhtiyorovna**
Professional science teacher at
Afshona Abu Ali ibn Sina
Public Health Technical School.
E.mail: mahliyotemiqulova@gmail.com
Tel:+998973041225

Abstract: nowadays, many fools around the world suffer from bronchial asthma. This proverb reveals the importance of r oliva of curative physical education in the treatment and Prevention of bronchial asthma.

Keywords: Curative physical education, bronchial asthma, hygienic Gymnastics, terencur, bronchospasm, `sound` Gymnastics, asthmatic status, pulse.

Annotatsiya: hozirgi kunda dunyoning ko`plab aholisi bronxial astma kasalligidan aziyot chekmoqda. Mazkur maqola bronxial astmani davolashda va profilaktika qilishda davolovchi jismoniy tarbiyaning roli va ahamiyatini ochib beradi.

Kalit so`zlar: Davolovchi jismoniy tarbiya, bronxial astma, gigiyenik gimnastika, terenkur, bronxospazm, ``tovushli`` gimnastika, asmatikstatus, puls.

Annotatsiya: hozirgi kunda dunyoning ko`plab aholisi bronxial astma kasalligidan aziyot chekmoqda. Mazkur maqola bronxial astmani davolashda va profilaktika qilishda davolovchi jismoniy tarbiyaning roli va ahamiyatini ochib beradi.

Kalit so`zlar: Davolovchi jismoniy tarbiya, bronxial astma, gigiyenik gimnastika, terenkur, bronxospazm, ``tovushli`` gimnastika, asmatikstatus, puls.

Jismoniy faollik- hayotiy sharoitlarining uzluksiz bir turi bo`lib ,nafakat biologik balki ijtimoiy axamiyatga egadir. U ontogenezning barcha bosqichlarida tirik organizmning tabiiy biologik talabi sifatida qaralib, individning funksional

imkoniyatlariga mos kelgan ravishda inson sog`lom hayot tarzining muhim prinsipiga aylanadi.

Davolovchi jismoniy tarbiya –davolashning shunday metodiki, bunda inson sog`ligini va mexnat faoliyatini tiklash, asratlari va oqibatlarini oldini olish maqsadida jismoniy madaniyat usullarida foydalaniladi. Davolovchi jismoniy tarbiya faqatgina davolashning profilaktik usuli bo`lib qolmay, balki davotariyaviy jarayonlari bo`lib ham hisoblanib, bunda inson jismoniy mashqlarga nisbatan ongli ravishda munosabatda bo`lib, gigiyenik ko`nikmalarga odatlanishni inson organizimini tabiyatining tabiiy omiliga nisbatan chiniqishni taminlaydi.

Jismoniy mashqlar organizmga tonusni oshiruvchi (stimullovchi), trofik (kompensator) va normallashtiruvchi ta'sir kursatadi. Davolovchi jismoniy tarbiya bronxial asma kasalligida davolovchi – profilaktik usul hisoblanadi. Mashqlar shifoxonada, ba'zi hollarda tez yordam bo`limlaridayok boshlanadi. Bunda davolovchi jismoniy tarbiyaning asosiy vazifasi: Nafas markaziga ta'sir qilishni ta`minlash, bronxospazmni kamaytirish yoki bartaraf qilish, ko`krak qafasi muskullarini bo`shashtirish, o`pka emfizemasini oldini olish, markaziy nerv sistemasida tormozlanish va qo`zg`alish jarayonlarini me'yorlashtirish, patologik kortiko - visseral dominantani bartaraf qilish, oksigenatsiya yaxshilash va stimulyatsiya qilish, jismoniy yuklamalarga tolerantlikni oshirish.

Davolovchi jismoniy tarbiyaga qarshi ko`rsatmalar: o`pka –yurak yetishmovchiligi III darajasi, astmatik status, pulsning minutiga 120 martadan ortishi, xansirash (nafas olish 1 minutda 25-50 marta va undan oshiq), tana xarorati 38° C dan baland bo`lganda mashqlarni bajarish tavsiya etilmaydi.

Davolovchi jismoniy tarbiya mashqlari bronxial astma kasalligida 2 davrga bo`linadi : tayyorlov va shug`ullanish davri .

Tayyorlov davri nafas olishni to`g`ri yo`naltirish, nafas olish va nafas chiqarish fazalarini davomiyligini ta'minlash yoki boshqarishga qaratiladi.

Bunda nafas mashqlari, nafasning minutlik xajmini oshiruvchi mashklar, gimnastik mashklari, «tovushli» gimnastika, bo`shashtiruvchi mashqlar qo`llaniladi.

Tayyorlov davrida davolash gimnastika muolajasi yuklamalarini albatta qismlarga

Bo`lish shart. Nafas mashqlari miqdori muolaja umumiy vaqtining 40-50% dan ortmasligi kerak. Tayyorlov davri 2 hafta davom etadi, muolajalar davomiyligi bu davrda 10 min. dan 30 min. gacha davom etadi, mustaqil mashqlar 1 kunda 2- 3 marta bo`ladi.

Shug`ullanish davrining davomiyligi kasallikning klinikasiga bog`lik. Shug`ullanish davri bronxial astma kasalligida shifoxonada boshlanadi va butun umr davom etadi. Agar bemor shifoxonada nafas olish usullarini o`zlashtirib, poliklinika sharoitida davom ettirmasa, 3-4 haftadan keyin yana tashki nafas olish funksiyasi buziladi.

Bunda davolovchi jismoniy tarbiyaning vazifasi: nafas olish mexanikasini stabillash, bronxospazmni bartaraf qilish, ko`krak qafasi harakatchanligini yaxshilash, nafas mushaklarini mustaxkamlash, patologik kortiko-visseral reflekslarni kamaytirish yoki bartaraf qilishdan iborat.

Davolovchi jismoniy tarbiyaga qarshi ko`rsatmalar yo`q .

Bunda davolovchi jismoniy tarbiya vosita va shakllari: shug`ullanish davrida statik va dinamik xarakterdagi nafas mashqlari, tovush gimnastikasi, nafas olish sonini normallashtiruvchi mashqlar, gimnastik mashqlar, uqalash va autogen shug`ullanish yo`llari tavsiya etiladi.

Davolovchi jismoniy tarbiya shakllari – ertalabki gigiyena gimnastikasi, davolash gimnastikasi, mustaqil shug`ullanish, dozalangan yurish, terrenkur.

Mashg`ulot o`tkazish usullari: yakka holatda, guruhli, kichik guruhli. Mashqlar davomiyligi kun davomida 1,5 soatgacha.

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Methods of using physical exercises in the postpartum period.

Способы применения физических упражнений в послеродовом периоде.

Tug`ruqdan keyingi davrda jismoniy mashqlarni qo`llash usullari.

**Temirkulova Makhliyo Azamat kizi,
Tursunova Olima Usmonovna
Rajabova Madina Bakhridinovna**
Afshona named after Abu Ali ibn Sina
Public Health Technical School
professional science teacher
Phone: +998973041225
mahliyotemiqulova@gmail.com

Annotation: childbirth is a natural physiological process, and in the postpartum period, the involution of the reproductive organs is considered very important for the female body. The role of curative physical education in the involution of the uterus, pelvic muscles, abdominal muscles is incomparable. This article provides information on the choice, application and proper conduct of curative physical education during the postpartum period.

Keywords: curative physical education, childbirth, uterus, preclampsia, eclampsia, psychosis, bleeding, complications, lactation, pelvic.

Аннотация: роды-это естественный физиологический процесс, и считается, что инволюция репродуктивных органов в послеродовой период имеет решающее значение для женского организма. Неоценима роль лечебной физкультуры в инволюции мышц матки, таза, брюшного пресса. В данной статье представлена информация о выборе, применении и правильном проведении лечебной физкультуры в послеродовой период.

Ключевые слова: лечебная физкультура, роды, матка, преэклампсия, эклампсия, психоз, кровотечения, осложненные роды, лактация, таз.

Annotatsiya: tug`ruq tabiiy fiziologik jarayon bo`lib, tug`ruqdan keyingi davrda reproduktiv organlar involyutsiyasi ayol organizmi uchun juda muhim ahamiyatga ega hisoblanadi. Bachadon, tos mushaklari, qorin mushaklari involyutsiyasida davolovchi jismoniy tarbiyaning o`rni beqiyos. Ushbu maqola tug`ruqdan keying davrda davolovchi jismoniy tarbiyani tanlash, qo`llash va to`g`ri olib borish haqida ma`lumot beradi.

Kalit soʻzlar: Davolovchi jismoniy tarbiya, tugʻruq, bachadon, preklampsiya, eklampsiya, psixoz, qon ketishlar, asoratli tugʻruq, laktatsiya, tos.

Tugʻruqdan keyingi davrdagi jismoniy mashqlar

Tugʻruqdan keyingi tiklanish davri har bir ayolda oʻziga xos boʻlib, oʻrtacha 6–10 hafta davom etadi, yaʼni shu vaqt ichida organizm tugʻruqqacha boʻlgan holatga qaytadi. Ammo doim ham bu davr ravon kechavermaydi. Koʻpincha endigina erishilgan onalik baxtini ayol salomatligidagi ayrim muammolar xira qiladi. Bunga asosiy sabablar quyidagilar:

- Past immunitet yoki shaxsiy gigiena qoidalariga rioya qilmaslik;
- Tugʻruq payti koʻp qon yoʻqotish;
- Avitaminoz, qonning yaxshi quyushmasligi;
- Tugʻruq payti jarrohlik aralashuvi;
- Bachadonda plasenta qoldigʻi qolib ketishi;
- Homilaning ona qornida uzoq vaqt suvsiz qolishi.

Tugʻruq asoratsiz va tugʻruqdan keying davr ham onada normal kechayotgan boʻlsa, jismoniy mashqlash tuqqan ayol uchun juda ham muhim hisoblanadi. Bu davrda ayol organizmida murakkab oʻzgarishlar yuz beradi. Jismoniy mashqlar qorin pressi va tos tubining choʻzilib ketgan va xilvillagan mushaklarini, boylamlarni mustaxkamlaydi, bachadon involyutsiyasini tezlashtiradi, yurak qon-tomir, nafas tizimlari va harakat-tayanch apparati faoliyatini tiklaydi. Jismoniy mashqlar, ayniksa, tos tubining funksional yetishmovchiligi, ayollar jinsiy organlarining pastlab qolishini oldini olishda muhim rol oʻynaydi. Doimiy shugʻullanishlar laktatsiyani yaxshilaydi, kichik tos organlari, qorin boʻshligʻi, oyoqlar, hatto oʻpkalardagi dimlanishlarni yoʻqotadi, tuqqan ayol organizmini sogʻlomlashtiradi va mustaxkamlaydi.

Davolovchi jismoniy tarbiyaning vazifalari: Organizmni yangi holatga oʻtganligi munosabati bilan qayta qurilishini yengillashtirish va tezlashtirish.

Davolovchi jismoniy tarbiyaga qarshi koʻrsatmalar: oʻtkir tromboflebit yoki mastit; endometrit, tugʻruqdagi preeklampsiya yoki eklampsiya; avj olib boruvchi

qon - tomir, buyrak, jigar yetishmovchiliklari; psixoz; qon ketish xavfi; yaqqol namoyon bo`lgan teri osti emfizemasi.

Davolovchi jismoniy tarbiya vositasi va shakllari. Umumrivojlantiruvchi va maxsus mashqlar, nafas mashqlari tavsiya qilinadi.

Tug`ruqdan keyingi 1-kunda barcha mashqlar orqa bilan yotgan holda bajariladi: qo`l va oyoqlar barmoqlarini qimirlatish, kaft va oyoq panjasini bukib yozish, qo`l-oyoqni bukish, qo`llarni ko`tarish, aylanma harakatlar qilish; oyoqlarni va tosni ko`tarish, oyoqlarni bukish va b.k. Tug`ruqdan so`nggi 1-kuniyoq kun davomida bir necha marta tug`ri ichak sfinkterini qiskartirish tavsiya etiladi. Butun muolaja 12-14 mashqdan iborat bulib, o`rtacha 20 daqiqa davom etadi. Bundan tashqari periferik qon aylanishini yaxshilash uchun oyoq-qo`llarni uqalash mumkin. Tug`ruqdan so`ng 2-kuni xuddi o`sha mashqlar takrorlanadi, biroq ularning amplitudasi kuchaytiriladi: jumladan, oyoqlarni navbatma-navbat ko`tarish, oyoqlar bilan krest harakat qilishlar buyuriladi. Agar tug`ish paytida tug`ish yo`lida to`qimalar yirtilishi sodir bo`lgan bo`lsa, mashqlar og`riqlar bezovta qilmay qolganda bajariladi. qo`llar bilan aylanma harakatlar qilish foydalidir: ular laktasiyani normallashtiradi va o`pka ventilatsiyasini faollashtiradi. 2-kundan boshlab ayol tug`ri ichagi sfinkterini intensivrok qisqartirishi kerak. Kichik tos organlari qon aylanishini yaxshilash uchun sonlarni tashqariga aylanma harakati qilinadi (bunda oyoqlar tugr`i va bukilgan holatda bo`ladi).

Tug`ruqdan keyingi 3-kuni jismoniy mashqlar tik turgan holatda bajariladi: tanani yon tomonlarga burish va bukish, tosning aylanma xarakatlari, yarim o`tirishlar, oyoqni tug`riga, yon tomonlarga va orqaga uzatish, oyoq uchlarida turish va hokazo. Mashqlar odatda bolani emizgandan 0.5 soat keyin bajariladi. Keyingi kunlari, bachadon o`lchamlari kichrayganda yotgan holatda oyoqlar bilan turli mashqlar bajariladi: velosiped qilish, aylanma, krest harakatlari, qarama qarshi tomonga uzatish va boshqalar. Tug`ruqdan keyingi davrda homiladorlik davrida qilingan oraliqni cho`zuvchi mashqlar tavsiya etilmaydi. Davolash mashqlari guruhli usulda o`tkaziladi. Agar tug`ish asoratli kechgan bo`lsa, individual muolajalar olib boriladi.

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«Значение факторов риска в задержке пубертата у мальчиков»

Урманова Ю.М., Мавлонов У.Х., Сафарова Ш.М.

Республиканский Специализированный Научно-Практический Медицинский Центр Эндокринологии МЗ РУз, отдел нейроэндокринологии и хирургии гипофиза, Бухарский Областной эндокринологический диспансер, Ташкентский Медицинский Педиатрический Институт, кафедра эндокринологи, детской эндокринологии

Актуальность. Считается доказанным, что пубертатный период относится к числу тех жизненных процессов, которые не связаны с хронологическим (календарным) возрастом индивидуума и целесообразность выделения этой возрастной группы обусловлена социальными и биологическими детерминантами подросткового возраста (Романова Т.А., 2019).

Факторы, влияющие на сроки полового созревания, принципиально подразделяются на две основные группы: немодифицируемые (такие как генетические) и модифицируемые (наличие избыточной массы тела, уровень физической нагрузки, социальные условия). Последние потенциально поддаются коррекции (Дедов И.И., 2018).

Цель исследования – изучить роль факторов риска в задержке пубертата у мальчиков.

Материал и методы исследования- под нашим наблюдением находилось 74 мальчиков с конституциональной формой задержки пубертата (КФЗП). Средний возраст составил 13,8 лет. Всем больным был выполнен комплекс исследований, включавший общеклинические, биохимические, гормональные (ГР, ЛГ, ФСГ, свободный тестостерон, пролактин, кортизол, ТТГ и др.), определение костного возраста, антропометрические показатели по карте Таннера-Вайтхауза, оценка стадии полового развития по Таннеру, и др.

Результаты исследования. Наиболее частыми жалобами больных были головокружения (32%), утомляемость (30%), головные боли (29%), общая слабость (28%), снижение памяти (25%), раздражительность (24%), нарушения сна (17,4%) и др. По степени выраженности нарушений развития больные распределялись следующим образом: задержка роста и пубертата – 17%, задержка роста, пубертата и речевого развития – 4,3%, задержка роста,

пубертата, речевого и психомоторного развития – 1,06%. Среди сопутствующих заболеваний преобладали: ночной энурез (45%), хронический пиелонефрит (31%), астено-невротический синдром (30%), вегетососудистая дистония (28%), хронический тонзиллит (23%), хронический гепатит (10%).

По нашим данным, у мальчиков в среднем стадия полового развития соответствовала по Таннеру первой стадии, хотя в норме должна была быть 3 стадия. Объем яичек в среднем был $4,98 \pm 3,63$. Средние уровни гормонов были следующими: свободный тестостерон 1, 21 нмоль/л, ЛГ – 2,7 мМЕ/л, ФСГ – 3,4 мМЕ/л, ГР -2,3 нг/мл, ТТГ – 2,4 мМЕ/л, кортизол 106,5 нг/мл, тироксин 96,9 нмоль/л, трийодтиронин 1,7 нг/мл Средний рост мальчиков был в пределах 125, 5 см, что соответствует SDS > -2. Таким образом, было установлено запаздывание активации гипоталамо-гипофизарно-гонадной системы.

Было выявлено, что среди факторов риска заболевания у мальчиков с КФЗП преобладали низкорослость в роду -45 (84%), перинатальная травма – 23 (42,5%), черепно-мозговые травмы – 19 (35,1%), осложненное течение беременности. у матери - 17 (31,4%). ИМТ >30 – 16 (29,6%), частые стрессы – 15 (28%), курение -5 (9,2%), частые простудные заболевания – 5 (9,2%),

Выводы. 1) Конституциональная форма задержки пубертата у мальчиков характеризуется многообразием клинических проявлений и запаздыванием активации гипоталамо-гипофизарно-гонадной системы.

2) Установлено, что наиболее частыми факторами риска у мальчиков с КФЗП являются низкорослость в роду -45 (84%), черепно-мозговые травмы – 19 (76%), перинатальная травма – 23 (42,5%), ИМТ >30 – 16 (29,6%%), частые стрессы – 15 (28%).

PHILOLOGY

Роль социального компонента в семантической структуре слова

Икрамова Шахло Абдурасуловна,

преподаватель УзГУМЯ

Аннотация. В данной статье речь идет о современном состоянии изучения проблемы семантической структуры лексических единиц, раскрываются семантические компоненты слова, взаимосвязь между ними, определяются место и роль социального компонента в семантической структуре слова.

Ключевые слова: слово, семантика, семантическая структура, лексическое значение, прагматический макрокомпонент, социальный параметр, социальный компонент.

Abstract. This article deals with the current state of studying the problem of the semantic structure of lexical units, reveals the semantic components of the word, the relationship between them, determines the place and role of the social component in the semantic structure of the word.

Key words: word, semantics, semantic structure, lexical meaning, pragmatic macro component, social parameter, social component.

Семантика слова является системным образованием, обладающим своеобразной структурой, которую в лингвистической литературе обозначают как семантическую структуру слова.

Семантическая структура слова типологизируется иерархически и состоит из набора семантических компонентов, которые в современном языкознании делятся на:

1) мега компоненты, представляющие собой совокупность основного лексического значения слова и его структурно-языковых значений;

2) макрокомпоненты, которые обычно в лексическом значении слова подразделяются на денотативное и коннотативное значения [Маклакова, 2013, с. 3], а в составе структурно-языковых значений – на грамматическое и функциональное значения [Маклакова, 2013, с. 8];

3) микрокомпоненты как составляющий макрокомпонент конкретный набор сем, например, «функциональный макрокомпонент включает стилистические, социальные, темпоральные, частотные и территориальные семы» [Маклакова, 2013, с. 9].

В семантической структуре слова одной из составляющих лексического значения выступает прагматический макрокомпонент, изучение которого приобретает особую актуальность в рамках структурно-системной и коммуникативной лингвистики.

Прагматический макрокомпонент в свою очередь включает ряд микрокомпонентов, в частности выделяются такие составляющие, как:

- эмотивно-оценочный компонент;
- идеологический компонент;
- социальный компонент;
- гендерный компонент;
- возрастной компонент;
- статусный компонент и др.

Следует отметить, что микрокомпоненты прагматического макрокомпонента служат для выражения аксиологических свойств лексического значения слова.

Е.Ю. Булыгиной и Т.А. Трипольской при моделировании структуры прагматического макрокомпонента лексического значения слов наряду с вышеуказанными составляющими также выявлены случаи их комбинирования, в частности сочетание:

- 1) социального и оценочного компонентов;
- 2) гендерного и оценочного компонентов;
- 3) идеологического и оценочного компонентов. Эта комбинация может быть представлена сочетанием:
 - а) конфессионального и оценочного компонентов;
 - б) политического и оценочного компонентов;
- 4) социального, возрастного и оценочного компонентов;

- 5) национально-культурного, оценочного и образного компонентов;
 - 6) национально-культурного, гендерного и оценочного компонентов;
 - 7) национального/этнического, социального и оценочного компонентов
- [Булыгина, Трипольская, 2017, с. 6-7].

Как видим, микрокомпоненты прагматического макрокомпонента семантической структуры слова по своей сущности напрямую восходят к социальным параметрам речи, связанным с половой принадлежностью обозначаемых референций, с социально-политическими, национально-культурными, религиозными факторами.

Взаимообусловленность компонентов семантической структуры слова с социальными параметрами определяется тесной взаимосвязью и взаимовлиянием языка и общества. Особую значимость, в связи с этим приобретают знания о различных социумах, социальных ролях их членов, социальном статусе и отношениях, что для краткости изложения обозначим как социальный компонент семантики лексической единицы, или же социальную семантику слова.

У.Н. Козынцева, изучая социальную семантику глагольных лексем в русском языке приходит к выводу, что «значения социальных компонентов отражают практически все элементы прагматических ситуаций, называемых глаголами. Чаще всего социально маркированным оказывается компонент, обозначающий субъект действия: это может быть указание на высокий или низкий социальный статус лица (отчитывать – делать «строгое замечание, выговор», семенить – «о незначительном человеке») и указание на то, что субъектом является организованная или неорганизованная группа людей (выпускать – «результат труда всего коллектива», отхлынуть – «о толпе»)» [Козынцева, 2017, с. 95].

Однако социальную маркировку могут приобретать не только компоненты семантики слова, обозначающие на субъект действия, но также компоненты, служащие для обозначения:

- характер действия (эвакуировать – «в организованном порядке»);

- цели действия (прибывать – «по официальной надобности»);
 - объект действия:
 - а) социально значимый предмет (реставрировать – «памятники искусства, архитектуры, культуры»);
 - б) группу лиц (располагать – «войска, группы лиц»);
 - законность/незаконность действия (вкрадываться – «тайком», удирать – «скрываясь»);
 - наказание (расстреливать – «смертная казнь»);
 - знаковость совершения действия (посвящать – «как дань памяти, уважения, почитания»);
 - должностное лицо (запрашивать);
 - административный орган (заявлять);
 - время (курсировать – «регулярные поездки»);
 - пространство (водворять – «на местоительство»);
 - обычаи (хоронить, захоронить – «с соблюдением принятых обрядов, обычаев»);
 - «своих»/ «чужих» (блокировать – «изолировать неприятеля»)
- [Козынцева, 2017, с. 95-97].

Таким образом, социальный компонент занимает особое место в семантической структуре слова и играет в ней важную роль, отражая в себе языковую действительность, связанную с жизнедеятельностью носителей языка как представителей определенной социальной группы, реализующих конкретные социальные роли и отношения.

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Маҳмудхўжа Бехбудий публицистикасида лисоний даражаланиш

Мансурбек Машарипов,
ТДПУ эркин тадқиқотчиси

Аннотация. Мақолада жаҳид маърифатпарвар адиби Маҳмудхўжа Бехбудийнинг публицистик асарлари матнида қўлланган лисоний даражаланиш (градуонимия) ҳодисаси лингвистик ўрганилган. Лисоний даражаланиш ҳодисасининг маъновий турлари, ҳосил бўлиш типлари ҳамда уларнинг публицистик нутқ ва услуб шаклланишидаги ўрни ёритилган.

Калит сўзлар: публицистик услуб, градуонимия, лисоний даражаланиш, маъновий даражаланиш, денотат, доминанта, синонимик қатор, услубий бўёқ, экспрессивлик, градуонимик парадигма.

Публицистикада мақола таҳлилий жанр турларининг ўзагини ташкил қилади. У муайян мавзу таҳлил қилинган, шу асосда керакли хулосалар чиқарилган образли ахборот манбаи ҳисобланади. Маълум муаммони ўртага қўйиш, уни таҳлил қилиш, далиллар билан ҳар томонлама асослаш ва умумлаштириш асосида тегишли хулосаларни бериш мақола жанри моҳиятида ўз аксини топади. Мақола жанри тилдан фойдаланишда ниҳоятда кенг имкониятларга эга. Мақолада луғавий воситалардан ижтимоий-сиёсий, иқтисодий, маданий, санъат, адабиёт, тиббиёт ва бошқа соҳаларга оид терминлар билан бир қаторда турли услубий маъноларга эга сўзлардан унумли фойдаланилади. Лексик сатҳда намоён бўлувчи градуонимик бирликлар ҳам мақола жанри тилида ўзига хос услубий вазифа бажаради.

Ўзбек тилшунослик илмида даражаланиш лингвистик ҳодиса сифатида дастлаб Э.Бегматов, Ҳ.Неъматов, Р.Расулов [1:35-40], Б.Қиличев [2:20], Р.Сафарова [3:47] ишларида тадқиқ этилган бўлса, кейинчалик Ш.Орифжонованинг номзодлик [4:26], О.Бозоровнинг докторлик диссертацияларида [5:51] ўзбек тилида даражаланиш ҳодисасининг мазмун-моҳияти, сўз туркумлариаро воқеланиши атрофлича таҳлилга тортилган.

Синономик қаторларни бирлаштиришда етакчи омил синонимик парадигма сўзларининг битта умумий денотат (аталмиш)га эга, ўз парадигмаси ичида

асосан услубий бۆёқлар, қўлланиш доираси билан фарқланса, градуонимик парадигмадаги сўзлар турли денотатларни атаб келади, лекин бу денотатлар орасидаги фарқ денотатларнинг сифатларида эмас, балки миқдорий кўрсаткичларида. Синонимик муносабатлар билан боғланган сўзлар парадигмасининг аъзолари айна бир денотат, айна бир воқеликни турлича атаб, ифодалаб, номлаб келади. Градуонимик муносабатлар билан боғланган сўзлар парадигмаси аъзолари турли денотатларда айна бир белгининг турли миқдорда ўсиб бориш ёки камайиш муносабатлари билан боғланган бўлади. Бу денотатлар ўзаро сифат белгиларининг, сўзларнинг маъноси билан бир қаторда улар ифодалаган маънонинг миқдори ҳар хил бўлса – градуонимия ҳодисаси саналади.

Ш.Орифжонова ўз тадқиқотида градуонимия – даражаланиш сўзини тилшунослик атамаси сифатида ўзбек тилшунослигида биринчилардан бўлиб Р.Сафарова ва “Систем лексикология тезислари” муаллифлари ишлатишганини ва у ҳам шу атамадан фойдаланганлигини таъкидлайди. Демак, бугунги тилшунослик фанимизда градуонимия ва унинг ўзбекча муқобили даражаланиш атамаси сўзлараро маъновий муносабатларнинг бир кўринишини атовчи илмий тушунча сифатида оммалашмоқда.

Сўзларнинг даражаланиш қаторларини ажратишдаги асосий омил улардаги маъновий омил бўлиб, бунда ҳар бир сўзда маълум бир белгининг турлича даражаланишига ишора мавжудлиги тушунилади. Сўзлараро лисоний муносабат саналувчи даражаланиш ҳодисаси бир неча сўзнинг маълум бир белгининг оз-кўплигига қараб, сўзларнинг маъновий қаторида, тизимида намоён бўлади. Бунда доминанта ва қуршов сўзлари фарқланади. Даражаланувчи сўзлар маънодош бўлиши ҳам, маънодош бўлмаслиги ҳам мумкин [6:7].

Даражаланиш ҳодисаси Маҳмуджўжа Бехбудий публицистикаси тилида ҳам ўзига хос тарзда воқеланган. Улардан бири лисоний даражаланиш. Лисоний даражаланиш юқорида таъкидланганидек, лексик бирликлар ифодалаган семантик маънолардаги сифат белгиларининг ўсиб бориш ёки

камайиб бориш муносабатлари билан боғланишидир. Бунда одатдаги тил қонунияти сифатида градуонимик парадигма аъзолари турли денотатларда айни бир белгининг турли миқдорда ўсиб бориш ёки камайиш хусусиятларини ифодалайди. Маҳмудхўжа Бехбудий публицистик услуб талаби билан лисоний градуонимлардан унумли фойдаланган. “Ўзбек тилининг сўзлар даражаланиши ўқув луғати”да пайт отларида вақт миқдорининг ортиб бориши лаҳза – он – сония – дақиқа – соат – кун – сутка – ҳафта – ой – йил – аср – эра [6:40] каби лексемаларда даражаланиши келтирилган. Бехбудий мақолаларида вақтнинг даражаси соат – кун – ҳафта – ой – йил тарзида ифодаланган: “Иштирокиюн”, “Инқилобиюн” ва “Қора гуруҳ” деган ҳизблар сабаби ила Русияда ҳар **кун**, ҳар **ой**, ҳар **йил** фасод ва инқилоб, бузуқлик жорий бўлуб турубдур” [7:283]; “Хатти истивонинг бир **куни** 24 **соатга**, бир **ойи** 30 кунга, бир **йили** 365 кунга тенг бўлуб, кеча ва кундузи доимо 12 соатдан узун ва қисқа бўлмайдур” [7:447]; “Биз бўлсак, ўлук ва тўй учун **ҳафталар**, **ойлар**, ҳатто **йиллар** ила ишдан қолурмиз” [7:453].

Ҳозирги ўзбек адабий тилида ранг белгисини ифодаловчи ҚИЗИЛ лексемасининг аташ маъносидаги миқдорнинг даражаланиши гулоби – пушти – қизғиш – қизил – ол – қирмизи тарзида қайд этилган [6:7]. Луғатда форсча СУРХ сўзи ҳам “қизил”, “қирмизи” каби маъноларни ифодалаши кўрсатилган [8:596]. Мақолалар матнида белги ифодаловчи сурх – қизил лексемалари бир даражаланиш қаторини ҳосил қилган: “**Сурх**, **қизил** сиёҳи ила форсча шу мазмунли бир унвон ёзибдур [7:3). Худди шу каби арабча “йил, йил ҳисоби” маъноларини англатувчи САНА лексемаси [8:437] орқали миқдор-даражанинг кўпдан камликка томон даражаланиш қатори ҳосил қилинганлиги кузатилади саналик – ярим саналик – чораклик: “Садои Туркистон” ҳозир ҳафтада икки ва тадрижан явмий ўлур. **Саналик** 4 сўм, **ярим саналик** 2 сўм, **чораклик** 1 сўм 50 тийин” [7:430). Бундан муаллифнинг ўз қатламга оид лексемаларнинг даражаланиш қаторида ўзлашма қатлам лексемаларни ҳам киритганлиги кузатилади.

Лисоний градуонимия ҳодисасини мақолалар матнидаги бир-бирига

Ўхшаш тушунчаларни ифодалаш ҳолати, яъни маъновий даражаланиш ҳосил қилган лексемалар ҳамда айни бир тушунчанинг турли хил миқорига ишора қилиш, яъни услубий бўёғига кўра даражаланишни юзага келтирган лексемалар орасида яна қуйидаги маъноларда кузатиш мумкин: 1) қўлланиш даврининг тарихийлигига кўра даражаланиш қаторини ҳосил қилган лексемалар **маслаҳат – кенгаш – машварат**: “Маъқул ва нафлик **маслаҳат** ва **машваратларни** эшитмоқ керак. Бошқалардан ибрат олуб, **кенгашмоқ** лозим” [7:486]; 2) қўлланиш доирасининг кенг-торлигига кўра даражаланиш ҳосил қилган лексемалар **панд – насиҳат – ўғит**: “Ҳар миллатнинг уламози, аҳли қалами, мутафаккири ўз миллатининг ояндаси учун йўл кўрсатур, машварат берур, миллат ахлоқининг ислоҳи учун масжидларда **панд ва насиҳат** берур, маҳалла ва оилаларда дунё ва охират ҳақида **ўғит** берур. [7:389]; 3) белгини кучли даражада ифодалашига кўра даражаланиш қаторини ҳосил қилган лексемалар **мушкул – машаққатли – душвор**: “Муаллим афандилар шогирдлариға бул тариқа **мушкул, машаққат ва душворлик** ишла рини фикр қилмасмукинлар” [7:242]; 4) таркибининг боғлиқли-боғлиқсизлигига кўра даражаланиш қаторини ҳосил қилган лексемалар **умумийлик – хусусийлик**: “Булҳавас вакиллар, албатта, шармсор бўладур, **умумий ва хусусий** ҳолларидин ҳар кун хабардор бўлуб турадурмиз” [7:256]; 5) худудий кўламининг кенглигига кўра даражаланиш ҳосил қилган лексемалар **маҳалла – гузар – даҳа**: “Бу айб муаллимники эмас, **маҳалла ва гузар** халқининг айбидур. Ҳозир жамъи шаҳар ва **даҳаларимизнинг** юздан тўқсони калонъом балҳум азалға мазҳардур” [7:256]; 6) миқдорнинг ошиб боришига кўра даражаланиш ҳосил қилган лексемалар **уч – тўрт – беш**: “Бу фасл ва боблар китобимизни ақлий қисмидурки, ушбу фанларни ўқумаган киши **уч, тўрт, беш**, хатто **ўн** маротаба баъзи жойини такрор ўқумагунча тушунмайдур [7:244]; 7) ҳажмнинг ошиб боришига кўра даражаланиш ҳосил қилган лексемалар **саҳифа – фасл – боб**: “Чунки ул китобларни ҳар қаю **саҳифа, фасл ва бобларида** озодлик олмоқ нишонаси бўлмай зодликға сабаб йўқ [7:242]; 8) сатҳга нисбатан қуйи-юқори эканлигига кўра даражаланиш

ҳосил қилган лексемалар паст – текис – баланд: Ҳар қанча хатти истивонинг **текис** тарафиға кетилса, Темур қозик юлдузи **паст** ва **баланд** бўлганиға қараб вазъ ва тақсим қилгандурки, шояд бошқа вақтда тафсил ва кайфиятидан ёзилур [7:449]; 9) ҳаракат ва ҳолатнинг бажарилиш замони, пайтига кўра даражаланиш ҳосил қилган лексемалар демадук – демаяпмиз – демаймиз: “Биз ҳеч кимни шахсига зарар қиладургон сўз **демадук**, **демаяпмиз** ва **демаймиз**” [7:328]. Эътибор қаратсак, мисоллардаги лисоний градуонимик қатор аъзолари даражанинг ортиб бориши тартибида, миқдорнинг, сифатнинг ошиши, бўёқдорлик ва экспрессивликнинг кучайиши тартибида воқеланмоқда. Публицистик матнда воқеа-ҳодисанинг тавсифи жараёнида бундай лисоний даражаланган лексемалардан фойдаланиш айтилмоқчи бўлган фикрнинг реаллашишини таъминлашга хизмат қилади. Шу мақсадда ижодкор фикрнинг бутун маъно нозикликлари билан ифодаляйдиган сўзни танляйди. Муаллифнинг градуонимик қатор аъзоларидан ўз ўрнида маҳорат билан фойдаланиши публицистик услуб тилини бойитиб, ўқувчига мавжуд фикрни асосли, тўлиқ тарзда етказилишига хизмат қилган.

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