

TO IDENTIFY THE CALCIOLOGICAL DEFICIENCY THAT OCCURS AGAINST THE BACKGROUND OF HELMINTHIASIS IN CHILDREN

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Abstract: Globally, calcium levels have been studied in children and adults, and the complications and deficiencies resulting from its deficiency have been shown to be relevant, but calcium levels in parasitic diseases have not been studied. The prevalence of vitamin D and calcium deficiency around the world, the proliferation of disease pathogens, and the re-examination of this problem in terms of damage to many organs and systems are of scientific interest in conducting research in this area. Calcium makes up 2% of the total mass of the body. In the Russian Federation, 30-76% of children have calcium deficiency. Vitamin D and calcium deficiency have been found to have a negative effect on the immune system of children. According to Australian scientists, in countries in the northern latitudes, 94% of children have hypocalcemia, of which 86% have symptoms of rickets.

Keywords: Gelmintosis, vitamin D, enterobiosis, gimenolepidosis, lyambliosis, ascariidosis.

Relevance

It is known that helminths are a common infectious disease among children, which poses a serious threat to children's health. According to the World Health Organization (who), parasitic diseases are the third most common infectious disease (after diarrhea and tuberculosis) after coronary heart disease.

Helminthoses are among the most common diseases in Uzbekistan, among other regions, they account for more than 90% of Parasitic Diseases, and for many years the level of damage to the population has been steadily rising. Every year more than 200 thousand pests are registered in the country. According to the data, in 7580703 people 263167 infected with helminths examined (3,5%) were detected. The development and growth of livestock is the reason for the increase in the incidence of diseases (trichinellosis, tenindoses), infectious diseases (trichinellosis, tenindoses) with the consumption of meat products of domestic animals, the use of people's feces in agriculture as biogelminthoses (ascariasis, trichosephalyosis).

Kaltsiy and vitamin D deficiency in parasitic diseases of different appearance today are among the most important theoretical and practical medicine on account of the degree of occurrence, complications, medical, social, economic damage caused among patients of different ages on a global scale.

The diseases of adults and children associated with mental retardation on a global scale have been studied in depth, and their modern diagnostic and therapeutic criteria have been developed. But in the case of helminthosis among children, the problems of kaltsium and vitamin D deficiency remain relevant. The widespread prevalence of vitamin D and kaltsi deficiency all over the world, the complexity of the pathogenesis of the disease, the revision of this problem in terms of the lesions of many organs and systems, requires research in this area. Absorbed from the small intestine, kaltsium flows into the blood through a protein that binds calcium and is transported and travels to skeletons and bones and settles. Kalt when necessary for the body, it decomposes from the bones into blood and, having fulfilled its functions, then enters the intestines, decomposes with feces. In oragenism, a constant exchange of minerals occurs in the fluid outside the bones and cells, thereby providing mineral homeostasis. There are three types of bone cells: osteoblasts (the production of bone matrix), osteocytes and osteoclasts. In Russia, it has been found that violations of mental metabolism in older people lead to "osteoporosis", "osteomalacia", "osteoporosis". [4] Osteopenia is a decrease in bone mass; osteomalacia is an osteopenic condition associated with a violation of bone mineralization; osteoporosis is a systemic disease, which is characterized by a decrease in bone mass and the restructuring of bone tissue, and all this increases the risk of bone fracture. [12].

Purpose of scientific research: Determination of the frequency of occurrence of social insufficiency in parasitic diseases.

Materials and research methods.

In the study, we analyzed 150 children's observations in 2018-2020 years in Buxoro Regional Hospital of responsible diseases, Parasitology Department. A total of 90 children were allocated for the research work. Of these, 60 were selected as the main group and 30 as the control group. The study was divided into 4 groups according to the age groups of the separated children. In this case, children aged 1-3 years consisted of 12 people (20%), children 3-7 years of age 16 people (27%), children 7-11 years of age 26 people (43%), children 11-18 years of age 6 people (10%). A total of 30 children were selected as the control group. In this case, children aged 1-3 years were 7 people (23.3%), children aged 3-7 years 16 people (30%), children 7-11 years 10 people (33.3%), children 11-18 years 6 people (13.3%). 57 (63.3%) of the children allocated for the study were boys, 33 (36.7%) were girls.

We put the diagnosis on the basis of the history of the disease, epidemiological Anamnesis, clinical and laboratory data. Laboratory diagnosis: we used parasitological, immunological and allergic examinations.

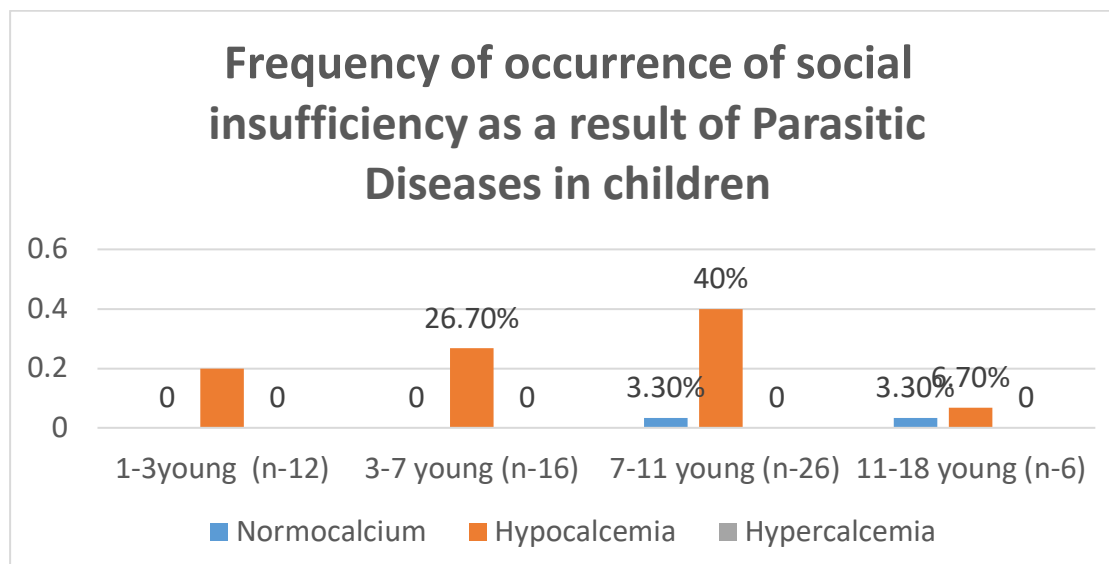
Results and discussion of them.

It is based on the identification of the causative insufficiency in children as a result of parasitic diseases, as well as assessing their association with the risk factors that cause gels among children, the development of profilactic programs for their early detection and Prevention. In connection with the above, the prevalence rate of parasitic diseases among children was studied. In the analysis, pathological cases of parasitic diseases such as lyamblya, entriobiosis, heminolipidosis and askerida were detected among children.

The frequency of occurrence of social insufficiency as a result of Parasitic Diseases in children was studied. It was found that in 1-3-year-old 12 children who were examined, normacaltsimia was 0%(0), hypokaltsiemia was 100 %(12), hypercaltsiemia was 0%(0). It was found that normacaltsimia was

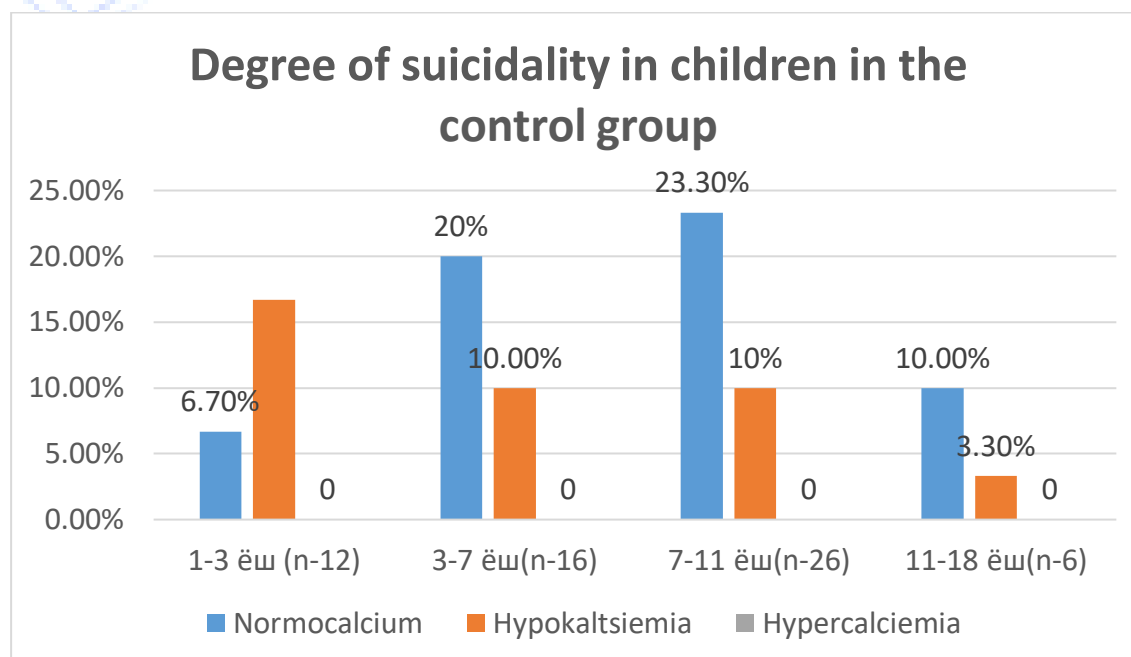
0%(0) in children aged 3-7 years 16, hypocalcemia was 100 % (16), hypercalcemia was 0%(0) in children aged 7-11 years normocalcemia was 7.7% (2), hypocalcemia was 92.3% (24), hypercalcemia was 0%(0). It was found that normocalcemia accounted for 33.3% (2), hypocalcemia 66.7% (4), hypercalcemia 0%(0) in 6 children aged 11-18 years.

Picture 1



The following results were obtained when children in the control group were found to have kaltsi. Children aged 1-3 years constitute 7 people, normocalcemia in 2 (6.7%) of them, hypocalcemia in 5 (16.7%), children aged 3-7 constitute 9 people, normocalcemia in 6 (20%) of them, hypocalcemia in 3 (10%), children aged 7-11 make up 10 people, normocalcemia in 7 (23.3%) of them, hypocalcemia in 3 (10%), children aged 11-18 make up 4 people, of these, 3 (10%) had normocalcemia, 1 (3.3%) had hypocalcemia. Thus, it was found that 60% of children in the control group had idanormocalcemia, while 40% had idahypocalcemia.

Picture 2



Conclusion.

Children were divided into age groups and on the basis of these age groups, the prevalence rate of Parasitic Diseases was studied. 12 children aged 1-3, 16 children aged 3-7, 26 children aged 7-11, 6 children aged 11-18 were separated as control groups. The remaining 20 were healthy children. As can be seen from the above figures, the incidence of parasitic diseases among children aged 7-11 years, the incidence of Parasitic Diseases was 43.3%, which means a high rate. Even among all age groups, the co-occurrence of lymphobiosis, enterobiosis, heminlipidosis showed higher percentages compared to other combinations. 50% (n=6) of children aged 1-3 years were infected; 74% (n=12) of children aged 3-7 years; 78.7% (n=20) of children aged 7-11 years; 66.6% (n=4) of children aged 11-18 years were infected and noted to come together with lymphobiosis, enterobiosis, heminlipidosis. When we analyzed the degree of occurrence of social insufficiency as a result of Parasitic Diseases in children, we witnessed the following results. Thus, according to the results obtained, in total 60 children, the normocalcemia status was 6.7% (4), the hypocalcemia status was 93.3% (56), the hypercalcemia status was 0% (0).

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