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IMMUNOLOGII DISEASES ACUTE TAVRIDA IMMUNOLOGIST DISORDERS OF ISCHEMIC STROKE, AND TREATMENT OPTIONS WITH REFLEXOTHERAPY METHODS

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Relevance. In the acute period of ischemic stroke, 45 patients were examined clinically and immunologically to study the immune status of patients. On the second day of onset, leukocytes (R 0.01), lymphocytes (R 0.05), mature T-lymphocytes (SD 3+) (R 0.01), T-helpers(SD 4+) (R 0.01), and cytotoxic T-lymphocytes (SD 8+) (R 0.05) were identified.

An increase in the number of V lymphocytes (CD20+) (R 0.05) and dysgammaglobulinemia was observed in the humoral joint of immunity due to a predisposition to Hyperfunctions of Ida and IgM (R0.05) and increased IgG content (r 0.05). The deviation of immune status indicators from normal values turned out to be more pronounced with the severity of neurological symptoms and an increase in heart attack.

On the 15th day from the beginning of treatment, when reflexology is introduced into the main complex of treatment measures (in 30 people, in the main group), it was noted that a number of indicators of cellular and humoral immunity have significantly improved: leukocyte reduction in peripheral blood (r 0.05), increased lymphocyte content (R0.05), relative and absolute indicators of T-lymphocyte content (CD3+) (R 0.01 and R0, 05, respectively), immunoregulation 0.05), a decrease in the number of T-lymphocytes. V-lymphocytes have normal values (r 0. 01) and increased IgG levels (r 0.05).

In the control group (15 people), where standard treatment was carried out, such a clear dynamics of indicators was not observed. Studies conducted prove that the immune system is involved in a complex complex of reactions involved in the development of brain infarcts and increase the sensitivity of such patients to the development of infectious complications, the Prevention of which reflexology can be included in the early rehabilitation schemes of this group of patients.

From the onset of the disease, on Day 2, there was an increase in leukocyte content (R0.01) and a decrease in lymphocyte (R 0.05), mature T-lymphocytes (CD3+) (R 0.01), T-helpers (CD4+) (R 0.01), and a decrease in the amount of cytotoxic T-lymphocytes (CD8+) (R0, 05). A trend has also been observed to reduce the content of cells expressing receptors for natural killers

(NK cells, CD16+) and IL-2 (CD25+) ($P < 0.05$).

An increase in the number of V-lymphocytes (CD20+) ($P < 0.05$) and dysgammaglobulinemia was observed in the humoral immune system due to a predisposition to Hyperfunctions of IgA and IgM ($P < 0.05$) and increased IgG content ($P < 0.05$). The deviation of immune status indicators from normal values turned out to be more pronounced with the severity of neurological symptoms and an increase in heart attack.

On the NIHSS scale, more pronounced lymphopenia ($P < 0.05$) was noted with a significant decrease in the content of T-lymphocytes (CD3+) ($P < 0.05$) with an increase in the size of a heart attack of more than 15 mm at moderate to severe levels of ischemic stroke. Subpopulations of T-lymphocytes ($r < 0.05$) CD4+; $r < 0$. The number of cells expressing receptors for CD4 and CD8+; ($P < 0.005$), as well as NK cells (CD16+) and IL-2 (CD25+) ($P < 0.05$) decreased.

Conclusion. Thus, these studies prove that the immune system is involved in a complex set of reactions involved in the development of brain infarcts and increase the sensitivity of these patients to the development of infectious complications. In standard therapy, the absence of changes in the state of immunity, if a violation of the basic parameters of the immune system is detected, the use of immunocorrective therapy is required.