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**Abstract:** Optimizing treatment for metabolic syndrome-associated steatohepatitis (NASH) requires a multifaceted approach that targets the underlying factors contributing to both the metabolic syndrome and the liver disease. Metabolic syndrome, which includes conditions such as obesity, insulin resistance, dyslipidemia, and hypertension, predisposes individuals to Non-Alcoholic Fatty Liver Disease (NAFLD), with the most severe form being Non-Alcoholic Steatohepatitis (NASH), where liver inflammation and damage occur. The treatment of NASH associated with metabolic syndrome involves lifestyle modifications, pharmacotherapy, and in some cases, interventions targeting specific disease pathways.

**Key words:** Dietary changes, Physical activity, Weight loss, Insulin sensitizers, Hypolipidemic agents.

Nonalcoholic fatty liver disease includes a spectrum of characteristic pathological changes associated with fat accumulation in hepatocytes (steatosis), followed by their inflammation (steatohepatitis), cirrhosis in patients and the development of hepatocellular carcinoma, and fibrosis. Currently, about 400 million World Acholi are overweight, and this problem is characterized by an epidemic on a global scale, of which 30-100% have a pronounced liver noalkogol fatty disease (JNYOK).

This disease is 60-95% in the structure of chronic liver diseases. Recent studies have shown that JNYOK, in combination with other liver diseases, is a risk factor for Type 2 diabetes mellitus and an early marker of the premorbid state of the cardiovascular system. Liver with fatty degeneration has been noted to be particularly susceptible to exogenous damage (viral, toxic, etc).

According to the latest international research and recommendations, chronic liver diffuse disease (SJDK) is considered a problem of Preventive Medicine:

- With JNYOK, the patient mortality rate was found to be 57% higher than the total population dose.
- Jnyok cryptogen is the main cause of JS and GSC (60-80%). It currently makes up the bulk of patients involved in liver transplantation.
  - Jnyok body weight index (TVI) unrelated cases are now common.

An analysis of modern epidemiological and clinical situations in relation to chronic liver diseases shows that the modern features of the prevention and epidemiology of these diseases, modern standards of treatment, remain insufficiently studied. Scientific data on modern risk factors of JNAYOK at the level of screening control and population over risk factors “epidemiological direction” in the conditions of Uzbekistan is very scarce.

The full importance of Risk Factors in the development, course, treatment and Prevention of JNAYOK has not been taken into account. The main negative factors that significantly affect the duration and quality of life of patients with JNYOK are, on the one hand, one of the main causes of liver pathology from direct steatosis to steatohepatitis, fibrosis, cirrhosis and hepatocellular carcinoma, to undergo liver transplantation, on the other hand, various metabolic disorders cause the risk of occurrence and development of a number of diseases, At the same time, when dealing with these additional risks, it is necessary to pay attention to the peculiarities of the course of JNYOK, that is, not only the clinical and biochemical activity of the disease, but also the level of liver fibrosis, which is

currently in high practical relevance from a scientific point of view, but not always in ham clinical practice this Reliable data from the studies carried out explain to us the need to consider JNYOK as a multidisciplinary problem.

Today in the world, the assessment and study of risk factors of chronic liver diseases is widely approached. The prevalence of these risk factors is associated not only with medical, but also with an increase in economic damage from chronic diseases. Therefore, taking into account the advanced experiences of the world's territories, even in our Republic there is now a need to develop an epidemiological methodology and a preventive program aimed at early detection, treatment and Prevention of chronic liver diseases and their risk factors. The cited statistics confirm that there is an increase in morbidity and mortality from chronic liver diseases in the 21st century, when manufacturers of drugs and substances supplement the pharmaceutical market with products demanded by the population. Often they are not only a healing or prophylactic property, but can also harm health and / or lead to the development of another, more serious disease (Blinov a.G., 2019).

This happens despite the fact that the treatment of liver diseases is optimally focused and has a number of clinical recommendations from the base of "guided medicine".

Qualified diploma doctors who practice the rich experience of folk medicine appear in our country, under the guidance and serious supervision of the Academy of Sciences, modern Uzbek folk medicine is based on the effective treatment of many pathologies, including chronic liver diseases, absolutely pure pharmacology and reliable / safe, effective remedies. It is currently relevant to apply folk medicine methods of treatment to official medical practice and optimize existing additional methods of treatment. It is especially relevant in the treatment of patients with chronic liver diseases: because there are no etiotropic and guaranteed treatments for these diseases so far.

The presence of such a condition in modern Hepatology or deficiencies in pharmacotherapy undoubtedly emphasizes the need for further research even in "targeted" replenishment of the traditional possibilities of modern pharmacotherapy in the treatment of chronic liver diseases with effective treatment methods of folk medicine. Thus, based on the above comments, optimizing the methods of treatment of folk medicine in solving and understanding problems with JNYOK, as well as substantiating the Prevention of the disease using advanced technologies, morbidity and JNYOK lead to an increased influence on the main territorial risk factors of development, causing a decrease in the risk of death from this disease.

Improving the treatment of patients with this disease with the methods of folk medicine will help to shorten the break between the achievements of folk medicine and clinical practice. It consists in developing food additives that contain biologically active substances that have the property of preventing and treating metabolic syndrome stetagepatitis, introducing them into practice by identifying mechanisms of action in the treatment of the disease and developing code numbers on TIF TN based on their chemical composition.

Effective treatment against metabolic syndrome steatogepatite new food supplements with causality have been developed; A new treatment for metabolic syndrome steatogepatitis has been developed using food additives; The practical significance of the research work is that the development of commodity codes for food additive TIF TN and its use in state customs practice, the introduction of scientific results into medicine, medical practice serve to raise the economy of our country. Methods of folk medicine based on the use of natural decoctions for the Prevention of steatogepatitis disease have been used in hospitals and polyclinics of the central multiplicity of the regions of Andijan, Fergana and Namangan.

**List of literature:**

1. Batskov S.S. Liver diseases in the practice of an outpatient therapist / S.S. Batskov. — St. Petersburg: LLC "SLP" — 1999. — 120 p.
2. Belyakov H.A. Metabolic syndrome in women (pathophysiology and clinic) / H.A. Belyakov, G.B. Seidova, S.Y. Chubrieva, N.V. Glukhov; edited by H.A. Belyakov— St. Petersburg: Publishing House SPb MALO, 2005.— 440 p.
3. Bogomolov P.O. Non-alcoholic fatty liver disease: steatosis and non-alcoholic steatohepatitis / P.O. Bogomolov, Yu.O. Shulpekova // *Clinical perspectives of gastroenterology, hepatology*, 2004. — No. 3. — pp. 20-27.
4. Bueverov A.O. Nonalcoholic steatohepatitis / A.O. Bueverov, M.V. Mayevskaya, E.N. Shirokova; edited by V.T. Ivashkin. Moscow, 2005-16 p.
5. Butrova S.A. Metabolic syndrome: pathogenesis, clinic, diagnosis, treatment approaches / S.A. Butrova // *Russian Medical Journal*, 2001. No. 9. pp.56-60.
6. Vinnitskaya E.V. Alcoholic and non-alcoholic steatohepatitis / E.V. Vinnitskaya, L. Y. Ilchenko, S.G. Khomeriki // *Experimental and Clinical Gastroenterology (Abstracts of articles submitted to the 4th Congress of the NOGR)*, 2004, No. 1, pp. 74-79.
7. Grigoriev P.Ya. Fatty hepatosis (fatty liver infiltration): diagnosis, treatment and prevention. — *Electron, dan*. — 2004. — Access mode: <http://www.rsl.ru>, free. — Caption from the screen
8. Zvenigorodskaya L.A. Clinical and morphological changes in the liver in patients with dyslipoproteinemia / L.A. Zvenigorodskaya, N.V. Baburova, S.D. Shepeleva, V.D. Tkachev // *Experimental and clinical gastroenterology*, 2002. — №3. — pp. 29-32.
9. Ilyushina T.B. Diagnostic possibilities of radiation research methods in the detection of fatty liver / T.V. Ilyushina, V.A. Ratnikov, A.N. Kovalev, S.K. Skulsky // *Experimental and Clinical Gastroenterology (Abstracts of articles submitted to the 4th Congress of the NOGR)*, 2004, No. 1, pp.74-79.
10. Yu.Lazebnik L.B. Metabolic syndrome / L.B. Lazebnik, L.A. Zvenigorodskaya, E.G. Egorova // *Hepatology*, 2004. No. 3. pp. 4-15.
11. Mayansky D.N. New frontiers of hepatology / D.N. Mayansky, E. Visse, K. Decker; Russian Academy of Medical Sciences, Siberian Branch. — Novosibirsk. - 1992. — 264 p.
12. Melnikova N.V. Clinical and biochemical changes and morphological features of the liver in patients with dyslipoproteinemia / N.V. Melnikova, L.A. Zvenigorodskaya, S.G. Khomeriki // *Hepatology*, 2004. No. 3. pp. 18-21.
13. Nikitin I.G. Dufalac (lactulose) in the treatment of intestinal dysbiosis in nonalcoholic steatohepatitis / I.G. Nikitin, G.I. Storozhakov, I.G. Fedorov, C.B. Lepkov, N.V. Petrenko, V.M. Volinkina, E.V. Modestova, O.A. Kondrakova, M.P. Gusarova // *Clinical perspectives of gastroenterology and hepatology*, 2002, No. 1, pp. 24-29.
14. Petukhov V.A. Liver dysfunction and dysbiosis in Savelyev's lipid distress syndrome and their correction with the prebiotic Hilak-forte / V.A. Petukhov // *Russian Medical Journal*, 2002. Vol. 10, No. 4. pp. 158-162.
15. Savelyev B.C. Lipid distress syndrome in surgery / B.C. Saveliev, E.G. Yablokov, V.A. Petukhov // *Bulletin of Experimental Biology and Medicine*, 1999, vol. 127, No. 6, pp. 604-611.