

*I.B.Bektashev**Assistant of the Department of Phthysiology and Pulmonology  
Andijan State Medical Institute, Andijan, Uzbekistan***THE USE OF FOLK REMEDIES IN THE TREATMENT OF ELDERLY PATIENTS WITH INFILTRATIVE PULMONARY TUBERCULOSIS**

**Resume:** The use of folk remedies in the treatment of elderly patients with infiltrative pulmonary tuberculosis (TB) is a subject that requires careful consideration, given the complexity of the disease, the vulnerability of elderly patients, and the potential risks and benefits of non-conventional treatments.

**Keywords:** tuberculosis in the elderly, Immune Support, Cough Relief, Appetite Stimulation.

The WHO Global Report on tuberculosis (2023), the political declaration of the UN General Assembly's 2023 high-level meeting on tuberculosis (22 September 2023):

- In the dynamics of death caused by a single infectious disease causative agent, tuberculosis ranked 2nd in 2022 after COVID-19 coronavirus infection.

- It is estimated that more than 10 million people are infected with tuberculosis every year. A large number of cases have not been identified. The WHO estimates that 10.6 million people were infected with tuberculosis in 2022. Of these, 7.5 million people were diagnosed with tuberculosis and 3.1 million cases were not identified (or not included in official statistics).

- Multi-drug resistant tuberculosis continues to pose serious health risks to the population. In 2022, approximately 410,000 people developed multiple drug-resistant or rifampicin-resistant tuberculosis (MLU/RU-TB), but only 2 out of every 5 received the necessary treatment. Currently, the epidemic situation in Uzbekistan on tuberculosis has stabilized, but there is a trend of "aging" of tuberculosis, that is, it is more common in older people. As of January 1, 2024, the number of people over the age of 60 in Uzbekistan was almost 3.5 million, which is 9.4% of the total permanent population of Uzbekistan. (According to WHO expert forecasts, progressive aging of the world's population is expected in the coming decades. The number of people who cross the 80-year limit increases especially quickly [9, 16].

According to the literature, the elderly and elderly people develop tuberculosis several times more often than other groups of the population [5, 6, 10, 13, 15, 18,19] Despite the successes achieved, tuberculosis is a complex multi-stage medical and social problem of both phthysiatrics and geriatrics.

The effectiveness of the treatment of tuberculosis patients in the Russian Federation is not high enough. In 2016, 10.4 million people were infected with tuberculosis, including 1.7 million who died of the disease [2]. A serious problem affecting the general situation is the peculiarities of determining pulmonary tuberculosis in elderly and elderly patients. The relevance of this problem is due to difficulties and timely diagnosis due to the presence of several concomitant pathologies in elderly people. In this category of people, the process of tuberculosis in most cases is accompanied by the destruction of lung tissue and the release of bacteria. A fuzzy clinical picture in patients of this age group, a weak degree of reaction to the Mantoux test, x-ray properties and a clearly concomitant pathology make it difficult to diagnose tuberculosis in a timely manner. Starting in 2001, tuberculosis incidence in people aged 65 years and over decreased from 36.1 to 22.8 per 100,000 inhabitants, with an increase in the proportion of the elderly and elderly among newly diagnosed tuberculosis patients [14.17].

Over the past centuries, the life expectancy of a person has increased, the onset of aging and the duration of this period have significantly moved forward over time. However, the onset of old age is accompanied by physiological signs, psychological and social problems that have not always changed. With age, breathing becomes more frequent, the function of cleansing the bronchi decreases, the elasticity of lung tissue decreases, the blood vessels of the lungs undergo atherosclerotic changes, the maximum ventilation of the lungs decreases. The lungs of smokers are especially sensitive to this process. Among other age groups of patients, the problem of isolating pulmonary tuberculosis in elderly and elderly people is associated with the peculiarities of physiological and pathogenetic processes in old age and a decrease in the diagnostic value of many signs of the disease. Older people are more at risk for tuberculosis because they often have weak immunity and are more susceptible to infections.

Various concomitant diseases negatively affect the body's resistance to tuberculosis infection. Bernhard the German doctor called the old man a large ensemble of age-related diseases and many diseases. In addition, it is known that the body meets the Cox stick throughout life, so there may be old tuberculosis foci and fibrosclerotic changes in the body of an elderly person, mainly in the lungs and intrathoracic lymph nodes. Under the influence of certain unfavorable factors, their exacerbation occurs, which is characterized by the formation of new foci and infiltrates, and the infection is further spread through the blood, lymph and bronchi. Many elderly people are not always regularly involved in X-rays and medical examinations due to their inertia and neglect of medical facilities. Some of them do not seek medical help in time, they mistakenly think that some of the symptoms they experience (cough, shortness of breath, poor appetite, weight loss, etc.) are not the result of the inevitable fate of an elderly person. In such conditions, the disease is most often diagnosed at an advanced stage.

For the same reason, some patients with respiratory tuberculosis, especially those over 70 years old, are unknown to dispensaries during their lifetime and die from this disease [2, 6, 13, 15]. The study of the features of the course of pulmonary tuberculosis in the elderly and elderly helps to determine therapeutic tactics and in each individual case choose the most optimal methods of treating tuberculosis and concomitant diseases. Russian and foreign publications are mainly devoted to the diagnosis of tuberculosis in old age, concomitant diseases in patients with tuberculosis, but do not indicate the use of traditional medical methods to prevent complications of tuberculosis, prevent and increase the side effects of anti-tuberculosis drugs. The effectiveness of treatment in this group of patients [2]. It is also worth noting the insufficient effectiveness of the treatment of elderly tuberculosis, which is always one of the complex problems of phthisiatry.

The issues of treating tuberculosis in old age using traditional medical methods are the least covered in modern literature. The treatment of elderly and elderly patients is based on WHO recommendations and national protocols for the standard treatment of tuberculosis, which include long-term use of many drugs for many months, therefore, at least four anti-tuberculosis drugs should be prescribed during the intensive care phase. Drug intolerance is often observed, which requires changing standard regimens and reducing drug doses, which ultimately leads to a decrease in the effectiveness of treatment [3,7,12]. Here we have not found sources for a group of patients who indicate the use of various methods of traditional medicine in the treatment of infiltrative tuberculosis to improve the effectiveness of tuberculosis treatment. In this study, in order to prevent complications of tuberculosis in the elderly and elderly with an infiltrative form of tuberculosis, as a result of prophylaxis of side effects of antibacterial drugs, in order to increase the effectiveness of the treatment of these patients, I.R.The "complex" developed by Asgarov is explained by the extraction of compounds with biological activity in the composition of the compounds of Rachmonium and newly created food and their study using modern physicochemical methods. The production of "set Rachmony" and new food compounds created from folk medicine methods and maxallian herbs, as

well as their technical conditions, technological guidance and the standard of organization are created and coordinated.

#### Literature:

1. Statistics of agentstvo - Tashkent, April 25, 2024 — Sputnik).
2. Atadzhanova O.N., Khasanova M.F., Yusupov Sh.R., Askarova R.I. Tuberculosis U pasientov preklonnogo vozrasta na Etape stasionarnogo vedeniya bolnix // Vestnik nauki I obrazovaniya, 2024, PP.4
3. Barkanova O.N., Gagarina S.G., Kalujenina A.A., Popkova N.L. Sovremennaya chemotherapy tuberculosis// Lekarstvenniy Vestnik, 2021, No. 1 (81), PP.7.
4. Egorova V.F. Tuberculez O pojilix lyudey. [https://hospital58.ru/publications//asset\\_publisher/gO67NuUDmovj/content](https://hospital58.ru/publications//asset_publisher/gO67NuUDmovj/content), 31 times 2022
5. Zakharov Compiled A.V., Khokhlov A.L., Ergeshev A.E. Osobennosti lechenia I effektivnost lechenia tuberculeza legkix u pasientov pojilogo I pojilogo vozrasta PRI ustoychivosti vzbuditelya K izoniazidu // Klinicheskaya Gerontology, 2017, pp.5
6. M.A.Karachunsky, T.E.Uvarova, Effektivnost intensivnoy stadii ximioterapii tuberculeza u pasientov pojilogo I starcheskogo vozrasta, problema tuberculeznoy bolezni, 2004:(3):19-21.;
7. Klinicheskie rekomendatsii, tuberculosis U vzroslix, m.2022, P.139)
8. Melentev A.C., Gasilin B.C., Gusev E.I., Martinov I.V., Rilova A.K., Martinov A.I. The geriatric aspect is vnutrennix bolezney. M.: Media, 1995. - 394 s
9. Omelchuk D.E., Bolshakova I.A., Dyurlyukova A.A. Osobennosti techeniya tuberculeza organov dixania u Lis 60 Let I starshe // Sovremennie problemi nauki I obrazovaniya. – 2023. - №5, p.20-25 URL: <https://science-education.ru/ru/article/view?id=33003>
10. Politicheskaya deklaratsiya zasedaniya visokogo urovnya Generalnoy Assembly Oon po borbe s tuberculezom 2023 (22 September 2023
11. Ronjina E.G. Tuberculosis O pacilix // <http://nsk-niit.ru/ru/nii-tuberkuleza/news/tuberkulez-u-pozhilyh>, 06.09.23
12. Savonenkova L.N., Ruzov V.I., Asanov R. B., Midlenko O.V., Asanov B.M., Anisimova S.V. Osobennosti techeniya tuberculeza u Lis pojilogo I starcheskogo vozrasta//Tuberculez I bolezni legkix, 2019, t. 97, No. 12, p.22-26.;
13. Skorovarova N.I., Loginov A.V., Osobennosti techeniya tuberculeza u Lis pozhilogo I starcheskogo vozrasta Orenburgsky medisinsky Vestnik 2016, Tom IV, No. 3 (15), PP.94-95;
14. Uvarova T.E. Effektivnost intensivnoy ximioterapii tuberculeza legkix u bolnix pojilogo I starcheskogo vozrasta, m. 2003, p.179
15. Fentisov V.V. Sravnitelnoe issledovanie pokazately zaboлеваemosti tuberculezom vzroslogo naseleniya po vozrastnomu I polovomu priznaku// Sovremennie problemi nauki I obrazovaniya. – 2022. – № 3
16. Churkin Sergey Alexandrovich Osobennosti techeniya tuberculeza legkix u Lis pozhilogo I starcheskogo vozrasta, dis. Kand. med, n., 2007, p. 179
17. Shipovalova M.A., Svistunova V.P., Malkova M.V. Tuberculez legkix U Lis pojilogo I starcheskogo vozrasta na Etape stasionarnogo vedeniya bolnix //Dalnevostochny medisinsky Journal, 2013, pp.19- 23