

Early Detection of Changes in the Cardiovascular System in Patients with Diabetes

Navruzova Ugilkhon Orzjon Kizi

Bukhara State Medical Institute named after Abu Ali ibn Sina Assistant of Pathological
physiology

Teshayeva Huriyat Muhiddin Kizi, Boymurodova Mohinabonu Tursunovna

Afshona is a teacher of vocational science at Technical College of Public Health named after
Abu Ali Sino

Abstract: In the article sugary to diabetes played patients heart blood vessel in the system harvest to be physiological processes about word goes - insulin secretion and effect or this two factor defect as a result come coming out and hyperglycemia with passing one group substances exchange breakdown disease (WHO 1999).

Keywords: heart blood vein system (YUQTT), hypertension heart disease _ ischemic disease, arterial hypertension, rheumatism, AQB levels, pulse, laboratory examinations, heart rhythm Sugary diabetes (QD).

QD II – type - peripheral of tissues to insulin resistance and of insulin relative deficit as a result develops. Endocrine QD occupies 60-70% of diseases. 85-90% of QD cases are QD type II reaches [1–3]. QD disease early to disability and high scientist to the indicator reason to be and the first in line heart blood vein system (HIV) diseases take coming disease is considered in 2000 the world according to 175,4 million _ people with foreign nationals (2.07 million of them are from Russia). registration done in 2025 their the number is 380 million. (4.51 in Russia million.) to be expected [4–5]. Diabetologist Jocelyn information than with QD those who are sick coronary in 50.2% of deaths blood vessels damage to the brain in 12.1% veins kidney damage in 11.3% veins damage, limbs in 2.3% arteries damage as a result developed gangrene reason was _ QD II-type LUQTT diseases with hurt of the patient life for risk birth factor is considered Complications of YUQTT of QD II type 60% of deaths organize is enough QD II- type common to the population compared to YUIK development 2-4 times a lot organize does [6-7]. Arterial hypertension (AG) is observed in 70-80% of QD type II cases. of YUQTT damage increases by 20% [8]. In control in 8 (10.0 %) patients hypertension stage I disease, 32 (40.0%) people hypertension II stage of the disease, 2 (2.5%) III stage was determined. Hypertension disease diagnosis in determining of patients complaints, anamnesis, AB increase level and dynamics, target of members changes account received _ QD type II background heart ischemic disease of 13 identified patients who women, 6 people while men organize did _ with YUIK sick of men average age $58,3 \pm 5,5$ years, women and -59.3 ± 6.4 years organize did _ Heart blood vein of diseases to sex according to development analysis above given to our evidence accuracy to input possibility gave _ So, QD disease in women in the background heart diseases and their heavy complications early develops. From this except, in women on the background of QD heart blood vein from diseases hypertension disease (GK) is more severe will pass Ours GK women in our

investigations among 26 (57.8 %) patients identified, men between while this disease in 8 (26.6%) patients observed. Pulse in 16 patients in the examination weak pulse found in 26 patients tachycardia, in 2 patients bradycardia characteristic it has been. Heart rhythm from violations extrasystole in 6 patients, tremor arrhythmia in 3 patients (tachysystolic type) development found _ Instrumental examination - in patients of the heart automatism, permeability, excitability, contractibility and refractoriness such as functions and myocardium situation determination for the purpose of EKG examination was conducted. 2.5% of patients in the patient bradycardia in 57.5% of people heart contractions the number normosystolic type, 36.25% of them tachysystolic type, 3.75% of people trembling arrhythmia tachysystolic type organize did _ ECG analysis when done in 23.75% of patients metabolic, diffuse dystrophic and deep changes in 16.25% of people ischemia symptoms in 12.5% of people arrhythmia in 7.5% of people chronic coronary blood rotation insufficiency, left ventricle in 1.25% of people deficiency signs, left ventricle in 75% of people hypertrophy, in 3.75% of people both ventricle hypertrophy was determined. In our investigation 2.5% of patients diet 42.5 % do sugar the amount reducing drugs, 21.25% insulin, 6.25 % sugar the amount reducing and insulin preparations acceptance 36.25 % of them do diabetic preparations in general acceptance did not or messy acceptance that he did was determined. In patients in the blood sugar quantity in 9 (11.25%) patients when examined normal (5.8-7.0 $\mu\text{mol/l}$), in 26 (32.5%) patients average high (7.1-9.0 $\mu\text{mol/l}$), in 26 (32.5%) patients high (9.1-12.5 $\mu\text{mol/l}$) hyperglycemia existence was determined. In the urine sugar quantity in 10 (12.5 %) patients when examined sugar quantity high was determined. Per diem in the urine sugar amount in 16 (20.0 %) patients sugar the amount of 1-2% presence was determined. Stationary in the circumstances to patients endocrinologist view and advice based on sugar the amount reducing preparations and insulin recommendation from being done then in 51 (63.75 %) patients in the blood sugar to reduce the amount (3.9-6.6 $\mu\text{mol/l}$) in 16 (20.0%) patients up hyperglycemia average tall to hyperglycemia to drop and of patients situation to improve achieved. 4 (5.0 %) of the patients given preparations acceptance that he did not because of hyperglycemia preserved the rest and situation lack of relief was determined. Antidiabetic preparations acceptance did AQB, pulse, laboratory in patients examinations, ECG indicators and of patients situation improved above data based on to see can _ QD disease in our investigations initial developed the time determination opportunity known to difficulties have it has been. This is the majority of patients them of the disease complications until it develops themselves healthy considering the disease initial signs sure express that patients did not receive again one part their own diseases to hide movement what they did with depends was. QD type II background internal a member from diseases mainly HCV diseases in patients different complications fast development and QD _ heavy to pass take will come. That's why for, QD and YUQTT diseases comorbid when it's late complex in treatment antidiabetic drug tools right in dose recommendation to be done important place to keep shows.

REFERENCES:

1. Ibrokhimovich, A. I., & Kizi, J. M. M. (2023). 1-Type Kandli Diabetes Bilan Kasallangan Bolalarda Caries Kasalligini Organish, Davolash Va Prevention Samaradorligini Oshirish. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 2 (4), 165–171. Retrieved from <https://sciencebox.uz/index.php/amalibbiyot/article/view/6735>
2. Ibrokhimovich, A. I., & Kizi, J. M. M. (2023). Improving the Effectiveness of Research, Treatment and Prevention of Caries in Children with Type 1 Diabetes. *Scholastic: Journal of Natural and Medical Education*, 2(4), 182-187.
3. FR Kamalova, OO Yarieva, II Akhmedov (2021). Risk factors for oral diseases in children with diabetes mellitus *Scholastic: Journal of Natural remedies*, 1 (1), 57-63
4. Орзижоновна, Н. У., & Миродил Қизи, Ж. М. (2023). Профилактика Гастродуоденальных Кровотечений При Эрозивной Язве У Больных Ишемической

- Болезнью Сердца. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 2(4), 16–23. Retrieved from <https://sciencebox.uz/index.php/amaltibbiyot/article/view/6517>
5. Navruzova Ugilkhon Orzizon Kizi, Saidov Jumamurod Zaynievich, & Narzullaeva Mekhriniso Zayniddinovna. (2023). Histological Findings in Endoscopically Detected Gastritis. *American Journal of Pediatric Medicine and Health Sciences (2993-2149)*, 1(9), 306–309. Retrieved from <https://grnjournal.us/index.php/AJPMHS/article/view/1596>
 6. Orzizon Kizi, N. U., Botyrovna, R. M., & Boltaevich, A. S.. (2023). Study and Prevention of Caries in Type 1 Diabetes. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 2(2), 20–23. Retrieved from <https://www.sciencebox.uz/index.php/amaltibbiyot/article/view/5592>
 7. Kizi, N. U. O., Fazliddinovna, E. G., & Najmiddinovna, A. N. (2022). Coronavirus Complications, Post Illness Medicines and Vitamin Therapy. *Central Asian Journal of Medical and Natural Science*, 3(6), 551-556. <https://doi.org/10.17605/OSF.IO/HQ4YZ>
 8. Наврўзова Ўғилхон Орзижоновна, Файзиева Зарина Алпомишовна, Толибова Муниса Уйғуновна, ЎТКИР ЮРАК -ТОЖ ТОМИР ЁТИШМОВЧИЛИГИ КЛИНИК БЕЛГИЛАРИНИ ЎРТА ЁШЛИ БОЛАЛАРДА КЕЧИШИ ,VARQARORLIK VA YETAKSHI TADQIQOTLAR ONLAYN ILMIY JURNALI: Vol. 2 No. 9 (2022): BARQARORLIK VA ETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI
 9. Иброхимович, А. И., & Қизи, Ж. М. М.. (2023). 1-Тип Қандли Диабет Билан Касалланган Болаларда Кариеc Касаллигини Ўрганиш, Даволаш Ва Профилактика Самарадорлигини Ошириш. *AMALIY VA TIBBIYOT FANLARI ILMIY JURNALI*, 2(4), 165–171. Retrieved from <https://www.sciencebox.uz/index.php/amaltibbiyot/article/view/6735>
 10. Akhmedov Ilkhom Ibrokhimovich, & Navruzova Ugilkhan Orzizjon Kizi. (2023). Or Pathogenesis of Periodontal Disease in I and II Levels of Obesity. *Central Asian Journal of Medical and Natural Science*, 4(6), 1007-1010. Retrieved from <https://cajmns.centralasianstudies.org/index.php/CAJMNS/article/view/2178>
 11. Наврузова У.О., Особенности пародонтита при нарушении обмена веёств // Биология и Интегративная Медицина 2019 №3. С.28-40.
 12. Наврузова У.О., Современные аспекты этиопатогенеза генерализованного пародонтита (обзор литературы) //Биология и интегративная медицина.2019 №2. С-62-89