

## ANEMIA CAUSES, SYMPTOMS, LEVELS AND TREATMENTS

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**Abstract:** *Background. An analysis of the causes, symptoms, levels and treatment methods of anemia.*

*Methods. The methods of classification, description, comparison and contextual analysis were used in the coverage of the article.*

*Result. Precautions were taken so that the amount of red blood cells and hemoglobin did not fall to dangerously low values, and the cause of extremely dangerous anemia, such as internal bleeding, was prevented.*

*Conclusion. Prevention and treatment of anemia is very important. It is sometimes mistaken for normal, especially among women with chronically low hemoglobin levels. Unfortunately, this is not the case, anemia can worsen the quality of life and make a person more susceptible to other diseases. Anemia should be detected and treated in time.*

**Абстракт:** *Цель. Анализ причин, симптомов, уровней и методов лечения анемии.*

*Метод. При освещении статьи использовались методы классификации, описания, сравнения и контекстуального анализа.*

*Результат. Были приняты меры предосторожности, чтобы количество эритроцитов и гемоглобина не упало до опасно низких значений, и была предотвращена причина крайне опасной анемии, такой как внутреннее кровотечение.*

*Выводы. Профилактика и лечение анемии очень важны. Иногда ее принимают за норму, особенно у женщин с хронически низким уровнем гемоглобина. К сожалению, это не так, анемия может ухудшить качество жизни и сделать человека более восприимчивым к другим заболеваниям. Анемию следует вовремя выявлять и лечить.*

**Annotatsiya:** *Maqsad. Kamqonlik kasalligining sabablari, alomatlari, darajalari va davolash usullarini tahlil qilish.*

*Usul. Maqolani yoritishda tasniflash, tavsiflash, qiyoslash va kontekstual tahlil qilish usullaridan foydalanildi.*

*Natija. Qizil qon tanachalari va gemoglobin miqdori xavfli past ko'rsatkichlarga tushib qolmasligi uchun ehtiyot choralari ko'rildi, ichki qon ketish kabi o'ta tahlikali anemiya sababi oldi olindi.*

*Xulosa. Kamqonlikning oldini olish va davolashning ahamiyati juda katta. Ba'zida uni adashib normal narsa deb hisoblashadi, ayniqsa gemoglobin darajasi doimo past bo'lgan ayollar orasida. Afsuski, unday emas, anemiya hayot sifatini yomonlashtirishi va odamni boshqa kasalliklarga ko'proq moyil qilishi mumkin. Anemiyani o'z vaqtida aniqlash va davolash kerak.*

**Key words:** anemia, disease, methods of treatment, vitamin, red blood cells, oxygen, cell.

**Ключевые слова:** анемия, заболевание, методы лечения, витамин, эритроциты, кислород, клетка

**Kalit so`zlar:** kamqonlik, kasallik, davolash usullari, vitamin, qizil qon tanachalari, kislorod, hujayra.

Despite the successes of modern medicine achieved in the diagnosis and treatment of diseases of the blood system, in particular anemia, the problem of iron deficiency anemia in the Republic, the frequency of which reaches 42-75%, continues to be relevant. The achievements of modern medicine currently show what pathological changes occur in the patient's body, how to prevent them in time and how to carry out preventive and curative measures in a timely manner in order to improve the health of the population and reduce the cost of treatment.[1]

The problem of anemia in boys and girls, especially among students, is practically not studied. Modern diagnosis of anemia, especially among young people, is important, since anemia, even in the early stages, significantly reduces the body's efficiency and resistance to infections, which leads to a number of pathological changes in the body.

In this regard, there is a need to conduct clinical, laboratory studies in boys and girls, on the basis of which to outline therapeutic and preventive measures.

In our opinion, issues that are very relevant for practical healthcare have not yet been clarified: the prevalence of anemia among young people of student age, clinical and laboratory manifestations of the disease and the effective use of drugs in this category of patients with anemia.[6]

Anemia or anemia refers to a lack of red blood pigment (hemoglobin) or red blood cells (erythrocytes) per unit of blood volume. Anemia can have the following causes:

- acute or chronic blood loss (wound, surgery, blood loss in the gastrointestinal tract); rapid death of blood cells or shortening of the lifespan of erythrocytes;
- uniform, unbalanced nutrition, lack of elements useful for blood (protein, iron, folic acid, vitamin B12, copper);
- impaired absorption of important elements in the intestine (due to chronic gastrointestinal diseases).

One of the most common types of anemia is iron deficiency. Its deficiency in food leads to its deficit in the body. If the blood system does not receive enough iron, it in turn cannot produce enough hemoglobin. As a result, erythrocytes are not sufficiently satisfied with it, and the body does not get enough oxygen.[9]

In anemia, the child's skin is colorless, white, and the mucous layer of the child's lips and eyes is this color. If in this case the child feels tired, lack of attention, weakness and loss of appetite is added, definitely consult a doctor. Anemia is determined only after a blood test. Important: Most children are not anemic, even if they look pale and tired.[17]

Anemia in children can be manifested by fatigue, discoloration, loss of appetite, headaches, dry skin, brittle nails and hair, cracks in the corners of the mouth and rapid onset

of various infectious diseases. In severe forms of the disease, difficulty breathing, dizziness, rapid heartbeat, changes in mucous membranes (smooth raspberry-colored tongue, changes in taste and smell, difficulty in swallowing), as well as swelling of the liver and spleen are observed. If a nursing child is pale, weak, lacks appetite, slows down development and is prone to infectious diseases, this may be one of the signs of anemia.[20]

Symptoms:

Discolored lips and nails.

- Colorless eyes.
- Exhaustion.
- Shortness of breath
- Lack of appetite
- Fast heartbeat

If you suspect anemia, be sure to have the child checked by a doctor. Anemia can be a symptom of another disease. According to the blood analysis, the doctor will provide complete information about the presence of anemia in your child. In some cases, a more in-depth examination may be performed at the hospital. If anemia occurs as a result of iron deficiency, then the doctor prescribes drugs in the form of drops, juice or tablets containing iron. In children born prematurely or if the child is exclusively breastfed, it is possible to prevent anemia by taking iron drops as a preventive method.[3]

Anemia is a disease characterized by a decrease in the number of erythrocytes and a change in the quality of hemoglobin in the blood. Anemia can be caused by a violation of the process of blood formation, the bone marrow, the main blood-forming tissue, cannot perform its function sufficiently. Anemia caused by iron and vitamin V12 deficiency is quite common. Anemia is often observed in case of long-term bleeding, piles, piles, or stomach and duodenal ulcers. Iron deficiency anemia is common in women with long and heavy periods.[5]

Anemia related to iron deficiency is caused by frequent pregnancy and long-term breastfeeding, because during pregnancy and breastfeeding, part of the iron reserve in the mother's body is transferred to the child. Anemia observed in young children occurs due to improper feeding, as well as lack of food. A decrease in the amount of hemoglobin in the blood with a slightly reduced or normal number of erythrocytes is one of the main symptoms of iron deficiency anemia. The patient is discolored, often complains of rapid fatigue, headache, dizziness, blurred vision, hair loss, and brittle nails. Sometimes it becomes difficult to swallow, the patient wants to eat things that are not usually eaten (chalk, lime, chalk, etc.), likes spicy, salty foods.[14]

In the prevention and treatment of anemia related to iron deficiency, it is necessary to identify and eliminate possible sources of blood loss in time, achieve a certain level of planning of pregnancy and childbirth, and follow a balanced diet. Anemia caused by vitamin V12 or folic acid deficiency is much rarer. This type of anemia has specific symptoms: sore tongue, signs of damage to the nervous system (funicular myelosis) when the disease is missed. In order to prevent this type of anemia, it is very important to timely

identify and treat chronic diseases of the gastrointestinal tract, especially those with diarrhea.

It is necessary to take measures to prevent damage from them in places where worms are common and when the disease appears, it is necessary to treat it in time. There are many types of hemolytic anemia associated with extensive destruction of erythrocytes. They can be hereditary or acquired and are usually characterized by yellowing of the skin and mucous membranes, and a decrease in the number of red blood cells and hemoglobin. In all types of anemia, it is necessary to consult a doctor and get the right treatment in time.[2]

Anemia caused by iron deficiency in the child's body is dangerous as it opens the way to other diseases. The reason is that patients complaining of anemia are more likely to have other infectious diseases.[18]

Anemia in children is treated by a pediatrician and in difficult cases by a hematologist. Anemia in children is considered a problem of pediatricians all over the world. A decrease in the amount of hemoglobin in the blood causes anemia. Delivering oxygen to the brain is the main function of hemoglobin in the blood. Patients suffering from this disease and with low immunity have a high risk of contracting various infectious diseases. Blood contains nutrients that are important for the growth and development of the body.[10]

The main function of erythrocytes is to transport oxygen molecules. Oxygen is delivered to organs and tissues through hemoglobin - a special protein containing iron. You can see the average hemoglobin level in the following numbers:

The normal hemoglobin level in G/L (grams per liter) depends on age:

- in newborns - from 180 to 240;
- From 1 month to 5 years - from 110 to 115;
- From 5 to 12 years old - from 110 to 120;
- From 12 to 15 years old - from 120 to 140.

As an exotic method for the prevention of anemia, moving to areas relatively high above sea level can also be suggested. It was found that people who have lived in mountainous areas for some time are less prone to anemia, because their bodies "learned" to produce more hemoglobin than before. By the way, this method is also used in training with athletes.[7]

Thus, the importance of prevention and treatment of anemia is very important. It is sometimes mistaken for normal, especially among women with chronically low hemoglobin levels. Unfortunately, this is not the case, anemia can worsen the quality of life and make a person more susceptible to other diseases. Anemia should be detected and treated in time.

#### REFERENCES:

1. Abdulkadyrov K.M. Hemocomponent therapy for blood diseases // Klin, med. 1994. - No. 2. - S. 10-13.
2. Azimdzhanova M.M. Erythropoietic and hemolytic processes in pregnant women with anemia // Med. Journal of Uzbekistan. 1987. -№2.-S. 38-40.

3. Apekseenko I.F. Iron deficiency states. M.: Medicine. -1996.-119 p.
4. Alperin A.P. Problems of iron deficiency anemia // Probl. hematol. and transfusiol. 1988. - No. 9. - S. 24-27.
5. Atajanov T.V. Features of changes in indicators of central hemodynamics and oxygen transport function of blood in pregnant women with anemia // Midwives and gynec. 1990. - No. 10. - S. 30-32.
6. Atajanov T.V., Kholova Sh.A. Treatment of iron deficiency anemia in pregnant women // In: Health and Population. Dushanbe, 2003. - S. 51-53.
7. Babash G.V., Malakhovskiy Y.E., Protopopova V.N., Salikhova N.A. Prevalence, clinic and causes of latent iron deficiency in schoolchildren // Pediatrics. 1980. - No. 5. - S. 39-42.
8. Beloshevsky V.A. Pathogenesis and treatment of anemia in chronic diseases of internal organs and polycythemia: Abstract of the thesis. dis. doc. honey. Sciences. Voronezh, 1995. - 45 p.
9. Beloshevsky V.A., Minakov E.V. Anemia in chronic diseases. Voronezh, 1995. - 94 p.
10. Bisyarina V.P., Kazakova L.M. Iron deficiency anemia in young children. M.: Medicine. - 1989. - 176 p.1. Bobohodzhaev M.Kh., Stepanov V.V. Iron deficiency anemia (methodical letter). Dushanbe, 1980. - S. 1-9.
11. Burlev V.A., Konovodova E.H., Murashko L.E., Sopoeva Zh.A. Correction of iron deficiency conditions in pregnant women with preeclampsia // Probl. reproductions. 2002. - No. 6. - S. 30-34.
12. Volkova A.E. Anemia and other blood diseases // In: Prevention and treatment methods. M., 2005. - S. 121-148.
13. Vorobyov A.I. Pathogenesis of acute blood loss // Probl. hematol. and transfusiol. 1999. - No. 2. - S. 5-6.
14. Vorobyov A.I. Guide to hematology. Moscow: Newdiamed. - 2002. -T. 1-2.
15. Vorobyov A.I., Lorie Y.I. Guide to hematology. M.: Medicine. - 1979. - S.43-69.
16. Vorobyov P.A. Issues of therapy of anemic syndrome in chronic renal failure. Abstract . dis. cand. honey. Sciences. M., 1986.-18 p.
17. Vygovskaya Y.I., Loginsky V.E., Mazurok A.A. Hematological syndromes in clinical practice. Kyiv: Health. - 1981. - 296 p.
18. Gabitova R.Z. To the assessment of porphyrin metabolism in the pathogenesis of iron deficiency anemia in young children: Abstract of the thesis. dis. cand. honey. Sciences. Dushanbe, 1974. - 24 p.
19. Gogin E.E. Protocol for the management of patients // In: Iron deficiency anemia. — 2005. 76 p.
20. Goryachev V.V. Iron metabolism during pregnancy. Astrakhan, 1994.-99 p.
21. Gudín V.I., Eremenko L.L., Ivanova B.C. et al. Regulation of erythropoiesis in patients with iron deficiency anemia // Gematol. and transfusiol. 1991. - No. 1. - S. 3-5.



22. Dmitrieva M.G., Karpova I.V. The role of hemoglobin in the adaptation of hypovolemia in patients with iron deficiency anemia // Gematol. itransfuziol. 1994. - No. 1. - S. 13-15.66
23. Dolgov V.V., Lugovskaya S.A., Pochtarev M.E., Shevchenko M.E. Laboratory diagnosis of iron metabolism disorders. M., 1996.- 41s.
24. Iron deficiency anemia in pregnancy / Ed. Ailamazyan E.K. -M., 2002.- 16 p.
25. Idelson L.I. Iron deficiency anemia // midwife. and gynec. - 1979. - No. 4. S. 56-58.