

# BIOLOGY AND MEASURES TO COMBAT TRIANGLE GELMETS IN CHILDREN

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## Abstract

The relevance of the topic is that parasitic diseases are common among children today, as well as infectious diseases. Diseases caused by parasitic chickens are called helminthosis. Such diseases adversely affect the growth of boolas.

Purpose and function of the Cylinders are especially common among the population. Among them, Pakana nightmare (*Hymenolepis nana*) is the causative agent of human hymenolepidosis. It is common everywhere and is more common in children.

## Introduction

The body of the parasite is smaller than other striped pumpkin, the length ranges from 1 cm to 4.5 cm (Fig. 125). Strobilasi consists of between 100 and 200 joints. At the beginning there are 4 sockets and a khartoum armed with hooks pulled into it. The neck is thin and long. The genital cloaca of all joints is located on one side, and the developing joints do not have a sexual system. As proglottids begin to develop, the male genital system first develops, and then the female genitals. The last joints will have a circular uterus filled with eggs.

The following organs can be seen in the germafrodite joints: three oval-shaped seeds, a copulative bag—a cirrhosis and a seed-receiving bubble, a pair of ovaries, and a yolk behind it.

Mature joints are very thin, and when these are severed, the skin muscle bag quickly becomes unached, and the eggs fall into the intestinal tract.

## The result is the Development cycle

An adult chicken is parasitic in the small intestine. After the matured delicate joints are eaten in the intestine, the eggs pass into the intestine and go out with the foci. The eggs of the parasite fall into the human body through unwashed vegetables, contaminated water or dirty lakes. In the stomach, the egg's veil melts, and the oncosphere comes out of it. After falling into the small intestine, the oncosphere penetrates the intestinal vorsinkas, where after 2-3 days it becomes finns (cysticercoids). These grow and do not eat vorsinka tissue and fall into the intestinal tract. The parasite is attached to the mucous membrane of the intestine with scalex, where it grows, reaches adulthood. Some gelmintologists (V.P. Podyapolskaya, Z.G. Vasilkova, 1960) believe that autoinvasia can be observed in hymenolepidosis. The source of hymenolepidosis is a person infected with hymenolepidosis, since the patient spreads the eggs of the parasite into the external environment.

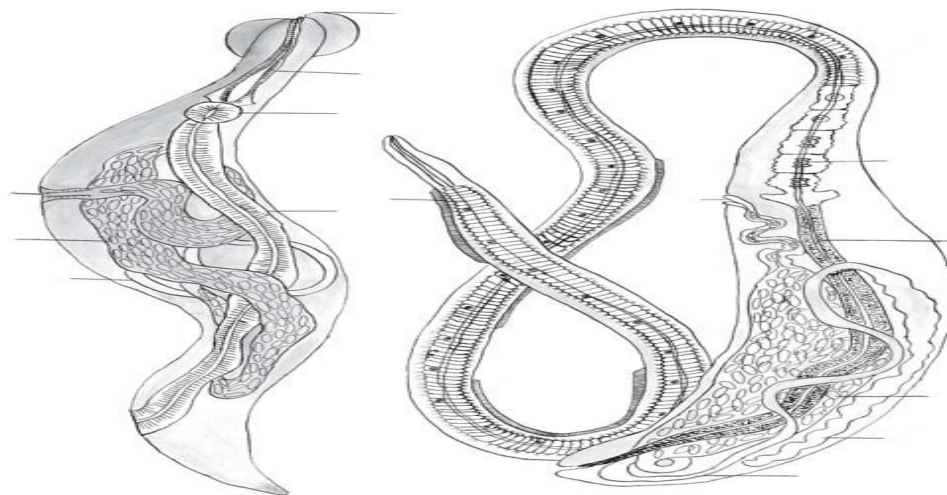
Its parasitological diagnosis is based on the discovery of helminth eggs in the patient's stable.

Round 2 Ostritsa (*Enterobius vermicularis*). Ostritsa is a common human paraisitis that triggers



enterobiosis. More common in children.

Morphological structure. Ostritsa is a small sparrow, the length of the female is from 10 to 12 mm, and the male is from 2 mm to 5 mm. The body is circular, surrounded by a recirculated vesicles, which are squealed and enlarged on the head. The back of his body is bent like a spiral in the male, has one spicula, and the female flies in the straight cyclic appearance. His mouth is wrapped with three lips. Esophagus Sharsimon



130-Rasm. A – ostritsa – *Enterobius vermicularis*:

in the extension – ends in the cloud. The bulbus will have boxed chewing plates. Nutrients pass into the middle intestine, and then absorbed. Non-digestive substances go out through the hole through the back intestine.

Ostritsa does not have circulatory and respiratory systems. In terms of structure of the nervous and urinary separation systems, it is similar to that of a soldier. Ostritsas are also some gender nematodes, whose genital system is spear-shaped and similar to that of a soldier, but unlike that of a soldier, the male has only one spicula.

### Development cycle

Ostritsas parasitify in the second half of a person's small intestine, in the head parts of the colon. They are attached to the intestinal wall using a vesicles, and a bulbus is also involved in its maintenance in this case. Fertilized and females whose uterus is full of eggs cannot get well attached to the intestinal wall, therefore, due to intestinal peristalsis, they fall right into the intestine. Part of the patient goes out with his behavior, others, especially at night, actively move out of the opening and lay about 12,000 eggs on the anus surrounding curls. Before laying eggs, ostritsas separate fluid, with the help of which the eggs stick to the skin. The female dies after laying her eggs, after which she twists and dies, and the male dies after fertilization of females. The larvae develop very quickly in the external environment. For the development of larvae in eggs, an oxygen environment of 4-6 hours and a temperature of 35-36 ° C are necessary. Only then will the eggs have the ability to invasively. So the eggs laid at night are enough until dawn. Usually in enterobiosis, the surroundings of the hole are very itchy, because the fluid that females separate before laying eggs has another important biological feature, namely, itching the skin. When the skin is crushed, the ostritsa egg can enter under the nail. Patients who do not comply with hygiene rules will again become infected with the disease themselves. Such re-infection of the disease is called autoreinvasive. Therefore, patients, often children, have had enterobiosis for up to several years. Nightmares are also transmitted through patients' underwear, toiletries and toys. The veil of



the swallowed invasive eggs melts under the influence of gastrointestinal juice, and the larva comes out of it. It grows, develops and reaches adulthood in the larvae. After the eggs fall into the intestine, 2-4 weeks later, an adult form of ostitisa appears from them.

As the ostitisas live in the intestine, the intestine injures the mucous membrane and causes inflammation. Enterobiosis loses appetite, a person's abdomen hurts, his heart is the same, and he returns. The surroundings of the hole itch, which is why irritation and exhaustion occur. Children are often awkward and often disturbed in their sleep.

Parasitic diagnosis: Taking a scar from the skin around the hole, the eggs of the ostitisa are detected. A 50% solution of scarf glycerin in water is taken with a wet gugurt pig. Eggs can also be found by checking the dirt taken from under the nail.

Conclusion on measures to prevent Gimenolepidosis and Enteriobidosis

- to comply with personal hygiene rules.
- Enterobiosis can be completely released even without medication only when complying with hygiene rules.

### References

- 1.Kholiqov P.X., Qurbonov A.Q., Daminov A.O., Tarinova M.V. Medical Biology and Genetics. Lesson. Tashkent. 2019
- 2.Yerigin M.N., Biology.Uchebnik. Moscow 2016 g.
- 3 Pexov A.P. Biology. Meditsinskaya biology, genetics, parasitology. Uchebnik. Moscow.2014g.
- 4.Hamidov J.X. et al. A manual from medical biology and irritation. 1991 yAlimhodjaeva P.R., Juravleva R.A. Rukovodstvo after meditsinskoy parasitology. Uchebnik. Tashkent. 2004 g.
5. NurovaZ.A. Shirley F.S. Narzorova G.Q. General Genetics Teaching Manual for Medical Biology 2023.

