



WITH LIVER DISEASES OF VARIOUS ETIOLOGIES Malika Khusanovna Talibdjonova,

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Abstract

Proper nutrition forms the basis of life activity in children and adults and is a crucial factor in ensuring resistance to physical and chemical factors of the external environment. Improper nutrition significantly reduces the effectiveness of treatment measures in cases of chronic diseases, injuries, major surgical interventions, and other conditions, and negatively impacts the duration of hospital stay. The accumulated experience indicates that, especially in surgical treatment strategies, correcting disturbances in the processes of nutrient exchange and adequately providing energy and plastic needs should hold a central place [1,2,3,4,5].

Introduction

Research Objective:

To study the nutritional habits of patients with chronic liver diseases and evaluate their role as a factor influencing disease progression.

Materials and Methods:

The nutritional status of patients with chronic liver diseases was studied at the General Therapy Department of Tashkent Medical Academy. The research involved 40 patients with chronic liver diseases, analyzing their daily diets, including main nutrients and biologically active ingredients (proteins, fats, and carbohydrates), as well as certain vitamins and minerals.

Results and Discussion:

Some patients did not adhere to the Pevzner diet No. 5. It was found that 31% of patients ate 4 times, 54% - 5 times, and 15% - 6 times a day.

94% of patients ate at home, while 6% ate outside.

Among comorbidities, 43% had chronic cholecystitis, 21% — chronic gastritis, 5% — gastric ulcer, 10% — history of bleeding, and 28% had varying degrees of anemia.

In winter, the consumption of fish products, fresh vegetables, fruits, and berries was very low. At the same time, fatty foods, pasta, and bread products were consumed in excess.

The main nutrients in the diet, especially proteins, made up 61%. The levels of vitamins C, B1, B2, B6, and minerals like potassium, calcium, magnesium, phosphorus, iron, copper, and manganese were below the physiological needs and did not meet the requirements.

59 | Page



Volume 3, Issue 10, October 2025

The diet of women and men was studied separately.

Total dairy and dairy products consumption averaged 300 ml: 250 ml for women and 200 ml for men. Compared to sanitary-hygienic standards, dairy consumption was twice as low.

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Egg consumption averaged 12.6 g: 9.3 g (about 0.65 eggs) in women and 16 g (about 1 egg) in men. Meat and meat products: average beef consumption was 78 g, with men eating 77 g and women 80 g. This is 2.2 times less than the sanitary-hygienic standard of 176 g.

Grain products analysis: bread — 74 g in women, 94 g in men, averaging 84 g; rice — 64 g on average, 95 g in men, 33 g in women; millet — 10–15 g; wheat flour — 250–300 g. The total amount of grain products was 500–1400 g, which is 1.2 times more than the standard.

Vegetables and fruits: potatoes — 83.5 g (72 g in women, 95 g in men), carrots — 46 g, cucumbers — 10-11 g, cabbage — 1 g, tomatoes — 20-30 g, onions — 0.10-0.15 g, greens — 1-5 g. The total intake of vegetables and fruits was 190.5 g, which is 1.5-2 times less than the standards.

Conclusions

Patients with chronic liver diseases have a daily diet where main protein sources — dairy products, meat, fish, and poultry — are 10–25% below hygienic standards.

The main metabolic rate: 1565 kcal in men and 1450 kcal in women. The dynamic effect of food is 150.7 kcal; total energy: 2347.5 kcal for men and 2171 kcal for women.

It is necessary to correct the daily diet: enrich it with proteins, amino acids (especially lysine), fatty acids, particularly linolenic and arachidonic acids. Include more meat, liver, fish, dairy products, vegetables, and fruits. The ideal daily diet formula should follow a 1:1:4 ratio (proteins: fats: carbohydrates). Adhere to a four-meal eating regimen and diversify daily meals. It is recommended to increase pectin content by 5–10%. Use herbal teas, dried apricots, and other medicinal herbs to improve digestion and liver function.

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