



MORPHOLOGICAL STRUCTURE OF INTESTINAL LAMBALISM, SYMPTOMS OF LAMBLIOSIS, DIAGNOSIS AND TREATMENT METHODS

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Article history:		Abstract:
Received:	January 142024	<p>Occurs in the form of vegetative as well as cysts in the cycle of life. The vegetative form is non-existent, 12-15km long and 8-10km wide. On the front side of the body is a disc that serves to attach to the intestinal epithelium. In the middle of the body are two base threads — axostils. Using axostils, the body of the parasite is divided into two wire metric nymphs, each with one nucleus. At the front of the axostils are several blepharoplasts, which provide energy to 3 pairs of chives. The fourth pair of chicks lies on the back of the axostils. The parasite does not have digestive organs, it is fed by an osmotic path. The method of reproduction is non-sexual, the path of division into vows is accomplished by mitosis. The cysts of the lambs are oval in shape and range in length from 10-14 μm. The two-story shell is clearly visible. Immature cysts have 2 nuclei and 4 nuclei when mature. The development cycle of lamblia is simple, and the period of life consists of the exchange of vegetative and cystic forms of the parasite. Vegetative forms live and multiply in a person's duodenum. In animals infected by experimental (experimental) pathways, lamblids are found in the upper parts of the small intestine. Some of them are wrapped in cysts, released into the external environment, and remain a source of human transmission of lambliosis. The source of lamblioz infection is the patient and the parasite carriers. Symptoms of the disease are similar to those of other intestinal diseases. Therefore, the main indicator of diagnosing lyambliosis should be the detection of parasites. But it's a much harder job. Twelve-fingered intestinal fluid contains vegetative forms of the parasite. The patient is diagnosed with parasitic cysts by iodine staining of the litter. With their rubbish, lambled cysts go out into the external environment and can survive for weeks. To a healthy person, the parasite is transmitted by cysts through contaminated food, drinking water, or dirty hands. After the cysts enter the digestive tract, the twelve fingers become a vegetative form in the intestine.</p>
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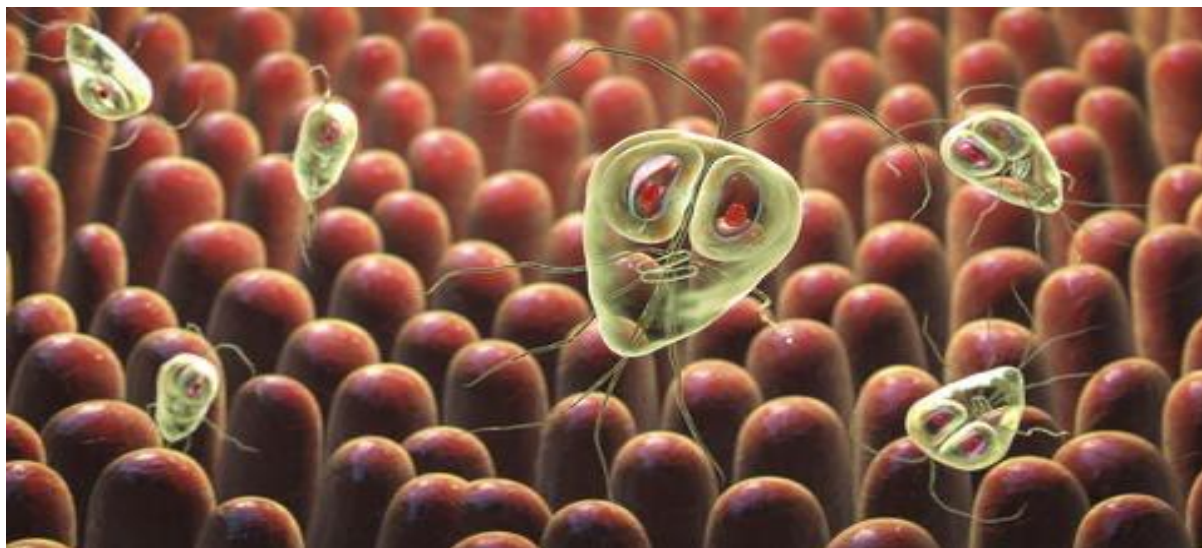
1. Intestinal lyambliosis in the intestine.



2. MICROSCOPIC MORPHOLOGY OF INTESTINAL LYAMBLIOSIS.

RELEVANCE: *Giardia* is ubiquitous and can now be found in 10 percent of the population. Giambliosis is more common in children, mainly in children aged 1-4 years. Parasites can live in the gallbladder as well as in the duodenum. It can also be conditionally pathogenic, as the parasite is also found in healthy people, only when their number increases in the gut, intestinal activity changes. It can also be said to be unmarked, in the form of diarrhea, diarrhea, liver and bile duct

disease. Absorption of substances as a result of impaired intestinal function decreases, adversely affecting the exchange of vitamins. This disease disrupts the functioning of the food system: the child is upset, the abdomen is heavy, the appetite is lost, and at the same time, the breakdown of nutrition causes a lot of disease, malnutrition due to loss of appetite can reduce the fight and cause seizures in the most severe complications.



3. intestinal placement and morphology of intestinal lyambliosis.

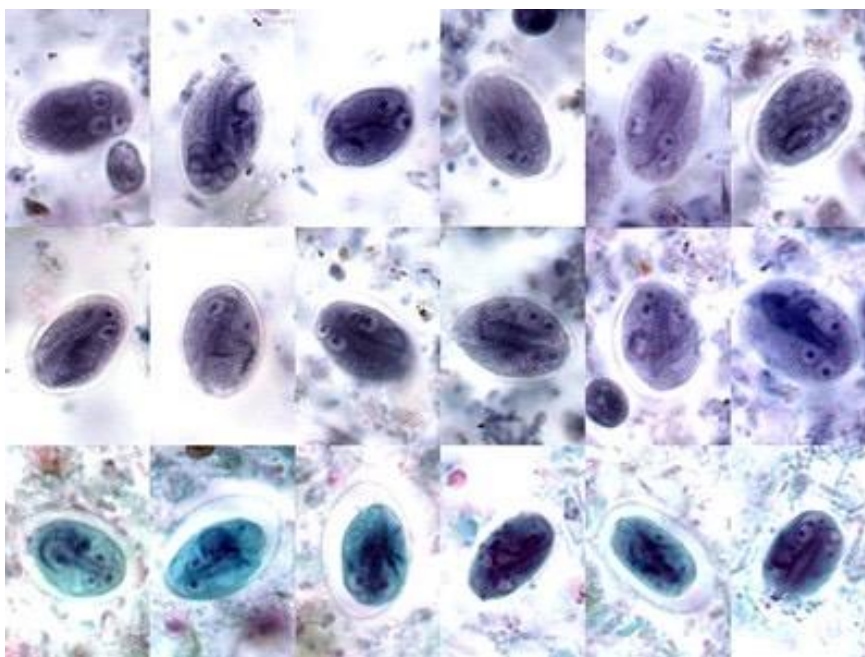


4. intestinal placement and morphology of intestinal lyambliosis.

Keywords:

THE PURPOSE OF THE WORK: to gain an understanding of the forms (types) of Lyambliosis disease and to study the application of this disease to

the sick in practice, having studied in theory the causes of common origin and more recent methods of treatment measures



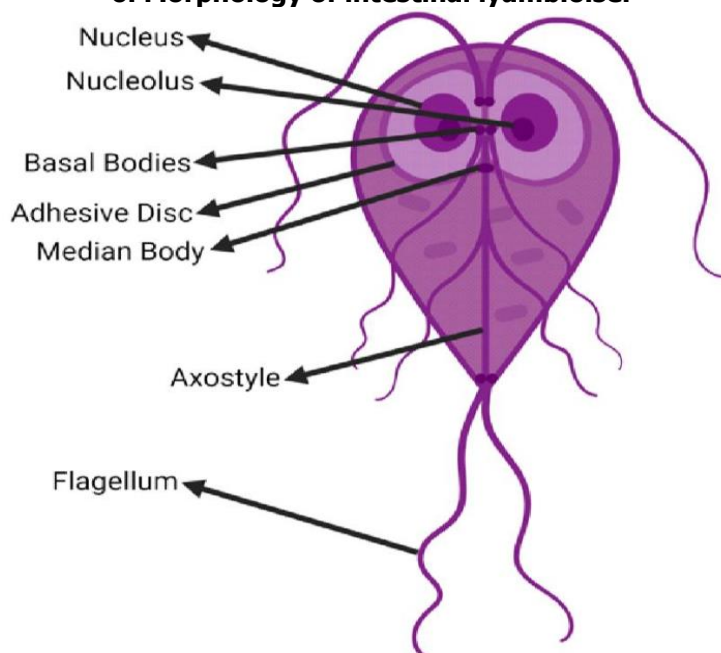
5. Microscope view of the cyst of intestinal lamblia.

Research Findings: The pathogenetic effects of lamblia are as follows, and parasites disrupt the digestion and absorption of food in the gut. Sometimes diarrhea can also occur in the form of liver and biliary tract diseases. Loss of appetite, difficulty having breakfast in the morning, walking on an empty stomach all day, upper abdomen hurts, abdomen rests, collapses, nausea (yellow is a slightly slimy mixture), diarrhea or 'self-departure', thin stooling can sometimes cause seizures, sometimes the temperature can rise. A patient with this disease is treated for a long time. Symptomatic (unmarked) cyst toxicity is often observed. Laboratory

diagnosis is made of these test methods. Through a method of iodine dyeing of feces, we identified their cystic forms in the litter and used parasite-lowering drugs. Of the drugs, we mainly used the drug Albindazole. We used Albindazole and a number of other similar drugs to lower the lamblia. The basis for treating lamblia is to follow a personal regimen. In the treatment of lamblia, the drug that kills him is taken for 5 days, but the liver should be thoroughly examined before giving this drug. Then the dead lizards are lowered into the 5-day drink. If 20ku or 1oy grass driver (corn popup) is given, the lumbar will die.



6. Morphology of intestinal lyambloise.

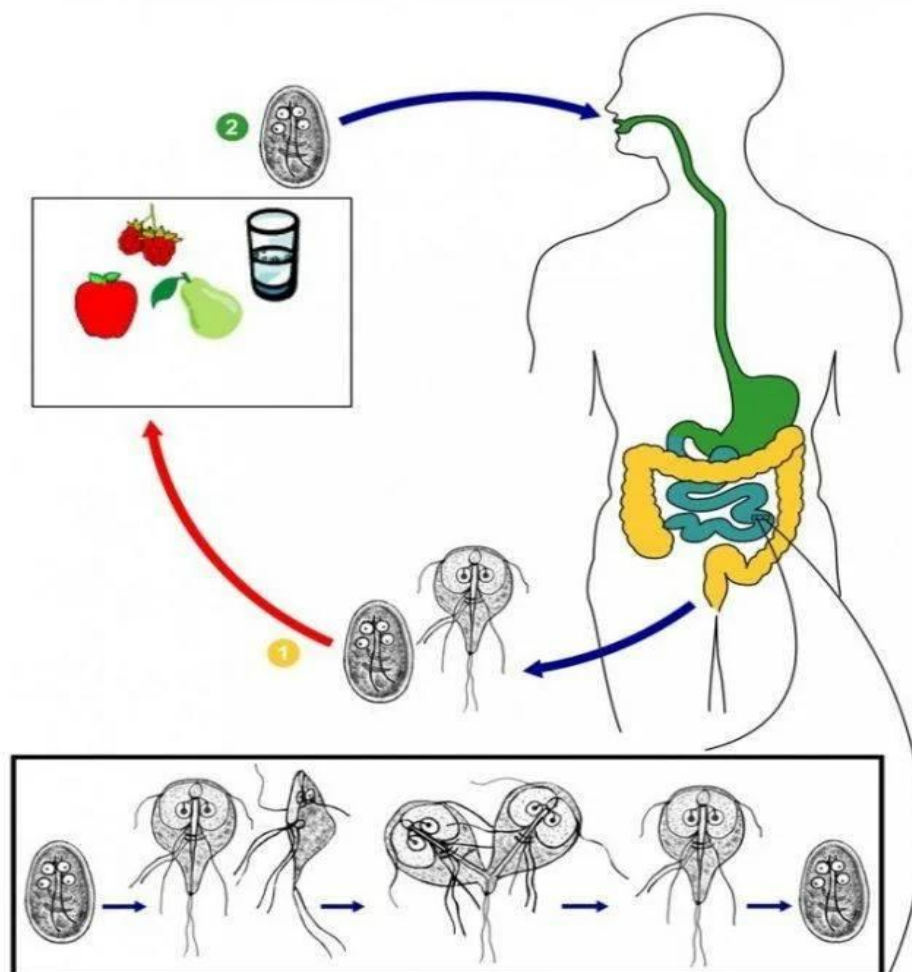


7. Structure and parts of intestinal lyambliosis.

WAYS OF WASHING

If there is no good destruction of feces, feces can contaminate water sources and food. Similarly, non-compliance with normal hygiene habits, such as not washing hands after using the bath, also means a

common source of contamination. Not washing fruits, vegetables, greens well can also cause infection and is also contagious when eating with unwashed hands. Mosquitoes can serve as mechanical transmission factors as well as crowded and very close connections.



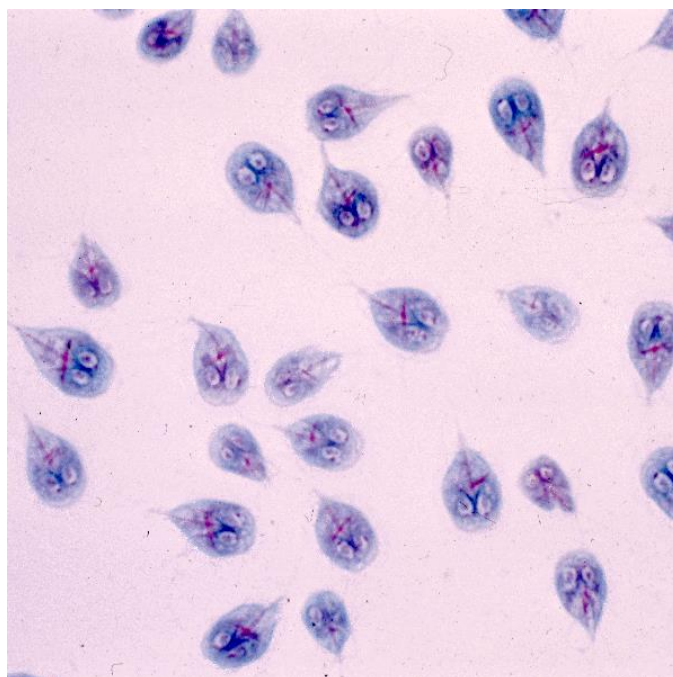
8. Intestinal Iyambiosis infection and development cycle.

Trophozoites or cysts should be monitored in fecal samples, duodenal juice, or biopsies to detect the parasite.

METHODS OF DISEASE PREVENTION:

It focuses mainly on a person's personal hygiene.

- Thorough washing of raw fruits, vegetables and other ingredients;
- boiling water and drinking;
- Cooked food and drinking water in a closed container save;
- shaving; washing hands before and after meals;
- Includes tasks such as timely detection and treatment of parasitic carriers, especially those working in food enterprises and kindergartens



9. Microscope view of the intestinal lily.

TREATMENT

The drugs selected for intestinal lyambliya are quinacrine hydrochloride or nitroimidazoles. Among nitroimidazoles:

- Metronidazole (50 mg / kg per day, divided into 3 doses from 7 to 10 days).

- Tinidazole (60 mg / kg per day for 1 mg to 3 days).

Furazolidone is often used in pediatric patients because it is present in liquid suspension, but the treatment rate is lower.

Due to the risk of teratogenicity, none of the above-mentioned drugs can be used in pregnant women.

The only drug recommended for pregnant women is paromomycin, which is safer because it is not absorbed, even if it is less effective

CONCLUSION: In short, the disease occurs in almost every country, and in patients with this disease is characterized by impaired intestinal digestion and absorption of food. The aim of this study is to study this common disease in more depth, to study the causes of origin, diagnostics and treatment in more depth, to create new methods of treatment and to put it into practice. A person with lyambliya is required to undergo laboratory examination in consultation with a pediatrician, parasitologist, until the lyambliya is completely removed from the body. It should be borne in mind that the main reason for the origin of this disease is the non-compliance with personal hygiene and public

hygiene in the lifestyle, and in conclusion, most people follow the rules of hygiene to prevent the disease, everyone is healthy at least 2 times in 1 year. we ask the doctor to go and get a checkup so that we can not only pre-determine other diseases like this, but now prevent treatment at the initial time.

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