
CALCIUM OXALATE WITH UROLITHIASIS SICK PATIENTS NATIONAL FROM FOOD STRUCTURED RATION ON THE BASIS OF TAKE VISITED METAPHYLAXIS DURING DAILY IN THE URINE CALCIUM DIVORCE INDICATOR

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Introduction:

Urinary stone disease (UST) is one of the most common diseases in the world. According to several studies, the global prevalence of UST is 3.5-9.6%. Urolithiasis is the third most common urological disease and accounts for 30-40%. When examining studies on a country-by-country basis, the prevalence of UST is 5-10% in European countries, 7-15% in the USA, 20% in Arab countries, and 1-5% in Asian countries. In calcium oxalate urolithiasis, the presence of crystalluria in the urine indicates the presence of general and specific metabolic disorders, which are characteristic of the disease.

of the study : Calcium study of risk factors for urinary stone formation in patients with diagnosed calcium oxalate stones.

The research Materials and methods: The study subjects were 154 patients over 18 years of age who were treated with a diagnosis of calcium oxalate urolithiasis at the Department of Urology and Andrology of the Tashkent State Medical University and the 1st City Clinical Hospital named after Ibn Sino from January 2021 to December 2023. The patients were divided into 2 groups. Control 40 people per group Patient . Observation 114 people in the group patient included .

Laboratory methods: general and biochemical blood test, urine pH measurement, urine metabolic changes studies (Ca, Ox), crystalluria (CU) detection, the study of the mineral composition of rocks .

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Calcium (Ca) lithogenesis important structural According to the literature [8, 9] calcium urine stones formation process hypercalciuria (>8.0 mmol/24 hours) and also occurs in normocalciuria (<5.0 mmol/24 hours) to be possible .

in the table days between high on the line observation group n=114, lower on the line control group n=40 days in the urine calcium indicator cited

Control days	M+m	< 5 mmol /l patients number (%)	Patients with 5-8 mmol/l number (%)	> 8 mmol/l patients number (%)
10 days	6.5 ± 0.2	34 (29.8%)	54 (47.3%)	26 (22.8%)
	6.9 ± 0.4	6 (15%)	19 (47.5%)	15 (37.5%)
20 day	5.12 ± 0.3	69 (60.5%)	38 (33.3%)	7 (6.1%)
	6.9 ± 0.7	11 (27.5%)	20 (50%)	9 (22.5%)
30 day	4.8 ± 0.3	87 (76.3%)	23 (20.1%)	4 (3.5%)
	6.1 ± 0.5	17 (42.5%)	19 (47.5%)	4 (10%)
45 day	4.6 ± 0.2	102 (89.5%)	12 (10.5%)	0
	6.1 ± 0.5	21 (52.5%)	18 (45%)	1 (2.5%)
60 day	4.76 ± 0.16	99 (86.8%)	14 (12.3%)	1 (0.87%)
	6.1 ± 0.5	21 (52.5%)	18 (45%)	1 (2.5%)
P=0.05				

Conclusion and recommendations: follow-up on day 10 group to control 5.8% less than 20 days of observation group to control 25.8% less than 30 - day follow-up group to control 21.3% less than 45 days follow-up group to control 24.6% less than 60 days follow-up group to control 22.0% less than calcium separated determined . In the middle difference is 30 days come noticeable National from food structured ration based on metaphylaxis take went in patients calcium in the urine separator control in the group calcium oxalate in urolithiasis take to go to the letter of recommendation relatively oneself efficiency showed.

