



## THE USE OF MULTIVALENT TRADITIONAL MEDICINE IN THE COMPLEX THERAPY OF TUBERCULOSIS

***I.B. Bektashev***

*Assistant of the Department of Phthisiology and Pulmonology  
Andijan State Medical Institute, Andijan, Uzbekistan*

**Resume:** The use of folk remedies in the treatment of elderly patients with infiltrative pulmonary tuberculosis (TB) is a subject that requires careful consideration, given the complexity of the disease, the vulnerability of elderly patients, and the potential risks and benefits of non-conventional treatments.

**Keywords:** tuberculosis in the elderly, Immune Support, Cough Relief, Appetite Stimulation.

The World Health Organization (WHO) End Tuberculosis Strategy was developed in 2015 with the aim of ending the tuberculosis (TB) epidemic by 2035 (WHO, 2019). The goal of this strategy is to reduce the global incidence of tuberculosis and disease burden levels to levels consistent with developed countries with universal health care. Unfortunately, the incidence of tuberculosis decreased by only 6.3% between 2015 and 2018, which is significantly less than the overall reduction of 20% required by 2020 to achieve projected targets (WHO, 2019). The difficulties in elimination are further compounded by the increasing incidence of multidrug-resistant tuberculosis (MDR). In 2018, about 500,000 new cases of rifampicin-resistant tuberculosis were reported, of which 78% were MDR (WHO, 2019). Even more worryingly, only 56% of those treated for MDR-TB have actually been cured (WHO, 2019). These latest statistics highlight the urgent need for therapeutic regimens capable of treating MDR-TB and preventing the acquisition of drug resistance (WHO, 2019). The prevalence of multidrug-resistant tuberculosis and the low effectiveness of treatment indicate the urgent need to solve problems aimed at improving the effectiveness of treatment; reducing the toxicity and side effects of pharmaceutical anti-tuberculosis drugs, ensuring good tolerability and continuity of chemotherapy; relieving symptoms of intoxication associated with the action of the pathogen on the body, increasing the effectiveness of treatment, improving the quality of life of patients during therapy and remission. Phytotherapy is one of the most ancient medical sciences. Translated from Greek, it means herbal treatment. Phytotherapy is a branch of theoretical and practical medicine based on the scientific study and use of medicinal plants or preparations derived from them for therapeutic or preventive purposes. Phytotherapy has a beneficial effect on the work of the whole body, providing restorative and immunomodulatory effects. Phytotherapy is highly effective, harmless, and has virtually no contraindications. With the help of medicinal herbs, nature itself has a motherly, gentle, and maximally gentle effect on the patient. At the same time, the human body receives a whole complex of biologically active compounds related to it, which easily penetrate into tissues and act at the level of intracellular metabolism. Plants not only do not inhibit the body's defenses, but on the contrary, they are active against many strains of microorganisms that have already acquired resistance to antibiotics, and are able to strengthen human immunity, thereby helping it to cope with the disease. Phytotherapy is a powerful and harmless remedy that requires a serious scientific approach and can be the first step towards a healthy lifestyle. Plants have great power that they can transmit to us. This force is under our feet, we just need to know about the existence of this force, as well as how to use it correctly. Phytotherapy is a treatment with medicinal herbs, in which ingestion of

infusions of various herbs and plants has a beneficial effect on the work of the whole body, the blood and vital organs are cleansed of toxins and toxins, and its protective functions are enhanced. At the same time, there are no side effects on organs, as often happens with chemical therapy. The effect of herbal medicines is determined by the active substances contained in various parts of the plant: alkaloids, glycosides, tannins and essential oils. Phytotherapy is an addition to the basic treatment with chemotherapy drugs, its use reduces the drug burden on the patient's body and reduces the frequency of adverse reactions. [21]. Experience shows that in the complex treatment of tuberculosis patients, it is advisable to use primarily medicinal plants with antimicrobial, anti-inflammatory, hemostatic, hepatoprotective, expectorant, immunotropic, reparative, and restorative effects. Tuberculosis is the most common infectious disease in the world, caused by *Mycobacterium tuberculosis*. This is a chronically ongoing infectious process that depends on the size and constancy of the bacillary nucleus, favorable conditions for unhindered circulation of the pathogen, and, first of all, on the level of resistance to tuberculosis not only of individuals, but also of entire populations. The main causes of the occurrence and further development of tuberculosis infection are the deterioration of the standard of living of a certain part of the population, the deterioration of the environmental situation in a number of regions, an unbalanced diet with insufficient macro- and microelements, especially silicon, since tuberculosis most often affects the upper right part of the lungs, where this element is least concentrated. Treatment of pulmonary tuberculosis (TL) is carried out mainly with rather toxic chemotherapeutic drugs, the action of which is directed at the causative agent of tuberculosis. However, the pathogenesis of TL is not limited to the presence of a pathogen that causes the destruction of lung tissue. As a rule, pathological microorganisms are activated against the background of the underlying pathology, causing symptoms of chronic bronchitis (bronchial spasm, cough, impaired formation and excretion of sputum, and others). Taking chemotherapy drugs has a negative effect on the functioning of the gastrointestinal tract and urinary system. In this regard, TL therapy requires a systematic approach, the use of complex drugs to correct all links of pulmonary tuberculosis pathology. Herbal medicines with antitussive, antimicrobial, anti-inflammatory, expectorant and other properties are widely used in respiratory tract diseases. The wide range of action of phytopreparations is due to a rich complex of biologically active substances: essential oils, saponins, phenolic compounds, polysaccharides and others. A special role in lung therapy belongs to a complex of macro- and microelements contained in medicinal plants and phytopreparations in the form of biogenic, and therefore bioavailable complexes for the body. The purpose of the study is to study the information of traditional medicine, scientific research data on the use of natural raw materials (plant, animal and mineral) in the auxiliary therapy of tuberculosis. elecampane root, oregano herb, St. John's wort, mother-and-stepmother , 3: 1:3:1 Materials and methods. The study was conducted using information retrieval (PubMed), library databases (eLibrary, Cyberleninka), technical information from manufacturers of dietary supplements, as well as materials from websites dedicated to the use of plant, animal and mineral raw materials in folk medicine. Traditionally, animal products (honey and other bee products, animal fats, koumiss, etc.) and herbal preparations were used in folk medicine to treat tuberculosis. Currently, they are mostly used for adjunctive therapy. Medicinal plant raw materials are used in the form of infusions and decoctions to enhance the protective functions of the body, vitamin, as hemostatic (horsetail, wheatgrass, nettle, lapchatka, mountain snake, medicinal letter), expectorants (mother-and-stepmother, licorice, sage, marshmallow), antimicrobials (pine, juniper, eucalyptus, sage, garlic, birch, thyme), as well as to reduce sweating (sage, hyssop). Honey and propolis, which is also used for inhalation as an antimicrobial agent, are also used to increase the body's defenses [14, 32].

## Literature:

1. Statistics of agentstvo - Tashkent, April 25, 2024 — Sputnik).
2. Atadzhanova O.N., Khasanova M.F., Yusupov Sh.R., Askarova R.I. Tuberculosis U pasientov preklonnogo vozrasta na Etape stacionarnogo vedeniya bolnix // Vestnik nauki I obrazovaniya, 2024, PP.4
3. Barkanova O.N., Gagarina S.G., Kalujenina A.A., Popkova N.L. Sovremennaya chemotherapy tuberculosis// Lekarstvenniy Vestnik, 2021, No. 1 (81), PP.7.

4. Egorova V.F. Tuberculez O pojilix lyudey. [https://hospital58.ru/publications//asset\\_publisher/gO67NuUDmovj/content](https://hospital58.ru/publications//asset_publisher/gO67NuUDmovj/content), 31 times 2022
5. Zakharov Compiled A.V., Khokhlov A.L., Ergeshev A.E. Osobennosti lechenia I effektivnost lechenia tuberculeza legkix u pasientov pojilogo I pojilogo vozrasta PRI ustoychivosti vzbuditelya K izoniazidu // Klinicheskaya Gerontology, 2017, pp.5
6. M.A.Karachunsky, T.E.Uvarova, Effektivnost intensivnoy stadii ximioterapii tuberculeza u pasientov pojilogo I starcheskogo vozrasta, problema tuberculeznoy bolezni, 2004:(3):19-21.;
7. Klinicheskie rekomendacii, tuberculosis U vzroslix, m.2022, P.139)
8. Melentev A.C., Gasilin B.C., Gusev E.I., Martinov I.V., Rilova A.K., Martinov A.I. The geriatric aspect is vnutrennix bolezney. M.: Media, 1995. - 394 s
9. Omelchuk D.E., Bolshakova I.A., Dyurlyukova A.A. Osobennosti techeniya tuberculeza organov dixania u Lis 60 Let I starshe // Sovremennye problemi nauki I obrazovaniya. – 2023. - №5, p.20-25 URL: <https://science-education.ru/ru/article/view?id=33003>
10. Politicheskaya deklaraciya zasedaniya visokogo urovnya Generalnoy Assembly Oon po borbe s tuberculezom 2023 (22 September 2023)
11. Ronjina E.G. Tuberculosis O pacilix / / <http://nsk-niit.ru/ru/nii-tuberkuleza/news/tuberkulez-u-pozhilyh>,06.09.23
12. Savonenkova L.N., Ruzov V.I., Asanov R. B., Midlenko O.V., Asanov B.M., Anisimova S.V. Osobennosti techeniya tuberculeza u Lis pojilogo I starcheskogo vozrasta//Tuberculez I bolezni legkix, 2019, t. 97, No. 12, p.22-26.;
13. Skorovarova N.I., Loginov A.V., Osobennosti techeniya tuberculeza u Lis pozhilogo I starcheskogo vozrasta Orenburgskiy meditsinskiy Vestnik 2016, Tom IV, No. 3 (15), PP.94-95;
14. Uvarova T.E. Effektivnost intensivnoy ximioterapii tuberculeza legkix u bolnix pojilogo I starcheskogo vozrasta, m. 2003, p.179
15. Fentisov V.V. Sravnitelnoe issledovanie pokazateley zaboлеваemosti tuberculezom vzroslogo naseleniya po vozrastnomu I polovomu priznaku// Sovremennye problemi nauki I obrazovaniya. – 2022. – № 3
16. Churkin Sergey Alexandrovich Osobennosti techeniya tuberculeza legkix u Lis pozhilogo I starcheskogo vozrasta, dis. Kand. med, n., 2007, p. 179
17. Shipovalova M.A., Svistunova V.P., Malkova M.V. Tuberculez legkix U Lis pojilogo I starcheskogo vozrasta na Etape stacionarnogo vedeniya bolnix //Dalnevostochny meditsinskiy Journal, 2013, pp.19-23