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ISTIQBOLLAR”**

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Uni o'rniga asal iste'mol qiling. Lekin asalni tort, shakar, konfetlar yemaslik sharti bilan kuniga 60 gramm iste'mol qilsa bo'ladi. Tuz miqdori kuniga 1 choy qoshiqdan oshmasligi kerak, agar allergiya tug'dirmasa ko'proq har xil yorma, loviya shunga o'xshashdukkakli o'simliklardan iste'mol qiling.

Kundalik dasturxonda albatta, bug'doy yoki javdar unidan tayyorlangan non, har xil mevalar, yangi uzilgan ko'katlar, sarimsoq pizoz, sabzavotlar va albatta sut mahsulotlari joy olgan bo'lishi lozim.

**Xulosa.** Xulosa qilib aytganda, keksalarda ovqatlanish rejimida oson hazm bo'ladigan va yengil o'zlashtiriladigan mahsulot va taomlar tavsiya qilinadi. Undan tashqari keksa odamlarda ziravorlardan me'yoridan ko'p iste'mol qilish tavsiya qilinmaydi, uni o'rniga ta'm berish maqsadida ko'katlardan foydalangan ma'qul. Eng asosiysi qariyotgan organism keragidan ortiq taom iste'mol qilishga ta'sirchan bo'lib, bu semirishga balki, yurak ishemik kasalliklari, gipertoniya, aterpskleroza, qandli diabet va siydik qopi toshi hamda boshqa xastaliklarga olib keladi, natijada organizmni tezroq qarishi kuzatiladi. Shuning uchun ham, kundalik ovqat ratsionini tuzishga e'tibor berish, ko'katlar va sut mahsulotlarini iste'mol qilish erta qarishni oldini oladi, ze'ro o'z salomatligingiz o'z qo'lingizda.

## ROLE AND IMPACT COMPLEX POST-EXTENSION RECOVERY ON QUALITY LIFE OF ATHLETES WITH VISUAL IMPAIRMENT

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**The purpose of the study** is to evaluate, in the conditions of a clinical study, the impact of the post-exercise recovery program on the parameters of the quality of life of visually impaired judoka Paralympians of the Republic of Uzbekistan.

**Materials and methods.** The clinical study included 54 visually impaired judokas who are part of the Paralympic team (20 people) or who are the Paralympic reserve (34 people). Republic of Uzbekistan. Of the total number of study participants, 48 (88.8%) men and 6 (11.2%) women, the age of study participants ranged from 18 to 35 years, with a mean value of  $24 \pm 3.1$  years, median age from 21 to 29 years. In addition, before the start of the study, an assessment was made of the number of years of inclusion of athletes in the Paralympic reserve or team, so 46.8% of the study participants had an experience of  $< 3$  years and 53.2%  $> 3$  years. As part of the medical and sociological study, all respondents were divided depending on the period of post-stress recovery. Group I, which consisted of 27 (50.0%) judoists, included athletes who underwent a standard post-exercise recovery program included in the 46-week period of preparation for competitions; Group II of 27 (50.0%) judoists was included in a comprehensive program of improved post-exercise recovery after 46 weeks of preparation for the competition; The comparison group included people with disabilities associated with impaired visual function, consisting of 35 people. Analysis of the quality of life was carried out immediately before the start of major international competitions, at the end of the competitive period and after the completion of the post-exercise recovery program. The comprehensive post-exercise recovery program included 6 weeks of active rest, with coordination of sleep and wakefulness through regular monitoring by a neurologist, dietary regulation by a gastroenterologist-nutritionist, systematic visits to a clinical sports psychologist (2 times a week), and 16 hours of training in week, in a free format with the exception of training for strength and power indicators. The quality of life was assessed using a specific questionnaire formulated and developed at the Department of Rehabilitology, Traditional Medicine and Physical Culture of the Tashkent Medical Academy, which consisted of 24 questions and had 5 parametric scales (FF - physical functioning; EF - emotional functioning; SF - social functioning; HC = general health; PF = mental functioning) the obtained data were summarized in an Excel<sup>®</sup> spreadsheet (Microsoft Office), statistical analysis was carried out using the SPSS program Statistics 22.

**Results.** In a comparative assessment of the parameters of the quality of life of Paralympic judokas, the following results were obtained: within the framework of the survey before the start of the competition between groups I and II, statistically significant differences ( $p = 0.913$ ) in the indicators of FF, EF, SF, OZ, PF were not revealed. However, compared with the comparison group, the Paralympic athletes had higher ( $p=0.032$ ) scores on the FF, EF, OZ scales. In a comparative assessment of the quality of life after the completion of international competitions, a significant decrease in the parameters of FF, EF, and PF was revealed among athletes of both groups I and II. As a result of the final survey, 6 weeks after the end of the competition period and at the end of the post-exercise recovery program, a statistically significant ( $p=0.441$ ) difference was observed between the Paralympic athletes from Group I and Group II. Thus, the FF indicators after a 6-week period of post-load recovery amounted to  $78.5 \pm 8.4$  points for group I and  $83.5 \pm 7.1$  points for group II judokas. The EF index for group I was  $64.9 \pm 6.3$  points and  $75.0 \pm 5.2$  points for group II. In the analysis of PF indicators for group I was  $70.5 \pm 10.9$  points, for group II this figure was  $82.4 \pm 6.6$  points. When analyzing such parameters as SF and OD, it was not possible to identify significantly significant ( $p=0.852$ ) differences between the groups of Paralympic athletes.

**Conclusions.** As part of a comprehensive analysis of the quality of life among disabled people with impaired visual function, professional athletes had higher rates on all scales. This phenomenon once again confirms the benefits of physical activity, including excessive physical activity, and demonstrates the best quality of life parameters for people with disabilities who systematically go in for sports. This conclusion has been repeatedly confirmed in the framework of scientific research, however, the involvement of non-professional athletes with disabilities still remains an unresolved problem in the modern world and society.

As part of the main branch of the study, it was found that Paralympians participating in the comprehensive post-exercise recovery program have higher quality of life indicators, especially in the parameters of FF, EF and PF, which could not be detected in Paralympians who underwent a standard post-exercise recovery protocol. This trend is directly related to the quality of conditions for post-exercise recovery under conditions of excessive, sometimes exorbitant physical loads that an athlete overcomes during preparation for competitions and directly during the competitive period. Therefore, when using the standard post-exercise recovery protocol, we cannot guarantee sports success in the next competitive period, as well as exclude the risk of injury or deterioration in the health of Paralympic judokas of the Republic of Uzbekistan. Despite the foregoing, this topic is topical and needs further study. The reorganization of post-exercise recovery programs within the framework of elite sports of the Republic of Uzbekistan will potentially allow our athletes to reach new heights and victories.

## COMPARATIVE STUDY HERBAL MEDICINE IN COMBINATION WITH SORAFENIB ON HEPG2 CELL TRANSPLANTATION TUMOR MODEL

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**Objective:** This study evaluated the improvement effect of herbal medicine in combination with Sorafenib (MIX) on transplantation tumor model induced using hepatocellular carcinoma HepG2 cells.

**Methods:** The HepG2 cells transplantation tumor model has been established through HepG2 subcutaneously injection in Balb/c nude mice and the effect of MIX on the growth of the transplantation tumor was observed. Serum inflammatory markers and biochemical analysis were measured by commercial kits and an automatic biochemical analyzer. Natural killer (NK) cell activity was measured using Granzyme B. Telomerase reverse transcriptase (TERT) and alpha-fetoprotein (AFP) known as prognostic markers of hepatocellular carcinoma were analyzed by real-time PCR. Also, apoptosis and inflammation-related protein expressions were assayed by Western blotting.