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OITS HAQIDA TUSHUNCHA

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Annotatsiya:

Ushbu maqolada OIV va OITS haqida, kelib chiqish haqida, yuqish yo’llari haqida, belgilari haqida, davolash haqida ma’lumot berilgan.

Kalit so’zlar: OITS, OIV, profilaktika, diagnostika, T-hujayrali, leykoz, limfadenopatiya, T-limfotsit, virus, o’tkir lixoradka, ovqatlanish, mikroelementlar, vitaminlar.

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Аннотация:

В этой статье представлена информация о ВИЧ и СПИДе, о происхождении, путях передачи, симптомах, лечении.

Ключевые слова: СПИД, ВИЧ, профилактика, диагностика, Т-клеточный, лейкоз, лимфаденопатия, Т-лимфоцит, вирус, острая лихорадка, питание, микроэлементы, витамины.

THE CONCEPT OF AIDS

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Abstract:

This article provides information about HIV and AIDS, its origin, transmission routes, symptoms, and treatment.

Keywords: AIDS, HIV, prevention, diagnosis, T-cell, leukemia, lymphadenopathy, T-lymphocyte, virus, acute fever, nutrition, trace elements, vitamins.



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Bugungi kunda OITS atamasi bilan kasallikning oxirgi bosqichini belgilanadi. OIV bilan zararlanshdan boshlanib OITSning birinchi belgilari paydo bo'lgungacha bo'lgan davr jarayoni OIV infeksiyasi deb tushuniladi. OIV bilan zararlangan shaxsni OIV tashuvchisi deb yuritiladi. SHunday qilib OIV va OITS bir kasallikni ikki turdagi tushunchasidir.

OITS virusi 1983 yilga kelib aniqlandi va uni har xil nomlar bilan atala boshlandi. AQSHning rak kasalligiga qarshi milliy inistitutining Robert Gallo rahbarligidagi immunologiya virusologiya bo'yicha bir guruh olimlari T-hujayrali leykozning qo'zg'atuvchisini aniklashdi. T-hujayrali leykoz Karib havzasi davlatlari va janubiy Yaponiyada 1970 yillar oxirida ro'yxatga olingan bo'lib, bemorlarda kasallik juda ham og'ir kechgan va ular 3-4 oy davmida vafot etgan.

AQSHda OITS epidemiyasi boshlangan bo'lib kasallikning tarqalish yo'li asosan qon qo'yish bo'lgan edi. SHu sababdan Gallo HTLV-1 OITS qo'zratuvchisi deb bildi. Parijdagi L. Paster inistitutining Lyuk Mantane rahbarligidagi bir guruh olimlar retro viruslarning immun tizimidagi limfa tugunlarining kattalashishi (limfadenopatiya) bilan kechadigan o'sma kasalliklari bilan bog'lik holatini o'rganishdi. Izlayotgan virusni ajratib olishda frantsuz olimlari Gallo guruhi tomonidan kashf etilgan iaterleykin-2 dan foydalanishdi. Limfadenopatiya bilan. bir necha yillardan beri og'riyotgan bir bemorni limfo tugunchalari tekshirilganda retro virusga o'xshash alohida bir virus ajratib olishdi.

1883 yilda «Sayens» jurnali OITSGa chalingan 33 bemordan 2 nafarida retrovirus ajratib olinganligi to'g'risida frantsuz olimlarining maqolasini chop etdi. Ushbu retro virusning NTLV-1dan farqi shundaki u T-limfotsitlarning yomon sifatli bo'lib aynishiga emas, balki ularning o'limiga olib kelar ekan. Mualliflar dimfadenopatiya chaqiruvchi bu virusni LAV deb nomlashdi. Shuning



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natijasida ikki guruh olimlar o'rtasida biologik materiallar asosida kuchli fikr almashinuvilar, ya'ni tortishuvlar boshlandi.

Shu vaqtda Gallo guruhi o'zining ishlab chiqqan uslublariga tayangan holda OITSga chalingan bemorlardan yangi retrovirus ajratib olishdi va unga NTLV-3 deb nom berishdi. SHu bilan birga T-limfotsitlarni maxsus tizimini ajratib olindiki, bunda virus jadallik bilan ko'paydi, lekki T-hujayra o'lmadi. 1984 yilning boshida Amerikalik olimlar NTLV-3 va LAVga juda ham o'xshaydigan, ya'ni ular bilan bir xil bo'lgan yangi virus topilganlari xaqida matbuota xabar berdilar. SHuning uchun bu virusni NTLV -3 LAV qo'zg'atuvchisi deb belgilaydigan bo'ldilar.

Shunday qilib, 1986 yilda viruslarni nomlash qo'mitasi OITS qo'zratuvchisiga yangi nom, ya'ni OIV (odam immunataqislik virusi), (VICH), QNIV-nom berish to'g'risida taklif kiritdi va shu kundan boshlab u OIV deb nomlanadigan bo'lindi. SHunday qilib, yangi kasallik, ya'ni OITS paydo bo'lganligi to'g'risida maqolalar chop etilganidan so'ng 2 yil o'tgach kasallik qo'zg'atuvchisi aniklandi, shuningdek 2,5 yil o'tgach esa uniig tashxislash uslubi ishlab chiqildi. Bu ishlar 1985 yil Atlantadagi OITS bo'yicha halqaro konferentsiyani olamshumul yangilik rukunida o'tishiga sabab bo'ldi. Endi kasallik qo'zg'atuvchisining turli xususiyatlarini o'rganish bilan birga yangi muammolar paydo bo'la boshlaydi.

Shunday qilib, 2000 yil oxirida OIV infeksiyasiga 50 mln. inson chalingai bugungi kunda 33,6mln. odamlar OIV infeksiyasi va OITS bilan yashamokda, 16,3 mln. kishi halok bo'lgan ulardan 3,6 mln. 15 yoshga yetmagan bolalarni tashkil etadi. OITS va OIVga chalinganlarni 95% rivojlaniyotgan mamlakatlarga to'g'ri keladi, shu jumladan o'lganlarning ham 95%.



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Hozirgi kunda 1 minut davomida 11 kishi (erkaklar, ayollar va bolalar) OIV infeksiyasiga chalinmoqda. OIV infeksiyasining epidimologik markazi Afrika hisoblanadi. Bugungi kunda Afrika kontinetida 22,3 mln.dan ortiq katta yoshdagilar va 1 mln.dan ortiq bolalar OIV infeksiyasi bilan yashamoqdalar. Faqatgina 1998 yilning o'zida Afrikada 2 mln. kishi OITSdan halok bo'lgan. SHu yil Afrika kontinentida har kuni 5,5 ming kishi OITSdan halok bo'lgan. Ota-onasidan OITS asorati orqali yetim qolgan bolalarning 95% Afrikaga to'g'ri keladi. Hindiston OIV infeksiyasi bo'yicha Janubiy Afrikadan keyin ikkinchi o'rinda turadi va 2000 yili Hindistonda bu ko'rsatgich 3,5 mln.ni tashkil etgan. Rossiya davlatining OITSGa qarshi kurash ilmiy metodik markazining ma'lumotlariga qaraganda 1987 yil 1 yanvaridan 2000 yil 1 noyabirigacha 68583 kishi OIV infeksiyasiga chalingan bo'lib, ulardan 1080 tasi bolalarga tug'ri keladi. SHu davrda o'lganlar soni 639ta katta yoshdagilar 113 ta bolalarga to'g'ri keladi. Yuqoridagi ko'rsatgichni qo'yidagi ko'rinishda ham berish mumkin. Moskva viloyatida 12515, Maskva 9104, Irkutsk viloyatida 7049, Tyumen viloyatida 2407.

OIVni yuqtirish manbalari virusni yuqtirgan turli klinik shakldagi bemorlar va virusni tashuvchilar hisoblanadi, chunki ularning qonida doimo virus aylanib yuradi. OIV - virusi nafaqat qonda balki birinchi navbatda sperma va hamda hayz ajratmalarida va qin bezlari sekretida ham bo'ladi. Bundan tashqari OIV ko'krak sutida, so'lakda, ko'z yosh va orqa miyaning kulrang moddasi suyuqligida, turli to'qimalarda, ter va siydikda bo'ladi. Epidimologik jihatdan ko'proq xaflisi bu qon, sperma va qin ajratmalari hisoblanadi va ularda infeksiyani yuqtirish uchun yetarli miqdorda virus bo'ladi.



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Patogenezi. OITSning virus odam organizmiga kirib T-limfotsitlar xedperlarga zararli ta'sir qiladi, natijada T-xelperalarning faoliyati, susayadi va keyin ular halok bo'ladi. Ma'lumki, T-limfotsitlar xelperlar-odam organizmi immun sistemasida hal qiluvchi rol o'ynaydi.

Kasallikni yashirin (inkubatsion) davri, 2-3 haftadan 1-2 oygacha va ayrim ma'lumotlarga qaraganda 3-5 yilgacha davom etishi mumkin. Kasallik jinsiy yo'l bilan yuqsa yashirin davri qisqa bo'ladi. Gomoseksualistlarda yashirin davr 8 yilgacha davom etadi.

Kasallik boshlanishidan oldingi davr, prodmal davri:

1 oydan 6 oygacha bo'lib nospetsefik ko'rinishda kechadi.

Bu davr o'z navbatida 3 bosqichdan iborat:

a. O'tkir lixoradka bosqichi.

b. Belgisiz bosqichi. s. Limfadenopatiyaning kuchayish bosqichi.

Kasallikning o'tkir rivojlangan davri.

Bu davr esa o'z navbatida uch bosqichdan iborat.

a. Birinchi bosqichda tana o'z massasini 10% yo'qotadi, teri va shilliq qavatlarning ustki qismi zamburug' virus va bakteriyalar bilan zararlanadi.

b. Ikkinchi bosqichda tana massasi 10%dan ko'p yo'qoladi, noma'lum diareya yoki lixoradka 1 oygacha davom etadi, o'pka tubirkulyozi, ichki organlarni bakteriya, virus, zamburug'lar bilan zararlanishi Kaposhe sarkomasining vujudga kelishi bilan xarakterlanadi.

s. Uchunchi bosqichda yuqoridagi kasalliklarning og'irlanishi pnevmoniya, hazm qilish sistemasining kandidoz, Kaposha sarkozasiniig kuchayishi, markaziy nerv sistemasining zararlanishi.

Kasallik tugallanish davri.



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DIAGNOSTIKASI.

1. 60dan yosh odamlarda Kaposhi sarkomi aniqlansa;
 2. 2-3 oydan uzoqqa cho'ziladigan surunkali ich ketar kasalligida enteropatogen mikroblari topilmagan va ko'p miqdorda kriptosporidium topilgan hollarda;
 3. Uzoq cho'ziladigan noma'lum isitma ko'zatilganda (3 oydan ortiq);
 4. Markaziy nerv sistemasiiing limfomasi rivojlanganda;
 5. Odamdagi ximioterapiya usuli bilan davolashda tuzalmaydigan va pnevmoniya aniqlanganda;
 6. Bemor sababsiz ozib, 10%dan kam bo'lmagan og'irligini yo'qotganda;
 7. Noma'lum etiologiyali limfopeniya bo'lganda;
 8. Har xil bakteriyalar, zamburug'lar viruslar, bir hujayrali sodda jonivorlar qo'zg'atadigan va tez-tez qaytarilib turadigan zozogen va endogen infeksiyalar ko'zatilganda;
 9. Doimiy kam quvvatlik va kechasi ko'p terlash ko'zatilganda;
- OITSni aniqlashda laboratoriya diagnostikasi katta ahamiyatga ega.

Ulardan;

- Immunoferment aniklash;
- Radioimmunopretsipetat analizi;
- Radioimmunopretsipetat usuli;
- Immunoglobulin analiz;

Ko'proq qo'llanadi va diagnoz qo'yishda yordam beradi.

Bundan tashqari diagnoz qo'yilishida bemorni tanosil kasalliklari, yuqumli V va Ye gepatit kasalligi, genital kasalliklari bor yo'qligi bor uning ijtimoiy va ruhiy holati aniklanadi, tekshirilayotgan kishi besoqolboz emasligi unga donorlik qoni



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quyilgan quyilmaganligi, tomir orqali narkotik moddalarni qabul qilgan yoki qabul qilmaganligi aniqlanadi.

Limfatik bezlar, asab sistemasi sinchiklab tekshiriladi. Xozirgi kunda jahondagi turli laboratoriyada OIVni anikdash uchun maxsus sezuvchanlikka ega bo'lgan va aniq bir maqsadni ko'zlagan arzonlashtirilgan va soddalashtirilgan usullar ishlab chiqilmoqda. Bular immunoferment va immunoblotni tekshirish usullaridir. Bugungi kunda OITSni aniqlash kompleks ravishda olib boriladi.

DAVOSI. Shu vaqtgacha ko'p dorilar tekshirib ko'rildi, lekin ularning bittasi ham yaxshi natija bermadi.

Davolash printsiipi quyidagichadir:

1. OITS virusiga ta'sir qilish.
2. Orgaiizmiing immun holatini yaxshilash, ya'ni immunotimulatsiya usuli.
3. Paydo bo'lgan har turli opportinustik (yondosh) kasalliklarga qaratilgan davo usullari.

Dunyo sog'liqni saqlash tashkiloti tomonidan maxsus dastur tayorlandi.

Dasturning asosiy bosqichlari quyidagilardan iboratdir:

1. Sanitariya targ'iboti.
2. Jinsiy aloqa bilan virusni yuqishini to'xtatish.
3. Giyohvand moddalarni inektsiya orqali olganda virus yuqishini to'xtatish.
4. Vertikal (homilali bemor ayoldan bolaga yuqishi) yo'l bilan yuqishni to'xtatish.
5. Virusni qon, qon mahsulotlari va ko'chirib o'tkaziladigan organlar orqali yuqishiga qarshi kurashish.
6. Sog'liqni-saqlash mutaxasislari targ'ibotchilardir.
7. Epidemiologik nazorat.



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