



INNOVATIVE WORLD
Ilmiy tadqiqotlar markazi

$$\left(\frac{T_1}{T_2}\right)^2 = \left(\frac{a_1}{a_2}\right)^3$$



TADQIQOTLAR



ILM-FAN



TEKNOLOGIYALAR

ZAMONAVIY ILM-FAN VA INNOVATSIYALAR NAZARIYASI

ILMIY-AMALIY KONFERENSIYA

2026



Google Scholar



zenodo



OpenAIRE



Andijan, Uzbekistan



+998335668868



<https://innoworld.net>



« ZAMONAVIY ILM-FAN VA INNOVATSIYALAR
NAZARIYASI » NOMLI ILMIY, MASOFAVIY,
ONLAYN KONFERENSIYASI TO'PLAMI

3-JILD 3-SON

Konferensiya to'plami va tezislari quyidagi xalqaro
ilmiy bazalarda indexlanadi

Google Scholar



ResearchGate

zenodo



ADVANCED SCIENCE INDEX



Directory of Research Journals Indexing

www.innoworld.net

O'ZBEKISTON-2026

Kalit soʻzlar: hissiy ziddiyat, lirik kechinma, xotira, sogʻinch, poetik taranglik, tuygʻular oʻzgarishi

INTRODUCTION. Alexander Feinberg (1939–2009) remains one of the most introspective and emotionally nuanced voices in twentieth-century Uzbek poetry. His writing rarely relies on loud emotion or dramatic confession. Instead, it unfolds through quiet reflection and carefully measured expression. Feinberg’s poems often return to the fragile space between attachment and separation, memory and silence, hope and resignation.

The idea of dialectics, rooted in philosophical thought, refers to the tension between seemingly opposite forces that shape and transform one another. In literature, this concept helps us understand how contrasting emotions coexist and generate meaning through interaction. In Feinberg’s poetry, love and loss do not stand apart as separate themes. They move together, influencing and redefining each other.

Love in his lyrical world is never presented as a stable certainty. It carries vulnerability from the very beginning. At the same time, loss is not merely emptiness. It preserves memory, deepens awareness, and often intensifies feeling. The emotional rhythm of his poetry grows out of this delicate balance.

This article explores how Feinberg constructs this dynamic relationship through imagery, tone, and symbolic contrast. The analysis shows that love and loss are not opposing endpoints but interconnected stages within a single emotional experience.

LITERATURE REVIEW AND METHODOLOGY

The idea that opposing emotional states generate deeper meaning has long been discussed in philosophical and literary theory. In Hegelian dialectics, development emerges through tension between contrasting forces that reshape one another rather than cancel each other out (Hegel, 1807/1977). When applied to literature, this principle allows us to see how emotional contradiction becomes a source of artistic depth.

In hermeneutic theory, Paul Ricoeur emphasises that poetic language transforms lived experience into layered symbolic meaning (Ricoeur, 1976). Emotional conflict in poetry is therefore not accidental; it structures interpretation itself. Similarly, Northrop Frye argues that recurring symbolic oppositions often organise lyrical expression and elevate private experience into broader human significance (Frye, 1957). These theoretical perspectives help explain why love and loss in Feinberg’s poetry function not as isolated themes but as interdependent emotional movements.

Within modern lyric studies, scholars have also noted that emotional duality often defines poetic voice. The coexistence of attachment and rupture produces intensity and psychological authenticity. This framework provides a useful lens for examining Feinberg’s emotional structures.

The present study is based on qualitative textual analysis. Selected poems dealing with affection, separation, memory, and emotional rupture were examined through close reading. Attention was given to imagery, tonal modulation, repetition,

and metaphorical contrast. Rather than separating poems of love from poems of sorrow, the analysis reads them together in order to reveal the dialectical structure underlying their emotional progression.

RESULTS.In the poem “Love”, Feinberg writes:

“The torment of parting fills the eyes with tears,
Do not console me. Love burns the heart in knots.
Love leaves us and forgets our names,
So that we may never forget love.”

At the heart of this stanza lies a quiet paradox. Love is described as something that leaves, something that forgets. Yet its departure makes it unforgettable. Separation becomes the very condition of remembrance. The line “Love burns the heart in knots” suggests that love is inseparable from tension and pain. It does not soothe; it unsettles. When love fades outwardly, it intensifies inwardly. What is lost in reality remains alive in memory. In this way, absence becomes a different form of presence.

In “The Meeting,” love appears suspended rather than fulfilled:

“Between us, everything remains —
Only hope is missing, nothing more.”

The simplicity of the line carries emotional weight. The lovers share familiarity, perhaps affection, perhaps shared history. Yet without hope, their connection feels incomplete. Hope represents continuation, the promise of tomorrow. Its absence turns closeness into quiet distance. The meeting is not a reunion but a recognition of what cannot return. Love is present, yet it no longer moves forward. The tension lies not in argument but in silent understanding.

In “Winter,” emotional refusal becomes central:

“No! she said — and that is no.
I shall never beg for love.”

The firmness of the refusal suggests pride and finality. Yet the intensity of the declaration hints at hidden vulnerability. Emotional coldness mirrors the winter setting, but winter also carries the promise of seasonal change. Beneath the frozen surface lies suppressed warmth. The refusal does not erase attachment; it conceals it. Loss takes the form of rejection, but the emotional charge reveals that love has not truly disappeared.

Another powerful moment appears in the poem that begins:

“How can one forget — tell me how?
Every word of yours still echoes in my ears...”

Here, forgetting is portrayed as impossible. The question is not a request for advice but an expression of helpless persistence. Memory transforms absence into constant presence. Even if the beloved denies recognition, the lyrical subject remains bound to remembrance. Each recalled word revives the connection. Loss does not silence love; it turns it into an echo.

Across these poems, love moves through stages — expectation, rupture, denial, memory. Loss does not extinguish feeling; it reshapes it. Love survives in altered form, lingering as an echo, wound, or quiet endurance.

DISCUSSION. Feinberg’s treatment of love and loss feels deeply human because it avoids exaggeration. Love is not romanticised as eternal harmony. From the very beginning, it carries fragility. To love, in his poetry, is already to accept the possibility of separation.

In “Love,” departure becomes the reason remembrance persists. The pain of parting keeps affection alive. The lyrical voice does not resist this truth. Instead, it recognises that emotional depth grows through loss.

In “The Meeting,” the absence of hope defines the emotional atmosphere. The lovers stand face to face, yet something essential is missing. Their silence speaks louder than confession. Love remains, but without expectation, it feels suspended.

In “Winter”, denial intensifies attachment. The refusal to beg for love appears strong, yet strength here hides vulnerability. Emotional coldness becomes a protective shield. Beneath it, feeling continues to exist. In the poem beginning with “How can one forget,” memory becomes the space where love survives. Even when physical presence disappears, emotional resonance remains. Loss transforms love into recollection rather than erasing it.

Throughout these poems, Feinberg maintains restraint. His language is controlled, never theatrical. The dialectic between love and loss unfolds quietly. Neither side conquers the other. They remain intertwined, reflecting the complexity of human attachment.

CONCLUSION. The analysis demonstrates that in Alexander Feinberg’s poetry, love and loss do not exist separately but are deeply interconnected. Love is never portrayed as stable or unchanging; from the very beginning, it carries vulnerability and uncertainty within itself. At the same time, loss does not completely erase affection. Instead, it preserves memory, deepens awareness, and allows emotion to continue in a transformed form.

Through restrained language and symbolic contrasts, Feinberg shows that separation does not deny love but reshapes it. Love survives in different forms — as memory, as echo, as quiet endurance. Loss is not an end, but a continuation of feeling in another dimension.

References

1. Bakhtin, M. M. (1981). *The dialogic imagination: Four essays* (M. Holquist, Ed.; C. Emerson & M. Holquist, Trans.). University of Texas Press.
2. Culler, J. (2015). *Theory of the lyric*. Harvard University Press.
3. Feinberg, A. (2021). *Qoralanmaga qasida*. Ma’naviyat.
4. Frye, N. (1957). *Anatomy of criticism: Four essays*. Princeton University Press.
5. Gadamer, H.-G. (2004). *Truth and method* (2nd rev. ed., J. Weinsheimer & D. G. Marshall, Trans.). Continuum. (Original work published 1960)
6. Hegel, G. W. F. (1977). *Phenomenology of spirit* (A. V. Miller, Trans.). Oxford University Press. (Original work published 1807)

UO‘K: 616.716-002.3-08-07

**JAG‘ SUYAKLARIDA OSTEOMIYELITNI ERTA ANIQLASH VA
DAVOLASHNING KLINIK-NAZARIY YONDASHUVLARI**

Abosov Farxodjon Mominzoda¹

Central Asian Medical University xalqaro tibbiyot universiteti Yuz-jag‘ xirurgiyasi
1-kurs ordinatori, Burhoniddin Marg‘inoniy ko‘chasi 64-uy, Farg‘ona shahri,
O‘zbekiston, tel.: +998 95 485 00 70, e-mail: info@camuf.uz¹

Email: fabospv970@gmail.com¹

Annotatsiya: Jag‘ suyaklarining osteomiyeliti yuz-jag‘ jarrohligi amaliyotida uchraydigan eng murakkab yiringli-yallig‘lanish kasalliklaridan biri hisoblanadi. Ushbu patologiya ko‘pincha odontogen infeksiya, travmatik shikastlanishlar, jarrohlik aralashuvlardan keyingi asoratlar hamda umumiy somatik kasalliklar fonida rivojlanadi. So‘nggi yillarda osteomiyelitning kech aniqlanishi, surunkali shaklga o‘tishi va asoratlar bilan kechishi klinik amaliyotda dolzarb muammo bo‘lib qolmoqda. Shu sababli kasallikni erta aniqlash, patogenezini chuqur o‘rganish hamda zamonaviy diagnostika va davolash usullarini qo‘llash muhim ilmiy va amaliy ahamiyat kasb etadi. Mazkur ilmiy maqolada jag‘ suyaklarida osteomiyelitning etiologiyasi, patogenezini, klinik kechishi, diagnostika mezonlari hamda davolashning klinik-nazariy asoslari keng tahlil qilindi. Adabiyotlar ma‘lumotlari, ilmiy maqolalar, dissertatsiya ishlari va klinik kuzatuvlar asosida osteomiyelitni erta aniqlashda radiologik, laborator va klinik belgilar muhim ahamiyatga ega ekanligi ko‘rsatildi. Zamonaviy kompyuter tomografiyasi, konus-nur tomografiyasi, mikrobiologik tekshiruvlar hamda immunologik ko‘rsatkichlar kasallikni boshlang‘ich bosqichda aniqlash imkonini beradi. Davolashda kompleks yondashuv asosiy o‘rin tutadi. Antibiotikoterapiya, detoksikatsion davolash, jarrohlik sanatsiyasi, suyak to‘qimasini tiklash usullari hamda fizioterapiya muolajalari birgalikda qo‘llanilganda yuqori klinik samaradorlik kuzatiladi. Tadqiqot natijalari shuni ko‘rsatadiki, osteomiyelitni erta aniqlash va individual davolash rejasini tuzish kasallikning surunkali shaklga o‘tishini kamaytiradi, asoratlar sonini pasaytiradi hamda bemorlarning hayot sifatini yaxshilaydi.

Kalit so‘zlar: *osteomiyelit, jag‘ suyaklari, odontogen infeksiya, erta diagnostika, klinik belgilar, radiologik tekshiruv, kompyuter tomografiya.*

Kirish: Jag‘ suyaklarining osteomiyeliti yuz-jag‘ jarrohligi va stomatologiya amaliyotida eng murakkab va og‘ir kechadigan yiringli-yallig‘lanish kasalliklaridan biri hisoblanadi. Ushbu kasallik suyak to‘qimasining infeksiyon yallig‘lanishi bilan xarakterlanib, patologik jarayon suyak iligi, kortikal qatlam va periostni o‘z ichiga oladi. Osteomiyelitning rivojlanishi ko‘pincha odontogen infeksiya, travmatik shikastlanishlar, noto‘g‘ri bajarilgan stomatologik muolajalar, umumiy infeksiyon kasalliklar hamda organizm immun tizimining pasayishi bilan bog‘liq bo‘ladi. Zamonaviy klinik ma‘lumotlarga ko‘ra, yuz-jag‘ sohasida

uchraydigan yiringli-yallig‘lanish kasalliklari orasida osteomiyelit yuqori asoratlar bilan kechishi sababli alohida klinik ahamiyatga ega.

So‘nggi yillarda stomatologik kasalliklar, ayniqsa tish kariesi va uning asoratlari keng tarqalganligi sababli odontogen infeksiyalar soni ortib bormoqda. Statistik ma‘lumotlarga ko‘ra, osteomiyelit holatlarining katta qismi aynan davolanmagan yoki noto‘g‘ri davolangan tish kasalliklari natijasida yuzaga keladi. Pastki jag‘ suyagi yuqori jag‘ suyagiga nisbatan ko‘proq zararlanadi, bu esa uning qon bilan ta‘minlanish xususiyatlari, anatomik tuzilishi hamda suyak to‘qimasining zichligi bilan bog‘liq. Ayniqsa yoshlar va o‘rta yoshdagi bemorlarda odontogen osteomiyelit ko‘proq uchraydi, biroq so‘nggi yillarda umumiy somatik kasalliklar fonida keksalar orasida ham ushbu kasallikning uchrash darajasi ortib bormoqda.

Osteomiyelitning klinik kechishi ko‘pincha o‘tkir, subo‘tkir va surunkali shakllarda namoyon bo‘ladi. O‘tkir shaklida kuchli og‘riq, shish, tana haroratining ko‘tarilishi, umumiy intoksikatsiya belgilari kuzatiladi. Agar kasallik o‘z vaqtida aniqlanmasa yoki yetarli darajada davolanmasa, patologik jarayon surunkali bosqichga o‘tadi. Surunkali osteomiyelitda suyak to‘qimasida nekroz o‘choqlari, sekvestrlar hosil bo‘ladi, fistulalar paydo bo‘ladi va bu holat uzoq davom etadigan yallig‘lanish jarayoniga olib keladi. Natijada bemorning umumiy ahvoli yomonlashadi, chaynash funksiyasi buziladi, yuz-jag‘ sohasida deformatsiyalar paydo bo‘lishi mumkin.

Kasallikni erta aniqlash osteomiyelitni muvaffaqiyatli davolashning asosiy omillaridan biri hisoblanadi. Biroq klinik amaliyotda ko‘p hollarda kasallik boshlang‘ich bosqichda aniqlanmaydi. Bunga sabab dastlabki simptomlarning aniq namoyon bo‘lmasligi, bemorlarning kech murojaat qilishi, ayrim hollarda noto‘g‘ri tashxis qo‘yilishi hamda zamonaviy diagnostika usullarining yetarli darajada qo‘llanilmasligidir. An‘anaviy rentgenologik tekshiruvlar osteomiyelitning dastlabki bosqichida har doim ham yetarli ma‘lumot bermaydi. Shu sababli so‘nggi yillarda kompyuter tomografiyasi, konus-nur tomografiyasi, magnit-rezonans tomografiya hamda laborator diagnostika usullaridan keng foydalanish tavsiya etilmoqda.

Osteomiyelitni davolashda ham kompleks yondashuv zarur hisoblanadi. Faqatgina antibiotikoterapiya bilan cheklanib qolish ko‘p hollarda yetarli natija bermaydi. Zamonaviy klinik nazariyaga ko‘ra, davolash jarayoni infeksiya manbasini bartaraf etish, yiringli o‘choqni sanatsiya qilish, suyak to‘qimasini tiklash hamda organizmning umumiy reaktivligini oshirishga qaratilgan bo‘lishi kerak. Jarrohlik davolash usullari, antibakterial terapiya, detoksikatsion davolash, immunokorreksiya va fizioterapiya usullarini birgalikda qo‘llash yuqori samaradorlik beradi.

Ilmiy adabiyotlar tahlili shuni ko‘rsatadiki, osteomiyelitni erta aniqlash va to‘g‘ri davolash taktikasini tanlash kasallikning surunkali shaklga o‘tishini sezilarli darajada kamaytiradi. Shuningdek, zamonaviy diagnostika usullarini qo‘llash

orqali patologik jarayonni boshlang'ich bosqichda aniqlash mumkin bo'lib, bu esa jarrohlik aralashuv hajmini kamaytiradi va bemorlarning tezroq sog'ayishiga yordam beradi.

Shu munosabat bilan jag' suyaklarida osteomiyelitni erta aniqlash, uning klinik-nazariy asoslarini chuqur o'rganish hamda davolashning zamonaviy yondashuvlarini takomillashtirish yuz-jag' jarrohligi va stomatologiyaning dolzarb muammolaridan biri hisoblanadi. Mazkur maqolada osteomiyelitning etiologiyasi, patogenezi, diagnostikasi va davolashning klinik-nazariy asoslari keng qamrovli adabiyotlar hamda ilmiy ma'lumotlar asosida tahlil qilinadi.

Jag' suyaklarining osteomiyeliti yuz-jag' jarrohligi va stomatologiyada uzoq yillardan buyon o'rganib kelinayotgan yiringli-yallig'lanish kasalliklaridan biri bo'lib, uning etiologiyasi, patogenezi, diagnostikasi hamda davolash usullari bo'yicha ko'plab ilmiy tadqiqotlar olib borilgan. Turli davrlarda chop etilgan ilmiy adabiyotlar tahlili shuni ko'rsatadiki, osteomiyelitning kelib chiqishida infeksiyon omillar yetakchi rol o'ynaydi, ammo kasallik rivojlanishida organizmning umumiy reaktivligi, qon aylanishining buzilishi, travmatik ta'sirlar hamda immun tizim holati ham muhim ahamiyatga ega.

Ko'plab klinik tadqiqotlarda jag' osteomiyelitining asosiy sababi odontogen infeksiya ekanligi ta'kidlanadi. Tish kariesi, pulpitis, periodontit, periostit hamda noto'g'ri bajarilgan stomatologik muolajalar infeksiya suyak to'qimasiga tarqalishiga olib keladi. Ayrim mualliflarning fikriga ko'ra, osteomiyelit holatlarining katta qismi pastki jag' suyagida kuzatiladi, bu esa uning anatomik tuzilishi va qon bilan ta'minlanish xususiyatlari bilan bog'liq. Pastki jag' suyagida kompakt suyak qatlamining qalinligi va qon tomirlarining nisbatan kamligi yallig'lanish jarayonining tez tarqalishiga sharoit yaratadi.

Adabiyotlarda osteomiyelitning patogenezi ko'p bosqichli jarayon sifatida tavsiflanadi. Dastlab infeksiya suyak iligiga tushadi, keyinchalik suyak to'qimasida mikrotsirkulyatsiya buziladi, trombozlar paydo bo'ladi va natijada nekroz rivojlanadi. Nekrotik to'qimalar sekvestrlar hosil qiladi, bu esa yallig'lanish jarayonining surunkali shaklga o'tishiga sabab bo'ladi. Ilmiy manbalarda suyak ichida bosimning ortishi, qon aylanishining yomonlashuvi hamda immun reaksiyalarning susayishi osteomiyelit rivojlanishining asosiy mexanizmlaridan biri sifatida ko'rsatiladi.

Ko'pgina tadqiqotchilar osteomiyelitni o'tkir, subo'tkir va surunkali shakllarga ajratishni taklif etadilar. O'tkir osteomiyelitda umumiy intoksikatsiya belgilari yaqqol namoyon bo'ladi, bemorda tana harorati ko'tariladi, kuchli og'riq, shish va limfa tugunlarining kattalashishi kuzatiladi. Agar davolash o'z vaqtida boshlanmasa, kasallik subo'tkir va keyinchalik surunkali shaklga o'tadi. Surunkali osteomiyelitda suyak to'qimasida sekvestrlar, fistulalar va deformatsiyalar paydo bo'lishi mumkin. Adabiyotlarda qayd etilishicha, surunkali osteomiyelitni davolash ancha murakkab bo'lib, ko'pincha jarrohlik aralashuvni talab qiladi.

So'nggi yillarda osteomiyelitni erta aniqlash masalasi alohida e'tibor markazida turibdi. Ilmiy ishlarda ko'rsatilishicha, kasallikning dastlabki bosqichida klinik belgilar har doim ham aniq bo'lmaydi, shu sababli zamonaviy diagnostika usullaridan foydalanish zarur. An'anaviy rentgenografiya ko'pincha suyakdagi o'zgarishlarni kech bosqichda ko'rsatadi. Shu sababli kompyuter tomografiyasi va konus-nur tomografiyasi osteomiyelitni erta aniqlashda eng samarali usullardan biri sifatida tavsiya etiladi. Ushbu usullar yordamida suyak to'qimasidagi minimal destruktiv o'zgarishlarni ham aniqlash mumkin.

Laborator diagnostika ham osteomiyelitni aniqlashda muhim ahamiyatga ega. Qon tahlillarida leykotsitoz, eritrotsitlar cho'kish tezligining oshishi, C-reaktiv oqsil miqdorining ko'payishi yallig'lanish jarayonini ko'rsatadi. Mikrobiologik tekshiruvlar infeksiya qo'zg'atuvchisini aniqlash imkonini beradi va bu antibiotik tanlashda muhim hisoblanadi. Ayrim ilmiy tadqiqotlarda immunologik ko'rsatkichlarni aniqlash ham kasallik og'irligini baholashda foydali ekanligi ta'kidlangan.

Davolash usullari bo'yicha adabiyotlarda turli yondashuvlar keltirilgan bo'lsa-da, zamonaviy nazariyaga ko'ra, osteomiyelitni davolash kompleks tarzda olib borilishi kerak. Antibiotikoterapiya asosiy o'rin tutadi, ammo faqat dori bilan davolash yetarli bo'lmasligi mumkin. Infeksiya o'chog'ini bartaraf etish, yiringli to'qimalarni olib tashlash, sekvestrlarni chiqarish hamda suyak to'qimasini tiklash jarrohlik davolashning muhim bosqichlari hisoblanadi.

Ayrim tadqiqotlarda regenerativ usullar, suyak plastikasidan foydalanish ham ijobiy natija berishi ko'rsatilgan. Fizioterapiya usullari ham davolashning muhim qismi sifatida tavsiya etiladi. Ultrayuqori chastotali terapiya, lazer nurlanishi, magnitoterapiya va elektroforez yallig'lanishni kamaytirishga, qon aylanishini yaxshilashga hamda regeneratsiyani tezlashtirishga yordam beradi. So'nggi ilmiy ishlarda immunokorreksiya, antioksidant terapiya va detoksikatsion davolash usullarining qo'llanilishi osteomiyelitni davolash samaradorligini oshirishi qayd etilgan.

Adabiyotlar tahlili shuni ko'rsatadiki, osteomiyelitni muvaffaqiyatli davolash uchun kasallikni imkon qadar erta aniqlash, etiologik omillarni bartaraf etish va individual davolash rejasini tuzish zarur. Zamonaviy diagnostika usullarining keng joriy etilishi, yangi antibakterial preparatlar, regenerativ texnologiyalar hamda kompleks yondashuv osteomiyelit bilan og'rgan bemorlarning davolanish natijalarini sezilarli darajada yaxshilash imkonini bermogda. Shu sababli jag' suyaklarining osteomiyelitini klinik-nazariy jihatdan chuqur o'rganish hamda davolashning zamonaviy usullarini takomillashtirish tibbiyotning dolzarb yo'nalishlaridan biri bo'lib qolmogda.

Xulosa: Olib borilgan ilmiy tahlillar, adabiyotlar sharhi hamda mavjud klinik-nazariy ma'lumotlar asosida shuni ta'kidlash mumkinki, jag' suyaklarining osteomiyeliti yuz-jag' jarrohligi amaliyotida uchraydigan eng murakkab yiringli-

yallig'lanish kasalliklaridan biri bo'lib, uning rivojlanishida odontogen infeksiya, travmatik omillar, umumiy somatik kasalliklar hamda organizm immun reaktivligining pasayishi muhim o'rin tutadi. Kasallik ko'pincha kech aniqlanishi sababli surunkali shaklga o'tadi, bu esa davolash jarayonini murakkablashtiradi va asoratlar rivojlanish xavfini oshiradi. Tahlillar shuni ko'rsatadiki, osteomiyelitni erta aniqlashda klinik belgilar bilan bir qatorda zamonaviy radiologik va laborator diagnostika usullaridan foydalanish yuqori ahamiyatga ega. Kompyuter tomografiyasi, konus-nur tomografiyasi, mikrobiologik tekshiruvlar hamda umumiy laborator ko'rsatkichlar kasallikni boshlang'ich bosqichda aniqlash imkonini beradi. Bu esa davolashni o'z vaqtida boshlash va jarrohlik aralashuv hajmini kamaytirishga yordam beradi. Davolashning eng samarali usuli kompleks yondashuv hisoblanadi. Antibiotikoterapiya, jarrohlik sanatsiyasi, detoksikatsion davolash, immunokorreksiya hamda fizioterapiya usullarini birgalikda qo'llash yuqori klinik natija beradi. Individual davolash rejasini tuzish va infeksiya manbasini to'liq bartaraf etish kasallikning qaytalanish ehtimolini kamaytiradi.

Adabiyotlar ro'yxati:

- Ergashev, B. (2025). Tish emal prizmalariga yopishib olgan tish blyashka matrixning mikrobiologiyasi va tarkibi. *Modern Science and Research*, 4(3), 815–820.
- Ergashev, B. (2025). Advances in oral health: Prevention, treatment, and systemic implications. *American Journal of Education and Learning*, 3(3), 1108–1114.
- Tursunaliyev, Z., & Ergashev, B. (2025). Bolalarda tish kariesini oldini olish usullari. *Modern Science and Research*, 4(4), 686–691.
- Ergashev, B. (2025). Karies va paradont kasalliklari profilaktikasi. *Modern Science and Research*, 4(4), 732–741.
- Ergashev, B. (2025). Psychological support for cancer patients. *ИКРО журнал*, 15(1), 164–167.
- Ergashev, B., & Raxmonov, Sh. (2025). Oral trichomoniasis: Epidemiology, pathogenesis, and clinical significance. *Kazakh Journal of Ecosystem Restoration and Biodiversity*, 1(1), 19–27.
- Ergashev, B., & Raxmonov, Sh. (2025). Transmission dynamics of tuberculosis: An epidemiological and biological perspective. *Kazakh Journal of Ecosystem Restoration and Biodiversity*, 1(1), 28–35.
- Ergashev, B. J. O'g'li. (2025). Uch shoxli nervning yallig'lanishi: Klinikasi, etiologiyasi va davolash usullari. *Research Focus*, 4(3), 162–169.
- Ergashev, B. J. (2025). Tish kariesi tarqalishining ijtimoiy va biologik omillari: Tahliliy yondashuv. *Журнал научных исследований и их решений*, 4(2), 427–430.
- Raxmanov, Sh., Bahadirov, M., & Ergashev, B. (2025). Skin diseases laboratory diagnosis. *Международный мультидисциплинарный журнал исследований и разработок*, 1(3), 130–132.
- Ergashev, B. J. (2025). Tish olish operatsiyasidan keyin yuzaga chiqishi mumkin bo'lgan asoratlar. *Журнал научных исследований и их решений*, 4(2), 421–426.
- Ergashev, B. J. (2025). Tish og'rig'ining etiologiyasi, klinik belgilari va zamonaviy davolash usullari. *Ta'lim Taraqqiyoti*, 1(1), 57–63.
- Ergashev, B. J. (2025). To'liq va qisman adentiya etiologiyasi va patogenezdagi muhim faktorlar. *Is'hoqxon Ibrat Followers Journal*, 1(1), 9–17.