

**THE USE OF DIETARY THERAPY IN THE BODY, THE CURRENT PROBLEMS OF
DIETARY THERAPY**

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ABSTRACT: The article presents the results of distance study of patients with diabetes mellitus with the basic rules of specific rational nutrition. The innovation is individual work with each patient remotely, rejecting a routine "strict diet" and choosing a free but proper diet, taking into consideration not only the weight, age of the patient, type of diabetes, but also the nature, national habits, work and other criteria.

KEYWORDS: Distance study, specific rational nutrition, healthy nutrition, diet therapy, School of diabetes, Bread pieces.

INTRODUCTION

An innovation in endocrinology is the fact that the words "diet therapy" have become unacceptable, and at present, endocrinologists have replaced it with the term "healthy nutrition". Not only the attitude to the issue of clinical nutrition, but also the principles of diet therapy have changed [4]. Is diabetes patient nutrition becoming more and more democratic? At the same time, it is useful also for healthy people to adhere to the basic recommendations for diabetics (limit sweets, animal fats). Diabetology has undergone revolutionary changes: while in the 80s we had only 2 groups of oral sugar-lowering drugs, now there are 6 groups in the arsenal of an endocrinologist. However, according to the National Register of Diabetes [3], 80% of patients are in a state of constant decompensation of diabetes, despite the fact that the Republic of Uzbekistan provides patients with necessary sugar-lowering medications free of charge, and trained endocrinologists work in each province. What is the matter here? Perhaps receiving a full-fledged drug treatment, patients do not fulfill the main requirement for a successful diabetes treatment - a diet. Do not want to perform or do not know how?

The aim of our study was to compare the results of treatment of two groups of patients with type 2 diabetes mellitus, depending on diet compliance. It is known from the history of diabetology that recently, diet therapy for diabetes meant a strict diet with many limitations. Many years of work at the endocrinology clinic have showed that patients rarely adhere to strictly scientific prescriptions, but even those who claimed to be on a diet had uncompensated diabetes mellitus. To determine the effectiveness of innovative remote diet therapy in diabetology, patients with diabetes mellitus are divided into two groups. The first group includes patients who consider themselves strict adherents of dietary nutrition - Table No. 9. The second group consisted of people with less strict dietary practices. Patients in the age range of 40-55 years were selected, patients with severe concomitant pathology, which implies different approaches to the diet, were excluded. In order to divide them into 2 gr. a questionnaire was conducted to ascertain from compliance to the correction of their eating behavior. The following questions were suggested: "Do you follow a diet, if not, then the reasons, is there a relationship between diet therapy in your case and the general condition and blood sugar." The first group includes 17 adherents of strict diet therapy the second group includes 18 diabetics who do not recognize the traditional requirements for diet therapy. The first group included 12 (70%) women and 5 (30%) men, and the second group included 10 women (55%) and 6 (45%) men. The average age in the first group was 51

years, in the second - 47 years. Representatives of both groups received drug treatment according to the protocol. Glycated hemoglobin, fasting and prandial blood sugar were examined in all subjects, moreover, none of the subjects had target values for carbohydrate metabolism.

Of the 17 adherents of diet therapy, according to the survey data, 15 (81%) had a very vague idea of proper nutrition and the concept of diet therapy for them came down to limiting sweet, flour, fatty. It should be noted that all 17 (100%) diabetics attended the School of Diabetes, according to them, know what "Bread Units" are, however, they have not learned the calculation of these XEs or other principles of proper nutrition. Attempts to teach them how to eat rationally were unsuccessful: "I work, therefore I have to eat a lot", "I followed the diet very carefully, but it got worse, sugar did not normalize, and I stopped dieting, now I feel better." These are the most typical responses of patients. Among them, two patients talked about periodic fasting, which is categorically contraindicated in diabetes, and four kept Ramadan fasting every year. Observation of these patients has been reported previously.

The second group contained patients who did not have knowledge of diet therapy, but wished to learn modern principles of healthy nutrition. Distance education of proper nutrition was carried out with them. The conversation began with my speech on the Kharezm television with a prepared broadcast on the principles of a healthy lifestyle and healthy eating. Diabetics, receiving adequate drug therapy, but not adhering to and not

recognizing the diet, responded. Monthly distance learning of basics of proper nutrition was held with them. The principles of a balanced diet have been introduced: there is no starvation, eat regularly, 6 times a day, a little, to correlate the eaten food and calorie consumption with motor activity, be able to calculate the amount of carbohydrates in food, not to refuse your favorite foods, but to eat them correctly. For example, for any Uzbek (and representatives of other nationalities at all), pilaf is a favorite dish. Remote communication allowed to teach the patient the following rules:

1. cook it on soaked rice, without strong frying, without adding fat;
2. Salads with a high fiber content (from radish, cucumbers) eat half an hour before serving pilaf. It is clear that rice will lead to a strong increase in blood sugar, however, fiber, which is maximally contained in these vegetables, will slow down severe hyperglycemia;
3. Do not eat bread with pilaf, usually excessively fat pilaf is seized with bread, and it is categorically contraindicated to diabetes;
4. Do not drink pilaf with tea, because when you drink liquid during meals, your stomach will be released faster and sugar jumps will be sharper;
5. If the diabetic decide to treat himself to pilaf, then on this day he should not allow himself any other excess carbohydrates;
6. If the diabetic has eaten pilaf, he must certainly walk right after the meal or engage in any activity.

Both in the first and the second group there were many patients who did not want and were not able to count bread pieces. An alternative version of this method was proposed:

after each meal, the patient measures sugar after 2 hours with a glucometer, keeps an electronic diary and informs the doctor. There salt sari discussed, a corrections made.

After a month of training, patients are recommended re-examination of fasting sugar and prandial glycemia.

Results: Of the 17 patients in the first group, only three (17.7%) were able to compensate for glycemia, while 15 (83.3%) of the second group hadnormo glycemia, two (11.1%) failed to normalize, and one (5.6 %) had signs of mild glycemiaappeared. The result shows that education must be continued, despite the convincing success of the principle of free, but proper nutrition in diabetes.

CONCLUSIONS

Distance learning has been very effective because of the possibility of individual communication with each patient separately. In full-time study, any diabetes school provides instruction in a group, there is no way to work with each patient in private, you have to teach them average methods, while distance learning takes into account not only the weight, age, gender, treatment of a diabetic, but also his individual eating habits, nationality, marital status, financial security, and finally, work that has a decisive influence on the patient's lifestyle and nutrition.

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