Bukhara regional administration

"ABU ALI IBN SINO (AVICENNA): MODERN AND TRADITIONAL MEDICINE - INNOVATIONS AND INVESTMENTS"



AUGUST 14-16, 2026

Bukhara city / Uzbekistan

O‘ZBEKISTON RESPUBLIKASI
SOG‘LIQNI SAQLASH VAZIRLIGI

TOSHKENT FARMATSEVTIKA INSTITUTI

IBN SINO JAMOAT FONDI

ABU ALI IBN SINO: ZAMONAVIY TIBBIYOT VA XALQ TABOBATI – INNOVATSIYALAR VA INVESTITSIYALAR

XIV XALQARO IBN SINO O‘QISHLARI–ILMIY-AMALIY KONFERENSIYA

MAQOLALAR TO‘PLAMI

АБУ АЛИ ИБН СИНО: СОВРМЕННАЯ И НАРОДНАЯ МЕДИЦИНЫ – ИННОВАЦИИ И ИНВЕСТИЦИИ

СБОРНИК МАТЕРИАЛОВ

XIV МЕЖДУНАРОДНЫХ АВИЦЕННОВСКИХ ЧТЕНИЙ – НАУЧНО-ПРАКТИЧЕСКОЙ КОНФЕРЕНЦИИ

2026 yil 14-16 avgust

BUXORO - 2026

Tahririyati kengashi tarkibi

Adilov E.E.	O‘zbekiston Respublikasi sog‘liqni saqlash vaziri, Ibn Sino jamoat fondi Vasiylik kengashi raisi, tashkiliy qo‘mita raisi;
Abduhalimov B.A.	O‘zbekiston Respublikasi Fanlar akademiyasi vitse-prezidenti, Abu Rayhon Beruniy nomidagi Sharqshunoslik institutu direktori, Ibn Sino jamoat fondi boshqaruvi a’zosi, tashkiliy qo‘mita raisi or’inbosari;
Teshaev Sh.J.	Abu Ali ibn Sino nomidagi Buxoro davlat tibbiyot instituti rektori;
Jalilov X.K.	O‘zbekiston Respublikasi Davlat farmakopeyasi bosh muharriri, Ibn Sino nomidagi fan bo‘yicha jamoat fondi maslahatchisi;
Mahmudov N.A.	Ibn Sino jamoat fondi boshqaruvi raisi vazifasini bajaruvchi;
Ibragimov F.N.	O‘zbekiston Respublikasi Fanlar akademiyasi, Abu Rayhon Beruniy nomidagi Sharqshunoslik institutu bo’lim boshlig’i;
Tulaganova K.A.	Ibn Sino jamoat fondi Toshkent viloyati bo‘limi rahbari, tashkiliy qo‘mita a’zosi
Sagatov M.M.	O‘zbekiston Respublikasi Fanlar akademiyasi Nashriyot va matbaa bo'limi boshligi

© IBN SINO JAMOAT FONDI, 2026 y.

AVICENNA'S LEGACY AND THE MODERN CARDIO-HEPATIC AXIS: A MULTIMARKER APPROACH TO LIVER FIBROSIS ASSESSMENT IN HFpEF AND MASLD

Buvamukhamedova N.T., Parpibayeva D.A.

Tashkent State Medical University

Relevance: Over a millennium ago, Avicenna (Ibn Sina) recognized the heart and liver as functionally interconnected organs within an integrated physiological system. This concept is consistent with the modern cardio-hepatic axis, which explains the bidirectional interaction between heart failure with preserved ejection fraction (HFpEF) and metabolic dysfunction-associated steatotic liver disease (MASLD). Progressive liver fibrosis adversely affects cardiovascular prognosis, whereas liver biopsy is invasive and elastography is not universally available. Therefore, reliable biomarker-based non-invasive assessment remains an important unmet clinical need.

Purpose of the study: To evaluate the diagnostic value of an integrated multimarker strategy based on NT-proBNP, PRO-C3, and cytokeratin-18 fragment (CK-18, M30) for non-invasive assessment of liver fibrosis in patients with stage IIA HFpEF and concomitant MASLD.

Materials and methods: A comparative observational study will include four groups: HFpEF+MASLD, HFpEF alone, MASLD alone, and healthy controls. Conventional fibrosis scores (FIB-4, APRI, and NAFLD Fibrosis Score) will be calculated. Serum NT-proBNP, PRO-C3, and CK-18 (M30) concentrations will be measured and analyzed together with ultrasonographic parameters, including portal vein diameter and spleen size. NT-proBNP values will additionally be interpreted after adjustment for estimated glomerular filtration rate (eGFR, CKD-EPI). Multivariable regression analysis will assess the independent and synergistic effects of HFpEF and MASLD on liver fibrosis risk.

Expected Results: The integrated multimarker strategy is anticipated to improve non-invasive liver fibrosis assessment by simultaneously reflecting myocardial stress, active fibrogenesis, and hepatocyte apoptosis. Combining biomarkers with conventional fibrosis indices and ultrasonographic findings is expected to enhance risk stratification, optimize differentiation between isolated HFpEF, isolated MASLD, and combined disease, and minimize the confounding influence of renal dysfunction on NT-proBNP interpretation. The proposed model may therefore provide a more clinically informative assessment of cardio-hepatic interactions than conventional approaches alone.

Conclusion: The proposed multimarker model provides a clinically relevant framework for non-invasive liver fibrosis assessment in HFpEF and MASLD. By integrating complementary biomarkers of cardiac dysfunction and hepatic fibrogenesis, it may improve evidence-based risk assessment and support practical diagnostic algorithms, particularly where elastography is unavailable. This approach offers a contemporary scientific interpretation of Avicenna's concept of organ interdependence within the modern cardio-hepatic axis and may contribute to more personalized multidisciplinary management of patients with cardio-metabolic liver disease.

ABU ALI IBN SINO TA'LIMOTIDA HAVONING SALOMATLIKDAGI O'RNI VA UNING ZAMONAVIY GIGIYENA NUQTAI NAZARIDAN TAHLILI

Elmurodova D.B., Elmurodov S.B.

Sanitariya, gigiyena va kasb kasalliklari ilmiy-tadqiqot instituti, Ibn Sino nomli shahar 1 - son klinik shifoxonasi, Toshkent

Abu Ali ibn Sino (980–1037) inson salomatligini belgilovchi tashqi va ichki omillarni ilmiy asosda tizimlashtirgan buyuk tabibdir. "Tib qonunlari"ning birinchi jildida alloma atmosfera havosini inson salomatligiga bevosita ta'sir qiluvchi muhim tashqi muhit omili sifatida tavsiflaydi. U havoning sifati, fasllarga qarab o'zgarishi hamda yashash joyining tabiiy sharoiti kasalliklarning kelib chiqishi va oldini olishda muhim ahamiyatga ega ekanligini ta'kidlaydi. Bundan tashqari, Ibn Sino toza, ochiq va tabiiy havo organizm uchun foydali, dim va buzilgan havo esa sog'liqqa zarar yetkazishini qayd etadi.

Bugungi kunda ekologik gigiyena va jamoat salomatligi sohasidagi ilmiy tadqiqotlar Ibn Sinoning ushbu qarashlari zamonaviy ilm-fan nuqtai nazaridan ham o'z tasdig'ini topayotganini ko'rsatmoqda.

ПРИНЦИПЫ НАБЛЮДЕНИЯ И ПРИЧИННОГО АНАЛИЗА АБУ АЛИ ИБН СИНЫ И СОВРЕМЕННОЕ ФОРМИРОВАНИЕ КЛИНИЧЕСКОГО МЫШЛЕНИЯ СТУДЕНТОВ-МЕДИКОВ 74
Шегай О.А., Абсаттарова В.К.

2. ABU ALI IBN SINO MEROSINING ZAMONAVIY TIBBIYOT RIVOJIDAGI O`RNI

2. THE ROLE OF THE LEGACY OF ABU ALI IBN SINA IN THE DEVELOPMENT OF MODERN MEDICINE

2. РОЛЬ НАСЛЕДИЯ АБУ АЛИ ИБН СИНЫ В РАЗВИТИИ СОВРЕМЕННОЙ МЕДИЦИНЫ

THE HEALING PROPERTIES OF UNDERWATER ARGILLITE MINERALS AND THEIR EFFECT ON HUMAN HEALTH 77
Alieva Sh.R.

ABU ALI IBN SINO MEROSI ASOSIDA YOSH TIBBIYOT MUTAXASSISLARINING SALOMATLIK HOLATINI BAHOLASH 78
Alimova D.I

JOINT DISEASES IN THE “CANON OF MEDICINE” OF ABU ALI IBN SINO AND THEIR RELEVANCE TO MODERN RHEUMATOLOGY 81
Akhmedov Kh., Mullokulov J.

FROM THE DIAGNOSTIC REASONING OF ABU ALI IBN SINO TO ARTIFICIAL INTELLIGENCE: CONTINUITY OF CLINICAL THINKING IN MODERN RHEUMATOLOGY 81
Akhmedov Kh., Mullokulov J., Turaev I.

THE DOCTRINE OF ABU ALI IBN SINO ON THE INFLUENCE OF THE EMOTIONAL STATE ON DISEASE AND MODERN DATA ON STRESS HORMONES IN WOMEN OF REPRODUCTIVE AGE WITH RHEUMATOID ARTHRITIS 82
Akhmedov Kh., Nabiyeva D., Salimova G.

IBN SINO SOG‘LOM TURMUSH TARZI TA’LIMOTIDAN ZAMONAVIY TIBBIY SAVODXONLIK KONSEPSIYASIGACHA: SOG'LOM TURMUSH TARZI TA’LIMI MISOLIDA 83
Arslonova N.A.

HOMILA TUSHISH XAVFI BO’LGAN AYOLLARDA OLIB BORISHNI TAKOMILLASHTIRISH 85
Axtamova O.F.

ABU ALI IBN SINO MEROSI VA ZAMONAVIY BOLALAR GASTROENTEROLOGIYASI: "ICHAK-IMMUN-METABOLIK" PATOGENETIK ZANJIRINING INTEGRATIV TAHLILI 85
Bayjanova G.J.

IBN SINO TA’LIMOTI KONTEKSTIDA QORAQALPOG‘ISTONDA B VA C VIRUSLI GEPATITLARINING EPIDEMIOLOGIK DINAMIKASI 87
Bayniyazov I.A.

AVICENNA’S LEGACY AND THE MODERN CARDIO-HEPATIC AXIS: A MULTIMARKER APPROACH TO LIVER FIBROSIS ASSESSMENT IN HFPEF AND MASLD 88
Buvamukhamedova N.T., Parpibayeva D.A.

ABU ALI IBN SINO TA'LIMOTIDA HAVONING SALOMATLIKDAGI O‘RNI VA UNING ZAMONAVIY GIGIYENA NUQTAI NAZARIDAN TAHLILI 88
Elmurodova D.B., Elmurodov S.B.

IBN SINO DIETOLOGIYASI, PARHEZ TAOMLAR, OZUQA VA DAVO HAQIDA 89
Jumayeva A.A.

THE LEGACY OF ABU ALI IBN SINA IN THE DEVELOPMENT OF MODERN MEDICINE: ITS CONTINUING SIGNIFICANCE FOR INDIVIDUALIZED MEDICINE 91
Ki Byoung Kim

ABU ALI IBN SINO MEROSINING ZAMONAVIY TIBBIYOT RIVOJIDAGI O‘RNI: REVMATOID ARTRIT ETIOPATOGENEZI VA ZAMONAVIY DAVOLASH TAMOYILLARI .. 93
Mirzayeva Sh.X., Karimov M.Sh.