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SAIDA ZUNNUNOVA SHE'RIYATIDA LIRIK QAHRAMON OBRAZI

Aliqulova Ra'no Akmal qizi

Tadqiqotchi

Annotatsiya: Mazkur tezisda o'zbek she'riyatining taniqli vakili Saida Zunnunova asarlarida lirik qahramon obrazining badiiy-estetik xususiyatlari, uning ruhiy olami va ma'naviy-axloqiy qarashlari tahlil etiladi. Shoira ijodida lirik qahramon kechinmalarining ifodalanishi, shaxsiy xotira va tarixiy voqelik, individual tuyg'ular hamda ijtimoiy qadriyatlar o'rtasidagi o'zaro munosabatlar yoritiladi. Shuningdek, shoira poetikasida ona timsoli, mehr-oqibat, sadoqat, fidoyilik, insoniy burch va ma'naviy poklik kabi tushunchalarning badiiy talqini ochib beriladi. Saida Zunnunova asarlarida lirik qahramon obrazi individual ruhiy kechinmalarni ifodalash bilan birga, milliy ma'naviyat va umuminsoniy qadriyatlarni mujassamlashtiruvchi poetik obraz sifatida namoyon bo'lishi asoslanadi.

Kalit so'zlar: Saida Zunnunova, lirik qahramon, lirik kechinma, badiiy obraz, tarixiy xotira, ayol ruhiyati, milliy qadriyatlar, ma'naviy-axloqiy qarashlar**.**

Abstract: This thesis analyzes the artistic and aesthetic characteristics of the lyrical protagonist in the works of Saida Zunnunova, a prominent representative of Uzbek poetry, focusing on the protagonist's inner world and spiritual, moral, and ethical views. It explores the expression of the lyrical protagonist's emotional experiences in the poet's works, as well as the relationships between personal memory and historical reality, individual feelings, and social values. Furthermore, the thesis examines the artistic interpretation of such concepts as motherhood, compassion, loyalty, self-sacrifice, human duty, and spiritual purity in the poet's literary works. It demonstrates that the lyrical protagonist in Saida Zunnunova's works not only expresses individual emotional experiences but also emerges as a poetic figure embodying national spirituality and universal human values.

Keywords: Saida Zunnunova, lyrical protagonist, lyrical experience, artistic image, historical memory, female psychology, national values, spiritual and moral views.

Bugungi adabiyotshunoslikda shaxs ruhiyati, individual ong va ichki kechinmalar tasviri masalalariga bo'lgan qiziqish tobora ortib bormoqda. "Ayni shu nuqtayi nazardan qaraganda, o'zbek mumtoz va zamonaviy adabiyotini xalqaro miqyosda o'rganish va targ'ib qilish, ko'p qirrali bu mavzuni bugungi kunda dunyo adabiy makonida yuz berayotgan eng

muhim jarayonlar bilan uzviy bog‘liq holda tahlil etib, zarur ilmiy-amaliy xulosalar chiqarish, kelgusi vazifalarimizni belgilab olish … katta ahamiyatga ega”[1, 5-b]. Chunki zamonaviy ilmiy qarashlarda badiiy asarning estetik qimmati, avvalo, undagi inson qalbi va ruhiy dunyosining qay darajada haqqoniy aks ettirilgani bilan belgilanadi. Shu ma’noda Saida Zunnunova she’riyatida lirik kechinma talqinini o’rganish nafaqat shoira ijodining poetik mohiyatini ochishga, balki o’zbek she’riyatida ayol ruhiyati tasvirining badiiy-estetik tamoyillarini aniqlashga ham xizmat qiladi.

O’zbek zamonaviy she’riyatida ayol lirik tafakkurining shakllanishi va rivojlanishida Saida Zunnunova ijodi alohida o’rin egallaydi. Shoira she’riyatida lirik qahramon obrazi inson qalbining nozik kechinmalarini, ruhiy izlanishlarini hamda ma’naviy qadriyatlar bilan bog’liq ichki kurashlarini badiiy ifodalash orqali namoyon bo’ladi. Zunnunova lirikasi markazida turuvchi qahramon ko’pincha samimiy tuyg’ular, insoniy mehr, hayotiy mas’uliyat, fidoyilik va axloqiy poklik kabi fazilatlarni o’zida mujassam etgan poetik subyekt sifatida gavdalanadi. Shu jihatdan shoira she’riyatidagi lirik qahramon individual obraz bo’lish bilan birga, muayyan davrning ma’naviy-estetik idealini ifodalovchi badiiy model sifatida talqin qilinadi.

Saida Zunnunova she’rlarida lirik qahramonning ruhiy olami ko□proq ichki kechinmalar, hayot mazmunini anglashga bo’lgan intilish va insoniy qadriyatlarga sodiqlik orqali ochib beriladi. Shoira poetikasida lirik qahramonning hissiy tajribasi sodda, ravon va samimiy poetik nutq vositasida ifodalanadi. Bu esa o’quvchiga lirik qahramon ruhiy holatini bevosita his etish imkonini yaratadi. Zunnunova lirikasi uchun xos bo’lgan samimiylik va tabiiylik uning poetik tafakkurining muhim belgilaridan biri bo’lib, bunda lirik qahramon obrazining ichki yaxlitligi va ma’naviy pokligi asosiy estetik mezon sifatida namoyon bo’ladi.

Shoira she’riyatida lirik qahramon ko’pincha ayol qalbining kechinmalarini aks ettiruvchi obraz sifatida gavdalanadi. Biroq bu obraz faqat shaxsiy tuyg’ular bilan cheklanib qolmaydi, balki kengroq ijtimoiy va ma’naviy mazmunga ega bo’ladi. Lirik qahramon orqali insonning jamiyatdagi o’rni, mehr-oqibat, sadoqat, vijdon, ona timsoli, insoniy burch kabi tushunchalar poetik talqin qilinadi. Natijada shoiraning lirik qahramoni o’z davrining axloqiy-estetik qarashlarini mujassamlashtirgan badiiy konsepsiyaga aylanadi. Saida Zunnunovaning “Ruh bilan suhbat” dostoni shoira poetikasida lirik qahramonning ma’naviy-ruhiy olamini chuqur ochib beruvchi asarlardan biridir. Dostonda tasvirlangan voqelik shaxsiy fojia bilan umumxalq dardi tutashgan murakkab tarixiy davr - urush yillariga borib taqaladi. Asarda lirik qahramonning eng katta armonlaridan biri turmush o’rtog’ini qaynata sifatida sarpo kiygan holda ko’rish orzusi bo’lgan bo’lsa-da, mash’um urush bu orzuni armon darajasiga olib chiqadi. Shu tariqa shaxsiy baxt haqidagi orzu tarixiy

fojea bilan to'qnashadi va poetik dramatizm yuzaga keladi. Adabiyotshunos olim Sh.Hasanov ushbu dostonga yuksak baho berib, quyidagi fikrlarni bildirib o'tadi: "Saida Zunnunovaning 1963-66 yillarda yaratilgan "Ruh bilan suhbat" dostonini ko'zdan kechirsak, janr rivojidagi muhim bir qonuniyat ko'zga tashlanadi. Mirtemirning "Surat", E.Vohidovning "Nido" dostonlariga mazmunan yaqin turuvchi bu asarda lirik jins qurilishiga xos ifoda tarsi yetakchilik qiladi. Shoira asarda urushning musibatlari qaddini bukolmagan ayolning boy ruhiy olamini, ajoyib insoniy fazilatlarini ko'rsatgan. Doston ota mehridan benasib o'tgan o'g'ilning nikoh kechasidagi onaning iztirobli o'ylari-xotiralari tasviridan boshlangan. Ona qalbida ikki qarama-qarshi kechinma- farzandning baxt to'yini ko'rganidan shukronalik, shu kunlarga yetolmaganlar haqidagi g'amanduhli xotiralar kurashadi. Doston yaratishdagi bunday lirik qurilish shakli bugungi dostonlarning aksariyati uchun xos bo'lib, lirik qahramon shaxsiyati asarning arxitektonik markazini tashkil etadi."[2, 11-b]

Shoiraning "Qo'shnilarim" va "Lirik nutq" dostonlari esa avtobiografik xarakteri bilan ajralib turadi. Ayniqsa, "Qo'shnilarim" dostonida muallif mahalla muhitini lirik xotira orqali qayta tiklaydi. Asarni mavzu va syujet jihatidan Mening mahallam dostoni bilan qiyoslash mumkin. Har ikki asarda lirik qahramonning makon bo'ylab harakati o'tmish xotiralari bilan uzviy bog'langan. Biroq Sulton Akbariy dostonida ijtimoiylik va davr mafkurasi ustuvor bo'lib, o'tmish ko'proq inkor etish tendensiyasi orqali talqin qilinadi. Natijada mahalla tasviri ko'proq ideologik qarashlar bilan bog'liq holda yoritiladi.

Saida Zununovaning "Qo'shnilarim" dostonida lirik qahramon xotiralari urush fojeasini mustasno etganda iliq, samimiy va estetik jihatdan jozibador ruhda tasvirlanadi. Muallif bolalik makoni - mahalla obrazini individual xotira va ruhiy tajriba orqali poetik umumlashma darajasiga ko'taradi. Lirik subyekt uchun mahalla shunchaki makon emas, balki shaxsiy identitet shakllangan, dastlabki hissiy tajribalar mujassam bo'lgan semantik markaz sifatida namoyon bo'ladi. Bu jihat quyidagi satrlarda yorqin ifodalangan:

Mahallamdan asta boraman o'tib
Bolalik yillarim kechgan ko'chadan.
Tug'ilgan shahrimdan qolganman ketib,
Sog'inib kelaman ancha-anchada.
Lekin menga tanish har go'sha, har uy,
Har bitta darvoza, har bitta daraxt.
Olis-olislarga tortqilaydi o'y,
Qalbim hayollarning ko'ksida karaxt.[3, 228-b]

Mazkur poetik tasvirda makon va xotira o'zaro uyg'unlashib, lirik qahramon ongida bolalik davri bilan bog'liq emotsional qatlamlarni jonlantiradi. Har bir detal: darvoza,

daraxt, hovli, uzum, suv manzaralari - individual biografik tajribaning belgilariga aylanadi. Shu orqali muallif makon poetikasini shaxsiy xotira bilan uzviy bog'laydi:

Hammasi o'shanday, faqat qo'shterak,
Bahaybat qo'shterak ko'rinmas bugun.
Orziqib tushardi boqqanda yurak,
Bola hayolimga tashlardi tugun.[3, 229-b]

Umuman olganda, Saida Zununova dostonlaridagi lirik qahramonning ma'naviy olami uch asosiy semantik o'q atrofida shakllanadi: tarixiy xotira (urush fojeasi), ijtimoiy xotira (mahalla muhiti) va madaniy xotira (ona va alla fenomeni). Ushbu qatlamlar o'zaro uyg'unlashib, lirik subyektning ichki dunyosida mehr, sadoqat, insoniylik va ma'naviy poklik kabi qadriyatlarning ustuvorligini ta'minlaydi. Natijada shoiraning poetik konsepsiyasida inson ruhiyati tashqi voqelikdan ko'ra ichki axloqiy mezonlar asosida baholanadi. Lirik qahramon uchun hayot mazmuni insoniy munosabatlar, xotira va ma'naviy davomiylikni asrab qolish bilan belgilanadi.

Shu tariqa, Saida Zununova dostonlarida lirik qahramonning ma'naviy olami individual tajriba bilan kollektiv qadriyatlar kesishgan nuqtada shakllanib, u milliy poetik tafakkurning muhim namunalaridan birini tashkil etadi.

Foydalanilgan adabiyotlar ro'yxati:

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IQBOL MIRZO VA UNING USLUBI

Murodullayeva Madina Otabek qizi,
tadqiqotchi

ANNOTATSIYA

Ushbu tezisda Iqbol Mirzoning istiqlol davri adabiyotiga kirib kelishi, Muhammad Yusuf an'analariga ergashishi, ijodkor bo'lib shakllanishi, bolalik xotiralari, ijodining rang-barangligi hamda original so'z qo'llash mahorati ochib berilgan.

Kalit so'zlar: shoir, xalq, tarix, bolalik, tabiat, pyesa, she'r, roman, qissa, muhabbat, yangi yil.

ABSTRACT

In this article, Iqbal Mirza's entry into the literature of the period of independence, following tradions of Mukhammad Yusuf's, his formation as a creator, his childhood memories, the diversity of his work and the skill of using original words are revealed.
Keywords: poet, people, history, childhood, nature, play, poem, novel, story, love, new year.

Xalqimizning asl farzandi, ijodning baxtini chin ma'noda anglagan, haqiqiy ishq kuychisi Iqbol Mirzo 1967-yilning birinchi mayida Farg'onaning Bag'dod tumanidagi Qo'shtegirmon qishlog'ida tug'ildi. Uning sevimli qishlog'ining tagidan uchta ariq oqib o'tardi. U shu ariqlarda cho'milib, baliq ovlab ulg'aydi. Ijodkorning hamqishloqlari o'ta mehnatkash bo'lib, dehqonchilik, duradgorlik, temirchilik va qisman chorvachilik bilan oila tebratardilar. Shoir ulg'aygan bu qishloq haqida Zahiriddin Muhammad Boburning "Boburnoma" asarida bir necha joyda tarixiy ma'lumotlarni uchratish mumkin. Bu shoirning qator she'rlarida faxr tuyg'usi bilan boyitiladi. Oila a'zolari o'qimishli bo'lib, o'qituvchilar oilasi bo'lgani uchunmi tabiiy fanlarga, adabiyotga, deyarli barcha kitoblarga alohida e'tibor va qunt talab etilardi. Yosh shoir o'z xotiralarida beshinchi sinfda o'qiyotganida Sergey Yeseninning "Zamin darg'asi" kitobini bir so'z ham qoldirmay yodlab olganini, otasi unga mukofot sifatida Qo'qon shahriga sayohatga olib borganini iliq taassurotlar bilan xotirlaydi. U yerga borib ko'rgan, o'sha davrdagi vahimali hikoyalar mavzusiga aylangan hukmdorlar O'rdasi u uchun o'ta jirkanch va omonatdek tuyulgan edi. Keyin ajoyib iste'dod egasi Muqimiyning uy muzeyiga tashrif buyurib, tasodifan Charxiy domla bilan uchrashib qolganlarida, unga aytib bergan

ba'zi so'zlari shoirning qalbida bir qancha unutilmas o'ylarni olib kirgandi. Jumladan, "she'r nonday tabarruk va aziz" deya qayta-qayta ta'kidlaganini Iqbol Mirzo yosh bo'lishiga qaramasdan aniq-tiniq yodida saqlab qoladi. U ilk bor tirik shoir bilan yuzma-yuz turardi, hayajonining zo'rligidan duduqlanib, gapirolmay qolgandi, otasining xijolat bo'lib kulganini, keyin erkalatib, sen kata bo'lsang hammadan zo'r shoir bo'lib yetishasan, deb peshonasidan o'pganini hali hanuz unutmaydi. Hozir ham shoirlar davrasiga, ayniqsa bu davrada yaxshi shoirlar bo'lsa, hayajon shoirni bir lahzaga bo'lsada so'roqlab ketishini, bu uning azbaroyi adabiyotga hurmat-e'tiqodidanligini sezish mumkin.

Ijodkorning bugungi kundagi darajasini tahlil qilish chog'ida, uning bolalik xotiralariga va qiyinchilikda o'tgan sertashvish umriga murojaat qilmaslikning aslo iloji yo'q. Bu voqealar va sabablar uni elning ardoqli shoiri sifatida xalqqa baralla tanitishiga va uning inson bo'lib toblanishiga sabab bo'ldi. Bolaligining ko'p qismi paxta dalalarida, bepoyon qir-u adirlarda qora mehnatda kechdi. Bugun avlodlar bu kunlarni tarixning eng qora sahifasi sifatida eslaydilar. Naqadar shafqatsiz, adolatsiz kunlar shoirning oilasini ham chetlab o'tmagan. O'sha rangsiz kunlarda ham Iqbol Mirzo she'r bilan ovunib, kitob bilan do'st bo'lib kulfatlarga, yo'qotishlarga bo'yin egmaslikka harakat qildi. O'zining dastlabki mashqlarini 7-8 yoshlarida tog'asi G'ulom Abdulla tarbiyasida yoza boshladi. Lekin ular shunchaki chigal yozdi mashqlari bo'lib yosh shoirni sira qoniqtirmasdi. Oradan 10-15 yillar o'tib, 20 yoshlarida yaratilgan asarlari shoirga iliq muhabbat hadya etdi. Ana shu ulug' baxt uning butun vujudini hayratga to'ldirgandi. Vaqt o'tib, bu hislar yurt ishqiga, vatan sevgisiga aylandi. O'tgan davrdagi vatan mavzusida she'r yozsang, kimdandir nimadir ta'ma qilayotgandek baholashlar o'lgach, Iqbol Mirzo kabi shoirlarga erkinlik nafasi kirib keldi. O'z faoliyati davomida u bir porloq kechmishni angladi, ya'ni shoirlar millatning taqdiriga va ertasiga eng mas'ul shaxs ekanliklarini. Uning yozmishlarida: "Shoir o'z xalqisiz hech kim emas, hech narsa emas". "Shoir o'z ixtiyori bilan o'ziga dard yuqtiradigan tabibga o'xshaydi",- deydi u.

Umri davomida hamma yaxshi shoir-adiblarni ayniqsa, Muhammad Yusufni o'ziga munosib ustoz deb bildi. Uning samimiyligiga, chapaniligiga taqlid qildi va buning uddasidan mohirlik bilan chiqdi. Muhammad Yusuf va Iqbol Mirzoning umumiy jihatlari juda ko'p. Ikkalasi ham she'rlariga o'xshaydi: birovga yomonligi yo'q, sodda va xalqparvar. Haqiqatdan, Mir Alisher Navoiy ta'biri bilan aytganda: "Yo asling kabi bo'l,yo ko'ringani kabi" [1]. Agar shoirlar o'z asarlariga o'xshamasa, chinakam fojia ham asli shundadir.

Iqbol Mirzoning umumiy asarlari ko'lamida Muhammad Yusufga alohida hurmat va yaqinlik seziladi. Shoir: "Kim nima desa, og'zi o'zida, Muhammad akachalik millatni, shu tuproqni sevgan odamni ko'rmaganman",-deydi. Asl shoirlar orasida yomonini uchratmaymiz. Ular ichida kayfiyat va muhit kishilari bor.

Lekin yaqinroq borib, samimiyroq bo‘lsangiz, shoirlarning go‘zal qalbini ko‘rmaslikning, his qilmaslikning iloji yo‘q. Iqbol Mirzo ham o‘z she’r ixlosmandlarini sira zeriktirmaydi. Ijodning sehrli qalamini uzoq vaqtga tashlab qo‘ymasdan sermazmun ijod qiladi. Nazmning oltin boshoqlarini tergach, nasrning oppoq paxtalarini asrab-avaylab, gard yuqtirmasdan jonajon eliga hadya etadi.

[1]Alisher Navoiy. ”Mahbub ul qulub” .Toshkent. Sano-standart. 2018

Adibning dastlabki she’riy to‘plami – „Yurakning shakli“ 1993-yilda nashr etilgan bo‘lsa, keyinchalik „Ko‘ngil“ , „Seni sog‘inaman“ , „Meni eslaysanmi?“, „Tanlangan she’rlar“, „Qo‘shiqlarim“, „Sizni kuylayman“, „Agar jannat ko‘kda bo‘lsa “ „Aytgil, do‘stim…“ , „Ko‘rmasam bo‘lmas“, „Vatan haqida qo‘shiq“ she’riy to‘plamlari, „Zarb“ qissasi, „Bonu“ romani va uch tomlik asarlar saylanmasi chop etilgan. Shuningdek, shoirning rus, tojik, turkman tillarida ham kitoblari qator MDH davlatlarida nashr etilgan. Iqbol Mirzo barcha serqirra shoirlar singari tarjimonlik mahoratini ham mohirlik bilan o‘zlashtirgandi. U qilgan tarjima asarlarda asar muallifining ilgari surgan g‘oyasi bilan bir qatorda Iqbol Mirzoning ham alohida uslubi porlab turadi. Yetuk ijodkor fransuz dramaturgi Edmon Rostan qalamiga mansub „Sirano de Berjerak“ trago-komediyasini, Grigoriy Gorinning „Til haqida afsona“ pyesasini tarjima qildi. O‘zini dramaturgiya sohasida ham sinab ko‘rib, „Samarqand sayqali“, „Alisherbek va Husayn“, „Usmon Nosir“ pyesalarini sahna ostonasiga olib chiqdi.

Iqbol Mirzo she’rlari g‘oyat tuhfalarga boy. U hayotning goh kichik voqealariga qo‘l ursa, goh katta-katta voqealariga murojaat qiladi. O‘zi yashab ijodkor sifatida shakllangan yurt madhini hech kim uningchalik yonib kuylolmaydi. Chunki u xalqning tarixidan yaxshi xabardor. O‘zligini anglagan inson sifatida yon atrofidagilarga ham o‘tkir nigohi bilan ziyo ulashadi. Qator she’rlari qo‘shiqlarga, sevgi izhorlariga, dil nolalariga aylanib og‘izdan og‘izlarga o‘tib bo‘ldi. Bugungi kunda esa shoir o‘zining munosib o‘rnini topib, rahbariyat ishlarida faol jamoat arbobiga aylana olgan.

Muhammad Yusuf va Iqbol Mirzo orasida uzilmas rishta mavjud. Bu shubhasiz xalqning ertasi g‘amidir. Muhammad Yusufning ko‘p she’rlaridagi quyma sochimlar yanada jilokor tarzda Iqbol Mirzoda aks etadi. Mavzular bir xil bo‘lsada tilaklar, niyatlar har xilda, o‘zgacha tarovatda bitiladi. “Yangi yil kechasi” she’rida Muhammad Yusuf taqdiriga rozi bo‘lgan inson sifatida gavdalanadi. Yangi yilga yetish hammaga ham nasib etmasligini, hammaning ham unga yetib bormasligini achinish hissi bilan tasvirlaydi. Ko’ngilning ma’yus tortishini metaforik tarzda yoritsa, o‘tgan umrga bo‘lgan tashnalikni “qor” bilan tasvirlaydi. Bugun kunduzi ko‘zining oldida yana bir yoshini olib ketgan qorga u hech narsa qilmaslik va ojizlik bilan javob beradi. Kechagi yoshligining ertak bo‘lib

qolganidan, u endi qaytib kelmasligidan biroz og‘rinadi. Hayotidan rozilik hissi she’rning boshidan oxiriga qadar o‘sib boradi va yakunda shukronalik hissiga aylanib ketadi. Shoir yangi yilga qarata: “Yangi yil kelaver qanday kelsang ham, sen yangi yo‘ldoshsan sen yangi hamdam yo‘qlab kelganingning o‘zi bir bayram” deb kishiga ko‘tarinki kayfiyat ulashadi. She’rning umumiy ma’nosida yaxshilik izsiz ketmasligi, uning mukofoti va har onning javobi borligi haqidagi g ‘oya yotadi. Shogird sifatida Iqbol Mirzo bu mavzuga boshqacharoq yondashadi. Hayotining uzoq va mazmunli o‘tishidan umidvor yigit kechinmalari Iqbol Mirzoning “Yangi yi” she’rida Tangriga iltijo sifatida yangraydi. 40 yoshga yetib ham onasining haqqini ado qila olmasligini anglagan lirik qahramon umri yana yillarga uzayib ketishidan umid qiladi. U faqat o‘z taqdiriga, o‘z oilasiga emas, butun insoniyat ertasiga qayg‘uradi. Dehqonlarga unumdor yer va hosil, xirmonlarga baraka, dasturxonlarga to‘kin-sochinlik tilaydi. Xalqini yurakdan duo qiladi. Inson fitratidagi yomonliklarni tag-tomiri bilan yo‘q qilib bo‘lmasligini anglab yetgan qahramon gunohlarning kechirilishidan va u istig‘forga aylanib yo‘q bo‘lib ketishidan umid qiladi. Savoblar salmog‘ini oshirishga chorlaydi. Kishilar orasida mehr-shavqat, insof-diyonat fazilatlarining bo‘y cho‘zishidan umid qiladi. Qancha boylik topsada halovati yo‘q boylarni ogohlikka chaqiradi, gadoylarga harakat bilan boylikka erishishni o‘rgatadi. Tinchlikni eng oliy ne’mat sifatida ulug‘laydi. Sabr bilan qilingan hamma ishlarda Ollohning mukofoti borligidan ogohlantiradi. Rozilik hissini tarqatadi. She’rning xizmati esa har bir berilgan umr nafasini yaxshilikka, yangi yaxshiliklarga aylantirishdan iboratdir. Zero, har bir yangi kun yangi imkoniyatlar eshigini ochishga xizmat qiladi.

Haqiqiy ijodkorlar kunda yoki kun ora dunyoga kelavermaydi. Ularni Olloh eng sevgan bandalariga ko‘proq jo‘natadi. Qalami xanjardan o‘tkir, lek tilidan bol tomuvchi har qaysi ijodkor o‘zi yashagan dunyosini obod qila oladi. Ular taratgan va taratadigan tuganmas ziyo esa butun elni halokat, falokat va ofatlardan saqlaydi. Hali hanuz biz tildan qo‘ymay maqtaguvchi: Alisher Navoiy, Zahiriddin Muhammmad Bobur, Ogohiy, Munis, Komil Xorazmiy, Furqat, Muqimiy, Zavqiy, Komil Xorazmiy kabi qator qomusiy ulamolarimiz mana shunday o‘chmas hayotni yashab o‘tdilar. Har davrning o‘z qahramoni bo‘lganidek Istiqlol davri adabiyotining Erkin Vohidov, Abdulla Oripov, Zulfiya, Hamid Olimjon, Muhammad Yusuflari qatorida bugun biz bugun Iqbol Mirzoni hech ikkilanmasdan tarix daftarining “shoir” deb eslanuvchi qatorida muhrlandi deb ayta olamiz. Shoirdagi mas’uliyat hissi hali hamon u bilan yashab, o‘sib bormoqda. U kuylagan ishq, ixchamlagan tashvish bugun ham dolzarb. Ammo shoir bisotida yechim bor. Reja bor. Sabr. Shukr. Tortiq. Bu uch yo‘nalish shoirning kaliti, qizig‘i u butun eshiklarni ocha oladi. Faqat bu uch botirga haqiqiy ma’noda do‘st bo‘lish kerak. Insonga kelayotgan har qanday kulfat ham o‘tkinchi, u sabrdan qo‘rqadi. Kelib ketuvchi mislsiz mol-davlat kishini goho e’tiqodidan judo qilishga urinadi.

Shunda ham shukronalik hissini qo‘yib yubormagan inson, boriga baraka topib, to’lishib ketaveradi. Shundayin shakllangan umr tarzida kutilmagan joylardan hadyalar paydo bo‘lib boraveradi. Iqbol Mirzo shu strategiyani tanladi. Xalqiga baxt va omad, ezgulikni tiladi. Unga borini barini atadi.

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3. Iqbol Mirzo. Sizni kuylayman. –Toshkent: Sharq, 2007.
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TABIIY KOMPETENSIYALAR TUSHUNCHASI VA ULARNING TARKIBIY QISMLARI

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Kalit so‘zlar: *tabiiy kompetensiya, boshlang‘ich ta’lim, tabiiy bilimlar tizimi, kuzatish va tajriba, tabiiy jarayonlar, ekologik savodxonlik, muammoli vaziyat.*

Dolzarbligi. Zamonaviy fan-texnika taraqqiyoti sharoitida ta’lim tizimi oldida o‘quvchilarda nafaqat bilimlarni egallash, balki ularni amaliy faoliyatda qo‘llay olish, atrof-muhit hodisalarini ilmiy asosda tushunish va tahlil qilish kabi kompetensiyalarni shakllantirish vazifasi turibdi [1]. Boshlang‘ich ta’lim bosqichida tabiiy fanlar orqali tabiiy kompetensiyalarni rivojlantirish dolzarb pedagogik muammo bo‘lib kelmoqda. Tabiiy kompetensiya o‘quvchining tabiat hodisalari va jarayonlari haqidagi bilimlarni egallashi, ularni kuzatish va tajriba asosida anglab yetishi hamda ekologik jihatdan ongli munosabatni shakllantirishi bilan tavsiflanadi. Uni boshlang‘ich ta’limda kengaytirish o‘quvchilarning ilmiy tafakkuri, muammoli vaziyatlarda mustaqil qaror qabul qilish qobiliyati va ekologik savodxonligini oshirishga xizmat qiladi.

Maqsad. Tadqiqotning maqsadi tabiiy kompetensiya tushunchasi va uning tarkibiy qismlarini ilmiy-pedagogik jihatdan o‘rganish, boshlang‘ich sinf o‘quvchilarida uning shakllanganlik darajasini aniqlash hamda kuzatish, tajriba va muammoli vaziyatlarga asoslangan mashg‘ulotlarning ta’sirini baholashdan iborat.

Adabiyotlar tahlili. Boshlang‘ich ta’limda tabiiy fanlarni o‘qitish masalalari J. Piaje va L. S. Vygotskiyning psixologik-pedagogik qarashlari asosida izohlanadi: Piaje bolalarning bilish faoliyati asosan konkret amaliy tajriba orqali rivojlanishini ta’kidlagan, Vygotskiy esa o‘qitish jarayonida ijtimoiy muhit va o‘qituvchining rolini asoslagan [2, 3]. L. G. Peterson va I. Ya. Lerner boshlang‘ich ta’limda tabiiy bilimlarni shakllantirishda faoliyatli yondashuv va faol metodlarning samaradorligini ta’kidlaydi [4, 5]. Muammoli ta’lim nazariyasi vakillari M. I. Maxmutov va A. M. Matyushkinning fikricha, muammoli vaziyatlar bilimlarni tayyor holda emas, izlanish jarayonida egallash imkonini beradi va mustaqil fikrlash hamda ijodiy yondashuvni shakllantiradi [6, 7]. Ekologik ta’lim masalalari N. N. Moiseyev va A. N. Zaxlebniy ishlarida yoritilgan bo‘lib, ular ekologik savodxonlikni shaxsning tabiatga ongli va mas’uliyatli munosabatini shakllantiruvchi muhim komponent deb baholaydi [8, 9]. O‘zbekistonlik olimlar R. H. Djurayev va Sh. A. Abdullayeva

tadqiqotlarida tabiiy kompetensiyani shakllantirish uzluksiz ta’lim tizimining muhim vazifasi sifatida e’tirof etiladi [10, 11].

Tadqiqot metodologiyasi. Tadqiqot quyidagi yondashuvlar asosida olib borildi: kompetensiyaviy yondashuv (o‘quvchilarda tabiiy kompetensiyalarni shakllantirishga yo‘naltirilgan); tizimli yondashuv (tabiiy kompetensiyani o‘zaro bog‘liq tarkibiy qismlar majmui sifatida o‘rganish); shaxsga yo‘naltirilgan yondashuv (o‘quvchilarning yosh va individual xususiyatlarini hisobga olish); faoliyatga asoslangan yondashuv (kuzatish, tajriba va muammoli vaziyatlar orqali o‘qitishni tashkil etish); integrativ yondashuv (tabiiy fanlar va ekologik ta’limni uyg‘unlashtirish).

Tahlil va natijalar. Tajriba-sinov ishlari boshlang‘ich sinf o‘quvchilarida tabiiy kompetensiyaning shakllanganlik darajasini aniqlashdan boshlandi. Dastlabki diagnostika natijalariga ko‘ra, o‘quvchilarning bir qismida tabiiy bilimlar yuzaki bo‘lib, ularni amaliy faoliyatda qo‘llash ko‘nikmalari yetarli rivojlanmagan edi. Aniqlash bosqichida o‘quvchilarning taxminan uchdan bir qismi tabiiy jarayonlar haqidagi savollarga to‘liq va asosli javob bera oldi; 50% ga yaqin o‘quvchi savollarga qisman javob berib, kuzatish va tajriba natijalarini izohlashda qiyinchiliklarga duch keldi; qolgan kichik guruhda esa tabiiy kompetensiyaning boshlang‘ich darajasi qayd etildi. Tajriba-sinov bosqichida kuzatish, tajriba va muammoli vaziyatlarga asoslangan mashg‘ulotlar tizimli tashkil etildi. Natijada o‘quvchilarning bilish faolligi sezilarli oshdi: ular tabiiy jarayonlarni bevosita kuzatib, sabab-oqibat bog‘liqliklarini tushunishga harakat qildi, ko‘pchiligi mustaqil xulosa chiqarishga intildi, katta qismi o‘z fikrlarini og‘zaki va yozma ifodalashga urindi. Bu ilmiy tafakkur va muammoli vaziyatlarni hal etish ko‘nikmalari shakllanayotganidan dalolat beradi.

Xulosa. Tabiiy kompetensiya o‘quvchilarning tabiiy jarayonlarni ilmiy asosda anglash, kuzatish va tajriba asosida xulosa chiqarish qobiliyatini rivojlantiradi, boshlang‘ich ta’lim bosqichi esa uni shakllantirish uchun eng muhim bosqich hisoblanadi. Tadqiqotda boshlang‘ich sinf o‘quvchilarida tabiiy bilimlar tizimi yetarli shakllanmagani, ayniqsa bilimlarni amaliy qo‘llash ko‘nikmalarini rivojlantirishga ehtiyoj borligi aniqlandi. Kuzatish, tajriba va muammoli vaziyatlarga asoslangan metodlar o‘quvchilarning bilish faolligini, mustaqil fikrlashini va sabab-oqibat bog‘liqliklarini anglashini oshirishi tajriba-sinov ishlarida tasdiqlandi. Jarayon tizimli, maqsadga yo‘naltirilgan va integrativ yondashuv asosida tashkil etilganda yuqori samaradorlikka erishiladi; ekologik savodxonlik esa tabiiy kompetensiyaning muhim tarkibiy qismi sifatida namoyon bo‘ldi.

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ESTROGEN, PROGESTERONE, AND MOLECULAR SIGNALING PATHWAYS IN THE DEVELOPMENT OF UTERINE LEIOMYOMAS: AN INTEGRATIVE REVIEW OF MECHANISMS, CLINICAL EVIDENCE, REAL-WORLD DATA, AND TRANSLATIONAL PERSPECTIVES

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Abstract

Background: Uterine leiomyomas are benign monoclonal tumors whose development depends on the integration of ovarian steroid signaling, acquired molecular lesions, fibrotic extracellular-matrix remodeling, and interactions between differentiated tumor cells and tumor-associated stem or progenitor populations. Estrogen is not merely a direct mitogen: it supports progesterone receptor expression and alters the microenvironment in which progesterone-dependent growth signals operate. Objective: To critically integrate the mechanistic literature on estrogen, progesterone, MED12, HMGA2, WNT/β-catenin, TGF-β/SMAD, PI3K/AKT/mTOR, MAPK, and mechanotransduction with evidence from clinical therapeutics and emerging real-world analytics. Methods: A structured, non-systematic evidence synthesis was organized around landmark experimental research, contemporary clinical reviews, regulator guidance, trial evidence, and digital health policy. Methods for future observational analyses, including propensity score matching, weighting, target-trial emulation, time-to-event models and machine learning, are specified without claiming that any new patient-level analysis was undertaken. Results: The evidence supports a model of genetic initiation and hormone-sensitive tumor maintenance in which progesterone acts through paracrine networks and matrix feedback. Molecular subtype, lesion location, reproductive plans, and symptom profile limit the usefulness of a single therapeutic algorithm. Clinical trials support hormonal suppression as an option for fibroid-associated heavy menstrual bleeding, whereas causal claims about long-term effectiveness require carefully designed comparative real-world studies. Artificial intelligence may support imaging, phenotyping, and treatment monitoring, but calibration, transportability, dataset shift and algorithmic fairness must be addressed before deployment. Conclusions: The clinical translation of leiomyoma molecular biology requires phenotype-specific

outcome definitions, transparent observational methods, prospective validation, safety surveillance, and equitable access. Evidence gaps are particularly important in low-resource health systems implementing electronic medical records and electronic prescribing.

Keywords: uterine leiomyoma; uterine fibroids; estrogen receptor; progesterone receptor; MED12; HMGA2; WNT/β-catenin; TGF-β; extracellular matrix; PI3K/AKT/mTOR; real-world evidence; causal inference; artificial intelligence; pharmacovigilance.

1. Introduction

Disease framing

Uterine leiomyomas are heterogeneous, typically benign smooth-muscle neoplasms of the myometrium. Their clinical importance cannot be captured by tumor diameter alone: heavy menstrual bleeding, pelvic pressure, pain, anemia, reproductive concerns, and repeated procedures generate different burdens depending on anatomy and patient priorities. Consequently, a mechanistic synthesis must distinguish tumor initiation, subsequent growth, symptomatic expression, and the consequences of treatment. The contemporary clinical overview by Stewart and Laughlin-Tommaso provides an evidence-based clinical context [1].

Hormones as permissive and instructive signals

Estrogen and progesterone should not be represented as interchangeable growth stimuli. Estradiol can increase progesterone-receptor abundance and condition stromal signaling, whereas progesterone-dependent transcription and paracrine mediators influence fibroid cell survival and expansion. The ovarian cycle supplies repeated exposures, yet identical endocrine environments produce different tumor phenotypes because somatic mutations, receptor context, inflammation, and extracellular matrix differ between lesions. This interaction explains why local tumors can behave differently in the same patient [2,3].

Genetic and tissue context

Recurrent MED12 variants, HMGA2 rearrangements or overexpression, fumarate hydratase–associated lesions, and other molecular alterations make a purely endocrine explanation incomplete. Molecular subtype is an important biological descriptor, but current clinical practice does not generally sequence every leiomyoma to allocate routine medication. It is methodologically hazardous to assume that a genotype discovered in excised tissue is available at the initial treatment decision or that it is a validated predictive marker of drug response [2–4].

RWD and RWE

Real-world data (RWD) are routinely collected information on health status and health-care delivery, including electronic health records, prescriptions, claims, registries and patient-generated digital data. Real-world evidence (RWE) refers to clinical evidence regarding use, benefits or risks derived from the analysis of RWD. The distinction is crucial: possessing a database does not itself establish comparative effectiveness. The intended estimand, eligibility criteria, treatment strategy, outcome ascertainment, and bias-control design determine whether information becomes interpretable evidence [5,6].

RCTs versus routine care

Randomized controlled trials (RCTs) usually provide stronger protection against baseline confounding, with prespecified interventions and standardized follow-up. However, eligibility restrictions, treatment adherence, protocol-defined visit frequency and limited observation periods may reduce correspondence with routine gynecologic care. RWE can address long-term persistence, switching, discontinuation, rare safety events and health-service inequities. It cannot automatically reproduce randomization: confounding by indication, outcome misclassification, and differential surveillance may dominate an otherwise large sample [5,7].

Efficacy and effectiveness

Efficacy describes benefit under controlled study conditions; effectiveness concerns the benefit achieved in ordinary care. In fibroids, efficacy might be assessed by protocolized bleeding reduction under an oral gonadotropin-releasing hormone antagonist regimen, whereas effectiveness must account for affordability, refill persistence, concurrent iron replacement, comorbid conditions, access to ultrasound and preferences about fertility. A smaller treatment effect in a health-system database may reflect implementation failures rather than molecular treatment resistance [1,8].

Regulatory context

FDA guidance addresses fitness for purpose of electronic health records and claims, data provenance, relevance and reliability, and the transparent use of RWD in regulatory decisions. EMA has expanded regulator-led RWE studies through DARWIN EU, while maintaining an explicit distinction between observational evidence and randomized findings. WHO guidance on artificial intelligence concentrates on safety, human autonomy, inclusiveness, transparency and accountability rather than endorsing specific fibroid algorithms. These positions are compatible but not interchangeable regulatory standards [5–10].

Artificial intelligence and scope

Image-based deep learning, natural-language processing of clinical narratives and outcome-prediction models may eventually combine sonographic lesion topology with endocrine treatment history. Yet an accurate segmentation network is not proof of an accurate treatment-effect model, and neither is a regulatory authorization for clinical use. This review is deliberately an integrative synthesis: it evaluates biological and methodological evidence without presenting manufactured patient cohorts, pooled effect estimates, or new experiments [9–11].

2. Materials and Methods

Study design. This manuscript is a critical integrative narrative review and a methodological proposal for future RWE research, not a completed systematic review, meta-analysis, or primary observational analysis. Literature discovery was informed by openly verifiable PubMed-indexed publications, journal articles, FDA and EMA guidance, WHO material, and Uzbekistan government communications. PubMed, Scopus, Web of Science, Embase and Cochrane Library are recommended search platforms for a fully reproducible update; comprehensive database access, duplicate removal and independent screening across each of them were not performed for this manuscript and are not claimed.

Suggested reproducible query: ("uterine leiomyoma" OR "uterine fibroid") AND (estrogen OR progesterone OR MED12 OR HMGA2 OR "WNT" OR "TGF-beta" OR mTOR OR "real-world evidence" OR "artificial intelligence"). A separate RWD search should combine leiomyoma and each treatment class with observational, registry, insurance claims, and comparative effectiveness. Dates emphasized: January 2020 to October 2026; earlier seminal causal-methodology and molecular-biology contributions are eligible where needed. Include peer-reviewed original studies, systematic reviews, randomized trial reports, practice guidelines and regulator reports. Exclude uncontrolled promotional material, inaccessible abstracts that cannot sustain a claim, duplicate records, and papers with unresolvable methodological flaws. No numerical PRISMA flow or pooled estimates are reported because there was no documented exhaustive systematic selection.

Propensity score matching

Estimate the conditional probability of receiving each prespecified treatment given pre-index covariates such as age, baseline hemoglobin, bleeding severity, lesion anatomy, reproductive intentions and previous therapy. Match patients on treatment propensity, evaluate standardized mean differences and empirical overlap, and report whether target

inference pertains to the matched population. Avoid controlling for variables that occur after treatment initiation.

Inverse probability weighting

Use stabilized inverse probability of treatment weights to construct a pseudopopulation with measured covariates balanced across treatment strategies. Examine positivity violations and extreme weights. For longitudinal switching or informative censoring, treatment and censoring weights may need time-varying models; conventional baseline weighting is not a universal fix.

Cox regression and survival analysis

Define time zero at treatment eligibility or initiation, not at an arbitrary later follow-up visit. Cox models estimate hazard ratios subject to proportional-hazards assumptions and adequate adjustment; consider restricted mean survival time if hazards are nonproportional. Clinically interpretable endpoints include time to surgery, recurrent heavy bleeding, anemia recurrence and discontinuation, each with carefully specified competing events.

Kaplan–Meier estimators

Estimate crude cumulative event-free survival with number-at-risk tables and confidence intervals; the method alone does not address confounding. For a competing event, such as hysterectomy precluding later fibroid-related fertility outcome, competing-risk cumulative incidence may be preferable to naive one-minus-Kaplan–Meier reporting.

Target trial emulation

Specify eligibility, assignment strategies, treatment start, grace periods, follow-up, primary outcome, causal contrast and analytic protocol before extracting records. Align eligibility and treatment assignment to limit immortal-time bias. A pragmatic comparison might evaluate early hormonal suppression versus an alternative eligible care strategy for women with measured fibroid-associated bleeding.

Causal inference and missing data

Draw directed acyclic graphs to identify confounders; consider sequential exchangeability, consistency and positivity. Multiple imputation assumes an explicit missingness process and requires compatible analyses; missing-not-at-random sensitivity analyses are needed when, for instance, follow-up imaging depends on symptom persistence. Negative-control outcomes and quantitative bias analysis strengthen interpretation.

Machine learning

Penalized regression, random forests and boosted trees can forecast clinical outcomes from structured covariates, but prediction is not estimation of counterfactual treatment benefit. Separate training and external validation institutions or time periods, avoid patient-level leakage across visits, and quantify calibration alongside discrimination. Report confidence intervals and clinically meaningful net benefit.

Deep learning and imaging

Convolutional and transformer-based networks may segment lesions on ultrasound or MRI. Reference segmentation should be blinded, multi-reader and sourced across scanners and institutions. Performance degradation by fibroid location, body habitus or operator can produce downstream inequities. Radiomics representations may capture image correlations without proving molecular subtype.

Natural language processing and LLMs

NLP can extract symptoms, pregnancy wishes, prior surgery, adverse effects and treatment discontinuation from narratives. LLM-based extraction must use controlled vocabularies, evidence spans, manual adjudication and prospective error audits. Hallucination, privacy leakage, spurious confidence and dialect variation require safeguards; generated clinical content must not silently replace a verified primary record.

3. Results: Integrated Evidence Synthesis

Results below are synthesized findings and reasoned interpretations from the cited literature, not estimates produced by an original dataset. Established molecular mechanisms are separated from plausible but insufficiently validated clinical translation. The largest analytical component is devoted to the cross-talk between hormones, genetic subtypes, extracellular-matrix biology, drug response, and real-world data systems.

3.1 Estrogen receptor signaling and tissue priming

Estradiol influences the uterine environment through nuclear estrogen receptors, receptor-associated transcription, and interactions with growth-factor signaling. The clinically relevant question is not whether estradiol is present but how its signaling is interpreted by mutated smooth-muscle cells, fibroblasts and progenitor populations. Local receptor expression, metabolizing enzymes and cross-talk with inflammatory mediators plausibly contribute to lesion-specific behavior. Estrogen-induced progesterone receptor expression constitutes a major bridge between the two hormonal systems. Selective manipulation of one receptor class may therefore reshape responsiveness to the other without fully switching off downstream matrix production.

Critical interpretation for estrogen receptor signaling and tissue priming: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.2 Progesterone receptor networks

Progesterone signaling is central to tumor persistence and growth. Differentiated cells that express progesterone receptors can stimulate neighboring stem-like cells through locally secreted WNT ligands and other paracrine factors. This model resolves an apparent paradox: a subset of tumor-initiating cells may exhibit low classical steroid receptor expression yet still depend on the systemic hormonal milieu. Functional response depends on receptor isoforms, co-regulators and downstream chromatin state. The tumor may thus resist a simple one-receptor, one-pathway therapeutic narrative.

Critical interpretation for progesterone receptor networks: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.3 MED12 and chromatin-associated regulation

MED12 encodes a Mediator-complex component involved in transcriptional regulation. Somatic changes, often affecting exon 2, identify a major molecular subtype and alter the relationship between chromatin regulation and growth signaling. Reported subtype proportions depend on sampling, histologic categorization and assay definitions; one

contemporary physiological review describes MED12 alterations in approximately 77% and HMGA2/1 abnormalities around 10% of the studied lesions [3]. These figures should not be casually generalized to every population or all lesions within a uterus. Within-patient multiclonality also complicates molecular extrapolation from one excised sample.

Critical interpretation for med12 and chromatin-associated regulation: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.4 HMGA2, alternative subtypes and heterogeneity

HMGA2-associated alterations change transcriptional architecture and may affect growth-factor programs, matrix accumulation and proliferation. Fumarate hydratase–related lesions represent another biologically distinct group with implications beyond routine hormonal response, including appropriate consideration of hereditary syndromes when indicated. Molecular subsets differ in morphology, signaling and potentially microenvironment. The present evidence does not justify prescribing specific drug classes solely on the basis of HMGA2 or MED12 status without prospective treatment-response validation.

Critical interpretation for hmga2, alternative subtypes and heterogeneity: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.5 WNT/β-catenin and paracrine stem-cell activation

WNT signaling illustrates why hormone dependence need not coincide with uniform hormone receptor expression. Differentiated fibroid cells can provide WNT-family ligands, activating β-catenin–associated programs in neighboring compartments. Experimental demonstrations vary by tissue model and assay, however, and differential expression does not always establish causal necessity. A useful translational study would pair spatial transcriptomics with perturbation of WNT ligand production and independent validation of clinically relevant growth trajectories, rather than treating pathway enrichment as proof of therapeutic efficacy.

Critical interpretation for wnt/β-catenin and paracrine stem-cell activation: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.6 TGF-β/SMAD signaling and fibrosis

TGF-β signaling drives fibroblast activation, collagen accumulation and changes in extracellular-matrix turnover, producing a fibrotic lesion rather than merely excess myocyte division. SMAD-mediated transcription connects secreted cytokines to structural remodeling. Quantifying this biology requires attention to matrix composition, cross-linking, tissue stiffness and perfusion; a change in tumor volume is an imperfect surrogate for fibrotic burden. If new pathway inhibitors are considered, adverse effects on wound healing and physiological tissue maintenance must be anticipated.

Critical interpretation for tgf-β/smad signaling and fibrosis: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort.

Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.7 PI3K/AKT/mTOR and growth-factor integration

PI3K/AKT/mTOR integrates nutrient, survival and growth-factor cues. Findings in fibroid tissues suggest functional interaction with hormone-sensitive proliferation and altered autophagy, but molecular activation is not equivalent to a proven druggable vulnerability. Clinical development must distinguish target engagement, lesion-volume response, symptom relief and safety. Cross-talk with WNT and TGF-β creates potential compensatory signaling, so single-pathway inhibition may be bypassed in heterogeneous tissue.

Critical interpretation for pi3k/akt/mtor and growth-factor integration: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.8 MAPK, ERK and steroid-growth factor cross-talk

MAPK/ERK acts downstream of diverse receptor tyrosine kinases and may mediate proliferative responses in hormone-primed cells. Ex vivo pathway changes are context-sensitive, and concentration-dependent effects may not reflect achievable exposure in patients. Future experiments should stratify by molecular subtype, menstrual-cycle stage, and prior hormonal therapy to distinguish intrinsic signaling from medication-induced shifts.

Critical interpretation for mapk, erk and steroid-growth factor cross-talk: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and

patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.9 YAP/TAZ, Rho/ROCK and mechanotransduction

Accumulated extracellular matrix changes the physical properties of the tumor. Mechanosensitive pathways such as YAP/TAZ and Rho/ROCK can transduce stiffness into transcriptional and cytoskeletal responses, maintaining a feedback loop among fibrosis, cell survival and local mechanical strain. The clinical relevance extends to imaging: stiffness-sensitive measures could provide complementary disease characterization, yet scanner standardization and evidence of incremental value over basic anatomical classification remain necessary.

Critical interpretation for yap/taz, rho/rock and mechanotransduction: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.10 Hypoxia, angiogenesis and inflammation

As fibroids increase in size, vascular organization, localized oxygen tension, inflammation and extracellular-matrix deposition interact. Hypoxia-related responses might contribute to metabolic adaptation and growth factors, but a mechanistic observation is not evidence that every fibroid has pathological hypoxia. Lesion perfusion affects drug delivery and imaging contrast. Tissue oxygenation and angiogenesis must therefore be interpreted jointly with tissue architecture and clinical outcomes.

Critical interpretation for hypoxia, angiogenesis and inflammation: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription

rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.11 Extracellular matrix as a dynamic disease compartment

The extracellular matrix is both the product and amplifier of signaling abnormalities. Collagens, proteoglycans, matrix metalloproteinases and mechanical cues influence diffusion, cell-cell communication and tissue tension. A phenotype characterized by abundant matrix can behave differently from one with relatively high cellularity. Fibroid pharmacology should consequently measure bleeding, volume, symptom severity, anemia and quality of life rather than assuming that volume reduction alone is a sufficient endpoint.

Critical interpretation for extracellular matrix as a dynamic disease compartment: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.12 Epigenetic and transcriptomic regulation

Hormonal transcription factors bind within an epigenetic landscape shaped by somatic alterations, DNA methylation and chromatin accessibility. Spatial and single-cell studies have the potential to distinguish tumor smooth-muscle populations from fibroblasts, immune cells and vascular cells; however, sampling and batch effects complicate comparisons. Changes induced by medical treatment may alter cellular composition, giving

the false impression of pathway downregulation when the underlying effect is loss of one cell type.

Critical interpretation for epigenetic and transcriptomic regulation: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.13 Anatomic phenotype and imaging

Submucosal, intramural and subserosal lesions differ in symptom generation and reproductive implications. Detailed ultrasound or MRI assessment provides an anatomical phenotype that molecular testing currently cannot replace. In an effectiveness model, location and total burden are candidate effect modifiers as well as confounders. These variables should be recorded consistently at baseline and across follow-up, particularly where the decision to intervene is strongly dependent on bleeding severity.

Critical interpretation for anatomic phenotype and imaging: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.14 Fertility and patient-centered goals

The same biological tumor may justify different decisions depending on pregnancy intentions, age, symptom tolerance, anemia, previous procedures and ability to adhere to

medical therapy. Conflating control of heavy menstrual bleeding with improvement in live-birth probability can mislead patients. Trials focused on symptom response cannot automatically establish reproductive benefit. Research protocols must prespecify pregnancy outcomes, treatment exposure windows, and a defensible approach to competing interventions.

Critical interpretation for fertility and patient-centered goals: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.15 RCT evidence and its limits

Randomized investigations of gonadotropin-releasing hormone antagonists and combination regimens support meaningful control of fibroid-associated heavy menstrual bleeding in selected participants. Trial endpoints, duration, add-back therapy and adverse-effect ascertainment differ, making indirect comparisons unreliable. Short-term bleeding improvement should not be equated with permanent disappearance of genetically initiated tumors. Post-treatment recurrence, bone-health considerations and subsequent surgery require longitudinal clinical follow-up.

Critical interpretation for rct evidence and its limits: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.16 Therapeutic translation and endocrine tradeoffs

Systemic ovarian suppression can decrease bleeding and tumor-related symptoms but may create hypoestrogenic harms without adequate risk mitigation. Add-back regimens are designed to balance bleeding control against estrogen-deprivation effects; they do not eliminate the need for individual contraindication screening. Local progestin-containing approaches can reduce bleeding in appropriate circumstances but are not universally effective at reducing leiomyoma volume. Decisions require lesion location, uterine cavity distortion, comorbidity and reproductive priorities.

Critical interpretation for therapeutic translation and endocrine tradeoffs: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.17 Biomarker development and precision medicine

Potential biomarkers include circulating molecules, imaging signatures, tissue genotype, steroid receptor expression and patient-level clinical trajectories. A diagnostic marker that distinguishes fibroids from normal myometrium is not necessarily predictive of differential treatment response. Precision medicine requires interaction tests demonstrating that a marker changes the relative effect of one treatment versus another. Clinical utility additionally demands that marker-informed management improves outcomes compared with care without the marker.

Critical interpretation for biomarker development and precision medicine: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage.

The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.18 Real-world sources: EHR, e-prescription and laboratory

Electronic medical records provide symptom descriptions, imaging results, hemoglobin, diagnoses and clinician decisions. Electronic prescriptions may establish intended drug initiation, but not ingestion. Laboratory systems can document anemia and treatment-related monitoring. Linking these data permits meaningful longitudinal trajectories only when patient identity, timestamp integrity and medication coding are reliable. Bleeding is frequently reported narratively, making validated abstraction rules and missingness auditing essential.

Critical interpretation for real-world sources: ehr, e-prescription and laboratory: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.19 Registries, claims and pharmacovigilance

Disease and procedure registries can support treatment persistence, procedural outcomes and repeated-intervention analyses. Claims datasets are useful for reimbursed utilization but may misclassify indication and leave uncovered care invisible. Spontaneous adverse-event reporting supports safety signal generation rather than incidence estimation: denominator uncertainty, stimulated reporting and duplicate reports prevent straightforward risk comparisons. Combining complementary sources should use a declared data-linkage governance framework.

Critical interpretation for registries, claims and pharmacovigilance: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure

at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.20 Wearables, mobile applications and PROs

Wearables and menstrual tracking applications can capture symptoms, fatigue, activity and longitudinal patient-reported outcomes, but their measurement validity for menstrual blood loss is not guaranteed. Digital inclusion matters because device ownership and engagement correlate with socioeconomic status and health literacy. Patient-generated records may improve shared decision-making when measurements are interpretable, voluntarily shared and linked to clinical context rather than promoted as stand-alone diagnostic instruments.

Critical interpretation for wearables, mobile applications and pros: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.21 ML, deep learning and reinforcement learning

Gradient-boosted methods can identify nonlinear associations between baseline imaging, anemia and treatment trajectories; deep learning can support automated lesion characterization. Reinforcement learning is sometimes proposed for longitudinal treatment policies, but retrospective policy evaluation is fragile when action probabilities are unknown and important clinical states are unmeasured. No model should be described as prescribing an optimal fibroid regimen without prospective demonstration of patient benefit and safety.

Critical interpretation for ml, deep learning and reinforcement learning: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.22 NLP and large language models in evidence generation

NLP may standardize narrative phrases such as flooding, menstrual disruption, pelvic pressure or desire for pregnancy. Large language models may assist literature triage and structured data extraction but can invent references, overinterpret diagnostic wording and propagate age or language bias. For research use, each extracted endpoint should be traceable to a source sentence and evaluated against a blinded clinical reference standard. LLM output cannot replace an independently adjudicated adverse event.

Critical interpretation for nlp and large language models in evidence generation: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.23 Forecasting treatment response in comorbid populations

Diabetes, cardiovascular conditions, oncology, infection and neurological disease inform fibroid treatment selection mainly through comorbid risk, contraindications and health-system complexity. Disease-specific drug-response models from these specialties do not

automatically transfer to a fibroid cohort. Transfer learning must test transportability, medication interactions and different competing risks. An ethical precision strategy begins with validated gynecologic outcomes and only then considers cross-specialty predictors.

Critical interpretation for forecasting treatment response in comorbid populations: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.24 Drug safety and signal detection

Adverse drug reactions can arise from endocrine suppression, altered bleeding, procedure-related medication use or coexisting treatment. Safety analytics should distinguish unexpected events from manifestations of baseline anemia or the underlying disease. Signal detection can screen spontaneous reports or structured records, but any signal requires medical review, exposure denominator assessment where possible, duplicate handling and comparison with established background rates.

Critical interpretation for drug safety and signal detection: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.25 Pharmacogenomics and molecularly stratified care

Somatic MED12 or HMGA2 findings concern tumor biology and must not be conflated with inherited pharmacogenetic variants affecting systemic drug metabolism. Germline pharmacogenomics might inform exposure to specific medications if validated treatment-specific associations arise, but it currently does not substitute for standard eligibility assessment. A future precision trial might stratify by tumor subtype and receptor biology, then explicitly test treatment-by-marker interactions.

Critical interpretation for pharmacogenomics and molecularly stratified care: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.26 Uzbekistan: infrastructure and opportunity

Uzbekistan is developing digital prescribing and other electronic health initiatives. A December 2025 official communication describes phased e-prescription implementation, including systemic hormonal medicines among the initial categories [12]. This is evidence of a policy framework, not proof that nationwide fibroid-specific longitudinal records are complete or interoperable. A practical uterine-fibroid registry would define standardized ultrasound findings, bleeding scales, hemoglobin, interventions, adverse effects and patient-reported outcomes.

Critical interpretation for uzbekistan: infrastructure and opportunity: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature

has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.27 Uzbekistan: clinical pharmacology and governance

Implementation should connect gynecologic services, clinical pharmacology and medical informatics through structured medication reconciliation and safety monitoring. Data dictionaries need Uzbek and Russian clinical terminology, a consistent coding approach, secure record linkage and a consent/legal-basis framework. Audit indicators should include completeness of FIGO location classification, anemia follow-up, prescriptions actually dispensed and documented treatment changes. Independent ethics and clinical oversight are prerequisites for deploying decision-support algorithms.

Critical interpretation for uzbekistan: clinical pharmacology and governance: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.29 Trial endpoint interpretation

The phase 3 LIBERTY studies supply a concrete example of why endpoints must be reproduced accurately. A PubMed-indexed trial report describes response rates of 73% and 71% with relugolix combination therapy in two replicate trials versus 19% and 15% on placebo under a prespecified definition combining menstrual-loss volume below 80 mL and a reduction of at least 50% from baseline [20]. These are trial-specific responses, not percentages of fibroids cured, and should not be extrapolated to patients outside eligibility criteria. Secondary symptom, anemia and quality-of-life outcomes contribute separate clinical information, while long-term withdrawal studies examine sustained benefit and safety in selected prior responders. A regulator, clinician or guideline developer should not compare these response rates naively with surgical success percentages based on different follow-up definitions.

Critical interpretation for trial endpoint interpretation: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.30 Cross-population validation and uncertainty

A treatment model trained in a multinational randomized trial is not intrinsically transportable to a community clinic. Differences in hemoglobin measurement, access to specialist imaging, patterns of hormonal prescribing, co-prescribed iron, follow-up completeness and surgical referral thresholds can change both baseline event rates and apparent response. Equitable validation therefore requires reporting whether model calibration remains adequate within clinical sites and relevant groups. Where confidence intervals are wide, clinical decision support should display that uncertainty rather than transform unstable estimates into categorical treatment preferences. A clinically meaningful prospective validation should measure net benefit, potential harms from decision errors and the workload of verifying automated recommendations.

Critical interpretation for cross-population validation and uncertainty: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.31 Molecular research to clinically measurable outcomes

A robust translation pipeline begins with a mechanistic hypothesis, then independently tests whether a laboratory measure is reproducible, correlated with a prospectively defined outcome and incremental to inexpensive clinical features. Randomization remains preferable for determining whether treatment benefit varies by marker group, because retrospective molecular profiling can be affected by post-treatment sampling and selective availability of surgical tissue. Prespecification of molecular thresholds, reliable inter-laboratory assays and transparent reporting of failed hypotheses are necessary to prevent optimism bias. The decisive endpoint should be improved patient outcomes rather than increased complexity of the biomarker panel.

Critical interpretation for molecular research to clinically measurable outcomes: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort. Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

3.28 Future international comparative studies

A prospective multi-institutional cohort could record standardized imaging, bleeding, laboratory markers, medications and procedure outcomes while defining an eligible comparison at treatment initiation. External validation in different health systems would test whether prediction performance and treatment-effect heterogeneity are robust. Molecular analyses could be nested within surgical biobanks, but the biopsy-restricted nature of those subgroups must be acknowledged when applying results to all patients.

Critical interpretation for future international comparative studies: The biological evidence should be read alongside the clinical decision pathway rather than as a direct prescription rule. Studies often differ in lesion selection, comparator myometrium, hormonal exposure at sampling, assay platforms, and whether outcomes represent pathway activity, growth, bleeding or quality of life. A robust translational design would prespecify tissue and patient phenotypes, measure baseline severity before treatment, account for time-dependent intervention choices, and validate the proposed association in an independent cohort.

Mechanistic plausibility alone is insufficient to infer a patient-level treatment advantage. The distinction is particularly important when a statistically associated molecular feature has no established actionable threshold or when follow-up procedures select patients according to persistent symptoms.

Evidence domain	Established contribution	Key limitation
Steroid signaling	Estrogen primes progesterone response; progesterone supports paracrine growth [2,3]	Tumor-specific response varies
Molecular subtypes	MED12/HMGA2 provide mechanistic stratification [3,4]	No routine genotype-directed drug allocation
ECM pathways	TGF-β, WNT, YAP/TAZ connect fibrosis to proliferation [2]	Experimental activity does not establish clinical benefit
Oral hormonal therapy	Selected RCTs demonstrate bleeding benefit [1]	Long-term persistence and generalizability require RWE
Digital cohorts	EHR, claims and e-prescriptions can support longitudinal research [5,6]	Confounding and missing outcomes
AI and prediction	Potential for segmentation and risk stratification [9,10]	External validation and governance

4. Discussion

Triangulating molecular and clinical evidence

A coherent causal account of fibroid development must allow hormonal maintenance to coexist with genetic initiation and structural feedback. A molecular assay suggesting greater pathway activation cannot, by itself, predict the effect of a given drug because treatment also acts systemically, modifies other pathways and alters clinical behavior. Convergent support from controlled experiments, longitudinal human observations and randomized

interventions is more convincing than repeated associations from the same source of tissue samples.

Bias and data-quality threats

Confounding by indication is severe in fibroid studies: larger, more symptomatic lesions are more likely to receive aggressive treatment. Hospital-only datasets may miss patients managed conservatively; repeated imaging can be more common after persistent symptoms. Administrative procedure codes may be accurate while symptom severity is not. Attrition and outcome-dependent follow-up can produce misleading apparent success even with a large registry. Substantive clinical input into the analysis plan is indispensable.

Missingness, time and causality

Missing baseline hemoglobin, lesion location or fertility intentions does not become harmless because machine learning can impute it. Missingness may reflect site-level capabilities and clinician judgement. Improper assignment of treatment status after an initial untreated period creates immortal time. Conditioning on future imaging or surgery can introduce collider selection. Sensitivity analyses should quantify plausible departures from exchangeability and present absolute risks as well as relative comparisons.

Explainable and ethical AI

Saliency maps cannot guarantee causal explanations for a neural network prediction. Explainability must address the question clinicians actually ask: which information supports a decision, what uncertainty remains, and what would happen if data are unavailable? The WHO ethics framework favors human accountability, transparency and equity. Subgroup audit by age, language, access to specialist imaging and care setting should precede deployment of any decision-support model.

Regulatory science

Regulatory suitability depends on the intended use and deployment environment. The FDA provides guidance on fitness for purpose of EHR and medical claims as well as good machine-learning practice. EMA's RWE work, including DARWIN EU, demonstrates infrastructure for regulator-led studies but does not equate every database association with a validated treatment claim. A gynecologic AI tool intended to guide medication decisions warrants different evidence from one used only to annotate research images.

Clinical decision support

An appropriate clinical decision support system would display lesion phenotype, anemia, prior treatments, risks, patient preferences, evidence strength and uncertainty. It should not autonomously convert molecular pathway expression into a drug order. Safety procedures

include review of contraindications, override recording, validation after software updates and processes to detect performance drift. Patient-centered decisions may legitimately favor surgery or expectant management even where pharmacologic response is predicted.

Global RWE and health equity

International trends emphasize data networks, transparent protocols, common data models and lifecycle evidence rather than simply collecting more records. Low- and middle-income health systems face distinctive challenges in reliable identifiers, imaging documentation and affordability. Replicating an algorithm developed in a tertiary specialist center without local validation risks worsening inequities. Registry development can be incremental, starting with a small mandatory dataset and audited completeness.

Limits of this review

This integrative analysis does not establish an exhaustive study count, formal risk-of-bias distribution, quantitative synthesis or pooled meta-analytic effect. Literature coverage is selective and favors accessible verifiable sources; claims about particular drug classes must therefore be interpreted with the underlying trials and labels. No individual-level RWD were received, so regression coefficients, Kaplan–Meier curves, hazard ratios and subgroup estimates are intentionally absent. This limitation protects against presenting a research proposal as completed empirical evidence.

5. Conclusion

Uterine fibroid growth is best interpreted as an interaction between acquired molecular abnormalities and estrogen–progesterone-dependent signaling within a mechanically and biochemically active extracellular matrix. MED12 and HMGA2 subtypes, WNT/β-catenin, TGF-β, mTOR and mechanotransduction pathways offer biologically credible targets, but the transition from tissue association to clinically useful precision treatment remains incomplete. Randomized trials inform short-term efficacy for selected regimens; careful target-trial emulation and pharmacovigilance are required to understand practical effectiveness and safety. AI may facilitate phenotyping and data extraction only when externally validated, transparent, secure, and anchored to clinician review. For Uzbekistan, standardized fibroid registries linked to electronic prescribing, imaging and laboratory follow-up are actionable foundations for future research rather than evidence of already achieved national interoperability.

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MILLIY MAROSIMLARNING IJTIMOIY-MADANIY MOHIYATI

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Annotatsiya

Mazkur maqolada milliy marosimlarning ijtimoiy-madaniy mohiyati, jamiyat hayotidagi funksiyalari, tarkibiy tuzilishi va zamonaviy transformatsiyasi tahlil qilinadi. Milliy marosimlarning tarixiy xotirani saqlash, milliy o‘zlikni anglash, madaniy merosning avlodlar o‘rtasida uzatilishi hamda ijtimoiy hamjihatlikni mustahkamlashdagi o‘rni ochib beriladi. Shuningdek, globallashuv, urbanizatsiya, iqtisodiy munosabatlar va raqamli texnologiyalarning marosimlar shakli hamda mazmuniga ta’siri yoritiladi. Tadqiqotda tarixiy-qiyosiy, tizimli tahlil va madaniy talqin usullaridan foydalanilib, milliy marosimlarning barqaror qadriyatlar bilan o‘zgaruvchan tashkiliy shakllar uyg‘unligida rivojlanishi asoslanadi. Yakunda milliy marosimlarni zamonaviy sharoitda asrab-avaylash va ularning ma’naviy mazmunini saqlashga doir xulosalar ilgari suriladi.

Kalit so‘zlar: milliy marosim, urf-odat, an’ana, milliy o‘zlik, madaniy meros, ijtimoiy hamjihatlik, tarixiy xotira, globallashuv, raqamlashtirish, transformatsiya.

Kirish

Milliy marosimlar xalqning tarixiy taraqqiyoti, ma’naviy qadriyatlari, ijtimoiy munosabatlari va turmush tarzini o‘zida mujassam etuvchi muhim ijtimoiy-madaniy hodisalardan biridir. Ular muayyan millatning tarixiy tajribasi, dunyoqarashi va jamoaviy xotirasini ifodalash bilan birga, avlodlar o‘rtasidagi ma’naviy aloqalarni mustahkamlashga xizmat qiladi. Shu sababli milliy marosimlarni o‘rganish faqat etnografik yoki folklorshunoslik masalasi bo‘lib qolmay, balki falsafa, sotsiologiya, madaniyatshunoslik va antropologiya fanlari uchun ham muhim ilmiy ahamiyat kasb etadi.

O‘zbek xalqining Navro‘z bayrami, nikoh marosimlari, beshik to‘yi, sunnat to‘yi, mavsumiy udumlari hamda motam bilan bog‘liq marosimlari xalqning tarixiy xotirasi va ma’naviy hayotini namoyon etuvchi madaniy shakllardir. Ushbu marosimlarda oila muqaddasligi, kattalarga hurmat, mehmondo‘stlik, mehr-oqibat, o‘zaro yordam va jamoaviy birdamlik kabi qadriyatlar ifodalanadi. Biroq marosimlar jamiyat taraqqiyotidan tashqarida mavjud

bo‘lmaydi: ularning shakli, ishtirokchilari, tashkil etilish tartibi va ramziy vositalari muayyan tarixiy sharoitlarga qarab o‘zgaradi.

Bugungi globallashuv sharoitida an’anaviy qadriyatlarni saqlash bilan zamonaviy ijtimoiy ehtiyojlarga moslashish o‘rtasidagi munosabat alohida dolzarblik kasb etmoqda. Bir tomondan, raqamli texnologiyalar marosimlarni tashkil etish va ular haqidagi ma’lumotlarni tarqatish imkoniyatlarini kengaytirmoqda. Ikkinchi tomondan, iqtisodiy tabaqalanish, iste’molchilik qarashlari va ommaviy madaniyat ayrim marosimlarning mazmuni hamda tashqi ko‘rinishiga ta’sir ko‘rsatmoqda.

Tadqiqotning maqsadi milliy marosimlarning ijtimoiy-madaniy mohiyatini ochib berish, ularning tarkibiy elementlari va jamiyatdagi funksiyalarini aniqlash hamda zamonaviy transformatsiya jarayonlarining asosiy yo‘nalishlarini nazariy jihatdan tahlil qilishdan iborat.

Tadqiqotning vazifalari milliy marosimlarning ijtimoiy tabiatini izohlash, barqaror va o‘zgaruvchan jihatlarini farqlash, zamonaviy o‘zgarishlarning omillarini aniqlash hamda milliy merosni muhofaza qilishga doir takliflarni shakllantirishni qamrab oladi.

1. Tadqiqot metodologiyasi

Maqolada milliy marosimlar o‘zaro bog‘langan tarkibiy qismlardan tashkil topuvchi ijtimoiy-madaniy tizim sifatida ko‘rib chiqiladi. Tadqiqot nazariy-tahliliy xarakterga ega bo‘lib, uning metodologik asosini tarixiy-qiyosiy, tizimli, funksional va madaniy-talqiniy yondashuvlar tashkil etadi.

Tarixiy-qiyosiy yondashuv marosimlarning tarixiy ildizlari va zamonaviy shakllari o‘rtasidagi munosabatlarni tushunishga xizmat qiladi. Tizimli tahlil marosimning g‘oyaviy mazmuni, ishtirokchilari, ramzlari, amallari, vaqt va makon kabi elementlarini o‘zaro aloqador holda o‘rganish imkonini beradi. Funksional yondashuv esa marosimlarning ijtimoiy birdamlikni mustahkamlash, qadriyatlarni uzatish va shaxsni ijtimoiylashtirishdagi ahamiyatini aniqlashga yordam beradi.

Nazariy asos sifatida Arnold van Gennepning hayotiy o‘tish marosimlari haqidagi qarashlari, Victor Turn erning marosim va ijtimoiy munosabatlarga doir tadqiqotlari hamda Catherine Bellning marosim amaliyotini tahlil qilishga bag‘ishlangan ishlari hisobga olindi [1; 2; 3]. UNESCOning 2003-yilgi Nomoddiy madaniy merosni muhofaza qilish

to‘g‘risidagi konvensiyasi esa marosimlarni tirik madaniy meros va avlodlar o‘rtasidagi davomiylik nuqtayi nazaridan ko‘rib chiqish uchun me’yoriy asos vazifasini bajaradi [4].

Tadqiqot doirasida alohida empirik so‘rov yoki statistik kuzatuv o‘tkazilmagan. Shu bois maqoladagi xulosalar nazariy manbalar va milliy marosimlarning umumiy ijtimoiy-madaniy xususiyatlari tahliliga asoslanadi.

2. Milliy marosimlarning ijtimoiy-madaniy mohiyati

Milliy marosimlar muayyan xalqning tarixiy tajribasi, qadriyatlari va ijtimoiy munosabatlari asosida shakllangan ramziy amallar hamda jamoaviy faoliyat shakllaridir. Ularning mazmuni xalqning o‘zini qanday anglashida, o‘tmishini qanday eslashida va ijtimoiy munosabatlarini qanday tartibga solishida namoyon bo‘ladi.

Milliy marosimlarning muhim xususiyati shundaki, ular ma’naviy qadriyatlarni faqat og‘zaki bayon qilish bilan cheklanmaydi, balki ularni amaliy faoliyat orqali namoyon etadi. Masalan, nikoh marosimlarida oila qurish, o‘zaro hurmat va mas’uliyat g‘oyalari, Navro‘z bayramida esa yangilanish, ezgu niyat, saxovat va hamjihatlik kabi tushunchalar turli ramziy amallar orqali ifodalanishi mumkin.

Marosimlarning ijtimoiy ahamiyati, avvalo, insonlar o‘rtasidagi aloqalarni mustahkamlashida ko‘rinadi. To‘y va bayramlarda qarindoshlar, qo‘ni-qo‘shnilar, do‘stlar hamda mahalla vakillarining ishtirok etishi jamoaviy munosabatlarni faollashtiradi. Bunday tadbirlar insonlarga o‘zaro yordam ko‘rsatish, quvonch va tashvishlarni baham ko‘rish, ijtimoiy birdamlikni his etish imkonini beradi.

Arnold van Gennep marosimlarni inson hayotidagi muhim o‘tish bosqichlari bilan bog‘liq holda tahlil qilgan. Uning yondashuvida ajralish, oraliq bosqich va yangi maqomga qo‘shilish kabi jarayonlar muhim o‘rin tutadi [1]. Mazkur nazariy qarashni nikoh kabi marosimlarni tahlil qilishda qo‘llash mumkin: insonning avvalgi ijtimoiy maqomidan yangi maqomga o‘tishi jamoa tomonidan ramziy ravishda e’tirof etiladi.

Biroq milliy marosimlarning vazifasi faqat hayotiy o‘tishlarni belgilash bilan cheklanmaydi. Ular jamoaviy xotirani mustahkamlash, avlodlar tajribasini uzatish va madaniy mansublikni ifodalash vazifalarini ham bajaradi. Shu jihatdan marosimlar milliy o‘zlikni anglashning amaliy shakllaridan biri sifatida namoyon bo‘ladi.

Milliy marosimlarning yana bir muhim xususiyati ularning muayyan vaqt va makon bilan bog‘liqligidir. Mavsumiy bayramlar tabiatdagi o‘zgarishlar bilan, oilaviy marosimlar esa inson hayotidagi muhim voqealar bilan bog‘lanishi mumkin. Marosimning qayerda, qachon va qanday sharoitda o‘tkazilishi uning mazmuni hamda ishtirokchilar tomonidan qabul qilinishiga ta’sir ko‘rsatadi.

3. Milliy marosimlarning tarkibiy tuzilishi va asosiy funksiyalari

Milliy marosimlarni yaxlit tizim sifatida tushunish uchun uning tarkibiy elementlarini o‘zaro bog‘liqlikda o‘rganish zarur. Bunday elementlarga g‘oyaviy mazmun, ishtirokchilar, marosimiy harakatlar, ramzlar, xalq og‘zaki ijodi namunalari, vaqt va makonga mos vositalar kiradi.

Birinchi element — **g‘oyaviy-ma’naviy mazmun**. U marosimning maqsadi, qadriyatlar yo‘nalishi va ijtimoiy ma’nosini belgilaydi. Agar marosimda oila, hurmat, mehr-oqibat yoki birdamlik g‘oyalari yetakchi bo‘lsa, ushbu mazmun uning boshqa elementlarida ham aks etadi.

Ikkinchi element — **marosim ishtirokchilari**. Marosimning tashkilotchilari, oila a’zolari, qarindoshlar, mahalla vakillari va boshqa qatnashchilar turli vazifalarni bajaradilar. Ularning ishtiroki marosimning ijtimoiy doirasini va jamoaviy xususiyatini belgilaydi.

Uchinchi element — **marosimiy harakatlar va amallar**. Fotiha berish, duo qilish, tabriklash, sovg‘a ulashish, dasturxon atrofida jamlanish kabi amallar muayyan marosimning mazmunini ifodalashi mumkin. Ushbu amallarning ma’nosi tarixiy va hududiy sharoitga qarab farqlanishi ehtimoli mavjud.

To‘rtinchi element — **ramzlar va timsollar**. Milliy liboslar, an’anaviy buyumlar, bezaklar va boshqa ramziy vositalar xalqning madaniy tajribasi bilan bog‘liq ma’nolarni ifodalaydi. Ularning talqini har doim bir xil bo‘lmasligi mumkin; shu sababli ramzlarni muayyan hudud, davr va marosim kontekstida o‘rganish muhimdir.

Beshinchi element — **xalq og‘zaki ijodi namunalari**. Duo, olqish, yaxshi tilak, maqol va qo‘shiqlar marosimning ma’naviy mazmunini boyitadi. Ular xalqning axloqiy qarashlari va tarixiy tajribasini ifodalash bilan birga, og‘zaki an’analarning avlodlar o‘rtasida davom etishiga xizmat qiladi.

Oltinchi element — **vaqt, makon va tashkiliy vositalar**. Marosimning o‘tkazilish joyi, vaqti, dasturxoni, musiqiy vositalari va tashkiliy shakllari uning umumiy ko‘rinishini belgilaydi. Zamonaviy sharoitda ushbu elementlar texnologik yangiliklar ta’sirida o‘zgarishi mumkin.

Mazkur elementlar o‘zaro uzviy aloqador bo‘lib, marosimning yaxlitligini ta’minlaydi. Masalan, marosimning tashkiliy shakli o‘zgarganida ishtirokchilar tarkibi, vaqt taqsimoti va ramziy vositalar ham o‘zgarishi mumkin. Biroq bunday o‘zgarishlar marosimning ma’naviy maqsadi butunlay yo‘qolishini anglatmaydi.

Milliy marosimlarning asosiy ijtimoiy funksiyalarini quyidagicha umumlashtirish mumkin:

- **integrativ funksiya** — insonlar o‘rtasidagi aloqalarni mustahkamlash va jamoaviy birdamlikni rivojlantirish;
- **tarbiyaviy funksiya** — axloqiy me’yorlar va ijtimoiy mas’uliyatni avlodlarga yetkazish;
- **identifikatsion funksiya** — milliy va mahalliy madaniy mansublikni anglashga ko‘maklashish;
- **kommunikativ funksiya** — avlodlar va ijtimoiy guruhlar o‘rtasida tajriba almashinuvini ta’minlash;
- **xotira funksiyasi** — tarixiy tajriba, urf-odatlar va ramziy ma’nolarni saqlash.

Ushbu funksiyalar o‘zaro bog‘liq bo‘lib, ularning namoyon bo‘lish darajasi marosimning turi va ijtimoiy sharoitiga qarab farqlanishi mumkin.

4. Milliy marosimlarning barqaror va o‘zgaruvchan jihatlari

Milliy marosimlar tarixiy davomiylik va ijtimoiy yangilanishning o‘zaro ta’siri natijasida rivojlanadi. Ularning barqaror jihatlari xalqning uzoq davr mobaynida shakllangan ma’naviy qadriyatlari, jamoaviy xotirasi va madaniy o‘ziga xosligini ifodalaydi. O‘zgaruvchan jihatlari esa marosimlarni tashkil etish usullari, tashqi ko‘rinishi, ishtirokchilar tarkibi va foydalaniladigan vositalarda namoyon bo‘ladi.

O‘zbek xalqining oilaviy marosimlarida kattalarga hurmat, mehmondo‘stlik, qarindoshlik aloqalarini qadrlash va o‘zaro yordam kabi tamoyillar muhim o‘rin tutadi. Ushbu qadriyatlar turli davrlarda turlicha ifodalangan bo‘lsa-da, ularning ma’naviy ahamiyati saqlanib qolishi

mumkin. Demak, madaniy barqarorlikni tashqi shakllarning mutlaq o‘zgarmasligi bilan tenglashtirish to‘g‘ri emas.

Marosimlarning o‘zgaruvchan jihatlari esa ijtimoiy-iqtisodiy sharoit, urbanizatsiya, mehnat migratsiyasi, oilaviy munosabatlar va texnologik taraqqiyot bilan bog‘liq. Masalan, marosimlarning maxsus tadbir maskanlarida o‘tkazilishi, taklifnomalarning elektron shaklga o‘tishi, foto va videotasvir xizmatlaridan foydalanish tashkiliy shakllardagi yangilanishlarni ko‘rsatadi.

Victor Turner marosimlarni ijtimoiy munosabatlar va ramziy jarayonlar bilan bog‘liq holda o‘rgangan. Uning tadqiqotlari marosimlarni shunchaki takrorlanadigan amallar yig‘indisi sifatida emas, balki jamoaviy tajriba va ijtimoiy munosabatlarni anglash vositasi sifatida tahlil qilish imkonini beradi [2]. Bu yondashuv milliy marosimlarning zamonaviy shakllarini baholashda ham ahamiyatlidir: tashqi ko‘rinishdagi yangilanishlar ortida ijtimoiy birdamlik yoki madaniy mansublikni ifodalashga bo‘lgan ehtiyoj saqlanib qolishi mumkin.

Catherine Bell marosim amaliyotini o‘rganishda uning tarixiy, ijtimoiy va madaniy kontekstini hisobga olish zarurligini ta’kidlovchi nazariy yo‘nalishni rivojlantirgan [3]. Ushbu qarashdan kelib chiqib, milliy marosimlardagi o‘zgarishlarni faqat an’anadan chekinish sifatida baholash biryoqlama yondashuv bo‘ladi. Ayrim yangiliklar marosimning jamiyat hayotidagi vazifalarini saqlagan holda uning zamonaviy shaklda davom etishiga imkon beradi.

Shu bilan birga, marosimlarning o‘zgarishi har doim ham ijobiy natija bermaydi. Ayrim holatlarda tashqi dabdaba, ortiqcha sarf-xarajat va ijtimoiy taqqoslash marosimning ma’naviy mazmunidan ustun kelishi mumkin. Bunday vaziyatda marosim jamoaviy birdamlik vositasi bo‘lish o‘rniga, oilalar uchun iqtisodiy bosim manbaiga aylanish xavfini tug‘diradi.

Shunday qilib, milliy marosimlarning barqarorligi ularning tarixiy-ma’naviy negizlari bilan, o‘zgaruvchanligi esa ijtimoiy hayotga moslashish imkoniyati bilan belgilanadi. Ushbu ikki jihatning muvozanati marosimlarning kelajak avlodlar hayotida davom etishi uchun muhim shart hisoblanadi.

5. Zamonaviy transformatsiyaning asosiy omillari

Zamonaviy transformatsiya milliy marosimlarning mazmuni, shakli va tashkil etilish tartibida ijtimoiy sharoitlar ta’sirida yuz beradigan o‘zgarishlarni anglatadi. Ushbu jarayonni bir nechta omillar orqali tahlil qilish mumkin.

Birinchi omil — **iqtisodiy munosabatlarning o‘zgarishi**. Oilalarning daromadi, moddiy imkoniyatlari va iste’molga doir qarashlari marosimlarning ko‘lami hamda tashkil etilish usuliga ta’sir ko‘rsatadi. Ayrim oilalar marosimlarni ixcham shaklda o‘tkazishni ma’qul ko‘rsa, boshqalari kengroq tantanalarni afzal bilishi mumkin. Shu sababli marosimlarning tashqi ko‘rinishidagi farqlarni faqat milliy qadriyatlarga munosabat bilan izohlash yetarli emas; iqtisodiy imkoniyatlar va ijtimoiy sharoit ham hisobga olinishi kerak.

Ikkinchi omil — **urbanizatsiya va turmush tarzining o‘zgarishi**. Shaharlashuv, mehnat jadvalining o‘zgarishi va oilalarning yashash sharoitlari marosimlarni tashkil etish vaqti, joyi hamda ishtirokchilar tarkibiga ta’sir ko‘rsatadi. Ayrim marosimlar maxsus xizmat ko‘rsatish maskanlariga ko‘chishi, boshqalari esa ixcham oilaviy tadbir shaklida davom etishi mumkin.

Uchinchi omil — **raqamli texnologiyalar**. Elektron taklifnomalar, raqamli foto va videoxizmatlar, onlayn muloqot vositalari marosimlarni tashkil etish va ular haqidagi ma’lumotlarni tarqatish imkoniyatlarini kengaytirmoqda. Uzoqda yashayotgan qarindoshlar marosimda masofadan turib qatnashishi mumkin. Shu bilan birga, marosim tasvirlarining ijtimoiy tarmoqlarda tarqalishi uning ommaviy namoyish xususiyatini kuchaytirishi mumkin.

To‘rtinchi omil — **globallashuv va madaniy aloqalar**. Turli madaniyatlar o‘rtasidagi muloqot marosimlarga yangi bezaklar, musiqiy shakllar, xizmat turlari va tashkiliy usullarning kirib kelishiga zamin yaratadi. Bunday yangiliklar milliy an’analar bilan uyg‘unlashishi ham, ayrim hollarda ularning o‘ziga xosligini zaiflashtirishi ham mumkin. Natija yangilikning o‘zidan ko‘ra, uning mahalliy madaniy kontekstda qanday qabul qilinishiga bog‘liq.

Beshinchi omil — **avlodlar va ijtimoiy guruhlar o‘rtasidagi qarashlar farqi**. Yosh avlodning vaqt, xarajat, shaxsiy tanlov va ommaviy namoyishga doir qarashlari ayrim marosimlarning shaklini o‘zgartirishi mumkin. Bunda an’analarni saqlashga intilish va zamonaviy talablarni hisobga olish o‘rtasida muvozanat topish muhimdir.

UNESCOning Nomoddiy madaniy merosni muhofaza qilish to‘g‘risidagi 2003-yilgi konvensiyasi madaniy merosni avloddan avlodga o‘tuvchi va jamoalar tomonidan o‘z muhitiga mos ravishda qayta yaratiladigan hodisa sifatida talqin qilish uchun muhim xalqaro asos beradi [4]. Ushbu yondashuv milliy marosimlarni faqat o‘tmishdan qolgan o‘zgarmas shakllar sifatida emas, balki davomiylik va yangilanish birligida mavjud bo‘lgan tirik madaniy amaliyot sifatida tushunishga imkon beradi.

6. Mualliflik tahlili va ilmiy yangilik

Maqolaning mualliflik yondashuvi milliy marosimlar transformatsiyasini faqat an’anaviy shakllarning o‘zgarishi bilan cheklamasdan, ularning ma’naviy mazmuni, ijtimoiy funksiyalari va tashkiliy vositalari o‘rtasidagi munosabat orqali tahlil qilishdan iborat.

Ushbu yondashuvga ko‘ra, milliy marosimlardagi o‘zgarishlarni uchta o‘zaro bog‘liq darajada ko‘rib chiqish mumkin.

Birinchi daraja — qadriyatlar va ma’nolar. Bu daraja marosimning asosiy g‘oyaviy mazmuni, tarixiy xotira va madaniy mansublik bilan bog‘liq. Oila, hurmat, mehr-oqibat, hamjihatlik kabi qadriyatlarning saqlanishi marosimning ma’naviy davomiyligini belgilovchi muhim mezondir.

Ikkinchi daraja — ijtimoiy munosabatlar. Bu darajada marosim ishtirokchilari, ularning vazifalari, jamoaviy aloqalar va o‘zaro yordam shakllari tahlil qilinadi. Oilaviy tarkib, mahalla munosabatlari va turmush tarzidagi o‘zgarishlar marosimning ijtimoiy tashkil topishiga ta’sir ko‘rsatishi mumkin.

Uchinchi daraja — tashkiliy va texnologik shakllar. Marosimning o‘tkazilish joyi, vaqti, ko‘lami, foydalaniladigan buyumlar va raqamli vositalar ushbu darajaga kiradi. Ular nisbatan tez o‘zgarishi mumkin, biroq bunday o‘zgarishlarning marosim ma’nosiga ta’siri alohida baholanishi lozim.

Mazkur uch darajali tahlil marosimdagi yangilanishning xususiyatini aniqroq tushunishga yordam beradi. Masalan, nikoh marosimida elektron taklifnomadan foydalanish tashkiliy shaklning yangilanishi hisoblanadi. Agar marosimning asosiy maqsadi, oila va yaqinlar o‘rtasidagi hurmat munosabatlari saqlansa, texnologik yangilanishni madaniy merosning uzilishi deb baholash uchun asos yetarli bo‘lmaydi. Aksincha, tashqi dabdaba ma’naviy mazmundan ustun kelib, oilalarga ortiqcha iqtisodiy yuk yuklasa, marosimning ijtimoiy vazifalarini qayta ko‘rib chiqish zarurati paydo bo‘ladi.

Shu asosda maqolaning ilmiy yangiligi sifatida milliy marosimlar transformatsiyasini **qadriyatlar, ijtimoiy munosabatlar va tashkiliy-texnologik shakllarning o‘zaro ta’siri** orqali izohlovchi tahliliy model taklif etiladi. Ushbu model empirik jihatdan sinovdan o‘tkazilgan natija emas, balki keyingi sotsiologik va etnografik tadqiqotlarda qo‘llash mumkin bo‘lgan mualliflik konseptual yondashuvidir.

Taklif etilayotgan model marosimlarni baholashda ikki muhim mezonni ajratish imkonini beradi: birinchisi — milliy-ma’naviy mazmunning davomiyligi, ikkinchisi — marosimning zamonaviy ijtimoiy sharoitlarga moslashuvchanligi. Ushbu mezonlar asosida marosimlardagi o‘zgarishlarni saqlash, yangilash yoki muayyan jihatlarini qayta ko‘rib chiqish zarurati yuzasidan ilmiy xulosalar ishlab chiqish mumkin.

7. Milliy marosimlarni asrab-avaylash va rivojlantirish istiqbollari

Milliy marosimlarni asrab-avaylash ularning tashqi shakllarini o‘zgarmas holatda saqlash bilangina belgilanmaydi. Eng avvalo, marosimlarning tarixiy mazmunini anglash, ijobiy qadriyatlarini yosh avlodga yetkazish va ularning zamonaviy sharoitda davom etishiga imkon yaratish zarur.

Birinchidan, milliy marosimlarning hududiy xususiyatlarini ilmiy asosda o‘rganish lozim. Bir xil nom bilan ataladigan marosimlarning turli hududlarda bajarilish tartibi yoki ramziy mazmuni farq qilishi mumkin. Shu bois ularni tavsiflashda mahalliy jamoalarning qarashlari va tajribasini hisobga olish muhim.

Ikkinchidan, marosimlarning tarbiyaviy va ijtimoiy vazifalarini kuchaytirish zarur. Oilada, ta’lim muassasalarida va mahallalarda milliy qadriyatlarning mazmunini tushuntirish marosimlarni shunchaki tashqi tadbir sifatida qabul qilishning oldini olishi mumkin.

Uchinchidan, marosimlarning iqtisodiy jihatdan maqbul shakllarini qo‘llab-quvvatlash muhim. Marosimning ijtimoiy qadri sarf-xarajat yoki ishtirokchilar soni bilan emas, balki insonlar o‘rtasidagi mehr-oqibat, o‘zaro yordam va hurmatni mustahkamlashi bilan belgilanadi. Shu sababli ixtiyoriylik, oilalarning imkoniyatlarini hisobga olish va ortiqcha iqtisodiy bosimni kamaytirish tamoyillari muhim ahamiyatga ega.

To‘rtinchidan, raqamli texnologiyalardan madaniy merosni hujjatlashtirish va targ‘ib qilishda foydalanish mumkin. Marosimlarga oid videoyozuvlar, og‘zaki hikoyalar, hududiy udumlar va folklor namunalarini tegishli izohlar bilan saqlash kelajakdagi ilmiy tadqiqotlar

uchun manba bo‘lib xizmat qiladi. Bunda yozib olinayotgan ma’lumotlarning ishonchliligi, shaxsiy hayot daxlsizligi va mahalliy jamoalarning roziligiga e’tibor berish zarur.

Beshinchidan, milliy marosimlarni o‘rganishda yoshlar, mahalla vakillari, madaniyat xodimlari va tadqiqotchilar o‘rtasidagi hamkorlikni rivojlantirish maqsadga muvofiq. Bunday hamkorlik an’analarni faqat saqlash emas, balki ularning mazmunini zamonaviy avlod uchun tushunarli shaklda yetkazishga ham yordam beradi.

Xulosa

Milliy marosimlar xalqning tarixiy xotirasi, ma’naviy qadriyatlari va ijtimoiy munosabatlarini mujassam etuvchi murakkab ijtimoiy-madaniy hodisadir. Ular milliy o‘zlikni anglash, madaniy merosning avlodlar o‘rtasida uzatilishi, shaxsning ijtimoiylashuvi va jamiyatdagi hamjihatlik munosabatlarini mustahkamlashda muhim vazifalarni bajaradi.

Tadqiqot natijasida milliy marosimlarning g‘oyaviy mazmuni, ishtirokchilari, marosimiy amallari, ramzlari, folklor namunalari hamda vaqt va makonga mos vositalari o‘zaro bog‘langan tizimni tashkil etishi asoslandi. Ushbu elementlarning uyg‘unligi marosimning ijtimoiy va ma’naviy ahamiyatini belgilaydi.

Milliy marosimlarning barqaror va o‘zgaruvchan jihatlari o‘rtasidagi munosabat ularning tarixiy davomiyligini tushunishda muhim ahamiyatga ega. Barqaror qadriyatlar milliy o‘zlik va madaniy xotiraning saqlanishiga xizmat qilsa, tashkiliy hamda texnologik yangilanishlar marosimlarning zamonaviy ijtimoiy sharoitlarga moslashishiga imkon yaratadi.

Globallashuv, urbanizatsiya, iqtisodiy munosabatlar va raqamli texnologiyalar milliy marosimlarning shakli va tashkil etilishiga ta’sir ko‘rsatmoqda. Biroq ushbu o‘zgarishlarni faqat an’analarning zaiflashuvi yoki rivojlanishi sifatida biryoqlama baholash mumkin emas. Ularning natijasi marosimning ma’naviy mazmuni, ijtimoiy funksiyalari va jamoa hayotidagi o‘rni bilan bog‘liq holda aniqlanishi lozim.

Maqolada taklif etilgan uch darajali tahliliy model — qadriyatlar va ma’nolar, ijtimoiy munosabatlar hamda tashkiliy-texnologik shakllar — milliy marosimlar transformatsiyasini tizimli o‘rganish uchun nazariy asos bo‘lib xizmat qilishi mumkin.

Umuman olganda, milliy marosimlarni asrab-avaylashning asosiy sharti ularning tarixiy-ma’naviy negizlarini saqlash, ijtimoiy foydasini mustahkamlash va zamonaviy yangilanishlarni oqilona uyg‘unlashtirishdan iborat. Bunday yondashuv milliy

marosimlarning tirik madaniy meros sifatida davom etishiga, yosh avlodning milliy qadriyatlarga munosabati shakllanishiga va jamiyatda ijtimoiy hamjihatlikning mustahkamlanishiga xizmat qiladi.

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СПОСОБЫ ПРЕДУПРЕЖДЕНИЯ НЕБЛАГОПРИЯТНЫХ РЕЗУЛЬТАТОВ ЛАПАРОСКОПИЧЕСКОЙ ХОЛЕЦИСТЭКТОМИИ

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Резюме. В статье приведена способы предупреждения неблагоприятных результатов лапароскопической холецистэктомии. Применение в основной группе мини инвазивных эндоскопических транс дуоденальных вмешательств и лапароскопии, а также активной консервативной терапии позволили у больных с желчи истечением избежать лапаротомии у 95,9% больных.

Ключевые слова: холецистэктомия, мини инвазивные вмешательства, хирургическое лечение.

Актуальность. В последние годы в мировой хирургической практике проводится большое количество исследований, посвященных совершенствованию методов безопасной ЛХЭК, прогнозированию трудных вариантов выполнения операции и профилактике повреждений внепеченочных желчных протоков [1,3,5].Предложены различные системы оценки сложности вмешательства, шкалы прогнозирования риска конверсии, методы флюоресцентной навигации билиарного дерева и алгоритмы безопасного завершения операции [3].

Вместе с тем проблема неблагоприятных результатов ЛХЭК далека от окончательного решения и до настоящего времени содержит значительное число нерешенных вопросов как теоретического, так и практического характера. Результаты современных исследований показывают, что большинство существующих прогностических моделей ориентированы преимущественно на определение «трудной» ЛХЭК либо вероятности конверсии доступа, тогда как закономерности формирования неблагоприятных непосредственных и отдаленных результатов хирургического лечения изучены значительно меньше [2,4].

Кроме того, в доступной литературе отсутствуют единые подходы к интегральной оценке предоперационных и интраоперационных критериев риска, позволяющие объективизировать принятие хирургических решений и своевременно изменять тактику вмешательства при развитии опасной анатомической ситуации. В

связи с этим сохраняется необходимость дальнейшего изучения факторов и закономерностей формирования неблагоприятных результатов ЛХЭК с последующей разработкой систем их прогнозирования и профилактики.

Цель исследования. Улучшить результаты лапароскопической холецистэктомии при остром калькулезном холецистите за счет разработки и внедрения клинико-инструментального способа прогнозирования степени сложности операции.

Материал и методы исследования. Исследование выполнено в Бухарском государственном медицинском институте имени Абу Али Ибн сина и на базе городской клинической больницы № 1 имени Ибн Сино города Ташкента на основе анализа результатов обследования и хирургического лечения 184 больных с ОКХ, которым была выполнена ЛХЭК в экстренном или срочном порядке в период с 2023 по 2026 годы и в зависимости от применимой лечебно-диагностической тактики все пациенты были разделены нами на 2 клинические группы.

Соответственно, условия разделения больных на контрольную и основную группу было основано на проведении сопоставления двух сопоставимых по численности групп, что формировала базу для проведения сравнительной оценки результатов традиционного и усовершенствованного походов к хирургическому лечению больных с ОКХ, и в соответствии с указанным, критериями включения больных в исследование мы определили как включение больных с клинически, лабораторно и инструментально подтвержденного диагноза ОКХ которым в период госпитализации была выполнена ЛХЭК в экстренном или срочном порядке.

Результаты исследования. Следует отметить, что особое место в структуре исследования занимала интраоперационная оценка хирургической ситуации с последовательным анализом возможности экспозиции ЖП, характера спаечного процесса и перихолецистита, состояния шейки ЖП, условия безопасной визуализации пузырного протока и пузырной артерии, состояние ложа ЖП, а также степень контаминации брюшной полости путем проведения статистической обработки результатов с использованием методов вариационной статистики, корреляционного анализа по Спирмену, многофакторного логистического анализа и ROC-анализа.

Полученные закономерности сохранялись и в отдаленном периоде наблюдения, когда частота билиарного болевого синдрома увеличивалась с 7,4% при I степени сложности до 27,8% при IV степени, а повторные обращения по билиарным жалобам

возрастали с 3,7% до 22,2%, с частотой резидуального или рецидивного холедохолитиаза достигала 16,7%, что может свидетельствовать о способности оказывать влияние на состояние больных и после выписки из стационара при сложной интраоперационной ситуации, соответственно, проведенный анализ позволил сформировать целостную модель формирования неблагоприятных результатов ЛХЭК при ОКХ, в основе которой лежит прогрессирование воспалительно-деструктивных изменений ЖП с вовлечением шейки ЖП и КГ, развитием перихолецистита и деформацией анатомических ориентиров с последующим ухудшением экспозиции и нарушения безопасной визуализации ПП и ПА, которые приводят к формированию критически сложной хирургической ситуации, которая становится непосредственным предшественником послеоперационных осложнений и неблагоприятных билиарных результатов в отдаленном периоде, которая в такой последовательности событий была положена нами в основу дальнейшей разработки системы прогнозирования неблагоприятных результатов ЛХЭК.

Выявленные нами закономерности показали, что формирование неблагоприятных результатов ЛХЭК не было связано с действием какого-либо одного изолированного фактора риска, а по итогам проведенного многофакторного логистического анализа нами были выделены 10 независимых факторов, которые сохранили статистически значимую связь с развитием неблагоприятных результатов ЛХЭК, причем наибольшая прогностическая значимость была установлена нами для возможности безопасной визуализации ПП и ПА, при которой вероятность неблагоприятного исхода увеличивалась в 4,8 раза (OR=4,797; 95% ДИ: [2,34-9,84]; p <0,001); несколько меньшие, но близкие по значимости показатели были получены для возможности экспозиции ЖП (OR=3,344; p <0,001), состояния шейки ЖП и КГ (OR=3,274; p <0,001), а также характера спаечного процесса и перихолецистита (OR=3,114; p=0,001), то есть уже на данном этапе для нас стало очевидным, что ведущую роль играют именно критерии, определяющие возможность безопасной анатомической ориентации во время операции, однако не менее важным оказалось то обстоятельство, что высокую прогностическую значимость сохраняли и предоперационные признаки, среди которых толщина и состояние стенки ЖП по данным УЗИ увеличивали вероятность неблагоприятного результата почти в 3 раза (OR=2,986; p=0,001), выраженность перихолецистических изменений в 2,8 раза (OR=2,776; p=0,002), а коморбидно-техническая отягощенность более чем в 2 раза (OR=2,155; p=0,011), то есть формирование хирургического риска уже начинается

задолго до момента выполнения ЛХЭК, однако окончательная его реализация происходит уже в условиях конкретной интраоперационной ситуации.

Вывод. При высоком риске неблагоприятных результатов лапароскопической холецистэктомии рекомендуется применение комплекса профилактических технических приемов, включающих пункционную декомпрессию напряженного желчного пузыря, дополнительную тракцию органа, расширение экспозиции операционного поля, установку дополнительного троакара при необходимости, выполнение диссекции преимущественно вдоль стенки желчного пузыря и обязательное подтверждение анатомической принадлежности выделяемых структур перед их пересечением.

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QADRIYATLAR FALSAFASI: MILLIY VA UMUMINSONIY QADRIYATLARNING JAMIYAT TARAQQIYOTIDAGI O‘RNI

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Annotatsiya

Mazkur maqolada qadriyatlar falsafasining mazmun-mohiyati, uning inson va jamiyat hayotidagi ahamiyati, milliy hamda umuminsoniy qadriyatlarning o‘zaro aloqadorligi tahlil qilinadi. Shuningdek, globallashuv sharoitida qadriyatlarni asrab-avaylash, yoshlar ma’naviyatini yuksaltirish va jamiyat taraqqiyotida axloqiy mezonlarning o‘rnini mustahkamlash masalalariga e’tibor qaratiladi.

Kalit so‘zlar: qadriyat, aksiologiya, falsafa, milliy qadriyatlar, umuminsoniy qadriyatlar, ma’naviyat, axloq, globallashuv, yoshlar tarbiyasi.

Kirish

Qadriyatlar insoniyatning ko‘p asrlik tarixiy tajribasi, ma’naviy merosi va ijtimoiy taraqqiyoti davomida shakllangan muhim tushunchalardan biridir. Insonning dunyoqarashi, hayotiy maqsadlari, xulq-atvori va jamiyatdagi o‘rni ko‘p jihatdan u e’tirof etadigan qadriyatlar bilan belgilanadi. Shu sababli qadriyatlar masalasi falsafaning muhim yo‘nalishlaridan biri sifatida alohida ahamiyat kasb etadi.

Qadriyatlarni falsafiy jihatdan o‘rganuvchi soha **aksiologiya** deb ataladi. Aksiologiya qadriyatlarning mohiyati, kelib chiqishi, turlari, inson va jamiyat hayotidagi vazifalarini o‘rganadi. Ushbu yo‘nalish doirasida ezgulik, adolat, erkinlik, inson qadr-qimmati, vatanparvarlik, tinchlik va ma’naviy kamolot kabi tushunchalar tahlil qilinadi.

Bugungi globallashuv davrida qadriyatlar falsafasini o‘rganish yanada dolzarb ahamiyat kasb etmoqda. Chunki axborot oqimining kuchayishi, madaniyatlararo aloqalarning kengayishi va ijtimoiy munosabatlarning o‘zgarishi insonning qadriyatlarga bo‘lgan munosabatiga ham ta’sir ko‘rsatmoqda. Bunday sharoitda milliy o‘zlikni saqlash bilan birga, umuminsoniy tamoyillarga hurmat bilan yondashish muhim vazifalardan biridir.

1. Qadriyatlar falsafasining nazariy asoslari

Qadriyat tushunchasi inson va jamiyat uchun muhim bo‘lgan moddiy, ma’naviy, axloqiy, estetik hamda ijtimoiy hodisalarni ifodalaydi. Qadriyatlar insonning ehtiyojlari, manfaatlari, e’tiqodi va hayotiy qarashlari bilan chambarchas bog‘liq. Ular shaxsning xatti-harakatlarini yo‘naltiradi, jamiyatda muayyan me’yorlar va munosabatlarning shakllanishiga xizmat qiladi.

Falsafiy nuqtayi nazardan qadriyatlar inson hayotining mazmunini belgilashda muhim o‘rin tutadi. Masalan, adolat qadriyati ijtimoiy munosabatlarda tenglik va haqqoniylikka intilishni anglatadi. Erkinlik qadriyati insonning mustaqil fikrlashi va o‘z imkoniyatlarini namoyon etishi bilan bog‘liq. Inson qadr-qimmati esa har bir shaxsga hurmat bilan munosabatda bo‘lish zarurligini ifodalaydi.

Qadriyatlarni bir necha turga ajratish mumkin:

- **Moddiy qadriyatlar** — inson hayoti uchun zarur bo‘lgan moddiy ne’matlar va boyliklar.
- **Ma’naviy qadriyatlar** — bilim, ilm-fan, ta’lim, ma’rifat va ma’naviy meros.
- **Axloqiy qadriyatlar** — halollik, vijdon, adolat, mehr-oqibat va mas’uliyat.
- **Estetik qadriyatlar** — go‘zallik, san’at, nafosat va badiiy ijod.
- **Milliy qadriyatlar** — xalqning tili, urf-odatlari, an’analari, tarixiy xotirasi va madaniy merosi.
- **Umuminsoniy qadriyatlar** — tinchlik, inson huquqlari, erkinlik, bag‘rikenglik va inson qadr-qimmatini e’zozlash.

Mazkur qadriyatlar bir-biridan farq qilsa-da, ular o‘zaro uzviy aloqadorlikda namoyon bo‘ladi. Ularning uyg‘unligi insonning har tomonlama kamol topishi va jamiyatning barqaror rivojlanishiga zamin yaratadi.

2. Milliy va umuminsoniy qadriyatlarning o‘zaro aloqadorligi

Milliy qadriyatlar muayyan xalqning tarixiy taraqqiyoti, turmush tarzi, tili, diniy va madaniy tajribasi asosida shakllanadi. O‘zbek xalqining kattalarga hurmat, kichiklarga izzat, mehmondo‘stlik, mahalla hamjihatligi, oilaga e’tibor, mehr-oqibat va o‘zaro yordam kabi fazilatlari milliy ma’naviy merosning muhim tarkibiy qismlaridir.

Milliy qadriyatlar insonda o‘z xalqining tarixiga, madaniyatiga va ona tiliga hurmat tuyg‘usini shakllantiradi. Ular avlodlar o‘rtasidagi ma’naviy uzviylikni ta’minlash, tarixiy xotirani asrash va milliy o‘zlikni anglashda muhim ahamiyatga ega.

Umuminsoniy qadriyatlar esa millati, tili, dini va yashash joyidan qat’i nazar, barcha insonlar uchun ahamiyatli bo‘lgan tamoyillarni qamrab oladi. Tinchlik, inson huquqlari, adolat, o‘zaro hurmat, bag‘rikenglik va hamkorlik shular jumlasidandir.

Milliy va umuminsoniy qadriyatlarni bir-biriga qarama-qarshi qo‘yish to‘g‘ri emas. Aksincha, ular bir-birini boyitishi va to‘ldirishi mumkin. Milliy an’analar umuminsoniy tamoyillar bilan uyg‘unlashganida jamiyatda o‘zaro hurmat, hamjihatlik va ijtimoiy mas’uliyat yanada mustahkamlanadi.

Shu bilan birga, har qanday urf-odat yoki an’anaga tanqidiy fikrlash asosida yondashish ham muhimdir. Insonning sha’ni, huquqlari va erkinliklariga zid keladigan qarashlarni faqat an’ana ekanligi sababli oqlab bo‘lmaydi. Demak, qadriyatlarni asrash jarayoni ularni zamon talablari va insonparvarlik tamoyillari bilan uyg‘un holda rivojlantirishni ham talab qiladi.

3. Globallashuv sharoitida qadriyatlar masalasi

Globallashuv zamonaviy jamiyat hayotining iqtisodiy, siyosiy, madaniy va axborot sohalariga sezilarli ta’sir ko‘rsatmoqda. Internet va raqamli texnologiyalar tufayli turli xalqlarning madaniyati, urf-odatlari va dunyoqarashlari o‘rtasidagi aloqalar kengaymoqda. Bu jarayon yangi bilimlarni egallash, tajriba almashish va madaniyatlararo muloqotni rivojlantirish uchun keng imkoniyatlar yaratadi.

Biroq globallashuv ayrim muammolarni ham yuzaga chiqaradi. Xususan, iste’molchilik kayfiyatining kuchayishi, ma’naviy merosga befarqlik, yolg‘on axborotlarning tarqalishi va milliy madaniyatga yuzaki munosabatda bo‘lish shular jumlasidandir.

Bunday sharoitda qadriyatlarni himoya qilish deganda tashqi dunyodan uzilish yoki boshqa madaniyatlarni inkor etish tushunilmasligi kerak. Asosiy vazifa — milliy o‘zlikni anglagan holda, boshqa xalqlarning madaniyati va tajribasiga hurmat bilan munosabatda bo‘lish, foydali bilim va tajribalarni o‘zlashtirish hamda ma’naviy mustaqillikni saqlashdir.

Qadriyatlar barqarorligi, avvalo, oilada, ta’lim muassasalarida va jamiyatdagi kundalik munosabatlarda shakllanadi. Shuning uchun yosh avlodga qadriyatlarni faqat nazariy tushuntirish bilan cheklanmasdan, ularni amaliy hayotda namoyon etish muhimdir.

Masalan, halollik haqida ta’lim berish bilan bir qatorda, ta’lim jarayonida adolat va akademik halollik qoidalariga rioya etish zarur.

4. Yoshlar tarbiyasida qadriyatlar falsafasining ahamiyati

Yoshlar jamiyatning kelajagini belgilovchi muhim ijtimoiy qatlam hisoblanadi. Ularning dunyoqarashi, ma’naviy qiyofasi va hayotiy maqsadlari jamiyat taraqqiyotiga bevosita ta’sir ko‘rsatadi. Shu sababli yoshlar tarbiyasida qadriyatlar falsafasidan foydalanish muhim nazariy va amaliy ahamiyatga ega.

Birinchidan, qadriyatlar yoshlarning axloqiy mezonlarini shakllantiradi. Halollik, mas’uliyat, adolat va vijdonlilik shaxsning jamiyat oldidagi burchini anglashiga yordam beradi.

Ikkinchidan, milliy qadriyatlarni o‘rganish yoshlarda tarixiy xotira va milliy o‘zlikni anglash tuyg‘usini rivojlantiradi. O‘z xalqining madaniy merosini bilgan yoshlar uni asrash va kelajak avlodlarga yetkazish zarurligini chuqurroq anglaydi.

Uchinchidan, umuminsoniy qadriyatlar yoshlarni bag‘rikenglik, muloqot madaniyati va boshqa insonlarning huquqlariga hurmat ruhida tarbiyalaydi. Bu esa turli qarashlarga ega insonlar o‘rtasida sog‘lom munosabatlar o‘rnatilishiga xizmat qiladi.

To‘rtinchidan, zamonaviy ta’lim jarayonida qadriyatlar bilan bog‘liq masalalarni muhokama qilish yoshlarning mustaqil va tanqidiy fikrlash qobiliyatini rivojlantiradi. Talabalarni axloqiy muammolar yuzasidan fikr yuritishga, dalillarni tahlil qilishga va asoslangan xulosalar chiqarishga o‘rgatish lozim.

Shu nuqtayi nazardan, oliy ta’lim muassasalarida falsafa, etika, tarix va ma’naviyatga oid mashg‘ulotlarni hayotiy misollar, ilmiy munozaralar hamda amaliy loyihalar bilan boyitish maqsadga muvofiqdir.

Xulosa

Xulosa qilib aytganda, qadriyatlar falsafasi insonning hayotiy maqsadlari, axloqiy qarashlari va jamiyatdagi munosabatlarini anglashda muhim nazariy asos bo‘lib xizmat qiladi. Qadriyatlar shaxsning ma’naviy kamoloti, ijtimoiy birdamlik va jamiyat barqarorligining muhim omillaridan biridir.

Milliy qadriyatlarni asrab-avaylash, umuminsoniy tamoyillarga hurmat bilan yondashish va ularni zamonaviy hayot talablariga mos ravishda rivojlantirish bugungi kunning dolzarb vazifalaridan hisoblanadi. Ayniqsa, yosh avlodda mustaqil fikrlash, vatanparvarlik, halollik, bag‘rikenglik va ijtimoiy mas’uliyat tuyg‘ularini shakllantirishda qadriyatlar falsafasining imkoniyatlaridan samarali foydalanish zarur.

Qadriyatlarning haqiqiy ahamiyati ularning faqat nazariy jihatdan e’tirof etilishida emas, balki kundalik hayotda amal qilinishida namoyon bo‘ladi. Oila, ta’lim muassasalari va jamiyat hamkorligida qadriyatlarga asoslangan muhitni shakllantirish ma’naviy yetuk, mas’uliyatli va faol fuqarolarni tarbiyalashga xizmat qiladi.

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