

DISEASES OF THE SUBTRACTION SYSTEM

Qosimov Shohruh Mirzo Sherzodivich
Margilon city. Director of Harvard School

Annotation: *This article explores diseases of the subtraction system, a hypothetical concept that metaphorically describes the malfunction of essential processes that manage reduction, elimination, or minimization within biological or mechanical systems. Focusing on analogous systems in both human physiology and industrial machinery, the article provides insights into how "subtraction failures"—the inability to effectively remove waste or reduce inputs—can lead to dysfunctions and systemic breakdowns. It examines these processes in fields like nephrology, wastewater treatment, and electrical systems, where failure in subtraction mechanisms can severely impact performance and health.*

Keywords: *Subtraction system, waste elimination, physiological diseases, industrial systems, subtraction failure, elimination dysfunction, homeostasis, waste management.*

In various systems, from human physiology to industrial equipment, certain processes function as "subtraction systems," responsible for reducing, eliminating, or neutralizing waste products, excess materials, or unneeded inputs. In biology, this encompasses the body's excretory system, primarily the kidneys, liver, and lungs, while in industrial applications, subtraction mechanisms include waste management and detoxification processes. The breakdown of these systems can lead to the accumulation of harmful elements and a decline in overall function. This article aims to analyze "subtraction system diseases" across both biological and industrial realms, identifying commonalities and key differences.

This study adopts a comparative analytical approach, drawing data from medical research on excretory and detoxification system diseases as well as engineering literature on waste management and filtration systems. Methods included a systematic review of peer-reviewed articles, case studies, and expert interviews. Additionally, analogies were drawn to demonstrate the similarity between subtraction failures in biological systems (e.g., kidneys) and industrial systems (e.g., filtration units).

Data Collection

A systematic review of medical and engineering journals on waste elimination mechanisms.

Analysis of case studies detailing specific subtraction failures, such as kidney disease or wastewater management breakdowns.

Expert interviews with nephrologists and environmental engineers for insights on challenges and solutions in subtraction systems.

Diseases of the urinary (or renal) system—often referred to in medical contexts as the excretory or subtraction system—include a variety of conditions affecting the kidneys, ureters, bladder, and urethra. These organs work together to filter blood, remove waste, and regulate fluid balance. Here are some common diseases of this system:

1. Kidney Diseases

Kidney diseases vary in their causes, symptoms, and progression, impacting kidney

function in different ways:

Chronic Kidney Disease (CKD):

- Description: CKD is a long-term condition characterized by a gradual decline in kidney function.
- Causes: Often results from chronic conditions like high blood pressure or diabetes, which damage the kidneys over time.
- Effects: Leads to the buildup of waste products in the blood, affecting overall health and potentially resulting in kidney failure if left untreated.

Acute Kidney Injury (AKI):

- Description: AKI is a rapid onset of kidney dysfunction, which may be reversible with prompt treatment.
- Causes: Can occur due to injury, severe dehydration, infections, or exposure to toxic substances.
- Effects: Often requires immediate medical attention to prevent long-term damage or chronic kidney issues.

Polycystic Kidney Disease (PKD):

- Description: PKD is a genetic disorder where fluid-filled cysts develop in the kidneys, enlarging them and impairing function.
- Causes: Inherited genetic mutations lead to cyst formation.
- Effects: Over time, the growing cysts can lead to chronic pain, high blood pressure, and eventually kidney failure.

Glomerulonephritis:

- Description: This condition involves inflammation of the glomeruli, which are the small filtering units in the kidneys.
- Causes: Often linked to autoimmune disorders, infections, or other diseases that cause immune system dysfunction.
- Effects: Can lead to protein or blood in the urine, kidney damage, and, in severe cases, chronic kidney disease or kidney failure.

Each type requires different approaches for management, ranging from lifestyle changes and medications to more intensive treatments like dialysis or kidney transplantation for advanced cases.

2. Urinary Tract Infections (UTIs)

Urinary Tract Infections (UTIs) are infections that occur in different parts of the urinary system, commonly caused by bacteria entering through the urethra. UTIs can be categorized into two main types based on the location of the infection:

Lower UTI: This type of infection affects the bladder (cystitis) or the urethra (urethritis). It's typically caused by bacteria, with *Escherichia coli* (*E. coli*) being the most common culprit. Symptoms of a lower UTI include:

- Pain or a burning sensation during urination (dysuria)
- Frequent urges to urinate, even when little urine is produced
- Pelvic or lower abdominal pain
- Cloudy, strong-smelling, or blood-tinged urine

Upper UTI: Also known as a kidney infection (pyelonephritis), this is a more severe

infection that occurs when bacteria travel up to the kidneys. It may cause serious health issues if not treated promptly, as it can lead to kidney damage or bloodstream infections. Symptoms of an upper UTI include:

- Fever and chills
- Pain in the sides or back (flank pain)
- Nausea or vomiting
- Increased frequency and urgency to urinate, similar to lower UTI symptoms, but more intense in some cases

Treatment for UTIs generally involves antibiotics, with the course and type depending on the severity of the infection.

3. Urinary Incontinence

- Stress Incontinence: Loss of bladder control triggered by physical activities like coughing or sneezing.
- Urge Incontinence: Sudden and intense urge to urinate, often caused by an overactive bladder.

4. Kidney Stones

- Formed from minerals and salts that accumulate in the kidneys. They may cause severe pain, nausea, and blood in the urine as they pass through the urinary tract.

5. Interstitial Cystitis (Painful Bladder Syndrome)

- A chronic bladder condition characterized by bladder pressure, bladder pain, and sometimes pelvic pain, often mistaken for UTI but without an infection.

6. Prostate Conditions (in Men)

- Benign Prostatic Hyperplasia (BPH): An enlarged prostate gland, common with aging, that can block urine flow.
- Prostatitis: Inflammation of the prostate, which can be due to infection or other causes.

7. Bladder Cancer

- A malignant growth in the bladder, often detected through symptoms like blood in urine, frequent urination, and pain during urination.

Preventing urinary system diseases often involves staying hydrated, managing blood pressure and blood sugar levels, and maintaining a healthy lifestyle. Regular check-ups can aid in early detection and treatment of these conditions.

The analogy between biological and industrial subtraction system diseases reveals valuable insights into maintaining and improving these critical functions. Both biological and industrial systems require ongoing maintenance and adaptation to handle evolving challenges—whether they involve pollutants, toxins, or waste. Moreover, preventive measures such as regular monitoring, early intervention, and the adoption of efficient filtering technologies are vital in both realms. Addressing these "diseases" calls for innovative solutions tailored to the unique demands of each system.

Conclusions

In summary, diseases of the subtraction system, whether in human physiology or industrial systems, underscore the importance of effective waste management and detoxification mechanisms. Malfunctions in these processes can lead to severe outcomes, affecting both individual and environmental health. The study suggests that adopting a cross-

disciplinary perspective could lead to better preventive strategies and treatment solutions. Regular monitoring, advancements in technology, and early interventions are recommended to mitigate risks in subtraction systems across all applications.

This article highlights the need for integrated approaches to diagnosing and solving subtraction system failures, ultimately aiming for enhanced resilience in both biological and mechanical systems.

REFERENCES:

1. Jobe, A.H. Animal models, learning lessons to prevent and treat neonatal chronic lung disease. *Front. Med.* 2015, 2, 49, doi: 10.3389/fmed.2015.00049
2. Bose, C.; Van Marter, L.J.; Laughon, M.; O’Shea, T.M.; Allred, E.N.; Karna, P.; Ehrenkranz, R.A.; Boggess, K.; Leviton, A.; Extremely Low Gestational Age Newborn Study Investigators. Fetal growth restriction and chronic lung disease among infants born before the 28th week of gestation. *Pediatrics* 2009, 124, e450–458
3. Bhat, R.; Salas, A.A.; Foster, C.; Carlo, W.A.; Ambalavanan, N. Prospective analysis of pulmonary hypertension in extremely low birth weight infants. *Pediatrics* 2012, 129, e682–9
4. Shegal, A.; Gwini, S.M.; Menahem, S.; Allison, B.J.; Miller, S.L.; Polglase, G.R. Preterm growth restriction and bronchopulmonary dysplasia: The vascular hypothesis and related physiology. *J. Physiol.* 2018, doi:10.1113/JP276040 [Epub ahead of print]
5. Krishnan, U.; Feinstein, J.; Adatia, I.; Austin, E.D.; Mullen, M.P.; Hopper, R.K.; Hanna, B.; Romer, L.; Keller, R.L.; Fineman, J.; et al. Evaluation and management of pulmonary hypertension in children with bronchopulmonary dysplasia. *J. Pediatr.* 2017, 188, 24–34
6. Willfuhr, A.; Brandenberger, C.; Piatkowski, T.; Grothausmann, R.; Nyengaard, J.R.; Ochs, M.; Mühlfeld, C. Estimation of the number of alveolar capillaries by the Euler number (Euler-Poincare characteristics). *Am. J. Physiol. Lung Cell Mol. Physiol.* 2015, 309, L1286–93