

EFFICIENCY OF OXIBRAL IN CHILDREN WITH RESPIRATORY DISEASES, SUFFERING MINIMUM BRAIN DYSFUNCTION

Irbutaeva L.T*; **Sharipov R.Kh****; **Rasulov A.S*****; **Rasulova N.A******;
Axmedova M.M*****

*Assistant,
Chairs of Pediatrics of the Faculty of Postgraduate Education,
Samarkand State Medical Institute,
UZBEKISTAN

**Associate Professor, Doctor of Medical Sciences,
Chairs of Pediatrics of the Faculty of Postgraduate Education,
Samarkand State Medical Institute,
UZBEKISTAN

***Associate Professor,
Chairs of Pediatrics of the Faculty of Postgraduate Education,
Samarkand State Medical Institute,
UZBEKISTAN

****Assistant, Candidate of medical sciences,
Chairs of Pediatrics of the Faculty of Postgraduate Education,
Samarkand State Medical Institute,
UZBEKISTAN

*****Associate Professor,
Chairs of Pediatrics of the Faculty of Postgraduate Education,
Samarkand State Medical Institute,
UZBEKISTAN

DOI: 10.5958/2249-7137.2021.02414.9

ABSTRACT

The use of oxybral against the background of traditional therapy had a pronounced positive clinical effect, which contributed to the maximum stimulation of natural compensatory mechanisms, neuroregulatory processes and limitation of the drug load. In general, the results of the studies conducted allow us to conclude that complex rehabilitation with the use of the drug oxybral is effective for combined disorders in patients with respiratory diseases suffering from PPPNS and its consequences. The advantages of this method include, first of all, the fact that the stimulation of the regenerative capacity of the brain is achieved by activating natural regulatory mechanisms. Investigating functional changes in the central nervous system, when using the drug oxybral and making a recording echoencephalogram in children, we found that there are positive changes in EEG and contributes to a more rapid normalization of neurological symptoms. The possibility of correcting oxybral neurological disorders opens up the prospect of

rehabilitation and contributes to a significant reduction in the percentage of children with residual symptoms of perinatal CNS lesions.

KEYWORDS: *Consequences Of Perinatal Damage To The Nervous System, Respiratory Organs, Childhood*

INTRODUCTION

Existing in real time approach to the treatment of children with respiratory diseases, suffering NCSP combines symptomatic and pathogenetic action. [1] However, against the background of a decrease in the rates of perinatal mortality of newborns, the frequency of neurological disorders in children in the first years of life increased. Therefore, the development of new, affordable and effective rehabilitation methods has not lost its relevance. [2]

One of the modern and most promising methods of treating PPPNS is the use of the drug oxybral. It is the means by which you can easily, "ecologically clean" influence the levers of the psychobiological state. Emotions, the dynamics of which always lead to certain hormonal and biochemical changes, indirectly begin to influence the intensity of metabolic processes, respiratory and cardiovascular systems, brain tone, blood circulation. [3]

Purpose of the study: to study the effectiveness of oxybral in rehabilitation and rehabilitation treatment of children with respiratory diseases suffering from PPPNS.

Material and methods of research: Under our supervision there were 20 children with respiratory diseases suffering from PPPNS at the age from 3 months to 1 year who received courses of the drug oxybral and symptomatic treatment.

The control group consisted of 10 children with respiratory diseases suffering from PPPNS who received only traditional therapy. Traditional therapy consisted in the use of medications of pathogenetic action, such as - improving the energy supply of the brain: cerebroprotectors and nootropics (piracetam, nootropil, encephabol, actovegin, cerebrolysin), improving cerebral blood flow, angioprotectors (cinnarizine, cavinton, and sermion), and liquor production (diacarb) and antibiotic therapy.

Conditionally - a healthy group of 7 children with respiratory diseases, not suffering from PPPNS received traditional therapy for the treatment of respiratory diseases.

The children in the main group were distributed as follows:

- 1 subgroup consisted of 10 children (50%) with neuro-reflex excitability syndrome .
2. Subgroup consisted of 6 children (30%) with autonomic dysfunction syndrome.
3. Subgroup consisted of 4 children (20%) with a syndrome of delayed psychomotor and speech development.

The children included in the control group were distributed:

- 1 subgroup consisted of 3 children (21%) with neuro-reflex excitability syndrome .
2. subgroup consisted of 4 children (28.5%) with autonomic dysfunction syndrome.
3. subgroup consisted of 3 children (21%) with a syndrome of delayed psychomotor and speech development.

All children included in the control, conditionally healthy and the main group were of the same age, with the same severity.

Results of the study: the use of oxybral against the background of traditional therapy had a pronounced positive clinical effect, which contributed to the maximum stimulation of natural compensatory mechanisms, neuroregulatory processes and limitation of the drug load.

Children belonging to the first subgroup - neuro-reflex excitability syndrome due to increased nervous excitability were used oxybral for 20 days (7.5 mg / day orally with meals.)

For children of the second subgroup - autonomic dysfunction syndrome, oxybral was used for 1 month (7.5 mg / day orally with meals)

For children of the third group, the syndrome of delayed psychomotor and speech development, oxybral was used for 6 months. up to 1 year (7.5 mg / day by mouth with meals.)

TABLE 1 DYNAMICS OF SYMPTOMS OF RESPIRATORY DISEASES IN CHILDREN WITH NEURO-REFLEX EXCITABILITY SYNDROME

Symptoms	Traditional therapy	The use of oxybral
1.emotional lability	6-7days (60%)	3-4 days (100%)
2.the disappearance of motor restlessness	9-10days (70%)	5-6 days (100%)
3. the disappearance of the tremor of the chin and hands	14-15 days (61%) 16-17days (72%)	5-6 days (80%) 7-8days (92%)
4.Auscultation against the background of hard breathing dry scattered wheezing	7-8 days (82%)	5-4 days (88%)

As can be seen from table 1, in children receiving oxybral, the disappearance of symptoms of emotional lability occurred on day 3-4 in 100%, and in the group of traditional therapy, this figure was 60%.

At the same time, in children receiving oxybral, motor disturbances disappeared on the 5-6th day (100%), which is two times faster than in the control group. Children became calmer, more sociable, breathing rhythm, pulse, pressure returned to normal. Children fell asleep easily. The tremor of the chin and hands in patients receiving oxybral disappeared on days 5-6 in 80-92%, while in patients with traditional therapy this symptom disappeared on days 14-17 in only 61-72% of patients. Vesicular respiration appeared auscultatory on days 5-4 in 88% of patients.

For children with vegetative-visceral syndrome, oxybral was used for 1 month (7.5 mg / day orally with meals).

TABLE 2 DYNAMICS OF SYMPTOMS OF RESPIRATORY DISEASES IN CHILDREN WITH AUTONOMIC DYSFUNCTION SYNDROME

Symptoms	Traditional therapy	Oxybral
1 disappearance of regurgitation.	4-5 days (54%)	2-3 days (81.6%)
2.the disappearance of oral cyanosis	4-5 days (70%)	2-3 days (95%)

3.the disappearance of muscular dystonia	10-12 days (55-62%)	7-8 days (71-80%)
4.Auscultation against the background of hard breathing, dry scattered wheezing	8-9 days (80%)	5-4 days (88%)

From table 2. it can be seen that by the end of the course there was a reverse development of the symptoms of the disease.

Symptoms such as regurgitation, oral cyanosis with traditional treatment disappeared on the 5th day in 54-70% of children, in children who received oxybral, the normalization of these symptoms occurred earlier on days 2-3 in 81-95%.

Muscular dystonia of children of the control group disappeared on the 12th day in 55-62%, and in children of the main group on the 8th day in 71-80% of children. The general condition has improved, the vegetative-vascular reactions, appetite have stabilized.

Vesicular respiration appeared auscultatory on days 5-4, in 88% of children.

Children with psychomotor developmental retardation syndrome took oxybral for 6 months (7.5 mg / day by mouth, during meals).

TABLE 3 DYNAMICS OF SYMPTOMS OF RESPIRATORY DISEASES IN CHILDREN WITH PSYCHOMOTOR DEVELOPMENT RETARDATION SYNDROME

Symptoms	Conventional therapy	Oxybral
1 Normalization of muscle tone.	7-9 days (42%)	5-6 days (88%)
2.Improving contact with the environment (analyzing functions)	12-15 days (55%)	9-10 days (72%)
3. trying to pronounce individual syllables	20-25 days (41%)	12-15 days (80%)
4.small handmovements	9-10 days (70%)	6-7 days (86%)
5.Auscultation against the background of hard breathing, dry scattered wheezing	7-8 days (82%)	5-4 days (88%)

As can be seen from table 3., children who received oxybral became easier to get in touch with others, especially with their mother, their mood improved. Normalization of muscle tone occurred on the 5-6th day (88%), and in the group with conventional therapy, this figure was 42%. Children began to show interest in their surroundings, mimically adequate reactions began to develop. An acceleration of the rate of speech development was also observed: active humming, attempts to pronounce individual syllables. On auscultation, vesicular respiration appeared on days 5-4 (88%).

CONCLUSIONS

Our clinical observations indicate a significant effectiveness of the use of oxybral in children with PPPNS during the rehabilitation period. In order to objectify the results obtained, all

children, in addition to neurological examination, underwent echoencephalography 2 times, before and after the use of the drug oxybral.

LITERATURE

1. Bombardirova EP, Moiseeva TYu, Morozova NA. Complex rehabilitation of premature infants with perinatal lesions in the hospital of the second stage of nursing. *Pediatrics*. 2001;3: 96-100.
2. Barashnev YuI. Principles of rehabilitation therapy for perinatal damage to the nervous system in newborns and children in the first year of life. *Russian Bulletin of Perinatology and Pediatrics* .1999;1:7-13.
3. Barashnev YuI. Hypoxic encephalopathy: hypotheses of the pathogenesis of cerebral disorders and the search for methods of drug therapy. *Russian Bulletin of Perinatology and Pediatrics*. 2002;(1).