

USE OF BRONCHO-MUNAL FOR PNEUMONIA IN FREQUENTLY ILL CHILDREN

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The current importance of studying approaches to treating frequently ill children is extremely important, driven by the widespread prevalence of various illnesses in early childhood and the tendency for bronchopulmonary diseases to become chronic. Approximately half of pneumonia cases in children are caused by viruses, particularly the respiratory syncytial virus (RSV), which has a high tropism for the epithelium of the bronchopulmonary tract. Pneumonia remains one of the most significant problems in modern medicine and pediatrics, occupying a leading position among causes of morbidity and mortality. The disease poses a particular danger to children under 5 years of age, as their immune systems are still developing, and clinical manifestations are often atypical, complicating early diagnosis and timely treatment. Growing resistance of pathogens to antibacterial drugs is of significant importance, leading to an increase in the incidence of severe and protracted forms of the disease, complications, and deaths. Furthermore, pneumonia often develops alongside viral respiratory infections, allergic diseases, and chronic illnesses, which further complicates its course.

The objective of this study was to evaluate the effectiveness of Broncho-munal in the treatment of pneumonia in frequently ill children.

Study materials and methods. Fifty-four children aged 2 to 10 years, hospitalized at the Pediatrics Department No. 1 of the Samarkand branch of the Republican Scientific Center for Emergency Medicine, were divided into two groups based on their treatment regimen. The study group included 27 children who were prescribed Broncho-munal in addition to standard therapy at the appropriate age dosage. The control group consisted of 27 patients who received only combination therapy. One capsule was administered daily in the morning on an empty stomach, half an hour before meals. Treatment effectiveness was assessed

based on the patient's overall condition, the severity of clinical signs, physical changes in the lungs, and radiographic examination data.

Results of the study: Upon initial examination, the condition of children from the first group was assessed as moderate in most cases (88.8%, 24 children), while a small number (11.1%, 3 children) had a severe condition. In children from the second group, the moderate condition predominated (81.4%, 22 children), severe condition was observed in 14.8% (4 children), and extremely severe condition in 3.7% (1 child), indicating a comparable severity of patients in both groups. A study of clinical and physical parameters in the lungs revealed that, against the background of standard therapy, percussion changes were restored on average by 4.6 ± 0.2 days, and auscultatory changes by 5.1 ± 0.4 days. In the Broncho-munal group, statistically significant improvements in these parameters were observed, reaching 3.9 ± 0.3 and 4.1 ± 0.4 days, respectively. The use of Broncho-munal in addition to standard treatment resulted in a reduction in hospitalization time by an average of one day compared to the second group. The length of hospital stay for patients in the second group was 4.8 ± 0.4 days.

In summary, Broncho-munal demonstrates effectiveness as an immunostimulant, helping to reduce the incidence of acute respiratory infections, shorten the duration of illness, reduce the risk of pneumonia recurrence, and strengthen immunity to respiratory infections. Broncho-munal can be considered a recommended treatment for pneumonia in children with frequent illnesses.