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## BENEFITS OF COMPLETE TREATMENT OF INFECTIOUS DIARRHEA IN YOUNG CHILDREN

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**Annotation:** This article describes the benefits of comprehensive management of infectious diarrhea in young children. A total of 152 sick children were investigated. For treatment, children were divided into 2 groups. 1st control group (n=60) of children receiving basic treatment, and 2nd treatment group (n=92) of complex treatment. The main method of treatment was rehydration therapy. The group of complex therapy with pathogenetic was divided into 2 subgroups: 54 patients with secretory diarrhea in group 2A were given Saccharomyces boulardii+  $\alpha 2\beta$  interferon (viferone) in treatment according to the instruction. Group 2B included 38 children with invasive diarrhea, whose complex treatment was designated Saccharomyces boulardii + Nifuroxazide. As a result of complex treatment, a number of benefits for children have been obtained, including a reduction in the number of painful parenteral procedures and drugs, as well as the prevention of complications of the disease due to early diagnosis.

**Key words:** diarrhea, invasive, secretory, complex therapy Saccharomyces boulardii, Nifuroxazide.

**Introduction.** Diarrhea is the most common cause of bowel dysfunction. According to WHO data, diarrheal diseases cause the death of 2 million people in one year [5].

Every child under the age of one gets sick with acute infectious diarrhea at least once. In this regard, acute infectious diarrhea is considered one of the urgent problems of pediatrics. In developed countries, diarrheal disease rarely has a bad outcome, but in developing countries it remains a leading cause of death among children. Acute infectious diarrhea requires urgent and highly qualified medical care[3,6,7].

The clinical symptoms of infectious diarrhea is determined by the etiology of the disease. There is no combination of symptoms characteristic of individual pathogens. However, the analysis of clinical and anamnestic cases allows to distinguish between bacterial and viral diarrhea in many cases before obtaining the results of microbiological studies[5]. In addition to the clinical symptoms of the disease, it is necessary to take into account the seasonality of infections, geographic location, and socioeconomic status[6].

In recent years, the etiological importance of acute intestinal infection pathogens in children has changed, the importance of viral diarrhea in the etiological structure is increasing, rotaviruses occupy the main place. Diseases associated with rotavirus gastroenteritis and Norfolk viruses are also common among children. The incidence of rotavirus infection in patients with acute intestinal infection is 20-60%[1]. Gastrointestinal system (GIS) disorders are one of the most common problems among children from the first months of life. In such children, the characteristic feature of GIS is clinical symptoms without changes in the digestive system (structural abnormalities, inflammatory processes, infections or tumors) and without metabolic abnormalities. As a result of functional disorders of the gastrointestinal tract, intestinal motility, digestion and absorption of food substances, as well as the composition of the intestinal microbiocenosis and the activity of the immune system may change [2,4].

The importance of diarrhea in children today is determined not only by their prevalence, but also by the high number of complications after the disease.

**The purpose** of the study is the advantages of treatment of infectious diarrhea in children of the young age.

**Materials and methods of research.** 152 children under 3 years of age with acute diarrhea admitted to Andijan Regional Infectious Diseases Hospital and Asaka Department of Infectious Diseases were taken.

Follow-up patients were divided into 2 large groups: group 1 - children with secretory diarrhea (n=104), group 2 - children with invasive diarrhea (n=48). 52 children (34.2%) of city residents, 100 (65.8%) of rural residents. To solve the research tasks and achieve the goal, general clinical (laboratory and instrumental), immunological (direct socket formation reaction, a method for determining the amount of antigen-binding lymphocytes specially sensitized to tissue antigens), immunochromatographic (a method for determining the antigen of viruses from stool samples) and statistical ( $t$ , determining the student criterion) methods were used.

**The obtained results and their discussion.** The causes of acute infectious intestinal diseases in children of early age are nutritional disorders, foci of chronic infection, organic damage to the central nervous system, congenital anomalies, microbiocenosis disorders increase the duration of the disease and are of great importance in the occurrence of unpleasant complications.

Rehydration is the mainstay of treatment for acute diarrhea in children. The main therapy of acute intestinal infection includes diet therapy, rehydration (oral or parenteral depending on the condition of the patient), prescription, zinc and sorbent preparations. Antidiarrheal drugs are not necessary in most cases, but can have the opposite effect.

Considering the above problems, we studied the advantage of pathogenetic treatment. One of the pathogenetic agents for improving the microecological state of the small and large intestine, a drug with several advantages - *Saccharomyces boulardii* (it has the properties of strengthening the immune response in the intestinal mucosa, stopping the activity of pathogens, strengthening the density of enterocytes, neutralizing bacterial and viral factors). For treatment, they were divided into 2 groups: group 1 was a control group (n=60) in basic treatment, and group 2 was a treatment group (n=92) in complex treatment.

The complex therapy group was divided into 2 subgroups: group 2A consisted of 54 children with secretory diarrhea, in the treatment of which *Saccharomyces boulardii* +  $\alpha$  2 $\beta$  interferon (viferon) was prescribed according to the instructions. Group 2B included 38 children with invasive diarrhea, whose complex treatment was prescribed *Saccharomyces boulardii* + Nifuroxazid. On the first day of the disease, the reduction in the number of vomiting in group A patients was 3.17%, and in group B it was 5.97% and in the control group it was 3.84%. A positive result was achieved on the first day of the group treatment patients. In patients with invasive diarrhea, a decrease in body temperature with the help of nifuroxazid and *Saccharomyces boulardii* intoxication symptoms was observed from the 2nd-3rd day of the disease. By the 5-6th day, it was close to normal. In case of secretory diarrhea, there was a large number of feces until the 1st and 3rd day, after the start of complex treatment, a significant decrease occurred, and in patients with invasive diarrhea, the process lasted up to 5 days. The obtained results of the studies showed that against the background of complex therapy received by group A, the clinical symptoms of the disease, not only diarrhea, but also intoxication syndromes were significantly reduced compared to patients in the control group. In subgroup 2A, after complex therapy, the majority of children showed less complications of the disease ( $r < 0.001$ ). A positive change was also observed in group 2V, but not as clearly as in group 2A and unreliable compared to the baseline therapy group ( $r > 0.05$ ).

**Summary.** In our study, the effectiveness of complex treatment of various pathogenetic types of acute diarrhea was demonstrated. The recommended comprehensive treatment has several benefits for children, including a reduction in the number and number of painful parenteral procedures and medications, and the prevention of disease complications due to early diagnosis.

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