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APPLICATION OF IMMUNOCORREGITIVE THERAPY IN FREQUENTLY ILL CHILDREN

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Abstract: This paper presents data from a study of the effectiveness of long-term anti-relapse therapy in frequently ill children based on the complex use of the immunocorrective drug Broncho-munal. To achieve the objectives, anti-relapse effectiveness was determined by three parameters: incidence rate, frequency of relapses of infections and prolongation of remission periods.

Purpose of the study. To study the effectiveness of the use of the immunocorrective drug Broncho-munal in frequently ill children

Material and research methods. Treatment methods were divided into two groups. Group 1 was treated with the traditional method, group 2 with the traditional method and Broncho-munal.

Research results and discussion. During the follow-up period after 3 months, among the 1st group, children fell ill with 10 (63.5%) respiratory infections. In subsequent follow-up periods, the number of cases increased. During all periods of observation, the number of sick patients in group 2 was much less than in group 1. During 6 months of observation, 78.3% of children in the 1st group fell ill, and 38% in the 2nd group. Similar indicators were obtained in subsequent follow-up periods.

In the group of patients who received complex therapy, as well as Broncho-munal, the number of cases was insignificant. 3 months after immunocorrective therapy, 4 (15.3%) of 15 frequently ill children developed respiratory infections, after 6 months - 2 (25%), after 1 year - 6 (48%). The dynamics of a decrease in morbidity rates in patients of group 3 during the follow-up period is evidence of the positive effect of this immunocorrective method. Similar results were obtained with the combined use of Broncho-munal in complex therapy. The difference in results compared with other groups is that they did not have 4- and 5-fold incidence in all observation periods.

We have developed and successfully applied an algorithm for diagnostic, therapeutic and anti-relapse measures for children with respiratory infections aged 1 to 5 years. For this purpose, we took into account a history of intrauterine infection, the functional state of red blood cells, the exclusion of tuberculosis and allergic anamnesis, how many times a year the children suffered from respiratory pathology, and determination of the bacteriostatic activity of blood serum. Depending on the condition, complex therapy was prescribed together with Broncho-munal.

Conclusions. Thus, based on the studies conducted, scientifically based data have been obtained on the clinical, immunological and anti-relapse effectiveness of the proposed method of treatment in frequently ill children with recurrent respiratory pathology.