INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT
SJIF 2019: 5.222 2020: 5.552 2021: 5.637 2022:5.479 2023:6.563
eISSN 2394-6334 https://www.ijmrd.in/index.php/imjrd Volume 10, issue 10 (2023)

PHARMACOLOGICAL AND NON-PHARMACOLOGICAL METHODS FOR TREATING ARVI (ACUTE RESPIRATORY VIRAL INFECTION)

Boltaboeva Dilbarkhon
Andijan State Medical Institute

Abstract: ARVI is one of the most common diseases everywhere. The search for optimal treatment remains a pressing health issue throughout the world. In this case, the main task is the effective and safe relief of ARVI symptoms. To solve this problem, pharmacological and non-pharmacological methods are traditionally used. The optimal solution for today seems to be the use of combined dosage forms with a high level of compliance, economic feasibility of using the drug and its effectiveness.
Keywords: ARVI, treatment, combination drugs, rutoside, succinic acid, Influnet.

INTRODUCTION

The term ARVI unites many infectious diseases of the upper respiratory tract, which are characterized by viral etiology, relatively
mild and short-lived course, general clinical manifestations, spread by airborne droplets and contact. To date, more than 200 viruses that cause acute respiratory viral infections are known, and this list continues to be replenished with new strains [1]. Among the most common and significant are rhinoviruses (in 10–40% of cases) and influenza viruses. It should be noted that in 31–57% of clinical cases, it is not possible to identify the causative virus due to technical difficulties, insufficient amount of virus in the studied material, taken at the later stages of the disease, or a primarily unknown virus. Only in 5% of clinical cases of acute respiratory viral infection is a bacterial infection detected (with or without viral co-infection).

RESULTS AND DISCUSSION

In most cases, recovery occurs on its own within seven days, but often ARVI symptoms can persist for 3 weeks. The incubation period varies, but on average lasts up to two days. Symptoms, usually manifested from the affected mucous membrane of the nose, paranasal sinuses, larynx and pharynx, are most pronounced in the first 1–3 days of the disease and gradually subside by the 7–10th day. Typical symptoms are sore throat and cough, runny nose, and general malaise. The severity and prevalence of a particular symptom depend on the individual characteristics of the body and the type of infectious agent. For example, fever is more common in children, less common and less pronounced in adults. Stress and lack of sleep can increase the risk of ARVI in adults, and stay in preschool and educational institutions - in children.

In most cases, recovery occurs on its own within seven days, but often ARVI symptoms can persist for 3 weeks.

Among the multicomponent drugs available in the arsenal for the treatment of ARVI, the drug Influnet stands out due to its antioxidant and angioprotective complex. In addition to the traditional components present in a safe dosage, Influnet includes rutoside and succinic acid. Succinic acid is one of the intermediate compounds of the Krebs cycle and the substrate of the second complex of the mitochondrial chain. In nature, succinic acid is present in significant quantities in unripe berries, aloe, nettle, and celandine. In the human body, the metabolism of succinic acid is associated with energy production and vital functions. An increase in the load on any of the body systems is ensured largely due to the oxidation of succinic acid.

In order to increase compliance with ARVI therapy, combination drugs for relieving cold symptoms are of great interest.

The power of the energy production system using succinic acid is hundreds of times greater than all other energy production systems in the body. This ensures a wide range of nonspecific therapeutic effects of succinic acid and its salts. In addition, succinic acid has angioprotective and antiviral properties. When using physiological doses of succinic acid, two leading groups of effects were identified: the direct effect of succinic acid on cellular metabolism; the effect of succinic acid on the transport of free oxygen in tissues.

The therapeutic and prophylactic effect of succinic acid and its compounds is based on the ability to influence the processes of tissue metabolism (cellular respiration, ion transport, protein synthesis). In this case, the amplitude and direction of modifications depend on the initial functional state of the tissues, and its final result is expressed in the optimization of the parameters of their functioning. Such properties make it possible to classify succinic acid as a new generation of therapeutic and prophylactic drugs - the so-called. smart medicines [5].

Among the drugs for the treatment of ARVI, the drug Influnet stands out due to its antioxidant and angioprotective complex.

In addition to pharmacotherapy, alternative methods are traditionally used in the treatment of ARVI, the effectiveness of which is being studied.

One of these traditionally used remedies is honey. It is known that honey has a unique composition and is used as a tonic and preventative. Clinical studies have shown the effectiveness of honey against cough symptoms, as well as a positive effect on sleep in children over 12 months. However, the quality of the study data and the inconsistent results do not provide a clear picture of the clinical effectiveness of this product. There is also uncertainty regarding side effects. Please note that honey is contraindicated for children under 12 months of age. [2].

Another alternative is zinc. According to a meta-analysis, oral zinc supplementation reduces the duration and severity of ARVI symptoms in adults. All studies used tablets of zinc gluconate, sulfate, or acetate ranging from 4.5 to 23 mg 2 to 10 times daily. The results obtained were statistically significant. For reasons that are still unclear, these results were not confirmed in studies in children [3]. Side effects included nausea.

CONCLUSION

At its core, pharmacotherapy for ARVI is symptomatic. Considering the diversity and at the same time fairly standard set of clinical manifestations of ARVI (fever, myalgia, general weakness, rhinorrhea, nasal congestion, cough, etc.), it is advisable to prescribe modern combination drugs. The components included in such drugs must be present in optimal concentrations to achieve a clinical effect and have a good safety profile. Influnet fully meets the requirements for multicomponent drugs for the treatment of ARVI.

REFERENCES

1. Lazarevich I.L., Kozlov V.S. The use of topical glucocorticosteroids in the treatment of persistent allergic rhinitis. Medical Council, 2014, 15: 78-80.
2. Obolensky S.V. Reamberin is a new agent for infusion therapy in the practice of critical care medicine. Access mode: http://www.critical.ru/consult/pages/reamberin.htm, free.
3. Mikhailov I.B., Sternin Yu.I. Selected issues of clinical pharmacology of systemic enzyme therapy. Manual for doctors, St. Petersburg, 2010.
4. Умаров, А. А. (2023). анализ тестирования по русскому языку в современной узбекской школе: проблемы и перспективы. Finland International Scientific Journal of Education, Social Science & Humanities, 11(5), 881-885.
5. Nozimjon O'g'li, S. S., & Maksimovna, M. M. (2022). THE ORIGIN OF MIASTHENIA DISEASE AND METHODS USED IN TREATMENT. Conferencea, 31-33.

6. Nozimjon O'g'li, S. S., & Kasimjanovna, D. O. (2022, November). ORIGIN, PREVENTION OF MENINGITIS DISEASE, WAYS OF TRANSMISSION AND THE USE OF DIFFERENT ROUTES IN TREATMENT. In E Conference Zone (pp. 37-40).
7. Mavlonovna RD. Factors That Increase the Activity of Women and Girls in Socio-political Processes at a New Stage of Development of Uzbekistan. JournalNX.;7(07):61-6.
8. Mavlonovna, R. D. Participation of Uzbek Women in Socio-economical and Spiritual Life of the Country (on the Examples of Bukhara and Navoi Regions). International Journal on Integrated Education, 4(6), 16-21.
9. Mavlonovna, R. D. (2021, May). PARTICIPATION OF WOMEN IN EDUCATION AND SCIENCE. In E-Conference Globe (pp. 158-163).
10. Mavlonovna, R. D., & Akbarovna, M. V. (2021, July). PROVISION OF FAMILY STABILITY AS A PRIORITY OF STATE POLICY. In Archive of Conferences (pp. 34-39).