

The Role of Phytotherapy in the Treatment of Urinary Tract Infection in Children

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Abstract: Due to the risk of kidney scarring in urinary tract infections, optimal etiotropic therapy is very important. In recent years, pediatricians have been paying more and more attention to herbal medicines, since in addition to the complexity of their effects, they have significantly fewer side effects compared to synthetic drugs. We have studied the effect of the herbal drug Kanefron on the course of urinary tract infection in children. In this article, we present our experience and the results of using these treatments for primary bilateral reflux megareter.

Keywords: Urinary tract infection, children, herbal medicine, kanefron.

Introduction. Urinary tract infection (UTI) In children, there is a group of diseases of infectious and inflammatory origin of one or more segments of the urinary tract from the perirenal fascia to the external opening of the urethra without a specific localization of the pathological process [2,7,10]. According to WHO experts, the primary, uncomplicated and relatively rapid manifestation of UTI does not require special research methods [1,3,15].

If an episode of UTI is repeated, the patient must undergo a complete clinical examination to establish a topical diagnosis. UTI is one of the most common bacterial infectious diseases in childhood and is widespread [4,12,13,14,18].

Knowledge of the issues of diagnosis and adequate therapy of UTIs in children is of great practical importance. Firstly, in the structure of childhood diseases, UTI is second only in prevalence to respiratory tract infections. Secondly, a significant part of children, for various reasons, have a chronic inflammatory process, which significantly increases the duration and cost of treatment. Thirdly, the origins of many complications of UTI, and first of all it concerns nephrogenic hypertension and chronic renal failure (CRF), lie in childhood [5,9,12,17].

Predisposing factors for the development of infection include abnormalities of the urinary tract, impaired passage of urine, immaturity of immunity. Approximately 30% of children have a recurrent UTI, and most of them relapse within 3 months after the onset [3,6,11,16]. The diagnosis of UTI in a child is established in the presence of clinical manifestations of the disease and according to the bacteriological examination of urine. Urine can be taken from an average portion with natural urination, bacteriuria is 10⁵ CFU or more in 1 ml or in urine obtained during catheterization of the bladder [3,8,14].

Due to the risk of kidney scarring in UTI, optimal etiotropic therapy is very important. In recent years, pediatricians have been paying more and more attention to herbal medicines, since in addition to the complexity of their effects, they have significantly fewer side effects compared to synthetic drugs. We studied the effect of the herbal drug Kanefron on the course of urinary tract infection in children [2,8,9].

The purpose of the study. To study the results of phytotherapy - treatment of urinary tract infection in children with kanefron.

Material and methods. We conducted a study of 139 children aged from 1 month to 14 years who were hospitalized in the Department of Pediatric Surgery and Urology of the Bukhara Regional Multidisciplinary Children's Medical Center (BOMDC), which is the clinical base of the Department of Pediatric Surgery of the Bukhara State Medical Institute for the period 2019 – 2023. The following

research methods were used: analysis of clinical data, results of microvascular cystourethrography, ultrasound research methods.

The results of the study and their discussion. All patients were divided into 3 groups. In group I (53 children), after the end of therapy with uroseptics or antibiotics, children received the complex herbal preparation Kanefron N for 1.5–2 months (children 7-15 years old — 25 drops 3 times a day, 1-7 years old — 15 drops 3 times a day). In group II (48 children), after antibiotics, furagin was received in a maintenance dose (1.5–2 mg / kg per dose) for one month. In the control group III (38 children), therapy was discontinued after the end of the course of antibiotics.

In children with UTI in the control group III, relapses were noted in 16% of cases during the 3rd month after the end of therapy with uroseptics or antibiotics, in groups I-II, who received a complex herbal preparation and furagin, relapses were noted in 2% of cases during the period of taking the drugs. There were no side effects during the use of the complex herbal preparation Kanefron N in patients of group I. In group II (children taking furagin), 9 children had complaints of nausea and vomiting, 2 had an allergic rash.

Conclusions.

1. Thus, in children with UTI or acute pyelonephritis, the use of Kanefron H in the first 2 months after the end of antibiotic therapy helps to reduce the risk of recurrence of the disease, which, along with the rarity of adverse reactions, determines the expediency of using this drug.
2. There was a decrease in the frequency of relapses in children with UTIS who received a herbal preparation for two months after the end of antibiotic treatment compared with children who stopped therapy after a course of antibiotics. The great advantage of Kanefron H is the possibility of its use both as a primary therapy and as a complex remedy that enhances the effect of basic anti-inflammatory treatment.
3. You can take Kanefron H for quite a long time from the beginning of treatment, and then to consolidate the result. It is best to talk about specific figures individually with a doctor.

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