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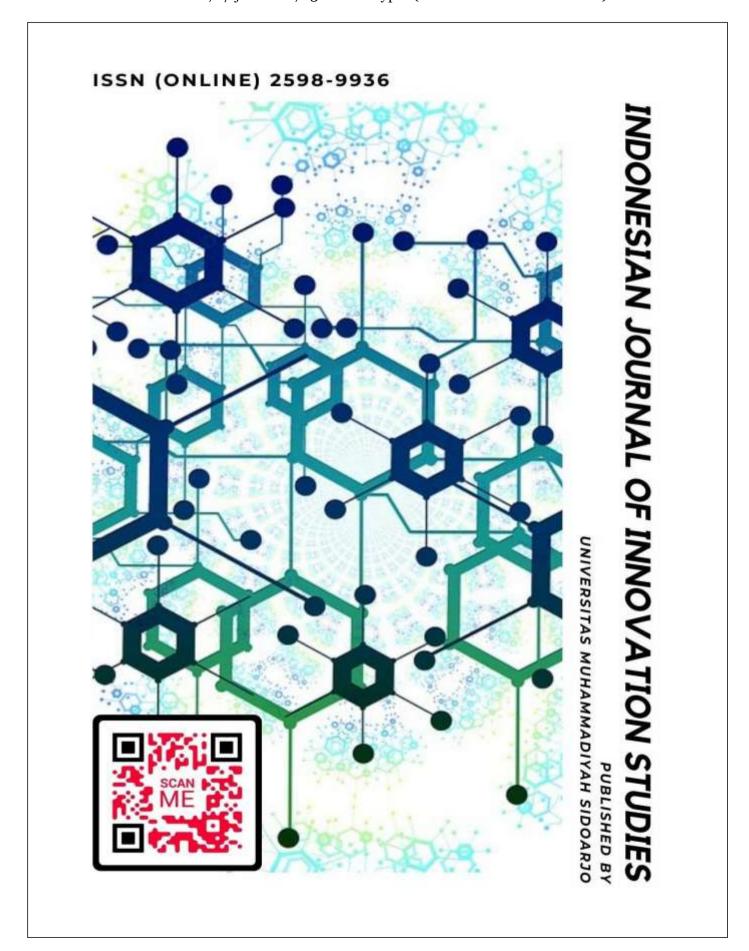
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TREATMENT OF BRONCHIAL ASTHMA WITH FOLK REMEDIES

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Abstract. This article notes that bronchial asthma (BA) is a global problem. Bronchial asthma, the treatment and prevention of which requires only a serious and comprehensive approach, according to WHO, is diagnosed in 4-10% of the world's population. This respiratory disease is chronic, characterized by periodic attacks. The incidence of asthma is increasing worldwide. It is among the top ten non-communicable chronic diseases that are the leading cause of death among middle-aged and elderly people, reducing life expectancy by 6.6 years for men and 13.5 years for women. The purpose of the study was to study the features of the use of non-traditional methods of treating BA along with treatment traditional.

Key words: bronchial asthma, shortness of breath, respiratory failure (DN), spirometry, seizures, allergic diseases

Introduction

Bronchial asthma (BA) is a global problem. The incidence of bronchial asthma is increasing worldwide. It is one of the ten main non-communicable chronic diseases that are the main cause of death in middle and old age, reducing the average life expectancy of men by 6.6 years, women - by 13.5 years [3, 6].

Today in the world there are about 300 million patients with bronchial asthma. (Report of the Second World Assembly on Aging Madrid; 2011.) . Despite the large amount of information in the available literature, there is no information whether the age of patients in which the disease developed can influence its manifestations and course.

Bronchial asthma, the treatment and prevention of which requires only a serious and comprehensive approach, according to WHO, is diagnosed in 4-10% of the world's population. This respiratory disease is chronic, characterized by periodic attacks. The main symptoms of an asthma attack are severe coughing, shortness of breath, and difficulty breathing. The reasons for the development of bronchial asthma are made up of external and internal provoking factors.

Bronchial asthma (BA), being a disease known for a long time, only in the mid-1970s. has become one of the global health problems. Currently, the prevalence of AD remains high. Asthma reduces the quality of life of patients, can cause not only disability, but also death. Asthma is a complex multifactorial disorder that requires a thorough analysis of all body dysfunctions that affect the clinical severity of the disease.

Purpose of the study: The purpose of the study was to study the epidemiology and methods of prevention of bronchial asthma. Object and methods of research: 52 patients with BA were examined, all of them will be under dispensary observation. BA was assessed according to generally accepted criteria according to existing classifications (GINA 2002, 2006, 2011). The main etiological mechanisms of the formation of the disease were taken into account (mainly allergic, predominantly non-allergic, mixed forms). The severity of the clinical course, the degree of controllability, the presence and nature of complications were assessed. All patients were determined by spirometry. The X-ray picture in the lungs was assessed by plain radiography. Treatment of bronchial asthma with herbs, phytotherapy of bronchial asthma should be aimed at eliminating the main factors that provide the mechanism for the development of bronchial obstruction. For this purpose, we used medicinal plants that have a pronounced anti-inflammatory, antispasmodic and anti-allergic effect. They were used both individually and in the form of fees.

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Aloe healing balm. Balm recipe: aloe leaves - 250 gr.; honey - 350 gr.; wine (quality Cahors) - 0.5 l. Before cutting the leaves, aloe is not watered for 10-15 days. The collected leaves are wiped from dust with a slightly damp cloth. Then they are broken into small pieces and placed in a liter jar, poured with wine and honey. Stir until the honey is completely dissolved and insist in the refrigerator for 15 days.

After that, strain the mixture through several layers of gauze, squeezing out the leaves. In the first two days, you need to take a tablespoon 3 times a day. Then the dose is reduced to a teaspoon 3 times a day. This product is intended for adults only. Since the composition of the therapeutic balm includes alcohol, its use in children is strictly prohibited.

Ginger for bronchial asthma. It has long been known that ginger has an immunomodulatory and bactericidal effect. Therefore, its use has a beneficial effect on the course of respiratory diseases, reduces the risk of complications. Recently, in the course of a scientific study conducted by researchers at Columbia University, it was found that ginger also has bronchodilator properties, that is, it is able to relax the smooth muscles of the bronchi.

With bronchial asthma, the use of ginger in conjunction with traditional medicines allows you to interrupt an asthma attack in a short time. Peel and rinse a small piece of ginger root under running water, grate it on the finest grater and squeeze out the juice. Then mix one teaspoon of ginger and lemon juice, add half a teaspoon of honey or sugar to this mixture. Pour half a glass of boiling water and cool. The medicine is taken during an asthma attack in a teaspoon every 30 minutes until the symptoms of bronchial asthma, such as shortness of breath and dry cough, disappear.

"Antiasthmatic collection" (Species "Antiasthmathicum") Ingredients: henbane leaves - 1 g, belladonna leaves - 2 g, Datura leaves - 6 g, sodium nitrate - 1 g. Pharmacological action: anticholinergic. How to use: 1/2 teaspoon of the mixture is burned on a saucer and inhaled during an attack of bronchial asthma, after closing the nose with a gauze bandage.

Results:

We recommended three of our herbal remedies mentioned above to 43 out of 54 (79%) patients. Our patients took them for two weeks. Our phyto preparation acted as anti-inflammatory, antispasmodic and bactericidal and anticholinergic. along with the elimination of short-term seizures in patients. In 23 of 54 patients (42.6%), the number of recurrent attacks decreased, 9 of (16.6%) 54 patients had food allergies, 5 of 9 patients had no allergies (55.5%), 11 of our patients (20 4%) had no symptoms of frequent colds. We have also recommended herbal medicines to our patients along with curative and preventive medicines, and the results have been more positive than we expected.

Conclusion:

- 1. In 23 of 54 patients (42.6%), the number of recurrent attacks decreased.
- 2. 9 out of 54 (16.6%) patients had food allergies, out of 9, 5 allergies disappeared (55.5%), 11 of our patients (20.4%) had no symptoms of frequent colds. We have also recommended herbal medicines to our patients along with curative and preventive medicines, and the results have been more positive than we expected.

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