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CLINICAL AND NEUROLOGICAL DISORDERS IN PATIENTS WITH DIABETES MELLITUS, DEPENDING ON THE PRINCIPLE OF THE APPLIED THERAPY

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Annotation: Cerebral palsy (cerebral palsy) refers to severe diseases of childhood, disability is 30%. The reason is a number of unfavorable factors that damage the central nervous system.

Keywords: cerebral palsy, disease, rational eating.

Moreover, the disease is associated with an early age in children who are not aware of their defect, not striving for recovery and overcoming motor impairment. All this explains the inexpediency of early surgical intervention in the musculoskeletal system. According to literature data, early operations aggravate and complicate the clinic of infantile cerebral palsy. Many scientists are of the opinion that an integrated approach of rehabilitation methods in combination with drug correction gives greater efficiency (2, 7, 5). Moreover, the achievement effect can be achieved only by continuous treatment and rehabilitation for months, years, taking into account the individual approach and the nature of the social conditions of the patients' living. The socioeconomic status of the family raising a sick child affects the prognosis of the disease, since according to literature data, adequate rehabilitation and treatment of children with Cerebral palsy in 50% leads to a successful, or not complete, but recovery, which makes it possible for patients to live independently, psychosocial adaptation in society (4, 5).

The examination of children with cerebral palsy was carried out in the department of pediatric neurology of the 1st clinic of SamMI for the period of 2021, 30 children with spastic diplegia and hemiparetic form of cerebral palsy. In all the children examined, the analysis was studied, a detailed emphasis was placed on the diet, drinking regimen, the nature of appetite, and the regularity of stool when interviewing parents. All children underwent, in addition to a neurological, basic examination, an anthropometric examination; physical examination was studied by a pediatrician. Nutritin status was determined due to the parameters of body mass index, musculoskeletal body mass, specific gravity of fluid, fat content, growth rate and compliance with agerelated norm. The observed children were divided into two groups. The first group of children took Peptamen Junior formula as a complementary meal. In compliance with the drinking regime.

The second group remained on the usual diet. After 6 months, the children underwent a repeated examination of anthropometric indicators, studying the nature of changes in rehabilitation measures, the effectiveness in relation to the changed rational level of nutrition. The children averaged 7.5 years of age. The examined children were hospitalized in the department twice during the monitoring period. At the beginning and at the end of the study period. In addition to nutritional control, the diagnostics included instrumental, neuroimaging and neuropsychological examinations. Their description did not provide for the task; therefore, these data are not described. The composition of the proposed and used Peptamen Junior mixture contains (lit. 3). Statistical processing of the results was carried out on an individual computer and included the standard values of the student's test.

Thus, in the diagnosis of children with cerebral palsy, it is necessary to include control of anthropometric data such as weight, height. Normalization of the nutritional status in children with cerebral palsy, improves the rehabilitation of children of the underlying disease and strengthens the somatic status (children did not catch colds during the period of proper nutrition, which confirms an increase in immune deficiency, in this direction, it will be possible to dwell in more detail in the following studies).

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