

# WAYS TO PREVENT AND TREAT SEASONAL COLDS

Nurullayeva Madina General Secondary School Number 258

#### **Abstract:**

Nowadays, colds, especially seasonal colds, are a common problem that can interfere with many activities and have a particularly bad effect on our health. This article discusses the causes, prevention and treatment of seasonal colds.

**Keywords:** pneumonia, asthma, influenza, virus, secretion, immunity, vitamin, bronchitis, antibiotics.

# **INTRODUCTION**

During the change of seasons, the increase in viral colds has become a tradition. Acute respiratory tract infection is the most common disease. Severe colds of the respiratory tract begin with the flu. Although this symptom is unpleasant, it is not very scary. The most dangerous is that the infection first occupies the throat and throat, and then passes to the trachea, bronchus and lungs.

Some look at emdori with fear. Nevertheless, doctors emphasize the necessity of vaccination against influenza. Emdori reduces the activity of epidemic-causing strains in the same season. In addition, the vaccine helps rebuild the immune system and increases the body's resistance to other strains. Rhinoviruses account for 10-40% of the causes of colds in adults (various in different sources). Other common viruses include coronavirus, adenovirus, respiratory syncytial virus, and parainfluenza virus. Since viruses are constantly developing and changing, the body cannot form permanent immunity against them. Therefore, the common cold is a common and recurrent disease. According to statistics, children of preschool and primary school age can catch colds 6-12 times a year, while teenagers and adults usually have 2-4 times a year. The disease worsens in autumn, winter and spring.

# LITERATURE REVIEW AND METHODOLOGY

Inhalation is spread by direct contact with infected secretions or by coughing and sneezing. The virus-containing secretions of the patient fall on different objects and bodies through different ways. Later, a healthy person who is in direct contact with these secretions can get sick after touching the nose, eyes, mouth with infected hands. There are a variety of risk factors that increase the likelihood of a stroke, including:



- Age: Children and young adults are more likely to catch a cold because they have not yet developed immunity to many viruses.
- Season: People usually get sick during the fall, winter, or rainy season (in warmer climates). Because at this time, people spend more time indoors, and the spread of viruses through the air increases. And hypothermia leads to a decrease in local immunity.
- Weakened immune system: People with a weak immune system are more likely to catch colds. Those who are tired or emotionally overwhelmed may be more prone to illness.

Factors that create a favorable environment for the development of the disease:

- Blood vessels on the skin are filled with blood it is easier for a person who is hot to catch a cold.
- Heat through sweat-moistened skin will cool faster than through dry skin.
- Wind in this case, the air flows more easily between the clothes, the thin layer of warmer air formed on the surface of the skin quickly "flies away", as a result, the body loses more heat.

Although common colds are common during the winter months, cold weather alone does not cause this illness. In fact, during periods of cold weather, people are close to each other and spend a lot of time indoors, which helps the virus to spread faster. Viruses from one patient can spread up to 7 meters, they are active for 2-9 hours. It is for this reason that in kindergartens and schools, the disease is quickly transmitted from one student to another.

#### RESULTS AND DISCUSSION

In general, symptoms develop 2-3 days after being infected with the virus. Some people have milder symptoms, while others have more severe symptoms. Symptoms of a cold usually disappear completely within 7-10 days, but the illness may last less or longer depending on the health status of the person and the type of virus. Many people confuse a cold with the flu. Although some of the symptoms of a cold and the flu are similar, the severity of the illness is much lower in cold patients than in flu patients. Influenza patients typically experience fever, chills, headache, significant muscle aches, dry cough, vomiting, and extreme weakness.

Diagnosis is based on symptoms, physical examination, and patient complaints. If bacterial disease or severe complications accompanying this disease are not suspected, laboratory tests and analyzes are usually not prescribed. Flatulence is usually diagnosed and treated by a general practitioner, family doctor, therapist or pediatrician.

Treatment of flatulence is generally not required. It is a self-limiting disease that is eliminated over time due to the body's natural resistance. Home remedies for colds and medical procedures are aimed at relieving the symptoms associated with the disease, and against infection, the immune system's own forces are sufficient. The most effective non-drug treatment for flatulence is drinking plenty of fluids (warm or hot), rest and relaxation. For colds in older children and adults, traditional remedies such as lozenges, throat sprays, and cough syrups do not shorten the duration of the disease, but relieve its symptoms. Gargling with warm salt water also works well.

Nasal drops can be used to relieve nasal congestion. It is worth noting that drugs against nasal congestion can cause the opposite effect when used for a long time, so they should be used carefully and appropriately. Pregnant women are advised to consult their doctors before using this or that tool. Usually, the disease can be treated at home. If severe symptoms such as chills, fever (above 39°C), severe headache, vomiting, abdominal pain, shortness of breath, chest pain are observed, or after 10 days of illness if it doesn't get better, it's better to go to the doctor. It is necessary to consult a doctor when the wind is observed in babies under 3 months of age.

If you have a sore throat and fever without other cold symptoms, you should see a doctor. Because this disease can also be a streptococcal infection, it requires treatment with antibiotics and can lead to serious complications if not treated in time. Possible complications of the common cold include the development of otitis media (otitis media) or bacterial sinusitis. In patients with asthma or chronic obstructive pulmonary disease, a cold can cause an exacerbation of the disease. In rare cases, the development of pneumonia is noted as a secondary disease.

#### CONCLUSION

A cold during pregnancy can have a negative effect on the fetus. Therefore, it is necessary to pay attention to the prevention of the disease: increase immunity, take vitamin complexes, if possible, get vaccinated against influenza a month before pregnancy. In addition, it is necessary to reduce the number of places to visit. Ventilation is the most dangerous for children and the elderly with chronic bronchitis, asthma, emphysema, chronic lung diseases, heart disease.

To prevent the disease, it is recommended to train the body and increase immunity. The most important way is to avoid contact with infected people. General recommendations include:

1. Frequent and thorough hand washing protects hands that have touched contaminated surfaces from viruses;



- 2. Disinfecting potentially contaminated surfaces or personal items, not sharing towels or other personal items;
- 3. If one of the family members has a cold, make dishes separately;
- 4. Lifestyle changes, such as stopping smoking and managing stress, can reduce susceptibility to colds.

# **REFERENCES**

- 1. Goldman RD. Codeine for acute cough in children. Can Fam Physician 2010;56:1293-4 [PMC free article] [PubMed] [Google Scholar]
- 2. Ivers N, Arroll B, Allan GM. Delayed antibiotic prescriptions for URTIs. Can Fam Physician 2011;57:1287. [PMC free article] [PubMed] [Google Scholar]
- 3. Paul IM, Beiler J, McMonagle A, et al. Effect of honey, dextromethorphan, and no treatment on nocturnal cough and sleep quality for coughing children and their parents. Arch Pediatr Adolesc Med 2007;161:1140–6 [PubMed] [Google Scholar]
- 4. Shadkam MN, Mozaffari-Khosravi H, Mozayan MR. A comparison of the effect of honey, dextromethorphan, and diphenhydramine on nightly cough and sleep quality in children and their parents. J Altern Complement Med 2010;16:787–93 [PubMed] [Google Scholar]
- 5. Cohen HA, Rozen J, Kristal H, et al. Effect of honey on nocturnal cough and sleep quality: double-blind a. randomized, placebo-controlled study. Pediatrics 2012;130:465–71 [PubMed] [Google Scholar].