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Introduction
Morbidity of acute intestinal disease continues to be maintained at the leading position «ratings» of infectious diseases, yielding only acute respiratory disease [1]. From the epidemiological point of view, the situation is steadily worsening in developing countries, tropical areas and regions with low sanitary culture where there is a lack of drinking water, food quality, etc. [2]. According to the WHO terminology, acute intestinal infections — it diarrheal diseases, bringing together more than 30 nosology of bacterial, viral or protozoan etiology, it diarrheal diseases, bringing together more than 30 nosology of bacterial, viral or protozoan etiology, leading symptom of which is acute diarrhea [3]. These infectious conditions threaten the health and lives of infected people because of the possibility of dehydration, hypovolemia, generalization of infection outside the intestine, infectious-toxic shock. According to the World Gastroenterology Organization, every year the world record at 1.5 billion episodes of acute diarrhea presumably infectious origin which is a problem for every country in the world, while the incidence of a steady upward trend [4]. The incidence of acute intestinal diseases in Ukraine has a high proportion among 12–15 millions of registered infectious diseases [5]. Risk of disease on the territory of the European Union and Ukraine is growing in the summer-autumn season.

In the long course of evolution it has been formed the complex relationship between man and his surrounding microorganisms. Today found about 700 different species of microorganisms that inhabit the human body. Actually microflora is seen as an important metabolic and regulatory component, which together with various organs and tissues involved in retained homeostasis [6].

The problem of acute intestinal infections and the possibility of their drug correction inextricably linked to the intestinal microbiota, microflora which is the primary target of exogenous factors flora and its aggression. Development is well known in most patients with the syndrome of acute diarrhea in the first days of quality changes and/or quantitative composition of the gut microbiota. It shows the development of metabolic and immune disorders are possible manifestation of clinical symptoms of amplification digestive disorders, violation of water-electrolyte metabolism, occurrence enteral syndrome (diarrhea, bloating, rumbling), often the dysfunction of the colon, impaired synthesis and absorption of essential vitamins, metabolism of development likely prolonged duration of infection in the digestive tract [7].

There are two main reasons that actualize empowerment intestinal microflora correction against the background of acute infectious diseases: the diversity of pathogens associated with diseases of the gastrointestinal tract (enterohemorrhagic E.coli, that produce the toxin Shiga, Salmonella, Shigella, Cyclospora, Cryptosporidium, Giardia, Campylobacter jejuni, Clostridium, Saliciviruses, enteroviruses), more than 200 million cases of diarrheal disease annually (USA) [8]. Most of these microorganisms is easily transmitted through food or water or from one person to another. The second reason is the rapid spread of pathogens globalization and industrialization, due to the complexity of detecting pathogens, so the total change strategy correction and elimination of intestinal pathogens near optimal rehydration [9].

Currently, the «gold standard» in the treatment and prevention of disorders microbiota is the use of drugs that regulate the normal intestinal microflora — probiotics.

**Summary.** The article deals with the study of the efficiency of using contemporary combined prebiotic and probiotic as the component of the holiatry in patients with acute intestinal infection. Clinical and microbiological efficiency of combined pre- and probiotic is well-proven as a bacterial preparation, that could corrects the abnormal intestine microbiocenosis from the first days of acute intestinal disease, caused by salmonella, shigella, citrobacter, proteus, pathogenic staphylococcus. Combined pre- and probiotic can be recommended in the holiatry for patients of different age and sex in case of acute diarrhea syndrome of probably infectious origin.

**Key words:** acute intestinal infections, treatment, combined pre- and probiotic.
Widely used in correction dysbiotic changes to take drugs based on bifidobacteria and lactobacilli (biolan, lactobac- 

terin, Linex, bifidumbacterin etc.), and combined treatment 
Symbiter, Bifi-forms, bificol, Biosporin, sporobac-
terin, Enterol-250, etc. [10]. Given the globalization of the 
world market notable is the appearance of new combined 
prebiotic and probiotic (AAP manufacturing Pharma, the 
Republic of India).

The purpose of the research — to study the efficacy of 
new combined prebiotic and probiotic usage in treatment of 
patients with acute intestinal disease.

Material and methods

A prospective clinical microbiological research design 
«case-control» was conducted in 2014 on the basis of depart-
ment of infectious diseases at Chernivtsi regional clinical 
hospital (Northern Bukovina, a region in Western Ukraine) 
with 37 patients with acute intestinal infection. For etiologi-
cal structure of all involved in the study cases distributed as 
follows: salmonellosis (Salmonella enteritidis) — 7 cases; 
Food poisoning caused by opportunist microorganisms 
(Citrobacter, Proteus, Staphylococcus aureus, S. pyogenes) — 
16; shigellosis — 2 patients. The age of the patients ranged 
from 22 to 72 years, the gender distribution was equivalent 
almost 1 : 1.

Discussion

By analyzing the clinical features of the disease in 
all the patients we noticed that dominated gastroenter- 
itic version with moderate illness course: acute onset, 
short incubation period, short-term increase in body 
temperature to subfebrile digits, nausea, vomiting, pain 
mainly epigastric and around the umbilicus, liquid stool 
without pathological admixtures to 5—6 times a day. For 
shigellosis caused by S. sonnei, in two cases noted gas-
troenterocolitic variant. The control group involved 12 
patients with the syndrome of acute diarrhea, presumably 
infected origins, of similar age and gender who received 
standard therapy.

Study groups were equal each other on the severity of 
the disease and the etiological factor.

Treatment of acute intestinal infections require corre-
ction changes of intestinal microflora using modern probi-
otics in combination with prebiotics. One of these drugs is 
new combined prebiotic and probiotic. Each capsule con-
tains 9 strains of viable probiotic microorganisms that 
are part of the normal intestinal flora: Lactobacillus acidophilus 
(7.0 • 108), Lactobacillus rhamnosus (4.0 • 109), Lactoba-
cillus casei (3.0 • 108), Lactobacillus plantarum (3.0 • 108), 
Lactobacillus bulgaricus (3.0 • 108), Bifidobacterium lon-
gum (3.0 • 108), Bifidobacterium infantis (3.0 • 108), Bifi-
dobacterium breve (3.0 • 108), Streptococcus thermophilus 
(4.0 • 108), oligosaccharide 100.0 mg. Inactive ingredients: 
gelatin capsule — 99.0 ± 6.0 mg. Lactobacilli and bifido-
bacteria secrete substances that have antibacterial properties 
help to reduce the acidity of the intestinal contents, inhibi-
ting reproduction of intestinal pathogens, help digest dairy 
products, splitting lactose, contribute to a better absorption 
of calcium.

Prebiotics (oligosaccharide) carry a stimulating effect on 
the growth titer of own intestinal microflora. Last contains 
substrates that are the source of energy and nutrients for 
testinal microorganisms; enhance calcium absorption; re-
duce transit time passage of food through the gastrointesti-
nal tract; enhance natural immunity microorganism (stimu-
lates the production of IgA, promote cytokine modulation). 
The combination of probiotics with prebiotics potentially 
measures survival and survival of probiotics in the gut, and 
selectively stimulates the growth and metabolic activation of 

The features of clinical course of nutritional diseases, 
shigellosis, salmonellosis, depending on the etiological 
agent, taking into account the results of general clinical, 
laboratory and bacteriological analysis. According effica-
cy of treatment with the inclusion lactoken to the clinical 
course of disease and changes in microbiota of the colon. 
Identification of pure cultures of selected microorganisms 
was performed by morphological, cultural, biochemical, se-
rological properties (antigenic structure) and the main fea-
tures of pathogenicity.

In the study of changes in microbiota colon showed a 
reduction in the number of lactobacilli, bifidobacte-
ria, the total number of E. coli. The content of lactobacilli 
< 109 CFU/g of feces was observed in half of the patients, 
and the rest mainly in patients with food poisoning, ap-
proached the norm — 107 CFU/g (normal > 109 CFU/g); 
Bifidobacterium population level was < 105 CFU/g in 8 
patients, and in 15 patients approaching the normal range 
(> 107 CFU/g). Detected as reducing the total number of 
E.coli < 105 CFU/g in three.

All patients received basic therapy (rehydration therapy in 
the form of infusion administration solutions «Trysil» 
resorbi lact, Ringer’s solution, orally (rehydron), sorbents 
(enterosgel), enzymes, antispasmodics, antibiotics (Niful-
roaxazide, norfloxacin) and thirteen patients were addition-
ally put on new combined prebiotic and probiotic 2 capsules 
TID for 30 minutes before meal.

It has been found increasing leukocyte intoxication 
index — 2.09 ± 0.26, shift index of white blood cells — 
3.46 ± 0.16, hematological toxicity index — 4.02 ± 0.37 at 
the height of illness in all patients. The integrative indices 
of endogenous intoxication normalized with the improvement 
of the general condition of patients and disappearance of 
intoxication. However, in 12 patients who were on standard 
therapy alone, above estimated indices were slightly higher 
even in the period of convalescence. The latter can be ex-
plained by detoxifying function of representatives of normal 
microflora, which are part of new combined prebiotic and probiotic.

It has been noted that the intoxication symptoms: fever, 
general weakness disappeared sooner in patients who got 
new combined prebiotic and probiotic. Analysis of the clini-
cal manifestations of the gastrointestinal tract revealed a 
more pronounced effect obtained using new combined pre-
biotic and probiotic that is developed faster normalization of 
stool, regression bloating, abdominal pain disappearance. 
The intoxication symptoms and faster stool normalization 
an average of one day) were observed in patients receiving
new combined prebiotic and probiotic disappeared in compared to the control group.

Thus, correction of intestinal microbiota by new combined prebiotic and probiotic usage (combined prebiotic and probiotic) is possible and effective component in the composition of complex treatment of acute intestinal infections in adults, including salmonella, food poisoning caused Proteus, pathogenic staphylococcus, shigellosis.

**Conclusions**

1. The inclusion of combined prebiotic and probiotic to the traditional treatment for patients with food-borne infections, salmonellosis and shigellosis accelerates the regression of symptoms of intoxication and diarrheal syndrome, the reduction of the acute period of disease.

2. Administration of new combined prebiotic and probiotic to patients with acute intestinal infection is not accompanied by adverse medication reactions.

3. Control stool culture were negative after treatment of patients salmonellosis and shigellosis that means the bacteriological efficacy of probiotic onto intestinal pathogens.

4. Combined prebiotic and probiotic can be recommended as a drug with clinical and microbiological efficacy in the treatment of patients with acute intestinal infection.

**Reference**


**Возможности комплексного подхода при острых кишечных инфекциях: использование комбинированного преп.- и пробиотика**

**Резюме.** Статья посвящена изучению эффективности применения современного комбинированного преп.- и пробиотика в качестве бактериопрепарата, который способен корригировать нарушенный микроэкологию кишечника, включая нарушения бактерной микрофлоры, ее взаимодействия с другими микроорганизмами.

**Ключевые слова:** острые кишечные инфекции, лечение, комбинированный преп.- и пробиотик.