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# Symptoms can sometimes be mistaken for Other Neurological Illnesses

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### Description

People with cystic fibrosis often utilise chest physiotherapy to clear mucus from their airways. Chest physiotherapy (CPT) has a well-established adjuvant role in promoting airway clearance, alveolar recruitment, and ventilation/perfusion matching in mechanically ventilated (MV) patients with pneumonia or recurrent lung atelectasis. However, there is scepticism about the utility of routine CPT in MV individuals who do not have such lung illnesses. A narrative review based on a literature search for prospective randomised trials comparing CPT to a non-CPT method in adult patients ventilated for at least 48 hours. There were six studies that were found to be relevant. The sample size was quite tiny. Body positioning, manual chest manipulation (mobilisation, percussion, vibration, and compression), and particular procedures such as lung hyperinflation and intrapulmonary percussion were all used in the CPT. The majority of the control participants received general nursing care and tracheal suction. CPT was generally safe and supportive; however it had a minor or no effect on any relevant patient outcome metric, including pneumonia. In adult MV patients without pneumonia, current evidence does not support "prophylactic" CPT. Even in the absence of primary or substantial lung illness, chest physiotherapy (CPT) is recognized as a crucial component of respiratory care in all mechanically ventilated (MV) critically sick patients. Intubation of the trachea affects the cough reflex and mucociliary escalator function, causing secretory sequestration and impaction in the lower airways.

## **Poliomyelitis**

Despite the effective immunization campaign, a new illness known as Post-polio syndrome has emerged (PPS). PPS is a syndrome that affects polio survivors' years after they have recovered from an acute poliomyelitis episode. The main symptom of post-polio syndrome is new weakness in muscles that were previously affected by the polio infection as well as those that appeared to be unaffected. More than 440,000 polio survivors in the United States may be at risk for post-polio syndrome, according to the National Center for Health Statistics. Researchers are unable to determine a precise prevalence rate, but they estimate that the illness affects 25% to 50% of survivors, with a possibility of up to 60%. Diagnosis There is no definitive laboratory test for PPS, and symptoms can sometimes be mistaken for other neurological illnesses; ruling out these and other probable skeletal conditions is the first step toward a PPS diagnosis. Physical Therapy Management We are discussing about the There is no cure for PPS, and no pharmaceutical treatments have been identified as successful in halting or reversing the progression or symptoms to yet. The focus is currently on symptom management.

## **Immunological Threats**

Dealing with unfavourable side-effects is a bigger part of managing symptoms with drugs. The following categories of medications are currently used in the treatment of JIA: DMARDs (disease-modifying antirheumatic medications) (methotrexate: Rheumatrex; sulfasalazine: Azulfidine) are used in combination with NSAIDs to reduce JIA progression. Nausea and liver issues are some of the negative effects. Immunosuppressants - inhibit inflammatory reactions; adverse effects include increased infection risk and other immunological threats. TNF inhibitors are biologic medications that help relieve pain, joint swelling, and morning stiffness. [Etanercept:Enbrel; Infliximab: Remicade] Infection and cancer risks are elevated as a result of the side effects. [Ibuprofen: Advil, Motrin; naproxen: Aleve] NSAIDs minimize swelling and pain Bleeding, liver, and stomach problems are among of the negative effects. For people with severe JIA, corticosteroids such as [Prednisone] are used to manage symptoms until DMARDs take action or to prevent JIA consequences. Side effects include growth hormone interference and an increased risk of infection. Analgesics (acetaminophen, tramadol, codeine, opiates) are pain relievers that are used when a child is unable to take NSAIDs due to hypersensitivity, ulcers, liver or stomach irritations, or drug interactions. The disadvantage of analgesics is that they have no effect on inflammation, swelling, or joint destruction liver difficulties are one of the adverse effects.