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A title should be the fewest possible words that accurately describe the content of the paper, no more than 16 words (Times New Roman, center, bold, 16pt)

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1 Name of University, Country
(12pt, Times New Roman)

Correspondence : author@author.com

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ABSTRACT

A well-prepared abstract allows readers to quickly and accurately identify the basic content of a document, determine its relevance to their interests, and thereby decide whether to read the document in its entirety. The abstract must be informative and clear enough, written clearly, and provide a clear statement of the problem, research objectives, research methods, findings, and conclusions. Abstracts should consist of 100 to 200 words. The abstract must be written in the past tense. Standard nomenclature should be used, and abbreviations should be avoided. No literature may be cited. Keyword lists provide the opportunity to add keywords used by indexing and abstracting services in addition to the keywords already present in the title. Wise use of keywords can increase the ease with which interested parties find our articles (12pt).

Keyword: The first keyword; the second keyword; the third keyword; The fourth keyword; The fifth keywords. (There are a minimum of five keywords and a maximum of six keywords)

INTRODUCTION (Capital, bold, Times new romance 12 pt)

This section explains the three main components. First, to describe the phenomenon being studied, the introduction must contain the research background and research context. Second, the author explains the relationship between the phenomenon and existing theories (at least the journal cited must be less than ten years old), along with gap analysis and the novelty of the research, and finally explains the research objectives. All introductions should be presented in paragraph form, not pointers, with a proportion of 15-20% of the overall length of the article.

The introduction should not be divided into background sub-chapters, problem formulation, and objectives. Beginning of paragraph once tab. Citations are written in bodynote format and are relevant to the bibliography (recommended using the Mendeley application or other reference management application programs such as EndNote, Reference Manager, or Zotero) (12pt, spacing 1.5, spacing after paragraph 6pt).

The manuscript should be written as concisely, consistently, and as directly as possible. The number of pages consists of 10–20 (twenty) pages (including figures and tables). Manuscripts are written single-spaced on one side of A4-sized paper (210 x 297 mm). Manuscripts must have normal margins, or top, bottom, right, and left margins, namely 2.54 cm. The font used is Times New Roman. 12pt. Manuscripts must be written in English.

METHODS

The Methods section must be short but must include sufficient technical information and contain the type of research, research population, research samples or subjects, and data analysis techniques. Only new methods have to be described in detail. Cite previously published procedures in References.

Table 1. Search Strategy

Database	Search Strategy	Hits
PubMed	("budesonide" OR "ambroxol" AND "pneumonia" AND "children")	9
ScienceDirect	("budesonide" AND "ambroxol" AND "pneumonia" AND "children")	85
SagePub	("budesonide" AND "ambroxol" AND "pneumonia" AND "children")	22

This systematic approach ensures the robustness and precision of the data, laying a solid foundation for deriving meaningful conclusions that can advance clinical practice in managing pediatric pneumonia.

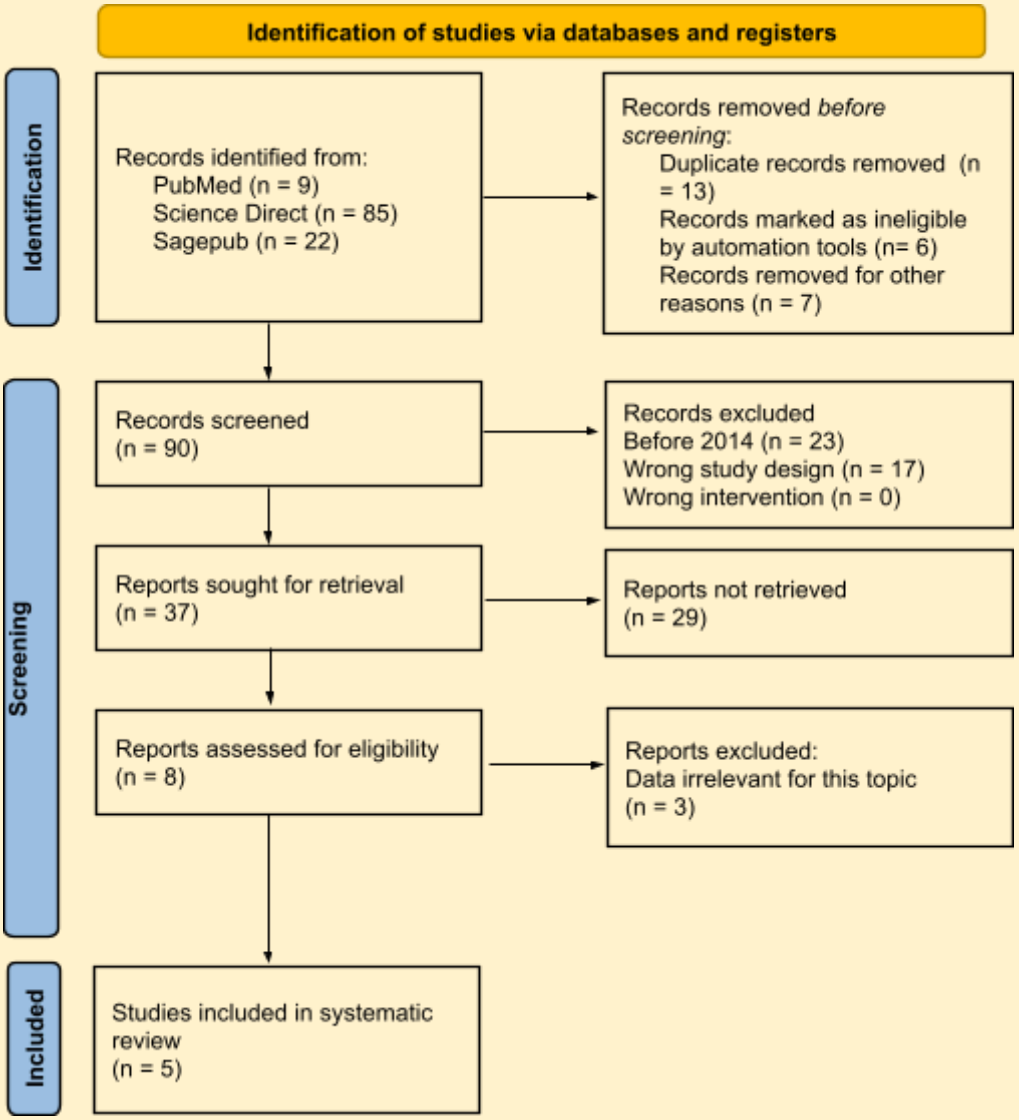

Figure 1. Article search flow chart

Table 2. Critical appraisal of Study

Parameters	Zhang et al.	Chen Jia	Chen et al.	Shi et al.	Yu et al.
1. Bias related to temporal precedence Is it clear in the study what is the "cause" and what is the "effect" (ie, there is no confusion about which variable comes first)?	Yes	Yes	Yes	Yes	Yes
2. Bias related to selection and					

allocation Was there a control group?	No	Yes	Yes	Yes	No
3. Bias related to confounding factors Were participants included in any comparisons similar?	Unclear	Yes	Yes	Yes	Unclear
4. Bias related to administration of intervention/exposure Were the participants included in any comparisons receiving similar treatment/care, other than the exposure or intervention of interest?	Unclear	Yes	Yes	Yes	Unclear
5. Bias related to assessment, detection, and measurement of the outcome Were there multiple measurements of the outcome, both pre and post the intervention/exposure?	Unclear	Yes	Yes	Yes	Unclear
Were the outcomes of participants included in any comparisons measured in the same way?	Yes	Yes	Yes	Yes	Yes
Were outcomes measured in a reliable way?	Yes	Yes	Yes	Yes	Yes
6. Bias related to participant retention Was follow-up complete and, if not, were differences between groups in terms of their follow-up adequately described and analyzed?	Unclear	Unclear	Unclear	Unclear	Unclear
7. Statistical conclusion validity Was appropriate statistical analysis used?	Unclear	Yes	Yes	Yes	Unclear

RESULT

Results should include the rationale or design of the experiment as well as the results of the experiment. Results can be presented in the form of images, tables, and text. Research findings must be supported by adequate data. This section must answer the research hypothesis.

Avoid writing in the form of bullet numbering or item list style; it is best to write it in the form of a descriptive paragraph, even though it is a list item. If it contains tables and figures, the numbering is a continuation of the previous number. Each table and figure must be given a title.

Table

The table is in the middle. Use Times New Roman and font sizes 8 to 11. Horizontal lines in the middle of the table do not need to be displayed; only display the heading and the very end, and there should also be no vertical lines. Make sure you create the table correctly via the Insert Table menu. Tables should be referenced in the text by writing something like: '... (Tables are written with a capital 'T').

Table 3. The literature included in this study

Zhang et al., (2024).[12]	China	Prospective, single-center study.	Fifty-six children with CAP, aged under 6 years.	Young children, particularly under 1 year, exhibited a higher incidence of multiple microbial infections and severe clinical manifestations. Treatment with budesonide and ambroxol hydrochloride led to significant clinical improvement across all age groups, with notable efficacy against various pathogens.
Chen Jia et al., 2017.[13]	China	Randomized control trial	100 cases of patients with bronchial pneumonia.	There were significant differences in the content of CRP between groups and multiple time points(F=11.50, P=0.003;F=4.78, P=0.03;F=5.45, P=0.02).The content of CRP 14 days after treatment in the

				observation group were significantly lower than the control group(t=14.12,P<0.05), the difference was statistically significant.There were significant differences in the WBC counts between groups and multiple time points(F=11.52, P=0.003;F=4.73, P=0.03;F=5.44, P=0.02),the difference was statistically significant.The count of WBC 14 days after treatment in the observation group after treatment were significantly lower than the control group(t=8.12, P<0.05), the difference was statistically significant.The number of cured, effective and ineffective cases in the control group was 20, 13 and 15, respectively.The observation group was 30, 15, and 5 cases, respectively.By rank sum test, the difference of the effective rate between the 2 groups was statistically significant(u=2.33, P<0.05).And the total effective rate in observation group was 90.0%, which was significantly higher than the control group(70.0%)(x2=6.25, P<0.05), the difference was statistically significant.
Chen et al., 2024.[14]	China	a randomised controlled trial.	106 cases of aspiration pneumonia.	The total effective rate was 94.34% in the study group and 79.25% in the control group. The symptoms such as foam, dyspnea, perioral cyanosis, lung rale and other symptoms and signs, as well as the total hospitalization time in the study group were significantly less than those in the control group, the differences were statistically significant (p<0.05).
Shi et al., 2020.[15]	China	a multicen - tre, randomised,	90 cases of children with NRDS.	Oxidative stress index were better in the OG. CPAP usage time, oxygen time, length of stay, pulmonary rales disappearance time, cough disappearance time

		placebo-controlled trial.		and antipyretic disappearance time were shorter in the OG. Complications, deaths and repeated medication were lower in the OG
Yu et al., 2021.[16]	China	Non randomized controlled ntervention ional clinical trial.	Totally 113 severe pneumonia children were included.	The time of fever clearance time, disappearance of cough and pulmonary rates, chest shadow absorption and hospitalization of children in the RG were shorter than those in the CG. The combined treatment did not increase additional adverse reactions; instead, its effective rate was markedly higher than that in the CG. Further research found that after treatment, the arterial partial pressure of oxygen (PaO2), oxygenation index (OI), CD4+ and CD4+/CD8+, and interleukin-10 (IL-10) levels were dramatically increased, while the arterial partial pressure of carbon dioxide (PaCO2), C-reactive protein (CRP), interleukin-6 (IL-6), interleukin-17 (IL-17) and CD8+ levels were obviously increased. In addition, these indexes of children in the RG were obviously better than those in the CG.

DISCUSSION

The discussion should be an interpretation of the results, not a repetition of the results. This discussion includes at least: an explanation of the meaning of the findings and why the findings are important; Support the answer with the results. Explain how your results relate to expectations and the literature; state clearly why the results are acceptable and whether there is any agreement or conflict with

previous research results; consider alternative explanations for the findings; consider research implications; study limitations; and provide suggestions for further research.

Avoid writing in the form of bullet numbering or item list style; it is best to write it in the form of a descriptive paragraph, even though it is a list item. If it contains tables and figures, the numbering is a continuation of the previous number. Each table and figure must be given a title.

CONCLUSION

The conclusion must contain confirmation of the problems that have been analyzed in the results and discussion sections. Write a conclusion concisely and clearly. It is not recommended that the conclusion be written in several parts or points. The conclusion is intended to help readers understand why your research is important to them after they have finished reading the manuscript. A conclusion is not simply a summary of the main topics discussed or a restatement of your research problem, but rather a synthesis of the important points. It is important that the conclusion does not leave any questions unanswered.

DISCLOSURE STATEMENT

Disclosure Statement : The authors have no conflicts of Interest to declare.

REFERENCES

References should be listed in the order of their appearance in the text. Each cited source must include the author's name, article title, journal name, year of publication, volume, issue number, page numbers, and DOI (if available). Example of reference format:

1. Huanan Shen, Xingni Zhao, Liangyin Xu, Meta-analysis of the efficacy of budesonide and ambroxol hydrochloride inhalation in children with pneumonia and their effects on inflammatory response, Heliyon, Volume 9, Issue 11, 2023, e21105, ISSN 2405-8440, https://doi.org/10.1016/j.heliyon.2023.e21105.
2. Ya Li, Wei Yang, Xin Wu, et al., Effect of bronchofiberscopic lavage with budesonide suspension on refractory mycoplasma pneumonia[J], Pakistan J. Med. Sci. 38 (4 Part-II) (2022) 922.
3. Yaqin Duan, Huan Zhou, Jianfeng Chen, The effects of the atomization inhalation of budesonide, salbutamol, and ipratropium bromide on the T-lymphocyte subset and inflammatory cytokine levels in children with asthmatic pneumonia[J], Am. J. Tourism Res. 13 (9) (2021), 10517.
4. Ha El Ghaiaty, Y. Ismael, E. H. Assar, et al., Role of nebulized magnesium sulfate versus nebulized budesonide in treatment of acute bronchiolitis and its outcome[J], Benha Journal of Applied Sciences 6 (6) (2021) 267–273.
5. Haiyan Fu, Ruiqin Zhao, Xiaoyun Jia, et al., Neonatal Dubin–Johnson syndrome: biochemical parameters, characteristics, and genetic variants study[J], Pediatr. Res. 91 (6) (2022) 1571–1578.