and daily urine output was 30.0% more in the first 3-5 days of treatment under the influence of this drug. These clinical effects were caused by well-matched and complementary components of the remedy. Saint-John's-wort was proved to have antioxidant, analgesic, anti-inflammatory properties, and reduce blood cholesterol levels. Hepatoprotective, analgesic, anti-inflammatory and antioxidant actions are inherent for horsetail and wild carrot. Knotweed has antioxidant and anti-inflammatory properties. Diuretic properties of the drug are caused by the presence in its composition buds of birch, knotweed, horsetail, elderberry and corn stigmas.

Therefore, indication of Urocholum promotes rapid regression of clinical and laboratory manifestations of gout, concomitant disorders of the hepatobiliary system. This medicine reduces doses of standard treatment in the research group of patients.

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MONOTHERAPY WITH ANGIOTENSIN-CONVERTING ENZYME INHIBITORS AND COMBINED ANTIHYPERTENSIVE THERAPY IN PATIENTS WITH DIABETIC NEPHROPATHY AND OBESITY: RETROSPECTIVE STUDY

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Diabetes and hypertension are affect heart, kidneys, brain and blood vessels of the retina. End-stage renal disease with a combination of these pathologies is the commonest cause of disability and mortality.

Combined therapy used to decrease blood pressure in patients already receiving angiotensinconverting enzyme inhibitors (ACEI) or angiotensin receptor blockers (ARBs) - is often diuretics, calcium channel blockers (CCBs), beta-blockers. The possible combination of these medications are studied in detail, there is a picture of the so-called optimal combinations of antihypertensive drugs.

The aim was to compare the efficacy of monotherapy with ACE inhibitors at high doses and combination therapy (ACE inhibitor and moxonidine or ACE inhibitor and indapamide) in patients with hypertension on the background of diabetic nephropathy and obesity.

We analyzed 68 cards inpatients who were hospitalized in the Regional Clinical Endocrinology Center and Nephrology Department of Chernivtsi Regional Clinical Hospital and 34 blood pressure diaries. The first group of patients represented by 16 patients who received only ACE inhibitor (enalapril or lisinopril) at a dose of 20-60 mg/day, the second group - 27 patients treated with the combination of enalapril or lisinopril (10-20 mg/day) with moxonidine (3-4 mg / day), III group - 25 patients treated with the combination of ACE inhibitors (as in the second group) and inadapamid at a dose of 1.5 mg/day.

It was proved more pronounced effect in the second group (blood pressure after treatment was 130 ± 4 (systolic) and 85 ± 3 mm Hg (diastolic) vs. 136 ± 4 and 88 ± 2 in the first group and 133 ± 3 and 80 ± 2 in the second group ($P<0,05$), respectively, and found a positive effect in the second group on heart rate (70 ± 3 beats/min in the second group vs 80 ± 6 in the first group and 83 = 4 beats/minute in the third group ($P<0,05$)), which positively changed quality of patients` life.

Thus, the use of combined therapy with ACE inhibitors and moxonidine in patients with diabetes and hypertension demonstrates higher clinical efficacy and a favorable safety profile.

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ANEMIC SYNDROME IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Rheumatoid arthritis (RA) is a systemic autoimmune disease with unknown etiology, characterized by chronic symmetric erosive arthritis and progressive joint destruction that releases most prominent manifestations in the diarthrodial joints with systemic extra-articular manifestations (Michael et al., 2010, Kovalenko V.M. et al., 2013).

Anemia is a systemic (extra-articular) manifestation of this chronic inflammatory process. In some cases anemia may be as concomitant diseases, or as complications against the background of therapy (Galushko EA, 2009; Wahle M., 2012). A systematic search of scientific literature estimated the level of anemia in rheumatoid arthritis ranging from 30 to 70% in various cross-sectional studies.

We have examined 47 patients with rheumatoid arthritis. Seropositive RA was detected in 38 (68.09) patients, respectively seronegative variant in 9 (19.1%) patients. 35 patients (74.5%) as a basic treatment received methotrexate in combination with folic acid; 12 (25.5%) patients took leflunomide. 40 (85.1%) patients received corticosteroid therapy. All the patients, if necessary, periodically took nonsteroidal anti-inflammatory drugs (nimesil, meloxicam).

The survey results demonstrated that 32 patients (68%)out of 47 examined patients with RA were diagnosed with anemia of various severity. Anemia of chronic disease was diagnosed in 21 (44.7%) patients, iron deficiency was found in 9 (19.1%) patients, and 2 (4.26%) patients had B12- folic-deficiency anemia. According to its severity - mild anemia (hemoglobin level of 91-110 g/L) was found in 27 (84.3%) patients, moderate (hemoglobin level of 71-90 g/L) - 4 (12.5%) patients, severe (hemoglobin level of 65 g/l) in 1 (2.1%) patient.

A direct correlation between the degree of anemia syndrome, activity of inflammatory process, the number of joints involved in pathological process and disease duration has been detected.

Anemia not only significantly reduces the quality of life, but also adversely affects the course of rheumatoid arthritis and life prognosis, especially in patients with concomitant cardiovascular diseases and impaired renal function. Therefore, the treatment and monitoring of patients with rheumatoid arthritis requires regular hematological monitoring, thorough analysis of the results and, if necessary, timely and adequate correction to improve prognosis and quality of patient's life.

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INDICATORS PROINFLAMMATORY CYTOKINES TNF-ALPHA IN PATIENTS WITH CHRONIC PANCREATITIS AND CORONARY HEART DISEASE

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It is well known that the production of TNF-α has an activation character and provides data exchange between the cells involved in chronic low-intensity inflammatory response, which is interpreted by us as a chronic inflammatory reaction that occurs in the pathogenesis of chronic pancreatitis (CP) and coronary heart disease (CHD).

The purpose of the study is to evaluate indicators of TNF-α in the course and progression of CP in conjunction with CHD. 23 patients with CP in concomitant with CHD, including 14 men and 9 women were examined. TNF-α was investigated by ELISA using a set of reagents, the company « IFA-TNF-alpha» production of «Cytokines» (St. Petersburg, Russia). According to the obtained results: TNF-α levels in women were higher than in men. In patients with CP, which was accompanied by CHD a short time period (3-5 years) indicators of TNF-α were 117 ± 14,52 pg / ml, with a combined length of period up to 10 years old - 91,52 ± 26,01 pg / ml and more than 10 years of indicators of TNF-α were 83,12 ± 15,41 pg / ml.

So, in patients with CP in combination with CHD average level of TNF-α is not stable and decreases depending on the duration of the comorbidity of these pathologies, which appears to be due to inadequacy or inferiority of immune response and may indicate significant morphological and functional changes in the structure of the pancreas and the myocardium.

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EFFECT OF HYPERTENSION ON THE FUNCTIONAL STATE OF THE LEFT VENTRICLE IN PATIENTS WITH STABLE ANGINA

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Ischemic heart disease (IHD) is known worldwide to be the top cause of mortality and the presence of hypertension in association only serves to increase such fatal occurrences. Disorders of left ventricular geometry and function are highly prevalent and lead to increased mortality in this highly vulnerable population. Left ventricular (LV)dysfunction, often as a result of hypertension, ischemic cardiac disease or dilated cardiomyopathy, has not been uniformly defined in literature in respect of making diagnosis and therapy problematics. Although routinely available screening by echocardiography is critically volume dependent and prone to underestimation in left ventricular ejection fraction.

The objective of the study was to determine the effect of hypertension on the functional state of the left ventricle in patients with stable angina as a predictor of mortality.

The study involved 84 patients hospitalized in Chernivtsi Regional Cardiological Clinic. The LV functional status of patients was evaluated without using drugs and they then underwent bicycle ergometry according to the modified Bruce protocol, reaching the capacity of 124.6+1.7W.

Echocardiographic examination was done using a parasternal long axis view and the results were analysed in groups depending on the diagnosis: I - patients with stable angina, functional class III associated with hypertension, II – patients with stable angina, hypertension and heart failure and III - patients with stable angina without hypertension.Left ventricular mass index was significantly higher in patients with hypertension at hospital admission ($p < 0.05$) and during diagnostic stress test ($p < 0.05$).LVInternal Dimension in Systole (LVIDs) was also higher in patients from group II – 8.8% ($p < 0.05$) as compared to group I. LVInternal Dimension in Diastole (LVIDd) was high in all groups and the maximum – 12.0% ($p < 0.05$) in patients from group I. A significant decrease in LV ejection fraction (LVEF)was noted in patients with hypertension at all stages of the study, with a decline in group I of 20.3% ($p<0.05$) and in group II of 28.4% ($p < 0.05$).

In conclusion, much work remains to be done in this high-risk patient group with a significant burden of illness pertaining to LV dysfunction.Patients with stable angina associated with hypertension were found to have a greater reduction in left ventricular systolic function which is indicative of an increased risk of mortality.