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СЕКЦІЯ 6 АКТУАЛЬНІ ПИТАННЯ ВНУТРІШНЬОЇ МЕДИЦИНИ НА ПЕРВИННІЙ ТА ВТОРИННІЙ ЛАНКАХ МЕДИЧНОЇ ДОПОМОГИ

Bobkovych K.O. CORRECTION OF VEGETATIVE IMBALANCE IN PATIENTS WITH ISCHEMIC HEART DISEASE AND CONCOMITANT CHRONIC NON-CALCULOUS CHOLECYSTITIS

Department of Propedeutics of Internal Diseases, Higher State Educational Establishment of Ukraine «Bukovinian State Medical University»

The questions of comorbidity in patients of older age groups in particular are the main issue of therapeutic practice. In Ukraine, 426 000 people die every year of cardiovascular disease. At the same time, the prevalence of chronic non-calculous cholecystitis (CNC) ranges from 18 to 29% among the population of different countries. In the course of drug correction of comorbid conditions, a doctor- therapist faces a problem of polypharmacy, which may be partially solved by the use of combined drugs of a plant origin as adjuvants.

The objective of the study is to increase the efficiency of a comprehensive treatment of patients with ischemic heart disease (IHD) and concomitant CNC by additional useof the combined drug of a plant origin cardiophytum.

62 patients with IHD complicated by chronicheart failure of II-III functional class were examined, and 32 patients were diagnosed with concomitant HCH in the stage of unstable remission. The average age of the investigated individuals was $62,6 \pm 5,4$ years. Individuals in the control group (28 people) received a standard treatment complex (nitrate, beta-blocker, angiotensin-converting enzyme inhibitor, anti-agregant). Patients of the main group (34 persons) - additionally took cardiophytum - 5 ml three times a day 15 minutes before taking meals for one month.

In the presence of concomitant CNC, patients reported signs of a more pronounced pain syndrome, an increase in angina attacks, and weakening of the effect of nitrates, which could be regarded as a manifestation of cholecystic-coronary syndrome. At the same time, the use of β -blockers and nitrates deepened the sign of the hypokinetic-hypotonic dyskinesia of the biliary tract. In the course of the study, more severe dysfunction of the autonomic nervous system was observed in patients with concomitant CNC, which was manifested by an increase in LF - an indicator of the activity of the sympathetic system in patients with comorbid pathology (p <0,05). Simultaneously the parasympathetic index (HF) declined, that led to an increase in the ratio of LF / HF (p <0,05). The course use of cardiophytum increased the antianginal effects of nitrates in patients with IHD due to choleretic components in the composition of the investigated medicine, leveled the signs of hypokinetic-hypotonic dyskinesia of the biliary tract in the use of β -blockers and nitrates. Regarding vegetative dysfunction in patients with comorbid pathology, a moderate increase in the proportion of high frequency waves and lowering of low-frequency influences was observed. As a consequence, the LF/HF equilibrium index was significantly lowered (p <0,05).

The use of cardiophytum in the complex therapy of patients with IHD with associated CHC promotes accelerated regress of clinical manifestations, reduces the frequency of the hepatobiliary system side effects and partially corrects vegetative imbalance.

Dogolich O.I. CHRONIC FATIGUE SYNDROME – AN ILLNESS OR A SYNDROME?

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Chronic fatigue syndrome (CFS) is a heterogeneous complex of little-known etiology, the main signs of which are persistent fatigue, which decreases physical activity by more than 50% for at least six months and does not disappear after resting with the exclusion of other symptoms. In the