МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»

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official. Horsetail herb consists of to 25% silicic acid, flavonoids (apigenin, luteolin, kaempferol and quercetin derivatives), phenolic carboxylic acids, tannins, alkaloids (nicotine, palustrin, trimethoxyterizine, lumethoxypyridine, ecmethoxypyridine, ecmethocetyridine, ecmethocytolidine, ecmethocyrrhizin, ecmethocytridine, ecmethocytridine, ecmethocytrin, kaempferol-7-diglycoside, kaempferol-3-glycoside, saponin equisetonin (about 5%), sitosterol, dimethyl sulfone, organic acids (oxalic, malic, linoleic), vitamin C (up to 190 mg%) and carotene (up to 4.7 mg%), essential oil (3–3.5%), bitterness, resins.

Results. The results of clinical and experimental studies show that galenic preparations of horsetail have diuretic, hemostatic, anti-inflammatory, cardiotonic, wound healing, astringent and remineralizing effects on the body (mainly due to silicic acid). The hemostatic properties of horsetail due to tannins, alkaloid palustrin, saponin, equisetonin, equisetic, ascorbic acid, carotene were proved. Its use as a hemostatic agent is indicated for uterine, pulmonary, nasal and hemorrhoidal bleeding. Experimental data indicate a pronounced hepatoprotective effect of horsetail extract. The extract was shown to reduce the activity of alanine aminotransferase, aspartate aminotransferase and alkaline phosphatase in experimental hepatitis. The results of studies indicate the presence of horsetail field antibacterial properties, mainly in relation to gram-positive microorganisms.

Horsetail herb extract is a part of such complex preparations as "Phytolysin", "Uroholum", "Marelin", "Phytolith", "Phytolith-forte", "Urisan", "Tonsilgon", "Uroflux", which are widespread in the pharmacy network of Ukraine. Arturoisan, Arfazetin, Imupret, Uronephron.

There are certain contraindications to the use of horsetail. Do not take decoctions, infusions of this plant for severe kidney damage, acute inflammation, as they can cause irritation. Also, it is harmful for pregnant women. Horsetail preparations are not recommended to take for a long time (more than 3 months).

Conclusions. The obtained data indicate the necessity for in-depth study of the mechanism of pharmacological properties of drugs from this plant and their wider use in clinical practice in accordance with the current state of health of the population of Ukraine. It is advisable to expand the range of research on the healing properties of horsetail for pharmacologists, pharmacists and clinicians at the current level in order to create a pharmacopoeial article and domestic multicomponent drugs of multifaceted action and biologically active additives.

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COMBINED TREATMENT WITH BETA-BLOCKERS AND METFORMIN OF PATIENTS WITH ISCHEMIC HEART DISEASE, ARTERIAL HYPERTENSION AND METABOLIC SYNDROME

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Introduction. In treating patients with a cardiology profile, particularly coronary heart disease with arterial hypertension and rhythm disorders, beta-blockers occupy a prominent place. According to the recommendations, the group of drugs requires long-term administration, which can lead to impaired glucose tolerance and lipid metabolism. At the same time, this category of patients has initial risk factors that form metabolic syndrome. Therefore, drug therapy for arterial hypertension requires the correction of basic drugs in patients with metabolic syndrome.

The aim of the study. The purpose of the study is to evaluate the effectiveness of the combination of bisoprolol and metformin in patients with coronary heart disease in combination with arterial hypertension against the background of latent diabetes and increased body weight.

Material and methods. 48 patients with ischemic heart disease with angina pectoris II-II functional class or diffuse cardiosclerosis in combination with hypertension of the II degree, with latent and mild diabetes and an increased body mass index (BMI) - 30.39±0.45 kg/m2 were examined. Control group patients received bisoprolol, ramipril, amlodipine, acetylsalicylic acid, and atorvastatin. In the main group, patients have additionally been prescribed metformin 500 mg in the

morning after meals for 6 months. The dynamics of glycosylated hemoglobin, body mass index, and arterial pressure were evaluated before and after treatment in both groups.

Results. It was investigated that the additional administration of metformin contributed to a significant reduction of glycosylated hemoglobin "diabetes mirror" from 6.75±0.41 to 5.7±0.31 ($p<0.05$). In the main group, where patients followed the dietary recommendations only, the decrease was only a trend. Control of the body mass index during the course of the study showed an unreliable decrease in the indicator in the main group, while in the control group – its increase was recorded. Analysis of blood pressure dynamics showed a significant decrease in both systolic and diastolic pressure in both groups. In the main group, the target levels were reached, but it was not possible to establish a reliable intergroup difference.

Conclusions. Therefore, the use of the drug metformin in patients with ischemic heart disease, arterial hypertension and metabolic syndrome improves glucose tolerance, contributes to the normalization of body weight and optimizes hypotensive therapy in patients with metabolic syndrome.

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PREGNANCY-ASSOCIATED PROTEIN-A AND C-REACTIVE PROTEIN IN PATIENTS WITH MANIFESTATIONS OF SUBCLINICAL ATHEROSCLEROSIS

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Introduction. The proposed in 2018 definition of clinical conditions in cardiology, which can serve as a manifestation of subclinical atherosclerosis, including asymptomatic patients at risk for coronary heart disease, atypical course, changing the development of acute coronary syndrome, long preclinical period against the background of confirmed coronary atherosclerosis cause a changes in diagnostic and treatment strategy according to the latest European guidelines.

The aim of the study. To investigate the influence associated with pregnancy plasma protein -A (PAPP-A) and C-reactive protein (CRP) in the formation of subclinical atherosclerosis and in estimation of the change rate of intima-media (CIM), total ejection fraction and volume end-systole, total cholesterol, exercise tolerance and the comparison group, the initial level of the biomarker and the background of the treatment (n=23) for statin use and metabolic therapy (trimetazidine and magne -B6).

Material and methods. Examination of 67 patients with the division into two groups with clinical manifestations of subclinical atherosclerosis and atypical clinic in terms of differential diagnosis in the distribution of vegetative- vascular dystonia coronary syndrome X, stable angina stress I-II functional class with an estimate levels of biomarkers (PAPP-A and CRP) to conduct clinical and functional review of all patients (methods of ECG, echocardiography, treadmill test, blood tests, including ELISA).

Results. CIM indication decreased during treatment and observation in the total group (n = 67) ($p <0,05$) and the distribution of PAPP-A≥4,12 mIU/L ($p <0,002$), and observations determined initial increase in CIM over the distribution PAPP-A ≥4,12 mIU/L ($p <0,001$), which were stored during treatment in the total group (n = 67) over the distribution of medium-sized CMMs for PAPP-A were in the treatment ≥ 4,12 mIU/L ($p <0,01$). In the group before /after treatment (n = 23) there was a decrease of-CIM during treatment in the total group ($p <0,02$), with a tendency to decrease CIM in the group where enlarged PAPP-A≥4,48mIU/L ($p>0.05$) and reduced PAPP-A<4.48mIU/L ($p>0,05$), and subclinical atherosclerosis (n = 46) registered a decrease CIM in the treatment group reduced PAPP-A (<4.54mIU/L, $p<0,01$), but not in the group of increased PAPP-A (≥4,5mIU/l, $p>0.1$). The study found a significant decrease in the sum of CIM based content CRP in the total group (n=67) during treatment ($p<0,02$) and at distribution of CRP ≥ 12,47 mg/l a CIM reduction was recorded ($p<0,005$). The initial increase in CIM, which further decreases significantly in the treatment group (n=23) for the distribution of CRP <17, 11≥ mg/dL ($p<0,02$), also significantly reduce CIM consistent for CRP in the treatment group PSA ≥ 12.47 mg/L ($p <0,005$), as well as in atherosclerosis group for CRP (<16,55≥mg/l) with decreasing rate CIM ($p<0,05$).