



The program of intensive therapy for severe sepsis onset with dopaminergic support of sepsis-induced hypotension contributes to the creation of compensatory hemodynamic plateau using the values of mean arterial pressure, minute blood volume and minute volume of the left ventricle.

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**VEGETABLE NEUROPATHY CORRECTION  
IN THE INTENSIVE THERAPY PRACTICE**

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Diabetes mellitus (DM) is a progressive disease of the pancreas, based on the absolute or relative insufficiency of insulin production, which leads to disorders of all metabolic processes in the functional systems of the human body.

Factors, which burden the clinical course of DM and initiate its transition into coma: addition or exacerbation of concomitant diseases (in the first place infectious diseases and pyoseptic complications), surgical trauma, numerous exogenous poisonings and intoxication, shocks etc. are of great importance. As a result, inter-aggravating clinical course arises, on the hand – DM and its complications, which negatively influence on the compensatory processes in the body caused by a concomitant disease, on the other hand – the latter worsens the quality of life under conditions of DM, initiates the development of new complication that give impulse to the development of poly-organic insufficiency.

One of such spread complications is diabetic vegetative neuropathy, specifically its cardiovascular form (CVFDN). The most characteristic features are: persistent tachycardia (non-treatable with  $\beta$ -blockers) or bradycardia (shamly reduced response to atropine), fixed heart rate or total heart denervation (no dependence of heart rate on breathing phase), hypersensitivity to catecholamines (various arrhythmias develop), orthostatic arterial hypotension (baroreflex disturbances of the circulation regulation), development of cardio-respiratory syndrome of Page and Watkins (sudden cardiac arrest and respiration), occurrence of atypical forms of myocardial infarction clinical course.

To investigate the possibility of CVFDN clinical course correction and improve the results of treatment of severe forms of DM in practice of the intensive therapy with the use of pharmacological remedy rheamberin.

In the intensive care unit, 37 patients (15 men and 22 women) aged 41 to 67 years with type II diabetes mellitus, admitted in diabetic hyperglycemic ketoacidosis pre-coma (DGKC) condition were treated and examined. From the first day of the hospital staying, the patients received rheamberin in a dose of 10 mg / kg of the body weight with an intravenous injection rate of 2 ml / kg • min in a complex treatment. Functional tests used for the diagnosis of CVFDN (Ruas, 1996) were performed on the 7-8 days of treatment. Violations of the functions of organs and systems were evaluated according to PON scale, Chalenko V.V. As a comparison, 33 patients (10 men and 23 women) received traditional treatment without rheamberin at similar clinical and biochemical characteristics.

The most significant disorders were in patients who underwent an encephalopathy or collaptoid version of DGKC. In the group of patients, receiving rheamberin, the number of normal samples increased 4%. More pronounced effect was observed in the ratio of other diagnostic samples. Rheamberin infusions increased the number of moderate and reduced the number of significant changes in the CVFDN diagnostic tests, namely from 29% to 43% and from 60% to 41%, respectively. At the same time, it has been stated that rheamberin reduces the need for insulin, improves the well-being of patients, reduces proteinuria.

The use of 10 ml / kg rheamberin as an intravenous drug reduces the development of CVFDN and improves the results of the complex treatment of patients who had undergone DGKC in the intensive care setting of the diabetes severe forms of.