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**PERSPECTIVES OF THE CLINICAL USE OF MELATONIN**

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Melatonin is a hormone of the pineal gland (pineal gland of the brain), was discovered in 1959. Since the 1990s, it began to be produced as a medicinal product and used in clinical practice under various trade names - Vita-melatonin (Ukraine); Melaxen, Melatonex (USA), Circadin (Switzerland, FRG) and others. However, despite the various pharmacological effects of melatonin, its use is still limited.

The main indication for the clinical use of melatonin is sleep disturbance, in particular, in desynchronization and mental illness. Since 2003, it has been recommended by the authoritative Cochrane Database Library of Evidence-based Medicine for use in sleep disorders associated with the rapid transmeridional time zones change in air travel (jet-lag syndrome). Melatonin does not change the physiological structure of sleep and synchronizes the rhythms of the organism, it is no less effective than other hypnotics, in particular Zopiclone.

In addition, melatonin has a powerful antioxidant, pronounced adaptogenic, neuroprotective, and antihypoxant actions, limits the development of stress, slows the progression of Alzheimer's disease, has a sedative effect. Therefore, some researchers recommend prescribing melatonin in complex anti-shock therapy as a geroprotective agent in the treatment of migraine, Alzheimer's disease. It is predicted to be effective in the treatment of stroke and parkinsonism.

Even earlier, many clinical studies proved the positive effect of melatonin on the course of cancer diseases, as well as in the treatment of AIDS patients. It was found that melatonin exhibits a cytostatic, anti-inflammatory, photo- and radioprotective effect, stimulates hematopoiesis and the immune system (enhances the production of cytokines), and against the background of immune hyperactivity, on the contrary, provides an immunosuppressive effect. At the same time, the experience of prescribing this hormone for neurological, oncological, autoimmune, dermatological, and infectious diseases remains limited.

Melatonin has antihypertensive, hypolipidemic, and cardioprotective properties, enhances the therapeutic effect of antihypertensive and antiulcer drugs, improves microcirculation in the stomach wall, inhibits the proliferation of cells in the digestive tract, and also prevents the development of postmenopausal osteoporosis. This allows us to propose the use of the hormone for hypertension, hyperacid gastritis, peptic ulcer disease, tumors of the digestive tract, cardiological and arthrological practice.

The available data indicate the promise of widespread introduction of melatonin into clinical practice for various diseases.

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