

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**104-ї підсумкової науково-практичної конференції  
з міжнародною участю  
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БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
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Конференція внесена до Реєстру заходів безперервного професійного розвитку,  
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(lipid profile, creatinine, uric acid (UA), enzyme-linked immunosorbent assay of serum to determine the levels of amino-terminal propeptide natriuretic peptide (NT-proNUP) and C-reactive protein (CRP).

It was found that in the group with the history of Q-MI, the proportion of patients with SAP of III FC probably predominates ( $51.69 \pm 5.30$  and  $22.58 \pm 7.51$ ) % of cases, respectively ( $p < 0.01$ ), with probably less detection of severe angina among people without IM ( $32.58 \pm 4.97$  and  $54.84 \pm 8.94$ ) % of cases, respectively ( $p < 0.05$ ). The level of total cholesterol (LTC) in the blood is significantly higher in patients with SAP of III FC - ( $5.86 \pm 0.14$ ), against ( $5.33 \pm 0.21$ ) mmol / l, respectively ( $p < 0.05$ ), regardless the presence in patients with the history of Q- and non-Q-MI - ( $5.81 \pm 0.20$ ), against ( $5.67 \pm 0.16$ ), against ( $5.81 \pm 0.20$ ) mmol / l, respectively (in all cases  $p > 0.5$ ). The level of HC is significantly higher in patients with SAP of III FC - ( $500.58 \pm 17.52$ ), against ( $374.14 \pm 20.89$ )  $\mu\text{mol} / \text{l}$ , respectively ( $p < 0.001$ ).

However, this indicator increases only in the combination of SAP with transferred Q-MI (against patients without MI - ( $517.32 \pm 23.34$ ), against ( $425.73 \pm 21.99$ )  $\mu\text{mol} / \text{l}$ , respectively,  $p < 0, 01$ ), without significant differences in the value of this indicator in combination with SAP with transferred non Q-MI (against patients without MI - ( $435.63 \pm 32.336$ ), against ( $425.73 \pm 21.99$ )  $\mu\text{mol} / \text{l}$ , respectively,  $p > 0.5$ ). Blood creatinine values were determined to be significantly higher in patients with severe SAP - ( $111.19 \pm 3.88$ ), against ( $96.48 \pm 4.36$ )  $\mu\text{mol} / \text{l}$ , respectively ( $p < 0.05$ ), and in combination with SAP with Q-MI - against patients without MI ( $115.60 \pm 5.28$ ), against ( $94.37 \pm 2.98$ )  $\mu\text{mol} / \text{l}$ , respectively ( $p < 0.001$ ) and not Q-MI - against patients without MI ( $115.19 \pm 8.78$ ), against ( $94.37 \pm 2.98$ )  $\mu\text{mol} / \text{l}$ , respectively ( $p < 0.05$ ). There was a probable increase in the levels of NT-pro NUP - ( $365.28 \pm 52.03$ ), against ( $191.16 \pm 29.23$ ) pg / ml, respectively ( $p < 0.01$ ) and CRP - ( $13, 60 \pm 1.18$ ), against ( $6.77 \pm 0.40$ ) mg / l, respectively ( $p < 0.001$ ). There was no difference in these biomarkers depending on the presence in the history of transferred Q- and non-Q-MI. Concentration of CRP in patients without MI, after Q- and non-Q-MI ( $10.34 \pm 1.19$ ), against ( $11.34 \pm 0.86$ ), against ( $12.76 \pm 5.50$ ) mg / l, respectively (in all cases  $p > 0.5$ ) did not have a reliable position. On the contrary, the level of triglycerides (TG) does not significantly depend on the severity of SAP - ( $2.33 \pm 0.07$ ), against ( $2.16 \pm 0.12$ ) mmol / l, respectively ( $p > 0.5$ ), nor from the transferred Q- and not Q-MI. The level of TG in patients without MI, after Q- and non-Q-MI is ( $2.28 \pm 0.13$ ), against ( $2.31 \pm 0.07$ ), against ( $2.09 \pm 0.08$ ) mmol / l, respectively (in all cases  $p > 0.5$ ).

**Conclusions.** It should be noted that a higher functional class of stable angina involves an increase in total cholesterol, levels of amino-terminal propeptide natriuretic peptide and C-reactive protein, regardless the presence of the history of Q- and non-Q-myocardial infarction.

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## **FIELD HOGS – THE LATEST SCIENTIFIC ACHIEVEMENTS, NEW PERSPECTIVES OF USE (REVIEW OF THE LITERATURE)**

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**Introduction.** The current state of the environment and the progressive deterioration of the health of the population of Ukraine require the medical community to pay more attention to the development and use of drugs from plants, especially since Ukraine's phytoresource base is rich in raw materials. The negative impact of the environment on the human population is not only an increase in morbidity, but also the formation of polymorbidity and comorbidity, which progress with age and lead to forced polypragmatism, the threat of side effects from modern drugs of synthetic origin. It is recognized that for such patients herbal medicines (in particular horsetail-based medicines) of multifaceted, multiorgan action are the optimal addition to treatment complexes.

**The aim of the study.** In this article we analyze the literature on the spectrum of therapeutic properties of horsetail and drugs obtained from it in the treatment of internal organs diseases.

**Material and methods.** Horsetail (*Equisetum arvense* L) – is a perennial herbaceous plant of the horsetail family (*Equisetaceae*), widespread over the whole territory of Ukraine. Plant is

official. Horsetail herb consists of to 25% silicic acid, flavonoids (apigenin, luteolin, kaempferol and quercetin derivatives), phenolic carboxylic acids, tannins, alkaloids (nicotine, palustrin, trimethoxyterizine, lumethoxy pyridine, ecmethoxy pyridine, 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, equisetin, 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) -  $30.39 \pm 0.45$  kg/m<sup>2</sup> 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