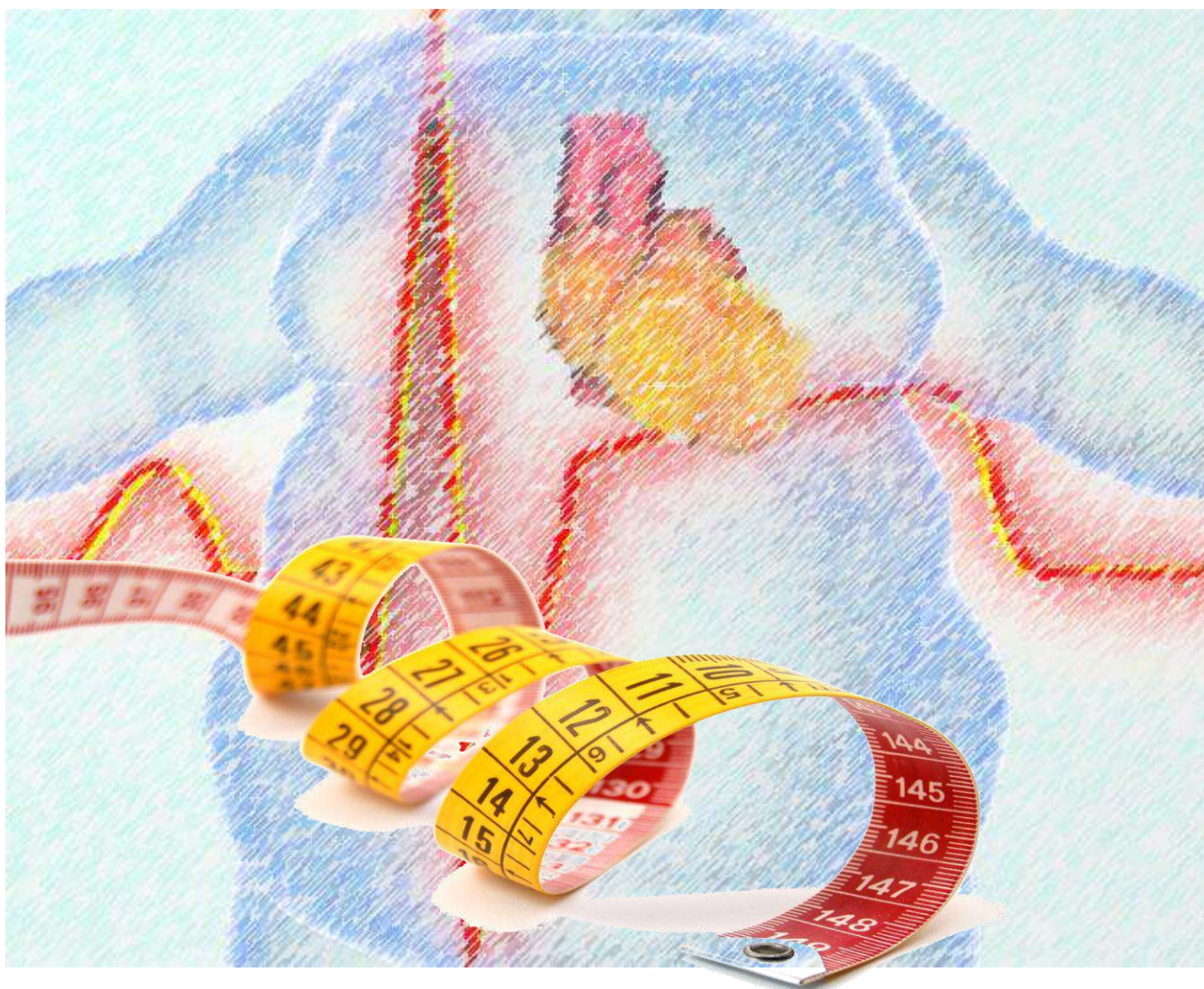


**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ВИЩИЙ ДЕРЖАВНИЙ НАВЧАЛЬНИЙ ЗАКЛАД
УКРАЇНИ «БУКОВИНСЬКИЙ ДЕРЖАВНИЙ
МЕДИЧНИЙ УНІВЕРСИТЕТ»**

**КАФЕДРА КЛІНІЧНОЇ ІМУНОЛОГІЇ, АЛЕРГОЛОГІЇ
ТА ЕНДОКРИНОЛОГІЇ**

ОЖИРІННЯ ТА МЕТАБОЛІЧНИЙ СИНДРОМ: МІЖДИСЦИПЛІНАРНІ АСПЕКТИ

**Матеріали науково-практичної інтернет-конференції
з міжнародною участю
25-26 червня 2020 року**



established by sonography. The activity of the enzymes ALAT and ASAT was increased by 1,5-2 times.

The functional state of the kidneys was studied under conditions of 12-hour spontaneous diuresis and when conducting a water load in the amount of 0,5% of body weight. The control group consisted of 20 healthy persons of the corresponding age.

Results. Under the conditions of spontaneous diuresis, the excretion of titrated acids and ammonia increased 2-2,3 times in patients of two groups both as a whole and with the existing nephrons in terms of 100 ml of glomerular filtration (GF) ($p < 0,05$). In parallel, the urine pH decreases ($p < 0,05$), which is associated with an increase in urine concentration and the excretion of active forms of hydrogen both by functioning nephrons and in general.

Conducting water load allowed identification of more significant changes. So, if you count the indicators of acid excretion for one hour and compare with the characteristics of the kidney function in spontaneous diuresis, it can be noted that in water diuresis, the excretion of acids by the kidneys in healthy individuals is activated. In patients, the reaction is quite the opposite: in patients in both groups, kidney excretion of titrated acids and ammonia decreases almost 2 times ($p < 0,05$), and their excretion in terms of 100 ml/GF has a tendency to increase, that evidence of GF violation.

It should be noted that more significant changes in acid excretory function kidneys were detected in patients with obesity both in conditions of spontaneous diuresis and during water load ($p > 0,05$).

Conclusions. Thus, in patients with non-alcoholic steatohepatitis with overweight and grade I obesity, changes in acid excretory function of the kidneys are noted: with spontaneous diuresis, this function is sharply activated, and with water load it decreases, which is associated with a decrease in glomerular filtration. At the same time, there was no significant difference in the change in the acid excretory function of the kidneys in both groups. This must be considered when treating this pathology.

EXPERIENCE OF COMBINED APPLICATION OF ALLOPATHIC AND ANTIGOMOTOXIC MEDICINES IN THE TREATMENT OF COMPLICATIONS OF DIABETES MELLITUS TYPE 2

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Introduction. One of the reasons for the disability of patients with diabetes mellitus type 2 is the development and progression of atherosclerosis of the lower extremities and peripheral neuropathy. The above listed complications are caused by a complex of metabolic disorders based on insulin resistance of peripheral tissues. Despite the achievements of pharmacology in the correction of metabolic processes, it is often impossible to achieve stable positive results.

The aim of our study was to evaluate the effectiveness of the use in the treatment of diabetes mellitus type 2 complicated by macro and microangiopathy of the lower extremities, traditional allopathic drugs in combination with homeopathic remedies.

Material and methods. 19 patients with an appropriate pathology and a disease duration of 7-10 years were examined. The first group of patients (10 people) was prescribed metformin in a daily dose of 1 g, ramipril in a daily dose of 5 mg, B vitamins, thioctic acid infusions at a dose of 600 IU per day, followed by transition to tablet forms, actovegin 5 ml, rheosorbilact 200 ml.

Patients of the second group (9 people) were additionally prescribed Lymphomyosot N 1,1 ml intramuscularly once every three days 10 injections per course, and Placent compositum 2,2 ml in the same mode of administration.

Results. Treatment results were evaluated on day 16 of treatment. Patients of the second group noted clinical improvement already on the 9th day: a decrease in the numbness of the lower extremities, the appearance of a sensation of warmth in the feet, which gradually increased during treatment.

The significant and most significant difference in the results of complex therapy compared with standard regimens was clearly observed at the end of treatment in patients of the second group, a decrease in general weakness, dizziness, increased performance and exercise tolerance was noted, peripheral arterial pulsation improved, and longer-term effectiveness of antihypertensive drugs was observed.

The appointment of antihomotoxic drugs in this category of patients in the regimen of 1 ampoule per week for 6 months led to a decrease in the frequency of hospitalizations throughout the year and an increase in the quality of life.

Conclusions. Thus, the additional inclusion of these antihomotoxic drugs in the treatment regimen of diabetes mellitus type 2 positively affects peripheral blood circulation and improves the quality of life of patients.

RENAL OUTCOMES OF SGLT2 INHIBITORS: FOCUS ON DIABETIC KIDNEY DISEASE

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Diabetes mellitus (DM) is a leading cause of Chronic kidney disease (CKD), accounting for 30–50% of incident end-stage renal disease (ESRD) in the western world. Diabetic kidney disease (DKD) is one of the most severe complications of DM, which dramatically decreases the quality and duration of life of diabetic patients. 8% of newly diagnosed patients with diabetes already had prevalence or evidence of DKD that demonstrate the need to appropriately screen for DKD upon diagnosis of diabetes. The myth that DKD is not inevitable is dispelled nowadays – use of angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), and good glycemic control have been shown to delay the

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ОЖИРІННЯ ТА МЕТАБОЛІЧНИЙ СИНДРОМ: МІЖДИСЦИПЛІНАРНІ АСПЕКТИ

Матеріали науково-практичної інтернет-конференції з міжнародною участю. – Чернівці, 25-26 червня 2020 року.

