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CORRECTION OF THE CLINICAL COURSE OF NON-ALCOHOLIC STEATOHEPATITIS AND DIABETIC KIDNEY DISEASE ON THE BACKGROUND OF COMPREHENSIVE TREATMENT OF PATIENTS WITH TYPE 2 DIABETES MELLITUS

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The aim of the study was to determine the probable effect of a complex of metformin, rosuvastatin, essential forte H and quercetin on the clinical course of non-alcoholic steatohepatitis (NASH), diabetic kidney disease (DKD), type 2 diabetes mellitus (DM2).

Material and methods. Depending on the prescribed treatment of 60 patients with NASH with diabetes mellitus² and stage I-III DKD, randomly examined patients were divided into 2 groups: (1 group - control: 28 people) received a low-calorie diet with dietary restrictions №9, essential phospholipids (EPL) (Essentiale forte H) 300 mg 2 caps. 3 times a day for 30 days, metformin hydrochloride (Metformin-Teva) 1000 mg per day, rosuvastatin (Rosuvastatin-Teva) (5 mg 1 time per day) for 1 month. Group 2 consisted of patients (32 people) who, in addition to similar dietary recommendations, additionally received the drug quercetin and povidone (Corvitin) 500 mg intravenously in 100 ml of isotonic sodium chloride solution) for 10 days. The mean age of patients was (53.8 ± 3.52) years. The comparison group for the presentation of the average reference values of homeostasis was 30 healthy individuals (30) of the appropriate age.

Research results and their discussion. The dynamics of clinical syndromes in patients with NASH and comorbid DKD and diabetes mellitus before and after treatment are shown in table 1. Under the influence of therapy received by group 2 patients, improvement of well-being, reduction of symptoms of astheno-vegetative, intoxication syndrome, dyspeptic manifestations noted 6-7 day from the beginning of treatment, whereas in patients of group 1 - only from 12-13 days. One month after the start of therapy, the astheno-vegetative syndrome of much lower intensity persisted in only 1 person (3.13%) of the 2nd group, while in the 1st group it remained in 9 patients (32.1%). , 05). At the same time in most patients of the 2nd group the feeling of heaviness and pain in the right hypochondrium disappeared (respectively in 31 (96.9%) against 57.1% in the 1st group ($p < 0.05$), and almost no disturbed dyspeptic symptoms (in 24 patients of group 2 (75.0%) against 11 people (39.3%) in group 1. A month after treatment, no clinical manifestations of cholestasis were registered in 20 (62, 5%) of patients of the 2nd group and only in 10 patients (35.7%) in the 1st group ($p < 0.05$). Which after treatment for one month remained in only 5 people in group 2 (15.6%), while in group 1 it had 19 people (67.9%) ($p < 0.05$). was registered only in 1 patient

of group 2 (3.13%), while in group 1 enlargement of the spleen was found in 8 people (28.6%) ($p < 0.05$).

Conclusion. Combination therapy with essential phospholipids, rosuvastatin, metformin in combination with quercetin in persons with comorbid nonalcoholic steatohepatitis, type 2 diabetes mellitus and diabetic kidney disease, helps to eliminate the main clinical symptoms of exacerbation of nonalcoholic steatohepatitis.

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