

in the studied parameters: the total protein content increased by 1.3 times ($p < 0.05$), while the urea level ($p < 0.05$) and cholesterol decreased by 1.2 times. The use of DETVF at a dose of 75 and 100 mg/kg promoted an increase in the total protein content in 1.3 ($p < 0.05$) and 1.2 times ($p < 0.05$) respectively; reduction in urea by 39% ($p < 0.05$) and 33% ($p < 0.05$) respectively; the expressed tendency to decrease in a level of cholesterol in 1,2 times.

Conclusions. A range of doses (75-100 mg/kg) was established in which DETVF has a positive effect on protein and lipid metabolism at the level of the “Karsil” comparison drug. The obtained results positively characterize the investigated object, since the normalizing effect on the exchange of lipids and proteins is an essential element of the hepatoprotective action.

COMPARATIVE STUDY OF THE ANTIGYPERGLICEMIC ACTION OF ANTIDIABETIC PHYTOMEDICATION ON THE MODEL OF DIABETES MELLITUS TYPE 2

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Introduction. Today, in the treatment of diabetes mellitus type 2, along with oral antidiabetic agents, as auxiliary therapies it is often used medicinal herbs and medicines on their basis. While the antidiabetic effect of officinal herbal medicines, especially the collection Arfazetin, is sufficiently covered in the scientific literature, information on the pharmacological properties of phytoteas with hypoglycemic activity (Diabetonic, Diabet-STOP etc.) contains, mainly, only data on the activity of individual components. However, hypoglycemic activity is important for correct choice of the most effective herbal medicine.

The **aim** of this work was an experimental comparative study of the antihyperglycemic effect of phytoteas Diabetonic and Diabet-STOP and collection Arfazetin on the model of diabetes mellitus type 2, induced by dexamethasone.

Materials and methods. Type 2 diabetes was reproduced by subcutaneous administration of synthetic glucocorticoid dexamethasone to white non-linear female rats of age 18 months at a dose of 0,125 mg/kg for 13 days. Phytoteas Diabetonic, Diabet-STOP and Arfazetin were administered at the same time as dexamethasone for 13 days daily intragastrically in effective doses proposed for use in medical practice. Blood glucose in serum was determined by glucose oxidase method.

Results and discussion. The induced pathology was characterized by a statistically significant increase in the glucose level by 2.0 times compared with intact animals, indicating the development of insulin resistance and type 2 diabetes.

The use of phytoteas Diabetonic, Diabet-STOP and collection Arfazetin was accompanied by a significant antihyperglycemic effect. In particular, in Diabetonic group the level of glucose decreased by 24,5% compared with the control, Diabet-STOP contributed to decrease in glucose concentration by 26,0%, collection Arfazetin – by 29,2%. It should be noted that there was no statistical significance between study agents in terms of antihyperglycemic action, which is probably due to the known hypoglycemic effect of their identical components, such as bean leaflets and blueberry burgeons.

Conclusions. Thus, on the model of dexamethasone type 2 diabetes, phytoteas Diabetonic and Diabet-STOP exhibit antihyperglycemic effect, which is comparable to the action of the officinal antidiabetic collection Arfazetin.

DEMODEKOZ – COSMETIC AND MEDICAL PROBLEM

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Introduction. Demodectosis is a parasitic skin disease, occupying the seventh place among skin diseases. The causative agent of demodectosis is the tick-mite (demodex). Demodex is found in the hair follicles, sebaceous glands of the human skin, meibomian glands of the eyelids. More often demodectosis

occurs in young people under 25 years and people older than 50 years. This is due to the age-related changes in the skin and sebaceous glands that support the activity of ticks. Ticks destroy skin cells with chelicers, which promotes keratinization, pigmentation and the formation of inflammatory infiltrates. Ticks can produce a humoral factor that causes selective suppression of T lymphocytes. This has a suppressive effect on the immune system, which, in turn, allows the conditionally pathogenic microflora to colonize the host. The disease is common in all countries. The greatest activity of demodex on human skin is observed in the spring-autumn period, which is associated with increased insolation, changes in ambient temperature, immune and endocrine changes.

Goal. To study the current state of the problem of demodicosis.

Materials and methods. Questioning of students of 1-3 courses and pharmacy respondents (women 35-55 years). Study of histological skin preparations with demodicosis on the basis of the laboratory.

Results and discussion. We have compiled 10 questions on the problem of demodicosis. 93 students (future masters of pharmacy and pharmacists-cosmetologists) and 34 respondents of drugstores were panned. The results of the survey among students showed the following results. Only 13% of students have a clear idea of demodicosis (demodex). 75% of students believe that the type of skin affects the appearance of demodectic. In fact, the type of skin for the appearance of demodectic is not affected. The tick can affect any type of skin. At 13% of students at different times diagnosed with demodicosis. At the same time, every 2-3 students in childhood often had "barley". It is known that the frequent formation of "barley" is a symptom of demodectic. 68% of students consider demodicosis to be a contagious disease, which is transmitted through personal contacts, cosmetics and skin care products. 6% of students do not always follow the rules of personal hygiene. 9% of the students surveyed now have this problem. 8% are observed at the doctor, 2% - at the cosmetician. 10% of students know that there is a connection between acne and demodicosis. Only 1% of students know that skin care products with irritating effect are not suitable for patients with demodicosis: alcohol, hamamelis, flavors, menthol, mint, eucalyptus, clove oil, salicylic acid. The level of awareness of the problem of demodicosis on all questions of the questionnaire among students, future pharmacists-cosmetologists is 35-42% higher. The results of questionnaires of pharmacy respondents (women 42-50 years old) showed that 2.8% of respondents, demodectic progresses with age, but this category of respondents has a more informed and informed approach to this problem. The diagnosis of demodicosis is established on the basis of the clinical picture and detection of the tick in the contents of pustules, the secretion of the sebaceous glands, in scrapings and scales from lesions. The study on the basis of the laboratory of histological preparations of the skin of patients with demodicosis showed the following pattern: dilated vessels of the skin and thickening of the vessel walls, the presence of focal neutrophilic, eosinophilic, lymphoplasmic infiltration, hyperplasia of the sebaceous glands and destruction of the epithelium of follicles, hyperplasia, and sometimes formation in the dermis of cysts and granulomas.

Conclusions. The results of the study showed that demodicosis is an actual cosmetic and medical problem. This is a chronic disease with remissions and exacerbations. Treatment of demodicosis is a long process, because it is not limited to the use of medicines. Based on the questionnaire survey of students and pharmacy respondents, studies of histological preparations with demodicosis, we made recommendations for the prevention of demodectic infections.

CAUSES OF EMOTIONAL DISORDERS AND MODERN TREATMENT METHODS (REVIEW)

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Introduction. In the modern world, every third person suffers from one form or another of mental disorders, the share of which is in the economically developed countries of the West – 82.8%, in the Eastern European countries (in particular, in Ukraine) – 88.4%, in developing countries – 65.3%.