

MODERN PHARMACOTHERAPY OF ACUTE PHARYNGITIS

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Introduction. Pharyngitis is an inflammatory change in the pharyngeal mucosa, accompanied by a feeling of pricking in the throat, swallowing pain. The risk of getting acute pharyngitis especially high during the winter. There are a lot of factors affecting the incidence rate: pathogens (viruses, bacteria, etc.), smoking, drinking cold drinks and even acceptance of different drugs. It is necessary to say a few words about the pathogenesis of the disease - a violation of swallowing; a sharp increase in palatine tonsils, plaques or ulcers on the tonsils; redness of the throat; increase and morbidity of lymph nodes; increase in body temperature to 38.5-39.0 °C.

Aim. Search and study of drugs for the treatment of acute pharyngitis and the prospect of new ones.

Materials and methods. Effective pharmacotherapy: Clarithromycin (500 mg twice daily for 5 days), Ospexin (250 mg after 6 hours or 500 mg after 12 hours; maximum dose of 1-4 g per day), Cefalexin (250 mg after 6 hours or 500 mg after 12 hours; maximum dose of 1-4 g per day) - antibiotic; Orasept (Spraying every 2-4 hours to 5 times a day), Decasan (washing the lacunae of the tonsils (50-75 ml for washing), duration of treatment - 2-4 weeks), Solutio Lugolicum glicerino (swab, moistened with the drug, lubricate the affected mucous membranes of the pharynx and larynx 3-4 times a day), Givalex (for one rinse: 2 teaspoon dissolve the drug in ¼ cups of warm water. From 2 to 4 gargles per day. Do not swallow. Treatment course - 5 days)- antiseptic therapy; Mycostatin (appoint inside tablets in 500000 OD 3-4 times a day or 250,000 OD 6 - 8 times a day. Daily dose - 1500000 - 3000000 OD), Diflucan (the dose is 200-400 mg on the first day, the maintenance dose - 100-200 mg/day. Duration of treatment is 7-21 days) - antifungal, as well as glucocorticosteroid – Decadron (0.75-9 mg per day to take internally within 6-12 hours). Despite the wide range of pharmaceutical drugs, we as a professionals should not forget medicinal plants. Examples of medicinal plant material that occur in herbal medicine such as Calendula flowers, Chamomile, Icelandic moss extract, Eucalyptus leaves, Hippophaeae oleum and Chlorophyllipt - extracts of chlorophyll a and b, which are isolated from Eucalyptus. Their main pharmacological action directed to antiseptic, antimicrobial, anti-inflammatory, healing, analgesic, bactericidal effects also contribute to rapid recovery of the mucous membranes of the pharynx. Most medical plants used both internally - in the form of decoctions, infusions, inhalations, also in the form of oil solutions and externally - in the form of infusions for rinsing and washing gaps.

Results and discussion. With certainty it can be said that acute pharyngitis is treated, it is necessary to carry out prevention in a timely manner, as well as to introduce a healthy lifestyle.

Conclusion. After consideration of this issue, one must think about expanding the list of not only preparations of chemical composition, but also of natural origin. The topic is very relevant and has great prospects for creating new and improving existing pharmacotherapeutic and phytotherapeutic treatment approaches.

PHARMACOTHERAPY OF MALARIA

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Introduction. Malaria is disease caused by parasites that are transmitted to people through the bites of infected mosquitoes. Malaria threatens almost half of the world's population. It spread in Africa, India and other areas of Asia, South and North Korea, the Dominican Republic, Haiti, South America (including northern parts of Argentina), Mexico. Year after year there are about 300-500 million cases of malaria all over the world.

Symptoms of the disease appear a few weeks after infection, but the period of symptoms may change. It depends on the host and pathogen factors.

The main symptoms of malaria are headache, coughing, fatigue, malaise, arthralgia, myalgia. Depending on the type of malarial plasmodium, choose the way and algorithm for the treatment of the disease.

Aim. The purpose of this work is to study the pharmacotherapy of malaria in international medical practice.

Materials and methods. For the treatment of malaria are used antiprotozoal drugs. Artemisinin-Combined Therapy (ACT) is recommended for treatment of uncomplicated cases of malaria caused by parasites of *P.falciparum*. This therapy combines two active components with different mechanisms of action.

Treatment of infections, caused by *P.vivax* carry out with help ACT or chloroquine in the area where *P.vivax* is not resistant to chloroquine. In areas where *P. vivax* is resistant to chloroquine, infections should be treated with ACT.

Results and discussion. Currently, the WHO recommends to use five types of ACT against malaria caused by *P.falciparum* (Artemether – Lumefantrine, Artesunate – Amodiaquine, Artesunate – Mefloquine, Artesunate – Sulfadoxine/Pyrimethamine, Quinine – Tetracyclines/Clindamycin).

Conclusions. To date, ACT is the most effective antimalarial remedy. Monitoring the effectiveness of antimalarial drugs is a key element in the fight against malaria. Consequences of resistance can be fatal.