PROMISING STUDY OF PHARMACOLOGICAL ACTIVITY OF PHYTO-SUBSTANCES FROM LARGE-FRUITED CRANBERRY

Amanov Resul
Scientific supervisor: Kireyev I.V.
National University of Pharmacy, Kharkiv, Ukraine
ruslanmagamedov7007@gmail.com

Introduction. Urinary tract infections are among the most common diseases of urological practice. The most common manifestation of uncomplicated infection of the lower urinary tract is acute cystitis (inflammation of the lining of the bladder). Herbal preparations with healing properties have long been used to treat various diseases, including infections of the urinary system. In this aspect, large-fruit cranberries are a promising plant.

Aim. The aim of the study was to promising study of pharmacological activity of phyto-substances from large-fruited cranberry.

Materials and methods. In this research we used content analysis of official sources of information.

Results and discussion. Cranberries (Vaccinium macrocarpon) is the heather family, the fruits of which have been used by our ancestors for thousands of years as a treatment. Cranberries, which are harvested in September-October, as well as preparations based on it, are among the most commonly used herbal products worldwide. So, in 1997 cranberries entered the top ten plant products sold in the United States. Usually fresh whole berries, gelatinized products, juices (usually 10-25% by volume of natural juice) and capsules are used.

Conclusions. According to experimental studies, cranberry preparations caused inhibition of bacterial adhesion, including the main uropathogen E. coli on various in vitro surfaces, including cellular ones. Due to the large amount of biologically active substances, cranberries exhibit pronounced antibacterial, anti-inflammatory, antioxidant, tonic effects, and large-fruit phytosubstances are quite promising in the treatment and prevention of urinary tract infections.

MODERN PHARMACOTHERAPY OF CUTANEOUS CANDIDIASIS

Bilukha D.V
Scientific supervisor: Riabova O.O.
National University of Pharmacy, Kharkiv, Ukraine
bva231611@gmail.com

Introduction. Candidiasis is a fungal infection caused by yeasts from the genus *Candida. Candida*, normally resides on the skin and in the mouth, digestive tract, and vagina and usually causes no harm. Under certain conditions, however, *Candida* can overgrow on mucous membranes and moist areas of the skin. Typical areas affected are the lining of the mouth, the groin, the armpits, the spaces between fingers and toes, on an uncircumcised penis, the skinfold under the breasts, the nails. *Candida albicans* is responsible for about 70 to 80% of all candidal infections. *Candida* species are the most common cause of fungal infection in immunocompromised persons.

Aim. Study of modern standards of medical care for patients with candidiasis.

Materials and methods. We conducted an analysis of articles, an adapted clinical guideline based on evidence, a unified clinical protocol providing medical care for patients with cutaneous candidiasis.

Results and discussion. The clinical presentation of cutaneous candidiasis can vary depending on the type of infection and the degree of immunosuppression. Most ofen, a pruritic red rash develops. Physical examination reveals a rash that begins with vesiculopustules that enlarge and rupture, causing maceration and fissuring. The area involved has a scalloped border with a white rim consisting of necrotic epidermis that surrounds the erythematous macerated base. Paronychia and onychomycosis are frequently associated with immersion of the hands in water and with diabetes mellitus.

Most localized cutaneous candidiasis infections may be treated of topical antifungal agents. In cases of extensive cutaneous infections, infections in immunocompromised patients, folliculitis, or onychomycosis, systemic antifungal therapy is recommended. Topical antifungal agents include polyene antibiotics: amphotericin B, nystatin, hamycin, natamycin; azoles: bifonazole, clotrimazole, econazole, ketoconazole, miconazole, oxiconazole, sertaconazole; allylamines, for examples, terbinafine; other topical agents: undecyclinic acid, ciclopirox and etc. Systemic antifungal drugs include allylamines (terbinafine), polyene antibiotics (amphotericin B, nystatin, levorin), pyrimidine antibiotics (flucytosine).

Of the clinically employed azole antifungals, only a handful are used systemically. These include ketoconazole, itraconazole, fluconazole and etc.

Conclusion. Thus, we studied and analyzed modern standards of medical care for patients with cutaneous candidiasis, according to which the treatment of cutaneous candidiasis includes the use of local and systemic antifungal drugs.

CURRENT TRENDS IN THE USE OF 1, 4-BENZODIAZEPINE DERIVATIVES IN MEDICAL PRACTICE

Botsula I.V.
Scientific supervisor: Kireyev I.V.
National University of Pharmacy, Kharkiv, Ukraine
botsula.iv@gmail.com

Introduction. Despite the fact that anxiety is a normal reaction of the body to the action of environmental factors, yet with chronic manifestations, it can significantly impair the quality of life. The reasons for its occurrence are many: from problems in the family, education or work to the detection of the disease at a later stage. At present leading positions among anxiolytics, the effects of which are aimed at reducing anxiety, continue to occupy 1, 4-benzodiazipine derivatives.

Aim. The aim of the study was to current trends in the use of 1, 4-benzodiazepine derivatives in medical practice.

Materials and methods. In this research we used content analysis of official sources of information.

Results and discussion. The main target of benzodiazepines are γ-aminobutyric acid (GABA) type A (GABAA) receptors. GABA receptors are ligand-controlled anion channels that are activated by GABA, the major inhibitory neurotransmitter in the central nervous system. When stimulating GABA-ergic inhibitory activity with endogenous ligands, benzodiazepines or other drugs, sedation, amnesia and ataxia occur, while the weakening of GABA-ergic activity leads to the development of disorders, anxiety and insomnia. Each functioning GABA receptor is a heteropentamer, where all five subunits have the same tertiary structure and form a rosette around the membrane channel for chlorine ions. Each GABA receptor has two binding sites for GABA (αβ + αβ) and one site (αγ) for binding of benzodiazepines and hypnotics of non-benzodiazepine