

**Results and discussion.** It has been found that cannabis can correct side effects of cancer chemotherapy. Cannabis reduces the symptoms of chemotherapy-induced peripheral neuropathy. Another studies show that cannabinoids are very effective for treatment of nausea and vomiting – common side effects of cancer therapy. Medical cannabis can improve cancer-related stress. Cannabis is also effective for treating levodopa-induced dyskinesias in patients with Parkinson disease. Results of few investigations suggest cannabis can be used for correction of neurocognitive functioning impairment induced by long-term efavirenz use in HIV-infected patients. Cannabis prevents negative bladder symptoms which connect antimuscarinic (anticholinergic) treatment. Also cannabis relieves depressive symptoms induced by reserpine. Another data suggest cannabis to be a potential treatment for nicotine addiction. The primary constituent of marijuana,  $\Delta^9$ -tetrahydrocannabinol, significantly blocked hemorrhage development and decreased stomach ulceration induced by non-steroidal anti-inflammatory drugs.

**Conclusions.** The experimental and clinical data argue the perspectives of using medical cannabis for correction of side effects of chemotherapy of cancer, pharmacotherapy of Parkinson disease, antiretroviral therapy and other adverse reactions of medicines.

## PHARMACOTHERAPY OF ATHEROSCLEROSIS BY MEDICINAL PLANTS

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**Introduction.** Diseases of cardio-vascular system and atherosclerosis (that is often a background of named diseases) are one of the main problems of modern medicine. An intensive search of optimal methods of atherosclerosis treatment resulted in appearance of new ways of therapy, assisted to creation of new medicines. Despite the progress in therapy of atherosclerosis, different questions are still present. For example, it is high price of synthetic medicines, side effects occurring in long-term treatment. That is why development of alternative methods of therapy of this disease is needed today.

**Aim.** To prove an effectiveness and perspectives of phytotherapy use for atherosclerosis treatment basing on the analysis of information from scientific articles and internet resources.

**Results and discussion.** Medicinal plants for atherosclerosis treatment are used both by official and folk medicine. For example, such plants as Crataegus, Valeriana, Leonurus, Mentha, Allium sativum and others are used. They cause different pharmacological effects, that are necessary for atherosclerosis treatment such as normalization of lipid metabolism and blood coagulation, antihypoxic and sedative effect.

Affecting lipid metabolism medicinal plants assist elimination of cholesterol, triglycerides, low and very low density lipoproteins (atherogenic factors) from the body and increase the level of high density lipoproteins (anti-atherogenic factors) in the body. These effects Arnica, Ruta, Cucurbita, Viburnum, Helianthus, Malus, Medicago and others have.

Causing antihypoxic effect biologically active substances of plant origin increase the resistance of the body to hypoxia and decrease its negative effects on the organs and tissues. Antihypoxic effect Arnica, Calendula, Tanacetum, Betula and other plants have. Use of these plants in herb collections improves the results of therapy of atherosclerosis and its complications.

Anticoagulant effect of medicinal plants is used, first of all, for prophylaxis of thromboembolic complications, which develop as a result of disorders of blood coagulation. Medicinal plants that contain cumarins, for example, Melilotus, Crataegus, Thalictrum, Rubus saxatilis, Carum carvi, cause anticoagulant and fibrinolytic effects.

Sedative effect of medicinal plants is used to stop the influence of unfavorable exogenic and endogenic conditions on CNS, that may lead to worsening of patient's state. As sedative agents Origanum, Mentha, Melissa, Leonurus, Epilobium, Valeriana and others are used.

Thus, the analysis of information from scientific articles and internet resources show that a lot of medicinal plants have specific anti-atherosclerotic effect (ability to normalize lipid metabolism) and also antihypoxic, anticoagulant, sedative effects which are necessary for atherosclerosis treatment.

**Conclusions.** As a conclusion, it is possible to say, that phytotherapy plays an important role in prevention and therapy of atherosclerosis. In comparison to synthetic medicines medicinal plants are well-tolerated even in case of long-term administration, do not cause tolerance and have good therapeutic efficacy. Taking into account named advantages of medicinal plants we conclude that creation of new plant origin medicines on the base of biologically active substances of medicinal plants (particularly, obtaining the extracts and their combination) is perspective and important, and may assist improvement of quality of treatment of atherosclerosis and its complications.

## APPROACHES TO LOCAL THERAPY OF PSORIASIS

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**Introduction.** Psoriasis is a chronic relapsing disease that affects mainly the skin and is characterized by increased proliferation of epidermis cells, disturbances of keratinization, inflammation. Its prevalence in the population ranges from 2% to 4%. In the treatment of psoriasis, diet and skin care guidelines are mandatory. Local treatments using ointments containing glucocorticosteroids, salicylic acid, ichthyol, urea, naphthalene oil, propolis, vitamins, etc. are generally recognized. At moderate and severe course of the disease, phototherapy, complex pharmacotherapy, which involves the systematic use of immunosuppressants (glucocorticosteroids, cyclosporine, methotrexate, etc.), vitamins, sedatives, hepatoprotectors, is used. Despite the wide variety of approaches to treatment, high torpidity to therapy leads to a decrease in the level of social adaptation, working capacity, quality of life for patients.

**Aim.** An analysis of the clinical case of using a combined ointment with cyclophosphamide for the treatment of psoriasis.

**Materials and methods.** Ill L., 19 years old, since childhood suffers from psoriasis. Blisters and drop-shaped lesions are localized mainly on the bending surfaces of the limbs and the shin. During the last three months, the patient received treatment with topical glucocorticosteroids, ointments with salicylic acid, urea, and took courses in phototherapy. After the ineffectiveness of these methods of therapy on its own initiative, the ointment produced by the main line was used as follows: cyclophosphamide (0.2), betamethasone (0.5), salicylic acid (0.25), vitamin A (3.44% of oil solution 5.0), vitamin E (10% oil solution 5.0), lanolin (25.0), vaseline (25.0). The patient applied the ointment to the affected skin twice a day for a month.

**Results and discussions.** The use of ointment for a month led initially to a decrease, subsequently to the disappearance of psoriatic rash, which suggests a remission that lasts 6 months. There was no hypo- or hyperpigmentation in place of the former defeat. During the use of the drug, there were no visible visual side effects, including those that are commonly observed with the internal use of cytostatic drugs.

The antipsoriatic effect is realized due to the influence of the components of the drug on various parts of the pathogenesis of the disease. Cyclophosphamide and betamethasone have an immunosuppressive effect, salicylic acid in the concentrations used has keratoplasty activity, vitamin A modulates the processes of differentiation of epithelial cells, eliminates hyperkeratosis, vitamin E has antioxidant action, is involved in cell proliferation, and processes of cellular metabolism. However, there is not enough evidence to support the efficacy and safety of the therapy used, the incomprehensible interaction between the individual components, their pharmacokinetics, including systemic absorption from the skin surface. Given the content of the cytostatic and glucocorticosteroid product, high levels of vitamin A require strict regulation of the dose, frequency of use and duration of treatment, strict control of possible side effects, including systemic ones.

**Conclusions.** The use of an ointment containing cyclophosphamide, betamethasone, salicylic acid, vitamins A and E, a patient with psoriasis, led to improvement and remission. In the absence of the desired effect of traditional local pharmacotherapy and phototherapy, the use of topical dosage forms with cyclophosphamide may be an alternative to systemic therapy for psoriasis. Promising and necessary studies on the efficacy and safety of such drugs, studying their pharmacokinetics, determining the dosage regimen and duration of treatment.