

Treatment of vegetative-vascular dystonia should be based on three principles: etiological, pathogenetic and symptomatic treatment. To eliminate the causes of autonomic disorders, correction of emotional disorders, treatment of manifestations of asthenia, physical and mental fatigue, regulation of autonomic disorders, correction of personality traits, elimination of negative external causes, detection and elimination of somatic disorders, sleep disorders are used. Comprehensive treatment of vegetative-vascular dystonia includes the appointment of drug therapy, rational psychotherapy and autotraining, physiotherapy, massage.

Thus, optimal management of autonomic disorders will improve the condition of patients with comorbidity, prevent the progression of combined pathology.

Malyk N.V., Krylevska S.I.
MANAGEMENT OF PAIN SYNDROM IN PATIENTS WITH
COMORBIDITY

Kharkiv National Medical University, Kharkiv, Ukraine

About 90% of diseases are associated with pain according to the World Health Organization. Pain is the main reason for seeking primary medical care and is most often a manifestation of many comorbid diseases: diabetes mellitus and neuropathia, stroke and joint contractures, herpes zoster and intercostal neuralgia, fibromyalgia and arthritis, irritable bowel syndrome and autonomic disorders, radiculopathy and scoliosis, ankylosing spondylitis etc. Pain that lasts for more than 12 weeks is defined as chronic. Chronic pain is a pressing medical and social problem, because it depletes a person's emotional resources, leads to social and labor maladjustment, and economic losses. Chronic pain obligatorily aggravates the course of any comorbidity.

Family doctors must distinguish four types of pain: nociceptive, neuropathic, dysfunctional and mixed to provide effective treatment for various pain syndromes.

Nociceptive pain plays a physiological protective role and occurs in response to the activation of nociceptors of peripheral tissues with a real damaging effect (for example, in the inflammatory process, muscle spasm, burn).

Neuropathic pain occurs when the primary damage or dysfunction of the peripheral or central nervous system. It is prone to chronicity, does not perform a protective function and significantly reduces the patient's quality of life. The most common causes of neuropathic pain are: mono- and polyneuropathy (diabetic, toxic), infectious diseases involving the nervous system (postherpetic

neuralgia), complex regional pain syndrome (reflex sympathetic dystrophy), stroke, multiple sclerosis, syringomyelia, primary or metastatic tumors system.

Patients with neuropathic pain complain of specific burning pains, crawling sensations, tingling, "shooting pains", the sensation of an electric shock. Positive (stimulated pain, allodynia, hyperalgesia) and negative sensory symptoms (decrease in tactile, temperature, vibration, articular and muscular sensitivity) are detected during a clinical study of sensitivity. Special scales and questionnaires were developed for the objectification of symptoms and subsequent monitoring of the effectiveness of therapy: the Numeric Pain Scale (NPS), Leeds Assessment of Neuropathic and Signs (LANSS), the scale of self-realization of Leeds (S-LANSS), the Neuropathic Pain Questionnaire (NPQ) and its short form (NPQ-SF), etc.

Mixed pain includes both nociceptive and neuropathic components. Mixed causes of pain occur in patients with lumbar radiculopathy, tunnel pain syndromes, and cancer.

Dysfunctional pain occurs with functional disorders of the central nervous system, caused by central sensitization to pain stimuli, with somatoform disorders, and with mental diseases. Examples of such pain are irritable bowel syndrome, interstitial cystitis, fibromyalgia, tension headache.

The basis for the treatment of pain syndromes is drug therapy. Mechanisms of perception, enhancement and chronization of pain are targets for exposure to drugs of different classes:

- suppression of the synthesis and release of alcohones in damaged tissues (simple analgesics and NSAIDs);

- limiting the entry of pain impulses from damaged tissues into the central nervous system (local analgesics);

- activation of the antinociceptive system (narcotic analgesics, alpha-adrenoreceptor agonists);

- suppression of the generation of ectopic impulses in peripheral nerves (anticonvulsants);

- elimination of painful muscle tension (muscle relaxants);

- relief of psychological perception of pain (antidepressants).

It is necessary to apply a mechanism-based approach when choosing analgesics. The main goal of therapy is inflammation in nociceptive pain (arthrosis, arthritis), which is effectively influenced by non-steroidal anti-inflammatory drugs. Muscle relaxants (tolperisone, tizanidine, myorix) are prescribed in the presence of muscle spasm, which is an additional source of painful afferentation.

The main task in the treatment of neuropathic pain is to block the mechanisms of central and peripheral sensitization, as well as to strengthen the descending inhibitory effects. Anticonvulsants (pregabalin, gabapentin), tricyclic antidepressants (amitriptyline), serotonin-noradrenaline reuptake

inhibitors (SNRIs) (venlafaxine, duloxetine), local use of lidocaine, and sodium channel blockers are used for this purpose.

Amitriptyline, pregabalin and gabapentin are called first-line treatments for most neuropathic pain syndromes in the recommendations of the European Federation of Neurological Societies (EFNS). The second line of therapy is represented by opioids, alternative anticonvulsants (topiramate, valproate), local action agents (ointments, creams and patches containing capsaicin or lidocaine), NMDA receptor antagonists (ketamine, amantadine).

Practitioners should take into account the expectations and needs of the patient, discuss with him the effect of pain on daily activity and sleep, the alleged cause of pain. It is necessary to explain to the patient why this or that drug is taken, the benefits of this drug and possible side effects (taking into account associated diseases and drug interactions, the importance of dose titration and adherence to medication, as well as the prospects for the use of other types of treatment with the ineffectiveness of pharmacotherapy).

A family doctor will be able to understand the genesis of pain and provide the necessary effective assistance to the patient only if these conditions are met. So, optimal management of pain will improve the condition of patients with comorbidity, prevent the progression of combined pathology.

Dr Ohan Felix¹, Udoh Andikan Effiong², Zazdravnov A.A.²
THE ROLE OF HERBAL THERAPY (PANAX GINSENG) IN
NIGERIA FOR THE TREATMENT OF ATHEROSCLEROSIS AND
ERECTILE DYSFUNCTION IN DIABETIC PATIENTS

¹**University of Calabar Teaching Hospital, Calabar, Cross River State,**
Federal Republic of Nigeria

²**Kharkiv National Medical University, Kharkiv, Ukraine**

Introduction. Panax ginseng is an interesting species of plant that is easily found in Eastern Asia. It is also extensively found in Eastern Russia and Australia. It has long been known for its excellent prosexual effects. Which have shown fascinating therapeutic effectiveness. But recently this herb has been adopted by current Nigerian health practitioners not only because of its sexual effectiveness but due to new research data showing its capabilities in slowing atherosclerotic process and treating Erectile dysfunction in diabetic men.

The relevance of research. Diabetes mellitus is a chronic disease which has numerous debilitating complications if not managed adequately. Among these, the macrovascular complications are more important for discussion partly because they are not affected by strict glycemic control and because they are the most dangerous. Diabetes mellitus can exist as an autoimmune disease or with a constellation of other comorbidities called the metabolic syndrome. If the latter