expressed and the doctor's attention is focused on somatic disease. Denying the presence of somatic pathology can lead to an underestimation of the accompanying psychopathological symptom. Patients with somatic diseases are reluctant to report depressed mood, fearing that this could adversely affect treatment. Such behavior is especially likely in cases where relatives require the creation of an atmosphere of optimism. If patients want to discuss their bad mood, relatives and healthcare providers should not interrupt and underestimate their symptoms.

The presence of a serious somatic pathology can mask a depressive disorder, because many symptoms (fatigue, loss of appetite) occur in both conditions.

Generally, depressive disorders are successfully treated by primary care physicians. But sometimes, some patients may require consultation or treatment in a specialized hospital.

Antidepressants must be used to treat any depressive state. It is important to suggest a possible interaction between antidepressants and drugs that are often used in the treatment of somatic diseases. Doctors should be aware of interactions that induce or inhibit liver enzymes involved in the metabolism of drugs, such as cytochrome P 450. Side adverse effects can also result from the interaction of selective serotonin reuptake inhibitors (SSRIs) with heterocyclic antidepressants, monoamine oxidase inhibitors (MAOIs), theophylline, β-blockers, antipsychotic drugs. During the treatment of depression ву MAOI, hypertensive reactions may occur while using vasoconstrictors, stimulants, sympathomimetics, drugs, and eating foods rich ву tyramine.

Thus, depressive disorders are often found in people with concomitant somatic pathology and complicate the course of both conditions. It is important to know that treatment of depressive disorders in somatic patients is effective and should start from the moment of diagnosis. Close collaboration between medical specialists is necessary to improve the diagnosis, treatment and further prevention of depressive disorders in somatic patients.

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THE USE OF HERB ALTHEA OFFICINALIS ROOT IN PATIENTS WITH COPD AND COEXISTING HYPOACIDIC GASTRITIS

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Inroduction. Althea officinalis belongs to malvaceae family, the use of plants from the Malvaceae family for herbal therapy is very common in the Middle East. Althaea officinalis is native to Asia, Europe and United States of

America. Its roots contain mucilage, flavonoids and glycosides. It has been proved to have anti-tussive effect due to polysaccharide fraction which mimics the intensity and frequency of cough by aqueous extract of its root and an anti-inflammmatory effect due to stimulated phagocytosis, and the release of oxygen radicals and leukotrienes from human neutrophils, and it induces the release of cytokines, interleukin-6 and tumor necrosis factor from human monocytes, thereby exhibiting anti-inflammatory and immune-stimulant activity. Also, it has been shown that it is very soothing for the mucosal membranes and it coats lining of the esophagus and stomach wall, and it have effect on stimulation of epithelial cells, which can demonstrate the traditional use of this plant for treatment of irritated mucous membranes with tissue regeneration.

Aim of the research. To estimate the effectiveness of althea officinalis for treating patients with COPD and coexisting hypoacidic gastritis.

Materials and methods. 41 patients (42-64 years old) with COPD and coexisting hypoacidic gastritis were investigated. COPD was presented in the second and third stageof the diseases and manifested as chronic cough (more than 3 months for at least 2 successive years) with mucous and dyspnea on exertion, FEV_1 between 57%-70%. The main manifestations of coexisting hypoacidic gastritis were complaining of abdominal discomfort, early satiety, abdominal bloating, malabsorption, constipation. The patient where divided into two groups. The patients of both groups received pharmacological therapy of COPD and coexisting hypoacidic gastritis. The patients of the second group (21 patients), received in addition two tea spoons of the milled roots of althea officinalis daily for 6 weeks. The effectiveness of therapy was evaluated at the 3^{th} and 6^{th} week of therapy by the reduction of patients complains and improvement of lung function (by performing spirometry with evaluation of FEV_1, FVC, and the ratio FEV_1/FVC).

Results. Examination of the patients of both groups at the 3th week showed elimination of dyspeptic complaints (early satiety, abdominal bloating) and respiratory signs (decrease in cough frequency, amount of sputum). Additionally, in the second group, patients indicated stool normalization, while patients of the first group indicated constipation. Control effectiveness of therapy at the 6th week showed elimination of gastric and intestine dyspeptic symptoms, reduction respiratory complaints, improvement exercise tolerance and lung function - increase FEV_1 on 4.6% in the first group and 11,7%in the second group of patients (the average for the group).

Conclusions. The introduction althea officinalis roots is treatment of COPD accompanied by hypoacidic gastritis improves effectiveness of standard therapy, provides earlier elimination of symptoms. The effect manifests by early reduction of respiratory, gastric and intestine dyspeptic symptoms and lung function (increase FEV_1). The therapeutic effect of althea officinalis is mediated by multiple effects on the pathogenetic mechanisms of the

development of COPD and hypoacid gastritis. So, althea officinalis roots can be recomended to standard therapy of this comorbidity.

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THE CLINICAL RELEVANCE OF MORINGA OLEIFERA EXTRACTS IN THE TREATMENT OF HYPERGLYCAEMIA IN NIGERIAN PATIENTS WITH RHEUMATOID ARTHRITIS

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INTRODUCTION: Moringa Oleifera is a plant that is native to the sub-Himalayan areas of Republic of India, Pakistan, Bangladesh, and conjointly in the tropics. The different parts of the plant including the leaves, the flowers, fruits, the seeds, and even root are used as medicine. It is an important food source in various parts of the world because, it can be grown cheaply and easily, and the leaves retain countless vitamins and minerals when dried. The dried leaf of the Moringa tree is a rich source of protein containing all 8 essential amino acids, as well as Omega 3, 6 & 9, and it is rich in Vitamins A to K, providing the body with forty-six (46) powerful antioxidants. Moringa's nutrient profile is abundant with mineral and trace elements such as calcium, iron, magnesium, potassium and zinc and due to this, beneficial for maintaining healthy bones and helps to heal bone ailments. Furthermore, it has been used to reduce the effects of rheumatoid arthritis. Moringa oleifera is a natural, whole-food source of nutrients and minerals that are readily available for the body to identify, absorb and utilise. It possesses anti-hyperglycaemic properties thus assisting to decreases blood sugar levels, hyperglycaemia is becoming a lot more prevalent in today's world. It is the main feature of diabetes and several heart diseases and is therefore a serious health problem.

RELEVANCE OF THE RESEARCH: Rheumatoid arthritis is a long-term, progressive, and disabling autoimmune disease. It causes inflammation, redness, edema, and pain in and around the joints and other organs in the body. The prevalence of rheumatoid arthritis varies according to ethnicity and residential region from approximately 0.48–1% in adult population. In Nigeria, approximately 0.27% of the total population has rheumatoid arthritis. The causes of rheumatoid arthritis is yet to be completely elucidated, and multiple factors including genetic and environmental triggers and immunologic factors are known to be concerned within the pathophysiology of rheumatoid arthritis. Due to these multiple motive factors, many systemic diseases, such as cardiovascular disease and diabetes, have been described to be associated with rheumatoid arthritis. Steroids are drugs that are widely prescribed for their anti-