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.

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THE ROLE OF HERBAL THERAPY (PANAX GINSENG) IN NIGERIA FOR THE TREATMENT OF ATHEROSCLEROSIS AND ERECTILE DYSFUNCTION IN DIABETIC PATIENTS

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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

is the case, most patients are frankly obesed and have hyperlipidemia by atherogenic type. In combination, these two risk factors can accelerate the atherosclerotic process leading to poor perfusion and hypoxia to distal tissues which we can refer to as peripheral vascular disease. The obesity and hyperlipidemia found in these patients create an insulin resistant state further worsening glycemic control and diabetic process. This background hyperglycemia in combination with poor perfusion can impair the erectory and ejaculatory pathways. Panax Ginseng provides a relatively cheaper and natural alternative for men who suffer from Diabetes looking to boost their libido and maintain adequate sexual function.

Panax Ginseng contains ginsenosides which are unique phytochemicals. They are sold as raw plants, powders, liquid and capsule. It has good medicinal value such as anti-inflammatory and antioxidative properties. They increase antioxidant enzymes and act as free radical scavengers, this helps slow down atherosclerotic process in vessels and improve blood supply to the corpus carvenosum of the male penis. It has antidiabetogenic effects which it exerts through regulation in glucose absorption, intervention in glucose transport and alteration of insulin secretion and binding.

The aim of the research is to evaluate the effectiveness of Panax ginseng in patients with diabetes mellitus and atherogenic type of dyslipidemia and erectile dysfunction.

Materials and Methods: 22 male participants with a mean age of 42,1 ± 2,11 years and a history of diabetes complicated with erectile dysfunction for 10 years were randomly selected from across the country and were enrolled in the clinical trial. The place of the trial was Calabar Teaching Hospital, Calabar, Nigeria. 18 (81,8 %) of these participants had an average HbA1c of 6.9%. The other 7 participants showed HbA1c levels above 8%. 5 (22,7 %) of the participants suffered from hypertension, 7 (31,8 %) were morbidly obesed, 11 (50,0 %) had atherogenic type of dyslipidemia. PANAX GINSENG was administered to the participants in capsule form once daily for a duration of 7 months and the participants were monitiored closely for any response or adverse effects of therapy. In addition to traditional antidiabetic therapy, all patients received Panax Ginseng in capsules per os.

Results: A decrease in HbA1c level up to normal (<6.5%) was observed in 95,5 % participants who had elevated glycated hemoglobin. An improvement in the lipid spectrum was achieved in 8 (72,7 %) of 11 patients with dyslipidemia. The average reduction in LDL was 18.2 ± 1,16 %, in total cholesterol - 14.6 ± 2,29 %. There was no significant effect on Blood Pressure levels and progression of 72,7% of the participants showed an increase in Libido and improved erections after 3 months of therapy. Thus, the positive effect of Panax Ginseng was manifested anti-atherogenic effect in combination with the effect on brain activity (increased libido) and peripheral vascular reactions

(decrease in erectile dysfunction). Side effects such as Insomnia and Mood changes were also reported by 4,5 % of the participants.

Conclusion: Panax Ginseng showed some effective improvement of lipid profile and erectile dysfunction in majority of the participants. Insomnia and Mood changes were reported by a minority of patients, although it wasn't significant. The wide availability of Panax Ginseng in Nigeria and its proven effectiveness in a short time frame makes it a suitable alternative or adjunct to routine pharmacotherapy in treating dyslipidemia and male sexual weakness in diabetic patients.

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FEATURES OF FORMATION OF POSTOPERATIVE VENTRAL HERNIAS IN YOUNGER PATIENTS WITH A SYNDROME OF AN UNDIFFERENTIATED CONNECTIVE TISSUE DYSPLASIA

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Introduction. Surgical unurgent pathology is a consequence of chronic pathology of internal organs as a rule. This situation can be defined as comorbidity. The presence of comorbidity can significantly affect the course of the postoperative period and the prognosis of the surgical disease. The combination of a syndrome of an undifferentiated connective tissue dysplasia (UCTD) and postoperative ventral hernia (PVH) is a very common variant of surgical-therapeutic comorbidity.

The aim is to determine the effect of UCTD on the occurrence of PVH in young patients.

Methods. 29 patients (19 women and 10 men) with PVH were examined. The age of the patients was 29 ± 2.11 years. Common clinical and anthropometric methods were used. Non-parametric χ^2 test was used for statistical processing of the results.

Discussion. Anamnesis of the examined patients included various surgical operations: 14 patients - previous hernia repair, 5 patients - appendectomy, 4 patients - operations for injuries of the abdomen, 3 patients - cholecystectomy, 3 patients - other operations. 18 (62,1%) patients had small PVH that did not change the abdominal configuration. The remaining 11 (37.9%) patients had moderate PVH, which occupied a separate part of any area of the ventral abdominal wall.

Standard signs of UCTD (Walker-Murdoch test, hypermobility of the elbow joints, flatfoots, scoliosis, varus or valgus deformity etc.) were detected in 23 (79,3%) patients. Among patients with PVH and UCTD, 13 patients had small PVH, and 10 patients had moderate PVH. Among patients with PVH