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11. *Hasiuk N. V., Yaskiv N. A., Radchuk V. B.* 72
CLINICAL AND IMMUNOLOGICAL ASPECTS OF PATIENTS WITH
CHRONIC RECURRENT APHTHOSIS STOMATITIS.
12. *Kardashevska O. I.* 74
THE RESULTS OF AN INTERACTIVE SURVEY OF POULTRY
WORKERS ON ORAL HYGIENE.
13. *Kyrychenko Y. V., Sarafinyuk L. A., Dus S. V.* 78
SEXUAL FEATURES OF SPIROGRAPHIC INDICATORS IN PERSONS
OF THE FIRST MATURE AGE.
14. *Mandryk O., Hrynyk A., Halak Yu.* 81
TACTICS OF CHOICE OF ANTIHYPERTENSIVE THERAPY FOR
PATIENTS WITH ARTERIAL HYPERTENSION WITH CONCOMITANT
CHRONIC OBSTRUCTIVE DISEASE.
15. *Mandryk O., Shuiskyi A., Metelskyi V.* 84
THE USE OF L-ARGININE IN THE TREATMENT OF NON-ALCOHOLIC
STEATOHEPATITIS WITH METABOLIC SYNDROME.
16. *Osintseva V. I., Chesnokova M. M., Smetyuk O. O.* 87
ANTIBODY LEVEL ANALYSIS AFTER FULL VACCINATION WITH
COMIRNATY/PFIZER-BIONTECH AND CORONAVAC/SINOVAC
BIOTECH.
17. *Pavliak U., Melnyk O.* 90
MICROBIOME AS A RISK FACTOR FOR OVARIAN CANCER.
18. *Samusenko S. O., Serdiuk O. I., Shevchenko A. S.* 93
ANALYSIS OF THE PREVALENCE AND APPROACHES TO THE
TREATMENT OF ENT DISEASES IN CERTAIN COUNTRIES OF THE
EUROPEAN AND ASIAN REGIONS.
19. *Аскаръянц В. П., Аvezова Тумарис Пахратдин кизи, Мухамеджанова* 101
Манзурахон Яшнар кизи, Дадажоновна Одинахон Фаррух кизи
ФУНКЦИОНАЛЬНЫЕ ОСОБЕННОСТИ ДЕЯТЕЛЬНОСТИ ТОЛСТОЙ
КИШКИ.
20. *Аскаръянц В. П., Гринкевич С. А., Ибрагимова М. Ш., Айше Мушурова* 108
Шамиль кизи
СТРУКТУРНО-ФУНКЦИОНАЛЬНЫЕ АСПЕКТЫ
ПИЩЕВАРИТЕЛЬНОЙ СИСТЕМЫ.
21. *Аскаръянц В. П., Зокиров Мухаммаджон Собиржон угли, Кенжаев* 119
Сардор Алижон угли, Маннопова Хурида Усан кизи
КРОВΟΣНАБЖЕНИЕ ПОЧЕК В АСПЕКТЕ ФИЗИОЛОГИИ.
22. *Аскаръянц В. П., Равшанова Севараой Равшан кизи, Нурмаматова* 128
Мадина Шухрат кизи, Йулдошев Давронбек Шукуржон угли
ГОРМОНЫ ЖЕЛУДОЧНО-КИШЕЧНОГО ТРАКТА В АСПЕКТЕ
ФИЗИОЛОГИИ.
23. *Ахраров Х. Х., Султанов Ж. О., Харлап К. Р., Эркинов Мухаммадсаид* 137
Лазизжон огли
К ВОПРОСУ ФИЗИОЛОГИИ КИСЛОТНО-ОСНОВНОГО СОСТОЯНИЯ
КРОВИ.

THE USE OF L-ARGININE IN THE TREATMENT OF NON-ALCOHOLIC STEATOHEPATITIS WITH METABOLIC SYNDROME

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Introductions. The results of numerous studies claim about the possibility of effective and safe use of L-arginine as an active donor of nitrogen monoxide in clinical practice for various pathologies.

Aim. To assess the efficacy of the treatment of patients with non-alcoholic steatohepatitis (NASH) against the background of metabolic syndrome (MS) with tivortin by studying its effect on the state of the proteinase-inhibitory blood system.

Material and methods. A total of 128 patients with non-alcoholic steatohepatitis associated with metabolic syndrome were examined. According to the principles of evidence-based medicine, in order to study the effectiveness and compare the proposed treatment programs, patients were randomized to 4 groups.

The first (main) group (group IA) consisted of 39 patients (24 patients with NASH associated with classical TS, and 15 patients with NASH associated with TS without dyslipidemia (DLP) - phenotype arterial hypertension (AH) + abdominal obesity (AO)) + impaired glucose tolerance (IGT) / type 2 diabetes mellitus (DM)), who, in addition to standard basic therapy, received the drug Tivortin® (L-arginine hydrochloride) 100 ml intravenous drip once a day + Tivortin aspartate® per os, 20 ml 2 times a day - 10 days at the first stage of treatment, followed by taking Tivortin aspartate® 20 ml 2 times a day.

The second group (comparison group I B) included 38 patients (24 patients with NASH associated with classic TS, and 14 patients with NASH associated with

TS without dyslipidemia - AH + AO + IGT/ DM type 2) who received standard therapy: dietary food (No. 5/9); hepatoprotectors (Esenziale Forte N - 10 ml intravenous on the blood 1 time per day No. 10, then 1800 mg (6 capsules) per day); metformin (1000 mg / day).

Patients of the third (main) group (group II A), which consisted of 26 people (7 patients with NASH associated with metabolic syndrome of the phenotype AH + DLP + IGT/ DM type 2, and 19 patients with NASH associated with metabolic syndrome without impaired tolerance) to glucose - phenotype AH + DLP + AO) against the background of basic therapy, Tivortin was prescribed by 100 ml intravenous drip 1 time a day for 5 days, followed by a switch to the use of Tivortin aspartate 10 ml 2 times a day.

Patients of the fourth group (comparison group II B), which consisted of 25 people (7 patients with NASH associated with metabolic syndrome of the phenotype AH + DLP + IGT / DM type 2, and 18 patients with NASH associated with metabolic syndrome without impaired glucose tolerance - phenotype AH + DLP + AO) were prescribed standard basic therapy - diet food (No. 5/9); hepatoprotectors (ursohol - 15 mg / kg of body weight per day); if there is also impaired glucose tolerance - metformin (1000 mg / day). In addition, patients with diabetes mellitus received the necessary basic therapy, taking into account the type of diabetes, the severity and compensation according to the order of the Ministry of Health of Ukraine dated 05.22.2009 No. 356 "On approval of protocols for the provision of medical care to patients in the specialty" Endocrinology ", namely: funds, insulin preparations in individual dosage or the combined use of oral hypoglycemic and insulin. Patients with arterial hypertension were prescribed antihypertensive drugs according to the order of the Ministry of Health of Ukraine dated 03.07.2006 No. 436 "On approval of the protocols for the provision of medical care to patients in the specialty" Cardiology ". The control group (group III) consisted of 34 apparently healthy individuals (AHI).

We used generally accepted clinical, laboratory, instrumental data, the results of ultrasound and morphological studies of the liver, as well as finding serum markers of hepatitis B and C viruses. Studies were carried out before the start of

treatment and in dynamics (4 weeks after the start of treatment).

Proteolytic activity of blood plasma was identified by lysis of azoalbumin, azocasein, azocol (Danish Ltd) and the content of α 2-macroglobulin in blood serum.

Results and discussion. Analysis of the data claim that in the dynamics of the treatment the normalization of the proteolytic activity of blood plasma, namely the lysis of azoalbumin and azocasein and the content of α 2-macroglobulin in the blood, was found only for the patients of the main group. For patients of groups I-III and III-IV, these indicators decreased by 8.4%, 10.2%, 24.7% and by 6%, 11.2%, 16%, respectively. The collagenolytic activity of blood plasma at the same time reached normal values in all examined groups.

Conclusions. Prescribing complex therapy with the use of tivortin leads to a significant improvement of the state of the proteinase-inhibitory blood system in patients with non-alcoholic steatohepatitis against the background of metabolic syndrome.