STUDY REPORT: ON OPTIMIZATION OF TREATMENT OF THE PATIENTS SUFFERED FROM CHRONIC RENAL FAILURE

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Development of novel approaches to treatment using the drugs that are low-toxic, on the one hand, and high-efficiency, on the other hand, seems to be of current concern.

Materials and methods

32 patients at the age from 23 to 55 years, which suffered from chronic renal failure emerged against different kidney pathologies, were under our observation. The etiological structure of the patients is shown in Fig. 1.

Fig. 1. Distribution of the patients under examination according to the pathology

All patients were examined and treated outpatieently on the base of the city nephrological office and day patient facility of outpatient department No. 2 of Vinnitsa City Clinical Hospital No. 1.
Among the examined patients, there were 18 females and 14 males. All patients were examined using the clinical and laboratory methods. Besides the general clinical analyses, they underwent the biochemical blood count (urea and creatinine) and measurement of the daily proteinuria and daily urine.

The therapeutic regimen of patients included (in addition to the baseline therapy of corresponding nosology) the herbal drug Chofitol prepared from the refined extract of artichoke leaves (Cynara scolimus), which is capable to normalize the functional state of cell membranes, including the endothelial ones, to favor elimination of vasoconstriction, and to increase the vascular permeability [2].

Chofitol was administered to all patients under observation first intravenously in a dose of 10 mL/day (per 5 mL bis in day) over 10 days and then orally per 1-2 pellets three times a day over 14 days.

We combined administration of Chofitol with the oral administration of the domestic enterosorbent prepared based on the organosilicone matrices of Enterosgel. The advisability of such combination is caused by the fact that when patients suffered from the conditions accompanied by the manifestations of endotoxicosis are treated at the outpatient stage, enterosorption has a number of beneficial advantages over other efferent detoxication procedures. The advantages includes the absence of surgical intervention, absence of tissue-damaging action, absence of contact with biological liquids, simplicity of the procedure, and possibility of its home use. In addition, the own features of the drug Enterosgel, such as absolute affinity for body tissues and biosubstrates, absence of the damaging effect on mucosas, fast excretion from a body, powerful detoxication effect due to enteral and blood adsorption (through membrane from the capillaries of intestinal mucosa villi) of toxic substances and metabolic products, allow one to potentiate the therapeutic effect of Chofitol and prevent the adverse effects of the baseline therapy.

The patients received Enterosgel in a dose of 15 g three times a day 1.5 before meal of 2 hours after meal over 20 days [3].

**Results and Discussion**

As a result of the performed study, there was an improvement in cenesthesia and sleep in the most of patients and the complaints of nausea, cyclic vomiting, headache, and work decrement disappeared in 20 patients. Orexia of the patients improved, they could considerably enlarge their dietary, abdominal distension disappeared, and faeces were normalized (in the patients that had such symptoms).
The changes in the laboratory indices prior to and after treatment are shown in Table 1.

Table 1.

Changes in the laboratory indices according to the results of administered treatment.

<table>
<thead>
<tr>
<th>№ Item No.</th>
<th>Laboratory index</th>
<th>Prior to treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Haemoglobin (g/L)</td>
<td>100±12</td>
<td>112±10</td>
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<tr>
<td>2</td>
<td>ESR (mm/hour)</td>
<td>30±7</td>
<td>21±4</td>
</tr>
<tr>
<td>3</td>
<td>Blood urea (mmol/L)</td>
<td>16.8±3.9</td>
<td>14.3±5.0</td>
</tr>
<tr>
<td>4</td>
<td>Blood creatinine (mol/L)</td>
<td>0.30±0.12</td>
<td>0.21±0.16</td>
</tr>
<tr>
<td>5</td>
<td>Proteinuria (g/day)</td>
<td>2.34±0.8</td>
<td>1.9±0.4</td>
</tr>
<tr>
<td>6</td>
<td>Diuresis (L/day)</td>
<td>2.2±0.4</td>
<td>2.1±0.5</td>
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</tbody>
</table>

The dynamics of the indices given in the Table evidences the improvement in such indices as blood level of creatining and urea and the tendency for an increase in the level of haemoglobin and a decrease in the ESR. The dynamics of daily proteinuria makes oneself conspicuous.

When analyzing both the subjective and objective changes, we stated the improvement in 29 (90.63%) patients of the group under examination. Thus, the beneficial effect of the combination of Chotifol with Enterosgel in treatment of the patients suffered from chronic renal failure is confirmed.

**Conclusions**

1. The combination of the herbal drug Chofitol with the enterosorbent Enterosgel in the patients suffered from chronic renal failure of different genesis results in a decrease in the manifestations of asthenic and dyspeptic syndromes.

2. Administration of these drugs results in an increase of excretion of creatinine and urea and normalization of the blood picture indices.

3. The simultaneous administration of Chofitol and Enterosgel is well-tolerated by patients and not accompanied by adverse effects or idiosyncrasy.

4. This combination of the medicinal preparations can be regarded as promising in terms of optimization of treatment of the patients suffered from chronic renal failure at the outpatient stage.
References:


Summary

This article is dedicated to the problem of optimization of treatment of the patients with chronic renal failure caused by different diseases of kidneys.

Key words

Out-patient department
Chronic renal failure
Chofitol
Enterosgel