

Optimization of Vegetative Dystonia Treatment

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Vegetative dystonia (VD) is one of the most frequent diseases that are nowadays diagnosed in patients. According to the global medical literature approximately 80% of all patients, which are consulted by doctors in different specializations, suffer from VD. To mention is the circumstance that from vegetative-vascular dystonia suffer the most efficient population. Objective: The aim of this study was to select an optimal differential treatment for vegetative-vascular dystonia depending on the form: sympathetic-adrenal, vago-insular or mixed. Materials and Methods: The investigated group consisted of 51 patients, in the age from 18-57. The prevalent etiologic factor of VD in this group was stress (82,3%). Patients were divided into four age groups: 1. 18-25 years – 18 persons, 2. 26-35 years – 21 persons, 3. 36-45 years – 7 persons, 4. 45-57 – 5 persons. Female were 33 and male – 18 of the patients. The control group consisted of additional 12 patients. To confirm the diagnosis all patients were investigated with methods: questionnaire Zerssen, neurological status was investigated, cardiovascular tests (Val Sava test, orthostatic test, test with deep breathing) that were registered and interpreted by vegeto-test Poly-Spectr (Neurosoft 1995-2003) and ECG, arterial blood pressure, glucose quantity were controlled. In dependence on complaint, clinical manifestations and results of investigation patients were divided into three treatment-groups: with sympathetic-adrenal, vago-insular or mixed paroxysm. Each group got an individual complex treatment that consisted of methods: Traditional Chinese Medicine (TCM) - acupuncture, acupressure, auricular-acupuncture, point-massage, moxa-therapy, aroma-music-color-therapy and homeopathic remedy Heel. Control group got standard medication. Results: After treatment all patients were objectively investigated for control. All patients noticed subjective state improvement, which was confirmed by objective investigation findings. The efficiency of treatment was about 75, 3% ($p < 0,01$) higher in the groups that were individually treated with different methods of TCM and homeopathic remedy Heel, than, in comparison, in the control group that got standard medication. Conclusion: Treatment option with high efficiency for vegetative dystonia of patients without organic injury of nervous system can be the complex treatment, which consists of methods of the Traditional Chinese Medicine and homeopathic remedy Heel.

Particularities of Infective Endocarditis Prophylaxis in Republic of Moldova

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The aim of the paper was to determine whether adults from increased risk groups have adequate knowledge of infective endocarditis (IE) and to evaluate the particularities of infective endocarditis prophylaxis in comparison to the recent tendencies recommended by the international guidelines. We evaluated 133 patients (33 with IE, 80 with rheumatic heart disease and 20 with congenital heart disease) divided in two groups: i) High risk group included 33 pt. with IE, 31 pt. with valve prosthesis and 17 with congenital heart diseases (tetralogy of Fallot, ventricular septal defect, aortic coarctation, bicuspid aortic valve) ii) Moderate risk group was formed by patients with rheumatic heart disease without prosthesis and congenital heart diseases such as aortic stenosis and prolapse of the mitral valve. We asked selected patients and 50 doctors responsible for infective endocarditis treatment and prevention (cardiologists, family doctors and dentists) to complete a 10-