Уровень ТГ у больных в группе с МС колебался от 72 до 427 мг/дл, средний показатель составил 205,8 ± 6,74 мг/дл, в контрольной группе показатель колебался от 76 до 230 мг/дл, средний показатель - 145,9 ± 7,08 мг/дл, различия по сравнению с контрольной группой были статистически значимы (p < 0,001).

Выводы

1. У больных СД типа 2 с МС чаще наблюдались нарушения липидного обмена по сравнению с больными СД типа 2 без МС.

2. Уровень ОХС, ХСЛПНП, ХСЛПОНП и ТГ был статистически значимо выше в группе больных СД типа 2 с МС по сравнению с контрольной группой.

3. Уровень антиатерогенной фракции липидов ХСЛПВП был в одинаковой степени снижен в обеих группах больных.

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The Treatment with Cytomix of Patients with Chronic Viral Hepatitis B, C and Mixed B and C

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Abstract

The treatment with cytomix of 20 patients with chronic viral hepatitis B, C, and mixed B+C, for the duration of three months was favored. The improvement of clinical symptoms in patients with HVBC, HVC, and HVBC+HVCC. The decrease and normalization of liver and spleen sizes, and moderate decrease of cytolysis indices values (ALAT, ASAT). Seroconversion in the AgHBs and anti-Hbs system with the formation of anti-HBs (protective antibodies) in one of nine patients with the diagnosis HVBC. The improvement of immune status indices, which was more marked in patients with HVBC and HVBC+HVCC; there were no noted clinical, biochemical or immunological improvements in the patients of the control group.

Key words: chronic, viral, hepatitis B, C, Cytomix.

Лечение цитомиксом больных хроническим вирусным гепатитом В и С и микст гепатитом В+С

Лечение цитомиксом проводилось у 20 больных вирусными гепатитами В и С и микст гепатитами В+С в течении 3-х месяцев. Лечение привело к исчезновению клинической симптоматики, нормализации размеров печени и селезенки и снижению активности АЛАТ и АСАТ. Произошла сероконверсия в системе HBsAg и анти-HBs с образованием анти-HBs у одного больного из 9 с хроническим вирусным гепатитом В. Улучшение иммунологического статуса было более выражено у больных с хроническим вирусным гепатитом В и микст гепатитом В+С, чего не наблюдалось у пациентов контрольной группы.

Ключевые слова: хронический, вирусный, гепатит В, С, цитомикс.

Introduction

Viral chronic hepatitis B and C represent a worldwide public health problem. Modern treatment is an antiviral one with interferon. Because of multiple counterindicated side effects, only 30-40% of the patients may benefit from this treatment. The aim of our study is to show the efficiency of treatment with cytomix in chronic viral hepatitis B, C, and the mixed B+C.

Material and Methods

Twenty patients were included in the second group. They were administered only cytomix. The patients consisted of 15 men and 5 women between the ages of 18 and 59, the middle age being 42, with 7 years; 9 among them with the length of diagnosis of HVBC ranging between 1 and 18 years; 10 patients with the length of diagnosis of HVCC ranging between 2 and 22 years. One patient was with mixed chronic viral hepatitis B+C. The length of diagnosis of HVBC was 12 years and HVCC 11 years.

Patients with HVCC, HVBC, and mixed HVCC+HVBC were clinically examined: anamnesis, liver and spleen palpation and percussion, chest auscultation and percussion and heart auscultation, if needed.

The Dynamics of Paraclinical and Clinical Investigations

Laboratory exams: serological investigations: the reveal of AgHBe, anti-HBe, anti-HBs, anti-HVC IgM; biochemistry investigations: the values determinationing ALAT, ASAT, bilirubin, tymol test, prothrombin; and clinical exam—hemogram were made at the start and end of treatment.

Patients were administered only cytomix

The first month of treatment with cytomix: 10 granules twice a day sublingually, in the morning and evening the first 5 days; the next 21 days: 3 granules twice a day sublingually, in the morning. On Sundays the medicine was not administered.

The second and third month of treatment with cytomix: 26 days of 3 granules twice a day sublingually, in the morning and the evening, one hour before or after meals.

Results and Discussion

Table 1 shows the clinical symptomatology improvements in patients treated with cytomix in all three groups. The liver and spleen dimensions had normalized to 50% of patients in the study, and had decreased with 2 cm in the other 50% of patients.

Table 2 shows the normalization of ALAT, thymol test and prothrombinic indices values, and the improvement of ASAT values after the treatment with cytomix.

Table 1

Clinical Symptomatology Dynamics in Patients Treated with Cytomix at the Start and the End of Treatment

Symptoms	At the Treatment's Start			At the Treatment's End		
	HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1	HVBC n = 9	HVCC n = 10	HVBB + HVCC n = 1
Asthenia	4	4	1	2	-	-
Pains in the right hypochondrium	6	6	1	-	2	-
Vertigo	-	6	-	-	-	-
Myalgia	4	2	+	2	2	-
Arthralgia	6	6	+	-	2	-
Nausea	-	8	-	-	-	-
General weakness	-	2	-	-	-	-
Pruritus	-	-	-	-	-	-
Hepatomegalia	9	10	1	4	4	-
Splenomegaly	9	4	-	4	4	

Table 2

The Dynamics of Biochemistry Indices in Patients Treated with Cytomix

Biochemistry Indices	At the Treatment's Start			At the Treatment's End		
	HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1	HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1
ALAT (increased)	4	8	-	0	0	0
ASAT (increased)	2	8	-	0	3	0
Bilirubin (increased)	4	6	-	1	2	0
Thymol test (increased)	4	4	-	0	0	0
Prothrombinic Index (decreased)	4	6	-	0	0	0

Table 3

The Dynamics of Viral Markers in Patients Treated with Cytomix

Markers	At the Treatment's Start			At the Treatment's End		
	HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1	HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1
AgHBe	-	-	-	-	-	-
Anti-Hbe	9	-	1	9	-	1
Anti-HBs	-	-	-	1	-	-
Anti-HVC IgM	-	10	1	-	9	1

Table 4

The Dynamics of Immunological Indices in Patients Treated with Cytomix at the Treatment's Start and End

Index	Normal Values	At the Start of Treatment			At the End of Treatment		
		HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1	HVBC n = 9	HVCC n = 10	HVBC + HVCC n = 1
Leucocytes (109/l)	4.5-8.0	6.325 ± 0.342	5.5 ± 0.63	4.6	6.95 ± 0.464	5.08 ± 0.649	4.4
Lymphocytes (%)	22-38	37 ± 6.096	34 ± 3.209	41	34.75 ± 6.725	298 ± 3.104	45
Lymphocytes (109/l)	1.2-2.4	2.425 ± 0.249	1.916 ± 0.345	1.9	2.325 ± 0.271	1.56 ± 0.302	2,0
Lymphocytes Ta (%)	20-34	20 ± 3.240	13.8 ± 2.905	16	15.5 ± 1.5	18.6 ± 1.363	16
Lymphocytes Ta (109/l)	0.3-0.7	0.525 ± 0.131	0.286 ± 0.081	0.3	0.377 ± 0.078	0.206 ± 0.068	0.32
Lymphocytes Ttot (%)	55-75	33.75 ± 2.286	40.6 ± 3.108	38	45 ± 5.416	42.4 ± 2.712	41
Lymphocytes Ttot (109/l)	0.9-1.5	0.85 ± 0.125	0.822 ± 0.183	0.7	1.092 ± 0.269	0.66 ± 0.143	0.8
Lymphocytes Tterm (%)	0-5	2.5 ± 1.892	1 ± 0.632	4	0	1.8 ± 1.8	0
Lymphocytes Tterm (109/l)	0-0.09	0.057 ± 0.042	0.02 ± 0.013	0.07	0	0.032 ± 0.032	0
Lymphocytes TFR-E-RFC (%)	38-58	22.75 ± 2.428	28 ± 1.760	25	29.5 ± 3.685	26.2 ± 1.827	30
Lymphocytes TFR-E-RFC (109/l)	0.7-1.1	0.57 ± 0.113	0.558 ± 0.121	0.5	0.725 ± 0.16	0.442 ± 0.104	0.6
Lymphocytes TFS (%)	12-28	11 ± 0.912	12.6 ± 1.503	13	15.5 ± 2.872	17.2 ± 2.537	11
Lymphocytes TFS (109/l)	0.23-0.43	0.267 ± 0.032	0.258 ± 0.064	0.25	0.38 ± 0.114	0.33 ± 0.106	0.22
Lymphocytes EAC-RFC (%)	9-18	27 ± 6.916	22 ± 4.062	22	20 ± 4.242	26.4 ± 2.158	17
Lymphocytes EAC-RFC (109/l)	0.18-0.32	0.64 ± 0.162	0.43 ± 0.114	0.42	0.397 ± 0.058	0.412 ± 0.093	0.34
CIC (U.E.)	≤ 60	45.25 ± 11.360	59.2 ± 15.477	90	66 ± 16.643	45.6 ± 18.004	34
LTL	4-7	7.945 ± 1.181	7.67 ± 1.083	6.5	7.35 ± 1.504	8.22 ± 1.075	5.5
T/B	2.0-5.0	1.715 ± 0.418	2.05 ± 0.430	1.7	2.75 ± 0.850	1.55 ± 0.197	2.4
TFR/TFS	2.0-4.0	2.037 ± 0.380	2.28 ± 0.152	1.9	2.075 ± 0.375	1.668 ± 0.303	2.7

Table 3 shows that chronic viral hepatitis B was AgHBe-negative in patients from the study. Anti-HBs had formed in patients after treatment in significant titres 91,6UI/l. So this may be an index of possible antiviral capacity of cytomix.

Anti-HBVC IgM had been revealed with the same frequency at the start and at the end of treatment. So, possible antiviral capacities had not been shown.

Table 4 shows a T cell immunosupression in patients with the diagnosis HVBC at the start of treatment—II degree in 75% and I degree—in 25%, and a B lymphocytosis III degree in 50%, I degree—in 25% patients. An amelioration to the return of immune status normal values had been established at the end of treatment in 75% and a persistence of B lymphocytosis I degree—in 25% patients.

There was a noted T cell immunosupression in patients with the dignosis HVCC at the start of treatment—III degree in 40%, which had been persisting after treatment in 20%, a B lymphocytosis II degree—in 20% initially, but after tretament lymphocytosis II degree—in 40% of patients. Probably, it has an immunomodulator effect on humoral immunity.

A T cell immunosuppression in II degree and lymphocytosis in I degree was observed in patients with the HVBC+HVCC, these indices modified after the tretament returned to normal values.

Conclusion

The treatment with Cytomix contributed to:

- A clinical amelioration in patients with HVBC and HVCC.
- The liver and spleen dimensions were normalilsed in 50% of patients from the study; and yet, 50% had reduced with 2 cm.
- The normalization of ALAT, thymol test and prothrombin index values.
- Anti-HBs in significant titres had revealed in 1 patient from 9 with the diagnosis HVBC, that suggests the presence of cytomix antiviral capacities.
- The amelioration of immune status with an immunomodulatory action, which were more conclusive in patients with HVBC and HVBC+HVCC.

An analysis of examinations in dynamics on the control group had not established any clinical, biochemical, or immunological amelioration. This confirms the necessity of a pathogenic and immunomodulatory treatment.

The study needs to be continued, taking into account some biochemistry and immunological contradictory results for the determination of patient groups and treatment duration.

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REVIEW ARTICLES

Evaluarea eficacităţii suplimentelor de calciu, vitamina D şi minerale în corecţia densităţii osoase la pacienţii cu fibroză chistică

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The Effect of Calcium, Vitamin D and Minerals in the Correction of Low Bone Mass Density in Patients with Cystic Fibrosis

Bone disease has been described as a common complication that progresses with age, severity of lung damage and nutritional disorders in patients with cystic fibrosis (CF). Glucocorticoid therapy, maldigestion and malabsorption resulting in the deficiency of vitamin D and minerals such as calcium may contribute to secondary loss of bone mass. A group of 42 patients with CF was examined to measure low bone mass density status (osteopenia, osteoporosis) and the effects of therapy. Z-score showed a decrease in both groups: – 2.83 ± 0.44 DS in CF children < 12 years and – 3.61 ± 0.50 DS in CF patients > 12 years. Three months of treatment with minerals and vitamins supplement produced an increase of Z-score to – 2.44 ± 0.47 DS in children < 12 years and to – 2.85 ± 0.49 in older patients.

Key words: cystic fibrosis, bone density, ultrasonic diagnosis, calcium, vitamin D, minerals.

Эффективность применения препаратов кальция с витамином Д и минералами для коррекции костной плотности у детей с муковисцидозом

Патология костной системы частое осложнение у пациентов с муковисцидозом, которая прогрессирует с возрастом, со степенью тяжести повреждения легких и нарушения питания. Терапия с глюкокортикоидами, мальдигестия и мальабсорбция в результате недостатка витамина Д и минералов, таких как кальция, может способствовать потере костной массы. Для выявления признаков сниженной костной плотности (остеопении, остеопороза) были обследованы 42 пациента с муковисцидозом. У детей младше 12 лет значение Z-score было снижено до 2,65 ± 0,56 DS, а для пациентов старше 12 лет уровень Z-score был значительно снижен и составил – 3,43 ± 0,37 DS. На фоне применения кальция с витамином Д и других препаратов, содержащих минералы и витамины, показатель Z-score увеличился до 2,25 ± 0,51 DS в группе детей < 12 лет и до 2,15 ± 0,38 DS у исследуемых > 12 лет.

Ключевые слова: кистозный фиброз, кости плотность, ультразвуковая диагностика, кальций, витамин D, минералы.