

4. Джугостран В.Я., Нямцу Э.Т., Злепка В.Д., Марченко Ю.Г., *Энтеросорбция и лечебное голодание в терапии больных бронхиальной астмой* /Клин. мед., 1991, 4, с. 54-55.
5. Джугостран В.Я., Грумеца В.С., Иванов В.С., Куку Г.С., *Лимфотропная химиотерапия больных туберкулезом кожи и лимфоузлов* / Пробл. туб., 1990, 12, с. 33-35.
6. Джугостран В.Я., Нямцу Э.Т. Злепка В.Д. Марченко Ю.Г., *Лимфотропная антибиотикотерапия в фтизиатрической и пульмонологической практике*. I Всес. конгресс по БОД, сб. Резюме, С-Птб., 1991, с. 400.
7. Джугостран В.Я., Злепка В.Д., Нямцу Э.Т., *Комплекс лимфологических методов в лечении больных деструктивным туберкулезом легких* / «II съезд врачей фтизиатров. Сб. резюме №280, С.-Петерб., 1992, с. 37.
8. Джугостран В.Я., Злепка В., Гроза Г. Чибурчиу С.С., *Лимфологические методы в лечении послеоперационных осложнений у больных туберкулезом легких*. / Сб. резюме 4-го Нац. конгресса по БОД. М., 1994, публ. 429.
9. Джугостран В.Я., *Непрямая эндолимфатическая химио- и антибиотикотерапия в лечении туберкулеза и неспецифических заболеваний легких* / В сб. «Туберкулез сегодня: проблемы и перспективы». М., 2000, с.128-130.
10. Djugostran V., *Chimioterapia endolimfatică indirectă și enterosorbția în tuberculoză pulmonară*, Chișinău, 2001, 94 p.
11. Оглинда А., *Регионарная лимфотропная терапия в коррекции метаболических нарушений и эндотоксикоза у детей раннего возраста*/Клиническая лимфология и эндозекология. М-лы Второй Всероссийской конф. с международным участием, Анапа, 1999, с.176.

Rezumat

Eficacitatea chimio- sau antibioterapiei endolimfatice indirecte, enterosorbției, stimulării drenului limfatic este net superioară metodelor obișnuite în lichidarea semnelor clinice de bază, obținerea efectelor curative constatate radiologic, bacteriologic și endoscopic. În bronhopneumopatiile nespecifice la copii și adulți metodele menționate demonstrează eficacitatea curativă înaltă, asigurând scurtarea timpului medicației și micșorarea dozelor necesare de preparate antibacteriene, corticoizi și dezintoxicante.

Summary

The efficiency of applying modified medical courses which included injections of Isoniazid and streptomycin (canamycin) by methods of indirect endolymphatic (lymphotropic) therapy: general (LT) or regional (RLT), was investigated. It was shown that sanation of lymphatic system by means of LT or RLT in skin, lymphatical nodules, disseminated, infiltrative lung tuberculosis significantly accelerates elimination of basic clinical symptoms. Roentgenological, endoscopic, bacteriological results exceeded significantly those of control. In nonTB lung diseases the lymphological complex is highly effective then usual treatment.

EFFICACY OF PROSPAN HERBAL DROPS IN THE TREATMENT OF EXACERBATION OF CHRONIC BRONCHITIS

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In the exacerbation of chronic bronchitis the volume, purulence, viscosity and adhesion of sputum increase and patients frequently have difficulty in expectorating. Mucolytic and expectorant agents change physiochemical properties of sputum to make it easier to clear [4, 5].

The aim of the present study was to investigate the changes of clinical symptoms and the tolerability

of an original ivy product – Prospan Herbal Drops (Engelhard Arzneimittel GmbH & Co. KG), given for the treatment of exacerbation of chronic bronchitis.

Patients and methods

We investigated the short-term (10 days) influence of Prospan Herbal Drops on the clinical symptoms and tolerability of this drug in 42 patients aged from 37 to 68 years who suffered from exacerbation of chronic bronchitis (with or without obstruction), which were included in group 1 (the essential group). Data obtained were compared with the data of the control group (group 2), which included 32 patients aged from 36 to 70 years, who also suffered with exacerbation of chronic bronchitis. The patient's characteristics groups are shown in *table 1*.

Table 1

Basic demographic and medical data at onset of treatment

	<i>Group 1</i>	<i>Group 2</i>	
Number of patients	41	32	
Female	6	5	
Male	35	27	
The ratio female/male	0,17	0,16	
Mean age in years	53±1,3	52±1,1	p>0,5
Diagnosis: chronic obstructive bronchitis	23	18	
chronic bronchitis (without obstruction)	18	14	
The ratio obstructive bronchitis bronchitis without obstruction	1,3	1,3	
Age of disease	6±2,1	5±2,6	p>0,5

The data presented in *table 1* demonstrated that the groups were comparable by sex and age of patients, diagnosis and age of disease.

During a scheduled observational period of 10 days, the patients in group 1 had to take 20 drops of Prospan Herbal Drops 3 times/day according to the manufacturer's dosing recommendations. The patients in group 2 did not have to take Prospan Herbal Drops. All the patients (group 1 and group 2) also received Amoxicilline in a dose 500 – 1000 mg 3 times/day orally and patients with chronic obstructive bronchitis used Salbutamol – inhalation 1 – 2 puffs 3 times/day.

Treatment success was assessed by observing the changes in the symptoms of bronchitis.

The quantitative estimation of symptoms of bronchitis was done according to a scale, suggested by Lursac B. et al. [2] and modified by us, the scale varies from 0 to 3 points.

Tolerability of Prospan Herbal Drops was evaluated by analysing adverse events.

Table 2

The quantitative estimation of symptoms

<i>Symptom</i>	<i>Point</i>	<i>Description</i>
Cough	0	absent
	1	rarely
	2	frequently
	3	permanently, access of coughing
Expectoration	0	absent
	1	sputum is expectorated easy
	2	sputum is expectorated hardly
	3	sputum is expectorated very hardly

Sputum quality	0	absent
	1	mucoïd sputum
	2	muco-purulent sputum
	3	purulent sputum
Dyspnoea	0	absent
	1	at the high physical exertion
	2	at the middle physical exertion
	3	at the little physical exertion or at the rest

Results and discussion

The groups of the investigated patients were comparable concerning severity of essential symptoms of chronic bronchitis (*Fig. 1*). The difference between a middle value of the index which characterised severity of cough and dyspnoea, the expectoration and quality of sputum were not statistically significant.

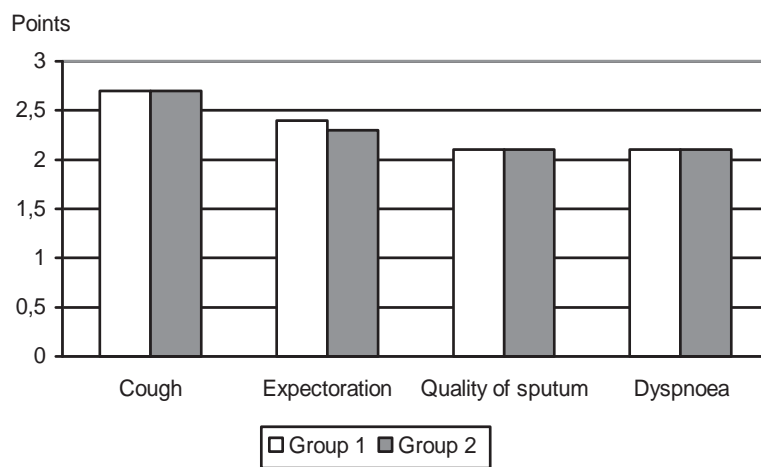


Fig. 1. The symptoms before the treatment

The severity of cough significantly decreased ($p < 0,001$) in the both groups but in the bigger measure it decreased in group 1 (*Fig. 2*). The average value of cough severity index at 5th and 10th day were less significantly ($p < 0,001$) in group 1 than in group 2.

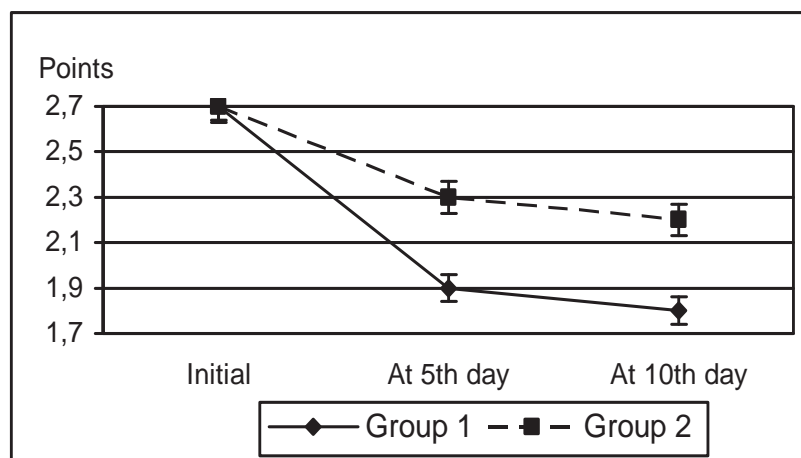


Fig. 2. Dynamics of cough

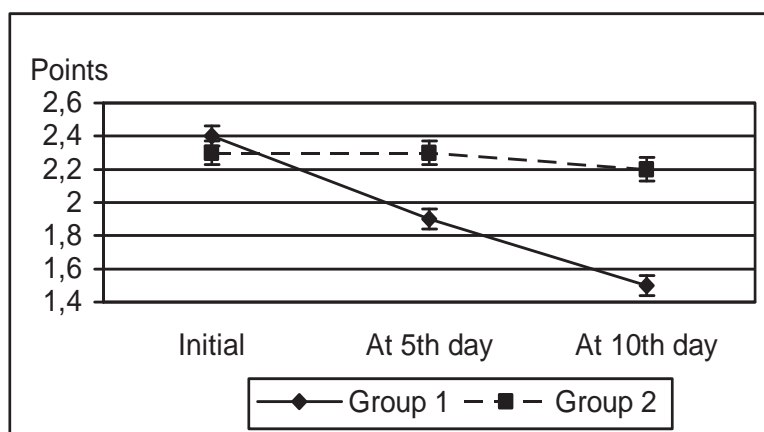


Fig. 3. Dynamics of expectoration

The same thing was observed in the dynamics of expectoration (Fig.3). The average value of index which characterised the expectoration was significantly less in group 1 than in group 2, both at the 5th ($p<0,001$) and the 10th day ($p<0,001$) of the treatment.

Prospan Herbal Drops didn't influence quality of sputum (Tab. 3). The average value of index which characterised quality of sputum was before the treatment $2,1\pm0,5$ (here and afterwards: average value \pm standard error) and $2,1\pm0,05$ ($p>0,5$) in group 1 and 2 respectively, at the 5th day of the treatment remained almost unchanged – $2,1\pm0,5$ and $2,1\pm0,05$ ($p>0,5$), and at the 10th day of the treatment it was improved ($p<0,002$) in both groups in the same measure – $1,9\pm0,03$ and $1,9\pm0,04$ ($p>0,5$), respectively. Dyspnoea decreased on the basis of the treatment that can be explained by the action of bronchodilatator and is not a action of Prospan Herbal Drops, because the dyspnoea severity index decreased ($p<0,001$) in both groups in the same proportion, being the following in groups 1 and 2 respectively: initially $2,1\pm0,6$ and $2,1\pm0,06$ ($p>0,5$), at the 5th day of treatment – $1,5\pm0,12$ and $1,5\pm0,12$ ($p>0,5$) and at the 10th day of the treatment – $1,1\pm0,06$ and $1,1\pm0,06$ ($p>0,5$) respectively.

Prospan Herbal Drops didn't influence quality of sputum. The index middle value which is characterised quality of sputum was equal in group 1 and 2 (Tab. 3), at the 5th day of the treatment and remained almost unchanged, but at the 10th day of the treatment were improved in the both groups in the same measure. Dyspnoea decreased on the basis of the treatment and it can be explained by the action of bronchodilatator and is not an action of the Prospan Herbal Drops, because the dyspnoea severity index decreased in both groups in the same measure.

Table 3

The qualitative estimation of sputum in the treatment with Prospan Herbal drops of exacerbation of chronic bronchitis

	<i>Initial</i>	<i>At the 5th day</i>	<i>At the 10th day</i>
Quality of sputum:			
Group 1	$2,1\pm0,5$	$2,1\pm0,5$	$1,9\pm0,03$ *
Group 2	$2,1\pm0,5$	$2,1\pm0,5$	$1,9\pm0,04$ §
The difference between group 1 and group 2	($p>0,5$)	($p>0,5$)	($p>0,5$)
Dyspnoea:			
Group 1	$2,1\pm0,6$	$1,5\pm0,12$ *	$1,1\pm0,06$ *
Group 2	$2,1\pm0,6$	$1,5\pm0,12$ *	$1,1\pm0,06$ *
	($p>0,5$)	($p>0,5$)	($p>0,5$)

* – significant difference ($p<0,001$) in comparison with the initial index.

§ – significant difference ($p<0,002$) in comparison with the initial index.

All the patients tolerated Prospan Herbal Drops well. No adverse effects were observed in our patients.

Our results correspond to the data of other authors [1, 3] and demonstrate that Prospan Herbal Drops has a beneficial action on the exacerbation of chronic bronchitis and improves the symptoms of the disease.

Conclusions

Prospan Herbal Drops is an efficient remedy for the treatment of the exacerbation of chronic bronchitis and contributes to a considerable improvement of the disease symptoms and all the patients tolerate it well.

References

1. Hecker M., Runkel F., Voelp A., *Treatment of chronic bronchitis with ivy leaf special extract - multicenter post-marketing surveillance study in 1,350 patients*. Forsch Komplementarmed Klass Naturheilkd. 2002; 2:77-84.
2. Lursac B., Benezet O., Dansin E., Nouvet G., Stach B., Voisin C., *Évaluation du traitement symptomatique des poussées de surinfection de BPCO : étude préliminaire Pneumorel® 80 mg versus placebo en association avec une antibiothérapie*. Revue de pneumologie clinique 2000; 56: 17-24.
3. Meyer-Wegner J., *Ivy versus ambroxol in chronic bronchitis*. Zeits Allergemeinmed 1993; 69 : 61 – 6.
4. Poole Ph. J., Black P.N., *Oral mucolytic drugs for exacerbations of chronic obstructive pulmonary disease: systematic review*. BMJ, 2001; 322: 1271-1274.
5. Zanzanian M.H., *Expectorants and antitussive agents: are they helpful?* Annals of allergy, 1980; 44: 290 - 295.

Summary

The aim of the present study was to investigate the changes of clinical symptoms and the tolerability of an original ivy product – Prospan Herbal Drops (Engelhard Arzneimittel GmbH & Co. KG), given for the treatment of exacerbation of chronic bronchitis. We investigated the short-term (10 days) influence of Prospan Herbal Drops on the clinical symptoms and tolerability of this drug in 42 patients aged from 37 to 68 years who suffered from exacerbation of chronic bronchitis (with or without obstruction). The results demonstrate that Prospan Herbal Drops has a beneficial action on the exacerbation of chronic bronchitis, considerably improves the symptoms of the disease and all the patients tolerate it well.

Rezumat

Scopul acestui studiu a fost de a cerceta modificările simptomelor clinice și tolerarea medicamentului natural ce conține extract din frunze de iederă – *Prospan Herbal Drops*, care a fost utilizat în tratamentul exacerbărilor bronșitelor cronice. A fost investigată influența administrării de scurtă durată (10 zile) a preparatului *Prospan Herbal Drops* asupra simptomelor clinice și tolerarea acestui medicament la 42 de pacienți cu exacerbarea bronșitei cronice (cu sau fără obstrucție) vârsta lor fiind între 37 și 68 de ani. Rezultatele studiului au demonstrat că *Prospan Herbal Drops* a avut un efect benefic în bronșitele cronice, îmbunătățind considerabil simptomele acestei maladii și că toți pacienții au tolerat medicamentul bine.