

## IMPORTANT INDICATIONS OF THE DRUG WOBENZYM

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**Abstract.** The therapeutic use of proteolytic enzymes is empirically based, but is also supported by scientific studies. This review provides an overview of preclinical and clinical trials of systemic enzyme therapy in rheumatic disorders. Studies of the use of proteolytic enzymes in rheumatic disorders have mostly been carried out on enzyme preparations consisting of combinations of bromelain, papain, trypsin and chymotrypsin. The precise mechanism of action of systemic enzyme therapy remains unresolved. The ratio of proteinases to antiproteinases, which is affected by rheumatic diseases, appears to be influenced by the oral administration of proteolytic enzymes, probably via induction of the synthesis of antiproteinases or a signal transduction of the proteinase-antiproteinase complex via specific receptors.

**Keywords:** of proteolytic enzymes, bromelain, papain, trypsin, "beri-beri." Wobenzym, immunotropic drugs

Enzymes are constantly produced within our body. Described in a simple way, there are certain organic molecular pieces that in small quantities are required to form these enzymes. These pieces are the vitamins, minerals and trace elements. Altogether they are

called "co-enzymes." The deficiency of any of these co-enzymes will result in a specific medical condition. For example, vitamin B1 deficiency will

elicit "beri-beri." The vitamin B12 deficiency causes a special anemia called "pernicious anemia." The same thing happens with deficiency of essential minerals and trace elements. Basically, in these cases, we are speaking of an illness elicited by a disturbance in the enzymatic balance. The possibility of an oral enzyme combination being able to replace diclofenac in the treatment of pain and inflammation is discussed. Oral enzyme therapy involves the use of proteolytic enzymes like bromelain, serratiopeptidase, trypsin, rutin, and papain. The goal of oral enzyme therapy is to replace non-steroidal anti-inflammatory drugs (NSAIDs) in the treatment of symptoms requiring short or long-term treatment due to the side effects of NSAIDs for example diclofenac. The main analysis is focused on the analgesic and anti-inflammatory effects of oral enzyme therapy. This situation requires the use of immunologically active drugs, without which a quick and complete cure of patients is often difficult. However, the list of such drugs is enough is limited and diverse, and the awareness of clinicians about the principles of immunotherapy is clearly insufficient. This situation often leads

to the arbitrary prescription of immunotropic drugs with a questionable clinical outcome. This is confirmed by the fact that the correct use of one immunotrope in some cases is completely insufficient and two or even three drugs are required when corticosteroids, antibiotics, cytostatics and other drugs with immunosuppressive properties are prescribed to patients with multidirectional immune changes. This makes it clear how dangerous the lack of information about the immune properties of many drugs that are not yet related to immunotropes. It is easy to see what unwanted surprises await the uninformed clinician. Resuming the mentioned above it is important to underline that the carried out research revealed that LD course depending on the stage in our investigations did not practically differ from the one described in literature. The treatment results appeared reliably better in patients who received wobenzym in complex therapy: recovery was marked in 92,5% of cases, in comparison group its number was 87,9%. Relapsing and chronic course in most cases was met in patients whose etiotropic treatment excluded wobenzym. Complex therapy caused more prominent effect, in comparison with monotherapy, directed on the disease clinical manifestations elimination which confirms synergy of antibiotics with SET preparations.

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