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Relationships between the parameters of uric acid exchange and electroencephalograms in humans

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Summary

Background. During the implementation of the project "Physiological activity of uric acid", our group discovered four variants of the combination of levels of uricemia and uricosuria both in healthy rats and in people with chronic pyelonephritis and cholecystitis in the remission phase, which are accompanied by characteristic constellations of parameters of the autonomic nervous, endocrine, and immune systems, as well as the exchange of nitrogenous metabolites and electrolytes, the levels of which correlate with uricemia and/or uricosuria. The **aim** of this study is to clarify the relationship between parameters of uric acid metabolism and electroencephalogram (EEG) in humans. Materials and methods. Under an observations were 34 males and 10 females by age 24-76 years with chronic pyelonephritis and cholecystitis in the phase of remission. The object of the study was serum and urine levels of uric acid (uricase method) as well as EEG. Results. It was identified 12 parameters as characteristic of uric acid metabolism clusters. Another 42 EEG parameters were found to be out of the discriminant model, despite the clear recognition ability. A strong canonical correlation between EEG parameters and uricemia (R=0,729) and a moderate correlation with uricosuria (R=0.553) were revealed. Even stronger connections were found between changes in parameters of uric acid metabolism and EEG under the influence of balneotherapy: R=0,901 and 0,681 respectively. Conclusion. Uric acid has both activating and inhibitory effects on EEG parameters. The neurotropic effect of uric acid as a structural analogue of methylxanthines and adenosine is realized, apparently, through various adenosine receptors.

Keywords: uricemia, uricosuria, EEG, relationships, human.

INTRODUCTION

During the implementation of the project "Physiological activity of uric acid" [13], our group discovered four variants of the combination of levels of uricemia and uricosuria both in healthy rats [3,4,14-17,32] and in people with chronic pyelonephritis and cholecystitis in the remission phase [5,6,18,19,33,42], which are accompanied by characteristic constellations of parameters of the autonomic nervous, endocrine, and immune systems, as well as the exchange of nitrogenous metabolites and electrolytes, the levels of which correlate with uricemia and/or uricosuria.

The **aim** of this study is to clarify the relationship between parameters of uric acid metabolism and electroencephalogram in humans.

MATERIALS AND METHODS

Under an observations were 34 males and 10 females by age 24-76 years with chronic pyelonephritis and cholecystitis in the phase of remission. Testing was performed twice - on admission and after 7-10 days of standard balneotherapy on Truskavets Spa (drinking of Naftussya bioactive water, applications of ozokerite, mineral pools) [7,34].

The object of the study was serum and urine levels of uric acid (estimated by uricase method [11]) as well as electroencephalogram (EEG).

EEG recorded a hardware-software complex "NeuroCom Standard" (KhAI Medica, Kharkiv, Ukraine) monopolar in 16 loci (Fp1, Fp2, F3, F4, F7, F8, C3, C4, T3, T4, P3, P4, T5, T6, O1, O2) by 10-20 international system, with the reference electrodes A and Ref on the earlobes. Two minutes after the eyes had been closed, 25 sec of artifact free EEG data were collected by computer. Among the options considered the average EEG amplitude (μ V), average frequency (Hz), frequency deviation (Hz), index (%), absolute (μ V²/Hz) and relative (%) power spectral density (PSD) of basic rhythms: β (35÷13 Hz), α (13÷8 Hz), θ (8÷4 Hz) and δ (4÷0,5 Hz) in all loci, according to the instructions of the device.

In addition, calculated coefficient of Asymmetry (As) and Laterality Index (LI) for PSD each Rhythm using equations [29]:

As, $\% = 100 \cdot (Max - Min)/Min$; LI, $\% = \Sigma [200 \cdot (Right - Left)/(Right + Left)]/8$.

We calculated also for each locus EEG the Entropy (h) of normalized PSD using Popovych's IL [12,31,34,39] equation based on classic Shannon's CE [41] equation:

 $hEEG = - [PSD\alpha \cdot log_2 PSD\alpha + PSD\beta \cdot log_2 PSD\beta + PSD\theta \cdot log_2 PSD\theta + PSD\delta \cdot log_2 PSD\delta]/log_2 4.$

Reference values are taken from the database of our laboratory [34].

Results processed using the software package "Statistica 6.4".

RESULTS AND DISCUSSION

Following the pre-accepted algorithm [13], the recorded UA&EEG parameters were subjected to discriminant analysis [24]. The forward stepwise program identified 12 parameters as characteristic of uric acid metabolism clusters. In addition to uric acid parameters by default, 4 delta-rhythm, 2 theta-rhythm, 1 alpha-rhythm and 3 entropy parameters are included in the discriminant model (Tables 1 and 2).

Another 42 EEG parameters (19 **delta-rhythm**, 8 **theta-rhythm**, 3 **alpha-rhythm** and **entropy** as well as 9 **beta-rhythm**) were found to be out of the model, despite the clear recognition ability (Tables 3-6).

Variables	F to	p-	Λ	F-va-	p-
currently in the model	enter	level		lue	level
Uricosuria	154	10-6	0,154	154	10-6
Uricemia normalized	13,46	10-6	0,104	58,3	10-6
PSD T4-δ, μV ² /Hz	3,96	0,011	0,090	37,4	10-6
PSD О2-θ, %	3,51	0,019	0,080	28,6	10-6
Laterality δ , %	3,40	0,022	0,071	23,7	10-6
PSD C4 Entropy	1,94	0,129	0,066	20,1	10-6
PSD C3-δ, %	2,58	0,060	0,060	17,8	10-6
PSD F4 Entropy	2,02	0,118	0,056	15,9	10-6
PSD T6-α , %	1,72	0,171	0,052	14,4	10-6
PSD F7-θ, μV ² /Hz	1,89	0,139	0,049	13,3	10-6
PSD T4 Entropy	1,45	0,235	0,046	12,2	10-6
PSD C3-δ, μV ² /Hz	1,30	0,281	0,044	11,4	10-6

Table 1. Summary of Stepwise Analysis for Uric acid and EEG Variables, ranked by criterion $\underline{\Lambda}$

Table 2. Discriminant Function Analysis Summary for Uric acid and EEG Variables
their actual levels for Clusters as well as Reference levels and Coefficients of Variability
Step 12, N of vars in model: 12; Grouping: 4 grps; Wilks' A: 0,0435; appr. F ₍₃₆₎ =11,4; p<10 ⁻⁶

	Clust	ers of Uri	ic Acid E	xchange	Part Part Part Part Part Part Part Part	arameters	s of Will	ks' Statist	tics	
		(Males	/Females)							
Variables	S-E2+	S±	S2-E+	S±	Wil	Par-	F-	p-	Tole-	Refe-
currently in the model	IV	E+	Π	E-	ks'	tial	re-	level	rancy	rence
	(18/4)	I	(14/1)	III	Λ	Λ	mo-			Cv/σ
		(16/5)		(20/10)			ve			(112)
Uricosuria,	5,94	3,94	3,88	2,27	0,274	0,159	129	10-6	0,893	3,00
mM/24 h										0,250
Uricemia	-0,70	+0,09	-1,89	-0,53	0,070	0,619	15,0	10-6	0,835	0
normalized, Z										
Laterality ð,	-9,6	-24,9	-27,5	+6,8	0,048	0,913	2,31	0,083	0,779	+2,5
%										39,8
PSD T4-δ,	57	354	94	161	0,050	0,864	3,84	0,013	0,181	92
$\mu V^2/Hz$										1,091
PSD C3-δ,	25,7	42,1	32,4	30,5	0,046	0,939	1,59	0,199	0,282	28,0
%										0,602
PSD C3-δ,	91	315	259	166	0,046	0,949	1,30	0,281	0,234	108
$\mu V^2/Hz$										0,774
PSD O2-θ,	6,3	5,1	5,3	9,1	0,054	0,803	5,96	0,001	0,642	7,1
%										0,554
PSD F7-θ,	15,8	42,7	29,1	28,3	0,047	0,922	2,07	0,112	0,254	18,2
$\mu V^2/Hz$										0,843
PSD T6-α,	37,8	27,3	24,4	28,0	0,047	0,921	2,10	0,106	0,591	35,5
%										0,502
PSD C4	0,83	0,87	0,80	0,85	0,049	0,881	3,30	0,025	0,317	0,867
Entropy										0,109
PSD F4	0,81	0,71	0,80	0,81	0,046	0,938	1,60	0,197	0,374	0,851
Entropy										0,139
PSD T4	0,84	0,76	0,82	0,82	0,047	0,930	1,84	0,147	0,342	0,844
Entropy										0,137
Variable					Wil	Par-	F to	p-	Tole-	Refe-
currently not					ks'	tial	en-	level	rancy	rence
in model					Λ	Λ	ter			(112)
Uricemia,	0,316	0,371	0,249	0,322	0,043	0,979	0,52	0,668	0,213	0,365
mM/L						1				0,116

	Clusters of Uric Acid Exchange			Parameters of Wilks' Statistics						
		(Males/I	Females)	1						
	S-	S±	S2-	<u>S</u> ±	Wilks	Par-	F to	p-	Tole-	Refe-
Variables	E2+	E+	E+	E -	Λ	tial	en-	level	ran-	rence
	IV	Ι	Π	Ш		Λ	ter		cy	Cv
	(18/4)	(16/5)	(14/1)	(20/10)						(112)
Amplitude δ,	13,2	29,5	18,9	20,4	0,043	0,994	0,15	0,927	0,482	14,9
μV										0,431
PSD Fp1-δ,	19,8	40,5	24,4	29,3	0,043	0,994	0,15	0,932	0,486	23,6
%										0,687
PSD Fp1-δ,	39	560	63	102	0,043	0,986	0,35	0,790	0,734	58
$\mu V^2/Hz$										1,132
PSD Fp2-δ,	20,5	40,0	26,5	32,7	0,043	0,991	0,23	0,878	0,531	26,5
⁰∕₀										0,687
PSD Fp2-δ,	39	636	71	119	0,043	0,983	0,42	0,737	0,717	74
$\mu V^2/Hz$	111		204	015	0.040	0.001	0.46	0.511	0.070	1,260
PSD F4-ð,		424	204	215	0,043	0,981	0,46	0,711	0,270	115
μV ² /HZ	22.5	52.2	22.2	25.1	0.042	0.002	0.44	0.724	0.625	1,014
PSD F /-0,	22,5	53,2	32,3	35,1	0,043	0,982	0,44	0,724	0,625	31,4
% DCD E7 S	47	1200	120	151	0.042	0.080	0.26	0.957	0.722	0,706
PSD F /-0,	4/	1309	128	151	0,043	0,989	0,26	0,857	0,722	80
	27.6	52.2	40.8	40.7	0.042	0.081	0.46	0.710	0.640	25.2
ГSD Го-0, 0/	27,0	55,5	40,8	40,7	0,045	0,981	0,40	0,710	0,040	0.656
70 PSD F8-8	59	579	129	194	0.043	0.998	0.05	0.983	0.584	92
1 SD 1 O-O, $1 \text{ V}^2/\text{Hz}$	57	515	127	174	0,045	0,770	0,05	0,705	0,504	1.642
PSD T3-δ.	26.6	45.3	38.0	31.7	0.043	0.993	0.16	0.920	0.527	28.6
%	-) -	-)-) -			-)	- , -	- ,		-) -
PSD T3-δ,	73	368	215	146	0,043	0,992	0,19	0,905	0,413	86
μV ² /Hz										1,055
PSD T4-δ,	24,7	45,9	29,0	36,7	0,043	0,998	0,04	0,988	0,223	31,0
%										0,615
PSD C4-δ,	94	250	193	197	0,043	0,990	0,25	0,864	0,124	114
μV ² /Hz										0,813
PSD T5-δ,	25,7	45,0	33,0	32,2	0,043	0,983	0,42	0,736	0,729	26,3
%										0,696
PSD T6-δ,	21,3	38,3	35,1	33,9	0,043	0,989	0,26	0,857	0,470	26,1
%										0,626
PSD T6-δ,	45	420	124	159	0,043	0,996	0,09	0,963	0,607	74
$\mu V^2/Hz$		-	100	100		0.000	0	0.555	0.5.	1,110
PSD P4-ð,	81	203	193	180	0,043	0,982	0,44	0,726	0,564	107
$\mu V^2/Hz$	70	5.40	100	210	0.042	0.070	0.54	0.674	0.672	0,886
PSD 02-ð,	78	548	188	318	0,043	0,978	0,54	0,654	0,672	95
μV ² /Hz										0,965

 Table 3. Parameters of EEG delta-rhythm not included in the model

	Clusters of Uric Acid Exchange (Males/Females)					Parameters of Wilks' Statistics					
	S-	S±	S2-	S±	Wilks	Par-	F to	p-	Tole-	Refe-	
Variables	E2+	E+	E+	E -	Λ	tial	en-	level	ran-	rence	
	IV	Ι	Π	III		Λ	ter		cy	Cv/σ	
	(18/4)	(16/5)	(14/1)	(20/10)						(112)	
Amplitude θ,	7,4	10,0	8,9	9,1	0,042	0,972	0,69	0,564	0,341	7,75	
μV										0,376	
Laterality 0 ,	-13,1	-20,7	-43,4	-6,8	0,043	0,982	0,43	0,729	0,577	-4,9	
%										38,9	
PSD Fp1-θ,	10,3	7,8	9,4	11,5	0,043	0,996	0,11	0,957	0,658	10,4	
%										0,588	
PSD F7-θ,	9,5	7,4	10,2	9,2	0,043	0,990	0,24	0,871	0,528	10,0	
%										0,458	
PSD T3-θ,	25	58	57	42	0,043	0,982	0,44	0,721	0,339	30	
μV ² /Hz										1,077	
PSD T4-θ,	21	44	28	40	0,043	0,991	0,22	0,885	0,294	28	
μV ² /Hz										1,114	
PSD T6-0,	9,6	7,6	6,6	9,9	0,043	0,998	0,05	0,985	0,202	8,6	
%										0,474	
PSD T5-θ ,	11,4	8,9	7,7	9,9	0,043	0,998	0,06	0,981	0,201	9,7	
%										0,471	

Table 4. Parameters of EEG theta-rhythm not included in the model

Table 5. Parameters of EEG alpha-rhythm and entropy not included in the model

	Clusters of Uric Acid Exchange			Parameters of Wilks' Statistics						
		(Males/I	Females)							
	S-	S±	S2-	S±	Wilks	Par-	F to	p-	Tole-	Refe-
Variables	E2+	E+	E+	E -	Λ	tial	en-	level	ran-	rence
	IV	I	Π	Ш		Λ	ter		cy	Cv/σ
	(18/4)	(16/5)	(14/1)	(20/10)						(112)
Laterality α,	-1,2	-14,6	-29,1	-9,6	0,043	0,997	0,07	0,977	0,580	-1,1
%										34,2
PSD F7-α,	32,0	18,8	26,0	22,5	0,043	0,989	0,27	0,850	0,423	27,6
%										0,522
PSD C4-α,	37,9	31,7	30,3	31,3	0,043	0,991	0,21	0,890	0,256	34,8
%										0,432
PSD Fp1	0,83	0,74	0,80	0,82	0,043	0,979	0,52	0,669	0,567	0,848
Entropy										0,116
PSD F7	0,83	0,69	0,80	0,76	0,043	0,991	0,22	0,883	0,583	0,821
Entropy										0,187
PSD F8	0,80	0,66	0,70	0,77	0,042	0,961	0,98	0,407	0,584	0,815
Entropy										0,202
PSD O2	0,75	0,68	0,72	0,81	0,043	0,996	0,10	0,961	0,430	0,776
Entropy										0,178

	Clusters of Uric Acid Exchange			Parameters of Wilks' Statistics						
	(Males/Females)									
	S-	S±	S2-	<u>S</u> ±	Wilks	Par-	F to	p-	Tole-	Refe-
Variables	E2+	E+	E+	E -	Λ	tial	en-	level	ran-	rence
	IV	Ι	Π	III		Λ	ter		cy	Cv
	(18/4)	(16/5)	(14/1)	(20/10)						(112)
Asymmetry β,	22,1	17,7	17,9	25,6	0,042	0,968	0,79	0,504	0,677	23,4
%										0,679
PSD Fp2-β,	33,6	22,2	34,4	27,6	0,043	0,987	0,31	0,815	0,682	30,7
%										0,504
PSD F3-β,	22,8	17,4	26,4	23,8	0,043	0,979	0,53	0,665	0,601	26,7
%										0,463
PSD F7-β ,	36,1	20,6	31,5	33,1	0,043	0,981	0,46	0,712	0,710	31,0
%										0,558
PSD T3-β,	31,6	18,9	24,1	32,2	0,043	0,999	0,02	0,995	0,670	30,7
%										0,462
PSD T4-β,	31,4	21,4	36,8	28,3	0,043	0,990	0,25	0,860	0,567	30,4
%										0,483
PSD C3-β,	25,6	17,6	24,8	25,4	0,043	1,000	0,01	0,999	0,432	25,5
%										0,420
PSD C4-β,	25,1	21,4	28,1	22,9	0,043	0,985	0,37	0,775	0,407	25,9
%										0,405
PSD O1-β,	27,8	17,0	24,5	25,3	0,043	0,983	0,42	0,737	0,734	26,3
%										0,542

Table 6. Parameters of EEG beta rhythms not included in the model

Next, the 12-dimensional space of discriminant variables transforms into 3-dimensional space of a canonical roots. For Root 1 r*=0,929 (Wilks' Λ =0,044; $\chi^{2}_{(36)}$ =248; p<10⁻⁶), for Root 2 r*=0,706 (Wilks' Λ =0,317; $\chi^{2}_{(22)}$ =91; p<10⁻⁶), for Root 3 r*=0,607 (Wilks' Λ =0,631; $\chi^{2}_{(10)}$ =36; p<10⁻⁴). The major root contains 79,9% of discriminative opportunities, the second 12,6%, the minor 7,5%.

The calculation of the discriminant root values for each person as the sum of the products of raw coefficients to the individual values of discriminant variables together with the constant (Table 7) enables the visualization of each patient in the information space of the roots.

Table 7. Standardized and Raw Coefficients and Constants for BP&EEG Variables

Coefficients	Standardized				Raw	
Variables	Root 1	Root 2	Root 3	Root 1	Root 2	Root 3
Uricosuria	-1,044	-0,022	0,082	-1,733	-0,037	0,136
Uricemia normalized	-0,198	0,878	0,326	-0,211	0,937	0,348
PSD T4-δ, μV ² /Hz	-0,215	1,099	0,552	-0,001	0,005	0,002
PSD О2-θ, %	0,088	-0,104	0,894	0,023	-0,027	0,237
Laterality ð , %	0,082	-0,126	0,514	0,002	-0,004	0,015
PSD C4 Entropy	-0,184	0,465	-0,806	-1,523	3,847	-6,660
PSD C3-δ, %	-0,267	0,386	-0,472	-0,014	0,021	-0,025
PSD F4 Entropy	-0,057	-0,488	0,344	-0,366	-3,126	2,204
PSD T6-α, %	-0,221	0,387	0,220	-0,015	0,026	0,015
PSD F7-θ, μV ² /Hz	0,247	-0,290	-0,761	0,007	-0,008	-0,022
PSD T4 Entropy	-0,214	0,434	0,443	-1,768	3,584	3,657
PSD C3-δ, μV ² /Hz	0,046	-0,606	-0,296	0,0002	-0,002	-0,001
		Constants		10,20	-4,279	-0,091
		Eig	genvalues	6,283	0,992	0,584
	Cum	ulative pro	oportions	0,799	0,926	1

At the next stage of the analysis, the actual values of the parameters were normalized and grouped into three discriminant roots based on structural coefficients that reflect the strength and nature of the connection between the variable and the root. In addition, the table includes parameters that did not enter the discriminant model due to duplication/redundancy of information (Table 8).

	(Correlatio	ns	S-E2+	S±E+	S2-E+	S±E-
Variables	Va	riables-Ro	oots	IV (22)	I (21)	II (15)	III (30)
Root 1 (79,9%)	R 1	R 2	R 3	-3,61	-0,44	+0,31	+2,80
Uricosuria	-0,932	-0,192	-0,004	+3,87	+1,26	+1,17	-0,97
Root 2 (12,6%)	R 1	R 2	R 3	-0,21	+1,36	-1,70	+0,05
Uricemia normalized	0,002	0,678	0,161	-0,70	+0,09	-1,89	-0,53
PSD C4 Entropy	0,025	0,149	0,017	-0,44	+0,07	-0,67	-0,14
PSD T4-δ, μV ² /Hz	0,039	0,298	-0,243	-0,35	+2,60	+0,02	+0,69
PSD F7-δ, μV ² /Hz				-0,23	+8,79	+0,35	+0,51
PSD Fp1-δ, μV²/Hz				-0,29	+7,69	+0,08	+0,68
PSD Fp2-δ, μV ² /Hz				-0,38	+6,04	-0,03	+0,48
PSD F8-δ, μV ² /Hz				-0,22	+3,22	+0,25	+0,68
PSD C3-δ, %	0,020	0,139	-0,245	-0,14	+0,83	+0,26	+0,26
PSD F7-θ, μV ² /Hz	0,037	0,112	-0,194	-0,16	+1,59	+0,71	+0,66
Amplitude θ, μV				-0,12	+0,76	+0,38	+0,45
PSD F8-δ, %				-0,33	+0,78	+0,24	+0,24
PSD T5-δ, %				-0,03	+1,02	+0,36	+0,32
Amplitude δ, μVz				-0,26	+2,29	+0,62	+0,87
PSD F4-δ, μV ² /Hz				-0,03	+2,66	+0,76	+0,86
PSD T6-δ, μV ² /Hz				-0,35	+4,23	+0,62	+1,05
PSD O2-δ, μV ² /Hz				-0,19	+4,92	+1,00	+2,41
PSD Fp2-δ, %				-0,33	+0,74	0,00	+0,34
PSD T4-θ, μV ² /Hz				-0,22	+0,50	+0,01	+0,39
PSD T4-δ, %				-0,33	+0,78	-0,11	+0,30
PSD F7-δ, %				-0,40	+0,98	+0,04	+0,17
PSD Fp1-δ, %				-0,23	+1,05	+0,05	+0,35
PSD F4 Entropy	0,006	-0,146	0,189	-0,31	-1,20	-0,44	-0,38
PSD T4 Entropy	-0,010	-0,118	0,163	-0,05	-0,70	-0,24	-0,21
PSD F7 Entropy				+0,07	-0,83	-0,12	-0,41
PSD Fp1 Entropy				-0,14	-1,14	-0,52	-0,24
PSD Fp1-θ, %				-0,02	-0,43	-0,17	+0,17
PSD F7-θ, %				-0,12	-0,58	+0,04	-0,17
PSD T4-β , %				+0,07	-0,61	+0,43	-0,14
PSD Fp2-β , %				+0,19	-0,55	+0,24	-0,20
PSD C4-β , %				-0,08	-0,43	+0,21	-0,29
PSD C3-β , %				+0,01	-0,74	-0,06	-0,01
PSD F3-β, %				-0,32	-0,76	-0,03	-0,23
PSD F7-β, %				+0,30	-0,60	+0,03	+0,13
PSD O1-β, %				+0,10	-0,65	-0,12	-0,07
PSD F7-α , %				+0,31	-0,61	-0,11	-0,35
Root 3 (7,5%)	R 1	R 2	R 3	+0,66	-0,82	-1,00	+0,59
Laterality ð , %	0,077	0,026	0,406	-0,30	-0,69	-0,75	+0,11
PSD O2-θ, %	0,112	0,007	0,391	-0,18	-0,49	-0,45	+0,52
PSD T6-α, %	-0,080	0,022	0,210	+0,13	-0,46	-0,63	-0,42
Laterality α, %				0,00	-0,39	-0,82	-0,25

 Table 8. Correlations Variables-Canonical Roots, Means of Roots and Z-scores of Uric

 acid and EEG Variables

Laterality 0, %				-0,21	-0,41	-0,99	-0,05
PSD T5-θ, %				+0,38	-0,17	-0,42	+0,04
PSD T6-θ , %				+0,25	-0,24	-0,48	+0,31
Asymmetry β, %				-0,08	-0,36	-0,35	+0,14
PSD T3-β , %				+0,07	-0,83	-0,46	+0,10
PSD F8 Entropy				-0,07	-0,95	-0,69	-0,26
PSD O2 Entropy				-0,17	-0,71	-0,38	+0,25
PSD C3-δ, μV ² /Hz	0,026	0,069	-0,311	-0,20	+2,47	+1,80	+0,70
PSD T3-δ, μV ² /Hz				-0,14	+3,12	+1,43	+0,67
PSD C4-δ, μV ² /Hz				-0,22	+1,46	+0,86	+0,90
PSD T6-δ, %				-0,30	+0,75	+0,55	+0,47
PSD P4-δ, μV ² /Hz				-0,27	+1,01	+0,91	+0,77
PSD T3-δ, %				-0,12	+0,98	+0,55	+0,18
PSD T3-θ, μV ² /Hz				-0,17	+0,86	+0,84	+0,37

The result of the analysis is the visualization of each patient in the information space of discriminant roots (Fig. 1).

Patients with **hypouricosuria** are located in the extreme right zone of the axis of the first root. Instead, patients with pronounced **hyperuricosuria** are located at the opposite pole of the axis. An intermediate position is occupied by patients of I and II clusters with moderately increased excretion of uric acid, while both the average levels and their dispersion are practically the same.

The delimitation of these clusters occurs along the axis of the second root. The top position of the members of the I cluster reflects their **normal**, but maximum for the sample levels of **uricemia** and EEG entropy in the C4 locus, as well as to one degree or another increased levels of 16 parameters of the delta-rhythm and 3 parameters of the theta-rhythm, on the one hand, instead, the maximum for sample reduced entropy levels in loci F4, T4, F7 and Fp1, as well as 7 parameters of beta-, 2 theta- and one alpha-rhythms - on the other hand. In members of the II cluster, against the background of **hypouricemia**, the levels of the listed parameters are lower/higher, respectively.

In addition, both clusters, taken together, are separated from IV and III clusters along the axis of the third root. Their common lowest position reflects the maximum for the sample left-sided asymmetry of delta-, alpha- and theta-rhythms, maximally reduced entropy in loci F8 and O2, as well as levels of 3 parameters of theta-, 2 beta- and one alpha-rhythms, on the one hand, instead, the maximally increased levels of 6 parameters of delta-rhythm and one parameter of theta-rhythm - on the other hand.

The apparent clear demarcation of all four clusters in the information space of the three roots is documented by the calculation of Mahalanobis distances (Table 9).



Fig. 2. Scattering of individual values of the discriminant UA&EEG roots of patients of different uric acid clusters

Table 9.	Squared	Mahalanobis	Distances	between	Clusters,	F-values	(df=12,7)	and	р
levels									

Clusters	S±E+	S2-E+	S-E2+	S±E-
	Ι	Π	IV	III
S±E+	0	9,97	14,7	14,2
I (21)				
S2-E+	6,3	0	20,3	11,8
II (15)	10-5			
S-E2+	11,4	13,1	0	41,2
IV (22)	10-6	10-6		
S±E-	12,7	8,6	24,1	0
III (30)	10-6	10-6	10-6	

Another result of discriminant analysis is the possibility of retrospective identification of members of different clusters by calculating individual discriminant functions according to the coefficients and constants given in the Table 10.

Clusters	S±E+	S2-E+	S-E2+	S±E-
	Ι	Π	IV	III
Variables	p=,239	p=,170	p=,250	p=,341
Uricosuria	17,83	16,62	23,58	12,45
Uricemia normalized	4,851	1,759	4,562	3,422
PSD T4-δ, μV ² /Hz	0,058	0,043	0,057	0,052
PSD O2-θ, %	0,073	0,130	0,392	0,517
Laterality ð , %	-0,165	-0,155	-0,145	-0,132
PSD C4 Entropy	96,79	85,11	85,74	77,43
PSD C3-δ, %	0,478	0,409	0,454	0,370
PSD F4 Entropy	-15,04	-6,147	-5,710	-9,013
PSD T6-α , %	0,549	0,457	0,576	0,488
PSD F7-θ, μV ² /Hz	-0,286	-0,251	-0,328	-0,283
PSD T4 Entropy	101,7	88,71	107,1	96,38
PSD C3-δ, μV ² /Hz	-0,011	-0,003	-0,009	-0,008
Constants	-133,3	-113,5	-164,4	-97,11

Table 10. Coefficients and Constants for Classification Functions for Uric acid Clusters

Taking into account all features enables the retrospective recognition of members of all clusters almost without error: the classification accuracy is 98,9% (Table 11).

Table 11.	Classification	matrix	for	clusters
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Rows: observed classifications; columns: predicted classifications

		S±E+	S2-E+	S-E2+	S±E-
	Percent	Ι	Π	IV	III
Clusters	correct	p=,239	p=,170	p=,250	p=,341
S±E+ I	100	20	0	0	0
S2-E+ II	93,3	0	14	0	1
S-E2+ IV	100	0	0	22	0
S±E- III	100	0	0	0	30
Total	98,9	20	16	22	30

Two approaches were used to clarify the relationship between uric acid and EEG parameters. In the first approach, the object of analysis was the average values of clusters grouped into patterns. The linear nature of the relationship was revealed only in relation to the entropy of the PSD in the C4 locus (Fig. 12). Constellations of other EEG parameters are related to uric acid in a non-linear manner. In 4 constellations, which contain 31 EEG parameters, the coefficients of their determination by uricemia significantly outweigh those by uricosuria: $0,987 \div 0,758 \text{ vs } 0,543 \div 0,332$ (Figs. 13-18 and 21-22). In 2 constellations, which contain 18 EEG parameters, the coefficients of their determination by uricemia and uricosuria are equally high (Figs. 19-20 and 23-24). It is interesting that in all cases the curves of uricemia and uricosuria are quasi-mirror, and there is no correlation between them (Fig. 25).



Fig. 12. Linear relationship between uricemia and entropy of PSD at the C4 locus



Fig. 13. Nonlinear relationship between uricemia and PSD delta-rhythm in loci Fp1, Fp2, F7, F8 and T4



Fig. 14. Non-linear relationship between uricosuria and PSD delta rhythm in loci Fp1, Fp2, F7, F8 and T4



Fig. 15. Non-linear relationship between uricemia and PSD delta-rhythm in loci F4, F8%, T5%, T6, O2 and its amplitude; PSD of the theta-rhythm at the F7 locus and its amplitude



Fig. 16. Non-linear relationship between uricosuria and delta-rhythm PSD in loci F4, F8%, T5%, T6, O2 and its amplitude; PSD of the theta-rhythm in the F7 locus and its amplitude



Fig. 17. Nonlinear relationship between uricemia and PSD of the delta-rhythm in the Fp1%, F7%, T4% loci and theta-rhythm in the T4 locus



Fig. 18. Nonlinear relationship between uricosuria and PSD of the delta-rhythm in the Fp1%, F7%, T4% loci and theta-rhythm in the T4 locus



Fig. 19. Nonlinear relationship between uricemia and PSD of the delta-rhythm in the T3%, T3, C3, C4, T6%, P4 loci and theta-rhythm in the T3 locus



Fig. 20. Nonlinear relationship between uricosuria and PSD of the delta-rhythm in the T3%, T3, C3, C4, T6%, P4 loci and theta-rhythm in the T3 locus



Fig. 21. Nonlinear relationship between uricemia and PSD beta-rhythm in loci Fp2%, F3%, F7%, T4%, C3%, C4%, O1%; theta-rhythm in the Fp1% and F7% loci; alpha-rhythm in the F7% locus and PSD entropy in the Fp1, F4, F7 and T4 loci



Fig. 22. Non-linear relationship between uricosuria and beta-rhythm PSD in loci Fp2%, F3%, F7%, T4%, C3%, C4%, O1%; theta-rhythm in the Fp1% and F7% loci; of the alpha-rhythm in the F7% locus and the entropy of the PSD in the Fp1, F4, F7 and T4 loci



Fig. 23. Non-linear relationship between uricemia and PSD theta-rhythm in loci T5, T6, O2% and its lateralization; alpha-rhythm in the T6% locus and its lateralization; beta-rhythm in the T3% locus and its asymmetry; lateralization of the delta-rhythm, as well as PSD entropy in the F8 and O2 loci



Fig. 24. Non-linear relationship between uricosuria and PSD theta-rhythm in loci T5, T6, O2% and its lateralization; alpha-rhythm in the T6% locus and its lateralization; beta-rhythm in the T3% locus and its asymmetry; lateralization of the delta-rhythm, as well as PSD entropy in the F8 and O2 loci





In the second approach, the object of analysis was individual parameters of uric acid metabolism and EEG. As a result of the screening, a correlation matrix was created (Table 12). Since it turned out that the relationships with EEG parameters of sex- and age-normalized levels of uricemia are weaker than those of actual uricemia or even insignificant, the canonical correlation was calculated only in relation to the latter.

	Correlations								
	N=74								
Variable	UaS	UaS7	UaEx						
UaS	1 00	0.85	-0.05						
UaSz	0.85	1 00	-0.08						
UaEx	-0.05	-0.08	1 00						
DT	0.01	0.02	0.30						
IRB	-0.27	-0.23	-0.02						
LID	-0.03	-0.04	-0.23						
FP2H	-0.24	-0.15	-0.04						
FP2T%	-0.22	-0.09	-0.09						
FP2D%	-0.02	0.10	-0.24						
F3T	-0,21	-0,09	-0,14						
F4B%	0,20	0,01	0,11						
F7H	-0,34	-0,24	0,09						
F7T%	-0,24	-0,08	0,02						
F7B	0,07	0,04	-0,20						
F8H	-0,27	-0,14	0,05						
F8B%	0,21	0,07	0,11						
F8A%	-0,06	-0,05	0,27						
F8D%	-0,08	-0,02	-0,23						
T3B%	0,20	0,06	-0,05						
T3T%	-0,23	-0,12	-0,00						
T4B%	0,23	0,05	0,09						
T4A%	0,08	0,04	0,25						
T4D%	-0,19	-0,05	-0,21						
C3T	-0,20	-0,06	-0,05						
T5H	-0,20	-0,15	0,01						
T5T%	-0,23	-0,05	0,06						
T5D	0,22	0,22	0,03						
T6H	-0,35	-0,24	-0,02						
T6A%	-0,04	-0,03	0,21						
T6T%	-0,23	-0,03	-0,10						
T6D%	-0,05	0,02	-0,23						
T6B	0,29	0,29	-0,10						
P3H	-0,21	-0,18	-0,11						
P3B%	-0,01	-0,20	0,03						
P3A%	0,30	0,24	0,04						
P3T%	-0,31	-0,18	-0,07						
P3D%	-0,23	-0,09	-0,04						
P4A%	0,27	0,20	0,07						
P4T%	-0,26	-0,10	-0,13						
P4D%	-0,25	-0,10	-0,16						
O2T%	-0,15	0,05	-0,29						

Table 12. Correlation matrix for parameters of uric acid metabolism and EEG

It was found that uricemia is significantly $(|r|\geq 0,23)$ or borderline negatively correlated with 18 EEG parameters and positively with 8. After stepwise exclusion, 14 parameters remained in the regression model, the constellation of which is determined by uricemia by 53% (Table 13 and Fig. 26).

	R=,729; R^2=,531; Adjusted R^2=,420; F(14)=4.8; p< 00001; Std Error of estimate: 062							
N=74	Beta	St. Err. of Beta	B	St. Err. of B	t(59)	p-value		
Intercpt			0,1780	0,2058	0,87	0,390		
IRB	-0,330	0,115	-0,0020	0,0007	-2,86	0,006		
F4B%	-0,467	0,195	-0,0025	0,0011	-2,40	0,020		
F7H	-0,143	0,128	-0,0585	0,0522	-1,12	0,267		
F8H	-0,214	0,133	-0,0797	0,0497	-1,61	0,114		
T3B%	0,196	0,132	0,0010	0,0007	1,49	0,143		
T4B%	0,571	0,183	0,0028	0,0009	3,12	0,003		
C3T	-0,180	0,113	-0,0002	0,0002	-1,59	0,117		
T6H	-0,355	0,178	-0,1746	0,0878	-1,99	0,051		
T6T%	0,417	0,152	0,0067	0,0024	2,74	0,008		
T6B	0,172	0,111	0,0002	0,0001	1,55	0,126		
P3H	0,381	0,168	0,2367	0,1046	2,26	0,027		
P3A%	1,180	0,323	0,0048	0,0013	3,65	0,001		
P3D%	0,850	0,291	0,0036	0,0012	2,92	0,005		
P4D%	-0,243	0,166	-0,0011	0,0007	-1,46	0,149		







Instead, the connections of uricosuria with EEG parameters are less numerous and generally weaker (Table 12). After a step-by-step exclusion of 11 parameters in the regression model, 6 remained, the constellation of which is determined by uricosuria by 31% (Table 14 and Fig. 27).

	R=,553; R^2=,306; Adjusted R^2=,244; F(6,7)=4,9; p<,0003; Std.Error of estimate:1,25							
	Beta	St. Err.	В	St. Err.	t(67)	p-value		
N=74		of Beta		of B				
Intercpt			3,2034	0,6825	4,69	0,00001		
DT	0,346	0,105	1,0857	0,3290	3,30	0,00155		
LID	-0,239	0,105	-0,0087	0,0038	-2,28	0,02609		
F7B	-0,133	0,107	-0,0032	0,0026	-1,24	0,21753		
F8A%	0,146	0,123	0,0133	0,0112	1,19	0,23963		
T6D%	-0,127	0,118	-0,0085	0,0079	-1,08	0,28581		
O2T%	-0,174	0,107	-0,0575	0,0354	-1,62	0,10941		

Table 14. Regressive model for uricosuria and EEG parameters



R=0,553; R²=0,306; $\chi^{2}_{(6)}$ =25; p=0,0003; Λ Prime=0,694 Fig. 26. Scatterplot of canonical correlation between Uricosuria (X-line) and EEG parameters (Y-line) in Human

The combined effect of uricemia and uricosuria on EEG parameters does not differ from that of uricemia alone (Table 15 and Fig. 27).

Table 15. Factor structure	e of canonical roots of p	arameters of uric acid	metabolism and
EEG			

Left set	R
Uricemia	-0,939
Uricosuria	0,394
Right set	R
PSD F7 Entropy	0,482
PSD F8 Entropy	0,369
PSD T5 Entropy	0,259
PSD P3 Entropy	0,208
PSD Т5-θ, %	0,323
PSD C3-θ, μV ² /Hz	0,234
РSD Р3-б, %	0,280
PSD P4-δ, %	0,240
Index β, %	0,342
PSD T6-β, μV²/Hz	-0,425
PSD T3-β, %	-0,279
PSD T4-β, %	-0,251
PSD F4-β, %	-0,199
PSD P3-α, %	-0,366
PSD F8-α, %	0,210
Deviation θ, Hz	0,133
PSD F7-β, μV ² /Hz	-0,183
PSD O2-θ, %	0,052
PSD T6-δ, %	-0,048
Laterality ð , %	-0,075





Next, the relationships between changes in uric acid parameters and EEG under the influence of balneotherapy were analyzed. Following the previous algorithm, a correlation matrix was first created from significant ($|r| \ge 0.33$) and marginal coefficients (Table 16).

 Table 16. Matrix of correlations between changes in parameters of uric acid metabolism

 and EEG

	Correlations N=35				
Variable	UaS	UaFx			
AF	0.05	-0.35			
BF	0,00	-0.28			
IRA	0.23	-0.30			
AT	-0.33	0,18			
AA	-0,28	-0,01			
LIT	0,13	-0,37			
FP2B%	-0,29	0,16			
FP2B	-0,28	-0,06			
F7H	-0,33	0,22			
F7B%	-0,01	0,28			
F7A%	-0,29	0,06			
F8H	-0,31	-0,09			
F8D	0,36	-0,05			
T3B%	-0,43	0,05			
T3T%	0,11	0,38			
T3B	-0,44	0,08			
T4B%	-0,53	0,20			
T4B	-0,54	0,08			
СЗН	0,14	0,36			
C3B%	-0,31	0,24			
C4B%	-0,32	0,31			
T5A%	-0,30	0,05			
T5D%	0,29	-0,15			
T6B%	-0,42	0,29			
T6D%	0,29	-0,16			
P3B%	-0,58	0,17			
P3A	0,29	-0,03			
P4B%	-0,51	0,37			
P4A	0,31	-0,12			
O1T%	-0,36	0,30			
O2B%	-0,00	0,41			
O2T%	-0,28	-0,11			
O2D	0,36	0,02			

Inverse relationships between changes in uricemia and beta-rhythm PSD in the P3 (Fig. 28) and T4 (Fig. 29) loci turned out to be the closest, and among the direct relationships, the correlation with the dynamics of alpha-rhythm PSD in the P3 locus is noteworthy (Fig. 30).



Fig. 28. Scatterplot of correlation between changes in Uricemia (X-line) and PSD P3beta (Y-line) in Human



Fig. 29. Scatterplot of correlation between changes in Uricemia (X-line) and PSD T4beta (Y-line) in Human



Fig. 30. Scatterplot of correlation between changes in Uricemia (X-line) and PSD P3alpha (Y-line) in Human

It was found that changes in the level of uricemia determine changes in 9 EEG parameters by 81% (Table 17 and Fig. 31).

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Tab	le	17.	Reg	ressive	model	for	uricemia	and	EEG	parameters

	R=,901; R^2=,812; Adjusted R^2=,745; F(9,3)=12,0; p<,00000; Std.Error of estimate:,023							
	Beta	St. Err.	В	St. Err.	t(25)	p-value		
N=35		of Beta		of B				
Intercpt			0,00728	0,00421	1,73	0,09579		
AA	-0,382	0,098	-0,00096	0,00025	-3,92	0,00062		
T4B	-0,560	0,098	-0,00040	0,00007	-5,74	0,00001		
C3B%	0,352	0,169	0,00104	0,00050	2,08	0,04823		
C4B%	-0,330	0,151	-0,00098	0,00045	-2,20	0,03764		
T5A%	-0,642	0,271	-0,00191	0,00080	-2,37	0,02599		
T5D%	-0,665	0,295	-0,00090	0,00040	-2,26	0,03303		
P3B%	-0,612	0,144	-0,00236	0,00056	-4,25	0,00026		
P3A	0,584	0,212	0,00010	0,00004	2,76	0,01074		
P4A	-0,391	0,203	-0,00009	0,00005	-1,93	0,06526		





Neurotropic determination from the side of uricosuria is much weaker and amounts to 46.5% (Table 18 and Fig. 32).

	R=,682; R^2=,465; Adjusted R^2=,326; F(7,3)=3,4; p<,0106; Std.Error of estimate:1,30							
	Beta	St. Err.	В	St. Err.	t(27)	p-value		
N=35		of Beta		of B				
Intercpt			-0,109	0,246	-0,44	0,661		
IRA	-0,236	0,197	-0,014	0,012	-1,20	0,242		
LIT	-0,358	0,156	-0,011	0,005	-2,29	0,030		
T3T%	0,176	0,165	0,058	0,054	1,07	0,296		
C3H	0,222	0,159	2,012	1,443	1,39	0,174		
T6B%	-0,420	0,328	-0,033	0,025	-1,28	0,210		
P4B%	0,381	0,276	0,047	0,034	1,38	0,180		
O2B%	0,232	0,211	0,024	0,022	1,10	0,282		

Table 18. Regressive model for uricosuria and EEG parameters



Fig. 32. Scatterplot of canonical correlation between changes in Uricosuria (X-line) and EEG parameters (Y-line) in Human

Finally, the canonical correlation between changes in both parameters of uric acid metabolism, on the one hand, and EEG parameters, on the other, was analyzed.

The lion's share of the factor load on the causal canonical root belongs to uricemia (Table 19). The factor structure of the neural root is represented, first of all, by the PSD beta-rhythm in the P3, T4, C4 and C3 loci, as well as the alpha-rhythm in the T5 locus and its asymmetry, which are subject to downregulation by uricemia.

PSD of the beta-rhythm in the P4 and T6 loci are subject to both downregulation by uricemia and upregulation by uricosuria. On the other hand, PSDs of the delta-rhythm in the T5 locus, as well as the alpha-rhythm in the P4 and P3 loci are upregulated by uricemia. Alpha-rhythm index and theta-rhythm lateralization are subject to significant downregulation by uricosuria and weak upregulation by uricemia.

Finally, PSD of theta-rhythm in the T3 locus and beta-rhythm in the O2 locus, as well as entropy in the C3 locus are subject to significant upregulation by uricosuria and weak upregulation by uricemia.

metabolism and LEG	
Left set	R
Uricemia	-0,984
Uricosuria	0,209
Right set	R
PSD P3-β, %	0,643
PSD T4- β , μ V ² /Hz	0,585
PSD C4-β , %	0,395
PSD C3-β , %	0,371
PSD T5-α , %	0,323
Asymmetry α, %	0,292
PSD P4-β, %	0,608
PSD T6-β, %	0,494
PSD T5-δ, %	-0,336
PSD P4-α, μV ² /Hz	-0,344
PSD P3-α, μV ² /Hz	-0,313
Index α, %	-0,301
Laterality 0, %	-0,209
PSD T3-θ , %	-0,044
PSD C3 Entropy	-0,079
PSD O2-β, %	0,079

 Table 19. Factor structure of the canonical roots of changes in parameters of uric acid

 metabolism and EEG

Taken together, changes in the parameters of uric acid exchange determine changes in the listed EEG parameters by 87% (Fig. 33).





CONCLUSION

Unfortunately (or fortunately?), we managed to find only one study on the correlation between serum uric acid level and EEG on the PubMed resource [45]. We will be grateful to colleagues who point to other works.

The significant negative and positive correlations between uric acid and EEG parameters as a whole, and even more so between their changes, revealed in this study, provide grounds for stating the ability of uric acid to exert both inhibitory and activating effects on nerve structures, which generate all registered rhythm types. In a previous study on the same cohort of patients, we found positive relationships of uric acid with HRV-markers of sympathetic tone and negative connections with markers of vagal tone [5], which indicates the ability of uric acid to influence the brainstem and subcortical autonomous nuclei [2,40]. So, we have shown that uric acid has neurotropic activity, in addition to its immunotropic activity detected in the same cohort of patients [13]. The combination of such effects is possible due to bilateral functional connections between the central and autonomic nervous and immune systems within the framework of the neuroendocrine-immune complex [31,34-37].

According to the concept of our laboratory [13,22], this is due to the similarity molecule of the uric acid (**2,6,8**-tri**oxipurine**) with the molecules of theophylline (**2,6**-di**oxi**-1,3-dimethyl**purine** or 1,3-dimethyl**xantine**), caffeine (**2,6**-di**oxi**-1,3,7-trimethyl**purine** or 1,3,7-trimethyl**xantine**) and other methylxanthines, which, in turn, are structural homologues of adenosine [(2R,3R,4R,5R)-2-(6-amino**purine**-il)-5-(hydroximethyl) oxolan-3,4-diol)].

It is known that the effects of adenosine as well as methylxanthines are realized through its receptors (A_1 , A_{2A} , A_{2B} , A_3), which express virtually all populations of immunocytes such as T, NK, B lymphocytes, macrophages, neutrophils, dendritic and endothelial cells [1,10,20,21,28,44] as well as neurons of central and autonomous neural systems [8,9,23,26,30,38].

Our data confirms and develops both old [43] and modern [10,27] hypotheses about the physiological activity of uric acid.

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ACCORDANCE TO ETHICS STANDARDS

Tests in patients are conducted in accordance with positions of Helsinki Declaration 1975, revised and complemented in 2002, and directive of National Committee on ethics of scientific researches. During realization of tests from all parent of participants the informed consent is got and used all measures for providing of anonymity of participants.

For all authors any conflict of interests is absent.

REFERENCES

1. Apasov S, Chen JF, Smith P, Sitkovsky M. A_{2A} receptor dependent and A_{2A} receptor independent effects of extracellular adenosine on murine thymocytes in condicion of adenosine deaminase deficiency. Blood. 2000; 95(12): 3859-3867.

2. Baevsky RM, Berseneva AP. Use KARDIVAR system for determination of the stress level and estimation of the body adaptability. Standards of measurements and physiological interpretation. Moscow-Prague; 2008: 41.

3. Bombushkar IS. Features of the state of the neuroendocrine-immune complex and electrolyte-

nitrogenous exchange under different variations of uric acid metabolism in female rats. Journal of Education, Health and Sport. 2020; 10(5): 410-421.

4. Bombushkar IS, Gozhenko AI, Korda IV, Badiuk NS, Zukow W, Popovych IL. Features of the exchange of electrolytes and nitrogenous metabolites under different options of uric acid exchange in healthy female rats. Journal of Education, Health and Sport. 2020; 10(4): 405-415.

5. Bombushkar IS, Gozhenko AI, Badiuk NS, Smagliy SS, Korda MM, Popovych IL, Blavatska OM. Relationships between parameters of uric acid metabolism and neuro-endocrine factors of adaptation [in Ukrainian]. Journal of marine medicine. 2022; 2(95): 59-74.

6. Bombushkar IS, Korda MM, Żukow X, Popovych IL. Sexual dimorphism in relationships between of plasma uric acid and some psycho-neuro-endocrine parameters. Journal of Education, Health and Sport. 2022; 12(12): 357-372.

7. Chebanenko OI, Flyunt IS, Popovych IL, Balanovs'kyi VP, Lakhin PV. Water Naftussya and Water-salt Exchange [in Ukrainian]. Kyïv: Naukova dumka; 1997: 141.

8. Choudhury H, Chellappan DK, Sengupta P, Pandey M, Gorain B. Adenosine Receptors in Modulation of Central Nervous System Disorders. Curr Pharm Des. 2019;25(26):2808-2827.

9. Effendi WI, Nagano T, Kobayashi K, Nishimura Y. Focusing on Adenosine Receptors as a Potential Targeted Therapy in Human Diseases. Cells. 2020; 9(3): 785.

10. El Ridi R, Tallima H. Physiological functions and pathogenic potential of uric acid: A review. J Adv Res. 2017; 8(5): 487-493.

11. Goryachkovskiy AM. Clinical Biochemistry [in Russian]. Odesa: Astroprint; 1998: 608.

12. Gozhenko AI, Korda MM, Popadynets' OO, Popovych IL. Entropy, Harmony, Synchronization and Their Neuro-Endocrine-Immune Correlates [in Ukrainian]. Odesa. Feniks; 2021: 232.

13. Gozhenko AI, Korda MM, Smagliy SS, Badiuk NS, Zukow W, Klishch IM, Korda IV, Bombushkar IS, Popovych IL. Uric Acid, Metabolism, Neuro-Endocrine-Immune Complex. Odesa: Feniks; 2023: 266.

14. Gozhenko AI, Smagliy SS, Korda IV, Badiuk NS, Zukow W, Popovych IL. Functional relationships between parameters of uric acid exchange and immunity in female rats. Actual problems of transport medicine. 2019; 4 (54): 123–131.

15. Gozhenko AI, Smagliy VS, Korda IV, Zukow W, Popovych IL. Cluster analysis of uric acid exchange parameters in female rats. Journal of Education, Health and Sport. 2019; 9(11): 277-286.

16. Gozhenko AI, Smagliy VS, Korda IV, Badiuk NS, Zukow W, Popovych IL. Features of immune status in different states of uric acid metabolism in female rats. Journal of Education, Health and Sport. 2019; 9(12): 167-180.

17. Gozhenko AI, Smagliy VS, Korda IV, Badiuk NS, Zukow W, Popovych IL. Functional relationships between parameters of uric acid exchange and immunity in female rats. Actual problems of transport medicine. 2019; 4(58): 123–131.

18. Gozhenko AI, Smagliy VS, Korda IV, Badiuk NS, Zukow W, Kovbasnyuk MM, Popovych IL. Relationships between parameters of uric acid exchange and immunity as well as microbiota in patients with neuroendocrine-immune complex dysfunction. Journal of Education, Health and Sport. 2020; 10(1): 165-175.

19. Gozhenko AI, Smagliy VS, Korda IV, Badiuk NS, Zukow W, Kovbasnyuk MM, Popovych IL. Relationships between changes in uric acid parameters metabolism and parameters of immunity and microbiota in patients with neuroendocrine-immune complex dysfunction. Journal of Education, Health and Sport. 2020; 10(2): 212-222.

20. Hoskin DW, Mader JS, Furlong SJ, Conrad DM, Blay J. Inhibition of T cell and NK cell function by adenosine and its contribution to immune evasion by tumor cells (Review). Int J Oncol. 2008; 32(3): 527-535.

21. Huang S, Apasov S, Koshiba M, SitkovskiM. Role of A_{2A} extracellular adenosine receptor mediated signaling in adenosine mediated inhibition of of T-cell activation and expansion. Blood. 1997; 90(4): 1600-1610.

22. Ivassivka SV, Popovych IL, Aksentiychuk BI, Flyunt IS. Physiological Activity of Uric Acid and its Role in the Mechanism of Action of Naftussya Water [in Ukrainian]. Kyïv: Computerpress; 2004: 163.

23. Jamwal S, Mittal A, Kumar P, Alhayani DM, Al-Aboudi A. Therapeutic Potential of Agonists

and Antagonists of A1, A2a, A2b and A3 Adenosine Receptors. Curr Pharm Des. 2019; 25(26) :2892-2905.

24. Klecka WR. Discriminant Analysis [trans. from English in Russian] (Seventh Printing, 1986). In: Factor, Discriminant and Cluster Analysis. Moskva: Finansy i Statistika; 1989: 78-138.

25. Kul'chyns'kyi AB, Kovbasnyuk MM, Kyjenko VM., Zukow W, Popovych IL. Neuro-immune relationships at patients with chronic pyelonephrite and cholecystite. Communication 2. Correlations between parameters EEG, HRV and Phagocytosis. Journal of Education, Health and Sport. 2016; 6(10): 377-401.

26. Li S, Lu X, Chen X, Huang Z, Zhou H, Li Z, Ning Y. The prevalence and associated clinical correlates of hyperuricemia in patients with bipolar disorder. Front Neurosci. 2022; 16: 998747.

27. Morelli M, Carta AR, Kachroo A, Schwarzschild A. Pathophysiological roles for purines: adenosine, caffeine and urate. Prog Brain Res. 2010; 183: 183-208.

28. Navalta JW, Fedor EA, Schafer MA, Lyons TS, Tibana RA, Pereira GB, Prestes J. Caffeine affects CD8⁺ lymphocyte differently in naïve and familiar individuals following moderate intensity exercise. Int J Immunopathol Pharmacol. 2016; 29(2): 288-294.

29. Newberg AB, Alavi A, Baime M, Pourdehnad M, Santanna J, d'Aquili E. The measurement of regional cerebral blood flow during the complex cognitive task of meditation: a preliminary SPECT study. Psychiatry Research: Neuroimaging Section. 2001; 106: 113-122.

30. Ortiz R, Ulrich H, Zarate CA Jr, Machado-Vieira R. Purinergic system dysfunction in mood disorders: a key target for developing improved therapeutics. Prog Neuropsychopharmacol Biol Psychiatry. 2015; 57: 117-131.

31. Popadynets' OO, Gozhenko AI, Zukow W, Popovych IL. Relationships between the entropies of EEG, HRV, immunocytogram and leukocytogram. Journal of Education, Health and Sport. 2019; 9(5): 651-666.

32. Popovych IL, Bombushkar IS, Badiuk NS, Korda IV, Zukow W, Gozhenko AI. Features of the state of neuro-endocrine factors of adaptation under different options of uric acid metabolism in healthy female rats. Journal of Education, Health and Sport. 2020; 10(3): 352-362.

33. Popovych IL, Gozhenko AI, Bombushkar IS, Korda MM, Zukow W. Sexual dimorphism in relationships between of uricemia and some psycho-neuro-endocrine parameters. Journal of Education, Health and Sport. 2015; 5(5): 556-581.

34. Popovych IL, Gozhenko AI, Korda MM, Klishch IM, Popovych DV, Zukow W (editors). Mineral Waters, Metabolism, Neuro-Endocrine-Immune Complex. Odesa. Feniks; 2022: 252.

35. Popovych IL, Gozhenko AI, Zukow W, Polovynko IS. Variety of Immune Responses to Chronic Stress and their Neuro-Endocrine Accompaniment. Riga: Scholars' Press; 2020: 172.

36. Popovych IL, Kozyavkina OV, Kozyavkina NV, Korolyshyn TA, Lukovych YuS, Barylyak LG. Correlation between Indices of the Heart Rate Variability and Parameters of Ongoing EEG in Patients Suffering from Chronic Renal Pathology. Neurophysiology. 2014; 46(2): 139-148.

37. Popovych IL, Kul'chyns'kyi AB, Gozhenko AI, Zukow W, Kovbasnyuk MM, Korolyshyn TA. Interrelations between changes in parameters of HRV, EEG and phagocytosis at patients with chronic pyelonephritis and cholecystitis. Journal of Education, Health and Sport. 2018; 8(2): 135-156.

38. Pousti A, Deemyad T, Malihi G. Mechanism of inhibitory effect of citalopram on isolated guinea-pig atria in relation to adenosine receptor. Hum Psychopharmacol. 2004; 19(5): 347-350.

39. Ruzhylo SV, Fihura OA, Zukow W, Popovych IL. Immediate neurotropic effects of Ukrainian phytocomposition. Journal of Education, Health and Sport. 2015; 5(4): 415-427.

40. Shaffer F, Ginsberg JP. An Overview of Heart Rate Variability Metrics and Norms. Front Public Health. 2017; 5: 258.

41. Shannon CE. A mathematical theory of information. Bell Syst Tech J. 1948; 27: 379-423.

42. Smagliy VS, Gozhenko AI, Korda IV, Badiuk NS, Zukow W, Kovbasnyuk MM, Popovych IL. Variants of uric acid metabolism and their immune and microbiota accompaniments in patients with neuroendocrine-immune complex dysfunction. Actual problems of transport medicine. 2020; 1(59): 114–125.

43. Sofaer JA, Emery AF. Genes for super-intelligense? J Med Genet. 1981; 18: 410-413.

44. Vigano S, Alatzoglou D, Irving M, Menetrier-Caux Ch, Caux Ch, Romero P, Coukos G. Targeting adenosine in cancer immunotherapy to enhance T-cell function. Front Immunol. 2019; 10: 925.

45. Young In Kim, Sun Mi Kim, Ji Sun Hong, Jinuk Song, Doug Hyun Han, Kyung Joon Min, Young Sik Lee. The Correlation between Clinical Symptoms, Serum Uric Acid Level and EEG in Patient with Bipolar Disorder [transl. from Korean to English]. Journal of Korean Neuropsychiatric Association. 2016; 55(1): 25-32.