THE MAIN TYPES OF DRUG TREATMENT

Tuychiyev Gafurjon Urmonovich Assistant of the Department of Pharmacology, Clinical Pharmacology and Medical Biotechnology, Andijan Medical Institute

Abstarct: This article discusses several basic types of drug treatment. Some useful tips will be discussed

Keywords: drug, treatment, theraphy, chemical, oil, method

Nowadays there are usually four types of drug treatment. Now we will talk about each of them. 1. Prophylactic - therapy - to prevent the onset of this disease is a type of treatment that is mainly disinfectant and chemotherapy is used. It also causes various diseases prophylactic vaccinations to prevent the outbreak as an example of a type of treatment. 2. Etiotropic - therapy - to the factor that caused the disease is a type of anti-inflammatory treatment that includes antibiotics, tuberculosis, ulcers, worms, antibacterial agents against simple animals and various chemical structures can be used as an example. 3. Symptomatic therapy - mainly caused by a disease or pathological condition to relieve the various unpleasant symptoms (signs) it produces is the type of treatment used. For example, pain relief. The synthesis of prostaglandins is a major factor in the onset of pain takes over. Disorders of drug synthesis are pathogenetic therapy. Therefore, it is often pathogenetic therapy also plays a role. 4. Replacement therapy - substances of biogenic nature in the body is a type of treatment used for deficiency. For example, sugary insulin in diabetes, iodine in hypothyroidism, hypo- or avitaminosis use of vitamin supplements. It's a substitute and months or years, depending on the type of disease possible. With various chemical compounds, including drugs, cases of acute poisoning are very common. Such poisonings or as a result of unintentional or intentional overdose of drugs, or in occupational cases may occur. The most

common acute poisoning is from nicotine, ethyl, alcohol, narcotic and non-narcotic analgesics, narcotic hypnotics and psychotropic drugs, as well as phosphorus organic compounds used against insects, and other conditions.

Urgency in patients currently poisoned by various chemical compounds Republican Emergency Medical Service to provide assistanceand toxicology departments at the center and its regional branches made. The main task of the doctor in acute poisoning is poisoning is to get the substance out of the body as quickly as possible. In severe cases, the patient is initially admitted to the intensive care unit resuscitation work is carried out in conjunction with general therapeutic treatment and then a complex aimed at the elimination of toxins from the body treatment is provided. The focus was on life organs (cardiovascular and respiratory systems).

- Transfer of toxins to bloodstream from major sites of absorption obstruction
- If the toxin is partially or completely absorbed accelerating its excretion from the body;
- By applying antidotes to the toxin to achieve its inactivation;
- Elimination of adverse effects caused by toxic substances;
- Acute drug poisoning in any condition prevention. Each of the principles listed is easy for students to understand Let's talk about it in more detail. In most cases, acute poisoning is caused by taking drugs observed at the reception.

The main focus at this time is stomach upset should be focused on cleaning from the substance. To do this, or the patient vomits, or his stomach is washed. Vomiting using mechanical movement (finger) by touching the lower part of the throat) or vomiting means is done by applying. Sodium chloride as a laxative or drink a solution of high concentrations of sodium sulfate, apomorphine hydrochloride solution is injected. The gastric mucosa integrity damaging agents (acids, alkalis, heavy metal salts) It is impossible to force the patient to vomit in cases of poisoning with Because these drugs damage the gastric mucosa can put. Even in severe cases, perforation of the stomach wall possible. Occasionally there is a residual odor on the airways. There is also a possibility of burning the mucous membranes of the airways. Therefore, The safest and most effective remedy at such times for the stomach probe

using is washing. In this case, the stomach is warm water, isotonic salt with a solution or a low concentration solution of potassium permanganate washed. Even activated charcoal or antifouling during washing poisons can also be added. It is full of stomach toxins wash several times until clean. Reduce small intestinal absorption of toxins or mainly activated charcoal and saline repellents and Vaseline oil is used. Cleanser and when needed siphon can be made. If the toxin gets on the skin or mucous membranes. In this case, wash these areas thoroughly with running water. If inhaled, discontinue immediately and transporting the patient from place to place and a gas mask (gas mask) should be worn. If the toxin is injected into the skin, then it is injected apply a solution of adrenaline hydrochloride around the area or in the same area. Absorption can be reduced by placing ice packs on top. In some cases (if possible) by squeezing the area with a tourniquet venous blood flow is reduced and the spread of toxins in the body reduced. All of the above are poisonous measures to reduce the spread throughout the body. If the toxin is partially or completely absorbed into the bloodstream without all the basic measures to expel it from the body as soon as possible focused. Forced diuresis, peritoneal dialysis, hemodialysis, hemosorption, blood exchange, etc. b. should be done. In the form of forced diuresis, a large amount is administered intravenously diuretics with high activity in combination with fluids (furosemide,

ethacrynic acid, mannitol). Sometimes poisonous the acidity or alkalinity of the pH of the urine depending on the nature of the substance its reabsorption from the renal tubules by shifting to the side reduction is also possible. With this method, with proteins and fats only unbound toxins can be released. Forced disturbance of the balance of large amounts of electrolytes in the body by diuresis and specific contraindications to its conduct due to its origin acute cardiovascular failure, renal insufficiency these are cases of severe impairment and risk of brain and lung tumors including. Peritoneal dialysis contains large amounts of electrolytes in the abdominal cavity washed with a solution. It varies depending on the nature of the toxin dialysis fluids are used and infection of the abdominal cavity in order to prevent them is

recommended in combination with antibiotics. This despite the high efficiency of the method, all chemical compounds it should also be noted that it cannot be dialyzed.

Hemodialysis (artificial kidney) with a semiconducting membrane is passed through a dialyzer and is not bound to large amounts of protein secretes toxins (e.g. barbiturates). Arterial blood a sharp drop in blood pressure is a contraindication to hemodialysis will be Hemosorption is a type of poisoning that involves toxins in the blood substances are coated with special sorbents (e.g., blood proteins granulated activated carbon). Acute with antipsychotics, anxiolytics and organophosphorus compounds the effectiveness of this method in poisonings is very high. Besides, if the toxin is poorly dialyzed and hemodialysis does not help, good results can be obtained by using this method. The method of blood transfusion is for acute drug poisoning used in severe cases. In this case, along with taking blood from the patient, it is new to him blood is also transfused. This method often produces methemoglobin in the blood very useful in poisoning by compounds such as nitrates, nitrobenzene and b. It is also strongly associated with proteins is also very useful in poisonings with high molecular weight compounds. Blood in thrombophlebitis and strongly expressed circulatory disorders cannot be replaced.

References:

- Архипова, О. А. Полипрагмазия: взгляд клинического фармаколога / О. А. Архипова, Т. В. Мартынюк, И. Е. Чазова // Терапевтический архив. 2016. № 12. С. 88-93.
- 2. Контроль рациональности фармакотерапии в многопрофильном стационаре / Н. Н. Везикова [и др.] // Заместитель главного врача: лечебная работа и медицинская экспертиза. 2016. № 12. С. 72-80.
- 3. Контроль рациональности фармакотерапии в многопрофильном стационаре / Н. Н. Везикова [и др.] // Заместитель главного врача: лечебная работа и медицинская экспертиза. 2016. № 12. С. 72-80.
- 4.Белоусов Ю.Б., Грацианская А.Н., Зырянов С.К., Чубарев В.Н. Опыт английской системы оценки безопасности лекарств / Ремедиум. 2006, январь. С. 24-26.