Arabboev M.A. master of therapy 1st degree

Yuldasheva G.B., candidate of medical sciences

associate professor department of GP №2

Andijan State Medical Institute Uzbekistan, Andijan

DEFINITION OF THE EFFECTIVENESS AND SAFETY OF DRUGS IN PATIENTS WITH STABLE ANGINA

Summary. Cardiovascular disease is currently the leading cause of death and disability worldwide. Angina pectoris is one of the most common clinical manifestations of coronary heart disease (CHD). Although the presence of angina is associated with an increased risk of adverse outcomes, its medical or surgical treatment does not appear to translate into a reduction in the risk of heart attack and death from cardiovascular causes. Coronary heart disease is the leading cause of death from cardiovascular disease.

Key words: coronary heart disease, cardiovascular diseases, disability, coronary drugs.

Араббоев М.А. магистр терапии 1 степени

Юлдашева Г.Б., кандидат медицинских наук

доцент кафедра ВОП №2

Андижанский государственный медицинский институт Узбекистан, Андижан

ОПРЕДЕЛЕНИЕ ЭФФЕКТИВНОСТИ И БЕЗОПАСНОСТИ ПРЕПАРАТОВ У ПАЦИЕНТОВ СО СТАБИЛЬНОЙ СТЕНОКАРДИЕЙ НАПРЯЖЕНИЯ

Резюме. Сердечно-сосудистые заболевания в настоящее время являются ведущей причиной смерти и инвалидности во всем мире. Стенокардия напряжения является одним из наиболее распространенных клинических проявлений ишемической болезни сердца (ИБС)[5]. Хотя наличие стенокардии сопряжено с увеличением риска неблагоприятных исходов, ее медикаментозное или хирургическое лечение, по-видимому, не транслируется в снижение риска инфаркта и смерти от сердечно-сосудистых причин. Ишемическая болезнь сердца является ведущей причиной смерти от сердечно-сосудистых заболеваний.

Ключевые слова: ишемическая болезнь сердца, сердечно-сосудистых заболеваний, инвалидизация, короналитические препараты.

Introduction. It was noted that the system of measures, including phytotherapeutic components of treatment can reduce sensitivity to stress loads by switching on external additional link of self-regulation in more than 30% of cases; the therapeutic effects of the method are aimed at normalizing homeostasis. The experience of centuries-old traditional medicine was based on knowledge about the influence of drugs on all stages of the pathogenesis of ischemic heart disease (CHD), including psychosomatic connections.[4]

Stable angina - disabling, common disease. In more than half of patients, the severity of symptoms is severe limits their daily activities and often leads to premature loss of ability to work. IHD and its consequences main cause of mortality. Great hopes are placed on herbal preparations that could simultaneously influence the pathological process and correction patient's mental status. All this prompted the search for the most effective and harmless treatments based on accumulated experience in traditional medicine. The purpose of the study is to evaluate the effectiveness of coronary drugs in the treatment of patients with stable angina pectoris.

Object and methods. We analyzed the results of treatment of 80 patients with coronary artery disease: group A - 44 patients with angina pectoris class I-II, average age 52.39+5.95 years, receiving coronatera in as monotherapy; group B - 36 patients aged 51.75+6.34 years, treated with the drug "Coronatera" together with basic coronary drugs with the exception of nitrates (angina pectoris class I - 6 (16.7%) people; angina pectoris class II - 26 (72.2%) people;

angina pectoris FC III - 4 (11.1%) people). In all cases, patients took short-acting forms of nitrates as needed, without withdrawal antihypertensive drugs. The groups held instrumental, laboratory, studies before and after the course of treatment in within 4 weeks.

Results. To determine the coronary effect exposure to coronation in group A, 2 groups were distinguished: with angina pectoris class I - 21 patients who received the drug for 4weeks, 5 pellets 3 times a day; angina pectoris II FC - 23 patients,taking 10 pellets 3 times a day. Patients changed their dose medication according to how you feel. Average number of pellets at angina pectoris class I - 13.19+2.16, angina pectoris class II - 22.61+6.55.

Comparative analysis of the effectiveness of coronators in the treatment of group A – B table 1 (1 - before treatment, 2 - after treatment).[2]

During treatment angina pectoris I FC coronator provides an antianginal effect the effect of the drug on the occurrence of episodes has been reliably determined
ischemia, an increase in the threshold load power and time was revealed
conducting VEP. Positive properties in the treatment of angina pectoris class II
drugs affecting antianginal activity are reduced. Despite to reduce the number of
episodes of ischemia, increase tolerance to physical loads and an increase in
ejection fraction, significant differences in clinic and hemodynamic characteristics
of cardiac activity in the treatment process was not revealed.[1]

Antianginal and coronarolytic properties of Coronatera Effective in monotherapy in the treatment of angina pectoris class I.[4]

Coronarolytics in the complex therapy of patients with coronary artery disease provide pronounced antianginal effect, significantly reduces the amount episodes of ischemia per day, reduces the need for nitrates. These factsindicate coronary and antianginal properties drug. In patients during treatment, according to cardiac ultrasound a minor effect of the drug was detected on the contractile ability of the myocardium: an increase in the fraction was detected emission in% (before treatment - 54.97 + 3.72, after treatment - 56.83 + 4.57 and no effect on left ventricular myocardial contractility in % (up to treatment - 31.83+3.68, after - 31.75+2.39). Study of the anti-ischemic activity of coronators VEM results showed that a significant increase was achieved exercise tolerance, threshold power load in W increased from 96.32+26.92 to 22.06+22.83, also increased time of VEM in minutes (from 13.38+3.84 to 16.18+3.29), which indicates an increase in physical adaptation and increased degree of endurance.

Conclusion. Coronalitics has a positive effect on hemodynamic characteristics of cardiac activity, increases tolerance to physical activity and improves the clinical characteristics of cardiac activities, has enough effective antianginal and coronary lytic properties.

References

- 1. Рекомендации ESC по диагностике и лечению хронического коронарного синдрома / J. Knuuti, W. Wijns, A. Saraste [и др.]. Текст: непосредственный // Российский кардиологический журнал. 2020. № 25 (2). С. 119–180.
- 2. Стабильная ишемическая болезнь сердца: клинические рекомендации / О.Л. Барбараш, Ю.А. Карпов, Р.С. Акчурин [и др.] //Рубрикатор клинических рекомендаций: [сайт]. URL: https://cr.minzdrav.gov.ru/schema/155_1 (дата обращения: 27.02.2022).

- 3. Занкетти, А. Периндоприл. Терапия первой линии при артериальной гипертензии / А. Занкетти, П. Деше // Клин. Эксп. тер. Практика. 2009. Все. С.555-573.
- 4. Берестень Н.Ф., Крутова Т.В., Дробязко О.А. и др. Возможности тканевой допплерэхокардиографии:обзор литературы. // Эхография. -2002. -Т.3. -№4. C.395-401.
- 5. Левицкий Д.О., Беневоленский Д.С., Левченко Т.С. Количественная оценка кальцийтранспортирующей способности саркоплазматического ретикулу-ма сердца. // В кн.: Метаболизм миокарда. М.: Медицина. -1981. С.35-66. 7.