RESEARCH JOURNAL OF TRAUMA AND DISABILITY STUDIES

Volume: 3 Issue:2 | February–2024 ISSN: 2720-6866

http://journals.academiczone.net/index.php/rjtds

Effectiveness of the Use of the Drug Erinite in the Prevention of Stenocardial Attacks in Patients

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Abstract: Stenocardia it is a chest pain syndrome, one of the manifestations of coronary artery disease. This is due to the narrowing of the heart-feeding arteries, the lack of blood supply to the heart muscle, the so-called coronary arteries. Stenocardia is sometimes observed from the development of atherosclerosis, which leads to a deterioration in vascular permeability. In stenocardia, the crown vessels do not expand sufficiently when the myocardium's oxygen demand increases, and patients develop pain syndrome. In stenocardia, pains with crushing, compressing, burning, suppressive properties are located behind the collar and are sometimes irradiated to the left arm, lower jaw, neck, epigastric area to the right side of the chest, right arm and waist. Atypical pain can sometimes be observed at the peak of the heart, from the bed to the left between the ii-V ribs, under the left shovel, in the left hand or around the spinal bone. Stenocardia in some cases is accompanied by a feeling of hoarseness, sweating, fear of death. Pain can be observed in an aggressive, strong, weak character. These pains last from 1-2 minutes to 20 minutes. Pain can occur during physical, emotional exertion, sexual intercourse, in the cold, after eating. In the absence of sensitivity, patients are poorly diagnosed with changes in asbobium tests. Sometimes, however, patients may experience a lack of air, tightening of the chest, severe weakness, a feeling of fear of death, and the pain may become secondary.

Key words: caronar artery, pain syndrome, myocardial, stenocardia, irradiation, atypical pain, stenocardia.

The purpose of the study: Stenocardia classification stable strain stenocardia non-stable strain stenocardia first appeared stenocardia tense stenocardia angiospastic (spontaneous, variant, prinsmetall) stenocardia after infarction early stenocardia postoperative early stenocardias pain bumps appear at the same level of physical strain and ST segment depression is observed in the ECG. The patient is classified into functional classes according to their resistance to physical exertion. Stationary strain stenocardia functional classes Class I --attacks are observed during severe and persistent physical exertion.Class II-when walking often, when climbing stairs, in the cold, in stress, when walking a distance of 500 meters, sensitivity is observed.When walking the distance of Class III –100 - 500 meters , sensitivity is observed when climbing from zinopaya. Class IV-in any physical exertion, attacks can be observed even in a calm state.In patients who consider themselves healthy in stenocardia, where the first types of non-stable stenocardia appear, for the first time, pain attacks can occur at any physical exertion (heavy lifting, sports training). The degree of rejection of the disease depends on the degree of atherosclerosis process in the crown veins and the number of damaged veins. In vasospastic (prinsmetallic, spontaneous, variant) stenocardia, sudden attacks of pain sometimes occur during a certain part of the day in a calm state. The pain is persistent and is caused by spasm of

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the major coronary arteries. In this type of stenocardia, heart rhythm and conduction disorders can be observed as a result of electrolyte dysbalance during a pain attack. In most cases, transient intra-ventricular and arterioventricular blockade, ventricular extrasystole at high gradation, proximal tachycardia sometimes ventricular fibrillation is observed.In acute stenocardia, patients have a very reduced tolerance to physical exertion, pain attacks can be observed even in a calm state. The duration of pain increases, strength and irradiation also increases. In stenocardia after myocardial infarction, patients with myocardial infarction sometimes experience pain attacks after discharge within 48 hours or 2 weeks. Pain attacks in stenocardia that appear after surgery appear 2-4 weeks after or after the treatment of YuIK (aortacoronar shunting, stenting, transcoronar angioplasty). In attacks of stenocardia, the drug erinite is widely used. The drug erinite belongs to the group of organic nitrates of antianginal agents. Is a peripheral vasodilator that acts on the veins of the vein. The drug stimulates the formation of nitric oxide in the vascular endothelium, which activates intracellular guanylate cyclase. The sgmf is then increased and the sgmf-dependent protein kinase is faolated and smooth muscle cell braking is observed. The amount of blood that comes to the heart when the venous vessels expand is also reduced. Coronary blood flow improves blood flow in disturbed slowed areas. Dilation of the major arteries reduces overall peripheral vascular resistance and resistance in the pulmonary vessels as well. In cases where heart failure has been observed, contraction has reduced myocardial performance by reducing load. In combination with this, it reduces the pressure in the small circulatory circle.

Methods of examination: Enteral is taken orally. It is taken 1 hour before meals. After ingestion, the effect begins in 30-45 minutes and lasts 4-5 hours. The metabolism of the drug is reduced in the liver and metabolized to tri-, di -, and mononitrate penaeritrile as well as inactive pentaeritrile, which are active there. The half-life lasts 6-8 hours in blood plasma. Excreted from the body through the kidneys and intestines. 10-20 mg is taken 3-4 times a day. 20 mg is taken before sleep to prevent nocturnal stenocardial attacks. The duration of taking the drug lasts 2-4 weeks. After a break according to the condition of the disease, the drug is re-prescribed. Sometimes, after prolonged administration, tolerance to the drug may occur in the body. In combination with this, prolonged use can lead to temporary hypoxemia from the redistribution of blood flow to hypoventilated alveolar areas. At the beginning of the course of treatment, the drug should be prescribed in low doses, since when the amount is high, arterial hypotension and headaches can occur. That is, from 10 mg 2-3 times a day. The dose of the drug is increased in stages. In cases where treatment discontinuation is necessary, the amount of the drug is gradually reduced to prevent the development of removal syndrome.Side effects that can be observed when taking the drug are: orthostatic collapse, headache, dizziness, noise in the ears, skin allergic reactions, feeling tired, irritability, profuse sweating, nausea, vomiting, abdominal pain, diarrhea, etc. To eliminate these side effects, the amount of the drug is reduced or stopped.Cases observed when the dose of the drug is exceeded are arterial hypotension, reflex tachycardia, asthenia, dizziness, headache, drowsiness, nausea, vomiting. In some cases, however, cyanosis tachypnoe, metgemoglobinemia, increased intracranial pressure and brain symptoms may be observed. When used with erinite dihydroergotamine, there is a decrease in the antianginal effect of the drug. And when used with Anaprilin, the combination is rational-that is, the antianginal effect of the drug was desired.

Summary.cases in which Erinitis cannot be used: arterial hypotonia, collapse, shock, acute myocardial infarction, increased internal pressure of the eye, increased internal pressure of the brain bone (hemorrhagic stroke, cranial injury, closed-angle glaucoma), severe liver failure, pregnancy, breastfeeding period, children under 18 years of age, when hypersensitivity to the drug or other types of organic nitrates. In cases where it is necessary to use the drug erinite during breastfeeding, it is necessary to stop breastfeeding.

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