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PATHOGENETIC KARDIOLIN IN PATIENTS WITH CORONARY ARTERY DISEASE WITH CONCOMITANT PATOLOGY OF DIABETES

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Abstract

The paper studied the basic pathogenic mechanisms in the development of coronary heart disease and type 2 diabetes, defined the common aspects of the etiology and clinical manifestations of similarities. The main pathophysiological characteristics and causes of coronary heart disease when accompanied by type 2 diabetes. Based on specific data pathogenesis expediency kardiolini use as auxiliary phytotherapeutic drug in patients with coronary artery disease with co-morbidities of diabetes. Also, the influence of the main components of the drug on humans. Kardiolini - complex herbal preparation, which is characterized sedation, isotropic positive and negative chronotropic effect, improve cerebral and coronary blood flow, preventing thrombosis, lowering lipids, cholesterol and triglyceride blood, that the impact on common pathogenic mechanisms of coronary heart disease and type 2 diabetes.

Key words: coronary heart disease; insulini resistance; type 2 diabetis; atherosclerosis; kardiolin.

Coronary heart disease (CHD) in accordance with the Guidelines of the Ukrainian Association of Cardiology is a major health and social problem today. Despite sufficient progress in the study of pathogenesis, clinical manifestations, diagnosis and treatment of coronary artery disease is the most common severe cardiovascular disease with multiple complications, both in Ukraine and throughout the world. In the US, the results of epidemiological studies of adults, the prevalence of CHD is 7,3%, in Russia – 7%, in Ukraine – 10%. The structure of causes of death in cardiovascular disease CHD share in 2019 was 68,9%, which is above the world average, which is 45%. In Chernivtsi region CHD prevalence from 2015 to 2020 increased by 17,1% and disease – by 14,2% [2]. The problem of the treatment and rehabilitation of patients with coronary heart disease is that they have a number of associated diseases that can not be ignored in the selection of treatment regimens and physical therapy programs. Nowadays more and more violations ascertained combination of CHD with endocrine disorders.

Throughout the world a growing number of patients with type 2 diabetes. According to the International Diabetes Federation, the number of diabetic patients in the world's adult population is about 382 million, and by 2035 will be about 592 million. The pathology of the cardiovascular system is available in more than half of patients with type 2 diabetes, and according to some authors its prevalence reaches 90-100%. In particular, coronary heart disease occurs in 50-70% of patients with diabetes mellitus (DM). These atherosclerotic vascular changes occur in patients with diabetes for 8-10 years earlier than the general population, even in the absence of classic risk factors such as hypertension, smoking, and hyperlipidemia. This indicates the presence of specific, associated with diabetes risk factors that require deeper study and adequate correction. Therefore, timely diagnosis and effective treatment of CHD patients with concomitant diabetes is closely linked to the definition of pathogenic factors and the search of new treatment regimens.

Early disability and high mortality due to the development of cardiovascular complications can be considered as type 2 diabetes, cardiovascular disease (American Heart Association) [12]. Type 2 diabetes is characterized by accelerated development of atherosclerosis and coronary heart disease due to the presence in these patients of diabetic dyslipidemia (increased cholesterol low density lipoprotein (LDL), triglycerides (TG), lower HDL cholesterol (HDL cholesterol)), hyperinsulinemia, hyperglycemia, activation of systemic inflammation, systemic oxidative stress [5].

It is advisable to note that the pathogenesis of vascular complications of diabetes rather complex and not fully understood. Until recently, the pathophysiological processes

leading to CHD considered primarily from the perspective of neurohumoral hypothesis, based on overexpression of neurohormones are initiating remodeling and progressive dysfunction of the left ventricle. In recent years, has become common hypothesis «common ground» («common-soil» hypothesis), according to which a close correlation between type 2 diabetes and coronary heart disease is determined that they have a common origin, that is «common ground». The hypothesis suggests that IBS is not just a consequence of type 2 diabetes, but Type 2 diabetes and cardiovascular diseases have a single entity pathophysiology.

Currently, there is evidence of etiological role of inflammation, epithelial dysfunction, oxidative stress in the pathogenesis of insulin resistance and type 2 diabetes [3]. This concept not only gives rise to a new paradigm of understanding diabetic atherosclerosis, but has implications for prevention and treatment. Therapeutic strategies directed to reduce endothelial dysfunction and chronic inflammation, make it possible to prevent and treat both type 2 diabetes and coronary artery disease [4].

Patients with type 2 diabetes often have multiple diffuse coronary artery disease, reduced vazodylyatatsiynny reserve, decreased fibrinolytic activity, increased platelet aggregation ability and diabetic cardiomyopathy. Usually there are classic symptoms of angina in patients with type 2 diabetes already expressed in the presence of coronary system. Previously, most patients IBS occurs in such silent myocardial ischemia or manifested by nonspecific symptoms such as fatigue, breathlessness attacks, arrhythmia. Diabetic autonomic neuropathy and early desympatyzatsiya infarction leads to high prevalence of silent and atypical variants course of CHD with type 2 diabetes [8]. It is therefore important to early diagnosis of coronary artery disease type 2 diabetes immediately after the first symptoms, which provides for adequate treatment and prevention of disease progression.

Established that diabetes and coronary heart disease have a number of common risk factors, including excessive consumption of fatty and high-calorie foods, sedentary lifestyle, obesity, high cholesterol and more. There are works which show the presence of correlation between the levels of lipids in the blood serum and the presence of atherosclerosis of the main vessels [6, 7]. In patients with endocrine disorders as well as with IBS appear psychosomatic disorders. Patients with diabetes irritable, picky, conflict, distrustful; in which there is emotional lability, tearfulness, dysphoria, increased irritability and anxiety [10].

Existing medicines at IBS mainly aimed at increasing coronary blood flow and decrease myocardial oxygen demand. Often medical therapy accompanied by complications caused by side effects of medications. Recently, growing interest in folk medicine, due to a number of benefits before prescribing herbal synthetic drugs. In plants used by traditional

medicine, contains a complex of natural vitamins, macro- and microelements in optimal combinations [11]. When choosing drugs in the treatment of dual pathology promising area is the use of herbal drugs, which are usually basic ability to optimize pharmacotherapy and characterized by a mild effect on damaged organs [1]. Herbal medicine allows for a comprehensive approach to the treatment of patients with concomitant coronary heart disease with type 2 diabetes, to conduct effective secondary prevention. The principle of pathogenesis therapy of coronary heart disease is to apply coronary dilators, antiatherosclerotics, anesthetics, and drugs that improve myocardial oxygen demand and delivery of nutrients [9].

The composition 1 ml of drops contains: tincture of medicinal plants (1:12,5), Adonis herb ordinary, normal fruit juniper, arnica, mint leaves.

Kardiolini has a slight sedative effect, which is caused by the properties of the components that it contains. Also, the drug reduces symptoms of diencephalic disorders, improves tolerance of physical activity, and increases efficiency. Biologically active substances extracts of herbs positively affect metabolism in the myocardium, liver, particularly inhibit lipid peroxidation, increase the activity of antioxidant enzymes, energy balance of cells incentives synthesis adenylate nucleotides, glycogen lysis, increase the activity of some enzymes of the Krebs cycle.

The action of the drug is the result of the cumulative effect of its components, so it is impossible to detect drug metabolites. Kardiolini administered orally 20-30 drops 2-3 times a day 30 minutes after eating. The course of rehabilitation is 20-30 weeks.

Conclusions:

1. Type 2 diabetes and coronary artery disease share common pathogenic mechanisms that allow some authors consider type 2 diabetes as a cardiovascular disease.

2. The hypothesis of «common ground» confirms single entity pathophysiology of type 2 diabetes and coronary artery disease.

3. When choosing drugs in the treatment of dual pathology of coronary heart disease and type 2 diabetes promising area is the use of herbal drugs, which are characterized by a mild effect on damaged organs.

4. Kardiolini – complex herbal preparation, which is characterized sedation, isotropic positive and negative chronotropic effect, improve cerebral and coronary blood flow, preventing thrombosis, lowering lipids, cholesterol and triglyceride blood, that the impact on common pathogenic mechanisms of coronary heart disease and type 2 diabetes.

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