



ISCHEMIC HEART DISEASE

Azizova Salomat Erkinjon kizi

(Student of Termez branch of Tashkent Medical academy)

Azizov Salohiddin Erkinjonovich

(Student of Termez branch of Tashkent Medical academy)

Abstract:

Treatment of ischemic heart disease is carried out therapeutically and surgically.

Diet is important in ischemic heart disease. It is necessary to limit the total amount and calories of food, try to maintain a healthy weight, exercise, combine work and rest, strictly follow the doctor's instructions. Smoking must be stopped. It is essential to treat hypertension, diabetes and others in order to prevent ischemic heart disease. Patients with ischemic heart disease should be under the supervision of a cardiologist.

Key words:

Atherosclerosis, stenocardia, hereditary predisposition, cholesterol, myocardial infarction, stroke, cardiac arrhythmia, auscultation, echocardiography, diabetes, enzymes, structural elements

ISCHEMIC DISEASE OF THE HEART - a widespread disease of the cardiovascular system. It is passed by myocardial ischemia and coronary circulatory disorders. Ischemic heart disease is mainly caused by a lack of circulation in the heart muscle as a result of atherosclerosis of the coronary arteries and consequently, the inability of the heart to attain bleed.

Ischemic heart disease includes stenocardia, myocardial infarction, post-infarction atherosclerosis, arrhythmic type and heart failure.

Stenocardia. It is most often observed as a result of the development of atherosclerosis, which leads to a deterioration of vascular permeability. At the same time, when the myocardium's demand for oxygen increases, the coronary arteries do not dilate properly, and pain syndrome in patients occurs.

Clinical View

Pain in stenocardia usually has crushing, squeezing, burning, depressing properties. In most cases it is located behind the chest and is observed on the left hand, lower jaw, neck, epigastric region, rarely in the right side of the chest and on the right hand and in waist. Sometimes there is a feeling of sighing and sweating.

The pain may in some cases be located in the apex of the heart, between the ribs II - V on the left side of the breast under the left shoulder blade, or even around the left collarbone, on the left side of the lower jaw.

The onset of pain is intense, with a low intensity, or with an unpleasant sensation in the chest, lasting from 1 to 2 minutes to 20 minutes.

At the time of the attack, the patient is shown with a burn on the sternum or a fist on the sternum and the area where the pain is located.

Pain occurs during physical or emotional exertion, during sexual intercourse, in the cold, or after eating, and passes 1 to 2 minutes after rest or ingestion of nitroglycerin under the tongue.

In the absence of the attack, instrumental inspections provide less information.

In some cases, the pain is of secondary importance, the patient has shortness of breath, shrinking of a chest, a sharp feeling of weakness.

In medicine, there are 2 types of stenocardia:

1. Permanent
2. Impermanent

Myocardial infarction

Myocardial infarction is one of the manifestations of ischemic heart disease, which is a limited neurosis of the heart muscle and occurs as a result of an acute disturbance of the balance between its supply and demand. It is based on 95% of cases of atherosclerosis. The following three conditions can lead to the development of acute necrosis in the heart muscle:

- Atherosclerosis and spasm of the coronary arteries;
- Well-developed collateral vascular system;
- A sharp increase in myocardial oxygen demand due to physical and mental stress, a sharp rise in mining pressure and other causes.

The clinical manifestations of myocardial infarction are as follows.

Common symptoms observed in this disease include the following.

Unexpectedly, a strong, long-lasting (more than 30 minutes) "like a dagger" pain behind the breast, a feeling of fear of death;

Sudden heart rhythm and conduction disturbances, acute left ventricular failure, collapse or shock. In this case, the pain is secondary, sometimes not observed at all.

- Pain in the epigastric region or ashes, neck teeth, lower jaw, which is not unusual for the patient
- Sudden sharp deterioration of the patient's condition, heart failure, drop in blood pressure
- Changing of CRS in several branches of ECG. The absence of these changes in previous ECGs.

In myocardial infarction with classic ischemic heart disease, in addition to the above symptoms, the patient is covered with a cold, sticky net and there are signs of fear of death, drop in blood pressure, rapid pulse, arrhythmia, irritability, and in some cases acute left ventricular edema.

Ischemic cancers are not clinically uniform, they are exacerbated and suppressed. Often, ischemic heart disease goes unnoticed and the patient is unaware that he or she has such a dangerous disease and does not consult a doctor. Usually, one of the first clinical signs of ischemic heart disease is an attack of angina pectoris, which occurs during physical activity. Later, the disease can last a long time, even years. Often, angina pectoris can be followed by restless angina attacks, which can be observed after a while.

THE ORIGIN AND DEVELOPMENT OF ISHEMIC HEART DISEASE Age is caused by age, genetic predisposition to disease, hypertension, diabetes, obesity, alcoholism, smoking, lack of exercise, physical and mental stress, and other causes.

While the first stage of ischemic heart disease is stenocardia, myocardial infarction is its most severe form. A patient with angina pectoris may live longer, but in the initial period (first three days), myocardial infarction is observed in 20-30% of patients. The clinical signs of myocardial infarction are usually similar to those of angina pectoris, except that the pain lasts longer and more intensely. Death can occur in the first hours or serious complications can follow. Post-infarction cardiosclerosis, cardiac arrhythmias, heart failure are actually

complications of ischemic heart disease and are the leading causes of disability and death in cardiovascular system diseases. When ischemic heart disease is suspected, the patient should be hospitalized immediately. Clinical signs of the disease (medical history, patient complaints, percussion, auscultation, general vision) are examined by electrocardiography, cardiac enzymes and tracheal elements (creatinine, phosphokinase enzymes, myoglobin, etc.) and mining analysis, echocardiography and other diagnostic tests.

DISEASES OF THE CARDIOVASCULAR SYSTEM are still the leading cause of disability and death worldwide. According to the World Health Organization, 56% of all deaths are due to cardiovascular disease. Cardiovascular diseases cause 4.3 million (48%) deaths a year in European countries. According to the State Statistics Committee, in January-June 2019, 62.1% of citizens who died in the Republic of Uzbekistan were caused by diseases of the vascular system. Cardiovascular diseases are controlled by lifestyle changes and existing risk factors, while some (arterial hypertension, dyslipemia and diabetes mellitus) are corrected by medication.

It should also be noted that those who experience symptoms of heart disease should immediately consult a cardiologist, and people with heart disease should always be under the supervision of a cardiologist.

References:

1. National Encyclopedia of Uzbekistan
2. N.M. Kamolov, M.U. Quyliyev "Internal diseases" Tashkent 1991
3. A. Gadayev "Propaedeutics of internal diseases" Tashkent 2012