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CORONARY HEART DISEASE AND ANGINA PECTORIS: GLOBAL BURDEN AND THERAPEUTIC CHALLENGES

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Summary: Cardiovascular disease (CVD) remains the leading cause of morbidity and mortality worldwide, accounting for a substantial proportion of deaths and disability across all populations. Among the various clinical manifestations of CVD, angina pectoris is one of the most common and recognizable symptoms in patients with coronary heart disease (CHD). The presence of angina reflects underlying myocardial ischemia and is associated with an increased risk of adverse cardiovascular events, including heart failure, arrhythmias, and sudden cardiac death. Despite this, evidence indicates that conventional medical or surgical interventions aimed primarily at relieving anginal symptoms do not necessarily reduce the risk of myocardial infarction or death from cardiovascular causes. Coronary heart disease, in particular, continues to represent the primary cause of cardiovascular mortality worldwide. This highlights the ongoing need for therapeutic strategies that not only improve symptom control but also target the underlying pathophysiology of CHD to enhance long-term outcomes and overall survival.

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

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 performed a comprehensive analysis of treatment outcomes in a cohort of 100 patients diagnosed with coronary artery disease (CAD)**.** Patients were stratified into two groups based on therapeutic regimens and baseline disease characteristics. Group A included 44 patients (mean age 52.39 ± 5.95 years) with angina pectoris of functional class I–II, who received Coronatera as monotherapy. Group B consisted of 36 patients (mean age 51.75 ± 6.34 years) treated with Coronatera **i**n combination with standard antianginal therapy, excluding nitrates. The distribution of angina pectoris functional classes in Group B was as follows: class I – 6 patients (16.7%), class II – 46 patients (72.2%), and class III – 4 patients (11.1%).

All participants continued their baseline antihypertensive medications, and short-acting nitrates were allowed as needed for symptomatic relief. This approach ensured that the observed effects could be attributed to the intervention while maintaining standard care. The treatment period lasted 6 weeks, during which all patients underwent extensive instrumental and laboratory evaluations both at baseline and at the end of the course. Instrumental assessments included echocardiography, electrocardiography, and exercise tolerance testing to evaluate cardiac function and hemodynamic parameters. Laboratory studies involved measurement of biochemical markers of myocardial injury, ischemia, and systemic inflammation.

The study design enabled a detailed assessment of Coronatera's efficacy in improving cardiac function, exercise tolerance, and clinical symptoms in patients with CAD, both as monotherapy and in combination with standard antianginal drugs. Outcomes were evaluated in terms of changes in functional class, hemodynamic stability, and biochemical parameters, providing a multidimensional view of the drug's therapeutic potential. Preliminary observations suggest that Coronatera positively influences myocardial performance, enhances tolerance to physical activity, and contributes to improved overall cardiovascular status, highlighting its role as a valuable component in the management of coronary artery disease.

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 determinedischemia, an increase in the threshold load power and time was revealed conducting VEP. Positive properties in the treatment of angina pectoris class IIdrugs 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 Effecttive 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 demonstrates a beneficial impact on multiple aspects of cardiac function. Treatment with coronalitics leads to significant improvements in hemodynamic parameters, including heart rate, cardiac output, and blood pressure regulation, thereby

optimizing overall cardiovascular performance. Additionally, coronalitics enhances patients' tolerance to physical activity, as evidenced by improved exercise capacity and reduced symptoms of exertional fatigue or dyspnea. Clinically, its use is associated with favorable changes in cardiac performance markers, contributing to better overall cardiac efficiency and patient well-being. Furthermore, coronalitics exhibits potent antianginal effects, reducing the frequency and severity of angina episodes, and possesses pronounced coronary lytic properties, supporting myocardial perfusion and limiting ischemic damage. Collectively, these findings suggest that coronalitics is an effective therapeutic agent for improving cardiac function, alleviating ischemic symptoms, and enhancing quality of life in patients with coronary artery disease.

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