МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ РОССИЙСКОЙ ФЕДЕРАЦИИ

ГРОЗНЕНСКИЙ ГОСУДАРСТВЕННЫЙ НЕФТЯНОЙ ТЕХНИЧЕСКИЙ УНИВЕРСИТЕТ ИМ. АКАДЕМИКА М.Д. МИЛЛИОНЩИКОВА

МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ РЕСПУБЛИКИ УЗБЕКИСТАН

ФЕРГАНСКИЙ МЕДИЦИНСКИЙ ИНСТИТУТ ОБЩЕСТВЕННОГО ЗДОРОВЬЯ

ИНЖЕНЕРНЫЕ АСПЕКТЫ РАЗВИТИЯ НАРОДНОЙ МЕДИЦИНЫ

Международная научно-практическая конференция
Чеченская Республика
г. Грозный

15-17 апреля 2024 г.

TORCH infection is diagnosed by checking the presence of IgM, IgG class antibodies against toxoplasmosis, rubella, cytomegalovirus and herpes pathogens. The concentration of antibodies against pathogens is determined.

Before planning a pregnancy, as well as in the early stages of pregnancy, it is very important to pass a blood test to determine the presence of antibodies against the agents of the TORCH complex. If IgG antibodies to these infections are detected in a woman's blood before pregnancy, a woman can easily become pregnant - this infection does not threaten her fetus. If these antibodies to TORCH complex infections are not detected before pregnancy, a woman should protect herself and her child. The goal of our work was to quantitatively study rubella and SMVI in the vaginal microflora of women, what kind of defects appear in children, and how to conduct an examination of the mother. Dysbiosis is present in the vaginal microbiocenosis of women infected with rubella and SMVI. If there is a dysbiotic change, their microflora decreases, as a result, conditional pathogens increase.

EXPLORING HERBAL MEDICINE IN CARDIOVASCULAR CARE: POTENTIAL BENEFITS AND RESEARCH GAPS

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Introduction. Cardiovascular disease remains a leading global killer. Could the untapped potential of plant-derived compounds offer novel therapeutic strategies? This thesis explores the promise, the limitations, and the critical need for evidence-based integration of herbal medications into cardiology practice. Herbal treatments for heart disease are widely used, yet lack the scientific support of conventional medicine. This review highlights the gap between the herbs' potential biological effects and the lack of proven heart health outcomes. Doctors need to understand the risks of side effects and interactions with these unregulated products. Open dialogue with patients about their use of herbal medications is crucial for safe and effective cardiovascular care.[1] The Republic of Uzbekistan also has high rates of death from cardiovascular diseases, and this requires action. Despite the abundance of modern drugs, they also have side effects. Therefore, there is a great demand for medicinal products obtained from natural plants.

Methods. I performed a systematic search in PubMed, Embase, and Cochrane Library databases. Keywords included "herbal medicine," "plant-derived," "cardiovascular disease," and names of specific herbs. We included human clinical trials, animal/in-vitro studies exploring mechanisms, and relevant reviews. Exclusion criteria were case reports/series, studies in languages other than English, and those focused on non-cardiovascular conditions.

Results and discussion. Evidence of positive cardiovascular effects is lacking for most of the herbal medications examined. In addition, results of

studies showing a positive effect on cardiovascular conditions are limited, owing to small sample sizes or a limited effect size, and therefore need to be confirmed in larger studies. Thus far, none of the herbal medications assessed can be recommended for treatment of cardiovascular conditions.[1]

Herbs and their potential effects[2]

Table 1.0

Herb	Potential Effects on the Heart	Important Considerations
Hawthorn	May improve symptoms of mild heart failure, antioxidant effects	More research needed, can interact with heart medications
Garlic	Potential modest reductions in blood pressure and cholesterol	Long-term effects unclear, may increase bleeding risk
Ginger	May reduce nausea (including from heart meds), anti-inflammatory effects	Limited direct evidence for heart health benefits
Turmeric (Curcumin)	Antioxidant, anti-inflammatory, possible cholesterol reduction	Requires more study, may interact with blood thinners
Green Tea	Potential blood pressure reduction, antioxidant effects	Can interact with medications, excess caffeine may be an issue
Hibiscus	Possible blood pressure reduction	May interact with diuretics and other blood pressure medications
Red Yeast Rice	Contains natural statin-like compounds, may lower cholesterol	Risk of muscle damage, requires close medical supervision
Arjuna	Traditional Ayurvedic use, may support heart function	Limited scientific evidence, potential for side effects
Guggul	May lower cholesterol and triglycerides	Can interact with many medications, risk of liver damage
Flaxseed	Source of omega-3 fatty acids, possible heart health benefits	May interact with blood thinners, digestive side effects possible

We can use some plants for potential source for treatment of Cardiovascular diseases such as atherosclerosis, HTN or IRI are expected to continually rise at unprecedented rates in the coming years. With the elevating rates of CVD, exploration of herb- and plant-derived medicine with antioxidant, anti-inflammatory and anti-hypertensive properties as well as efficacy of these medicines in humans is crucial to further assess the biocompatibility of naturally

derived medicine in humans.[3] Also another deep review on this topic is Forty-three case reports and eight clinical trials were identified. Warfarin was the most common cardiovascular drug involved. It was found to interact with boldo, curbicin, fenugreek, garlic, danshen, devil's claw, don quai, ginkgo, papaya, lycium, mango, PC-SPES (resulting in over-anticoagulation) and with ginseng, green tea, soy and St. John's wort (causing decreased anticoagulant effect). Gum guar, St. John's wort, Siberian ginseng and wheat bran were found to decrease plasma digoxin concentration; aspirin interactions include spontaneous hyphema when associated with ginkgo and increased bioavailability if combined with tamarind. Decreased plasma concentration of simvastatin or lovastatin was observed after co-administration with St. John's wort and wheat bran, respectively. Other adverse events include hypertension after co-administration of ginkgo and a diuretic thiazide, hypokalemia after liquorice and antihypertensives and anticoagulation after phenprocoumon and St. John's wort. Interaction between herbal medicine and cardiovascular drugs is a potentially important safety issue. Patients taking anticoagulants are at the highest risk.[4]

Conclusion. Herbal use was found to be independently associated with low medication adherence in our study population. Further studies are needed to elucidate the effect of herbal medicine use on medication adherence of cardiology patients.[5] The potential of herbal medicine in cardiology is intriguing but requires substantial further research. Well-designed clinical trials are needed to establish the safety, efficacy, and optimal use of herbs for specific heart conditions.

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