



TOSHKENT TIBBIYOT AKADEMIYASI

O'ZBEKISTON RESPUBLIKASI SOG'LIQNI SAQLASH VAZIRLIGI  
TOSHKENT TIBBIYOT AKADEMIYASI

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН  
ТАШКЕНТСКАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ

MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN  
TASHKENT MEDICAL ACADEMY

«KLINIK FARMAKOLOGIYA: ZAMONAVIY  
FARMAKOTERAPIYA MUAMMOLARI» XALQARO ILMIY-  
AMALIY ANJUMANI  
TEZISLAR TO'PLAMI

СБОРНИК ТЕЗИСОВ  
МЕЖДУНАРОДНОЙ НАУЧНО-ПРАКТИЧЕСКОЙ  
КОНФЕРЕНЦИИ «КЛИНИЧЕСКАЯ ФАРМАКОЛОГИЯ:  
ПРОБЛЕМЫ СОВРЕМЕННОЙ ФАРМАКОТЕРАПИИ»

COLLECTION OF ABSTRACTS  
INTERNATIONAL SCIENTIFIC AND PRACTICAL  
CONFERENCE

« CLINICAL PHARMACOLOGY: PROBLEMS OF MODERN  
PHARMACOTHERAPY»

Toshkent 2023 yil 27 aprel

**KLINIK FARMAKOLOGIYA: ZAMONAVIY FARMAKOTERAPIYA MUAMMOLARI:** Xalqaro ilmiy-amaliy anjumani tezislar to'plami (Toshkent, 2023 yil 27 фзкуд) / Bosh muharrir Shadmanov A.K. - Toshkent: TTA, 2023.

Toshkent tibbiyot akademiyasida bo'lib o'tgan «Klinik farmakologiya: zamonaviy farmakoterapiya muammolari» xalqaro ilmiy -amaliy anjumanida taqdim etilgan tezislar ushbu to'plamdan o'rin olgan.

To'plamning asosiy qismi farmakoterapiyaning dolzarb muammolarini aks ettiradi: ichki a'zolar kasalliklarini davolash va oldini olishning samarali usullarini ishlab chiqish va tadbir etishga bag'ishlangan.

Taqdim etilgan ilmiy natijalar terapiya yo'nalishining barcha mutaxassislari uchun ilmiy va amaliy ahamiyatga ega. Tezislarning mazmuni, ulardagi xatoliklar va statistik ma'lumotlarning haqqoniyligi uchun mas'uliyat mualliflar zimmasidadir.

**Bosh muharrir**

**Shadmanov Alisher Kayumovich**  
tibbiyot fanlari doktori, professor

**Bosh muharrir o'rinbosari**

**Yakubov Abdusalol Vaxabovich**  
tibbiyot fanlari doktori, professor

**Muharrirlar jamoasi**

**Zufarov Pulat Saatovich**  
tibbiyot fanlari doktori, professor

**Akbarova Dilfuza Suratovna**  
tibbiyot fanlari nomzodi, dotsent

**Pulatova Durdona Baxadirovna**  
tibbiyot fanlari nomzodi, dotsent

**Pulatova Nargiza Ixсанovna**  
tibbiyot fanlari doktori, dotsent

**Saidova Shaxnoza Aripovna**  
tibbiyot fanlari nomzodi, katta o'qituvchi

**Musayeva Lola Jurayevna**  
tibbiyot fanlari nomzodi, katta o'qituvchi

**Abdusamatova Dilorom Ziyaviddinovna**  
tibbiyot fanlari nomzodi, katta o'qituvchi

while in the spirinolactone group it decreased by 20.2% and 10.9%, respectively, and besides, the level of decrease in NA was unreliable from the original score.

**Conclusion.** Thus, complex therapy with spirinolactone and eplerenone in patients with CHF contributed to a decrease in the level of neurohormones, while the effect of eplerenone was more pronounced in both patients with II and III FC.

## STUDYING THE EFFECTIVENESS OF THE USE OF "SUSTAVIN" ON THE BACKGROUND OF TRADITIONAL TREATMENT IN PATIENTS WITH OSTEOARTHRITIS

Buranova S.N., Akhmedov X.S.

Tashkent Medical Academy, Uzbekistan

**Introduction: The target of the study** was to evaluate the structural changes in the joints and the clinical course of the disease depending on the level of oligomeric matrix protein of the cartilage, as well as the clinical efficacy of early treatment in patients with osteoarthritis.

**The object of the study** was prospective data of 125 patients and retrospective data of 300 patients with osteoarthritis being treated in the city clinical hospital No. 3 in Tashkent.

**Materials and methods.** The research included 50 patients aged 41-65 years in grade 1-2 OA of the knee joint without marked synovitis, as well as 10 healthy volunteers. **The control group (n = 24)** - followed the recommendations for living a healthy lifestyle, weight and nutrition correction, performed a complex of physiotherapy exercises, and also NSAIDS (nimesulide 100 mg twice a day for 14 days, thereafter as needed). **The main group (n = 26)** - followed the recommendations for living a healthy lifestyle, weight and nutrition correction, performed a complex of physiotherapy exercises, and also NSAIDS (nimesulide 100 mg twice a day for 14 days, thereafter as needed) and also took Sustavin twice a day per os in the morning in the evening for 3 months. The level of COMP was studied by enzyme-linked immune sorbent assay (ELISA, Russia).

**Results and their discussion.** In the course of the study, it was noted that in the group with the use Sustavin there were improvements in VAS, and pain during active movements significantly decreased: in the main group during the study, there was a considerable positive dynamics ( $p < 0.05$ ) of indicators within the VAS compared with the control group ( $30.2 \pm 1.1$ ). In turn, there was also a significant improvement in Lequesne index in patients of the main group in comparison with the control one. Thus, in the control group, the Lequesne index decreased on average to  $6.5 \pm 0.5$ , while in the main one this indicator was  $3.5 \pm 0.3$  points. This indicates a significant decrease in pain syndrome in patients during treatment with Sustavin.

In a comparative assessment of the indicators of the levels of COMP, in patients of both study groups, a decrease in the levels of COMP was revealed, which indicated a decrease in the degree of cartilage degradation as a result of treatment. However, it is important to note that the degree of reduction in COMP was significantly better in patients of the main group who also took Sustavin. Thus, the level of COMP decreased to  $1.37 \pm 0.36$  of  $\mu\text{g} / \text{ml}$  from the initial value, whereas this indicator in the control group was  $1.48 \pm 0.47$   $\mu\text{g} / \text{ml}$ . According to the literature, the decrease in the level of COMP in the blood may be due to the fact that the root of harpagophytum and white willow contain substances that have anti-inflammatory, analgesic (inhibition of COX-2, iNOS), chondroprotective (decrease in mediators of cartilage destruction:  $\text{TNF}\alpha$ ,  $\text{IL-1}\beta$ ,  $\text{IL-6}$ , MMPs, NO, elastase) and antioxidant (increased activity of superoxide dismutase, catalase, glutathione peroxidase, capture of superoxide and peroxy radicals) effect on the cartilage of the joint. ESR decreased to  $11.3 \pm 0.6$  mm / h, while in the control group this indicator reached  $16 \pm 0.3$  mm / h. At the same time, it can be noted that in the patients of the main group, the level of CRP was significantly reduced in comparison with the control group ( $6.3 \pm 0.8$  and  $10.8 \pm 2.1$ , respectively)

**Conclusion.** Our results show that Sustavin, against the background of standard treatment, has a positive effect on joints in knee OA, improving their functionality. The decrease in serum COMP levels in patients treated with Sustavin probably reflects changes in matrix metabolism because COMP is a marker of disease progression at an early grade of knee OA. This represents the general interest in assessing the effectiveness of the drug on increased synovial tissue metabolism in OA, therefore, this requires further research to study the levels of COMP within its potential as a predictor of cartilage degradation.

### STUDY OF THE ROLE OF CARTILAGE OLIGOMERIC MATRIX PROTEIN (COMP) IN THE EARLY DIAGNOSIS OF OSTEOARTHRITIS

**Buranova S.N., Ahmedov H.S., Rahimov S.S.**  
Tashkent Medical Academy, Tashkent, Uzbekistan

**Annotation.** 60 patients with radiologically determined 0-II stages of knee joint osteoarthritis aged  $50.3 \pm 4.4$  years old with average duration  $5.4 \pm 3.6$  years were involved in the study. At the same time 10 healthy individuals (average age  $47.5 \pm 7.1$  years old) of the age and gender compatible with the patients of OA group were also enrolled in the study.

**The objective:** was assessment of cartilage oligomeric matrix protein (COMP) definition method in diagnosis of cartilage early destruction in patients with OA.

**Materials and research methods.** 60 patients with radiologically determined 0-II stages of knee joint osteoarthritis aged from 42 to 57 years old (average  $50.3 \pm 4.4$  years old) with average duration  $5.4 \pm 3.6$  years were enrolled in the study. At the same time 10 healthy individuals (average age  $47.5 \pm 7.1$  years old) of the age and gender approximately compatible with the patients of OA group were also enrolled in the study.

All the patients with OA were classified into three groups according to definition of stages on the basis of x-ray images of knee joint in compliance with Kellgren-Lawrence criteria: **I group** (n=18) included patients with radiological 0 stage of knee joint OA with average age  $47.3 \pm 6.3$ . **II group** (n=22) included patients with radiological I stage of knee joint OA with average age  $49.2 \pm 5.1$ . **III group** (n=20) included patients with radiological II stage of OA with average age  $52.4 \pm 3.9$ .

The study included pain visual analogue scale (VAS), Lequesne index of joint activity assessment, and common clinical and biochemical blood analysis. Cartilage oligomeric matrix protein (COMP) and female sexual hormones were identified using immunoassay (ELISA, Russia).

**Results and discussion.** The greater part of the patients enrolled in the study were women (60%). According to the results of history analysis, mean age of the patients at the time of appearance of OA initial symptoms was  $47.2 \pm 2.1$ . Average time period from the appearance of initial symptoms till the diagnosis was 1.9 months. According to the results clinical presentation of the disease was different in three groups. Dysfunctions in joints can be linked to dynamic changes in typical x-ray images of degenerative process in cartilage. It was seen, that indicators of articulate functional failures were reliably ( $p < 0.05$ ) different; in other words, the greater were radiological differences the more limited functionally the joint became. At the same time, comparison of the groups showed, that structural alterations in joints were based on pain syndrome. Pain VAS and morning stiffness indicators were reliably different between the groups ( $p < 0.05$ ). The most part of the patients were those with overweight and 1-3 stages of obesity.

The results showed, that rise of serum COMP indicate metabolic changes in the cartilage. It should be noted, that COMP varied greatly among the patients enrolled in the study. In our research in comparison to the control group patients of all three groups had reliable total COMP rise ( $p < 0.05$ ). At the same time, analysis of COMP in the groups showed reliable differences therein ( $p < 0.05$ ), and the total value in the I group was  $1532.5 \pm 113.1$  ng/mL, in the II group it was  $2591.1 \pm 96.5$  ng/mL, and in the III group it was  $3107.2 \pm 102.6$  ng/mL. So, in patients with OA intensification of cartilage destruction in joint is accompanied by rise of COMP. Moreover, according to our results,