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Study Of The Market Of Drugs Used In Hepatosis

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ABSTRACT

This article reveals the need for study of the market of drugs used in hepatosis, it is rather difficult to substantiate and systematize the treatment of fatty hepatosis with such a variety of causes that cause it. therapy should be aimed at eliminating the causes, at stopping the syndromes of impaired digestion and absorption, at restoring the function of the liver and biliary system. this excludes the intake of certain drugs and alcohol abuse.

KEYWORDS

Hepatosis, drugs, steatohepatitis, pharmaceutical market.

INTRODUCTION

In the anatomical and therapeutic classification of the World Health Organization, there is no association of drugs under the general name "hepatoprotectors". According to a number of foreign hepatologists, "protection", as such, implies the prevention of the disease, and "true hepatoprotectors" can be called vaccines against hepatitis A, B. The same drugs that are prescribed before, during or after liver

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damage should be therapeutic. hepatotropic agents.

To analyze drug-induced liver disease over an 8-year period from January 2015 to December 2019 in one gastroenterological department. International consensus of standard definitions and criteria for assessing causality of adverse drug reactions were applied to all patients with abnormal hepatic test results. Drugs were implicated in hepatic injury in 30 patients (15 men and 15 women) in whom there was a causal or highly probable relationship between drug use and liver disease. The drugs responsible for liver damage were Chinese medicinal herbs (n = 12), cyclosporin (n = 2), fosfomycin, gentamicin, flutamide, acipimox and nimesulide (n = 1 each). Of the 30 patients, 19 (63.3%) were classified as having hepatocellular or mixed hepatitis, eight (26.7%) as having cholestatic injury and the remaining three as having a severe hepatic drug reaction (prothrombin < 50%), including death. A thorough history of medication should be taken in all patients presenting with abnormal hepatic test results. Chinese medicinal herbs were the most frequent hepatotoxic factor in our patients, although the liver injury was not severe in most cases and was relieved after the prompt withdrawal of the suspected drug.Fatty liver disease, or fatty hepatosis, or as it is also called - hepatic steatosis is the most common liver disease in our time all over the world, in almost the vast majority of people over 40 years old, and recently a fairly frequent disease of young people and not only with being overweight. The essence of the disease lies in the obesity of the liver, replacing a normal healthy liver with fat, which leads to cirrhosis, like any other liver disease, including viral hepatitis.

The diagnosis is established by ultrasound examination of the liver, and at the same time, most often the patient hears from the doctor that almost everyone has a disease and the only way of treatment is weight loss. Most often, these recommendations are not taken seriously, and weight loss is not such an easy solution, since the cause of obesity, including internal obesity, is pathological changes in metabolism and hormonal disorders.Fatty hepatosis or hepatic steatosis is not the result of bad behavior, poor lifestyle choices, including diet and exercise. Fatty hepatosis is a dangerous disease that requires treatment.However, unlike many other liver diseases, fatty hepatosis is a difficult to treat disease, since hepatologists do not have a single standard of drug treatment for this pathology.

Effective drugs for the liver, which today doctors recommend to patients, can be conditionally divided into the following groups:

- Plant hepatoprotectors.
- Amino acids.
- Preparations of animal origin.
- Supplements and vitamins.
- Homeopathic remedies.
- Essential phospholipids.

Artichoke leaf extract (Hofitol) due to the presence of phenolic acids and flavonoids in the preparation has a noticeable antioxidant activity. Affects the functional activity of hepatocytes, stimulating the production of enzymes, increasing the antitoxic function of the liver. In terms of hepatoprotective effect, it is comparable to silibinin. It has choleretic

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and cholekinetic effects. The hypolipidemic effect of chophytol is described. In addition, the drug has a mild potassium-sparing diuretic effect, helps to normalize glomerular filtration. It is used for liver diseases, especially in combination with kidney and / or urinary tract pathology, for non-alcoholic fatty liver disease, effective for toxicosis and liver pathology in pregnant women.

Hofitol is contraindicated in cases of cholelithiasis, obstruction of the biliary tract, acute diseases of the liver and kidneys, bile and urinary tract. However, attempts are being made to combine Hofitol with statins in the early stages of cholelithiasis . To date, there are few completed controlled studies of the drug.Apply Hofitol 2-3 tablets or 2.5-3 ml 3 times a day before meals. The course is 2-3 weeks or intravenous drip, or intramuscularly for 8-15 days, followed by a switch to oral administration.

Liv-52 contains a number of medicinal plants widely used in traditional Indian medicine. It is believed that Liv-52 protects the liver parenchyma from toxic agents. Acts as a therapeutic or prophylactic agent. Strengthens intracellular metabolism and stimulates regeneration. At the same time, there is evidence that the use of the drug in acute liver pathology can aggravate the severity of cytolytic and mesenchymal-inflammatory syndromes. Due to this, the drug can be recommended with minimal severity of the inflammatory syndrome, when the phenomena of synthetic organ failure come to the fore. In addition, one of the randomized controlled trials of Liv-52 (1200 mg for alcoholic hepatitis (n = 188)) showed that the survival rate in the Liv-52 group was 74%, and in the placebo group - 86%. The results of this study led to an immediate recall of the drug from the US pharmaceutical market.

Thus, according to the data of randomized controlled trials, it has been shown that the use of hepatotropic herbal preparations in patients with various pathologies of the liver and biliary tract indicates their effectiveness (in terms of the effect on surrogate points of therapy) in motor dyskinesia of the biliary tract, acute and chronic hepatitis, liver cirrhosis. Data on the effect on survival of patients with various liver lesions and other firm endpoints in large studies have not yet been obtained .Phospholipids are a key component of the lipid layer of any cell membrane. EPLs vary depending on the nature of the substituent associated with the phosphoric acid group. The main representative of EPL, which makes up 80-90% of cell membrane phospholipids, is phosphatidylcholine. The use of EPL as a source of structural elements of cell membranes has been confirmed in many studies. To date, many years of experience have been accumulated in the study and therapeutic use of EFL-containing drugs. EFL is a powerful antioxidant that captures free radicals, protects healthy liver cells from exposure, and at the same time protects damaged ones. restores.

Membrane stabilization and hepatoprotective effect is achieved through the direct addition of EPL molecules to the damaged biological membranes of hepatocytes, replacement of endogenous phospholipids. In clinical practice, EPL drugs are used in three main areas: liver disease and in its toxic injuries, including medical and alcoholism, with pathology of the internal organs, complicated by liver damage, and as a method of "drug coverage" in the use of hepatotoxic drugs.The substance for the

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production of EPL is a highly purified extract of soybeans, which contains high concentrations of phosphatidylcholine molecules, mainly polyunsaturated fatty acids [1]. The percentage of phosphatidylcholine should be taken into account when selecting drugs from this group. This is the highest rate in Essentiale and Rezalut. These drugs differ from each other in production technology. In the production of rezalut is used technology of treatment with liquid nitrogen and encapsulation of the substance in a seamless capsule, which makes the drug more stable and does not require the addition of preservatives and stabilizers. Long-term use of Essliver-forte limits the presence of a complex of vitamins in the composition of the drug.

Disadvantages of this group include:

- Ability to induce cholestasis;
- Low oral bioavailability;
- Peanuts are contraindicated for intolerance to soy

A prerequisite for the effectiveness of EPL is the presence of sufficiently high doses (1.8 g / day or 1.0 g / day intravenously) with a sufficiently long duration of treatment (from 3 months) according to numerous randomized controlled trials. , phospholipids have been shown to improve the histological picture in the liver in chronic hepatitis, limiting cytolysis events .However, although large studies on long-term (2 years) drug intake have shown beneficial effects on transaminases and bilirubin levels, they have not shown an effect on the development of fibrosis in the liver. In Russia, EPLs are frequently used, while in the European Union and the United States they are not used in clinical practice (provided in the form of food supplements) because randomized placebo-controlled studies, particularly cooperative studies on Veterans Affairs (2003) did not determine the positive effect of these drugs on liver function compared to placebo. In addition, EPL is contraindicated in acute and chronic hepatitis because it enhances cholestasis and cytolysis. Thus, the level of proving the effectiveness of EPL at the Class D level to date.

A multicenter clinical study of Rezalut, conducted in 55 medical facilities and involving 580 patients, confirmed a clear hepatoprotective and hypocholesterolemic effect. A number of small studies have shown that the use of drugs of this group in the treatment of patients with fatty liver disease helps to achieve clinical and biochemical remission and reduce inflammatory activity but no morphological and especially fibrotic o. 'has a significant effect on the severity of changes. In a study in Russia, the use of EPL in patients with alcoholic steatohepatitis reduced the severity of cytolysis and, to a lesser extent, cholestasis, and reduced the morphological signs of inflammation and fat degeneration In a large number of studies, there is no reliable data on the effect of drugs on the survival of patients with various liver injuries and other severe endpoints. according to the drug, it helps to reduce the risk of developing hepatocellular carcinomas in patients with chronic viral hepatitis and especially in patients who do not respond to treatment with interferons. In a small study in patients with alcoholic liver disease, the use of phosphogliv for 6 months allowed a decrease in fatty degeneration of hepatocytes, Preparations that activate the formation of endogenous detoxifiers (Ademetionine (Heptral), Remaxol).This group has the ability to reduce the phenomena of toxemia that develop in hepatocellular insufficiency of

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various origins due to direct interaction with endogenous toxicants.

S-adenosyl-L-methionine (Heptral) plays a central role in the biochemical reactions of transmethylation (biosynthesis of phospholipids), transulfation (synthesis and turnover of glutathione and taurine, conjugation of bile acids with an increase in their hydrophilicity, detoxification of bile acids and many xenobiotics) and aminopropylation (synthesis polyamines such as putrescine, spermidine and spermine, which play an important role in the formation of the ribosome structure and regeneration processes), where it serves either as a donor of groups or as a modulator of a number of enzymes .With the use of Ademetionine, the elimination of free radicals and other toxic metabolites from hepatocytes increases. The experiment showed the anti-fibrotic activity of Ademetionine .In addition to hepatoprotective properties, Ademetionine also has an antidepressant effect, the mechanism of which is far from fully understood .Ademetionine is quite effective in liver pathology, accompanied by hepatic encephalopathy. However, it should be noted that the maximum severity of the hepatoprotective effect is achieved only if the drug is administered parenterally. Ademetionine has the predominant effect on the manifestations of toxemia and to a much lesser extent affects the indicators of cytolysis and cholestasis. Most of the clinical studies of Ademetionine have been carried out in psychiatry, with alcoholic liver disease. In the largest double-blind, placebo-controlled multicenter study (1999) for alcoholic cirrhosis of the liver, Ademetionine was used for 2 years, which led not only to an improvement in laboratory parameters, but also increased the survival rate of patients with class A and B cirrhosis. class C, no significant difference was obtained .In recent years, publications have appeared on the use of Ademetionine as an accompanying drug in polychemotherapy .

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