CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.2591799

Available online at: http://www.iajps.com *Research Article*

RESEARCH STUDY TO IDENTIFY THE MEASURES OF MYOCARDIUM IN DIABETIC AND NON-DIABETIC PATIENTS CURED WITH PROTEOLYTIC ENZYME HAVING (MG) MOIETYGLORIFICATION

[1]Dr. Quratulain Majeed Kayani, [2]Dr. Rameesha Rashid, [3]Dr. Nabeel Riaz

[1,3]RHC Mandra Teh Gujar Khan, Rawalpindi, [2]Federal Medical and Dental College, Islamabad

Article Received: December 2018 **Accepted:** February 2019 **Published:** March 2019

Abstract:

Objective: *Research study was held to relate the effectiveness of proteolytic enzyme in (CD) cardiovascular disease with diabetic and non-diabetic patients with sore throat section exaltation.*

Study Design: *A random medical experiment.*

Place and Duration of Study: *This research study was held for the duration of one year from November 2017 to November, 2018 at Holy Family Hospital, Rawalpindi.*

Method: *The myocardium patients with sore throat section exaltation were engaged from the department of cardiology of Holy Family Hospital, Lahore.*

Results: *The primary features of selected patients with diabetic and non-diabetic MI {myocardial infraction}, the average age of the patients in both selected sets were same and 48.53±3.34 in diabetics and 47.45±3.26 in the set. The male patients of diabetic were 76.6% and of non-diabetics were 83.4%. An association of streptococcal action was documented in the non-diabetic and diabetic patients in ST section elevation, the patients with diabetic were only 32% and the patients with non-diabetic were 86%.*

Conclusion: *Our research study was concluded that clot-dissolving medication in more effective in diabetic patients than in patients with {STEMI} sore throat elevation myocardial infarction diabetes; though, it is necessary that extra care should be paid to the patients of diabetic before clot-dissolving medication is managed.*

Key words: *Efficacy, clot dissolving medication, sore throat elevation myocardial infarction, Diabetic, Nondiabetic, streptokinase.*

Corresponding author:

Dr. Quratulain Majeed Kayani,

RHC Mandra Teh Gujar Khan, Rawalpindi.

QR code

Please cite this article in press Quratulain Majeed Kayani et al., ***Research Study To Identify The Measures Of Myocardium In Diabetic And Non-Diabetic Patients Cured With Proteolytic Enzyme Having (Mg) Moietyglorification.,*** *Indo Am. J. P. Sci, 2019; 06(03).*

INTRODUCTION:

Amongst the various one of the disastrous Complexity related with vein infections is MI (myocardial infarction) with ST movement is the most acute form of SCS (severe coronary syndrome) after sudden heart - attack. The fourth registry of myocardial infraction (MI) 32% of heart failure persons, at the other end, directs a European research of sore throat elevation myocardial infarction {STEMI}, second Questionaire for heart acute coronary syndromes EHS {environmental health services} severe coronary syndrome-2 {ACS-II}. About 48% of patients with severe coronary syndrome {SCS} diabetes has developed a common issue in the elderly, 48 percent of patients with severe coronary syndrome diabetes has developed a collective problem in the aging, with the greatest anxiety being the best ordinary body mass index (BMI) and enlarged in people with a sluggish life-style, with the risk of acute mesenteric ischemia in patients with diabetes enlarged by 3 to 5 times. Ketosis-prone diabetes happens five times greater in male with enlarged mor-BIH-dihtee / temporality severs sore throat elevation myocardial infarction. The patients with ketosis pronediabetes are frequently at difficult hazard of opposing outcomes related to nondiabetic victims, probably with extreme heart infection or deprived left ventricular purpose. Thanks to clot buster, maximum streptokinase is the most popular and for the diverticulitis of acute myocardial infection {MI} with accessibility in the country approximately 384,689 to 435,654 patients accept thrombolytic remedy yearly all over the world. Further actual efficiency of streptokinase has been observed in diabetes patients than in diabetic patients. Our research study was basic worry, that Pakistan was missing data on the influence of streptokinase in diabetes patients and sore throat hindlimb myocardial infarction. In huge medical judgments acquired severe MI {myocardial infraction}, disclosed thrombolytic treatment, and suggestively boosted survival frequency, together in nondiabetic and diabetic patients. Though, relatively these improvements, the death-rate rises in diabetes up-to 2.2 times. Because cardio-vascular infections are enlarged in diabetes, medical judgments with expected effects of care is coronary vein infection patients may be appealed to be precisely described to evaluate the impact of thrombo-lytic treatment in patients of diabetic.

METHODOLOGY:

This research study was held for the duration of one year from November, 2017 to November, 2018 at Holy Family Hospital, Rawalpindi.

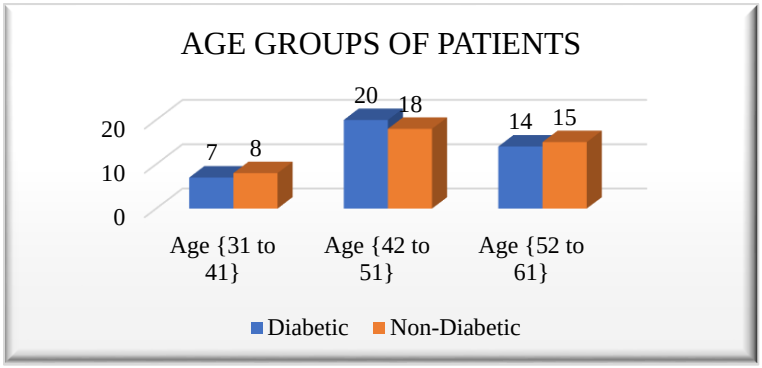
in cardio-logy sectors with 50 cases in both diabetic and non-diabetic groups. Every patient, comprising {MI} myocardial infraction analysis with throat infectionpreferment diabetic of group of diabetic {age>43 years in male and female, they are identified in the diabetic or diabetic hospital through the hospitalization period that stay. Whereas, the blood-glucose approximation for the non-diabetic group was identified to have not been well-known during the hospitalization period, matters with a history of myocardial infraction under-going streptokinase treatment were omitted from the research paper. The effectiveness of the drug in both groups was considered to reduce the height of {ST} segment elevation to the standard after 01 hour and 30 minutes of streptokinase fermentation. Percent and frequency, the demo-graphics were stated to be conveyed in all groups and the groups were arrived and examined using the frequency of streptokinase action. P value 0.08 is measured noteworthy.

RESULTS:

The opening features of patients with nondiabetics myocardial infraction and patients with diabetic are shown in tables 1 & 2, and the patients with common ages in both groups did not display alike and important alterations, i.e, 50.23 + 3.26 & 47.84 + 2.36 in patients with diabetic were men in both-groups. That was 71.6 percent in non-diabetics and 81.6 percent in diabetic.

Table No 01: Age circulation of the subjects

Subjects	Age in years {31 to 41}	Age in years {42 to 51}	Age in years {52 to 61}
Diabetic{n=41}	7{21 percent}	20{48.6 percent}	14{33.6 percent}
Non-Diabetic{n=41}	8{21.6 percent}	18{43.7 percent}	15{36.4 percent}



The association of streptokinase action was documented in the patients with diabetic and with nondiabetic in ST session elevation, only 32 percent patients with diabetic and 84 percent patients with non-diabetic. P rate was considered as 0.02.

Table No 02: Gender circulation

Statistics	**Men**	**Women**	**Total**
Diabetic	34{82.93 percent}	07{17.07 percent}	41{100 percent}
Non-Diabetic	30 {73.17 percent}	11{26.83 percent}	41 {100 percent}

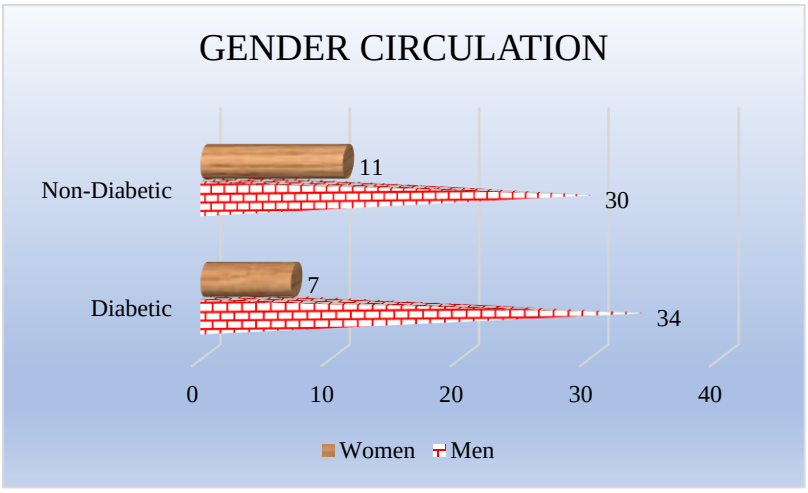
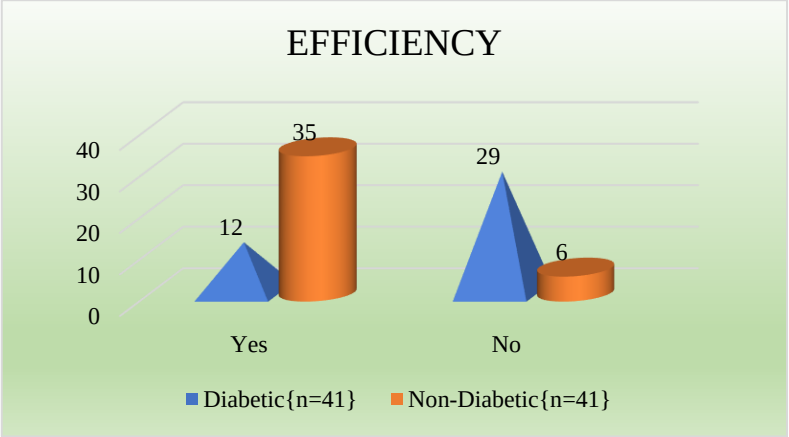


Table No 03: Relate the proficiency of streptokinase on throat infection session elevation myocardial-infraction in non-diabetic and diabetic

Statistics	**Efficiency Yes**	**Efficiency No**	**Total**
Diabetic{n=41}	12{29.27percent}	29{70.73 percent}	41 {100 percent}
Non-Diabetic{n=41}	35{85.37 percent}	06{14.63 percent}	41 {100 percent}

P Value = 0.02



DISCUSSION:

The decrease in death-rate in crucial, {MI} myocardial-infarction patients related to the efficiency of thrombolytic therapy after decrease of the height of primary ST resolution within 01 hour and 30 minutes after extract of streptokinase. For myocardial infringement the main aspect is diabetes mellitus. It is dyslipidemic infections that increase the atherosclerotic vascular impediment rate. 12-32 percent of patients with critical {MI} myocardial-infarction are diabetic. When thrombo-lytic was applied, in diabetic subjects the outcomes revealed a change after thrombo-lysis, prospect in patients would be worse than patients with diabetic in left-ventricular dysfunction. Whereas huge medical judgments detected development in critical myocardial-infraction {MI}, thrombo-lytic therapy, the survival of streptokinase in patients with ST improvement in diabetics and diabetics, in our state previously diabetic stayers and non-diabetic stayers have been considered to survive. Patients with this difference relates streptokinase efficiency with {MI} myocardial infarction in diabetic and non-diabetic patients with improvement of ST-session.

The streptokinase proficiency in patients with diabetic and patients with nondiabeticthroat infection myocardial-infraction {MI} was 32% in patients with diabetic and 84% in patients with nondiabetic. P rate was considered as 0.02. In Micheal N.Zairis and his colleagues research establish less throat infection rescue in non-diabetic patients than diabetic patients {p=0.06}. These outcomes are harmonious with the segregation of our research study. In Chowdhury AR et al study creates that streptokinase thrombolytic influence, which is a myocardial-infraction {MI} among patients with diabetic and patients with non-diabetic, was greater statically in diabetics than patients who were non-diabetics with-out fruitful reperfusion {p <0.003).0.003) and in patients of chemical diabetes, serious myocardial-infraction {MI} may affect thrombo-lytic results. These outcomes are really upkeep the analysis of this research. Out outcomes displayed that type-II diabetes is a tough analyst of serious IV {intravenous} thrombo-lytic shortage during sore throat elevation myocardial infarction {STEMI}. In this situation, this affiliation can expressively present in non-diabetic patients with meager prospect as matched with type-II diabetes. If proved by greater approaching researches, optimum satisfying methodologies to promote and promote prosperous reperfusion at alveolate level may develop prospect additional in patients with type-II diabetes mellitus with sore throat elevation myocardial infarction {STEMI}. Although, these discoveries are need further exertion to distinguish new pharmaco-logical causes, to decrease reperfusionwithout achievement after dealing with streptokinase in diabetic patients with myocardial-infraction {MI}. In regulate to more progress the outcomes of thrombo-lysis and myocardial infringement in diabetic patients, fresh approaches such as elementarytranscutaneous and peri-infarction metabolic mechanism would be reflected.

CONCLUSION:

According to the resultant statistics of the current results, we can determine that thrombo-lytic therapy in additional active in patients with diabetic than in patients with {STEMI} sore throat elevation myocardial infarction; yet, extra devotion should be

paid to people with diabetic before thrombolytic therapy in directed.

REFERENCES:

1. Schroder, Rolf, Karl Wegscheider, Klaus Schroder, RudigerDissmann, and Wolfgang Meyer-Sabellek. "Extent of Early ST Segment Elevation Resolution: A Strong Predictor of Outcome in Patients with Acute Myocardial Infarction and a Sensitive Measure to Compare Thrombolytic Regimens. A Substudy of the." Journal of the American College of Cardiology 26, no. 7 (1995): 1657-1664.
2. Bertrand, Michel, Maarten Simoons, Keith Fox, Lars Wallentin, Christian Hamm, Pim de Feyter, G. Specchia, Witold Ruzyllo, and Eugene McFadden. "Management of acute coronary syndromes in patients presenting without persistent ST-segment elevation." European heart journal (2002).
3. Authors/Task Force Members, Frans Van de Werf, Jeroen Bax, Amadeo Betriu, Carina Blomstrom-Lundqvist, Filippo Crea, Volkmar Falk et al. "Management of acute myocardial infarction in patients presenting with persistent ST-segment elevation: The Task Force on the Management of ST-Segment Elevation Acute Myocardial Infarction of the European Society of Cardiology." European heart journal 29, no. 23 (2008): 2909-2945.
4. Van de Werf, F., Ardissino, D., Betriu, A., Cokkinos, D.V., Falk, E., Fox, K.A., Julian, D., Lengyel, M., Neumann, F.J., Ruzyllo, W. and Thygesen, C., 2003. Management of acute myocardial infarction in patients presenting with ST-segment elevation. European heart journal, 24(1), pp.28-66.
5. Authors/Task Force Members, Steg, P.G., James, S.K., Atar, D., Badano, L.P., Lundqvist, C.B., Borger, M.A., Di Mario, C., Dickstein, K., Ducrocq, G. and Fernandez-Aviles, F., 2012. ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force on the management of ST-segment elevation acute myocardial infarction of the European Society of Cardiology (ESC). European heart journal, 33(20), pp.2569-2619.
6. Schröder, Rolf, Karl Wegscheider, Klaus Schröder, RüdigerDissmann, Wolfgang Meyer-Sabellek, and INJECT Trial Group. "Extent of early ST segment elevation resolution: a strong predictor of outcome in patients with acute myocardial infarction and a sensitive measure to compare thrombolytic regimens: A sub study of the International Joint Efficacy Comparison of Thrombolytics (INJECT) trial." Journal of the American College of Cardiology 26, no. 7 (1995): 1657-1664.
7. Clopidogrel in Unstable Angina to Prevent Recurrent Events Trial Investigators, 2001. Effects of clopidogrel in addition to aspirin in patients with acute coronary syndromes without ST-segment elevation. New England Journal of Medicine, 345(7), pp.494-502.
8. De Luca, Giuseppe, Harry Suryapranata, Gregg W. Stone, David Antoniucci, James E. Tcheng, Franz-Josef Neumann, Frans Van de Werf, Elliott M. Antman, and Eric J. Topol. "Abciximab as adjunctive therapy to reperfusion in acute ST-segment elevation myocardial infarction: a meta-analysis of randomized trials." Jama 293, no. 14 (2005): 1759-1765.
9. Mahoney, E.M., Jurkovitz, C.T., Chu, H., Becker, E.R., Culler, S., Kosinski, A.S., Robertson, D.H., Alexander, C., Nag, S., Cook, J.R. and Demopoulos, L.A., 2002. Cost and cost-effectiveness of an early invasive vs conservative strategy for the treatment of unstable angina and non–ST-segment elevation myocardial infarction. Jama, 288(15), pp.1851-1858.
10. Henry, Timothy D., James M. Atkins, Michael S. Cunningham, Gary S. Francis, William J. Groh, Robert A. Hong, Karl B. Kern et al. "ST-segment elevation myocardial infarction: recommendations on triage of patients to heart attack centers: is it time for a national policy for the treatment of ST-segment elevation myocardial infarction?" Journal of the American College of Cardiology 47, no. 7 (2006): 1339-1345.
11. Wong, Cheuk-Kit, Wanzhen Gao, O. Christopher Raffel, John K. French, Ralph A. Stewart, Harvey D. White, and HERO-2 Investigators. "Initial Q waves accompanying ST-segment elevation at presentation of acute myocardial infarction and 30-day mortality in patients given streptokinase therapy: an analysis from HERO-2." The Lancet 367, no. 9528 (2006): 2061-2067.
12. Antman, Elliott M., Daniel T. Anbe, Paul Wayne Armstrong, Eric R. Bates, Lee A. Green, Mary Hand, Judith S. Hochman et al. "ACC/AHA guidelines for the management of patients with ST-elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee to Revise the 1999 Guidelines for the Management of Patients with Acute Myocardial Infarction)." Journal of the

American college of cardiology 44, no. 3 (2004): E1-E211.

13. White, H.D., Norris, R.M., Brown, M.A., Takayama, M., Maslowski, A., Bass, N.M., Ormiston, J.A. and Whitlock, T., 1987. Effect of intravenous streptokinase on left ventricular function and early survival after acute myocardial infarction. New England Journal of Medicine, 317(14), pp.850-855.
14. White, H. D., Kleiman, N. S., Mahaffey, K. W., Lokhnygina, Y., Pieper, K. S., Chiswell, K., ... &Berdan, L. G. (2006). Efficacy and safety of enoxaparin compared with unfractionated heparin in high-risk patients with non–ST-segment elevation acute coronary syndrome undergoing percutaneous coronary intervention in the Superior Yield of the New Strategy of Enoxaparin, Revascularization and Glycoprotein IIb/IIIa Inhibitors (SYNERGY) trial. American heart journal, 152(6), 1042-1050.
15. Gibson, C. Michael, Sabina A. Murphy, Ajay J. Kirtane, Robert P. Giugliano, Christopher P. Cannon, Elliott M. Antman, Eugene Braunwald, and TIMI Study Group. "Association of duration of symptoms at presentation with angiographic and clinical outcomes after fibrinolytic therapy in patients with ST-segment elevation myocardial infarction." Journal of the American College of Cardiology 44, no. 5 (2004): 980-987.