[P-T-627] CORRECTION HAEMOSTASIOLOGIC AND RHEOLOGIC DISTURBANCES AT THE PATIENTS WITH ISCHEMIC HEART AND BRAIN DESIASES BY MEANS OF COMBINATION OF PHARMACOLOGICAL DRUGS AND EXTRACORPOREAL AUTOBLOOD-MAGNET-THERAPY N.G. Kruchinsky, A.I. Teplyakov, D.K. Zubovsky. Ministry of sport and tourism, National Antidoping Agency, Minsk; Physiology, Mogilev University, Mogilev; Medical and Phisiotherapy, Belarussion Sport Academy, Minsk, Belarus **Introduction:** The Haemostasis and Blood Rheology play the important role in pathogenesis of Ischemic Heart and Brain Diseases (IHD and IBD). It was done for studying an opportunity of complex treatment of haemostasiologic and rheologic diturbances at IHD and IBD by means of a combination of pharmacological drugs and a method of physical influence on blood (extracorporeal autoblood-magnet-therapy -EABMT). Methods: We were observed 88 patients with IHD and IBD. The Haemostasis System State was studied using evaluation of the platelet function (ADP-, epinephrine and ristocetininduced aggregation), and coagulation (APTT, PT, TT, fibrinogen, D-dimer, hagheman- and euglobulindependent clot-lysis time). Blood Rheology was investigated in a wide range of speeds (20 - 200 s-

1). All the surveyed patients received corresponding basic treatment: at IHD - antianginal and at IBD - the drugs regulating a blood vessels tone, euphyllinum and piracetam. Control group have made 44 patients received only drugs treatment. The technique of method EABMT (patent No 4856 Republic of Belarus), consist in influence on a stream of blood of the patient outside of an organism a lowfrequency pulse magnetic field with frequency of 40-160 Hz (modulating frequency of 10 Hz). Duration of a rate of 5 sessions with frequency rate in a day.

Results: Application above described complex therapy has allowed to achieve the sanction of DIC processes and blood hyperviscosity, decrease in concentration of soluble fibrin-monomers complexes, normalization structurally functional erythrocytes state (MCV and RDW-CV) and amplification of blood anticoagulant and fibrinolytic activity.

Conclusions: Course application in complex treatment of patients with IHD and IBD combinations of pharmacological drugs and EAB is adequate for achievement and fastening of optimum therapeutic effect due to amplification antithrombotic potential at elimination haemostasiologic and rheologyc disturbance.

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