homeopathically potentized form of antibodies to a C-terminal fragment of the angiotensin II AT1 receptor is marketed in the Russian Federation and other countries under the name Kardos®. U.S. Patent No. 7,700,096 discloses and claims a homeopathically potentized form of antibodies to endothelial NO-synthase. The homeopathically potentized form of antibodies to endothelial NO-synthase is marketed in the Russian Federation and other countries under the name Impaza®.

There is a continuing need for new drug products with desired therapeutic efficacy for treatment of diseases and disorder of the cardiovascular system.

SUMMARY

In ~~one aspect~~an embodiment the ~~invention~~disclosure provides a pharmaceutical composition for administration to a patient suffering from at least one symptom of a cardiovascular condition, said composition comprising a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase.

In a first aspect, there is provided a combination pharmaceutical composition for administration to a patient associated with at least one symptom of at least one condition selected from the group consisting of chronic heart failure, asthenia, vegetative vascular dystonia, anxiety associated with chronic heart failure, depression associated with chronic heart failure and hypertension, the combination pharmaceutical composition comprising a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, the activated potentiated forms produced by homeopathic technology.

In one variant of this ~~aspect~~embodiment of the ~~invention~~disclosure a pharmaceutical composition for administration to a patient suffering from at least one symptom of a cardiovascular condition comprises a) an activated-potentiated form of an antibody to a C-terminal fragment of angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase.

Preferably, the pharmaceutical composition of this ~~aspect~~embodiment is administered to patients with cardiovascular condition(s) associated with a reduced quality of life, wherein the administration of said pharmaceutical composition to said patient improves said quality of life of said patient.

Various variants and embodiments of the pharmaceutical composition are contemplated and provided. They may be used in reference to method ~~aspects~~embodiments and other embodiments ~~of the invention~~disclosed herein. The specific variants and embodiments ~~of this aspect of the invention~~disclosed herein are set forth in the appended claims. Preferably, the pharmaceutical composition ~~of the invention~~as defined above comprises activated-potentiated forms of polyclonal antibodies. It is also preferred that the process of preparing the pharmaceutical

composition of this ~~aspect~~embodiment of the ~~invention~~disclosure includes successive centesimal dilutions coupled with vertical shaking of every dilution.

In another ~~aspect~~embodiment, the ~~invention~~disclosure provides a method of treating a patient suffering from a reduced overall quality of life associated with at least one symptom of a cardiovascular condition, said method comprising administering to said patient a combination of a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, thereby said administration improves said overall quality of life of said patient. Preferably, the ~~invention~~disclosure provides a method of treating a patient suffering from a reduced overall quality of life associated with at least one symptom of a cardiovascular condition, said method comprising administering to said patient a combination of a) an activated-potentiated form of an antibody to a C-terminal fragment of angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, thereby said administration improves said overall quality of life of said patient. Various variants and embodiments are contemplated. In particular, it is contemplated that the combination of this ~~aspect~~embodiment of the ~~invention~~disclosure is administered concomitantly with administration of an additional therapeutic agent suitable for administration to patients suffering from said at least one symptom of a cardiovascular condition. The non-limiting list of suitable additional agents includes ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants. Bisoprol, enalapril or aspirin are specifically contemplated.

Particularly contemplated is a method of this ~~aspect~~embodiment of the ~~invention~~disclosure in which said patient is administered said composition in the form of a solid unit dosage form comprising said activated-potentiated form of an antibody to a C-terminal fragment of angiotensin II AT1 receptor and said activated-potentiated form of an antibody to endothelial NO-synthase. Preferably, said patient is administered one to two of said unit dosage forms, each administration carried out from once daily to four times daily.

In another ~~aspect~~embodiment, the ~~invention~~disclosure provides a method of treating a patient suffering from chronic heart failure, said method comprising administering to said patient a

combination of a) an activated-potentiated form of an antibody to a C-terminal fragment of angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase. Various variants and embodiments are contemplated. In particular, it is contemplated that the combination of this ~~aspect~~embodiment of the ~~invention~~disclosure is administered concomitantly with administration of an additional therapeutic agent suitable for administration to patients suffering from said at least one symptom of a cardiovascular condition. The non-limiting list of suitable additional agents includes ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants. Bisoprol, enalapril or aspirin are specifically contemplated.

Particularly contemplated is a method of this ~~aspect~~embodiment of the ~~invention~~disclosure in which said patient is administered said composition in the form of a solid unit dosage form comprising said activated-potentiated form of an antibody to a C-terminal fragment of angiotensin II AT1 receptor and said activated-potentiated form of an antibody to endothelial NO-synthase. Preferably, said patient is administered one to two of said unit dosage forms, each administration carried out from once daily to four times daily. In accordance with this ~~aspect~~embodiment of the ~~invention~~disclosure, said patient exhibits statistically significant improvement in rigidity parameters of carotid radial artery segments upon said administration. In accordance with this ~~aspect~~embodiment of the ~~invention~~disclosure, said patient exhibits statistically significant improvement in rigidity parameters of carotid femoral artery segments upon said administration. In accordance with this ~~aspect~~embodiment of the ~~invention~~disclosure, said patient exhibits statistically significant reduction in anxiety associated with said chronic heart failure upon said administration. It is particularly contemplated that said administration of said combination leads to a statistically significant improvement in the The Minnesota Living with Heart Failure questionnaire (MLHFQ) score in a suitable population of said patients in reference to the baseline. It is particularly contemplated that said administration of said combination leads to a statistically significant reduction in the Kansas City Cardiomyopathy Questionnaire total Score in a suitable population of said patients in reference to the baseline. It is particularly contemplated that said administration of said combination leads to a statistically significant improvement in a 6-

minute walking test score in a suitable population of said patients. It is particularly contemplated that said administration of said combination leads to a statistically significant improvement in the Hospital Anxiety and Depression Scale (HADS) total score in a suitable population of said patients. It is particularly contemplated that said administration of said combination leads to said patient exhibiting statistically significant reduction in depression associated with said chronic heart failure upon said administration.

In another ~~aspect~~embodiment, the ~~invention~~disclosure provides a method of treating a patient suffering from asthenia and/or vegetative-vascular dystonia, said method comprising administering to said patient a combination of a) an activated-potentiated form of an antibody to a C-terminal fragment of angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase. Various variants and embodiments are contemplated. In particular, it is contemplated that the combination of this ~~aspect~~embodiment of the ~~invention~~disclosure is administered concomitantly with administration of an additional therapeutic agent suitable for administration to patients suffering from said at least one symptom of a cardiovascular condition. The non-limiting list of suitable additional agents includes ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants. Bisoprol, enalapril or aspirin are specifically contemplated.

It is particularly contemplated in accordance with this ~~aspect~~embodiment of the ~~invention~~disclosure that said patient exhibits statistically significant improvement in rigidity parameters of carotid radial artery segments upon said administration. It is particularly contemplated that said patient exhibits statistically significant improvement in rigidity parameters of carotid femoral artery segments upon said administration. It is particularly contemplated that said patient exhibits statistically significant reduction in mental asthenia upon said administration. Preferably, said administration of said combination leads to a statistically significant reduction in the mental asthenia by the Multidimensional Fatigue Inventory (MFI-20) scale in a suitable population of said patients in reference to the baseline. Preferably, the administration of the combination drug or medicine in accordance with

this ~~aspect~~embodiment of the ~~invention~~disclosure leads to said patient exhibiting statistically significant reduction in general asthenia upon said administration. Preferably, said administration of said combination leads to a statistically significant reduction in the general asthenia by the MFI-20 scale in a suitable population of said patients in reference to the baseline. Preferably, said patient exhibits statistically significant reduction in anxiety associated with said asthenia and/or vegetative vascular dystonia upon said administration. It is preferred that in accordance with this ~~aspect~~embodiment of the ~~invention~~disclosure, said administration of said combination drug or medicine leads to a statistically significant reduction in the trait anxiety as measured by the Spielberg test in a suitable population of said patients in reference to the baseline. Preferably, said patient exhibits statistically significant reduction in depression associated with said asthenia and/or vegetative vascular dystonia upon said administration. It is particularly contemplated that said administration of said combination drug or medicine leads to a statistically significant reduction in depression as measured by the Beck test in a suitable population of said patients in reference to the baseline. Preferably, said patient exhibits statistically significant improvement in brachial artery dilation level upon said administration.

In another ~~aspect~~embodiment, the ~~invention~~disclosure provides a method of treating hypertension comprising administering the combination described herein to a patient in need thereof. Concomitant administration of an additional therapeutic agent selected from the group consisting of ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants is specifically contemplated.

In a second aspect, there is provided a combination pharmaceutical composition for administration to a patient suffering from at least one symptom of chronic heart failure, asthenia, vegetative dystonia, or hypertension, said composition comprising a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, the activated potentiated forms produced by homeopathic technology.

DETAILED DESCRIPTION

The invention is defined with reference to the appended claims. With respect to the claims, the glossary that follows provides the relevant definitions.

The term "antibody" as used herein shall mean an immunoglobulin that specifically binds to, and is thereby defined as complementary with, a particular spatial and polar organization of another molecule. Antibodies as recited in the claims may include a complete immunoglobulin or fragment thereof, may be natural,

What is claimed is:

1. A combination pharmaceutical composition for administration to a patient suffering from at least one symptom of a cardiovascular condition, said composition comprising a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase.

2. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is an activated-potentiated form of an antibody to the C-terminal fragment of the angiotensin II AT1 receptor.

3. The combination pharmaceutical composition of claim 1, wherein said cardiovascular condition is associated with a reduced quality of life of said patient and wherein said administration of said pharmaceutical composition to said patient improves said quality of life of said patient.

4. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is in the form of a C12, C30, or C200 homeopathic dilution or a mixture thereof.

5. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is in the form of a mixture of C12, C30, and C200 homeopathic dilutions impregnated onto a solid carrier.

6. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is in the form of a C12, C30, or C200 homeopathic dilution or a mixture thereof.

7. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is in the form of mixture of C12, C30, and C200 homeopathic dilutions impregnated onto a solid carrier.

8. The combination pharmaceutical composition of claim 1, which is prepared by impregnating a solid carrier with a mixture of i) said activated-

potentiated form of an antibody to endothelial NO-synthase is in the form of mixture of C12, C30, and C200 homeopathic dilutions, and ii) said activated-potentiated form of an antibody to angiotensin II AT1 receptor is in the form of mixture of C12, C30, and C200 homeopathic dilutions.

9. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is a monoclonal, polyclonal or natural antibody.

10. The combination pharmaceutical composition of claim 9, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is a polyclonal antibody.

11. The combination pharmaceutical composition of claim 8, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is prepared by successive centesimal dilutions coupled with shaking of every dilution.

12. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a monoclonal, polyclonal or natural antibody.

13. The combination pharmaceutical composition of claim 12, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a polyclonal antibody.

14. The combination pharmaceutical composition of claim 8, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is prepared by successive centesimal dilutions coupled with shaking of every dilution.

15. A method of treating a patient suffering from a reduced overall quality of life associated with at least one symptom of a cardiovascular condition, said method comprising administering to said patient substantially at the same time a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, thereby said administration improves said overall quality of life of said patient.

16. The method of claim 15, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is an activated-potentiated form of an antibody to the C-terminal fragment of the angiotensin II AT1 receptor.

17. The method of claim 15 wherein said a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase are administered in the form of a combined pharmaceutical composition.

18. The method of claim 15, further comprising concomitantly administering to said patient an additional therapeutic agent suitable for administration to patients suffering from said at least one symptom of a cardiovascular condition.

19. The method of claim 18, wherein said additional therapeutic agent is selected from the group consisting of ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants.

20. The method of claim 19, wherein said additional therapeutic agent is bisoprol, enalapril or aspirin.

21. The method of claim 15 wherein said patient is administered said composition in the form of a solid unit dosage form comprising said activated-potentiated form of an antibody to angiotensin II AT1 receptor and said activated-potentiated form of an antibody to endothelial NO-synthase.

22. The method of claim 21, wherein said patient is administered one to two of said unit dosage forms, each administration carried out from once daily to four times daily.

23. The method of claim 15, which comprises administration of from one to two unit dosage forms of said activated-potentiated form of an antibody to angiotensin II AT1 receptor, and from one to two unit dosage forms of said activated-potentiated form of an antibody to endothelial NO-synthase, each of said dosage forms being administered from once daily to four times daily.

24. The method of claim 23, wherein each of said unit dosage form is is administered twice daily.

25. The method of claim 15, wherein said cardiovascular condition is chronic heart failure.

26. The method of claim 15, wherein said patient exhibits statistically significant improvement in rigidity parameters of carotid radial artery segments upon said administration.

27. The method of claim 15, wherein said cardiovascular condition is asthenia and/or vegetative vascular dystonia.

28. The method of claim 27, wherein said administration of said combination leads to a statistically significant improvement in the mental asthenia by the MFI-20 scale in a suitable population of said patients in reference to the baseline.

29. The method of claim 27, wherein said administration of said combination leads to a statistically significant reduction in the general asthenia by the MFI-20 scale in a suitable population of said patients in reference to the baseline.

30. The method of claim 15, wherein said reduced overall quality of life is associated with anxiety related to said cardiovascular condition.

31. The method of claim 30, wherein said administration of said combination leads to a statistically significant improvement in the Minnesota Total Inventory Score in a suitable population of said patients in reference to the baseline.

32. The method of claim 15, wherein said reduced overall quality of life is associated with depression related to said cardiovascular condition.

33. The method of claim 32, wherein said administration of said combination leads to a statistically significant reduction in the Beck Questionnaire Score in a suitable population of said patients in reference to the baseline.

34. The method of claim 15, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is a monoclonal, polyclonal or natural antibody.

35. The method of claim 15, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is a polyclonal antibody.

36. The method of claim 15, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a monoclonal, polyclonal or natural antibody.

37. The method of claim 15, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a polyclonal antibody.

38. A method of treating a patient suffering from chronic heart failure, said method comprising administering to said patient a combination of a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase.

39. The method of claim 38, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is an activated-potentiated form of an antibody to the C-terminal fragment of the angiotensin II AT1 receptor.

40. The method of claim 38, further comprising concomitant administration to said patient of an additional therapeutic agent selected from the group consisting of ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants.

41. The method of claim 40, wherein said therapeutic agent is selected from bisoprol, enalapril and aspirin.

42. The method of claim 38, wherein said patient is administered said composition in the form of a solid unit dosage form comprising said activated-potentiated form of an antibody to angiotensin II AT1 receptor and said activated-potentiated form of an antibody to endothelial NO-synthase.

43. The method of claim 42, wherein said patient is administered one to two of said unit dosage forms, each administration carried out from once daily to four times daily.

44. The method of claim 38, which comprises administration of from one to two unit dosage forms of said activated-potentiated form of an antibody to angiotensin II AT1 receptor, and from one to two unit dosage forms of said activated-potentiated form of an antibody to endothelial NO-synthase, each of said dosage forms being administered from once daily to four times daily.

45. The method of claim 38, wherein said patient exhibit statistically significant improvement in rigidity parameters of carotid radial artery segments upon said administration.

46. The method of claim 45, wherein said patient exhibit statistically significant improvement in rigidity parameters of carotid femoral artery segments upon said administration.

47. The method of claim 38, wherein said patient exhibits statistically significant reduction in anxiety associated with said chronic heart failure upon said administration.

48. The method of claim 47, wherein said administration of said combination leads to a statistically significant improvement in the Minnesota Total Inventory Score in a suitable population of said patients in reference to the baseline.

49. The method of claim 47, wherein said administration of said combination leads to a statistically significant reduction in the Kansas City Cardiomyopathy Questionnaire Total Score in a suitable population of said patients in reference to the baseline.

50. The method of claim 38, wherein said administration of said combination leads to a statistically significant improvement in a 6-minute walking test score in a suitable population of said patients.

51. The method of claim 38, wherein said administration of said combination leads to a statistically significant improvement in the HADS Total score in a suitable population of said patients.

52. The method of claim 38, wherein said patient exhibits statistically significant reduction in depression associated with said chronic heart failure upon said administration.

53. The method of claim 38, wherein said activated-potentiated form of an antibody to a C-terminal fragment of the angiotensin II AT1 receptor is a monoclonal, polyclonal or natural antibody.

54. The method of claim 53, wherein said activated-potentiated form of an antibody to a C-terminal fragment of the angiotensin II AT1 receptor is a polyclonal antibody.

55. The method of claim 38, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a monoclonal, polyclonal or natural antibody.

56. The method of claim 55, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a polyclonal antibody.

57. A method of treating a patient suffering from asthenia and/or vegetative-vascular dystonia, said method comprising administering to said patient a combination of a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase.

58. The method of claim 57, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is an activated-potentiated form of an antibody to the C-terminal fragment of the angiotensin II AT1 receptor.

59. The method of claim 57, further comprising concomitant administration to said patient of an additional therapeutic agent selected from the group consisting of ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants.

60. The method of claim 59, wherein said additional therapeutic agent is selected from bisoprol, enalapril and aspirin.

61. The method of claim 59, wherein said patient is administered said composition in the form of a solid unit dosage form comprising said activated-potentiated form of an antibody to angiotensin II AT1 receptor and said activated-potentiated form of an antibody to endothelial NO-synthase.

62. The method of claim 61, wherein said patient is administered one to two of said unit dosage forms, each administration carried out from once daily to four times daily.

63. The method of claim 59, which comprises administration of from one to two unit dosage forms of said activated-potentiated form of an antibody to angiotensin II AT1 receptor, and from one to two unit dosage forms of said activated-potentiated form of an antibody to endothelial NO-synthase, each of said dosage forms being administered from once daily to four times daily.

64. The method of claim 63, wherein said one to two unit dosage form of each of said activated-potentiated forms of antibodies is administered twice daily.

65. The method of claim 59, wherein said patient exhibit statistically significant improvement in rigidity parameters of carotid radial artery segments upon said administration.

66. The method of claim 65, wherein said patient exhibit statistically significant improvement in rigidity parameters of carotid femoral artery segments upon said administration.

67. The method of claim 57, wherein said patient exhibits statistically significant reduction in mental asthenia upon said administration.

68. The method of claim 67, wherein said administration of said combination leads to a statistically significant reduction in the mental asthenia by the MFI-20 scale in a suitable population of said patients in reference to the baseline.

69. The method of claim 57, wherein said patient exhibits statistically significant reduction in general asthenia upon said administration.

70. The method of claim 69, wherein said administration of said combination leads to a statistically significant reduction in the general asthenia by the MFI-20 scale in a suitable population of said patients in reference to the baseline.

71. The method of claim 57, wherein said patient exhibits statistically significant reduction in anxiety associated with said asthenia and/or vegetative vascular dystonia upon said administration.

72. The method of claim 71, wherein said administration of said combination leads to a statistically significant reduction in the trait anxiety as measured by Spielberg test in a suitable population of said patients in reference to the baseline.

73. The method of claim 57, wherein said patient exhibits statistically significant reduction in depression associated with said asthenia and/or vegetative vascular dystonia upon said administration.

74. The method of claim 73, wherein said administration of said combination leads to a statistically significant reduction in depression as measured by Beck test in a suitable population of said patients in reference to the baseline.

75. The method of claim 57, wherein said patient exhibits statistically significant improvement in brachial artery dilation level upon said administration.

76. The method of claim 57, wherein said activated-potentiated form of an antibody to a C-terminal fragment of the angiotensin II AT1 receptor is an antibody is a monoclonal, polyclonal or natural antibody.

77. The method of claim 76, wherein said activated-potentiated form of an antibody to a C-terminal fragment of the angiotensin II AT1 receptor is a polyclonal antibody.

78. The method of claim 77, wherein said activated-potentiated form of an antibody to a C-terminal fragment of the angiotensin II AT1 receptor is prepared by successive centesimal dilutions coupled with vertical shaking of every dilution.

79. The method of claim 57, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is an antibody is a monoclonal, polyclonal or natural antibody.

80. The method of claim 79, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a polyclonal antibody.

81. A method of treating hypertension comprising administering the combination of claim 1 to a patient in need thereof.

82. The method of claim 81, further comprising concomitant administration to said patient of an additional therapeutic agent selected from the group consisting of ACE inhibitors, diuretics; β-adrenergic blockers, nitrates, cardiac glycosides, calcium antagonists, hypolipidemic agents, antiaggregants, antihypoxants, and anticoagulants.

83. A combination pharmaceutical composition for use in treating at least one symptom of a cardiovascular condition, said composition having been obtained by providing a) a potentiated solution of an antibody to angiotensin II AT1 receptor, and b) a potentiated solution of an antibody to endothelial NO-synthase, each prepared by consecutive repeated dilution and multiple shaking of each obtained solution in accordance with homeopathic technology, and then either combining the potentiated solutions by mixing them, or, alternatively, impregnating a carrier mass with said combined solution or with the solutions separately.

84. The combination pharmaceutical composition of claim 83, wherein said potentiated solution of an antibody to a C-terminal fragment of the angiotensin II AT1 receptor is in the form of a C12, C30, or C200 homeopathic dilution or a mixture thereof.

85. The combination pharmaceutical composition of claim 83, wherein said potentiated solution of an antibody to endothelial NO-synthase is in the form of a C12, C30, or C200 homeopathic dilution or a mixture thereof.

86. The combination pharmaceutical composition of 83, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is an activated-potentiated form of an antibody to the C-terminal fragment of the angiotensin II AT1 receptor.

What is claimed is:

1. A combination pharmaceutical composition for administration to a patient associated with at least one symptom of at least one condition selected from the group consisting of chronic heart failure, asthenia, vegetative vascular dystonia, anxiety associated with chronic heart failure, depression associated with chronic heart failure and hypertension, the combination pharmaceutical composition comprising a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, the activated potentiated forms produced by homeopathic technology.

2. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is an activated-potentiated form of an antibody to the C-terminal fragment of the angiotensin II AT1 receptor.

3. The combination pharmaceutical composition of claim 1, wherein said pharmaceutical composition is administered to said patient suffering from a condition associated with a reduced quality of life and wherein said administration of said pharmaceutical composition to said patient improves said quality of life of said patient.

4. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is in the form of a C12, C30, or C200 homeopathic dilution or a mixture thereof.

5. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is in the form of a mixture of C12, C30, and C200 homeopathic dilutions impregnated onto a solid carrier.

6. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is in the form of a C12, C30, or C200 homeopathic dilution or a mixture thereof.

7. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is in the form of mixture of C12, C30, and C200 homeopathic dilutions impregnated onto a solid carrier.

8. The combination pharmaceutical composition of claim 1, which is prepared by impregnating a solid carrier with a mixture of i) said activated-potentiated form of an antibody to endothelial NO-synthase is in the form of mixture of C12, C30, and C200 homeopathic dilutions, and ii) said activated-potentiated form of an antibody to angiotensin II AT1 receptor is in the form of mixture of C12, C30, and C200 homeopathic dilutions.

9. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is a monoclonal, polyclonal or natural antibody.

10. The combination pharmaceutical composition of claim 9, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is a polyclonal antibody.

11. The combination pharmaceutical composition of claim 8, wherein said activated-potentiated form of an antibody to angiotensin II AT1 receptor is prepared by successive centesimal homeopathic dilutions coupled with shaking of every dilution.

12. The combination pharmaceutical composition of claim 1, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a monoclonal, polyclonal or natural antibody.

13. The combination pharmaceutical composition of claim 12, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is a polyclonal antibody.

14. The combination pharmaceutical composition of claim 8, wherein said activated-potentiated form of an antibody to endothelial NO-synthase is prepared by successive centesimal homeopathic dilutions coupled with shaking of every dilution.

15. A combination pharmaceutical composition for administration to a patient suffering from at least one symptom of chronic heart failure, asthenia, vegetative dystonia, or hypertension, said composition comprising a) an activated-potentiated form of an antibody to angiotensin II AT1 receptor, and b) an activated-potentiated form of an antibody to endothelial NO-synthase, the activated potentiated forms produced by homeopathic technology.