

Modern views on the diagnosis and treatment of pancreatitis  
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Up to 80% of treatment results result  
 out of only 20% of exact appointments.

The process of accumulating and processing information on the diagnosis and treatment of pancreatitis in our center continues. Therefore, we consider it expedient to present the data obtained so far only in a brief systematized form. But, using even this information, it is possible to carry out both diagnostics and effective treatment of pancreatitis much faster and more accurately.

Table 1

The main reasons for the development of pancreatitis	
Hypertensive ductal pancreatitis	Primary acinar pancreatitis
Violation of the outflow of pancreatic secretions due to:	Primary lesion of acinous cells due to:
1. Diseases of the biliary tract (reflux of bile into the pancreatic ducts in chronic cholecystitis, cholelithiasis). 2. Diseases of the 12-type to-ki and stomach (reflux of the contents of the duodenum in gastritis, duodenitis, peptic ulcer, diverticulosis). 3. Blockade of the mouth of the Vater nipple (spasm of the sphincter of Oddi, papillitis, stricture). 4. Obstruction pancreatic ducts with stone, parasites, tumor. 5. Hereditary anomalies in the development of biliary and pancreatic ducts.	1. Alimentary factors (excessive consumption of alcohol, extractive, fatty and protein foods stimulating the expressed secretion of pancreatic juices). 2. Acute and chronic intoxication (poisoning with phosphorus compounds, alkalis, acids, excess pesticides and chemicals in food). 3. Allergic and autoimmune processes. 4. Hormonal disorders (hyperparathyroidism and hypercalcemia, toxicosis of pregnant women). 5. Viral infections (mumps, viral hepatitis). 6. Congenital diseases (cystic fibrosis, amino acid metabolism defect, hyperlipidemia).

During the study of pancreatitis, it turned out that, depending on the form of the disease, the EPD methods determine the corresponding indicator of the disease:

- Ductus Pancreaticus 3 nosode for hypertensive ductal pancreatitis;
- Pancreas 3 nosode for primary acinar pancreatitis.

Studying various guidelines for the treatment of pancreatitis, we noted another detail: the overwhelming majority of researchers of this disease put its infectious cause almost in last place [1-5]. Our study of this disease indicates a significant underestimation of the infectious role both in the etiological and pathogenetic mechanisms of the development of pancreatitis. For example, how to imagine the reflux of bile or duodenal contents into the pancreatic duct and the development of inflammation in it without primary damage to the ductal sphincters by any bacteria or protozoa?

According to our data, both with hypertensive ductal and primary acinar

pancreatitis, the infectious nature of the disease in the vast majority of patients is in the first place.

The first column of the table below presents the current infectious structure of pancreatitis as diagnosed by EPD methods. In the second - the approximate percentage distribution of infectious pathogens when examining 98 patients with a diagnosis pancreatitis.

table 2

one	Salmonella	76%
2	Lamblia intestinalis	56%
3	Enterovirus	40%
4	Peptostreptococcus anaer.	38%
five	Enterococcus	37%
6	Proteus	34%
7	Disenteria	thirty%
eight	Rotavirus	22%
nine	Grippus	21%
10	Campilobacter jejun., C. pylori	nineteen%
eleven	Streptococcus haemoliticus	sixteen%
12	Herpes simplex, H. zoster	12%
13	Hepatitis (A, B, C)	6%
fourteen	Parotitis	4%
fifteen	Cytomegalovirus	2%
sixteen	Amoeba	one%
17	Ascarida	one%
18	Toxoplasmosis	one%

Two remarks should be made to this table:

1. It is extremely rare in our region to find such infections, like: Strongiloides, Leptospirosis, Opisthorchosis, Listeriosis, and therefore we did not include them in the table.
2. Most often, there is a combination of several infectious agents in each of patients, which was taken into account in the percentage distribution.

In the following table, we present our research on homeopathic remedies that can most often be tested through an appropriate filter: Ductus Pancreaticus 3 or Pancreas 3 + monopreparation . The drugs are divided into 2 groups of decreasing frequency of their resonant response and, accordingly, use.

Table 3

N	Hypertensive-pro current pancreatitis		Primary acinar pancreatitis	
one	Iris	++++	Phosphorus	++++
2	Podophillum	++++	Ars. alb.	++++
3	Momordica	+++	Belladonna	+++
4	Belladonna	+++	Iris	+++
five	Colocynthis	+++	Podophillum	+++
6	Mercurius dulcis	+++	Colocynthis	+++
7	Phosphorus	+++	Momordica	+++
eight	Cochlearia	+++	Arg nit.	+++
nine	Carbo v.	+++	China	+++
10	Chelidonium	+++	K carb.	+++
eleven	Ca carb.	+++	Na sulfur.	+++
12	K bichrom.	+++	Conium	++
13	Bryonia	++	Ca carb.	++
fourteen	Ars. alb.	++	K bichrom.	++
fifteen	Veratrum al.	++	Bryonia	++
sixteen	Cu met.	++	Veratrum al.	++
17	Baptisia	++	Baptisia	++
18	Mg carb.	++	Cu met.	++

nineteen	Berberis	++	Merc. sol.	++
twenty	Conium	++	Mg carb.	++
21	China	++	Carbo v.	++
22	Leptandra	++	Chelidonium	++
23	Lycopodium	++	Cochlearia	++
24	Robinia	++	Ipecacuanha	++
25	Chionantus	++	Chamomilla	++
26	Quassia	++	Cocculus	++
27	Merc. sol.	++	Chionantus	++
28	Arg nit.	++	Quassia	++
29	Colchicum	++	Pb acet.	++
thirty	Ipecacuanha	++	Hydrastis	++
31	Chamomilla	++	Pulsatilla	++
32	K carb.	++	Alumina	++
33	Na sulfur.	++	Arnica	++
34	Pb acet.	++	Sulfur	++
35	Sepia	++	Nux v.	++
36	Cocculus	++	Ca ars.	++
37	Mg mur.	+	Jodum	++
38	Hydrastis	+	Staphisagria	++

Next is a list of drugs that are also used in the treatment of pancreatitis, but it is impossible to clearly attribute them to any of the groups presented: Na mur., Sulfur, Crotalus, Nux v., Rumex, Jodum, Colchicum, Anacardium, Merc. crr., Ac. phos., Taraxacum, Ca ars., K jod, Staphisagria, K mur., Pulsatilla, Lachesis, Na carb., Alumina, Arnica, Str carb., Chinin arsen., Aloe, Tabacum, Silicea, Thuja, Juglans regia, Chelone, Graphites, Ca flor, Syzygium.

The use of this table can significantly reduce the time for accurate selection of monopreparations.

In conclusion, we want to say that, possessing modern knowledge, even with the minimum stages of testing, you can get the maximum result.

#### Literature

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