

Possibilities of diagnosing intrahepatic cholestasis in patients with ulcerative colitis and Crohn's disease by the method of autonomic resonance test

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Gastroenterological diseases very circulated in practical activity of a doctor - their frequency is up to 40-50%. The symptoms of these diseases (colic, nausea, feeling of premature satiety, pain, vomiting, flatulence, weight loss, diarrhea, feeling of fullness) lead to a significant decrease in the quality of life. The main symptoms are not specific, and it is almost impossible to make an accurate diagnosis based on them. A third of the entire adult population from time to time suffers from diseases of the gastrointestinal tract, and not in all situations their cause is clear or a pathological factor has been identified.

Currently, there is a significant increase in bowel diseases such as ulcerative colitis, Crohn's disease.

Even when symptoms clearly indicate disease digestive organs, a complete examination is necessary.

Hardware and software systems developed by Center intelligent medical systems "IMEDIS" (Moscow), allow to study the possibility of using the ART method in the detection of intrahepatic cholestasis in patients with ulcerative colitis and Crohn's disease.

Research objectives:

1. Using ART in 25 patients with ulcerative colitis, identify the presence of intrahepatic cholestasis.

2. In 6 patients with Crohn's disease, using ART to reveal the presence of intrahepatic cholestasis.

3. Compare the results obtained with the results of generally accepted clinical research.

4. Compare the results obtained with the level of direct markers of biliary acids in the blood.

Was examined 31 patients with chronic inflammatory diseases (ulcerative colitis and Crohn's disease) on subject of availability intrahepatic cholestasis, 25 had ulcerative colitis and 6 had Crohn's disease. Of these: 17 women aged 17 to 62 years, 14 men aged 21 to 70 years.

In all patients, the diagnosis was verified clinically, they were treated in multiple times the gastroenterology department of the MONIKI.

To the gastroenterology department of MONIKI were carried out: biochemical blood test (bilirubin, cholesterol, alkaline phosphatase, -GTP), ultrasound of the abdominal organs, as well as the dynamics of direct markers of bile acids. All patients have a biochemical blood test, including liver function tests (bilirubin, cholesterol, alkaline phosphatase, -GTP) were within the physiological norm. Ultrasound of the abdominal organs also did not reveal pathological changes.

Thus, the generally accepted clinical methods of studying patients with chronic inflammatory bowel diseases did not reveal signs of intrahepatic cholestasis in any of the examined patients,

therefore, the patients were sent to the laboratory of clinical and experimental pathophysiology of the MONIKI for additional diagnostics using the ART method.

There were no direct indicators of bile acids in the IMEDIS drug selector, therefore intrahepatic cholestasis was determined using ART using indirect indicators by testing the OTI nosodes - bile bullish Comp. and pig bile Comp.

Of 25 patients with ulcerative colitis, 19 has been tested intrahepatic cholestasis, 6 had no pathology. tested. Comparing the obtained results of ART with the data of direct markers of bile acids, an increase in the level of which indicated the presence of intrahepatic cholestasis, false-positive responses of intrahepatic cholestasis were obtained in 3 patients. False negative responses were noted in 3 patients.

Thus, in 19 patients with the help of ART, a complete coincidence of the results with the dynamics of direct markers of bile acids was obtained - 70% of cases.

Of 6 patients with Crohn's disease, 5 coincided with direct markers of bile acids, and one patient received a false positive result - a match in 80% of cases.

Thus, out of 31 patients in 24 the results of ART coincided with the results of direct markers of bile acids in the blood, i.e. the accuracy of diagnosing intrahepatic cholestasis in patients with chronic inflammatory bowel diseases using ART was 75%.

The use of ART in patients with chronic inflammatory diseases of the abdominal organs is highly informative in identifying intrahepatic cholestasis. The method can be recommended in the complex diagnostics of this category of patients.

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