The use of bioresonance therapy in the complex treatment of patients chronic pancreatitis

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In the past two decades, there has been an increase in the incidence of chronic and acute pancreatitis. The prevalence of chronic pancreatitis is up to 26.4 per 1000 population. The incidence of chronic pancreatitis (CP) over the past 40 years has increased by about 2 times, which is associated with an increasing intake of alcohol and the effect of harmful environmental factors. The number of complications has also noticeably increased and the connection between CP and pancreatic carcinoma is becoming more and more clear.

The term "chronic pancreatitis" (CP) means group chronic diseases of the pancreas (RV) of various etiologies, mainly of an inflammatory nature with phase-progressive focal, segmental or diffuse degenerative or destructive changes in its exocrine tissue, atrophy of glandular elements (pancreatocytes) and their replacement with connective (fibrous) tissue; changes in the duct system of the pancreas with the formation of cysts, calcifications and calculi, with varying degrees of disturbance of exocrine and endocrine functions.

Speaking about the pathogenesis of chronic pancreatitis, it should be noted that autodigestion, which acts as the main pathogenetic factor causing rapid tissue destruction in most cases of acute pancreatitis, is leading in cases of progression of chronic pancreatitis. The second, fairly common mechanism

progression of CP, - the deposition of protein precipitates in the small ducts of the pancreas (alcoholic, hungry or metabolic variant of CP, senile) and, finally, another mechanism that is not well understood - viral forms in which autodigestion is not the main mechanism progression. Finally, in all forms and variants of CP pathogenesis, changes in the microcirculation system play a noticeable role, leading ultimately to hypoxia of the gland cells and an increase in the level of cAMP in them, which, in turn, promotes the activation of Ca + transport into cells. As a result, there is an excessive saturation of cells with calcium, its excessive accumulation in mitochondria, which leads to uncoupling of oxidation and phosphorylation. Then comes the phase of de-energization of cells and an increase in the processes of dystrophy.

During CP, several stages are distinguished (P. Lankisch and Y. Moessner), which are important to consider for the correct selection of therapy. First stage characterized by the absence of clinical symptoms and changes characteristic of CP are occasional findings on computed tomography or excretory retrograde cholangiopancreatography. Insecond stage there are initial manifestations of CP, which are characterized by frequent exacerbation episodes, often mistaken for acute pancreatitis. Relapses become less severe over time, but pain persists between attacks. At this stage, the quality of life of patients can significantly deteriorate. Usually the second stage lasts 4-7 years. In patients withthird

stage symptoms are constantly present (first of all, abdominal pain). Patients may become addicted to analgesics and significantly reduce their food intake for fear of worsening pain. There are signs of exocrine and endocrine pancreatic

failure. Peculiarityfourth stage - atrophy of the pancreas, the development of severe exocrine and endocrine insufficiency, which is manifested by steatorrhea, weight loss and diabetes mellitus. The intensity of pain decreases, acute attacks stop, severe systemic complications of CP and pancreatic adenocarcinoma may develop.

Modern therapy of chronic pancreatitis includes: refusal to drink alcohol, adherence to a diet low in fat (up to 50–75 g / day); frequent intake of small amounts of food; relief of pain; enzyme replacement therapy; vitamin therapy; treatment of endocrine disorders.

Treatment of the second stage of CP consists, first of all, in the relief of intense pain attacks. It is carried out according to the same principles as the treatment of acute pancreatitis: mandatory intravenous administration of solutions of electrolytes and colloids, fasting diet (complete fasting for up to 2-4 weeks), preparations of pancreatic enzymes and analgesia. But, despite the positive effect achieved as a result of the therapy, it is not in all cases complete and fast enough.

purpose of work - analysis of the therapeutic capabilities of the agro-industrial complex "IMEDIS-EXPERT "and apparatus" IMEDIS-BRT-A "BRT in patients with pain syndrome of chronic pancreatitis.

Materials and methods

The work is based on the results of treatment of 40 patients with chronic pancreatitis who received standard acute therapy
(women and men between the ages of 27 and 60, with the duration of the disease from 3 to 15 years). All patients were divided into 2 groups of 20 people each (the main group received BRT treatment, the comparison group did not use BRT).

To evaluate the results treatments used generally accepted clinical and laboratory research methods, ultrasound.

Results: in the course of treatment, a more rapid decrease in pain syndrome and phenomena of exocrine insufficiency (diarrhea, steatorrhea, flatulence), according to ultrasound data, a decrease in pancreatic edema was observed in patients of the main group. Disappearance or significant reduction of pain syndrome was observed in 18 patients of the main group and 10 patients of the comparison group. In the main group, pain decreased by 3-4 days after the therapy, and in the comparison group by 5-6 days. In addition, in the group of CP patients, where BRT was used in the treatment, there were no adverse reactions from the therapy that were typical for conventional therapy of the acute period (headache, increased blood pressure).

Conclusion: BRT is an effective and well-tolerated therapy, which makes it possible to recommend it for use in this category of patients.

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