

Difficult issues in the treatment of erosive and ulcerative diseases
gastroduodenal zone

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In recent years, the prevalence of pathology of the digestive system in Ukraine has increased by 24.7%. The number of patients with duodenal ulcer has doubled [1, 2]. In the structure of the morbidity of the digestive system, erosive and ulcerative processes occupy a special place in connection with the prevalence of this pathology and the difficulties of its cure.

In gastroenterology, it was believed that the main causes of peptic ulcer and gastritis are the following factors: stress, imbalance of hydrochloric acid and pepsin, defects in nerve endings and vessels of the stomach and duodenum. Treatment, carried out in accordance with the principal positions of the presented etiopathogenesis, gave good enough results.

Literally a revolution in the choice of tactics for treating gastroduodenal pathology was made by Austrian scientists Marshall and Warren, who were awarded the Nobel Prize, proving that *Helicobacter pylori* is the main etiological factor of diseases of the gastroduodenal zone. A. Vislyi quotes the following statement from the executive director of the Russian Gastroenterological Association E. Baranskaya: "You cannot even imagine how glad we are that Marshall and Warren were awarded the Nobel Prize. Now our colleagues will finally believe that it is necessary to treat gastritis and peptic ulcer with completely different methods!" [one].

And my colleagues believed it. They began to actively treat gastritis, duodenitis, peptic ulcer, using antibacterial drugs, seeking to eradicate the infectious agent. Treatment of these diseases according to the principles of the "gold standard" has become especially popular in recent years. According to the Maastricht Consensus (2005), the use of a triple regimen or quadrotherapy is recommended. The latter is effective in the period of exacerbation of the gastroduodenal zone disease and includes a set of drugs: antibacterial agents (amoxycycline + tinidazole or clarithromycin + tinidazole or another combination); antacids (bismuth, gestide, etc.); proton pump inhibitors - PPIs (omeprazole, rabeprazole, Sandoz).

Unfortunately, in publications devoted to modern methods of treating gastritis and peptic ulcer disease, not enough attention is paid to the adverse consequences of vigorous antibiotic therapy of this pathology. Paying tribute to the success of antibiotic therapy for disease of the gastroduodenal zone, we want to draw the attention of doctors to alternative approaches in solving some problems of gastroenterology, and specifically in the treatment of erosive and ulcerative diseases of the gastroduodenal zone.

Material and methods

To identify the frequency of gastroenterological pathology, an analysis of 500 cards of patients of different ages and sexes, who were treated on an outpatient basis for various diseases, was carried out (the sample is random, 100 people in different years). 310 of them (62%) had various pathological processes in the digestive system: gastritis, duodenitis, colitis, cholecystitis, pancreatitis, peptic ulcer disease. Most often these were concomitant diseases. Pathology of the gastroduodenal zone was detected in 130 people (26%). The above statistics show a high incidence of gastroenterological pathology in patients with regular outpatient visits.

The successful treatment tactics with the use of energy-informational methods in 47 patients with an erosive-ulcerative form of gastroduodenitis deserves attention. Of these, 42 people came with an exacerbation of the disease, and 5 people - due to dissatisfaction with the treatment at the gastroenterologist. The diagnosis in all 47 people was established (or confirmed) by the electropuncture method, segmental diagnostics, and morphologically detailed using the method of autonomic resonance test (ART). Most of the patients were previously treated in polyclinics or hospitals, where they were examined using endoscopic, X-ray methods, and sometimes bacteriological research.

All were examined by the ART method for the presence of bacterial, parasitic, viral invasion. 44 of them (93.6%) had *Helicobacter pylori* (Hp).

The therapy of the revealed pathology was carried out using the equipment and methods developed by the IMEDIS Center. The main treatment regimen included the following components:

- adherence to a diet;
- impact on the neuropsychic status;
- depending on the indicators of electropuncture and segmental diagnostics harmonizing BRT;
 - resonance frequency therapy for an infectious agent (Helicobacter pylori);
 - resonant homeopathic drugs (frequency anti-infective, drainage, meridian complex);
 - multi-resonance therapy to enhance anti-inflammatory effect and stimulation of reparative processes.

It should be noted that the relationship between somatic disease and neurotic disorders must be taken into account when prescribing a set of therapeutic measures. It is known that neurotic disorders can provoke the onset, exacerbation of diseases of the gastrointestinal tract and worsen its prognosis [5]. So, according to some authors, in patients with gastric ulcer and duodenal ulcer, mental disorders were observed in 54 - 100% of cases [2, 6]. In our 47 patients with chronic erosive-ulcerative gastritis, various neurotic disorders were found in 45 (95.7%).

The state of depression, asthenia, irritability was removed by induction therapy or BRT and bioresonance homeopathic preparations. These therapeutic measures normalized the functioning of the central nervous system and helped to program the success of the treatment.

Noteworthy is the group of patients who were treated by a gastroenterologist (5 people). All had severe neurotic disorders: asthenic-depressive state, sleep disturbance, irritability, carcinophobia in one. In three patients, intestinal disorders and bloating were observed. On the 5th day of taking antibacterial drugs (metronidazole and clarithromycin), one patient developed nausea and vomiting. In another patient, taking tetracycline caused an allergic skin reaction.

Electropuncture (including ART) and segmental diagnostics revealed in all five people signs of an erosive-ulcerative process in the gastroduodenal zone, psychovegetative complication of 3-4 degrees, hepatotoxic syndrome. In patients with intestinal disorders, dysbiosis, colonic dyskinesia and in two cases biliary dyskinesia were stated. The performed ART showed the presence of Nr. This is understandable, since none of this group of patients completed the full course of chemotherapy treatment. All of them underwent therapy according to the above scheme of energy-informational influences. Within two to three weeks, a stable remission of the underlying disease was achieved.

As a result of the treatment, which was individually selected in detail, all 47 patients achieved remission, which was confirmed clinically, by ART data (all of them had eradication of Hp infection) and in 13 people by endoscopic control. There were no complications and side reactions as a result of the treatment. Subsequently, 10 people experienced seasonal exacerbations of the disease. As a rule, this was in men who smoked a lot, ate haphazardly, were exposed to stress (psycho-emotional stress associated with professional activity). They underwent repeated treatment with BRT, MRI, resonance frequency therapy and homeopathy.

Thus, our small experience of outpatient drug-free treatment of a rather serious pathology of the gastroduodenal zone of the gastrointestinal tract indicates that it is possible to achieve a good therapeutic effect by alternative methods.

Finally a number of general provisions can be made about the principles of treatment tactics in erosive and ulcerative processes of the gastroduodenal zone and in other diseases (hypertension, infectious processes in the nasopharynx, pyelonephritis, some viral diseases, etc.).

First, the principle of the "gold standard", strict antibiotic therapy exists and will continue to evolve. But it contradicts the main, truly "golden" principle of medicine: to treat the patient, not the disease.

schemes

Secondly, chemotherapy drugs (antibacterial, antibiotics, etc.) can cause side negative reactions of the body to treatment.

Thirdly, the relationship between somatic illness and mental reactions to it must be taken into account in treatment tactics, because the orientation of the main therapeutic effects only on the organic manifestations of the disease and the bacterial flora will not be effective enough.

Fourth, there are alternative effective energy-informational methods of treatment of many diseases based on

active involvement of the patient's body in the process of restoring disturbed homeostasis, elimination of pathological substrates, activation of reparative processes.

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