

The effectiveness of bioresonance therapy in acute and chronic pancreatitis

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The incidence of acute and chronic pancreatitis is growing and has more than doubled over the past 40 years. In addition to affecting the quality of life, this pathology can lead to pancreatic carcinoma. The usual inpatient treatment does not give a stable therapeutic effect and often, as soon as the patient leaves the hospital, returns to his lifestyle, the symptoms of pancreatitis begin to increase again. In this regard, we monitored all patients who received treatment in the gastro-surgery department of our hospital, within 1 year after discharge from the hospital, for continued remission. Since when bioresonance therapy (BRT) was included in the treatment regimen, we obtained a good therapeutic effect in patients with both acute and chronic pancreatitis, we did not separate these patients by nosology.

purpose of work - comparison of the effectiveness of treatment in patients with acute and chronic pancreatitis in terms of the period of remission with and without the inclusion of BRT.

Materials and methods

The work is based on the results of treatment of 60 patients with acute and chronic pancreatitis, who received standard acute period therapy in a hospital (women and men aged from 27 to 60 years, with a duration of the disease from 3 to 15 years). All patients were divided into 2 groups of 30 people each (the main group received additional BRT treatment, the comparison group did not use BRT).

To assess the results of treatment, a survey with the identification of clinical symptoms was used.

results

The monitoring revealed a significant difference between patients receiving standard treatment for pancreatitis and treatment with the addition of BRT.

On average, after 2–3 weeks, almost 30% (8 people) of the patients in the comparison group developed symptoms of exocrine insufficiency (diarrhea, flatulence, steatorrhea) and 10% (3 people) had pain syndrome.

In the main group, the return of pain syndrome and signs of exocrine insufficiency were noted only in 2 people 6 weeks after the moment of discharge from the hospital and were largely stopped by taking large doses of enzyme preparations and diet, the rest of the patients consulted doctors during the year for correction. home treatment.

Of the 30 patients in the comparison group, 6 people were re-hospitalized for inpatient treatment within a year.

Conclusion: Based on the above facts, the importance of combining BRT with conventional methods of treating pancreatitis is shown.

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