

Reflexology technologies in rehabilitation treatment of patients
primary chronic gastroduodenitis

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SUMMARY

The purpose of our research was to scientifically substantiate the feasibility and prospects of using auriculopuncture and laserauriculopuncture in the rehabilitation treatment of patients with primary chronic gastroduodenitis, taking into account the psychovegetative status.

Examination and treatment of 97 PCHD patients aged 18 to 60 years with a predominance of groups from 40 to 50 years (48.5%), 20 to 40 (33%) were carried out.

An analysis of the results obtained allows us to confirm the opinion of a number of researchers that an important triggering and supporting mechanism for the further development of PCHD is persistent psychovegetative changes, detected in 90.7% of cases and causing resistance to conventional drug therapy.

The use of AP and LAP provides an effect on both the central and peripheral vegetative structures, which leads to the normalization of autonomic tone in patients, relief of clinical symptoms, normalization of the secretory and evacuator-motor function of the stomach, psychoemotional state in patients with PCGD and is pathogenetically substantiated and effective. method.

Keywords: restorative treatment, primary chronic gastroduodenitis, reflexology, laserauriculopuncture, auriculopuncture,

Introduction

Currently, as a result of an increase in the pace of life, an increase in emotional and mental stress, along with a decrease in physical activity, there is a steady increase in diseases, in the genesis of which psychovegetative disorders play an important role [1]. One of these diseases is the pathology of the gastroduodenal region, and in particular PCGD, which occupies one of the first places among diseases of the gastrointestinal tract, mainly in people of young and working age, which gives this problem a special medico-social significance. According to a number of researchers, primary chronic gastroduodenitis (PCHD) suffers from 35 to 85% of the working-age population of industrially developed countries [2, 3].

PCHD is considered as a pre-ulcer condition and, despite the huge amount of drugs, the problem of disease progression and its transition to the stage of ulceration remains unresolved. As shows

clinical practice, pharmacotherapy is often accompanied by side effects and drug complications. According to modern literature data, the low effectiveness of conventional therapy is associated with an underestimation of the role of the psychovegetative link in the etiopathogenesis of PCHD and gastroduodenal ulcer [4, 5, 6, 7, 8, 9, 10], the lack of methods for its diagnosis and adequate correction.

In this regard, the development of new technologies for physical methods of treating this pathology is becoming topical. Taking into account the important role of the ANS in the genesis of diseases of the digestive system, we thought it promising to study reflexotherapy techniques, and in particular auriculopuncture, because the afferent system of the auricle, formed by the sensitive terminals of the trigeminal (V), as well as the facial (VII), glossopharyngeal (IX), vagus (X) nerves and upper roots of the cervical plexus, is one of the most powerful activators of the reticular formation through which these effects are transmitted to the higher autonomic and endocrine centers in the hypothalamus, limbic system and the spinal cord. Thus, providing an impact on the central mechanisms of autonomic regulation [11, 12].

Despite the logical application of the auriculopuncture technique in the rehabilitation treatment of gastroduodenal pathology and, in particular, PCHD, the literature available to us did not find adequate coverage. Based on this, the goal of our research was to scientifically substantiate the feasibility and prospects of using auriculopuncture and laserauriculopuncture in the rehabilitation treatment of patients with primary chronic gastroduodenitis, taking into account the psycho-vegetative status.

Material and research methods

To solve the set tasks, on the basis of the RSC VM and K, 97 patients with PCHD at the age of 18 to 60 years old were examined and treated with a predominance of groups from 40 to 50 years old (48.5%), 20 to 40 (33%). The ratio of men to women is 1:1.

In addition to the general clinical examination, all patients underwent a study of autonomic tone (table Solovieva A.D., calculation of the Kerdo autonomic index), autonomic reactivity (Danini-Aschner's eye-heart reflex), autonomic support of activity (orthoclinostatic test), as well as the psychological profile according to SAN tests and RESIN. The macroscopic picture of the mucous membranes of the esophagus, stomach and duodenum was assessed according to the EGDS data. The Gastroscan-24 hardware complex was used to study the effect of therapeutic techniques on the pH level in the corpuscular and antrum parts of the stomach and the duodenal bulb.

The neuroendocrine status was assessed in terms of ACTH, TSH, T3, T4, cortisol. As a result of the research, it was noted that sympathicotonia was more often detected in women - 23.7%, and parasympathicotonia in men - 30.9%. A change in autonomic tone towards the prevalence of sympathetic influences was observed more often in patients aged 40–60 years (26.8%), parasympathetic patients aged 18–40 years (30.9%).

The duration of the disease in most patients (60.8%) varied from 1

up to 5 years old; more than 5 years - 21.6%, less than 1 year - 17.5%. Among the patients whose disease duration was less than a year, patients with a sympathetic focus of autonomic tone and eutonia prevailed. Patients with a disease duration of more than a year reliably had a predominantly parasympathetic orientation of OBT.

The leading etiological factors in the patients we observed with PCHD were: psychoemotional disorders - 71.1%, which confirms the important role of psychoemotional overloads in the formation of PCHD. The alimentary factor was present in 64.9% of patients. Hereditary burden was detected in 30.9%, alcohol abuse, smoking, NSAID intake, respectively, in 24.7% and 12.4% of patients.

Among the complaints prevailed: pains, mainly dull, aching (91.8%), localized in the epigastrium (87.6%) and pyloroduodenal region (71.1%), arising, as a rule, outside meals - "hungry pain "; dyspeptic symptoms - heartburn (62.9%), belching with air (46.4%), appetite disorders (50.5%), nausea (35.1%), unstable stool (56.7%); emotional lability (75.3%), sleep disturbances (50.5%), fatigue (51.5%), general weakness (32.0%).

When analyzing the main clinical manifestations, it was found that in patients with a sympathetic focus, pain was localized mainly in the epigastric region, often intense, aching in nature, arising on an empty stomach, in patients with a parasympathetic focus, pain is more often localized in the pyloroduodenal region and the right hypochondrium, non-intense, aching, sometimes cramping, occurring mainly at night. Among the dyspeptic phenomena in all patients, regardless of the direction of VT, prevailed: heartburn in 62.9% of patients, unstable stool 56.7%, appetite disorders 50.5%, belching with air in 46.4%, nausea 35.1%.

Of the manifestations of the psychoautonomic syndrome in patients with sympathetic orientation of VT, the following prevailed: emotional lability, irritability (75.3%), with a parasympathetic orientation: increased fatigue (51.5%), general weakness (32%). Thus, our studies have shown that the clinical picture of PCGD consists not only of painful (96.9%) and dyspeptic (93.8%), but also psychovegetative syndrome, which is present in 90.7% of patients, which emphasizes the important role of central and autonomic nervous system in the development and maintenance of the pathology of the gastroduodenal region and dictates the need for its timely diagnosis and correction.

All patients, depending on the use of therapeutic techniques, were randomized into 3 groups comparable in terms of the main clinical and functional characteristics:

Group 1 (31 people) underwent auriculopuncture with needles on AT. For one procedure, 6 AT is symmetrical on both sides; exposure time 30 minutes; in one day; course - 10 procedures. Group 2 (33 people) underwent LILI laser-auriculopuncture (Mustang 2000 apparatus with an acupuncture attachment). Radiation power - 0.8 mW; modulation frequency - 2-4 Hz. For one procedure, 6 AT is symmetrical on both sides; exposure time of 10 seconds per AT, only 2-3 minutes; in one day; course - 10 procedures.

The choice of AT for both reflex methods was carried out taking into account the psycho-vegetative status of the patient. In the 3rd group (33 people), standard drug therapy was carried out, including the administration of the antacid drug De-Nol, 1 tab. x 3 times a day, 30 minutes before meals and an antisecretory drug - Omez, 20 mg per day, 30 minutes before breakfast or before bedtime.

The course of treatment was carried out against the background of dietary nutrition (diet No. 1), adherence to the diet. The patients did not receive any other therapeutic factors. Statistical processing of the obtained quantitative data was carried out according to the method with the determination of the arithmetic mean values (M) of the studied indicators, the arithmetic mean error (m) and the degree of reliability of the results obtained when they were compared using the Microsoft Excel PC "Pentium-4" software package with the calculation of the t-criterion Student-Fischer. Differences between the two mean values were considered significant at $p < 0.05$.

Results and discussion

Against the background of treatment, in patients of group I, the pain syndrome decreased after 2–3 procedures (3–5 days of treatment), by the end of the course, complete relief of pain syndrome was noted in 64.2.0% ($p < 0.05$), in 19.0 % of patients pain persisted, but of significantly lower intensity, in 10.0% of the pain remained the same. In group II, the pain syndrome completely regressed in 72.7% ($p < 0.05$) patients, decreased in 18.1%, while a decrease in pain was noted on days 5-7 (after 3-4 procedures), remained unchanged in 6.2%. In patients of the third group, pain disappeared in 84.8% ($p < 0.05$) of patients, decreased in 12.2%, and complete relief or a significant decrease in pain syndrome was noted already on the 1st day of treatment, which is obviously associated with a rapid inhibition of the secretion of hydrochloric acid by the parietal cells of the stomach and the cessation of acid aggression.

The most positive dynamics of dyspeptic syndrome in the course of treatment was observed in patients of group III; dyspeptic symptoms were completely stopped in 67.0% ($p < 0.05$) of patients, decreased in 25.0%, and remained unchanged in 8.0%. In group II, dyspeptic symptoms regressed in 53.4% ($p < 0.05$), decreased in 24.2%, remained unchanged in 13.3% of patients. In group I, DS was completely arrested in 42.8% ($p < 0.05$) patients, decreased in 31.9%, and remained unchanged in 19.8%. Moreover, the most persistent symptoms were: heartburn, belching with air, unstable stools.

According to our data, AP (group I) and LAP (group II) are the most effective against psychovegetative syndrome. In 77.4% ($p < 0.05$) of patients of group I, the manifestations of the psychovegetative syndrome completely regressed, and, first of all, due to the asthenic component, in 6.8% they significantly decreased, in 6.5% of patients complaints about emotional lability and sleep disturbances. In group II, complaints of a neurotic nature disappeared in 78.6% ($p < 0.05$), decreased in 9.9%, and remained in 2.4% (sleep disorders). In group III, the disappearance of the psychovegetative syndrome was noted in 35.5%, a decrease - in 18.2%, the persistence of complaints of emotional lability, sleep disturbances, rapid fatigue, general weakness - in 37.2% of patients.

Evaluating the effect of the compared treatment methods on HT in patients with PCHD, it can be noted that the direction of HT remains basically the same. Significant changes in VT towards eutonia were observed in group I due to a decrease in parasympathetic influences, in group II - sympathetic influences. Significant changes in HR were observed in groups I and II of patients with PCHD. Among patients of group I after treatment, normal VR was observed in 54.8% ($p < 0.05$) patients (initially 35.5%), decreased in 29.0% ($p < 0.05$) (initially 45.2%), increased in 16.1% (19.3%). In group II, normal HR after treatment was observed in 57.6% ($p < 0.05$) (initially 39.4%), decreased in 24.2% (initially 33.3%), increased 12.1% ($p < 0.05$) (21.2%). In group III, the changes were insignificant.

This indicates a positive effect of both AP and LAP on the central mechanisms of regulation.

Most of the examined patients with PCGD had normal VOD. 54.6%), which indicates the safety of adaptive and compensatory-restorative mechanisms, which determines the effectiveness of their correction at this stage. Under the influence of treatment, the percentage of patients with normal VOD increased to 66.0% ($p < 0.05$) due to the normalization of VOD in patients of groups I and II.

The most pronounced dynamics in the form of improved indicators of well-being, activity, mood was observed in group II, less pronounced in I.

The initial psychological profile of patients with PCHD was characterized by the predominance of depressive-hypochondriac (scales 1, 2), psychasthenic (scale 7) components and anxiety (scale 6). On the background of treatment in patients of groups I and II, the indicators of the psychological profile approached normal values, in group III the indicators remained at the initial level.

When studying the macroscopic picture of the mucous membrane of the gastroduodenal region, general patterns were changes of an inflammatory nature: hyperemia and edema of the mucous membrane of the esophagus, stomach, pyloroantral, duodenal bulb, focal or diffuse.

The most pronounced positive dynamics in the form of the disappearance of inflammatory phenomena was observed in group III in 90.9% of patients, less pronounced in group II - 78.8% and in group I - 59.5%. Epithelialization of erosions was observed in all groups of patients.

The nature of the acid-forming function of the stomach largely depended on the duration of the disease. So, with a disease duration of more than 5 years, hyperacidity was more pronounced, both in the stomach and in the duodenum, and in response to the AP and LAP procedure, the effect was less persistent and prolonged, compared with patients whose disease duration was less than 5 years. In patients of group I, there was no significant decrease in acidity; only a tendency towards a decrease in acidity by the end of the course of treatment was revealed. In groups II and III, the acidity of the antrum and the duodenal bulb significantly decreased, initially increased. An analysis of the frequency and severity of oscillations on pH grams in the duodenal bulb showed a quantitative decrease and decrease in their amplitude in groups I and II, which indicated a decrease in the frequency and severity of GDR. and, consequently, the normalization of the evacuation-motor function of the gastroduodenal region in patients with PCHD. Disappearance of GGR

was observed in 36.4% of patients in group II, 39.0% in group I and 15.2% in group III.

In general, the indicators of ACTH, TSH, T3, T4 did not go beyond normal values. There was a slight decrease in the level of cortisol after treatment, the most pronounced in group II.

Evaluation of the effectiveness of the proposed therapy was carried out in terms of long-term results of treatment. Their study was carried out 6 months after the therapy in 60 patients with PCGD from all observed groups.

6 months after the end of treatment, an exacerbation of the disease was observed in 43.3% of patients who underwent drug therapy, in 22% of patients who underwent auriculopuncture and in 11% after laser-auriculopuncture. Thus, the analysis of the results obtained allows us to confirm the opinion of a number of researchers that persistent psychovegetative changes are an important triggering and supporting mechanism for the further development of PCHD, which are detected in 90.7% of cases and cause resistance to conventional drug therapy. The established features of autonomic reactions (prevalence of parasympathicotonia in 50.5%, sympathicotonia in 42,

The results obtained allow us to conclude that the use of AP and LAP provides an effect on both central and peripheral vegetative structures, which leads to the normalization of autonomic tone in patients, relief of clinical symptoms, normalization of secretory and evacuation-motor function of the stomach, psychoemotional state in patients with PCGD. and is a pathogenetically grounded and effective method.

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