Treatment of ulcerative colitis by the BRT method in a hospital setting
IN AND. Gustomesova, T.N. Sviridova, E.L. Gustomesova, E.E. Zvereva
(BUZ VOKB No. 1, N.N.Burdenko VGMA, Voronezh, Russia)

Inflammatory bowel diseases (IBD), which include ulcerative colitis (UC), Crohn's disease (CD) and, in recent years, undifferentiated colitis, remain one of the urgent problems of modern gastroenterology. The urgency of the problem of IBD is beyond doubt: the etiology remains unclear, the incidence among people of working age is increasing, there is no specific treatment, the recurrent course is accompanied by the development of severe, life-threatening complications. IBD requires long-term, often lifelong, expensive therapy and has an unfavorable medical and social prognosis.

Ulcerative colitis is a chronic recurrent inflammatory bowel disease of unknown etiology, characterized by the presence of a diffuse inflammatory process in the colon mucosa. On average, 7 to 15 new cases of UC are detected per 100,000 population. The incidence ranges from 150 to 250 per 100,000 population in various regions.

The clinical picture of UC is characterized by polymorphism and this often complicates timely diagnosis and the appointment of adequate therapy. The latency period before diagnosis plays an important role for further prognosis and ranges from 2 weeks to 2 years (6-7 months on average). The main clinical manifestations of the disease are: the presence of blood in the stool (hematochezia), diarrhea (up to 15–20 times a day), including at night, tenesmus, abdominal pain and weight loss. In addition to typical intestinal symptoms, extraintestinal manifestations of IBD are common, associated with the activity of the inflammatory process in the intestine: skin changes (erythema nodosum and pyoderma gangrenosum); oral cavity lesions (stomatitis); joint damage (mono- and polyarthritis, sacroiliitis, ankylosing spondylitis); eye lesions (episcleritis, iritis, iridocyclitis).

The diagnosis is based on laboratory methods (complete blood count, C-reactive protein indicators, fecal biomarkers) and instrumental diagnostics (irrigography, ultrasound examination of the colon, fibrocolonoscopy with morphological examination).

Purpose of the study: to study the effectiveness of endogenous bioresonance therapy (BRT) in patients with ulcerative colitis (men and women aged 21 to 55 years) with a disease duration from 6 months to 10 years.

Materials and methods of research: the work is based on the results of treatment 40 patients with ulcerative colitis who received standard therapy in a hospital setting. All patients were divided into 2 groups of 20 people each: the main group (received standard conventional therapy) and the "BRT" group (endogenous BRT was added to the conventional standard therapy). The sessions were carried out in 1–2 days, depending on the dynamics of the patients' condition.

Results: in the course of treatment in patients of the "BRT" group compared withthe main group observed a more rapid relief of the main clinical symptoms of the disease: abdominal pain syndrome, diarrhea, hematochezia.

Conclusion: inclusion of BRT in the complex treatment of patients with ulcerative colitismakes it possible to accelerate the onset of clinical remission in this category of patients.

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