Treatment of gastric ulcer and duodenal ulcer using equipment of the Center "IMEDIS"

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Peptic ulcer disease (PUD) is a chronic recurrent disease in which ulcers form in the gastroduodenal zone due to an imbalance in the physiological balance between aggressive and protective factors. Peptic ulcer disease ranks second after chronic gastritis in gastroenterological practice. Men suffer 2 times more often than women. In 80% of cases, the disease develops before the age of 40, which is of great social importance. Peptic ulcer and duodenal ulcer remains an urgent problem in clinical medicine due to its widespread prevalence and significant frequency of complications. One of the outstanding clinicians of our country M.P. Konchalovsky in 1922 expressed the following opinion on the YB problem: “A deeper study of the process showed that an ulcer is notlocal disease of the mucous membrane, and there is a disease of the whole organism "- and introducedmedical use the term "peptic ulcer", which has received international recognition ("ulcer disease" - in English authors and "Ulkuskrankheit" - in German) [3].

In the last 20–25 years, many foreign, and after them domestic gastroenterologists have argued that ulcer is a local infectious process caused by contamination of the gastric mucosa or the duodenal bulb (DU) N. pylori - a spiral-shaped bacterium (HP), discovered in 1983 by Australian scientists BJ Marshall and JR Warren [12.].

Most scientists who study ulcers agree that one of the prerequisites for the occurrence of an ulcer in the gastric mucosa or in the duodenal bulb is the presence of hydrochloric acid in the stomach. Throughout the history of the study of YaB, starting with the fundamental works of J. Cruveilhier (1829–1835) [cit. 7], the basis of conservative and surgical methods for the treatment of ulcer was the goal of maximally suppressing the secretion of hydrochloric acid in the stomach, both with the help of drugs (antacids, anticholinergics, H_2- histamine receptors, PPIs, etc.), and with the help of surgical interventions (subtotal gastrectomy, various types of vagotomy). This task retains its importance to this day [7].

Epidemiological studies have established that HP infection is widespread in the world: up to 60% of the population of all continents of the planet in all ethnic groups of the population are infected with HP since childhood. However, about 70% of them are healthy (asymptomatic) carriers, often throughout their lives. At the same time, stomach ulcer and duodenal ulcer suffers from only 12-15% of those infected with HP [7]. Supporters of the infectious theory of the origin of ulcer believe that only HP were able to adapt to existence in the sharply acidic environment of the stomach, and if another microflora is found in the gastric mucosa, they declare it to be transient. However, this point of view has been refuted by evidence-based studies of microbiologists and clinicians [1, 8, 10]. It revealed,Candida and others [8, 10].

It is important to emphasize that the effect of differentiated ulcer monotherapy directed against the isolated pathogenic M-microflora was not inferior to the effect of the three-component therapy regimen recommended for the eradication of HP, which proves its participation in the pathogenesis of ulcer recurrence [8]. Similar results were obtained by other authors [11]. It should be noted that some representatives of the M-microflora colonizing the gastric mucosa, like HP, have urease activity, which casts doubt on the reliability of tests for determining HP based on their urease activity [8].

The fact is that an ulcer does not develop without a number of additional factors. The study of literature data allows us to identify the following factors that play a significant role in the pathogenesis of ulcer:

1. Hereditary factors:
- hereditary increase in the mass of parietal cells, their hypersensitivity to gastrin, increased formation of pepsinogen-1 (α1-antitrypsin deficiency) and gastroduodenal motility disorders can lead to damage to the mucous membrane of the stomach and duodenum;

- congenital deficiency of mucoproteins of mucus, insufficient production of secreted Ig A and prostaglandins reduce the resistance of the mucous membrane of the stomach and duodenum;
- blood group 0 (I), positive Rh factor, the presence of HLA antigens B5, B15, B35, etc. increase the likelihood of ulcerative disease.

2. The state of secondary immunodeficiency.
3. Psycho-emotional factors (stress, anxiety, mental maladjustment, etc.).
4. Activation of lipid peroxidation (LPO) processes.
5. Acidopeptic and infectious factors.
6. Improper diet: eating rough and spicy foods. Wherein the production of hydrochloric acid increases.
7. Alcohol abuse. Alcohol enhances aggressive properties gastric juice and reduces the protective properties of mucus.
8. Smoking. Nicotine enhances the production of hydrochloric acid, prevents normal digestion of food, damages the wall of the stomach, and also disrupts the production of protective factors of the gastric mucosa.
9. Uncontrolled intake of certain medications (reserpine, corticosteroid hormones, aspirin).

Next, we will focus on how we manage to protect the patient from the above factors.

Since 1992, we have treated about 18 patients (17 men and one woman). Of these, one person with a malignant ulcer in the upper third of the stomach, two with an ulcer of the duodenal bulb, four with an ulcer of lesser curvature. The rest of the patients had erosion of the gastric mucosa. Moreover, these patients took various medications containing acetylsalicylic acid. The duration of the disease in patients with peptic ulcer disease is from 3 to 18 years with exacerbations in spring and autumn. Rebleeding was noted in two patients. All patients came to us with endoscopically confirmed diagnoses. When treating, we took into account all of the above factors involved in the pathogenesis of ulcer.

On the first visit after examining all possible objective and

subjective data, an individual selection of homeopathic preparations was carried out. All patients were prescribed a course of acupuncture therapy and simultaneously underwent BRT.

As our early studies have shown, BRT and acupuncture promote the activation of nonspecific defense mechanisms of the body associated with the activation of stress protein induction in patients' blood lymphocytes [4]. In this way, it is possible to strengthen the body's immune defenses.

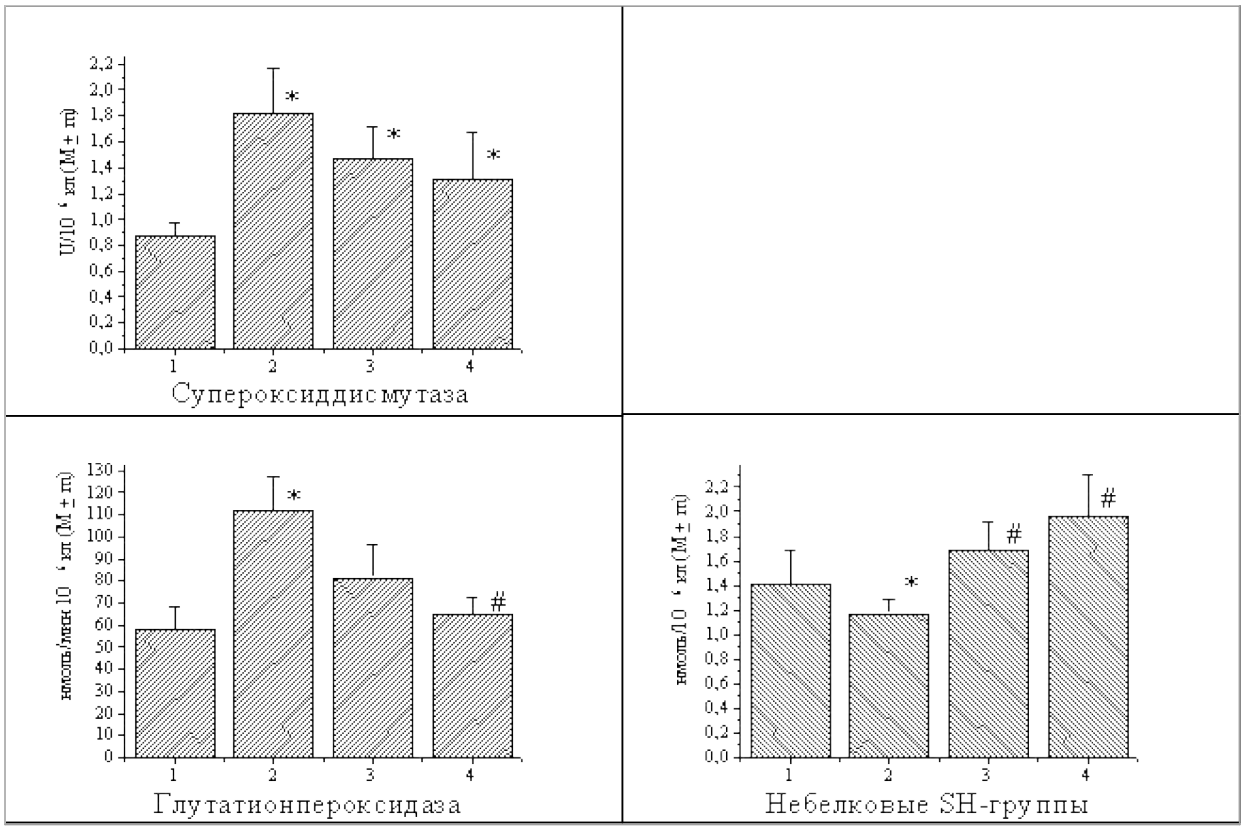
As you know, the number of patients with ulcer and its formidable complications increases many times during military conflicts, economic depression, etc. [2].

Various induction treatment programs for brain rhythms have been used to protect against emotional stress, mainly “depression”, “stress” or “rest” programs.

In the presence of infection, appropriate frequencies were applied to eradicate the bacteria.

A certain value in the pathogenesis of ulcer belongs to the activation of processes lipid peroxidation (LPO). It was found that polymorphic-cellularleukocytes generate reactive oxygen species, hydrolytic enzymes and bactericidal proteins. The damaging effect of LPO products on cell membranes is manifested in the inactivation of sulfhydryl groups (SH) of enzymes, hormones and receptors, in the release of histamine by mast cells and in the induction of various cellular mutations (geno- and cytotoxic effects). Excessive formation of LPO products (diene conjugates, malondialdehyde, hydroperoxides, etc.) was noted in inflammation, immunodeficiency states, ischemia (hypoxia) and a number of other pathological processes, including ulcer. The activity of LPO processes is controlled by antioxidant defense factors that have cytoprotective properties. However, with their functional insufficiency (depression), oxidative stress develops,

As studies carried out on blood lymphocytes taken after treatment from patients with rheumatoid arthritis have shown, BRT promotes the activation of the antioxidant defense of the body. 15].



Legend: 1 - control group (healthy persons), 2 - patients before the course, 3 - closer to the end of the course, 4 - 2-3 months after the course; *p < 0.05 relative to the control group, #p < 0.05 relative to the initial state of patients.

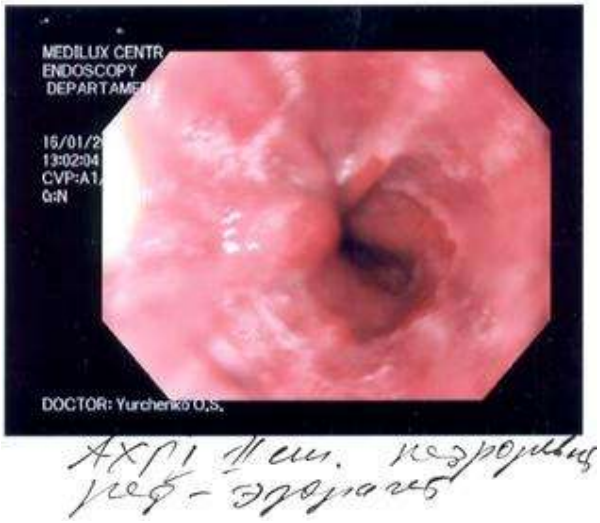
Rice. 1. Dynamics of changes in the activity of indicators of the antioxidant systemlymphocytes in response to the course of BRT.

The research results (Fig.) Showed that in patients in blood lymphocytes before the onset of BRT, the activities of superoxide dismutase (SOD) and glutathione peroxidase (GPO) increased by 109% and 92%, respectively, compared with the control group. At the same time, the content of non-protein thiol groups is reduced by 17%. In the course of treatment, the GPO activity decreases by 37% relative to the initial state, but remains increased by 41% relative to the control group. A similar dynamics of changes in SOD activity is noted: in the course of treatment, its activity decreases by 19% and is 169% of the value in the control group. The concentration of non-protein thiol groups increases by 44% and reaches 121% of the same value in the control group.

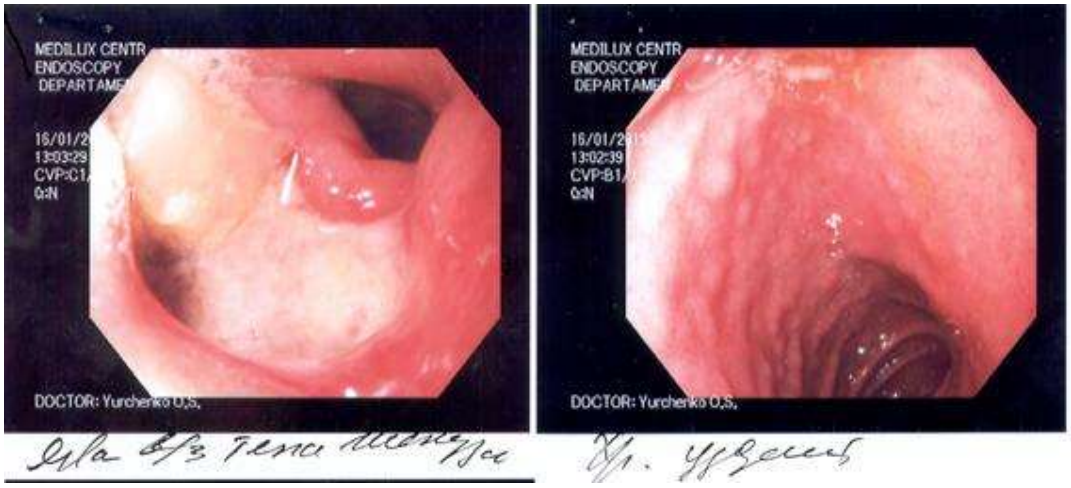
It is noted that the direction of changes in non-protein thiol groups and activities of antioxidant enzymes persists even after the termination of BRT therapy (studies were carried out 2-3 months after the cessation of therapy). Thus, the content of non-protein thiol groups increased by 67% and amounted to 138% of the control. The activity of GPO approached the level of activity in the control, and the decrease in comparison with the initial values was 58%. At the same time, the SOD activity continues to fall, but the value of its activity remains increased relative to the control by 51%. Thus, BRT contributes to the normalization of the antioxidant defense of the body [5], which is so important for the treatment of ulcer.

Protection from drugs, if their withdrawal was impossible, was ensured by the appointment of inverted and potentiated electronic analogs.

Bad habits, such as smoking, alcoholism, were eliminated with the help of acupuncture therapy or on their own. Naturally, a diet was recommended for the period of treatment. The complex treatment carried out in this way made it possible to obtain a stable therapeutic result in 100% of cases. During the observation period (from 2 to 23 years) not a single patient had relapses of the disease, although before contacting us they received multiple treatment in a hospital. In conclusion, the data of endoscopic examination of one of these patients are presented (Fig. 2, 3).



Rice. 2



Rice. 3

FEGS protocol dated 01.16.13: The esophagus is freely passable, the mucous membrane of its whitish color in the lower third, the vascular pattern is blurred. The cardiac pulp does not completely close, there is a discharge of gastric contents into the lumen of the esophagus. There is a moderate amount of mucus in the stomach. The mucous membrane of the stomach is diffusely hyperemic, moderately edematous. Along the back wall with the transition to the greater curvature of the upper third of the body of the stomach, on the border with the subcardial region, it is determined

ulceration with pronounced infiltration of the edges, dimensions 3.0 x 2.5 cm, the bottom is covered with a thick layer of fibrin. A biopsy was taken from the edges of the ulcer and material for Hb. R. from the antrum. The gatekeeper is rounded in shape, we pass. The KDP bulb is of the usual shape. The mucous membrane of the duodenum bulb is hypereped, granular.

Conclusion: Axial hiatal hernia of the first degree, chronic non-erosive reflux esophagitis. Ulcer of the upper third of the body of the stomach against the background of chronic gastroduodenitis.

The result of the analysis for Helicobacter pylori: medium degree of contamination. FEGS

protocol dated 02.22.13: The esophagus is not changed throughout its entire length. The cardia rosette is elastic, closes completely. There is no content in the stomach. The walls of the stomach are soft and elastic. Folds of large curvature are completely straightened during air insufflation. The mucous membrane of the stomach is shiny, loosened, hypereped. At the site of the ulcerative defect, there is a cicatricial area with the convergence of edematous and hyperemic folds of the mucous membrane, which remain elastic. There are no pathological formations. The pylorus of the duodenal bulb is rounded, freely passable for the endoscope. The duodenal bulb is not changed. Postbulbar divisions are not changed.

Conclusion: In this study, no pathology in the esophagus, stomach, duodenum 12 was revealed. A scar of the body of the stomach.

Thus, the studies carried out show the possibility of effective treatment of gastric ulcer and duodenal ulcer without the use of standard chemotherapeutic agents.

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