

Chronic and acute pancreatitis and its
effective treatment with BRT
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According to the WHO, in the last two decades in the world there has been an increase in the incidence of chronic and acute pancreatitis. The prevalence of chronic pancreatitis is up to 26.4 per 1000 population. The incidence of chronic pancreatitis over the past 40 years has increased by about 2 times. The number of complications of these diseases has also increased markedly.

In addition to affecting the quality of life, this pathology can lead to pancreatic carcinoma. Usually, the inpatient treatment does not give a stable therapeutic effect and often after the patient is discharged from the hospital, upon returning to his usual way of life, the symptoms of the disease begin to appear again.

Most of the patients are women. This, apparently, is associated with a higher frequency of occurrence of cholelithiasis and disorders of fat metabolism in them.

Chronic pancreatitis is a group of chronic diseases of the pancreas of various etiologies, predominantly of an inflammatory nature, characterized by a progressive course, changes in the structure of the organ, replacement of the tissues of the gland with connective tissue and significant violations of its functions. The main cause of the disease is alcohol abuse, as well as pathology of the liver and biliary tract. Chronic pancreatitis can develop as a result of other diseases of the gastrointestinal tract, as well as endocrine diseases, metabolic disorders, allergies, helminthiasis, acute and chronic poisoning.

The clinical picture (in the period of exacerbation) is characterized by sharp pains in the stomach, which are given to the back or have a shingles in nature, impaired digestion of food, nausea, vomiting, loose stools. The severity of the symptoms of the disease depends on the form and severity of the process.

Speaking about the pathogenesis of chronic pancreatitis, it should be noted that autodigestion, which acts as the main pathogenetic factor causing rapid tissue destruction in most cases of acute pancreatitis, is leading in cases of progression of chronic pancreatitis. The second, fairly common mechanism of disease progression is the deposition of protein precipitates in the small ducts of the pancreas (senile, alcoholic, hungry or metabolic variant of CP) and, finally, another mechanism that is not well understood - viral forms in which autodigestion is not the main mechanism progression. Finally, for all forms and variants of the pathogenesis of chronic pancreatitis, changes in the microcirculation system play a significant role, + into cells, resulting in excess

saturation of cells with calcium, its excessive accumulation in mitochondria, and this leads to uncoupling of oxidation and phosphorylation. Then comes the phase of de-energization of cells and an increase in the processes of dystrophy.

In the course of chronic pancreatitis, several stages are distinguished, the features of which must be taken into account for the correct selection of therapy. The first stage is characterized by the absence of clinical symptoms and changes characteristic of chronic pancreatitis are an accidental finding on computed tomography or excretory retrograde cholangiopancreatography. In the second stage, the initial manifestations of chronic pancreatitis occur, which are characterized by frequent episodes of exacerbation, often mistaken for acute pancreatitis. Relapses become less severe over time, but pain persists between attacks. At this stage, the quality of life of patients can significantly deteriorate. Usually the second stage lasts 4-7 years. In patients with the third stage, symptoms are constantly present (first of all, abdominal pain). Patients may become addicted to analgesics and significantly reduce their food intake for fear of worsening pain. At this stage, signs of exocrine and endocrine pancreatic insufficiency appear. The peculiarity of the fourth stage is atrophy of the pancreas, the development of severe exocrine and endocrine insufficiency, which is manifested by steatorrhea, weight loss and diabetes mellitus. The intensity of pain decreases, acute attacks stop, severe systemic complications of chronic pancreatitis and pancreatic adenocarcinoma can develop. the development of severe exocrine and endocrine insufficiency, which is manifested by steatorrhea, weight loss and diabetes mellitus. The intensity of pain decreases, acute attacks stop, severe systemic complications of chronic pancreatitis and pancreatic adenocarcinoma can develop. the development of severe exocrine and endocrine insufficiency, which is manifested by steatorrhea, weight loss and diabetes mellitus. The intensity of pain decreases, acute attacks stop, severe systemic complications of chronic pancreatitis and pancreatic adenocarcinoma can develop.

Modern therapy of chronic pancreatitis includes: refusal to drink alcohol, adherence to a diet low in fat (up to 50–75 g / day); frequent intake of small amounts of food; relief of pain; enzyme replacement therapy; vitamin therapy; treatment of endocrine disorders.

Treatment of the second stage of chronic pancreatitis consists, first of all, in the relief of intense pain attacks. It is carried out according to the same principles as the treatment of acute pancreatitis: mandatory intravenous administration of solutions of electrolytes and colloids, fasting diet (complete fasting for up to 2-4 weeks), preparations of pancreatic enzymes and analgesia. But, despite the possible achievement of a positive effect as a result of the therapy, it is not in all cases complete and fast enough.

BRT is an effective and well-tolerated therapy, which makes it possible to recommend it for use in this category of patients. In the course of treatment with the BRT method, patients undergoing procedures experience a more rapid decrease in pain syndrome and symptoms of exocrine insufficiency (diarrhea, steatorrhea, flatulence), a decrease in pancreatic edema, disappearance or a significant decrease in pain syndrome. In addition, in those patients with chronic pancreatitis, in whose treatment BRT is used, there are no adverse reactions from the therapy that are typical for conventional therapy of the acute period (headache, increased blood pressure).

Acute pancreatitis is an enzymatic lesion of the pancreas. This process is autocatalytic and often ends

self-digestion of the organ. Acute pancreatitis is a polyetiological disease, to which metabolic disorders, diseases of the biliary system and other digestive organs, diseases of the cardiovascular system, alcohol abuse and other alimentary disorders are most often predisposed.

A number of factors play a role in the development of acute pancreatitis - biliary paired, toxic, trauma, diseases of the gastrointestinal tract, drug exposure, viral and bacterial infections, metabolic disorders, etc., as a result of which intrapancreatic activation of pancreatic enzymes occurs. The ingress of enzymes into the interstitium of the organ causes edema, vascular compression and secondary ischemia of the pancreas. The effect of activated pancreatic enzymes is not only local, but also systemic in nature with damage to the myocardium, lungs, central nervous system, liver and kidneys, serous membranes. DIC often develops.

Therapeutic tactics for acute pancreatitis depends on the form of the disease, the presence of complications, the severity of endotoxemia and organ failure. Obligatory components of intensive treatment are the creation of functional rest for the pancreas, the fight against pain and neurovegetative disorders, infusion correction of homeostasis disorders, detoxification therapy, prevention of treatment of complications, immunocorrection, etc. However, the application of the listed measures does not always lead to the desired results. In this regard, in the scientific literature and medical practice, there is a constant search for new methods of treating acute pancreatitis.

Defeat pancreas glands, how consequence impact adverse factors can be clinically manifested from minor pain sensations to severe enzymatic shock. The most constant symptom of acute pancreatitis is intense pain in the epigastric region along the pancreas, which occurs suddenly, often appearing after food overload, often radiating to the back, to the right, left or both shoulder blades, left costal-vertebral angle, left shoulder girdle. Sometimes the pain builds up gradually, has a cramping character and is not very intense. The second most common symptom of acute pancreatitis is repeated, unrelenting vomiting, which usually appears immediately after pain (but may also precede it) and is usually accompanied by persistent nausea. Body temperature is initially normal or subfebrile,

On examination, tenderness is revealed on palpation, muscle protection and abdominal distention (at first only in the upper abdomen, and in the case of diffuse peritonitis and intestinal paresis, spread to the entire abdomen, while peristaltic noises disappear).

The main diagnostic signs of acute pancreatitis are abdominal pain in combination with an increase in serum amylase over 4 norms. Also important research is the ultrasound of the biliary system and

pancreas, which allows you to identify swelling of the gland, complications and stones in the gallbladder, and sometimes in the common bile duct.

Standard therapy for pancreatitis involves the appointment of parenteral hunger, administration of glucose, electrolytes, amino acids, somatostatin, intravenous administration of antispasmodic drugs.

When comparing the effectiveness of treatment in terms of the period of remission of patients with acute and chronic pancreatitis by different methods, a significant difference was revealed between patients who received standard treatment for pancreatitis and treatment with BRT.

In the course of treatment in patients treated with the BRT method, in comparison with patients treated with standard therapeutic methods, there is a faster reduction in pain and pancreatic edema (according to ultrasound data). Against the background of bioresonance therapy, there is a more pronounced positive dynamics of serum amylase parameters and a decrease in leukocytosis.

BRT as part of complex therapy has a positive effect on the dynamics of acute pancreatitis (both clinical and laboratory parameters), which makes it possible to recommend its inclusion in the treatment regimen in this category of patients.

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