Influence of the gastrin system on inflammatory and allergic processes

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The work of a bioresonance therapy physician is varied and multifaceted, even within the framework of a one-hour appointment. Rarely is the impact limited to one system. Even when working with an urgent, acute process, the BRT doctor deals with both the structure of pain and inflammation, and the immune situation and endocrine disorders.

The Medical Center "Health Formula" is organized according to the principle of a polyclinic, when the doctor deals mainly with a group of regular patients, taking them according to the plan and in acute situations. Emergencies include painful and inflammatory conditions of any location. Planned work consists in the treatment of foci of recurrent inflammation, correction of immunity, mineral balance, hormonal status, etc.

Thus, it was noticed that patients with frequent relapses of inflammatory diseases had a typical endocrine picture, without correction of which they could not cope with relapses. Correction of endocrine disorders during the first therapeutic visits led to the elimination of many inflammatory, autoimmune and allergic processes of various localizations, although they were not directly dealt with.

Diagnostics at the beginning of each appointment is carried out using the testing algorithm adopted at the Health Formula MC, taking into account the patient's complaints. The pathophysiological assessment by the ART method proposed by A.A. Hovsepyan.

After finding the organopreparation that caused the treatment, a pathophysiological chain of disorders is built with a mandatory assessment of immunity and endocrine abnormalities. Investigating the hormonal status, both in acute and in planned situations, it was noticed that an increase in the "line" of hormones: adrenaline, gastrin, histamine, serotonin, PG2, often norepinephrine, is typical and universal in various inflammatory processes.

Gastrin is a hormone produced by G-cells of the stomach, located in the pyloric part of the stomach, in the horizontal part of the duodenum, as well as G-cells of the pancreas. There are three main natural forms of gastrin: “large gastrin,” or gastrin-34, a 34 amino acid polypeptide; "Small gastrin", or gastrin-17, consisting of 17 amino acids; and "minigastrin", or gastrin-14, consisting of 14 amino acids. All gastrins are homologous in chemical structure. The active part of gastrin molecules that binds to specific gastrin receptors is a region of 5 amino acids. Synthetic analogue of natural gastrins -pentagastrin - consists of just these 5 amino acids.

Gastrin-34 is produced primarily by the pancreas, while gastrin-17 and gastrin-14 are produced primarily in the stomach.

Gastrin binds to specific gastrin receptors in the stomach. Receptors for gastrin are metabotropic, their effects are realized through an increase in the activity of hormone-sensitive adenylate cyclase. The result of an increase in adenylate cyclase activity in the parietal cells of the stomach is an increase in the secretion of hydrochloric acid.

Also, gastrin increases the production of prostaglandin E in the gastric mucosa, which leads to local vasodilation, increased blood supply, physiological edema of the gastric mucosa and migration of leukocytes into the mucosa. Leukocytes take part in digestion processes, secreting various enzymes and producing phagocytosis.

Receptors for gastrin are found in both the small intestine and the pancreas. Gastrin increases the secretion of secretin, cholecystokinin, somatostatin and a number of other hormonally active intestinal and pancreatic peptides, as well as the secretion of intestinal and pancreatic enzymes. Thus, gastrin creates conditions for the next (intestinal) phase of digestion.

Also, the secretion of gastrin is increased by insulin, histamine. Gastrin secretion also increases with stress (due to increased sympathetic stimulation of the stomach), with an increase in adrenaline levels. It has been proven that the secretion of gastrin increases significantly when the secretion of hydrochloric acid is inhibited, for example, when taking proton pump inhibitors or H blockers2 -histamine receptors. The pronounced hypergastrinemia that occurs when taking these drugs can cause the phenomenon of "acid rebound" when they are abruptly canceled - acid secretion can increase even above the level that was before treatment.

The regulation of the gastrin level under physiological conditions occurs automatically and does not require correction, and there are often states of a pathological increase in the entire line of hormones: gastrin, adrenaline, histamine, serotonin, PG2, which have a mutually stimulating effect, and this is already the basis for multiple tissue pathology.

In Zollinger-Ellison syndrome, the secretion of gastrin increases sharply due to a tumor of the cells that produce gastrin in the stomach or pancreas - benign or malignant gastrinoma.

Increased gastrin concentrations in Zollinger-Ellison syndrome cause hypertrophy of the gastric mucosa, increased folding, functional hyperplasia of the stomach glands, main and parietal cells. Hypersecretion of gastrin, leading to hypersecretion of hydrochloric acid and pepsin, causes gastritis or gastric ulcer or duodenal ulcer, gastroesophageal reflux in patients with gastrinoma.

In addition to this pathology, the stimulation of gastrin and related hormones of a non-neoplastic nature also causes many pathological conditions.

In this regard, for 2 years, analytical work was carried out aimed at finding patterns in finding identified endocrine abnormalities.

2 groups of patients were created. Group 1 included 320 patients from 2 to 86 years old, 200 women and 120 men (Table 1). The control group consisted of 212 patients, from 2 to 76 years old, women - 160, men - 52 (Table 2).

Table 1

Distribution by diagnoses in the 1st group

Diagnosis	Women	Men
Gastroduodenitis	19	17
Pancreatitis	fourteen	nine
Colitis	23	15
Myocarditis	16	eleven
Migraine	15	3
Dermatitis	26	ten
Hypertension	17	nine
Arthritis	fourteen	eleven
Vasculitis, phlebitis	12	6
Inflammation of the genital area	22	16
Nephritis, pyelonephritis	12	4
Respiratory diseases	ten	nine

table 2

Distribution by diagnosis in the control group

Diagnosis	Women	Men
Gastroduodenitis	15	6
Pancreatitis	13	5
Colitis	eight	2
Myocarditis	nine	5
Migraine	5	2
Dermatitis	ten	5
Hypertension	16	5
Arthritis	24	6
Vasculitis, phlebitis	17	2
Inflammation of the genital area	21	6
Nephritis, pyelonephritis	fourteen	2
Respiratory diseases	eight	6

In all cases, testing through an inflammation or allergy filter revealed an increase in hormones: adrenaline, gastrin, histamine, norepinephrine (not always), PG2, serotonin. All hormones include, among other things, tissue inflammation mediators.

Therapy for patients of the 1st group during the first visits included the stage of therapy to compensate for the revealed hormonal abnormality.

Through the mesenchyme, the tension of the endocrine system was found by target hormones, after what tested successively the gastric mucosa, the horizontal part duodenum, pancreas in one potency, because in these organopreparations, only G-cells were isolated. Further building of the pathophysiological chain with the search for intoxications showed the absence of a universal infection. Found, as viruses, bacteria and protozoa, and antibodies to them. It should be specially noted that Helicobacter has never been identified as a causal factor.

In a number of cases, at this stage there were 2-3 visits, during which different infections were detected, which was regarded as the cumulative nature of the pathology.

If other organopreparations were tested through the proposed filter, this gave information that these foci of inflammation are not stopped without preliminary compensation of G cells.

After the treatment of the described abnormalities, further testing showed a quick relapse-free cure of both gastrointestinal tract diseases and diseases of other localizations. In addition, in the 1st group, stress resistance significantly increased, which affected the state of the immune system.

In the control group, this stage was not carried out. When contacting, the work was carried out on complaints, acute and chronic diseases and conditions. The second group differed both in the frequency of visits and in the variety of complaints and recurrences of chronic diseases.

Conclusion

After an analysis was carried out in both groups in our medical Center when an increase in the level of gastrin and other hormones-mediators of inflammation was detected, the stage of treatment with their compensation was recognized as mandatory and is currently included in the standard of therapeutic work with a patient.

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