

The use of phyto-collection "Veres" in the rehabilitation treatment of patients with urolithiasis disease after lithotripsy

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Application of "Veres" phytomixture for rehabilitation treatment of patients with urolithiasis after lithotripsy

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#### RESUME

The results of application of "Veres" phytomixture on group of 114 patients with urolithiasis are presented, showing its high efficiency as a mean for prevention of infectious and inflammatory complications of urolithiasis after remote lithotripsy.

Keywords: urolithiasis, lithotripsy, Phytomixture, rehabilitation.

#### SUMMARY

The results of the use of the phytocomplex "Veres" in 114 patients with urolithiasis are how presented as an effective means of preventing infectious and inflammatory complications. urolithiasis after extracorporeal lithotripsy.

Key words: urolithiasis, lithotripsy, phytocomplex, rehabilitation.

Urolithiasis (Urolithiasis), being essentially the result of metabolic disorders, requires therapeutic and prophylactic anti-relapse measures, often throughout life, including the use of non-pharmacological agents, including herbal medicine. One of the main advantages of preparations based on plant raw materials over synthetic ones is their low toxicity and the possibility of long-term use without pronounced side effects, which is especially important in chronic diseases, which include ICD. The litholytic activity revealed in some medicinal plants is of great practical importance in the conservative treatment of patients with small stones in the kidneys and ureter, provided that the urinary tract is normally patented [1, 2].

The introduction of lithotripsy methods into practical urology has led to the need to address issues of prevention of complications not only with the help of drug therapy [3, 4]. Along with physiotherapy and balneology, herbal medicine is actively used both at the stage of preparation for lithotripsy and after it. The creation of rational complexes based on herbal remedies, which combine medicinal plants growing and cultivated in the territory of the Russian Federation, in particular in Bashkortostan, is urgent.

Purpose of the study: development and scientific substantiation of medical complexes based on phyto-assemblies in the rehabilitation of patients with urolithiasis after extracorporeal lithotripsy.

#### Material and methods

We observed 114 patients with kidney and ureteral stones, who were treated in the clinics of the Belarusian State Medical University. The age of patients ranged from 17 to 73 years, men - 60 (53.5%), women - 54 (46.5%) Unilateral lesion of the ICD was detected in 98, bilateral - in 16 patients. Most - 80 people were treated for kidney stones,

34 patients - about ureteral stones. The number of stones in the right kidney was 36.6% of the total number of calculi, in the left kidney - 33.8%, in the right ureter - 14.6%, and in the left ureter - 14.7%.

All patients who underwent distance lithotripsy were diagnosed with stones up to 1.5 cm, which are the most favorable for distance lithotripsy. In clinical symptoms, the most frequent manifestation of the disease was pain in the lumbar region or along the ureter on the affected side. Hematuria occurred in 42% of cases. Analysis of the composition of urine showed leukocyturia in 39 patients, bacteriuria of varying degrees occurred in 6 patients.

Depending on the therapy, the patients were divided into 2 groups - the main group (58 patients) and the control group (56 patients). In both groups, antispasmodic drugs were prescribed, and during the first 5-7 days after SWL, in order to prevent the development of pyelonephritis, patients took uroantiseptics. In the main group, patients, in addition to drug therapy, were prescribed a decoction of medicinal herbs "Veres" (LLC "Herbs of Bashkiria"). The composition of the phyto-collection contained chamomile flowers, grass knotweed, yarrow, horsetail, fruits of juniper, birch, sage leaves, flax seeds, lingonberry leaves, taken at an equal ratio of components, 100 ml 3 times a day for 30 minutes. before meals for 10 days, and after the cancellation of the basic therapy additionally within 4 weeks. The control group included patients in whom the complex of treatment did not include this herbal collection due to the presence of an allergic reaction to herbal remedies in the anamnesis, as well as patients with cardiovascular diseases. The observation period was 1 month after the 1st session of EBRT. Cleansing the urinary tract from fragments of disintegrated calculi was assessed on days 5-7, 14 and 28 by ultrasound and X-ray methods.

Statistical processing of the results obtained was carried out by biometric methods of analysis on a personal computer "Pentium IV" using the standard statistical software package "Statistika for Windows". The significance of differences was determined using the Student's t-test.

#### Results and discussion

On the 5-7th day, there was a complete discharge of fragments of destroyed stones in 20 patients of the main group, receiving phyto-collection, and in 10 patients in the control group. If necessary, on the 7-10th day, repeated sessions of external lithotripsy were performed. By the 14th day, the elimination of destroyed calculi was observed in 30 patients of the main group and in 19 - in the control group. On the 28th day, the clearance of the urinary tract in the study group was 92%. In 4 patients, clinically insignificant single microliths (3-4 mm) or accumulations of "sand" without an acoustic shadow (according to ultrasound data) remained in the kidneys. In the control group, the elimination of fragments was slower, complete withdrawal by 28 days was observed in 77% of patients. To eliminate the occlusion of the ureter with separate fragments,

Consequently, the appointment of phyto-collection to patients after SWL accelerates the passage of fragments of disintegrated calculi from the urinary tract at all periods of observation and is accompanied by less pronounced pain sensations. Occlusive complications in the main group were noted less frequently than in the control group, and they were easier to eliminate by repeated sessions of EBRT while taking a phytotherapeutic complex. All these positive effects are probably due to the antispasmodic, diuretic and anti-inflammatory action of the therapeutic complex from the Veres phyto-collection.

It was revealed that the phytocomplex does not violate the functional state of the kidneys, does not affect the concentration of potassium, sodium and total calcium in the blood plasma. At the same time, under the influence of phytotherapy, there was a statistically significant increase in urine volume, a decrease in the level of nitrogenous toxins (creatinine, urea), a decrease in the level of hypercalciuria from  $9.27 \pm 0.34$  to

5.65 ± 0.41 mmol / day, as well as a decrease in urine pH from 6.04 ± 0.06 to 5.75 ± 0.07. In addition, there was a tendency towards a decrease in the increased concentration of uric acid in the blood serum and the content of oxalates and uric acid in the urine (Table 1).

Conclusions:

1. Medical complexes based on the phytocomposition "Veres" accelerate elimination of destroyed calculi in patients with ICD after lithotripsy, have an antispasmodic, diuretic and anti-inflammatory effect, improve passage and increase the volume of urine, reduce the level of nitrogenous toxins, lead to regression of clinical symptoms of the disease.

2. Phyto-collection "Veres" is a highly effective and affordable non-drug a means that helps prevent complications after lithotripsy in patients with ICD, can be used both in the preoperative preparation of patients and in the postoperative period for 1 month.

Table 1

The effect of the Veres phyto-collection on the metabolic parameters of patients with KSD after extracorporeal lithotripsy (M ± m)

Показатели	Больные МКБ		
	до лечения	после лечения	
		основная группа n = 58	контрольная группа n = 56
Диурез, мл	1665 ± 132	1856 ± 143	1687 ± 358
Креатинин крови, мкмоль/л	132 ± 12	112 ± 10	123 ± 11
Мочевина крови, ммоль/л	7,70 ± 0,34	5,43 ± 0,41	6,94 ± 0,38
Клиренс креатинина, мл/мин	95,9 ± 3,6	94,5 ± 3,2	95,4 ± 3,4
Калий крови, ммоль/л	4,68 ± 0,27	4,59 ± 0,19	4,62 ± 0,23
Натрий крови, ммоль/л	144,8 ± 3,3	144,2 ± 2,7	144,6 ± 3,1
Кальций крови, ммоль/л	2,38 ± 0,12	2,40 ± 0,09	2,42 ± 0,11
Мочевая кислота крови, ммоль/л	0,452 ± 0,088	0,370 ± 0,096	0,439 ± 0,079
Оксалаты мочи, мг/кг в сутки	0,53 ± 0,09	0,46 ± 0,08	0,50 ± 0,07
Мочевая кислота мочи, ммоль/сут	4,67 ± 1,39	3,59 ± 1,09	4,23 ± 1,07
Неорганические фосфаты мочи, ммоль/сут	25,7 ± 8,3	23,5 ± 5,7	24,7 ± 5,4
Общий кальций мочи, ммоль/сут	9,23 ± 0,78	5,73 ± 0,44	7,43 ± 0,65
Удельная плотность мочи	1022 ± 6	1021 ± 8	1020 ± 7
pH мочи	6,04 ± 0,07	5,79 ± 0,12	6,02 ± 0,09

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Gilmutdinov, B.R. The use of phyto-collection "Veres" in the rehabilitation treatment of patients with urolithiasis after lithotripsy / B.R. Gilmutdinov, A.R. Gilmutdinov, I.R. Musin // Traditional medicine. - 2011. - No. 1 (24). - S.42-44.

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