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MINERAL WATER INTAKE SCHEDULE AND DOSAGE IN TREATMENT OF CHRONIC PANCREATITIS

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Introduction. Chronic pancreatitis makes from 5.1% to 9% in the incidence pattern of gastrointestinal tract diseases and from 0.2% to 0.6% in general clinical practice [1]. Over the past 30 years the acute and chronic pancreatitis incidence all over the world has doubled [5]. In developed countries chronic pancreatitis now occurs in considerably younger people, with the average age of diagnosing decreased from 50 to 39 and the number of women developing the disease increased by 30% [2].

According to statistic data from the Ministry of Healthcare of the Sakha Republic (Yakutia), occurrence of gastrointestinal tract diseases in the adult population of Yakutia has increased from 10.1 per thousand in 2002 to 10.9 per thousand in 2006. The same trend is typical for the teenage population, as well (1.7 per thousand in 2000 and 2.9 per thousand in 2004). In the children population the incidence of pancreas diseases also tends to increase from 1.4 per thousand in 2000 to 2.6 per thousand in 2004.

Chronic and often recurrent course of the disease and high percentage of complications in many cases result in partial or total disability.

The quite promising and more effective course in treatment of many gastrointestinal tract diseases is combination of medicines, plant-based preparations, natural medicinal factors, and rational and science-based prescription.

Since 1998 we have closely studied Abalakh mineral water at the state republic's Abalakh Centre for rehabilitation of patients with gastrointestinal tract diseases [3, 4].

Aim of the study – potency assignment of the Abalakh mineral water (AMW) intake schedule and dosage in treatment of chronic pancreatitis.

Materials and methods. 31 patients with chronic pancreatitis at clinical remission stage, including 8 men and 23 women at the age from 30 to 69, received 21-day course of treatment with AMW (Figure 1).

The research and treatment took place twice a year – in spring (March-April) and in autumn (November). The patients were examined prior and at the end of the treatment course. The intake schedule was determined by the pancreas functional status.

Most of the patients, male and female, suffer from frequent acute attacks of the disease over 2-3 times a year (Figure 2). Men tend to have more attacks due to alcohol abuse and unhealthy eating patterns. Attacks in women were provoked by fatty and fried food.

It has been established that during acute conditions the patients with chronic pancreatitis received both in-patient and out-patient treatment at their residence area clinics. Some patients, particularly men at the stage of clinical remission, complained of abdominal discomfort and frequent semi-liquid fatty feces 3-4 times a day.

We allowed three-four days while an organism got used to the mineral water.

For the first three days the mineral water was consumed three times a day, a single dose being 80 ml. From day 4 to day 7 the single dose increase to 180 ml. During days 8-21 the single dose reached 200 ml.

In Abalakh mineral water drinking use, the schedule and dosage were determined by the status of the pancreas exocrine function.

Patients with severe exocrine pancreatic insufficiency took warm mineral water (40-42°C) 15-20 minutes before a meal. The water was consumed slowly in small sips.

Patients with moderate exocrine pancreatic insufficiency took warm mineral water (40-42°C) 45-60 minutes before a meal in middle-size gulps and usual tempo.

Patients who maintained exocrinous function of the pancreas took the mineral water at 42-45°C, 60-90 minutes before a meal. The water was consumed quickly in big gulps, without leaving it long in the mouth (Table1).

Results. Comprehensive analysis of the clinical and paraclinic (biochemical studies, US scanning of pancreas and gallbladder, gastroduodenoscopy, and scatoscopy) data, received in dynamics before and after the treatment, proves the positive therapeutic effect of AMW in treatment of chronic pancreatitis combined with biliary tract pathology.

Protracted treatment with AMW resulted in:

- reduction and disappearance of major clinical symptoms (diarrhoea, pain) and increased weight;
- improved function of the pancreas exocrine function and a patient's general condition.

High therapeutic effect stems from two major factors: intake schedule and temperature of the consumed AMW. At the same time, the regulation of digestive apparatus malfunctions is triggered and corrected by low-mineralised sodium hydro carbonate alkalescent water.

Consumption of the mineral water reduces activity of inflammatory process in the gastroduodenal mucous membrane, improves digestion, and normalises gastrointestinal motility and the pancreas exocrine function.

We invited the patients for refresher course of treatment in one year time and they confirmed the treatment effect maintained for 6-8 month they lived without attacks.

Conclusion. Protracted treatment with AMW improves exocrine function of the pancreas, reduces major clinical symptoms of chronic pancreatitis, thus resulting in better life quality of patients.

Clinical and functional parameters of the pancreas show effect of the treatment maintaining for 6-8 months.

Positive therapeutic effect requires strict keeping to the intake schedule and dosage, along with allowing 3-day period for an organism adapting to the mineral water and the course continuing for at least 24-28 days. Refresher courses of water drinking treatment at 5-6 month intervals help to consolidate the treatment effect achieved.

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The element status and adaptation level of the Far North inhabitants

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Summary: Results of one-stage researches of Yamal unorganized inhabitants aged 20-59 are presented. Influence of chemical elements on adaptation level of northerners to severe conditions of the Far North was investigated. The chemical elements influencing decrease of adaptable processes were defined. Dynamics of concentration Fe, Mn, Zn, Co, Ca changes was studied taking into account adaptedness level.

Key words: chemical elements, unorganized population, the Far North, adaptation level.

Introduction. During the evolution period organisms adapted for a certain chemical compound of environment. The geochemical factors of environment play an important role in formation of ecological adaptedness of a human body in severe conditions of the North. Landscape-geochemical features of the Far North are characterized by the insufficient maintenance of macrocells in potable water, parity change between essential microcells that can become the reason of development of some pathologies at inhabitants of the Far North. Today ecologically dependent pathology of high latitude is considered to be microelements significantly