

FEATURES OF DIET AND PHYTOTHERAPY CORRECTION OF SLUDGE-PHENOMENON AT CHOLECYSTOPATHY AND URIC ACID DIATHESIS

ОСНОВИ ДІЄТИЧНОЇ І ФІТОТЕРАПЕВТИЧНОЇ КОРЕКЦІЇ СЛАДЖ-ФЕНОМЕНУ ПРИ ХОЛЕЦИСТОПАТІЯХ І СЕЧОКИСЛОМУ ДІАТЕЗІ

Senyuk B.P.

Associate professor of Department
of Internal Medicine
Higher State Educational Establishment of Ukraine
„Bukovinian State Medical University”
Teatralna Sq., 2, Chernivtsi, Ukraine, 58002

Lukashevich I.V.

Associate professor of Department
of Internal Medicine
Higher State Educational Establishment of Ukraine
„Bukovinian State Medical University”
Teatralna Sq., 2, Chernivtsi, Ukraine, 58002

Yurnyuk S.V.

Assistant professor of Department of Forensic
Medicine and Medical Law
Higher State Educational Establishment of Ukraine
„Bukovinian State Medical University”
Teatralna Sq., 2, Chernivtsi, Ukraine, 58002

Boreyko L.D.

Associate professor of Department of
Patients Care and HNE
Higher State Educational Establishment of Ukraine
„Bukovinian State Medical University”
Teatralna Sq., 2, Chernivtsi, Ukraine, 58002

Shevchuk N.A.

3rd year student
Higher State Educational Establishment of Ukraine
„Bukovinian State Medical University”
Teatralna Sq., 2, Chernivtsi, Ukraine, 58002

Сенюк Б.П.

Доцент кафедри пропедевтики
внутрішніх хвороб
Вищого державного навчального закладу України
„Буковинський державний медичний університет”
Театральна площа, 2, Чернівці, Україна, 58002

Лукашевич І.В.

Доцент кафедри пропедевтики
внутрішніх хвороб
Вищого державного навчального закладу України
„Буковинський державний медичний університет”
Театральна площа, 2, Чернівці, Україна, 58002

Юрнюк С.В.

Асистент кафедри судової медицини
та медичного правознавства
Вищого державного навчального закладу України
„Буковинський державний медичний університет”
Театральна площа, 2, Чернівці, Україна, 58002

Борейко Л.Д.

Доцент кафедри догляду за хворими
та вищої медсестринської освіти
Вищого державного навчального закладу України
„Буковинський державний медичний університет”
Театральна площа, 2, Чернівці, Україна, 58002

Шевчук Н.А.

Студентка 3 курсу
Вищого державного навчального закладу України
„Буковинський державний медичний університет”
Театральна площа, 2, Чернівці, Україна, 58002

Summary. Age, gender and professional peculiarities of functional disorders of gallbladder with of sludge phenomenon and urine diathesis formation were studied. The positive effects of healthy lifestyle violations eliminating in addition to phytotherapeutic agens with choleric, diuretic and laxative activities together with increased amount of water intake were established.

Key words: sludge-phenomenon, cholecystopathy, uric acid diathesis, phytotherapy, correction.

Анотація. Розглянуті вікові, гендерні та професійні особливості формування холецистопатій з явищами сладж-феномену та сечокислого діатезу. Встановлені позитивні ефекти усунення порушень здорового способу життя та харчування в доповненні фітотерапевтичними засобами жовчогінної, сечогінної та послаблюючої дії на тлі підвищеного рідинного компоненту їжі.

Ключові слова: сладж-феномен, холецистопатія, сечокислий діатез, фітотерапія, корекція.

In recent decades in developed countries is noted increase frequency of diseases of hepatobiliary and genitourinary systems [3, 4]. Typically, pathological conditions of these systems are considered by relevant experts as independent phenomena. Despite significant advances in diagnosis and treatment for certain nosological forms, the

relationship between pathologies of these systems (except heavy clinical situations as hepatorenal syndrome) pays little attention [1, 2, 3]. Usually it is not enough clinical motivated. However, the results of widespread introduction into clinical practice of ultrasonography of abdominal organs some pathological phenomena need attention, pathogenic

comprehension and correction treatment and prevention measures. One of them is sludge-phenomenon at cholecystopathy and uric acid diathesis (UAD).

Objective: To investigate the frequency of occurrence of events ultrasonography urine acid diathesis and sludge - phenomenon at cholecystopathy, explore possible cooperative etiopathogenetic ways of development and to develop ways of correction.

Material and methods. During five years of observation, were conducted 340 patients with chronic calculous cholecystitis and biliary dyskinesia (from 29 people total) with symptoms of sludge-phenomenon during mild exacerbation or unstable remission. Age of patients' fluctuations within 22-70 years, prescription of disease - 3-29 years, the dominant contingent was female patients 210 (61.76%). Diagnostic complex predicted software examination of the abdomen, general blood and urine, duodenal probe, determining biochemical parameters fractions of bilirubin, glucose, total cholesterol and triglycerides, alkaline phosphatase, alanine, aspartic transaminase gamma glutamyl transpeptidase (GGTP), creatinine, uric acid, urea, calcium, phosphorus, iron and magnesium in blood serum. Observations were conducted in outpatient mode: duration from 0.5 to 2 years with checking out visit every 3-4 months.

Research results. Found that all patients had dominant clinical torpid recurrent cholecystopathy and only 38 patients had on this background short duration dysuria phenomenon unilateral short pain, sometimes slight blunt pain, which patients evaluated as manifestations of osteochondrosis and did not pay attention for this sight, sometimes successfully used antispasmodics. However, in 319 (93.8%) patients of the total membership during ultrasound study found the phenomenon of sludge-phenomenon $\frac{1}{4}$ to $\frac{1}{2}$, sometimes more, increase volume of gallbladder, thickness and density of wall echomorphology in normal liver, but often with a thickening of the walls of intrahepatic bile ducts. In all of these patients were found also microliths in pelvis system of kidneys, often quite intense densities. However, in 21 patients without biliary sludge phenomena only 6 persons had minor ultrasonic signs of urine acid diathesis. Characteristic that in the repeated urinalysis special pathological changes were not detected and the salt aftertaste (mainly oxalateuria) was only moderate. However, in the portions (especially bladder) of bile was stated visual rich sediment micro - bilirubinate of calcium, cholesterol, clots of mucus accumulation epithelium ect.

In blood of 112 (32.94%) patients are fixed tends to upper limit of normal erythrocyte and decrease sedimentation rate to 2.3 mm / hour, mainly in women. Biochemical studies in 92 (27.06%) patients in the parameters of alkaline phosphatase and GGTP pointed to mild cholestasis phenomena (exceeding standards in 1.5-3 times), discovered a clear tendency to preserve creatinine, uric acid in the upper normal range, a moderate increase of total cholesterol levels ($6,3 \pm 0,21$ mmol / dL) and triglycerides ($2,29 \pm 0,16$ mmol / l).

At age and gender aspects frequency combination of these events was highest in the age of 35-60 years, mostly women with a tendency to excessive weight gain or obesity I-II degree. Sedentary lifestyle was recorded only in half of the patients. Parturition and pregnancy haven't had signs of the phenomena studied.

The clinical feature of this combination of studied pathology was tendency to torpid, recurrent course cholecystopathy, reduced efficiency hepatoprotect -Bile therapy necessity extended the application of the reduced quality of life of patients and a tendency to asthenic-depressive effects. Attempts by some patients often used in the medical complex 4-6 duodenal sounding rinse gave a brief improvement.

So torpidity cholecystopathy flow, the phenomenon of sludge-

phenomenon seal intrahepatic bile ducts, biochemical confirmation cholestasis syndrome and duodenal sounding results can be regarded as signs of decline in the quality and functioning of bile stabilization of the gallbladder. However that may be relevant to the manifestations of ACS. In terms of the identified biochemical disorders connection is not visible, but the ultrasonic study gives high frequency combination of these phenomena.

In search of a possible connection we have analyzed the lifestyle and eating behavior of patients. In our opinion, the most important role has played rhythm disturbance and character of a food. Almost all patients due to habits and professional conditions was marked displacement main meals from morning to evening with long intervals between meals (8 hours or more, 1-2 meals a day), eating too much at night, deficient breakfast, often without it, untimely or inadequate dinner. Especially severe sludge phenomenon appeared in fans of fast-food.

Equally important was the neglect by patients fluid food components, almost all its quota was 0.7-1.5 liters per day, often eating cold food, not enough fruits, vegetables, juices, vegetable oils, dairy products, tea, normal or mineral water and so on. Dominated by monotonous type of food, the tendency to piquant food: 187 (55.0%) was recorded chronic constipation. The lack of physical activity of most patients has professional tone. There is no dependent of manifestations of ACS or sludge-phenomenon of living area and excessive amounts of sediment in the boiling water used for food. In a survey found that almost all the patients had a poor picture of the principles of healthy eating, the importance of it for health, haven't seen in their eating style principal causes problems to their health and haven't looked for educational sources for learning. In 1/3 of the patients their lifestyle and food was a family tradition.

Due to all what we have saying, we developed a program of rehabilitation of patients in which the main focus was given to the normalization and adding value to the diet, temporal aspects of nutrition, especially increasing the daily quota fluid component to 2, 2-3, 0 liters depending on body mass index. One-third of the quota determined on soups and milk products, the second third - is 500-700 grams of fruit and vegetable weight according to the season with a tendency to inherent diuretic or laxative effect, the last third-herbal teas with cholagogue action to 500ml and 300-500ml of benign water. Always correction bowel function was performed by vegetable oil, dairy products and acidic component pectin food. Patients with sit professions constantly were asked to improving daily exercise, especially jogging, walking, and breathing exercises for yoga or moderate physical work.

Extras herbal remedies intended hepatoprotective, choleric, diuretic effect (Hepabene, Hepatophytum, Syrian, Uronephron, Phytolysin, etc.) during 1.5-3 months. The results were assessed on the basis of case-control.

Proper compliance was withstood by 206 (60.59%) patients, mostly men 119 (57.8%). Established that they achieved substantial clinical improvement during 2-3 month course of rehabilitation, ultrasonic dynamic of sludge phenomenon, and SKD was also positive, but to eliminate these phenomena was needed for at least six months. This trend has been slower in patients' aged 60 years and younger age group (35-50 years) with a tendency to obesity or obesity-II degree. It is important that in this group of patients for further supported compliance of their health with the program was high, and cholecystopathy recurrences were 2.3 times rare, shorter and milder.

In the rest of the patients (98 persons), which due to various circumstances only partly able to realize the proposed program, the results of rehabilitation were weaker, improvement occurred later and was un-

stable. A shortcoming in nutrition and life style weakly was compensated even by treatment in the sanatoriums in Truskavets and Satanova. Ultrasonography picture was improving, but in none case could not to eliminate the phenomenon of sludge-phenomenon or ACS.

Vital evidence of low and unstable effectiveness of this costly recovery, inspired 48 people from this group took actions for the implementation of the proposed program and reached the similar results of rehabilitation, which first group of patients had.

So cholecystopathy with symptoms of sludge-phenomenon as possible early stage calculus cholecystitis and ACS have a high degree of compatibility, the basis of which is dominated by exogenous factors as significant and long-term disturbances chronic aspects nutrition, food quality, ignoring liquid component of food, lack of exercise, low educational qualification on healthy lifestyles and nutrition, social factors. These factors with age provide stability by pathological changes at the level of hepatobiliary and genitourinary systems, and promote lipid metabolism in the body and developing of atherosclerosis.

Conclusions.

1. Cholecystopathy with symptoms of sludge-phenomenon and urate diathesis frequent combination of these pathological conditions, expression and frequency of which increases with the age of patients. Their detecting is a defining role of ultrasound researching.

2. One of the leading causes of their origin is an essential and prolonged violation chronic rhythms and quality of food, especially the neglect of liquid, fruit and vegetable, pectin components of foods, vegetable oils.

3. One of the most effective ways to improve the rehabilitation of such patients is correction time and quality aspects of food with high liquid component in combination with herbal remedies, cholagogue hepatoprotective, diuretic and laxative action.

4. An important aspect of the success of this approach is a conscious patients continuing need for mastery of modern knowledge of healthy lifestyles and nutrition.

Література

1. Волошин О. І., Васюк В. Л., Малкович Н. М., Сенюк Б. П. *Основи фітотерапії і гомеопатії*. – Вижниця: "Черемош". – 2011. – 625 с.
2. Волошин О. І., Бойчук Т. М., Волошина Л. О. *Оздоровче харчування: стан і перспективи XXI століття*. – Чернівці, Букрек, 2014. – 523 с.
3. Нейко Є. М., Скробач Н. В. *Хронічний холецистит*. – *Архів клін. мед.* – 2003. - №1. – С. 6-14.
4. Мак Нелли П. Р. *Секреты гастроэнтерологии*. 2 изд. – М.: Бином. – 2005. – С. 334-351.

REFERENCES:

1. Voloshyn O. I., Vasyuk V. L., Malkovych N. M., Senyuk B. P. *Osnovy fitoterapiyi i homeopatiyi*. – Vyzhnytsya: "Cheremosh". – 2011. – 625 s.
2. Voloshyn O. I., Boychuk T. M., Voloshyna L. O. *Ozдорovche kharchuvannya: stan i perspektyvy XXI stolittya*. – Chernivtsi, Bukrek, 2014. – 523 s.
3. Neyko Ye. M., Skrobach N. V. *Khronichnyy kholetsystyt*. – *Arkhiv klin. med.* – 2003. - №1. – S. 6-14.
4. Mak Nelly P. R. *Sekretu gastroenterologiy*. 2 yzd. – M.: Bynom. – 2005. – S. 334-351.