IJACT, Volume 2, Issue 5, 2024 ISSN: 2995-5378
http://medicaljournals.eu/index.php/IJACT

INTERNATIONAL JOURNAL OF ALTERNATIVE AND CONTEMPORARY THERAPY

Lymphotropic Therapy in the Treatment Complex Ulcerative Colitis

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Abstract: To date, the problem of treating ulcerative colitis is urgent. Since, in recent years, the NAC has tended to steadily grow in all countries, acquiring important medical and social significance.

Currently, conservative therapy is the basis for the treatment of NAC, and surgical interventions are performed only in cases of its inefficiency or the development of complications in 10-20% of patients. However, morphological criteria that are reliable from the standpoint of evidence-based medicine have not yet been sufficiently developed. The unresolved nature of these issues makes ulcerative colitis relevant in relation to its treatment.

The article presents the methods and results of the use of lymphotropic therapy in the complex treatment of ulcerative colitis in the postoperative period. Based on the experience of using lymphotropic therapy in the treatment of ulcerative colitis in the postoperative period, we have given the following conclusions.

Keywords: ulcerative colitis, lymphotropic therapy.

Relevance. Ulcerative colitis is a chronic recurrent disease in which inflammation is diffuse and localized superficially, specifically affecting the mucous membrane of the rectum and colon. The process develops as a result of a pathological immune response to antigens of the intestinal microflora in the presence of a hereditary predisposition [11; 18].

The prevalence of ulcerative colitis in industrialized countries has become almost epidemic in recent decades [2;17]. In the USA, it is 116 per 100,000 population, in Italy - 121, in Canada - 37.2 [8]. According to the authors from St. Petersburg, ulcerative colitis is registered all over the world, but the highest incidence is observed in North America, Northern Europe and Australia. It is less common in Asia, South America and Japan. There are 30% more women than men among patients with ulcerative colitis [1].

Great importance in the pathogenesis of ulcerative colitis is attached to antigens of normal microflora, to which the tolerance of the immune system is lost, as well as conditionally pathogenic microorganisms that continuously stimulate the intestinal immune system, which underlies the launch and maintenance of the autoimmune process [18; 14; 12].

Many issues of the pathogenesis of ulcerative colitis have not yet been sufficiently studied, according to the lymphatic theory, primary changes develop in the lymph nodes of the mesentery and lymphoid follicles of the intestinal wall, which leads to lymphatic edema of the submucosal layer, culminating in destruction and granulomatosis of the intestinal wall [3]. It is important to note that the peak incidence of ulcerative colitis occurs in the age group from 20 to 40 years, which is the most socially active [10; 17].

Conservative therapy for ulcerative colitis has not yet been etiological in nature and therefore its possibilities are limited [12]. Because of this, the main method of treating ulcerative colitis is surgical, which is necessary for 10-20% of patients [6; 15]. During their lifetime, from 10 to 30% of patients undergo surgery, of which 65-70% - due to the ineffectiveness of conservative therapy, 20-25% - due to complications and 10-14% - due to advanced colorectal cancer [9; 13].

However, morphological criteria for ulcerative colitis that are reliable from the standpoint of evidence-based medicine have not yet been sufficiently developed. In this regard, it is important to further study

the pathogenesis of ulcerative colitis, as well as the development and preclinical testing of new approaches to diagnosis and treatment [9]. The unresolved nature of these issues makes ulcerative colitis relevant in relation to its treatment.

The aim of the work is to study the advantages of the method of lymphotropic therapy in the treatment of ulcerative colitis.

Material and methods. Only by determining the lymph circulation in the intestinal mesentery system in normal and ulcerative colitis, we could evaluate the advantages of the method of lymphotropic therapy in the treatment of ulcerative colitis. For this purpose, it was necessary to conduct a series of experiments on animals, which we conducted and determined that in the model of ulcerative colitis, the lymph outflow in the mesentery of the intestine slows down by two times or more. Having made sure of this, we consciously used the method of lymphotropic therapy in the clinic in the treatment of ulcerative colitis.

The analysis of the results of complex treatment of 92 patients in the coloproctology department for the period from 2012 to 2023 was carried out. We divided these patients into two groups: the first (main) group included patients (n=51) who received endomesenteric lymphatic – lymphostimulating and antibacterial therapy according to the algorithm developed in the clinic in the postoperative period. To compare the results of lymphatic therapy, a second (control) group was created, which included (n=41) patients who, in the postoperative period, received only conventional conventional therapy - parenteral antibacterial treatment in the treatment complex. Among all patients, there were 43 men (46.7%) and 49 women (53.3%). The age of the patients ranged from 17 to 74 years. The largest number of patients were of working age – 84 (91.3%).

Both groups were dominated by patients who underwent left-sided hemicolectomy with severe ulcerative colitis.

All patients of the first group, upon completion of the main stage of the operation, a PVC catheter, invented by us, was inserted into the mesentery of the intestine to a depth of 4.0-4.5 cm, for lymphatic therapy in the postoperative period. Endomesenteric lymphatic therapy was performed for 4-5 days, once a day, through an installed catheter, in the postoperative period. Endomesenteric lymphatic therapy was performed through an installed PVC catheter in the mesentery of the intestine: first, a glucose solution of 5% -50 ml + novocaine 0.5% -50 ml with the addition of 5000 units of heparin or lasix 64 units was injected slowly for 40-60 minutes to stimulate the lymphatic system. Upon completion of the manipulation, a selected single dose of antibiotic was connected to the same system, taking into account the sensitivity of the microflora, pre-dissolving it in 50 ml of 0.5% novocaine solution, also by drip. On day 6, the endomesenterically installed catheter was removed.

Results and discussion. The results of the method of using endomesenteric lymphatic therapy in the treatment of ulcerative colitis convincingly showed the high effectiveness of specific measures to prevent the development of functional and dynamic intestinal obstruction in the postoperative period, while each component of the algorithm caused a targeted effect on a certain part of the pathogenetic mechanism of the development of complications specific to ulcerative colitis. Endomesenteric lymphostimulation and lymphotropic antibiotic therapy contributed to a decrease in interstitial edema and the concentration of toxins in the intercellular space, blockade of the lymphatic flow of toxins, toxic metabolites, bacteria and their decay products entering the general bloodstream by lymphogenically, increased drainage function of lymphatic capillaries and normalization of lymphocirculation at the level of abdominal organs. Thus, in the postoperative period, early recovery of intestinal motility was observed in dynamics.

These complications were inevitable due to the severe condition of patients who had complicated forms of ulcerative colitis at the time of surgery: cachexia, severe anemia and concomitant somatic diseases. Despite all this, complex endomesenteric lymphatic therapy in the postoperative period for ulcerative colitis made it possible to significantly improve the condition of patients in the main group compared with the control group.

Thus, the use of lymphatic therapy in the treatment of ulcerative colitis prevents unwanted intestinal infections in the postoperative period. The analysis of clinical data showed that with lymphotropic administration of antibiotics, there is no occurrence of allergic reactions.

Conclusions

1. The difference in lymph outflow in the intestinal wall and its mesentery in normal and ulcerative colitis explains the advantages of the method of lymphotropic therapy in the complex treatment of ulcerative colitis in the postoperative period.
2. Lymphotropic therapy improves the rheological properties of blood and lymph, increases lymph outflow, normalizes microhemolymphocirculation, fully removes edematous fluid and toxic metabolites from tissues, activates the neutralization and immunological activity of the lymph nodes of the abdominal cavity.
3. Evidence of the improved effect of the use of lymphotropic therapy in the treatment of ulcerative colitis in the postoperative period is a significant reduction in intestinal complications.

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