



New diagnostic approaches to the problem of early detecting of gastrointestinal tract diseases

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According to statistics, about 80 % of the population suffer from gastrointestinal tract diseases. The problem of sickness rate, of disablement and of death rate because of digestion organs diseases is a social-medical problem. The sickness rate among the adult population because of this disease increased by 2002 up to 2450 persons from 100000 in number. The tendency to dissemination of this disease comes to light, by 317 persons for 100000 in number in a year, and the temporary disablement due to this disease made up 60 days for 100 working people. The death rate because of digestion organs diseases increased up to 53 for 100000 people in number. These indices would increase considerably, if the death rate because of oncological pathology of digestive tract [1] were added to them.

In the appeal of President of Russian Gastroenterology Associations «New time - new problems of gastroenterology» the following moments are marked up especially:

- The negative tendency to increasing of digestive apparatus diseases must be changed for the shortest time, including oncological diseases, with the help of **primary prophylactic and early diagnostics of the given pathology**, the organizational structure of specialized gastroenterological care to the people must be improved.
- **The idea of prophylactic examinations**, of clinical examinations should be instilled among the people.
- **Specialized gastroenterologic care for the people** should be improved actively, including the organization of district Gastroenterology centers.
- **Modern and accessible diagnostic and medical techniques must be introduced, including automated** morphological and immunological laboratories, computer tomographs, endoscopy and ultrasonic equipment.
- **The principles of healthy life, of right feeding must be propagandized actively**, alcoholism and narcotisms must be eradicated, using all available means, including effective structure of Russian gastroenterological Associations. The idea of prophylactic examinations, of mass health examination, of vaccination must be explained to the people as measures of early detection and prophylactic of digestive apparatus diseases.
- It is necessary, to carry out the research works with more efficiency, using the available potential. The treatment of gastroenterological pathology in our country should be carried out according to authorized state-of-the-art standards.

According to the basic directions of modern gastroenterological care, we have applied the technique of automated express-diagnostics within the 1,5 years on the basis of our Gastroenterology Center to achieve the early detecting of gastrointestinal tract pathology. For this purpose we have used bioresonant organism-test equipment "Biolaz-Oberon" [2,3]. Depending on the obtained test results and on the basis of clinicoanamnestic data, the FDGS (fibrogastroduodenoscopy), roentgenoscopy of gastrointestinal tract organs, proctosigmoidoscopy, colonoscopy were recommended and, if necessary, histologic examinations to be carried out.

As the stomach diseases have been detected most of all, especially the chronic gastritis, we would like to dwell on this pathology separately. The diseases of stomach can be caused first of all by unbalanced feed, by psychoemotional stresses, harmful habits, such as smoking and excessive

drinking of alcohol. The huge role in occurrence of chronic gastritis plays the microorganism *Helicobacter Pilory* present on the mucous; under the certain conditions this microorganism gets pathogenic properties and destroys the mucous of stomach, predetermining the occurrence of gastritis, erosion, ulcer. The symptoms of gastritis include dyspeptic disorders (discomfort in epigastrica and heartburn), nausea, vomiting, feeling of overflow or swelling of stomach after having meal and gastroenteric bleeding. Many people have their histologic confirmed gastritis without any symptoms. The older the more frequently the gastritis occur, and approximately 60 % of adult population have histologic attributes of nonspecific chronic gastritis [4,5].

A special case of chronic gastritis is erosive gastritis. The erosive gastritis is characterized by presence of erosion in the mucous membrane of stomach. The erosion appears more often during the spring-autumn period, after stressful situations, and because of irregular meal. Their healing (till 2 months and more) depends on specific features of organism. The occurrence of erosion on mucous membrane of stomach is frequently connected with the influence of not steroid anti-inflammatory means and alcohol. On Sydney classification the erosive gastritis can also be called lymphocytar or varioloform gastritis as the histologic examination of mucous shows an expressed lymphocytar infiltration of the own layer [6,7]. In this connection the immunological mechanisms get the basic place in pathogenesis. It can not be shown clinically, but more often the patients complain about spasmodic pains in epigastrica, dyspeptic disorders. Alongside with these attributes in the clinical picture occult or massive bleedings are dominating. The decisive method of diagnostics is gastroscopy enabling to detect many hemorrhages and erosions along the whole length of stomach mucous.

Some cartograms obtained as result of bioresonant stomach test of patients, who had addressed the medical center because of periodic pains in epigastrica and had complaints about heartburn, sometimes about eructation are shown below. All patients being examined in this way had taken not steroid anti-inflammatory preparations in this or that connection before.

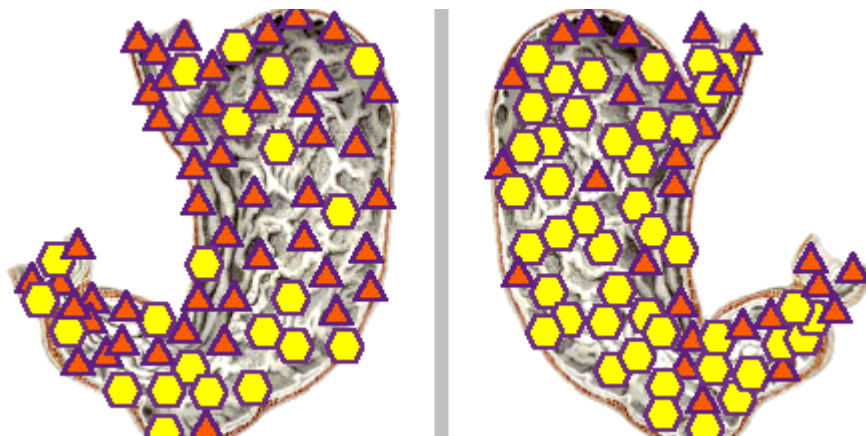


Fig. 1 (back wall of stomach)

(forward wall of stomach)

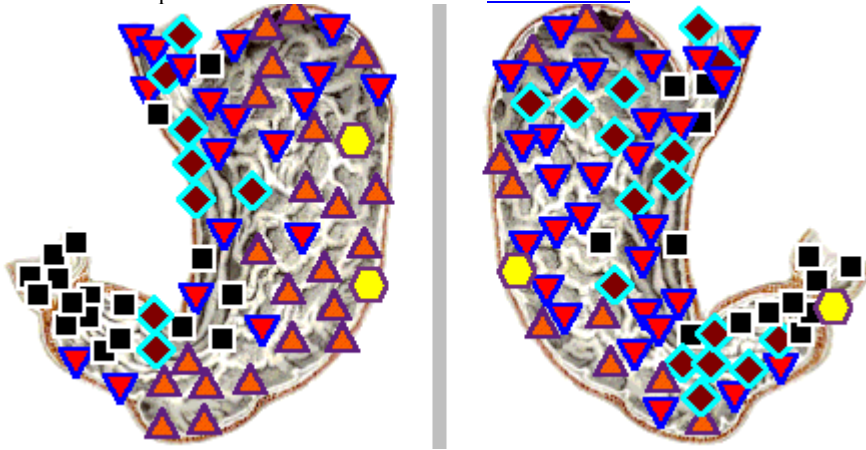


Fig. 2 (back wall of stomach)

(forward wall of stomach)

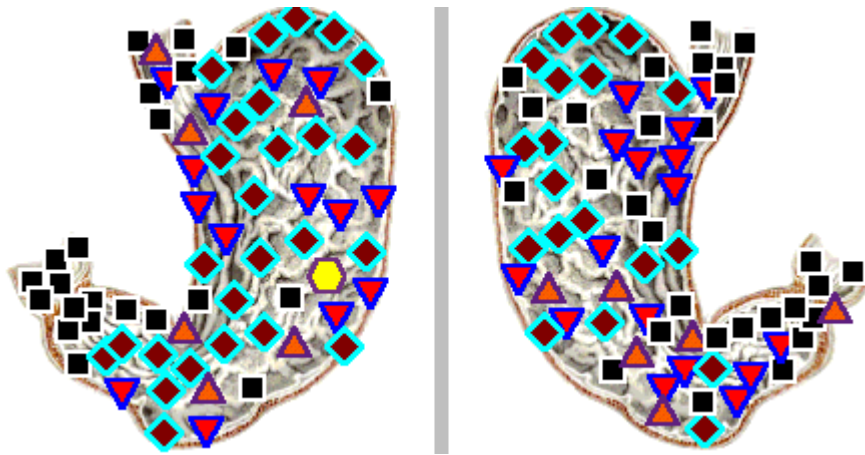


Fig. 3 (back wall of stomach) (forward wall of stomach)

The first figure shows the stomach mucous cartogram of a practically healthy patient who had no complaints about his gastrointestinal tract and did not take any not steroid anti-inflammatory means. The overwhelming majority of markers on these cartograms corresponds to the norm. The control fibrogastroduodenoscopy didn't show any pathological changes of stomach mucous and of duodenal gut.

The second figure shows the stomach mucous cartogram of the patient who had addressed us because of pains in epigastrica, arising mainly after having meal. In anamnesis is hernia of intervertebral disk of lumbar part, the patient was treated with diclofenac as injection. The control gastroscopy showed on the background of moderately hyperemic stomach mucous superficial defects of mucous with diameter from 0,5 cm to 1,5 cm located mainly on small curvature of stomach and in antral part.

The third figure shows the cartogram of the patient who has addressed us because of heartburn, arising after meal, of periodic pain sensations in area of epigastrica. In anamnesis is treatment with not steroid anti-inflammatory means concerning osteoarthritis of the left knee joint. The control



gastroscopy shows: stomach mucous and duodenal gut are hyperemic, lots of superficial mucous defects, located diffuse and having the size of 1 to 2 cm in diameter are visible. Conclusion decision: erosive gastroduodenitis.

Thus, the results of examination of stomach and of duodenal gut we have obtained using the bioresonant test method, practically are completely coinciding with the results obtained by final clinical examination: by fibrogastroduodenoscopy. Thus, the advantages of the first method is rapidity and notinvasiveness. Taking into account the similarity of results obtained by bioresonant diagnostics method and by clinical techniques we can recommend a mass examination using the preliminary computer organism-test method to improve the of quality of diagnostic pre-clinical care; this recommendation concerns gastroenterological patients particularly.

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