

## REHABILITATION OF PATIENTS WITH DIGESTIVE DISEASES

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**Abstract:** The article presents the organization of a system of early resort rehabilitation and restorative treatment of patients with diseases of the digestive system. It is shown that restorative treatment with the help of natural and preformed physical

factors aimed at preventing the development and chronization of pathological processes in the system digestion, improvement of the functional state of the gastrointestinal tract, correction of neurohumoral disorders and immunological reactivity of the body, significantly improves the quality of life of patients, prevents their disability, is a necessary and effective stage of the treatment process, since it ensures the restoration of the labor and social status of patients, increases the duration of remission of the disease.

**Keywords:** Rehabilitation, restorative treatment, viral hepatitis, peptic ulcer, atrophic gastritis, postcholecystectomy syndrome, chronic colitis, spa.

In the last 10 years, Uzbekistan has been developing a system of early resort rehabilitation of the most common diseases of the digestive system according to the "hospital — resort — polyclinic" system, which ensures the solution of the main tasks — the restoration of labor and social the status of patients. Early rehabilitation treatment with the help of natural and preformed therapeutic factors is aimed at preventing the development and chronization of pathological processes of the digestive system, improving the functional state of organs of this system, correcting neurohumoral disorders and immunological reactivity of the body, which significantly improves the quality of life of patients and prevents their disability [8].

In recent years, the effectiveness of restorative treatment of patients with chronic viral hepatitis B and C has been proven through the use of low-mineralized mineral waters, oxygen, coniferous or iodine-bromine baths. In patients with viral hepatitis C in the replication phase of the virus, who are forced to take standard antiviral therapy for a long time, resort rehabilitation using natural and preformed physical factors helps eliminate the side effects of the latter (eliminates flu-like and cytopenic syndromes), improves overall well-being. It normalizes the functional state of the liver, restores the immune response, improves impaired indicators of free radical oxidation, which makes it possible to increase the effectiveness of antiviral therapy by 16-18%, returning patients to work and preventing adverse outcomes of chronic HCV infections.

It has been established that patients after cholecystectomy (CE) in the early postoperative period have pathological changes on the part of the gastroduodenal system, changes in the intra- and extrasecretory function of the pancreas, as well as not only latent disorders of carbohydrate metabolism, but also type 2 diabetes mellitus, which is often detected for the first time upon admission to rehabilitation. The main tasks of early resort rehabilitation of patients who have undergone HE are reduction or elimination of disorders that occurred before surgery, primarily from the hepatobiliary system, as well as the pancreas, gastroduodenal system and intestines, increased immunological reactivity.

Pathogenetically justified methods of treatment of these patients have been developed, taking into account the type of surgery (laparoscopic or traditional), including the intake of low- and medium-mineralized mineral waters, oxygen and mineral baths, peloidotherapy, SMT and DMV therapy for

the area of the right hypochondrium and thyroid gland [3]. Differentiated spa therapy is prescribed already on the 5th-6th day after laparoscopic HE and on the 10th-14th day after the traditional one. Immediate and long-term treatment results showed the preservation of the therapeutic effect obtained for 1-5 years after spa rehabilitation. It was found that the obtained favorable changes in the functional state of the liver and pancreas, normalization of motor and acid-forming functions of the stomach contribute to the prevention of the development of postcholecystectomy disorders.

The next important point in the early rehabilitation of gastroenterological patients is the treatment of patients who have undergone gastric and duodenal surgery for YAB and its complications. At the same time, patients are admitted to the sanatorium 10-14 days after surgery. It has been shown that differentiated methods of spa treatment with the use of drinking mineral waters, oxygen, coniferous, iodine-bromine baths, electrosleep procedures, SMT and DMV therapy, various peloidotherapy techniques (applicative and mitigated) contribute to the reduction of or the elimination of major postoperative syndromes, can reduce the risk of developing late postvagotomy and postgastroresection disorders.

To date, thanks to the comprehensive use of new effective anti-ulcer drugs (antichelicobacter therapy, proton pump blockers), timely use of mineral waters, physiotherapy methods, great success has been achieved in the conservative treatment of gastric and duodenal ulcers. Despite the continued increase in morbidity YAB, in recent years, there has been a significant decrease in the number of gastric resections and vagotomies, and surgical interventions are performed mainly for emerging complications of YAB (bleeding, perforation, penetration) in an urgent manner.

In this regard, there is a need to create departments for the rehabilitation of patients with UB after an acute period of the disease to prevent possible complications and subsequent surgical interventions in order to achieve stable remission of the disease. The currently developed approaches to the treatment of patients with UB make it possible to solve this issue with the appropriate organization of conditions for resort rehabilitation.

The necessity of resort rehabilitation of patients with chronic colitis is justified, primarily as a result of acute intestinal infections (dysentery, salmonellosis, food poisoning) to prevent the development of a pathological process in the intestine, as well as concomitant diseases of the digestive system, the occurrence of colorectal cancer [2]. It is known that long-term administration of a large number of medications leads to allergic reactions, toxemia, dysbiosis, and impaired vitamin metabolism in patients (B1, B12, riboflavin, pantothenic acid), the occurrence of candidomycosis, staphylococcal sepsis, pseudomembranous colitis. The routine use of certain medicines can cause both the absence of a therapeutic effect and complications of the disease.

In order to prevent the adverse effects of drugs on the intestines and the body as a whole, it seems promising to use natural and preformed physical factors that can be used both at resorts and in non-resort settings.

Methods of internal intake of mineral waters of various mineralization and chemical composition, balneological procedures, mud treatment, electroson and intra-organ electrophoresis of probiotics have been developed, which can be used at any stage of the disease both at the resort and outside it (polyclinics, rehabilitation departments of hospitals, medical units of large industrial enterprises).

One of the priorities of modern gastroenterology is the oncoprevention of the digestive system, namely stomach cancer. The results of numerous studies have proved that the risk of developing gastric cancer increases in parallel with the severity of chronic atrophic gastritis (CAG), and the

reliability of the development of gastric cancer is directly proportional to the degree of atrophic changes and contamination of *Helicobacter pylori* in the mucous membrane.

Until now, according to modern standards, the treatment of patients with HCG associated with *H.pylori* has been based only on the use of antihelicobacter therapy, which makes it possible to explain one of the significant links in the pathogenesis of chronic atrophic gastritis. Meanwhile, after antihelicobacter therapy, only in some patients after 1-2 years, a decrease in the severity of atrophy processes can be noted. Therefore, in our opinion, the therapy of this disease should be comprehensive and include drugs that stimulate the processes of regeneration and repair in the gastric mucosa, reduce inflammation in it, contribute to the normalization of acid-forming and motor evacuation function the gastroduodenal system.

In this regard, a system of restorative treatment of patients with CAH [1] was developed and put into practice, characterized by duration, sequence, complexity and phasing of exposure. This system involves the appointment of antihelicobacteria therapy and cytoprotectors, after which an internal course of mineral waters, magnetolaser therapy, and an internal course of the polymineral complex "Poltava Bischofite" are recommended, this makes it possible to normalize the necessary relationship between the processes of cell proliferation, differentiation and apoptosis within 6-12 months and, accordingly, reduce or neutralize the manifestations of structural restructuring of the gastric mucosa and stop the progression of atrophic, metaplastic and dysplastic changes in the gastric mucosa. This, in turn, allows you to prevent the possible development of gastric adenocarcinoma. At the same time, do not forget that the formation of atrophic changes originates from prolonged chronic persistent inflammation in the mucous membrane of the gastroduodenal zone. High efficiency of laser therapy, peloidotherapy and internal administration of Poltava bischofite in patients with chronic non-atrophic gastritis has been demonstrated in the form of elimination of histological and morphological signs of inflammation in the gastric mucosa, reduction of *N. rulori* contamination, normalization of motor evacuation function of the esophagus, stomach and duodenum. In recent years, patients who have undergone surgical interventions for stage II—IV hernias of the esophageal orifice of the diaphragm, accompanied by a severe course of gastroesophageal reflux disease, have been admitted to early resort rehabilitation. Treatment methods are being developed using drinking mineral waters, baths of various compositions, electrosleep procedures, SMT and DMV therapy, alternating magnetic field, laser therapy, which contribute to the elimination of the inflammatory process and the restoration of antegrade motility in the esophagogastrroduodenal system, this, accordingly, increases the duration of stable remission of the underlying disease, improves the quality of life of patients.

Currently, rehabilitation departments for patients who have undergone viral hepatitis, gastric and biliary tract surgeries operate in many resorts. Thus, the existing experience of early resort rehabilitation of patients with gastroenterological profile allows us to consider this stage of treatment necessary and effective, contributing to improving the general condition of patients, restoring the functional state of the digestive organs, increasing the immune reactivity of the body. This prevents the chronization of the pathological process after surgical interventions on the digestive organs, infectious diseases, inflammatory and erosive ulcerative lesions of the stomach and duodenum, which prevents the complication of the disease and disability of patients.



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