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**The effectiveness of SCENAR therapy in multiple treatment of socially significant diseases of digestive organs**

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The problem of digestive diseases is still actual at the present time. In Russia the disease incidence is more than 9 000 patients per 100 000 of the population. Moreover up trend of the incidence remains unchanged. The disease pathomorphism changes gradually. We can observe the levelling of sex differences in the incidence of gastrointestinal diseases, gastric and duodenal ulcer diseases and also the extension of age limits for patients with digestive system pathology.

In the early 90s of last century in the period of social and economic reforms in Russia, the social stress was observed, which was accompanied by decrease in life expectancy and expected life expectancy, increase in mortality and decrease in birth rate. Socio-economic crisis in the country also contributed to the increase in the number of patients with digestive system pathology. If the mortality from common causes increased on average in 1.5 times, than the mortality from digestive diseases increased in 1.6 times during the last decade of last century in Russia. Therefore, digestive diseases has undergone some changes at the present time and, as seen on the figure 1, socio-economic factors, such as stress and decline of sanitary-hygienic culture, influenced on the growth of the incidence rate. All of this is accompanied by growth of so-called socially significant diseases and, in relation to digestive diseases, longer permanent disability and invalidity, increase of lethal outcomes and increase of complications risk are registered.

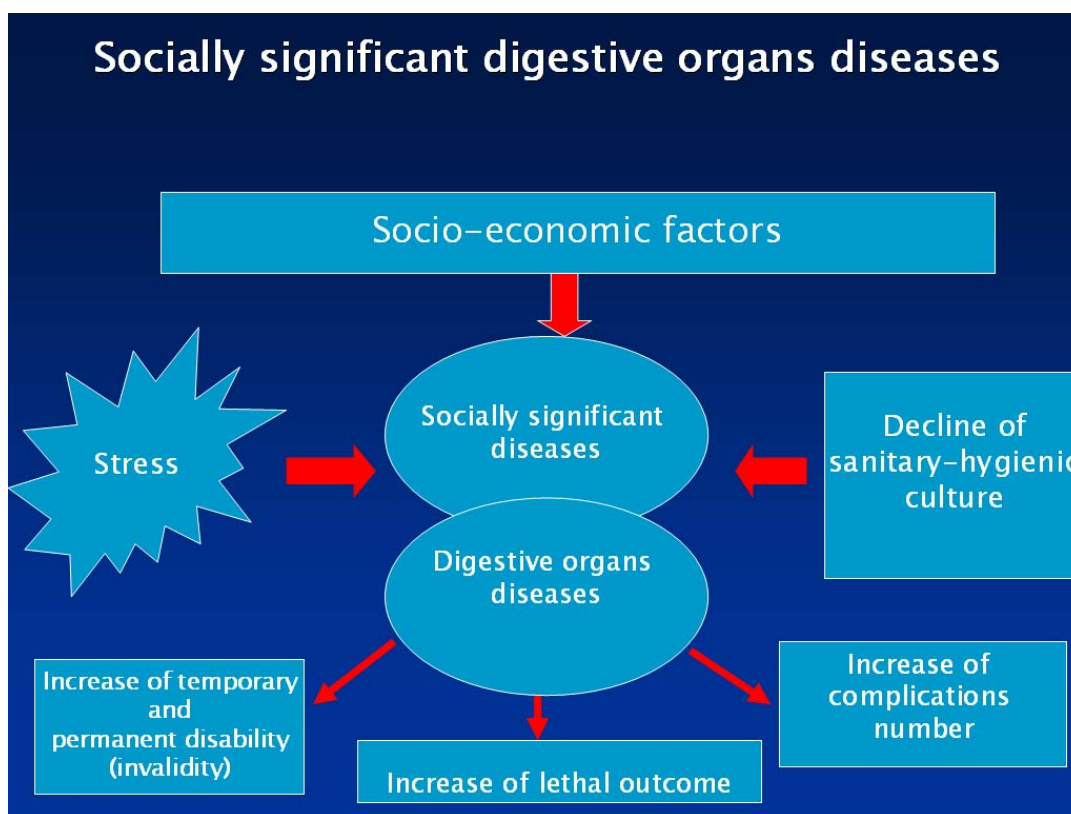


Fig. 1

Regarding the nosological forms, we should note that gastroesophageal reflux disease (GERD) clearly reflects the social nature and the social significance of this disease. The frequency of acid reflux, which is the leading clinical symptom of this disease, has increased and is 20-40% of the total adult population. More complicated disease development is observed with domination of severe peptic reflux esophagitis, Barrett's esophagus and esophageal strictures. The presence of non-typical symptoms and extraintestinal manifestations occasionally makes difficult to diagnose GERD, worsens other diseases. Insufficient effectiveness of modern etiopathogenetic treatment is observed and is accompanied by a persistent decline in the quality of life of patients with GERD. This group of patients is characterized by high cost of course therapy and frequent recurring (50-70%) even after basic treatment course.

If you look at the prevalence of GERD, you can see that there are countries with low and middle incidence. And although in most countries epidemiological studies were not carried out, i.e. they are “blind zone”, anyway the point is that we detect only the tip of the iceberg in epidemiological studies, so we suppose that the number of patients is much bigger than is identified at questionnaires and examinations. (fig.2)

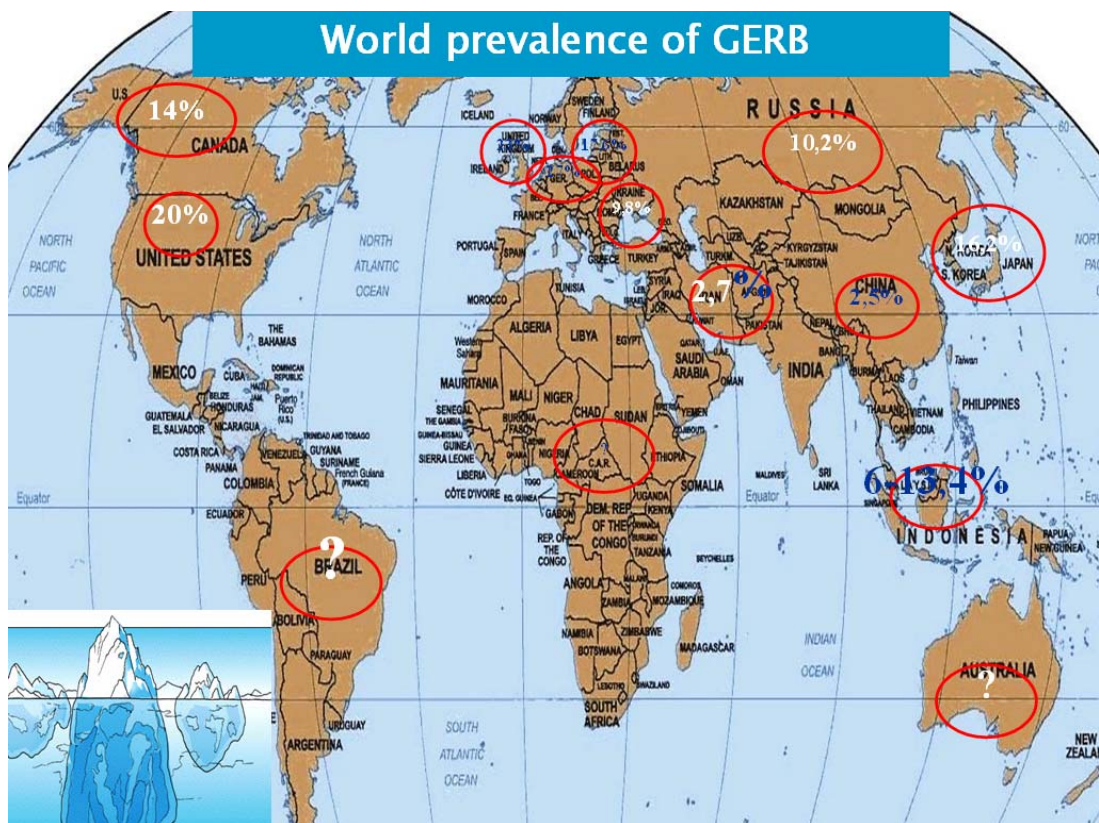


Fig.2

Peptic ulcer disease is also a socially significant disease. Global trend indicates a growing incidence of peptic ulcer disease. In Russia not less than 8% of the population suffer from ulcer disease and more than 3 million patients are under dispensary observation. At the same time, the number of patients with complicated peptic ulcer disease has not changed, despite the fact that the frequency of hospitalization and elective surgery for patients with uncomplicated peptic ulcer has decreased. More than 6 000 people die of the complications every year.

Chronic pancreatitis is also a socially significant disease and its primary incidence is from 4 to 8 cases per 100 thousand people per year. The prevalence in Europe is from 20 to 300 new cases. In Russia there is more than 60 thousand patients with chronic pancreatitis that is in 3 times more compared to Germany. These are epidemiological features of chronic pancreatitis. The etiological factors are alcohol and biliary pathology. Associated diseases are recorded in 80% cases and more than 4 associated diseases are recorded in 65-70%. These are persistent pain syndrome, which is observed in every second patient, nutritional deficiency I – III degree almost in the same percentage, a need of enteral nutrition of hospitalized patients in every 6th case. More than 11% of patients with chronic pancreatitis go on disability. About every third patient has early complications, and the mortality remains at 5%. 20-year anamnesis of chronic pancreatitis increases the risk of cancer in 5 times. Mortality is about 30% within 10 years of disease and more than 50% within 20 years. The average age of patients is 39 years old and the proportion of women has increased by 30%. These features characterize chronic pancreatitis as a socially significant disease.

Inflammatory bowel diseases, such as ulcerative colitis (UC), also belong to the socially significant, despite the low incidence from 10 to 20 per 100 thousand per year and the prevalence of 100-200 per 100 thousand of the population. The frequency of relapses is quite high. In the first year after diagnosis and basic treatment it is 50%. During the next 3-5 years remission is observed only at every 4th patient, every 5-th patient has annual relapses and every second patient has more rare relapses. The course of UC is also tragic as in case of Crohn's disease. About 20% have colectomy in the period of 10 years and 30% in the period of following 25 years.

What problems are faced by gastroenterologists and therapists in treatment of inflammatory bowel diseases? These are a problem of low socio-economic status of patients, the high cost of drugs for basic treatment, insufficient financing of High Tech Medical Care, low compliance of patients to the total course of combined treatment, fear of treatment by glucocorticoids, incorrect choice of daily dose for course therapy by primary care doctors.

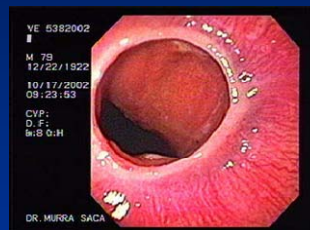
The research, based on these diseases, was intended for evaluating the multiple therapy effectiveness using RISTA technology and SCENAR therapy on the stage of diagnostics and choosing the treatment modality.

The research consisted of three stages. At the first stage examination of patients with digestive diseases and formation of study groups were carried out. At the second stage - course treatment, and at the third stage - evaluation of therapy effectiveness. At the first stage two groups were formed. The first group is 96 patients who received basic treatment, the second is 37 people who received combined treatment (Evaluation of the condition of CNS vegetative dysfunction based on RISTA-diagnostics and choosing the SCENAR-prescription were carried out.) We studied groups of patients with reflux disease, duodenal and gastric ulcer diseases, chronic pancreatitis and ulcerative colitis. To demonstrate the effectiveness of mentioned treatment regimens we regard the major socially significant diseases in the same sequence in which the research was carried out (picture1).

## Эффективность СКЭНАР в базисной терапии осложненных форм гастроэзофагеальной рефлюксной болезни



Контрольная группа n=22  
(базисная терапия ИПП)  
Положительный результат достигнут у 15 (73,3%) больных



Основная группа n=7  
(терапия ИПП + СКЭНАР)  
Положительный результат достигнут у 6 (85,7%) больных

Конечная точка оценки эффективности 12 недельной базисной терапии:  
купирование клинических симптомов ГЭРБ, эпителизация эрозий и язв пищевода

Рис.1

The photo shows the effectiveness of combination therapy of patients with complicated forms of GERD. On the left side there is an endoscopic view of patients before treatment. The most prevalent were patients with high C and D grades of reflux esophagitis, who had multiple linear erosions and ulcerations covering more than 50% of the circumference of distal esophagus. The end points of evaluating the effectiveness of 12-week basic therapy were following parameters: reduction of the clinical symptoms, burning sensation, retrosternal pain, dysphagia, epithelization of erosions and esophagus ulcers during the control endoscopy after 12 weeks of basic combination therapy. In the control group, which received only proton pump inhibitors (PPI), the positive effect was reached in 73% of patients, however, in patients who received PPI with SCENAR-therapy the result was higher and was about 83%.

The next group consisted of patients with peptic ulcer disease, who also received basic therapy including PPI and cytoprotection. The patients were helicobacter-negative and, as seen on the slides, selection of patients was based on endoscopic markers: the presence of multiple duodenal ulcers and erosive gastritis with a predominance of inflammatory component in the stomach antrum. The control group of 25 people received basic therapy for a month. Positive result in form of ulcer scarring, reduction of UD clinical symptoms and erosion scarring was observed in 85% of patients. Use of SCENAR-therapy (12 pers.) was accompanied by a positive effect in 92% of cases. It should be noted that the dynamics of clinical symptoms regress was more significant in the group treated with SCENAR therapy.

Using RISTA-diagnostics and choosing the SCENAR-prescription allowed us to monitor the degree of autonomic nervous system disorders on different meridians. In particular before treatment in a patient with UD we observed functional activity

disorders with a deviation of 25 units and after treatment and course therapy on stomach meridian we observed normalization of functional activity already after 2 weeks. (fig.3)

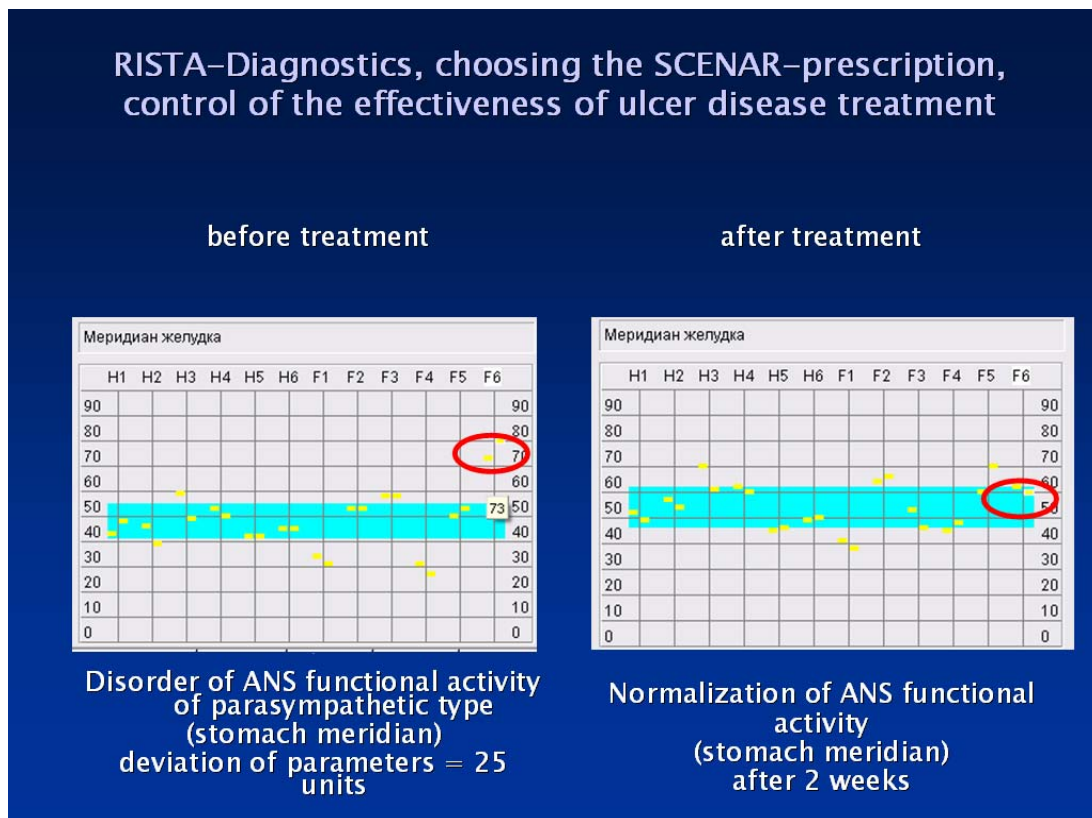


Fig.3

SCENAR-therapy was used in multiple treatment of patients with Ulcerative Colitis (UC). The evaluation point of standard effectiveness was determined on the basis of UC clinical symptoms: defecation frequency and pathological admixtures in feces. In all cases, before prescribing the treatment we observed at endoscopy: macroscopic manifestations of UC recurrence in form of multiple erosions, confluent ulcers, contact bleeding, absence of vascular pattern or its deformation. At the control endoscopy of the large bowel we observed epithelization of erosions and scarring of stercoral ulcers. After 12 weeks in the control group (22 people), which received basic therapy, a positive effect was achieved in 19 (63%) patients. But in the main group (7 people), which received basic therapy + SCENAR, a positive effect was achieved in 82% of patients.

## RISTA-Diagnostics, choosing the SCENAR-prescription, control of the effectiveness of Ulcerative Colitis treatment

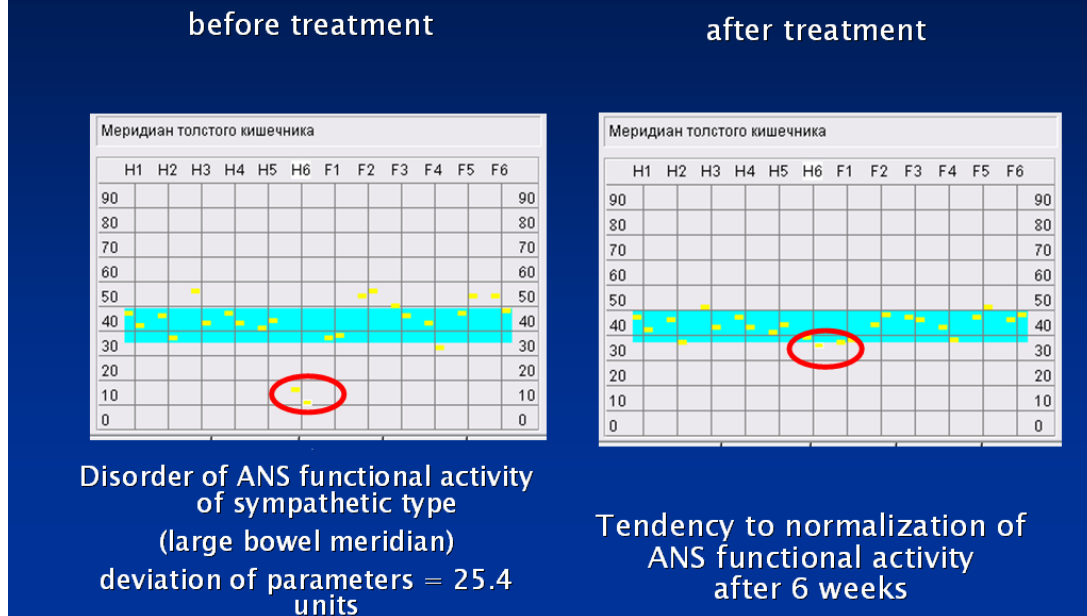


Fig.4

Figure 4 demonstrates the use of Rista-diagnostics in patients with UC. A sympathetic type change, deviation on large bowel meridian of more than 25 units were recorded. And after 6 weeks a tendency to normalization of ANS functional activity was marked.

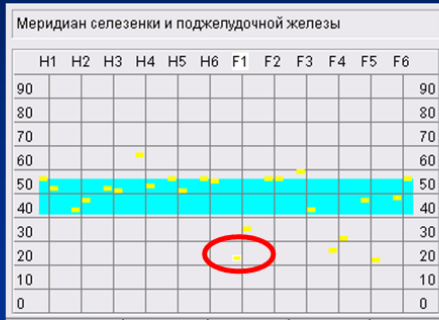
The last group consisted of patients with chronic pancreatitis and severe pain syndrome. At ultrasonography ultrasound markers were recorded in form of increasing the size of the pancreas, contour irregularities, increasing echogenicity. These patients received basic therapy - spasmolytics, PPI, and after treatment in 60% a positive result was achieved, which was accompanied by reduction of the clinical symptoms in form of reducing the size of the pancreas, normalization of amylase activity and hemolipase. In the group received combination therapy (11 pers.) a positive result was achieved in 86% of patients.

This fact is confirmed not only by laboratory and clinical dynamics, but also by RISTA-diagnostics monitoring before and after treatment. Deviation on pancreas meridian before treatment was 20 units, after treatment a clear tendency to normalization on this meridian 4 weeks (Fig. 5)

# RISTA–Diagnostics, choosing the SCENAR– prescription, control of the effectiveness of Chronic Pancreatitis treatment

before treatment

after treatment



Disorder of ANS functional activity  
of sympathetic type (pancreas  
meridian)  
deviation of parameters = 17.2  
units

Normalization of ANS  
functional activity (of pancreas  
meridian) after 4 weeks

Fig.5

In summary, multiple treatment of digestive organ diseases, including courses of SCENAR-therapy, is accompanied by restoration of ANS, improvement of clinical, laboratory and morphological parameters that indicate stable remission.