



Wiadomości Lekarskie

Czasopismo Polskiego Towarzystwa Lekarskiego



Pamięci
dra Władysława
Biegańskiego

TOM LXXI, 2018, Nr1 cz II

Rok założenia 1928

Wiadomości Lekarskie is abstracted and indexed in: PubMed/Medline, EBSCO, SCOPUS, Index Copernicus, Polish Medical Library (GBL), Polish Ministry of Science and Higher Education.

Copyright: © ALUNA Publishing.

Articles published on-line and available in open access are published under Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.

Zasady prenumeraty dwumiesięcznika Wiadomości Lekarskie na rok 2018

Zamówienia na prenumeratę przyjmuje Wydawnictwo Aluna:

- e-mailem: prenumerata@wydawnictwo-aluna.pl
- listownie na adres:

Wydawnictwo Aluna
ul. Z.M. Przesmyckiego 29, 05-510 Konstancin-Jeziorna

Prosimy o dokonywanie wpłat na numer rachunku Wydawnictwa:
Credit Agricole Bank Polska S. A.: 82 1940 1076 3010 7407 0000 0000

Cena prenumeraty sześciu kolejnych numerów: 180 zł/rok (w tym 5% VAT)

Cena prenumeraty zagranicznej: 60 euro/rok.
Cena pojedynczego numeru – 30 zł (w tym 5% VAT) + koszt przesyłki.
Przed dokonaniem wpłaty prosimy o złożenie zamówienia.



Wiadomości Lekarskie

Editor in-Chief

Prof. Władysław Pierzchała

Deputy Editor in-Chief:

Prof. Aleksander Sieroń

Statistical Editor

Dr Lesia Rudenko

Polskie Towarzystwo Lekarskie:

Prof. Waldemar Kostewicz – President PTL

Prof. Jerzy Woy-Wojciechowski – Honorary President PTL

Prof. Tadeusz Petelenz

International Editorial Board – in-Chief:

Marek Rudnicki

Chicago, USA

International Editorial Board – Members:

Kris Bankiewicz	San Francisco, USA	George Krol	New York, USA
Christopher Bara	Hannover, Germany	Krzysztof Łabuzek	Katowice, Poland
Krzysztof Bielecki	Warsaw, Poland	Henryk Majchrzak	Katowice, Poland
Zana Bumbuliene	Vilnius, Lithuania	Ewa Małecka-Tendera	Katowice, Poland
Ryszarda Chazan	Warsaw, Poland	Stella Nowicki	Memphis, USA
Stanislav Czudek	Ostrava, Czech Republic	Alfred Patyk	Gottingen, Germany
Jacek Dubiel	Cracow, Poland	Palmira Petrova	Yakutsk, Russia
Zbigniew Gasior	Katowice, Poland	Krystyna Pierzchała	Katowice, Poland
Andrzej Gładysz	Wroclaw, Poland	Tadeusz Płusa	Warsaw, Poland
Nataliya Gutorova	Kharkiv, Ukraine	Waldemar Priebe	Houston, USA
Marek Hartleb	Katowice, Poland	Maria Siemionow	Chicago, USA
Roman Jaeschke	Hamilton, Canada	Vladyslav Smiiianov	Sumy, Ukraine
Andrzej Jakubowiak	Chicago, USA	Tomasz Szczepański	Katowice, Poland
Oleksandr Katrushov	Poltava, Ukraine	Andrzej Witek	Katowice, Poland
Peter Konturek	Saalfeld, Germany	Zbigniew Wszolek	Jacksonville, USA
Jerzy Korewicki	Warsaw, Poland	Vyacheslav Zhdan	Poltava, Ukraine
Jan Kotarski	Lublin, Poland	Jan Zejda	Katowice, Poland

Managing Editor:

Agnieszka Rosa

amarosa@wp.pl

Graphic design / production:

Grzegorz Sztank

www.red-studio.eu

International Editor:

Lesia Rudenko

l.rudenko@wydawnictwo-aluna.pl

Publisher:

ALUNA Publishing

ul. Przesmyckiego 29, 05-510 Konstancin – Jeziorna

www.aluna.waw.pl www.wiadomoscilekarskie.pl

www.medlist.org

Distribution and Subscriptions:

Bartosz Guterman prenumerata@wydawnictwo-aluna.pl

SPIS TREŚCI

PRACE ORYGINALNE / ORIGINAL ARTICLES

- Andrey V. Dovzhenko, Vera D. Kuroedova, Lyudmila B. Halych
 THE EVALUATION OF TEETH LOOSENING OF THE UPPER JAW IN ADAPTIVE PERIOD OF ORTHODONTIC TREATMENT BY BRACES
 OCENA ROZŁUŻNIENIA UKŁADU ZĘBOWEGO SZCZĘKI W OKRESIE ADAPTACYJNYM LECZENIA PRZY POMOCY APARATU ORTODONTYCZNEGO 123
- Zhanetta A. Chornenka, Elvira Ts. Yasinska, Mariana I. Grytsiuk
 EFFECT OF PROLONGED AND INTERMITTENT TREATMENT ON THE CLINICAL COURSE OF PEPTIC ULCER
 SKUTECZNOŚĆ PRZEDŁUŻONEGO I OKRESOWEGO LECZENIA NA KLINICZNY PRZEBIEG OWRZODZENIA ŻOŁĄDKA 128
- Юрий В. Смянов, Юрий В. Лактин
 ВЛИЯНИЕ НАПРЯЖЕННО-ДЕФОРМАЦИОННЫХ ПРОЦЕССОВ В ЭМАЛИ ЗУБОВ НА МАРГИНАЛЬНУЮ ПРОНИЦАЕМОСТЬ РЕСТАВРАЦИЙ I КЛАССА С РАЗНЫМ ДИЗАЙНОМ КРАЯ КАРИОЗНОЙ ПОЛОСТИ
 THE INFLUENCE OF STRESS-STRAIN PROCESSES IN TOOTH ENAMEL ON THE MARGINAL PERMEABILITY OF CLASS I RESTORATIONS WITH A DIFFERENT DESIGN OF THE EDGE OF THE CARIOUS CAVITY 135
- Maksim Y. Sokolov, Dmytro I. Besh, Olesya M. Besh, Oleg I. Rafaluk, Oleg O. Kapustynskyy
 THE INFLUENCE OF THE MANUAL THROMBUS ASPIRATION ON THE SHORT TERM EFFECTIVENESS OF THE PERCUTANEOUS REVASCULARIZATION IN PATIENTS WITH CORONARY ARTERY THROMBOSIS
 WPŁYW MANUALNEJ TROMBEKTOMII NA KRÓTKOTERMINOWĄ SKUTECZNOŚĆ PRZEZSKÓRNEJ REWASKULARYZACJI U PACJENTÓW Z ZAKRZEPICĄ TĘTNICY WIEŃCOWEJ 140
- Orysya O. Syzon, Marianna O. Dashko
 INDICATORS OF PHAGOCYTOSIS IN WOMEN WITH ACNE DURING COMPREHENSIVE TREATMENT THAT INCLUDED IMMUNOTHERAPY AND PROBIOTICS
 WSKAŹNIKI FAGOCYTOZY U KOBIET Z TRĄDZIKIEM W TRAKCIE KOMPLEKSOWEGO LECZENIA OBEJMUJĄCEGO STOSOWANIE IMMUNOTERAPII ORAZ PROBIOTYKÓW 144
- Наталья И. Гасюк, Наталья С. Артемова, Елена М. Ковалева, Валерий И. Похилько, Галина А. Соловьева
 РОЛЬ ГЕНОВ РЕНИН-АНГИОТЕНЗИНОВОЙ СИСТЕМЫ В РАЗВИТИИ НЕБЛАГОПРИЯТНЫХ ИСХОДОВ ЛЕЧЕНИЯ ТЯЖЕЛЫХ ВНУТРИЖЕЛУДОЧКОВЫХ КРОВОИЗЛИЯНИЙ У ПРЕЖДЕВРЕМЕННО РОЖДЕННЫХ ДЕТЕЙ
 THE ROLE OF GENES OF RENIN-ANGIOTENSIN SYSTEM IN THE DEVELOPMENT OF ADVERSE OUTCOMES OF TREATMENT IN SEVERE INTRAVENTRICULAR HEMORRHAGES IN PREMATURE INFANTS 148
- Natalia V. Motorna, Svetlana L. Rybalko, Daria B. Starosyla, Mykhailo M. Guzyk, Iryna G. Strokina, Rostyslav F. Kaminsky, Alina V. Korsak, Sergey I. Savosko, Liudmyla M. Sokurenko, Yuri B. Chaikovskyy
 THE STUDY OF LEUKOCYTE PHAGOCYTIC ACTIVITY IN THE PRESENCE OF HERPETIC INFECTION AND STROKE
 BADANIE AKTYWNOŚCI FAGOCYTARNEJ LEUKOCYTÓW PRZY WSPÓŁISTNIENIU ZAKAŻENIA OPRYSZCZKĄ I UDARU 155
- Елена Н. Комар, Наталья Н. Кизлова, Александра Д. Трилевич, Василий В. Кравченко
 ФАКТОРЫ РИСКА ВОЗНИКНОВЕНИЯ НЕБЛАГОПРИЯТНОГО ТЕЧЕНИЯ ЯЗВЕННОЙ БОЛЕЗНИ ЖЕЛУДКА И ДВЕНАДЦАТИПЕРСТНОЙ КИШКИ
 RISK FACTORS FOR ADVERSE COURSE OF GASTRIC AND DUODENAL PEPTIC ULCER 160
- Stanislav G. Saksonov, Tetiana S. Gruzeva, Oksana P. Vitovska
 HEALTH OF OPHTHALMOLOGISTS AS A PREREQUISITE OF QUALITY MEDICAL SERVICES
 STAN ZDROWIA OKULISTÓW JAKO WARUNEK JAKOŚCI USŁUG MEDYCZNYCH 165
- Николай А. Щербина, Людмила А. Выговская
 ОСОБЕННОСТИ МЕСТНОГО ИММУНИТЕТА ПРИ ЛОКАЛЬНОЙ ВОСПАЛИТЕЛЬНОЙ РЕАКЦИИ У БЕРЕМЕННЫХ В ЗАВИСИМОСТИ ОТ РЕАЛИЗАЦИИ ВНУТРИУТРОБНОЙ ИНФЕКЦИИ
 FEATURES OF LOCAL IMMUNITY IN LOCAL INFLAMMATORY REACTIONS IN PREGNANT, DEPENDING ON THE IMPLEMENTATION OF INTRAUTERINE INFECTION 168
- Mykola Kondratiuk, Anna Blagaia, Ihor Pelo
 COMPARATIVE HYGIENIC ASSESSMENT OF ACTIVE INGREDIENTS CONTENT IN THE AIR ENVIRONMENT AFTER TREATMENT OF CEREAL SPIKED CROPS BY COMBINED FUNGICIDES
 PORÓWNAWCZA HIGIENICZNA OCENA ZAWARTOŚCI AKTYWNYCH SKŁADNIKÓW W POWIETRZU PO LECZENIU ZBOŻA KŁOSOWEGO PRZY POMOCY ZŁOŻONYCH FUNGICYDÓW 173
- Vadim G. Krivoshapkin, Sergei I. Semenov, Svetlana S. Maximova, Nadegda N. Tihonova, Anna I. Sivtseva, Snegana S. Sleptsova
 CLINICAL AND LABORATORY CHARACTERISTICS OF HEPATITIS D IN REPUBLIC OF SAKHA (YAKUTIA)
 CHARAKTERYSTYKA KLINICZNA I LABORATORYJNA WIRUSOWEGO ZAPALENIA WĄTROBY TYPU D W REPUBLICIE SACHA (JAKUCJA) 179
- Oleg O. Sherstiuk, Volodymyr H. Hryn, Nataliia I. Vynnyk, Andriy V. Piliuhin, Mykhailo M. Koptev
 STEREO MORPHOLOGY OF THE GLANDULAR PARENCHYMA OF THE INFEROPOSTEROLATERAL AREA OF HUMAN PROSTATE GLAND
 STEREO MORFOLOGIA MIĄSZU POWIERZCHNI DOLNO-TYLNO-BOCZNEJ LUDZKIEGO GRUCZOŁU KROKOWEGO 184
- Valerii O. Novoselets'kyi, Mykola A. Stanislavchuk, Volodymyr M. Shkarupa, Liliia V. Shvets
 CHARACTERIZATION OF LEPR GENE Q223R (RS1137101) GENOTYPES IN PATIENTS WITH KNEE JOINT OSTEOARTHRITIS OF DIFFERENT RADIOGRAPHIC STAGES
 CHARAKTERYSTYKA POLIMORFIZMU GENU LEPR Q223R (RS1137101) U PACJENTÓW Z CHOROBA ZWYRODNIENIOWĄ STAWU KOLANOWEGO W RÓŻNYCH STADIACH ZAAWANSOWANIA ZMIAN RADIOLOGICZNYCH 188

EFFECT OF PROLONGED AND INTERMITTENT TREATMENT ON THE CLINICAL COURSE OF PEPTIC ULCER

SKUTECZNOŚĆ PRZEDŁUŻONEGO I OKRESOWEGO LECZENIA NA KLINICZNY PRZEBIEG OWRZODZENIA ŻOŁĄDKA

Zhanetta A. Chornenka, Elvira Ts. Yasinska, Mariana I. Grytsiuk

DEPARTMENT OF SOCIAL MEDICINE AND PUBLIC HEALTH, HIGHER STATE EDUCATIONAL ESTABLISHMENT OF UKRAINE "BUKOVINIAN STATE MEDICAL UNIVERSITY", CHERNIVTSI, UKRAINE

ABSTRACT

Introduction: The number of patients with peptic ulcer increases annually. According to published data, patients with peptic ulcer constitute about 15% of those hospitalized with gastrointestinal diseases.

The aim: That is why we set the task to evaluate the methods of preventive treatment and to choose the most effective one.

Materials and methods: For this purpose, we selected 103 patients with peptic ulcer without severe exacerbations and complications from one region (main group) and 101 patients from another region (control group) for observations. Making diagnosis was based on the study of complaints, anamnestic data, physical examination of the patient, evaluation of the functional state of the gastroduodenal system, as well as the X-ray and endoscopic examination. The sources of the study were medical records of outpatients, control cards for dispensary surveillance, registers of temporary disability records, sick leave records and others.

Results: Most patients, from both the main and control groups, who were on prophylactic treatment, noticed that they had an increased working capacity, normalized sleep, better appetite and fewer dyspeptic disorders. Patients in the main group for two years were on prolonged prophylactic treatment according to the method that we had developed. by us. Patients in the control group received an intermittent preventive treatment twice a year (in spring and autumn). In the complex of therapeutic measures the following were used: dietary recommendations, antacids, cholinolytics, multivitamins, etc.

Conclusions: Prolonged prophylactic treatment is an effective means to combat exacerbations and complications of peptic ulcer and can be recommended for implementation in practice.

KEY WORDS: peptic ulcer, prolonged prophylactic treatment, intermittent preventive treatment, diet, corrections of the treatment

Wiad Lek 2018, 71, 1 cz. II, 128-134

INTRODUCTION

One of the most important tasks of modern medicine is still the development of measures to prevent the disease of the gastrointestinal tract (GIT). Particular attention is required for gastric and duodenal ulcers.

According to the traditional definition of the World Health Organization (WHO), peptic ulcer (ulcus ventriculi et duodeni-pepticum, morbus ulcerosus) is a common chronic relapsing disease, inclined to progression, with a polycyclic course, the characteristic features of which are seasonal exacerbations, which are accompanied by the ulcer defect in the mucous membrane, and the development of complications that threaten the life of the patient. [1] The peculiarity of the course of gastric ulcer is the involvement of other organs of the digestive apparatus in the pathological process, requiring timely diagnosis to develop therapeutic complexes for patients with peptic ulcer, taking into account concomitant diseases. Gastric ulcer affects people of the most active, able-bodied age, causing temporary, and sometimes, permanent loss of ability to work [2]. High morbidity, frequent relapses, prolonged disability of patients, resulting in significant economic losses - all this makes the problem of peptic ulcer one of the most urgent in modern medicine.

A great number of papers is devoted to the study of ulcer disease. However, many issues of etiology, pathogenesis, epidemiology, and especially the issues of prophylactic treatment of peptic ulcer are still not enough developed and do not fully meet the needs of practical medicine [3].

It is the prophylaxis which takes a special place in the treatment of patients with peptic ulcer.

Peptic ulcer is a disease with prolonged chronic course, frequent exacerbations and complications. Due to the complications, about 14% of patients become 2nd group disabled people and 37% become handicapped people of the third group.

That is why finding out the causes of relapse and complications of peptic ulcer and developing measures aimed at their prevention is one of the most pressing problems of modern medicine.

Many researchers believe that inadequate treatment in hospital is the initial cause of gastric ulcer relapses, almost 47% of patients are discharged from hospital without improvement [4].

A great role is also played by mental overstrain, neurohumoral imbalance, trophic disruption and activation of proteolysis of the gastric mucosa, and often the presence of helicobacter pylori infection, as well as by alcohol and tobacco abuse [3].

Table I. Distribution of patients of the main group by age, sex, variant of the course of the disease and its duration presented

Peptic ulcer (variants of its course)	The number of patients	%	Age								Duration of disease (years)			
			adolescent		adult				elderly		1-5	5-10	10-15	15 and more
			years		1 period		2 period		years					
			17-21	16-20	22-35	21-35	36-59	36-55	60-74					
			Sex								m	f		
m	f	m	f	m	f	m	f							
Chronic gastritis (ulcerative variant)	18	17,5	3	1	7	2	4	1	-	-	7	11	-	-
Duodenal or/and pyloric ulcer (typical variant)	56	54,4	-	-	21	8	19	7	3	-	15	37	4	-
Gastric ulcer	29	28,1	-	-	9	5	11	4	-	-	8	19	2	-
Total	103		3	1	37	15	34	12	3	-	30	67	6	-

Table II. Distribution of patients of the control group by age, sex, variant of the course of the disease and its duration presented

Peptic ulcer (variants of its course)	The number of patients	%	Age								Duration of disease (years)			
			adolescent		adult				elderly		1-5	5-10	10-15	15 and more
			years		1 period		2 period		years					
			17-21	16-20	22-35	21-35	36-59	36-55	60-74					
			Sex								m	f		
m	f	m	f	m	f	m	f							
Chronic gastritis (ulcerative variant)	14	13,9	1	1	7	2	2	1	-	-	5	9	-	-
Duodenal or/and pyloric ulcer (typical variant)	61	60,4	2	-	19	6	28	6	-	-	16	40	4	-
Gastric ulcer	26	25,7	-	-	6	4	13	2	1	-	9	16	1	-
Total	101		3	1	32	12	43	9	1	-	30	65	5	-

Diet is particularly important in preventive treatment. Appropriately organized, rationally differentiated medical nutrition is an indispensable way of preventing recurrent peptic ulcer.

In recent years such methods of treatment as vitamin therapy, therapeutic physical training (TPT), acupuncture, pressure point massage, physiotherapy, drinking mineral waters, balneotherapy, music therapy, mud therapy and phytotherapy have become very popular [5].

However, the unsystematic use of various means to combat relapse of peptic ulcer does not always lead to the desired effect and may even have a reverse effect resulting in the aggravation of health [6].

THE AIM

To evaluate the methods of prophylactic treatment of peptic ulcer used, to compare them and develop the most effective technique for prolonged prophylactic treatment.

MATERIALS AND METHODS

In order to achieve our goals we registered 103 patients with ulcer disease without severe exacerbations and complications in five settlements of Chernivtsi region for prolonged preventive treatment. As a control group, 101 patients with peptic ulcer without severe exacerbations and complications were selected in five settlements of Ivano-Frankivsk region, which remained on preventive treatment with breaks.

Table III. Data on the clinical and functional status of patients with peptic ulcer before the transition to prolonged prophylactic treatment and preventive treatment with breaks are given

Complaints	Number of patients			
	Main group		Control group	
	Abs. number	%	Abs. number	%
Slight sensation of heaviness in the epigastric area	39	37,8	46	45,5
Short-term pain in the epigastric area	26	25,2	30	29,7
Periodic heartburn	21	20,4	23	22,7
Periodic eructation	26	25,2	25	24,7
Constipation	27	26,2	24	23,8

Table IV. Distribution of patients according to the rates of the functional state of the stomach (before treatment) presented.

Functional rates of the stomach	Lowered		Within the normal range.		Heightened	
	Main gr.	Control gr.	Main gr.	Control gr.	Main gr.	Control gr.
Gastric juice on an empty stomach	13	15	28	32	62	54
Gastric juice under time pressure	8	10	35	33	60	53
The hydrochloric acid content on an empty stomach	11	8	31	27	61	66
hydrochloric acid discharge	7	12	44	41	52	48
Pepsin content on an empty stomach	17	14	29	34	67	53
pepsin discharge under time pressure	16	19	36	33	52	49
Intra-gastric pH monitoring	65	60	26	24	12	17

Making the diagnosis was based on the study of complaints, anamnestic data, physical examination of the patient, evaluation of the functional state of the gastroduodenal system, as well as the X-ray and endoscopic examination. Inclusion criteria [7]: patients were included in the study group after their informed consent with a verified diagnosis of gastric ulcer.

Distribution of patients of the main group by age, sex, variant of the course of the disease and its duration presented in the table I. Distribution of patients of the control group by age, sex, variant of the course of the disease and its duration presented in the table II.

According to the data provided, the main and control groups of patients with ulcer disease were approximately the same by age, sex, variant of the course of the disease and its duration.

In both the main and control groups, a larger proportion of patients was observed in adulthood, the share of teenagers was 4.12% and 4.04%, and that of elderly people constituted 3.09% and 1.01% respectively. The duration of the disease in most of the patients was from 5 to 10 years.

Data on the clinical and functional status of patients with peptic ulcer before the transition to prolonged prophylactic treatment and preventive treatment with breaks are given below (table III). According to the objective data, minor pain in the epigastric region was observed in palpation in 24 (23.3%) patients of the main group and 19 (18.8%) individuals of the control group. During the laboratory examination of blood and urine, the rates were within the

normal range. Distribution of patients according to the rates of the functional state of the stomach (before treatment) presented in the table IV.

In order to clarify the diagnosis, 15 patients from the main group and 12 from the control group underwent fibrogastroscopic examination.

Patients in the main group for two years were on prolonged prophylactic treatment according to the method that we had developed by us.

The prophylactic treatment of patients in the remission period started at home: the patients in the stage of exacerbation were hospitalized and their prophylactic treatment started after their discharge from hospital.

Medical nutrition was considered to be very important in the prolonged prophylactic treatment.

Diet №1 with enough protein, fats and carbohydrates was prescribed in the first 2 - 3 months after exacerbation. Patients with severe pain syndrome (in anamnesis) were given a glass of fat milk at night (neutralizes hydrochloric acid, reduces the peristalsis of the stomach). Before switching to a normal diet, it was recommended to include diet № 5 with stress zigzag. As a source of fat-soluble vitamins, it is possible to use olive or sunflower oil. The patients were recommended medium-timed eggs, soup of cereals, vegetables (except cabbage), milk soup with spaghetti or noodles. They also were administered vegetables, greenery, fruit and berries. The patients took broth from wheat bran (sources of vitamin B1). Particular attention was paid to the proper culinary processing of food (cleaned vegetables should not stay sliced for a long time).

Of particular importance was the use of potato and cabbage juice. Without peeling them, raw potatoes are washed, wiped and squeezed through a gauze. Fresh potato juice is consumed before meals 2 - 3 times a day 0.25 - 0.5 cups for 10 - 15 days.

Cabbage juice was recommended to patients with reduced secretory activity 0.5 cups 2 to 3 times daily before meals for 10 to 15 days. In the case of individual intolerance to juices, their use for treatment was canceled.

When prescribing a medical treatment it is necessary to remember about the possible occurrence of a medical illness. Sedation agents and cholinolytics were administered strictly for 2 - 3 weeks. When appointing antacids it should be taken into account that calcium alkali are recommended for high acidity of the gastric contents and diarrhea while the magnesium ones are prescribed in case of propensity to constipation.

Medicinal herbs, some of which were prescribed as oxygen cocktails were widely used for therapeutic purposes. The therapeutic effectiveness of medicinal plants is due to the content of various active substances (alkaloids, glycosides, polysaccharides, essential oils, organic acids, antibiotics, vitamins, trace elements, tannins, amino acids, resins, fatty oils). These substances are successfully used to treat and prevent diseases of the gastrointestinal tract. Oxygen drink is a herbal potion saturated with oxygen. An oxygen drink, was prepared with infusion of the sweet flag root, of St. John's wort, milfoil, motherwort, marsh cudweed, wild rose, chamomile. For the foam formation and taste, chicken egg white and currant syrup, cherries and strawberries were added.

Mineral bottled water was used. Preference was given to poorly mineralized alkaline waters (Borjomi, Bukovyna, Luzhanska, Polyana-Kvasova, Svaliava). At considerable mineralization, water was diluted with boiled water. The course of treatment began with a single dose of 0.25 cups of water, gradually increasing to 100 - 200 ml.

Taking into account the patient's age, sex, working conditions and everyday life, therapeutic physical training was used. Young people were allowed to do sports in the period of stable remission.

When peptic ulcer was accompanied by weight loss, multi-caloric vitaminized food was recommended. Lipotropic substance and limited physiotherapy procedures were administered for the elderly.

Schemes of prolonged prophylactic treatment for each patient were individual, taking into account the peculiarities of the clinical course of the disease, as well as the effectiveness of the therapy.

The account of the months mentioned in the scheme attached does not correspond to the calendar ones, the account of months starts from the moment of relapse elimination.

Patients were admitted to the gastroenterological department of the central district hospital for periodic treatment. Both the patients in the stage of exacerbation and those who needed some prophylaxis were sent to hospital.

Much attention was paid to monitoring the progress

of individual prophylactic treatment. For this purpose, we developed and printed a special scheme of prolonged preventive treatment which was enclosed in the outpatient card of each patient (f. 025 / o), who was under the dispensary observation for peptic ulcer. When visiting the patients, we made some corrections in this scheme if it was necessary and their treatment became individual.

If the patients did not come at the appointed time, district nurses made an active call to them and, if necessary, visited them at home. All patients who were on prolonged prophylactic treatment, were systematically examined by district doctors, by doctors of the gastrointestinal office in due time. During these examinations, the peculiarities of working and living conditions, family situation and other circumstances were clarified. Such conversations contributed to establishing a contact with patients, which is crucial for prolonged (anti-relapse) prophylactic therapy. Particular attention was paid to the health work of district nurses who monitored the implementation of the recommended administration by patients and timely corrections to the treatment scheme under the supervision of doctors of the gastroenterology office. Feeling a significant improvement after the treatment, patients later became more active in fulfilling all prescriptions.

The first year of preventive treatment:

The first month (after the relapse) Patients with duodenal ulcer (typical variants) were prescribed diet №1, sedative therapy (strictly according to the indications), antacids after meals at individual dosage, patients with gastric ulcer were administered diet number 1, plantain sap or plantaglugidum with food.

The second month. Patients with duodenal ulcer followed diet number 1, taking antacids after eating, patients with gastric ulcer were prescribed diet number 1, vitamins of group B (multivitamins).

The third month. Alongside with diet number 1 all the patients were prescribed food "zigzag" loading: bread of coarse grinding, "greens" (50 g finely chopped vegetables 3 times daily before meals), meat soups and cabbage soup, fried chops (of beef, chicken) fish, canned food, cheese once in 7 - 10 days; Patients with duodenal ulcer were given antacids after meals; patients with gastric ulcer were administered cholinolytics (belladonna or platyphyllinum as powders) for 2 - 3 weeks.

The fourth month. Patients with a typical variant of the disease were recommended potato juice (fresh skinny) with food against the background of an expanded diet as well as cholinolytics; patients with gastric ulcer were recommended "zigzag" unload once in 7 - 10 days and taking mineral water (warm) after eating.

The fifth month. Patients with duodenal ulcer were recommended an expanded diet with "zigzag" unload once in 7 - 10 days, drinking mineral waters before or after eating; patients with gastric ulcer - an expanded diet, bran broth, taking medicinal herbs (as infusion) with food.

The sixth month. All patients were recommended an expanded diet and prescribed electrophoresis.

Table V. Frequency of various complaints in patients with peptic ulcer before and after the treatment presented

Complaints	Number of patients							
	Primary group				Control group			
	Before treatment		After treatment		Before treatment		After treatment	
	Abs. number	%	Abs. number	%	Abs. number	%	Abs. number	%
A slight sensation of heaviness in the epigastric area	39	37,8	18	18,5	46	45,5	24	25,5
Short-term pain in the epigastric area	26	25,2	11	11,4	30	27,7	27	28,7
Periodic heartburn	21	20,4	10	10,4	23	22,7	13	13,8
Periodic eructation	26	25,2	14	14,6	25	24,7	14	14,9
constipation	27	26,2	10	10,4	24	23,8	20	21,3

Table VI. The values of the stomach functional state after the treatment presented

Functional values of the stomach	Prolonged treatment			Intermittent treatment		
	Before treatment (M±)	After treatment (M±)	p	Before treatment (M±)	After treatment (M±)	p
Gastric secretion on an empty stomach (ml)	72±1,06	57±0,9	<0,001	71±1,2	65±1,2	<0,001
Secretion time pressure secretion (ml)	116±0,2	105,6±0,24	<0,001	121,4±0,22	112,9±0,18	<0,001
Free hydrochloric acid per serving on an empty stomach (mg)	58,9±1,4	44,3±1,04	<0,001	62,5±0,15	48,3±1,4	<0,001
free hydrochloric acid debit-hour (mg)	216,1±0,5	191,4±0,5	<0,001	213,9±0,4	199,7±0,4	<0,001
content of pepsin in a serving on an empty stomach (g%)	1,2±0,03	0,77±0,02	<0,001	1,3±0,03	0,89±0,02	<0,001
pepsin debit-hour (g%)	6,6±0,2	4,6±1,15	<0,001	6,9±0,14	5,2±0,13	<0,001
Values of pH (in units)	1,53±0,04	1,92±0,05	<0,001	1,6±0,04	1,74±0,05	<0,05

The seventh month. An expanded diet and cabbage juice were given to patients with peptic ulcer disease.

The eighth month. Patients with duodenal ulcer were prescribed an expanded diet, novocaine (in solution) with food, coniferous baths. Patients with gastric ulcer were recommended an expanded diet, plantain sap.

The ninth month. Patients with duodenal ulcer received a diet, sedative therapy, antacids; patients with gastric ulcer - diet number 1, flax seeds, milfoill (in infusion) with food.

The tenth month. Patients with peptic ulcer with a typical variant of the disease were prescribed diet number 1, antacids, patients with peptic ulcer disease - diet number 1, cabbage juice.

The eleventh month. Patients with duodenal ulcer were recommended an unload against the background of the expansion of the "zigzag" diet, valerian tea; patients with gastric ulcer were given an expanded diet with an unload zigzag and vitamin tea with food.

The twelfth month. Patients with a typical variant of the peptic ulcer were on an expanded diet, they took mineral water and cholinolytics; patients with gastric ulcer were prescribed an expanded diet and mineral water.

The second year of preventive treatment:

The first month. Patients with duodenal ulcer were recommended mineral water against the background of an expanded diet; those with gastric ulcer were prescribed an expanded diet and electrophoresis.

The second month. Patients with a typical variant apart from an expanded diet were recommended flax seeds; patients with gastric ulcer were given an expanded diet and an oxygen cocktail.

The third month. Patients with a typical variant were given diet number 1, sedative therapy (according to the indications) inductothermy; patients with peptic ulcer disease were recommended diet number 1 and plantain sap.

The fourth month. Patients with a typical variant of the course of peptic ulcer were prescribed diet number 1, an unload "zigzag" and cholinolytics; patients with gastric ulcer - an expanded diet with an unload "zigzag" and coniferous baths.

The fifth month. An extended diet number 1 with an unload "zigzag" and electrophoresis were prescribed to the patients with duodenal ulcer; patients with gastric ulcer were given an expanded diet with an unload "zigzag" and coniferous baths.

The sixth month. Patients with duodenal ulcer were prescribed an expanded diet and an oxygen cocktail; patients with gastric ulcer - an expanded diet and multivitamins (especially of B group).

The seventh month. Patients with duodenal ulcer were given an expanded diet and coniferous baths, those with gastric ulcer were recommended an expanded diet and potato juice.

The eighth month. Patients with a typical variant were recommended an expanded diet and potato juice. Patients with gastric ulcer were given an expanded diet, cabbage juice and inductotherapy.

The ninth month. Patients with duodenal ulcer were prescribed diet number 1 and mineral water; patients with gastric ulcer - diet number 1 and cholinolytics.

The ninth month. Diet number 1 with an unload zigzag and antacids was given to patients with a typical variant of the disease; diet number 1 and an oxygen cocktail were prescribed to patients with gastric ulcer. of the stomach.

The eleventh month. Patients with peptic ulcer with a typical variant of the disease were prescribed an expanded diet with an unoad "zigzag" and antacids; patients with gastric ulcer - an expanded diet, an unload zigzag and mineral water.

The twelfth month. An expanded diet and an oxygen cocktail were prescribed to patients with a typical variant of peptic ulcer; An expanded diet and electrophoresis were given to patients with gastric ulcer.

RESULTS END DISCUSSION

Patients in the control group received an intermittent preventive treatment twice a year (in spring and autumn). In the complex of therapeutic measures the following were used: dietary recommendations, antacids, cholinolytics, multivitamins, etc.

Treatment of patients under the above schemes was carried out under the systematic control of the gastrointestinal consulting room and district physicians.

The majority of patients, both in the primary and control groups, who were on prophylactic treatment, noticed that they had increased working capacity, normalized sleep, improved appetite and fewer dyspeptic disorders.

Frequency of various complaints in patients with peptic ulcer before and after the treatment presented in the table V.

As can be seen from the table, the frequency of complaints of heaviness sensation in the epigastric region, eructation and heartburn in prolonged and intermittent prophylactic treatment decreased almost twice. At the same time, it should be noted that the frequency of complaints of short-term pain in the epigastric region and constipation in intermittent prophylactic treatment of patients, as compared with the baseline data, did not change much, whereas during prolonged treatment the frequency of these complaints decreased more than twice.

After the treatment, the values of the stomach functional state have also changed significantly.

The values of the stomach functional state after the treatment presented in the table VI.

As can be seen from the above findings, the values of the stomach functional state (secretory, acid forming, pepsin-forming ones) both in prolonged and intermittent treatment have improved significantly. However, it should be noted that the tendency to normalize the values of the stomach functional state in prolonged treatment is more pronounced than in the intermittent one. These differences in the trend towards normalization are statistically reliable.

X-ray examination before and after prolonged and intermittent prophylactic treatment was performed in 28 patients in the main group and 25 in the control group. In more than half of the patients, the tone of the stomach, the evacuation function and peristalsis normalized. But at the same time, the tendency to normalize the rest of the functional and morphological parameters (hypersecretion of fluid on an empty stomach, change in the relief of the mucosa, etc.) in the prolonged prophylactic treatment is much more pronounced than with intermittent one. For instance, in prolonged prophylactic treatment these values improved in almost 40% of patients, while in the intermittent one only in 18%.

For a more complete description of the displacements in the course of peptic ulcer, depending on the treatment method, we took into account and compared the incidence, complications and partial disability of the patients. The exacerbation incidence and the number of lost days with prolonged prophylactic treatment are lower than in the intermittent one. In 100 patients who were on prolonged treatment, exacerbations were observed in 9.4%, in intermittent one - in 15.2% of patients.

In total 93.7 days were lost in prolonged prophylactic treatment, and 193.3 days in the intermittent treatment. The average duration of one case was 10 and 12 days respectively.

In prolonged prophylactic treatment there were no cases of complications, while in the intermittent one there were two - bleeding and perforation.

CONCLUSIONS

During the study, the methods of using prolonged prophylactic treatment of peptic ulcer were developed and implemented, taking into account participation in the whole complex of measures. The prolonged (two-year) prophylactic treatment was carried out according to the scheme that we had proposed, and the intermittent treatment was performed according to the generally accepted scheme: elimination of social and domestic factors, administration of cholinolytics, antacids, and vitamins twice a year (in spring and autumn). After the courses of preventive treatment, the frequency of complaints of heaviness sensation in the epigastric region, eructation, heartburn with prolonged and intermittent prophylactic treatment decreased almost twice. However, the frequency of complaints of short-term pain in the epigastric region and constipation in intermittent prophylactic treatment of patients, as compared to baseline data, remained almost unchanged, while with prolonged treatment the frequency of these complaints decreased more than twice.

There were also significant differences in the secretory and acid-forming functions of the stomach in the patients who were on prolonged prophylactic treatment, gastric secretion on an empty stomach decreased from 72 to 57 ml., in the intermittent treatment from 71 to 65, secretion time pressure from 116 to 105.6 ml. respectively, free hydrochloric acid from 58.9 to 44.4 mg., and from 62.5 to 48.3 mg. respectively, free hydrochloric acid debit-hour from 216,1 to 191,4, in the intermittent treatment from 213,9 to 199,7 mg. In the study of the enzymatic function of the stomach, the content of pepsin in the portion on an empty stomach in prolonged prophylactic treatment decreased from 1.2 to 0.77g%, in the intermittent treatment from 1,3 to 0,89r%, pepsin debit-hour from 6,6 to 4,6r%, from 6,9 to 5,2r% respectively. Acid-forming function with prolonged treatment changed from 1,53 to 1,92 units, with intermittent one - from 1,6 to 1,74 units.

In X-ray examination of the GIT, there were also shifts of these functions in the direction of normalization, more pronounced in prolonged prophylactic treatment.

Therefore, it should be noted that prolonged prophylactic treatment is an effective means to combat exacerbations and complications of peptic ulcer disease.

REFERENCES

1. The Guide to Clinical Preventive Services (2009). Recommendations of the U.S. Preventive Services Task Force. AHRQ pub; 2009. 284 p.
2. Albertu A, Butov M. Mozhlyvosti alternatyvnoi nemydekamentoznoi terapii vyrazkovoï khvoroby shlunka. *Klinichna medytsyna*. 2005;11: 26–32.
3. Herszényi L, Juhász M, Mihály E et al. Peptic ulcer disease and stress. *Orv Hetil*. 2015; 156 (35): 1426-9.
4. Daniel VT, Wiseman JT, Flahive J et al. Predictors of mortality in the elderly after open repair for perforated peptic ulcer disease. *J Surg*. 2017; 215: 108 – 113.
5. Chan PD, Winkle CR, Winkle PJ. *Current Clinical Strategies - Family Medicine*. NY: Current Clinical Strategies Publishing; 2008, 156.
6. Yeznkyan G, Kultanov B, Shakeev K et al. Measurement of histones and circulating extracellular nucleic acids in patients' with complicated forms of peptic ulcer. *Georgian Med News*. 2017; (265): 24 – 30.
7. Rake ER. *Textbook of Family Medicine*. Saunders: An Imprint of Elsevier; 2007, p. 1581.

ADDRESS FOR CORRESPONDENCE

Zhanetta Chornenka

HSEE of Ukraine «Bukovinian State Medical University»,
Department of Social Medicine and Public Health
2, Teatralna Sq., Chernivtsi, 58002, Ukraine
tel. +380505606077
e-mail: ozo@bsmu.edu.ua

Received: 10.08.2017

Accepted: 05.01.2018