

Cholecystitis

Lik Sprava. 1998 May;(3):135-7.

[Laser puncture in the combined treatment of stenocardia with concomitant chronic cholecystitis]

[Article in Russian]

[Akimova LG.](#)

Efficiency was studied of laser acupuncture and quercetin in patients with ischemic heart disease (IHD) with concurrent chronic cholecystitis. Multimodality quantum and antioxidant therapy treatments were found out to have a beneficial effect on the clinical course of both the underlying disease and the concomitant pathologies of the biliary system, making for improvement of hemodynamics and contractile function of the myocardium, returning the hepatic circulation to normal in IHD patients with concomitant chronic cholecystitis that did not respond to conventional therapies.

[Lik Sprava.](#) 2002;(1):126-9.

[Correction of the gastric and duodenal motility by laser puncture in pancreatobiliary diseases]

[Article in Russian]

[Gontar AA.](#)

96.7 percent of patients with affections of organs of the pancreatobiliary zone displayed motor function disorders of upper portions of the alimentary canal (AC). A characteristic sign of the pathological process in pancreatobiliary organs is decreased frequency of recordable biopotentials and qualitative changes in electrogastrogrames. Changes in qualitative characteristics of the electrogastrogram are clearly related to increase in the intraduodenal pressure recordable with the aid of the "open catheter" technique. Laseropuncture is an effective supplementary method for correction of motility disorders in the upper portions of AC in those patients presenting with affections of the pancreatobiliary organs.

[Ter Arkh.](#) 1990;62(2):46-8.

[Changes in the intracavitary pressure in the stomach and duodenum with

different types of motility]

[Article in Russian]

Reshetilov IuI.

As many as 352 patients with different gastroenterological pathology (ulcer disease, chronic gastritis, chronic pancreatitis and cholecystitis) were examined under clinical conditions. Intracavitary pressure and gastric and duodenal motility were recorded on a "Salyut" polygraph with the aid of a tube of original design. It has been discovered that intracavitary pressure in the stomach and duodenum is biphasic in nature and that it may change not only in different diseases but also at different motility types. The changes discovered should be taken into account in administering adequate therapy.