

THE IMPORTANCE OF THE DRUG ALLOCHOL FOR CHRONIC CHOLECYSTITIS

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Abstract

The invention relates to pharmaceuticals, namely to a method of obtaining the choleric agent allochol, used in chronic hepatitis, cholangitis, cholecystitis and habitual constipation associated with intestinal atony. The invention consists in the fact that the method of obtaining allochol in the form of tablets consists of mixing components such as bile, plant products of nettle extract, garlic, potato starch, activated charcoal, flavoring additives, forming the dosage form by granulation, drying, powdering. Dried garlic, nettle leaves, medium molecular weight PVP are mixed, a mixture of dried bile with a particle size of 0.6-1.0 mm with aerosil, talc and medium molecular weight PVP is prepared separately, a dry granulate is added to the obtained mixture, the mixture is tableted, moistened with 70% sugar syrup containing 0.35-0.40% medium molecular weight PVP, forming a shell, powdered with basic magnesium carbonate powder. The invention provides an increase in the strength of the tablet with simultaneous rapid disintegration, and an increase in stability during storage. 2 tab. Many years of experience with pregnant women has shown that approximately 1/4 of women with cholestitis, suffering from cholestitis, associate the appearance of the right subcostal region or increased pain in the right subcostal region with the fetus' movements and its position in the uterus. Sometimes women are concerned about a burning sensation in the skin in the right subcostal region, under the right scapula - these are so-called areas of cutaneous hyperesthesia, i.e. hypersensitivity. Abdominal palpation reveals soreness in the right subcostal and epigastric region. Biliary bladders can be palpated in destructive forms of acute cholelithiasis, when it becomes enlarged and dense.

dense. However, it is not always possible to palpate at a significant tension. Diagnosis may also be difficult in diseases that develop against the background of threatened abortion.

Laboratory tests. Blood tests (for total and free bilirubin, enzymes pezheni), urine (total and bile pigments), duodenal probing (if there is no threat of pregnancy termination) with subsequent biochemical and bacteriologic study of bile. In blood tests

in patients with this pathology is often noted in blood analysis in patients with this pathology.

Leukoitosis, shift of leukoitic formula to the left and increased COE. Duodenal probing in pregnant women with chronic cholestitis in the first trimester of hypomotor dyskinesia of the gallbladder. gallbladder dyskinesia was noted in every third women, in the second and third trimesters - in more than half of the women. Chronic cholelithiasis worsens during pregnancy in 30-35% of women, with the majority of women serving in the third trimester. Painful servicemen in the III trimester. The clinical picture of the disease is dominated by painful syndrome (in 88% of women). Pregnant women complain blunt, tumescent, aching or sharp (depending on the type of dysfunction). depending on the type of gallbladder dysfunction) pain in the right subcostal region, irradiating to the right shoulder blade, right right scapula, right shoulder, and abdomen. In addition In addition, a feeling of heaviness in the right subcostal region, a sensation of grief in the right subcostal region. right subcostal region, a feeling of bitterness in the mouth, bitter belching, nausea, vomiting, heartburn, bloating. abdominal bloating, loose stools. It is characterized by the appearance or intensification of pain after inaccuracies in the diet; 25 % of women in the second half of pregnancy associate pain with fetal yawning, its position in the uterus (second position in the uterus). position in the uterus (second position). With a pronounced pain syndrome is indicated antispasmodic and analgesic drugs: No-zpa, papaverine hydrochloride, baralgin - in a normal therapeutic doses. In the presence of pregnant during an exacerbation of chronic choledocholic choleistitis hypotonic dysfunction of the gallbladder antispasmodics are contraindicated. B In this case cholekinetics are recommended: vegetable oil (sunflower, olive oil) 1 tablespoon 3 times a day. tablespoon 3 times a day before meals, xylitol or sorbitol 15 - 20 g to 1/2 cup of warm water 2 - 3 times a day before meals, xylitol or sorbitol 15 - 20 g to 1/2 cup of warm water 2 - 3 times a day, 25% solution of magnesium sulfate 1 tablespoon 2 - 3 times a day before meals.

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