

## Cholecystitis

[Ter Arkh.](#) 2009;81(2):57-61.

**[Effects of laser reflex therapy on a motor function of the gall bladder and physical properties of bile in patients with chronic acalculous cholecystitis]**

[Article in Russian]

[Burduli NM](#), [Raniuk LG](#).

AIM: To study effects of laser puncture in combined treatment of chronic non-calculous cholecystitis on motor function of the gallbladder, bile physical characteristics and clinical symptoms. MATERIAL AND METHODS: 73 patients with chronic non-calculous cholecystitis were divided into two groups: 35 patients received standard therapy alone (control group) and 38 patients were exposed to laser puncture as a component of combined treatment. RESULTS: Laser radiation on acupuncture points has a positive therapeutic result, i.e. shorter clinical symptoms, correction of motor function of the gallbladder and bile physical characteristics. CONCLUSION: Laser puncture is an effective method of acalculous cholecystitis treatment and can be included in relevant combined schemes.

[Klin Med \(Mosk\).](#) 2006;84(7):42-5.

### **[Laser therapy in complex treatment of chronic acalculous cholecystitis]**

[Article in Russian]

[Burduli NM](#), [Raniuk LG](#).

The effectiveness of various laser techniques in patients with exacerbation of chronic acalculous cholecystitis was studied. The subjects were 62 patients, in whom the diagnosis was made using clinical and instrumental tests. The patients were divided into three groups. Group I received conventional pharmacotherapy; group II received a course of intravenous laser therapy in addition to it; group III received a course of laseropuncture and low-intensive laser irradiation of the hepatic area in addition to pharmacotherapy. The best results according to clinical and instrumental data were achieved in group III. Thus, the study demonstrates advantages provided by laser therapy in complex treatment of exacerbation of chronic acalculous 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 electrogastrograms. 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.