

Possibility of complex rehabilitation of chronic pancreatitis at the stage of primary medical care (literature review)

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Chronic pancreatitis (CP) is one of the most complex polyethyloid and polymorbid diseases. The prevalence of CP among the population of different countries varies from 0.2 to 0.7%, and among patients with gastroenterological profile reaches 6.0 — 9.0% [1]. Patients with CP accounted for 25% of all who apply in gastroenterology polyclinics Ukraine, and gastrointestinal specialist hospitals in our country, these patients take 9 — 12% of beds [6]. Treatment of CP is carried out in accordance with the protocol and is well-known, but in our time, man-made and psychological effects, comorbidity, significant allergic reactions and resistance to pharmacotherapy, it is necessary to use an integrated approach to such patients with the use of alternative methods including. Therefore, a significant role is played by the need for a rehab program at an outpatient stage, which, in turn, contributes to lengthening the duration and quality of life, thus reducing the disability of the population.

CP is a progressive inflammation of the pancreas (PD) with a degenerative-sclerotic process and fibro-cystic rearrangement of the exo- and endocrine apparatus, irreversible morphological changes of the parenchyma, ducts, the terminal stage of which is atrophy of the tissue of the gland and islets, accompanied by the development of external and intrathecal secretion organ failure [13].

Diseases of software occupy 3rd place among all pathology of the gastrointestinal tract (GIT) [10]. The prevalence of CP in different regions of our planet is uneven. For example, if in Europe and the United States it is quite small — 26 cases per 100,000 population, then in southern India, it reaches significant levels — 114 — 200 cases per 100,000 population [26]. According to autopsies, the prevalence of CP is from 0.04 to 5%. Clinical studies give slightly different figures: for example, the incidence of CP ranges from 4 cases per 100 thousand. Population in the UK to 13.4 — in Finland, and in our neighboring country Poland it is 5 cases per 100 thousand. Mr. aseleynya [10]. adults chronic alcohol consumption is available consequence approximately 70% of cases of CP, with this daily dose of alcohol is over 150 g within 6 — 12 years [26]. CP is found in an increasingly young age: the average age at the time of diagnosis decreased from 50 to 39 years; the share of women increased by 30%; HPs began to be detected even

in children and adolescents. In our country over the past three decades, the incidence of pancreatitis has more than doubled. The incidence rate of CP in the population of young people has grown by almost 4 times in the last 10 years [1, 10]. This a global ten e enets people can be explained not only improved methods of diagnosis, but increasing the influence of adverse environmental factors, lowering the quality of food and the general standard of living [1].

Current concepts of etiology of CP are summarized in the classification of etiological risk factors M — ANNHEIM (2007):

- **M**ultiple — multivariate;
- **A**lkohol — alcohol;
- **N**icotine — nicotine ;
- **N**utrition — nutrition ;
- **H**ereditiy — heredity ;
- **E**fferent pancreatic ducts factors — factors that influence the diameter of the pancreatic ducts and the outflow of secretions;
- **I**mmunologic factors — immunological factors ;
- **M**is various and metabolic factors — was iznomanitni and other metabolic factors.

According to this classification, three forms of CP are distinguished:

- "Defined" CP — one or more of the following criteria:
 - 1 Calibration of software.
 - 2 Moderate or severe changes in the pancreas duct (according to the Cambridge classification).
 - 3 Much constant exocrine gland insufficiency (eg, steatorrhea, which significantly reduced after taking enzyme eparativ etc.).
 - 4 Typical for CP histology.
- " Possible " CP — one or few the following criteria in :
 - 1 Lightweight changes in the duct.
 - 2 Pseudocyst (s) is permanent or recurrent.
 - 3 Pathological results functional tests exocrine Since the function P (eg, fecal elastase test).
 4. Endocrine insufficiency (for example, pathological Results glucose tolerance test).
- " Adjuvant " CP — with a typical clinical picture of pancreatitis, however by lack of criteria of " possible " or " definite " CP.

Defined in the first episode of acute pancreatitis (GP) in the case of the presence or absence of the following factors: 1) family history of diseases of the pancreas; 2) there are risk factors M — ANNHEIM [9].

To assess the morphological changes of the pancreas used by the Cambridge scale, they also share the CP with the state of external and internal secretion.

At the first stage, which lasts about 5 years, the CP is manifested by relapses of pain. In the following 5 to 10 years (second stage) the relapse rate decreases and the complications of pancreatitis (pseudocysts, duct strictures, calcifications) appear on the foreground, and latent external secretion insufficiency (NNPP) may also occur. At the third stage, when more than 10 years have elapsed, pain attacks may decrease or stop at all, and a leading role is being taken by NSAIDs and / or diabetes mellitus. However, not all patients have such a classic clinical picture. Thus, in case of alcoholic pancreatitis, till the end of the pain is an average of 14 years, and with juvenile idiopathic — almost 27, with pain stopped only in 2/3 patients [10].

In most cases, in the presence of CP, there are three main syndromes: abdominal pain, digestive disorders and diabetes mellitus [14].

Pain occurs in 80 — 85% of CP. The pain may be acute and last for about a week (exacerbation of CP) or observed continuously [26]. Moreover, pain itself is the main factor that reduces practically all aspects of the quality of life of patients with pathology. Some other symptoms of the disease may be associated with pain. So, weight loss is often due to prandial and postprandial intensification of pain.

The first step in the treatment of pain is abstinence from alcohol and the cessation of smoking [10]. The next is the oral use of pancreatic enzymes. However, the clinical effectiveness of their use for the elimination of pain is controversial: while some studies have confirmed the effectiveness of these agents, in a number of other studies, information about it was absent. For the final answer to this question, further clinical studies are required. However, the level of evidence for the use of pancreatic enzymes for such three indicators as steatorrhea, malabsorption and pain — "B" [26]. It is also possible to prescribe antispasmodics.

When you have pain syndrome is applied step by step Pain therapy recommended by the WHO for its treatment with cancer and adapted for the CP [23].

Along with the progression of CP decreases pain syndrome and increases NNPP: diarrhea, weight loss, steatorrhea. When 1 ikuvanni NLP special attention pay attention to adequate substitution lipase. To in order to to provide normal process digestion at CP with pancreatic insufficiency, appoint 20 000 — 40 000 units lipase with everyone a receptionist food [14].

Treatment for ZNPZ is based on substitution therapy with pancreatic preparations to optimize digestion and absorption of nutrients. The recommendations of experts from European countries indicate that the main criterion for the selection of enzymes is steatorrhea — a pathological excretion of more than 15 g / day of fats with feces. However, in practice, it is difficult to determine this figure. In addition, fatty diarrhea with 'is not in all patients with ZNPZ. Therefore, enzymes should also be prescribed to all patients with weight loss or other clinical or laboratory signs of malnutrition. Substitute enzyme therapy improves digestion and absorption of nutrients and is associated with a significant increase in the quality of life of patients with chronic hepatitis [22].

In most patients with CP develops dysbiosis of the intestine, about which treatment is conducted with the inclusion of prebiotics and probiotics. When expressed maldigestion and malabsorption appoint protein substitutes and fat emulsion intravenously drip. In CP, lipoic acid, preparations that improve microcirculation (trental, heparin, quarantine), antioxidants and adaptogens (tocopherol acetate, vitamin A, etc.) [14] are shown.

Endocrine insufficiency treated, first, diet and corrections yeyu carbohydrate exchange sugar- free sweeteners [14].

However, treatment for CP is not limited to medication. The further rehabilitation of such patients is very important in preventing exacerbations and lengthening the remission of the disease. According to foreign authors, rehabilitation of patients with CH is a difficult task: it should include not only specialized treatment CP and associated disorder of the gastrointestinal tract, but also diet support, thorough physical training, and — in cases of alcoholism — psycho-social support. Such multi-disciplinary assistance can only be adequately provided in specialized rehabilitation centers [29].

The first and most important step in the prevention of repeated exacerbations of CP is the lifestyle modification: the patient needs to refuse to take alcohol and tobacco, and reduce the consumption of meat and fatty foods [26]. Patients and with CP one must strictly adhere to the regime of work and rest, so night work and long travel to such people are prohibited.

In the remission phase in the CP, a diet is used that corresponds to the principles of the second variant of the diet № 5p for Pevsner. The principle is the same as in the first version. The need to limit the products that stimulate external secretion of software is associated with the possibility of increasing intraocular pressure with increased pain. The second option is a diet No. 5p differs in the high protein content in food up to 130 — 140 g per day to enhance the synthesis of enzymes and their inhibitors. As in gipoenzyme pancreatitis, diabetes often

develops, and easily digestible carbohydrates (sugar, honey) are limited to their replacement by xylitol, sorbitol and products containing starch (potatoes, porridges). The restriction of carbohydrates is also explained by frequent intestinal dysbiosis, which increases the fermentation processes. Particular attention is paid to reducing the use of products that increase intestinal motility and gas formation, as patients with hypopoenzymatic pancreatitis complaining about frequent emptying, bloating. In the intestinal dysbiosis, it is necessary to increase the amount of sour milk products in the diet. It is necessary to enrich the food with vitamins and lipotropic substances (low-fat cottage cheese, buckwheat and oatmeal porridges, boiled egg whites, etc.). Of course, keeping a diet involves refusing to drink alcohol, and over-eating can be prevented [6].

Proved that continuation alcohol abuse reliably increases mortality sick with pancreatitis and frequency of exacerbations, but it does not have the effect on severity of pain syndrome. It is known that alcohol intake increases pain in the software at the expense of stimulation of exocrine secretion. However, when expressed NNPs (when to stimulate there is simply nothing) drinking not only does not increase pain, but may even reduce it thanks to the volume sedative effect. However, all of these recommendations is highlighted necessity of refusal from taking alcohol [10]. The risk of calcification of software decreases with refusal of alcohol, especially as the duration of CP increases, and the bicarbonate, lipase and chymotrypsin products significantly increase, as opposed to patients who continue to abuse alcohol.

Given that smoking not only enhances the negative effects of alcohol, but also contributes to the progression of CP, the recommended and complete rejection of this harmful habit. The cessation of tobacco use in patients with hereditary factors is considered particularly important as it increases the risk of RA cancer and predetermines its earlier manifestation [8, 10]. Smoking affects the clinical symptomatology of CP in the remission phase due to more intense manifestations of dyspeptic, pain and asthenoneurotic syndromes than those of non-smokers. Under the influence of this harmful habit in patients there is a progression of trophic disorders, in particular, protein and fat metabolism [13]. Spanish scientists have investigated that smoking is more dangerous than alcohol abuse in relation to the development of severe CP, because it is it, and not alcohol abuse, is associated with a high risk of pancreatic insufficiency, calcifications, and pseudo-infection when initially diagnosed with a CP [7].

An important part in the rehabilitation of a patient with CP is the use of physiotherapeutic methods. In the time of a large increase in the number of diseases associated with the adverse effects of drugs and severe allergic reactions

caused by them, it is physiotherapeutic methods of treatment can take a key position in the integrated therapy of diseases of the internal organs. Physiotherapy allows you to influence specifically on the affected organ. In this case, the biological effects of various physical factors are quite diverse. The advantage of physiotherapeutic methods is that they are easy to implement and widely available in polyclinics [18]. Most physiotherapy methods have anti-inflammatory effects, improve trophism of tissues, provide an analgesic effect, affect the state of smooth and transversely strained muscles, normalize functions of the central and peripheral nervous system [2].

From physiotherapeutic methods in the complex treatment of patients with CP are used climatotherapy, therapeutic exercises, water and heat treatment, pelodotherapy, methods of hardware physiotherapy. Typically, physiotherapy is used during remission and in the form of a chronic pulmonary arterial hyperplasia in order to obtain an analgesic effect and a certain anti-inflammatory effect, but not earlier than 3 months after the end of the last exacerbation.

Basics of physiotherapy treatment CP there is a course of admission mineral water (MW). According to many researchers, complex treatment using CF drinking helps eliminate hypoxia pankreato- and hepatocytes, improving their function by increasing bile and formation of bile, normalizing physical and chemical composition of bile, reducing inflammation of the biliary tract, which is important for prevention relapse of cholelithiasis and exacerbations of predominantly biliary protozoan [12]. Showing drinking mineral water of small and medium mineralization, which contains hydro carbonates, sulfates, divalent sulfur, calcium, zinc: "Catching 'Janske", "C Mirnovsky" "Borjomi", "Morshyn", "Luzhanska", "Glade Kvasova ", " Svalyava " and others. Medium-mineralized warm hydrobromic hydrocarbon sulfate hydrocarbon composition ($t = 37 — 38^{\circ}$ C) are shown under conditions of insufficiency of the external and intersecretory function of the software [24]. Another reason for the need for CF is chronic endogenous intoxication (HEI), which occurs when pathology of the digestive system. The success of treatment also depends to a large extent on timely active detoxification measures that are increasingly used in therapeutic practice. It is proved that the course of drinking reception of natural alkaline MW (such as Borjomi, Vichy, Karlovy Vari ") is an effective way of non-intensive detoxification therapy, which is based on the healing properties of CF, as well as their normalizing effect on the functional state of the organs of the digestive tract, which reduces metabolic load on the liver and kidneys, and decreases the levels of KEI markers [4].

Another method of physiotherapy — is Mud and Balneotherapy: pearl, bromine, mineral, coniferous, carbonic baths. Peloid therapy is prescribed only in the stage of a stable remission, at a CP with a CPR.

Hardware Physiotherapy:

1. Diadynamic currents — for the elimination of pain syndrome.
2. Sinewave modulated currents (CMCs) provide pain reliever effect, improve Indexes amylase and lipase of blood, pancreatic secretion.
3. Waves of the decimetre range (DMX) — used in the phase of stable remission in the presence of stable external and intracerebral insufficiency of software [24].

For the treatment and rehabilitation of CP at the present stage of evolution, phytotherapy and apiprotherapy may be used, but their use is still poorly understood.

The chemical composition of apitherapeutic agents (honey, propolis, pollen, royal jelly, beeswax and extract of wax moth) gives grounds to apply them in the complex treatment of CP. They exhibit anti-inflammatory, astringent, enveloping, anti-edematous, analgesic, general strengthening effect, increase vital vitality, stimulate the immune system, and create conditions for specific treatment. The use of apithapeutic agents expands the range of effective therapeutic agents, reduces the use of chemical drugs, shift the emphasis on biological treatments [5].

Herbal treatment or herbal medicine, rooted in folk medicine and is increasingly being used in practical public health. This is characteristic of many countries. For example, medicinal plants, along with homeopathic remedies, acupuncture and diet therapy, are widely used in France, China, and Germany. And in many developing countries, phytotherapy is one of the main methods of treatment. Medicinal plants used to treat CP, have the following properties: anti-inflammatory, anesthetize thick, astringent, antimicrobial, emollient, antispasmodic, renewable. Phytotherapy CP requires time and usually lasts 2 — 3 years. Recommended — as usual, with prolonged treatment — alternate charges every 2 — 3 months, taking a break for 10 — 14 days. In the treatment of herbs, attacks occur less often, pain sensations weaken. The general state of health gradually normalizes, the inflammatory process decreases, the bile drain improves, the activity of the software is restored. It is difficult, if at all possible, to predict the timing for improvement. Sometimes it is necessary to wait six and eight months, and sometimes the patient notes improvement in two weeks [20].

Another area of natural traditional medicine, which is becoming more and more interesting today, is hirudotherapy, which intensively returns to clinical practice. In recent years, it has been established that hirudotherapy is effective in chronic

inflammatory dystrophic processes of almost all localizations [25]. At CP, hirudotherapy has the following effect: anticoagulant, thrombolytic, anti-ischemic, antihypoxic, antihypertensive, anti-edematous, microcirculation restoration ; lipolytic, general reflex, restoration of permeability of the vascular wall, bacteriostatic, immunostimulant, analgesic [27]. One of the most important therapeutic mechanisms of hirudotherapy is anti-ischemic effect, as well as the ability of medical leeches to restore the microcirculation process, which helps to eliminate oxygen deficiency of cells and tissues. Due to the skin-capillary shunt, prerequisites for controlling regional blood and lymph flow are created. Thus, the restoration of the normal activity of the damaged organ is stimulated [25].

Since the fibrotic and fat changes in the CP occur during CP, the setting of leeches makes it possible to intensify the regeneration of the tissues of this organ, improve blood flow in it, to remove inflammation, significantly prolong the remission period.

Of course, hirudotherapy is necessarily combined with diet therapy and the abandonment of bad habits [21].

The leech bites human skin only at biologically active points, including points of acupuncture, which, according to many contemporary researchers, causes its reflex action. Thus, the mechanism of reflex action of hirudotherapy is similar to that for acupuncture, which is also one of the most powerful rehabilitation systems [25].

Reflexotherapy (RT) is a therapeutic and prophylactic system based on the evaluation of parameters of peripheral reflexogenic zones (acupuncture points) and their influence on the regulation of functional systems. RT and its methods, including various types of impact of including pharmacological, in certain parts of the human body with excellent physical and biochemical characteristics professes main principle of medicine. Exactly a person in a holistic psychophysical aspect, and not a separate illness, is in the field of view of the reflexologist. Many years of clinical experience, rooted in China, proves the high effectiveness of exposure to acupuncture points (TA), both in acute and chronic pathology. In its foundations in the inherent complex etiopathogenetical mechanisms that justify the effectiveness of the method. The RT service of Ukraine is recognized throughout the world: it collaborates with specialists from other countries, in particular Russia, China, Vietnam, Germany, Italy, Spain, Poland, conducting joint seminars, training specialists from different countries of the West and East. Ukrainian association of RT and laser puncture adopted member of the World Association of Acupuncture " Ichmart ".

The effectiveness of RT in various diseases has repeatedly proved not only in practice, but also in science. So, only in Ukraine with 61 theses (Ph.D. and Doctor's), written under the direction of prof. EL Macheret over 40 applies reflexology and prove its efficacy in the treatment of various s pathologies and [16].

In recent years, sufficient data has been accumulated on the use of antihomotoxic drugs (AGP) in the treatment of therapeutic pathology [1, 16, 25]. As is known, the effect of AGP, which is a complex biological means that triggers self-regulation and detoxification processes, is based on the initiation and maintenance of the body's defense, and not on the suppression of the symptoms of the disease, which are considered in homotoxicology as manifestations of the organism's struggle with pathogenic factors (etiological and pathogenetic) [16]. CP, from the position of homotoxicosis, a complex disease in which the process, depending on the duration of the disease and the possibilities of the protective forces of the organism, is already in the deep phase, often even in the phase of cellular degeneration [1]. However, the possibilities of the method are such that it is almost always possible to restore the processes of self-regulation with a persistent and thorough approach. According to many researchers, AGP has many advantages, namely: holistic approach to the body of the patient; the focus on the complete elimination of the pathogenic factor; possibility of action not only on the organ and tissue level, but also on the cellular; possibility of harmonious combination with other methods of therapy; minimum energy consumption for the body; Ability to avoid polypharmacy; absence of contraindications for age, concomitant diseases; quick action and economic affordability [1].

Principle similarity of the basic principles of RT methods and antihomotoxic therapy provides an opportunity for their joint use in order to achieve a faster and harmonious effect. In recent years there is information on the effective use in medical practice of such a compatible method — homeo — syniatry (HS). As you know, the HS is the introduction of complex AGPs at the points of AT [1, 16]. This method allows us to combine the best signs of homeopathy and RT and significantly improve the treatment effect. The most effective HS is with diseases that are accompanied by pain syndrome, which is typical for CP. AGP is introduced into TA and the corresponding meridians (at CP — meridians of software, stomach, liver, thin and large intestines, etc.). The TA formulation is selected by the physician individually, which contributes to the achievement of a fast and stable therapeutic effect, taking into account the patient's condition at the time of treatment. In addition, the method has virtually no contraindications and side effects, and can also be combined with other types of treatment (both drug and

non-medicated). The GPS has all of the above-mentioned positive signs of RT and homotoxicology, and is also harmoniously combined with a comprehensive, generally accepted treatment. According to L. S. Babinets, to improve the parameters of the trophological status, lipid peroxidation, endotoxemia, optimization of antioxidant systems and cytokine profile it is expedient to include in the complex treatment of the CP a course of GT from 20 sessions: enter the contents of 1 ampule per session — 2, 2 ml (0.2 ml at each point with the help of an insulin syringe), alternating preparations of *Momordica compositum* and *Coenzyme compositum* for days; for the course of treatment — 10 ampoules of each drug with a multiplicity of administration 3 times a week for the first 2 weeks, in the future — 1 time per week. It makes sense, but less effective is the use of a similar course Home ' muscle the introduction of these drugs in the complex treatment of patients with CP [1].

Application in the complex treatment of patients with CP of reflexotherapeutic techniques is appropriate, since it significantly enhances the efficacy of treatment, promotes the normalization of clinical symptoms, indicators of peroxidation syndrome and activation of antioxidant defense, objectively improves the general condition of patients, accelerates the restoration of activity and the ability to quality self-service and workability [16].

No less important part in medical rehabilitation of patients with CP is medical physical education. Specially selected complexes of exercise therapy for such patients promote the stimulation of metabolic processes, improve blood circulation in the abdominal organs, accelerate the passage of intestinal contents and eliminate flatulence, empty the gallbladder and increase the overall tone of the body [11]. Additionally, it is advisable to apply therapeutic massage. Impact subject of " muscles of the abdomen and lumbar spine. Stimulation of the vertebrae leads to better coordination of nerve impulses that control the activity of the software. and other internal organs. Massage also prevents the spread of inflammatory processes to other organs in chronic diseases [15].

In the UK, a study was conducted to determine the effectiveness of yoga in managing pain in patients with COP. The uniqueness of yoga as a doctrine is to combine active city ' muscle tension and deep bodily relaxation with a required ' ligament combination with proper breathing. Such a combination has a strong effect on the whole body and increases resistance to pain. Yoga helps people better understand their body and become less susceptible to pain. In China, rehabilitation was monitored in 30 CP patients who had difficulty with pain and weight loss. They passed the yoga program in 12 weeks. Classes were planned 3 times a week. Each session lasted about 1 hour. Before the start of the program, the following

data was collected from all participants: the level of pain, weight and degree of medical pain reduction. Of the 30 patients, 24 were a complete 12-week course. The degree of pain was calculated according to the scale of pain Von Korff. The average score before the beginning of the program was 5.34, and after 6 weeks of studies — 1.98 (the pain level decreased by 62%). Regarding average weight, it was 42.4 kg before the start of the program, and after 44 weeks it was 44.6 kg (that is, it increased by 5%). The findings suggest that yoga is effective in reducing the perception of pain in this population, which reduces the need for painkillers. There was also an increase in body weight, which is a positive effect for patients with chronic hepatitis [30].

Literature indicates that not only pain, but anxiety and anxiety are frequent companions of disorders in patients with CP, which significantly reduces the quality of life of such people. Gastroenterological pathology is extremely often accompanied by changes in the psycho-emotional sphere, in particular, in the form of anxiety-depressive disorders. They may have Somatogenic nature, and may be the cause of their own gastroenterological pathology, especially functional character. In such situations, standard therapy not enough effective. Patients are advised by a psychiatrist or psychotherapist, while most patients do not receive such help. Chronic with relapses the course of the disease adversely affects the formation of compensatory-adaptive reactions during the remission, promotes the appearance of insecurity in their forces, a decrease in mental activity. These features impede the formation of long and full remissions in patients with CP and reduce the effectiveness of the treatment. The disease creates a difficult for the patient's life-psychological situation, which includes many different points: procedures and medication, communication with doctors, reorganization of relationships with relatives and colleagues at work. These and some other moments impose an imprint on their own assessment of the disease and form a final attitude to their illness. To identify patients who may require correction of psycho-emotional disorders, the control question is used: whether there is sleep disturbance or appetite disturbance are common somatovegetative signs of anxiety and depression. It allows already at the initial examination the doctor suggests disorders of psycho-emotional sphere [19]. For the formation of optimal approaches to the treatment of such patients should take into account the individual characteristics of a person with a profound study of the reactions of patients to their illness. Diagnosis of types of relations to the disease is necessary for the use of differentiated rehab programs with the inclusion in the traditional schemes of treatment of psychiatric drugs and psychotherapy methods [28]. Psychological help is also required in cases where the CP is caused by excessive consumption of

alcohol, or the patient can not stop smoking independently. However, psychotherapeutic work with patients should begin at the stage of admission to a family doctor. First of all, it is necessary to explain to the patient that his various symptoms are present — components of the common, well-known to the doctor of the syndrome, but does not at all indicate the manifestation of some mysterious serious illness. Then you have to tell how to behave during the anxiety attack: you need to sit (if circumstances allow), try to relax, breathe deeper than usual — and this will help reduce the signs of anxiety, remind you of the expediency of attending classes for relaxation, meditation or yoga — depending on the inclinations and interests of the patient. At one time, the famous philosopher Plato argued: "A great mistake in the treatment of the disease is that there are doctors for the soul and body, while both are not separated" [3].

Thus, the optimization of medical rehabilitation of patients with different pathologies is one of the priorities of the health service ' I not only in Ukraine but also worldwide. In our time of man-made influences, psychological and information overloads, doctors of various specialties often face a difficult task: how to further "lead" a sick person when the most advanced pharmacological preparations according to their purpose were used, and the expected effect could not be achieved, or the use of the necessary preparation and its an analogue is impossible due to the presence of contraindications to the pathology of other organs and systems. Especially problematic of traditional therapy is cases of allergy, especially polyvalent. The relative resistance to pharmacotherapy in essential is noted quantities cases and in case chronic pathology [17].

Custom response to treatment response need to find other therapeutic approaches, the result of which should be an individualized approach using these methods of medical rehabilitation that will ensure maximum recovery of health ' I am sick to the optimum level of efficiency, through their combined, consistent and coherent application.

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Possibility of complex rehabilitation of chronic pancreatitis at the stage of primary medical care (literature review)

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Prevention of exacerbation and extension of remission of disease are crucial for the further rehabilitation of patients with chronic pancreatitis. Change of lifestyle is the first and the most important step in the prevention of repeated exacerbations of disease: stopping alcohol consumption and smoking, diet. In our time of the increasing number of diseases associated with the side effects of drugs and severe allergic reactions caused by them, physiotherapeutic methods of treatment can play key role in the complex therapy of diseases of internal organs: climate therapy, physiotherapy (yoga is effective in reducing the pain perception and increasing the body mass), hydrotherapy and treatment by heat (mineral water intake), pelodotherapy, methods of outfit physiotherapy. Phyto- and apitherapeutic agents, hirudotherapy, which are coming back to clinical practice, as well as reflexotherapeutic techniques, can be used for the treatment and rehabilitation of chronic pancreatitis at the present stage of evolution. It should be taken into account that patients often have psycho-emotional disorders, which can be considered upon choosing the differentiated rehabilitation programs, including psychotropic drugs and psychotherapy techniques in the traditional therapy of pancreatitis.