Short Communication

BIOMEDICAL Journal of Scientific & Technical Research

ISSN: 2574 -1241

DOI: 10.26717/BJSTR.2019.23.003857

To the Problem of Pathogenesis of Chronic Constipation

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ARTICLE INFO

Received: November 14, 2019

Published: November 21, 2019

Citation: Shaposhnikov Veniamin Ivanovich. To the Problem of Pathogenesis of Chronic Constipation. Biomed J Sci & Tech Res 23(1)-2019. BJSTR. MS.ID.003857.

Keywords: Constipation; Chronic; Inertia; Colon; Treatment

ABSTRACT

The author examines the current problem of modern medicine associated with the increase in the number of chronic colostasis. The leading role in its pathogenesis, he devotes not to the nature of the food taken by man, but to the features of colon inertia, formed in the embryo. This allows you to improve the tactics of treatment of this common disease since infancy. This event has certain significance not only in sociology, but also in demographics.

Aim

Show the significance of the features of colon inertia in the development of chronic constipation.

Introduction

The Tolstoy stasis is considered to be the most common pathological process of mankind. It is observed from the first days of a person's life, and then, gradually speeding up and lengthening, he goes into a permanent (sometimes excruciating) coprostasis [1-4]. This is usually observed after 45-55 years and in women 10-15 years earlier. It is classified as a major factor in the body's aging and is associated with the consumption of predominantly protein and fatty foods - without plant fiber and with a limited amount of water [5-7]. As a result, there is an suppression of motor activity of the colon. Fecal masses turn into stone-like formations and linger in it for 2-3 days or more. This leads to the development of various inflammatory-destructive processes and malignancies. However, there is another cause of this disease, and it is associated with the violation of the innernery of the thick and straight intestines - mainly rectosigmoided department. In this process, there is a violation of the normal structure of auerbachov and Meissen plexus, which is accompanied by the fallout of peristalsis in the area of aganglionosis.

If the newborn (in the presence of an anus) stool does not have from the first days of his life, it is a congenital pathology - acute disease Hirschsprung, which requires urgent manipulation of the cut drainage of the lumen of the colon, and even the imposition of colostomy. In the sub-acute form of this disease, the child from birth has problems with the act of defecation, and parents are forced to resort to the staging of enemas and giving laxatives up to 1-3 years. The chronic form of the disease is characterized by a slower development of coprostasis, which is observed already in adolescence [1,8,9]. If we compare both versions of the causes of constipation, only an acute form of Hirschsprung disease properly puzzles adults (parents and doctors) immediately after the birth of the child, as the lack of a chair makes him accept effective measures to save his life. In all other cases, adults show startling frivolity.

They think that the child everything will normalize over time and the delay of the chair 2-3 days is considered even a physiological norm. Adult sick people gradually get used to this pathology of the colon and courageously tolerate all direct intestinal discomfort. In fact, no treatment is carried out, and the whole fight against colostasis is limited to the correction of the food regime, the staging of enemas and the giving of laxatives, although the morphological examination of the colon is usually not functional and organic changes. These pathological processes are well studied and described. They are of little interest to specialists.

The task of this study is: to determine the role of aganglosinosis or hypoganglinosis of the colon of the embryo in the development of chronic constipation in adulthood.

Material and Methods

Working as a district home layer for 16 years, I had to constantly monitor the behavior of newborns, and some of them as proctologist, when they were already teenagers or adults. These observations formed the basis of the theory of the non-uronine cause of chronic constipation. The hospital drew attention to the perverse method of care for newborns, when they from the first minutes of stay in a new habitat immobilized - by swaddling, turning into dolls, and before that they were actively moving in the uterine cavity. Such care was clearly negative, that is, prevented the child to develop. Some babies lay quietly in their cribs before discharge, while others were screaming all the time, and this was clearly due to the presence or absence of their chairs - they had a quiet one 10-14 hours after birth, and the restless ones did not. Problems with the act of defecation have remained in their adult life. This led to their use of treatments aimed at normalizing the function of the rectum. Most of these patients were only advised how to achieve a daily stool - plant food, exercise, variable abdominal massage, inthe in the morning fluids, etc. All these methods allowed achieving a chair in 1-2 days, but in any patient, they did not give a steady recovery from constipation. Convinced of the neurogenic cause of the development of this disease, 2 young men who dreamed of a military career, but suffered from severe chronic constipation, additionally carried out neurostimulation of the colon phenibut (nootropic drug) and actegin (cerebrovascular).

Results

All of the above methods of removing colostasis, allowed to achieve a chair in 1-2 days, but in any patient they did not give a steady recovery from constipation. Both young men, who had neurostimulation, received a positive result - the chair became independent and daily. The duration of the observation is 2 weeks.

Discussion

It is known that due to the predominance of sympathetic tone of the rectum and the rectosigly-shaped department of the colon there is a spastic narrowing of them when the embryo is found in the uterine cavity of the mother. This is crucial in maintaining the tightness of their lumen - both from the fertilized waters, and from the meconium that accumulates in the terminal part of the small intestine. The release of the intestines from the original feces in the fetus usually begins to occur 12-14 hours after delivery, and is made by frequent portions for the duration of 3-4 days. This indicates that there has been a change in the innernery of the rectification of the rectia of the rection, from sympathetic to parasympathetic, which led to the elimination of the spastic narrowing. However, in many children this physiological process is disrupted. Meconium, and then feces, is constantly delayed in the distal part of the colon and there is a gradual development of chronic constipation. Thus, in its development, the primary importance is not the nature of food, but disturbances in the inertia of the output department of the gastrointestinal tract. This pathogenic factor modern medicine does not pay proper attention, and its correction doctors do not carry out at the proper level. It is necessary to develop an algorithm for the treatment of this disease by the general efforts of the medical community of all countries of the world. In the complex of its treatment it is advisable to include low-voltage electrical stimulation, which blocks pain and relieves spasms.

Conclusion

Chronic constipation refers to a disease that requires a solution. A large part of humanity suffers from it. The origins of its development are still in the embryonic period of fetal development. The spasm of the distal part of his colon blocks meconium from entering the uterine cavity and saves mother and child from death. However, after the birth of the fetus, the sympathetic inertia of this part of the gut should be replaced by parasympathetic, but for an unknown reason, it either does not occur at all, or is partially accomplished. As a result, colostasis develops, which then turns into chronic constipation. The task of doctors is either a complete elimination of this pathological process, or a reduction in the severity of the manifestation. Funds are already available for this. But humanity itself must become kinder.

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ISSN: 2574-1241

DOI: 10.26717/BJSTR.2019.23.003857

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