



### Adaptive Reactivity of the Body in the Treatment of Acute Pancreatitis

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**Annotation.** Acute pancreatitis is an acute inflammation of the pancreas, which, acting on the integrative systems of the human body, causes the strongest changes in them. The aim of the work is to determine the vegetative reactivity in acute pancreatitis. The study was conducted on 30 practically healthy people, as well as on 30 patients with acute pancreatitis. It was revealed that in the body of healthy people, in the reactivity of the autonomic nervous system, there is a monotonous tension between the sympathetic and parasympathetic nervous system, against the background of normal adaptive reactivity. In patients with acute pancreatitis, there is tension between the sympathetic and parasympathetic nervous systems in the reactivity of the autonomic nervous system, activation of the sympathoadrenal system, centralization of the regulatory system against the background of a hypoadaptive state.

**Key words:** Acute pancreatitis, reactivity of the autonomic nervous system, heart rate variability.

Pancreatitis is an aseptic inflammation of the pancreas, which is based on the process of auto-enzymatic necrobiosis, endogenous intoxication, as well as a sharp change in the reactivity of the body against the background of extreme factors, against the background of an imbalance between ergotropic, trophotropic and kinetic activity of the autonomic nervous and endocrine system, leading to the development of endogenous intoxication [19; 13; 8; 20; 21; 22]. The products of endogenous intoxication, lack of energy in the body, contribute to reducing the resistance of the body systems, that is, it affects the circumference of the pancreas and causes various pathological changes in the pancreas itself.

Acute pancreatitis is one of the most common pathologies among surgical diseases. It accounts for 5-10% of abdominal pathology. The frequency of pancreatic necrosis among common forms of pancreatitis is 15-30%. Over the past 20 years, among residents per 100,000 people, the incidence of acute pancreatitis has increased by 10-30% [2; 6; 11; 10; 18; 23].

To date, despite conservative and surgical treatment with modern methods, the total mortality is 7-15%, in destructive cases - 40-70%, and in pancreatic shock - 85-90%.

One of the main factors determining this condition is the patient's age, the presence of organ failure syndrome, late diagnosis, and misdiagnosis, incorrect therapeutic and surgical treatment. [12; 14; 5; 4; 3; 7; 17; 24]. Such processes are based on the specificity of the course of this disease; therefore, early diagnosis of the causes, mechanisms of disease development, as well as the development and selection of adequate treatment for acute pancreatitis, is an urgent problem.

**The purpose of the work.** Determination of the reactivity of the patient's body in acute pancreatitis.

**The object and materials of the study.** In the course of the work, general reactivity was studied in 30



normal physiologically healthy people, as well as in 30 patients with acute pancreatitis during 2021-2022, in 1 and 2 surgical emergency departments in the city of Samarkand.

**Research methods.** General clinical laboratory methods, instrumental methods (CT, ultrasound, radiography), methods of statistical analysis.

**Analysis of the received data and discussions.** In turn, it should be said that in physiologically normal people, with mixed vegetative reactivity, blood pressure, as well as vascular filling and blood distribution throughout the body have normal indicators.

When studying autonomic reactivity using a cardiointervalograph in healthy people, according to mathematical analysis, the level of activity of the sympathetic nervous system showed  $42.6 \pm 1.9$ . The secondary indicator is mathematical: the activity of the central regulation of the heart rate IN according to variational pulsometry was  $123.7 \pm 15.4$ . In the study of spectral analysis, the absolute activity of Total regulatory systems was  $703.4 \pm 7.4$ ; The metabolic-humoral activity of VLF was  $-231.2 \pm 31.6$ , the relationship between the tone of the sympathetic and parasympathetic nervous system LF/HF was  $1.53 \pm 0.3$ .

At the same time, the maximum blood pressure was  $122.2 \pm 16.5$  mmHg, the minimum blood pressure was  $79.6 \pm 7.4$  mmHg, and the pulse pressure was  $42.6 \pm 3.4$  mmHg.

In the study of autonomic reactivity using cardiointervalography of patients with acute pancreatitis, according to mathematical analysis, the level of activity of the sympathetic nervous system AMo - showed  $64.5 \pm 1.8\%$ . The secondary mathematical indicator IN, the activity of the central regulation of the heart rate according to variational pulsometry was IN  $257.6 \pm 30.4$  (%/sec<sup>2</sup>), that is, an increase in the tone of the sympathetic nervous system was revealed ( $P < 0.001$ ). In the study of spectral analysis, the absolute activity of Total regulatory systems was  $526.2 \pm 5.4$  ( $P < 0.001$ ), the metabolic-humoral activity of the VLF was  $351.3 \pm 46.5$  (ms<sup>2</sup>) ( $P < 0.001$ ); at the same time, the relationship between the tone of the sympathetic and parasympathetic nervous system of the LF/The HF was LF /HF  $3.9 \pm 1.2$  ( $P < 0.001$ ), which is more pronounced than in healthy people. The maximum blood pressure was  $131.3 \pm 0.9$  mmHg, the minimum blood pressure was  $86.9 \pm 0.8$  ( $P < 0.001$ ), the pulse pressure was  $44.4 \pm 0.25$  mmHg ( $P < 0.001$ ).

Thus, when studying the indicators of healthy people, as well as in patients with acute pancreatitis, general reactivity, which includes data obtained on the basis of mathematical analysis in heart rate variability, variational heart rate monitoring, spectral analysis according to Mikhailov V.M. (2000) R Baevsky.M., (1999) Fleishman A.N., (1999), Haspek and N.B., (1996), In Saveliev. It can be said that in the body of patients with acute pancreatitis, there is a connection of a compensatory-adaptive reaction, against the background of the ergotropic function of the sympathoadrenal system of the body, with the centralization of regulation with the centralization of blood circulation, an increase in blood pressure, against the background of a hypoadaptive state.

### Conclusion.

1. In physiologically healthy people, in the body of controlled people, with vegetative reactivity, there is a monotonous tension between the sympathetic nervous system and the parasympathetic nervous system. Adaptive reactivity is the norm.
2. In patients with acute pancreatitis, there is tension between the sympathetic nervous system and the parasympathetic nervous system in the reactivity of the autonomic nervous system, activation of the sympathoadrenal system, centralization of the regulatory system against the background of a hypoadaptive state.

### Literature.

1. Baevsky R.M., Kirillov O.I., Kletskin S.Z. Mathematical analysis of changes in heart rate under stress. M.: Nauka, 1984.220 P.
2. Ziginova G.M. Dynamics of incidence of destructive forms of pancreatitis among residents of the Republic of Karelia // Vestn. RSMU, No. 2. – 2007. -pp.20-21.



3. Ibragimov S.H., Shanieva Z.A., Ablava E.A., Ibadov R.A. Prognostic factors of rational antibiotic therapy for purulent complications of pancreatic necrosis // Journal "Bulletin of Emergency Medicine"- 2017, No. 4. -pp.14-15.
4. Karabaev H.K., Tagaev K.R., Khakimov E.A., Yunusov O.T., Saidov S.A. Pathology of the pancreas in thermal trauma // Journal "Bulletin of Emergency Medicine"- 2017, No. 4.-pp. 15-16
5. Karimov Sh.I., Khakimov M.Sh., Matkuliyeu U.I., Kholmatov Sh.T., Imamov A.A., Normukhamedov S.G. New views on surgical problems of acute pancreatitis// Journal "Bulletin of Emergency Medicine"- 2017, No. 4. -pp.16-17
6. Kovalenko A.A. Analysis and ways to reduce mortality in seven forms of acute abdomen in surgical hospitals. Abstract. dis....Candidate of Medical Sciences.– St. Petersburg, 2007.- 25 p.
7. Mamurova N.N. Phytotherapy as a minimally invasive method of treating pancreatitis // Journal "Bulletin of Emergency Medicine"- 2017, No. 4, pp. 18-19
8. Matveev S.B. Criteria for assessing endogenous intoxication in pancreatic necrosis / S.B. Matveev, P.A. Ivanov, P.P. Golikov et al. // Bulletin of intensive care. 2015. No. 2. - pp. 69-70.
9. Mikhailov V.M.Heart rate variability.The mainstay of the practical application of the method.//G. Ivanova 2000. 200s.
10. Savelyev V.V. Improvement of diagnostic and therapeutic tactics in pancreatic necrosis using methods of physico-chemical biology.//Dissertation of the Doctor of Medical Sciences. ,Yakutsk. 2016.-362s.
11. Savelyev V.S., Filimonov M.I., Burnevich S.Z. Pancreatic necrosis. – M., 2008. – 264 p.
12. Skutova V.A., Abrosimov S.Yu., Kasumyan S.A., Tchaikovsky Yu.Ya. Issues of therapeutic and diagnostic tactics and prediction of septic complications in acute destructive pancreatitis // Clinical microbiology and antimicrobial chemotherapy. - 2018. - Vol.14, No. 4. - pp. 351-357.  
A. Skutova V.A., Abrosimov S.Yu., Tchaikovsky Yu.Ya. Acute destructive pancreatitis as an urgent problem of urgent abdominal surgery // Bulletin of the SSMA. 2017. No. 1. - pp. 68-70.
13. Sokolova O.V., Gudemovich V.G., Diomidova V.N., Petrova O.V. Acute pancreatitis in the early postoperative period: causes, course features, prevention // Bulletin of the Chuvash University. 2018. No. 3. - pp. 498-507.
14. Fleishman A.N. Slow heart rate fluctuations and phenomena of nonlinear dynamics: classification of phase portraits, energy indicators, spectral and detrent analysis. Slow oscillatory processes in the human body. Theoretical and applied aspects of nonlinear dynamics, chaos and fractals in physiology and medicine. Materials of the 3rd All-Russian Sim Posium May 21-25, 2001 Novokuznetsk, 2001. - p.49 -61.
15. Haspekova N. B. Regulation of heart rate variability in healthy and patients with psychogenic and organic brain pathology: diss. Doctor of Medical Sciences. M.: IVND, 1996.- 236 p.
16. Blum T, Maisonneuve P, Lowenfels AB, Lankisch PG. Fatal outcome in acute
17. Pancreatitis: its occurrence and early prediction. Pancreatology 2016;1(3) .-P. 237-241.
18. Floyd A, Pedersen L, Nielsen GL, Thorladius-Ussing O, Sorensen HT. Secular trends in incidence and 30-day case fatality of acute pancreatitis in North Jutland County, Denmark: a register-based study from 1981-2000. Scand J Gastroenterol 2016;37(12):1461-5.
19. Karabaev A.G. Relationship between the reactivity of the autonomic nervous system and the morphofunctional activity of basophilic cells of the adenohypophysis in the post-resuscitation period.// Science and world. 2020. № 3 (79). Vol. I.-P. 55-62.
20. Karabaev A.G. et al. Reactivity of the supraoptic, arcuate nucleus of the hypothalamus and the B-and D-basophilic cells of the adenohypophysis in the early postreanimation period //European Journal of Molecular & Clinical Medicine. – 2021. – T. 8. – №. 3. – C. 954-957.



21. Karabayev Aminjon Gadaevich karabayeva Marjona Avinjonovya, Xudozrova Dildora Raximovya. Study of vegetative reactivity of pregnant women with normoblastic normochromic hemato poiesis. /Polish science journal. -2021.-№8.-C.36-55.
22. Karabaev A.G. et al. Morphofunctional activity of neurosecreter cells in the arcuatic nucleus of hypothalamus during the period post-reanimation disease //European Journal of Molecular & Clinical Medicine. – 2021. – T. 8. – №. 3. – C. 948-953.
23. Lindkvist B, Appelros S, Manjer J, Borgstrom A. Trends in incidence of acute pancreatitis in a Swedish population: is there really an increase? J Clin Gastroenterol Hepatol 2015;2(9) .-P. 831-837.
24. Matsuno M, editor. Guidelines for management of severe acute pancreatitis:pathophysiology of severe acute pancreatitis. The Intractable Pancreatic Disease Investigation and Research Group of the Japanese Ministry of Health, Labour and Welfare. Tokyo: Igaku Tosho; 2015.-P. 13-17.

