

Acta Medica Okayama

Volume 21, Issue 5

1967

Article 1

OCTOBER 1967

Irritable digestive tract

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Abstract

This new nosologic entity known as “Nasio irritable digestive tract”, is defined as the reversible, functional neuromyosecreory trouble of the whole or a segment of the digestive tract, that alternates with periods of health with an irregular and long evolution, influenced particularly by psychical factors, and that develops in neurovegetative distony constitutions.

Acta Med. Okayama 21, 205—206 (1967)

IRRITABLE DIGESTIVE

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Received for publicatiun, September 2, 1967

This new nosologic entity known as "Nasio irritable digestive tract", is defined as the reversible, functional neuromyosecreory trouble of the whole or a segment of the digestive tract, that alternates with periods of health with an irregular and long evolution, influenced particularly by psychical factors, and that develops in neurovegetative distony constitutions.

Several predisponent and determinant factors take place in the etiopathogeny of this disease; these are of general and local kind, but the psychical and constitutional factors predominate.

Pathogeny is characterized by motility and secretion troubles; they are variable and alternate with normality.

Symptoms are complex and varied; they depend upon the predominant neurovegetative distony. The most important are: 1) headache; 2) sea-sickness; 3) termoregulation troubles; 4) cardiocirculatory troubles. Local symptoms are retrosternal and/or abdominal fullness; flatulence (belching or gases) general or local metheorism; pyrosis, nausea or vomiting. Pain varies its site, intensity, hours and duration. It can be sited in the esophagus, stomach, as gastric crisis and as vesicular, pancreatic or intestinal colics. The troubles of the intestinal evacuation are varied; constipation alternates with diarrhea. All these symptoms are sited exceptionally on only one organ; habitually they are manifestations of the whole digestive tract. The principal symptom of an irritable digestive tract is flatulence, particularly gases. Most of these symptoms show a special character: their simultanseous outbreak; they have a proteiform beginning, site and radiation, and a mild intensity and duration. They are irregular during daylight, they have not periods and they are not progressive; they disappear or become serious in an arbitrary way, alternating with calm and asymptomatic periods. be they under the influence of any stress.

Diagnosis of irritable digestive tract, as that of every functional disease, must be established by exclusion, discarding first the existence of an organic

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process.

Being the irritable digestive tract a functional disease, the laboratory only can bring the evidence of alterations in general digestive secretion, connected with predominant and intermittent distony. (Variations are sometimes antipodes in the same patient when the secretion study is performed in several opportunities). Radiologic alterations can be: 1. - of peristole (a: amputant contraction; b: continuity contraction); 2. - of peristalsis (a: sack shape; b: filiform); 4. - disfunctional of digestive sphincters. and 4. - special and transitory modifications of the organ morphology.

General treatment embraces: treatment of disneurovegetosis, by means of psychophysic desoppression, with central or peripheric ganglioplexic drugs, a stimulating tonic and diet treatment. It is convenient: a) to avoid sedatives, specially these that have accumulative effects that increase the weakness sensation and decrease the psychic pain threshold; b) to use stimulant by oral and parenteral way with high dose of vitamins (B complex and PP) sode cocadilate and strychnine sulfate; it is convenient to associate hepatic extracts; C. to administer anabolizing hormons (metylandrostenediol type) and androstenolone metyl enentate by oral way).

To reinforce this treatment the desoxicorticosterone enantato (50 mg every 20 days) and corticosteroids of prolonged effect in minimal dose (ACTH Extra slow Gel, 10 units) by parenteral way in alternate days, are very useful.

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