

## Gastrointestinal System Diseases, Gastritis, Stomach Ulcers, Their Treatment and Prevention

Akramov Abdullo Ahmad ugli, Isaqulov Ulug'bek Alisher ugli, Dobilov Humoyiddin Murodullayevich

Students of the Faculty of Pediatrics of Samarkand State Medical University

**Abstract:** Gastrointestinal diseases are becoming a type of illness that patients often complain about. We can see the reasons for this in many factors. This article describes in detail about gastrointestinal diseases and its conventional and modern treatment.

**Keywords:** gastrointestinal tract, gastritis, stomach ulcers, bacteria, antibiotic, treatment methods, etc.

Gastritis is a general term for stomach diseases: inflammation of the mucous membrane of the stomach. Gastritis inflammation is often caused by bacteria that cause stomach ulcers. In some cases, regular use of painkillers and excessive alcohol consumption also cause gastritis. Gastritis can appear suddenly (acute gastritis) or develop slowly over time (chronic gastritis). In some cases, gastritis increases the risk of stomach ulcers and stomach cancer. For most people, gastritis is not serious and gets better quickly with treatment. Through this article, you will learn about the treatment of gastritis and its causes and symptoms. Signs and symptoms of gastritis include:

- Treatment of gastritis: symptoms and causes of the disease
- Decrease or loss of appetite.
- Sudden pains in the abdomen and a feeling of fullness while eating.
- Vomiting
- Bad breath from the mouth, stool color changes, stomach rest.
- Headache
- Chronic gastritis has symptoms that are more difficult to identify. To them (plaque on the tongue, constipation, fatigue, stomach rest, diarrhea, rumbling in the stomach during meals).

Acute gastritis is more symptomatic than chronic gastritis and may include serious complications such as bleeding or erosion. The most common cause of acute gastritis is overuse of nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, naproxen sodium, and diclofenac. Other causes of acute gastritis can be alcohol abuse, corticosteroids, chemotherapy, myocardial infarction and even stress. Acute gastritis can be diagnosed by its symptoms, tissue samples or endoscopy. Under a microscope, the stomach tissues affected by acute gastritis look red, inflamed, and have excess blood vessels (hyperemia). In more serious cases, tissue death (necrosis) of the gastric glands is possible. Many patients may experience mild stomach irritation and indigestion. In moderate and severe cases, patients may experience upper abdominal (epigastric) pain, nausea, and even vomiting of blood. Although there are no specific treatments for acute gastritis, medications and lifestyle changes can help relieve symptoms. Antacids such as famotidine (Pepcid) and proton pump inhibitors can help suppress excess acid production. Gastritis patients should avoid NSAIDs

or alcohol, as these substances may exacerbate symptoms. Atrophic gastritis, also known as type A or type B gastritis, is a subtype of chronic gastritis. The main difference between atrophic gastritis and other forms of gastritis is the death of the gastric glands and their replacement by intestinal and fibrous tissue. The stomach must secrete important chemicals such as hydrochloric acid, pepsin, and intrinsic factor to digest food. Atrophic gastritis, however, directly interferes with the function of the stomach, because it kills the cells necessary for their production. Atrophic gastritis can lead to serious health problems such as vitamin B12 and iron deficiency. Treatment options may include antibiotics, antacids, iron supplements, and/or B12 supplements. As with any illness, consult your doctor to find out what treatment is best for you. Treatment of gastritis is carried out by relieving pain and symptoms, treating the mucous membrane of the stomach and eliminating its causes.

Treatment therapy directly depends on the type of gastritis. For example, if gastritis is acute, the patient should wash the stomach with a solution to clean the food. You need to stay hungry all day, but you are allowed to drink plain water, tea, as well as various decoctions (mint, chamomile). Basically, food should be liquid or pureed (soups, cereal, jelly, soufflé). After some time, you can gradually introduce some foods (dairy products, boiled vegetables). Then you can go back to your previous diet. However, it is better to avoid fatty, fried, sweet, spicy and freshly baked products. Also, the gastroenterologist prescribes various drugs to restore the stomach. If there are complications of gastritis, then the patient is hospitalized in a medical institution. To avoid such a problem, you need to take care of yourself, your diet and hygiene. If symptoms or signs and suspicions appear, do not delay, consult a doctor.

Gastritis is a condition in which the stomach lining—known as the mucosa—is inflamed. The stomach lining contains special cells that produce acid and enzymes, which help break down food for digestion, and mucus, which protects the stomach lining from acid. When the stomach lining is inflamed, it produces less acid, enzymes, and mucus. Gastritis may be acute or chronic. Sudden, severe inflammation of the stomach lining is called acute gastritis. Inflammation that lasts for a long time is called chronic gastritis. If chronic gastritis is not treated, it may last for years or even a lifetime. Erosive gastritis is a type of gastritis that often does not cause significant inflammation but can wear away the stomach lining. Erosive gastritis can cause bleeding, erosions, or ulcers. Erosive gastritis may be acute or chronic. The relationship between gastritis and symptoms is not clear. The term gastritis refers specifically to abnormal inflammation in the stomach lining. People who have gastritis may experience pain or discomfort in the upper abdomen, but many people with gastritis do not have any symptoms. The term gastritis is sometimes mistakenly used to describe any symptoms of pain or discomfort in the upper abdomen. Many diseases and disorders can cause these symptoms. Most people who have upper abdominal symptoms do not have gastritis. The most common diagnostic test for gastritis is endoscopy with a biopsy of the stomach. The doctor will usually give the patient medicine to reduce discomfort and anxiety before beginning the endoscopy procedure. The doctor then inserts an endoscope, a thin tube with a tiny camera on the end, through the patient's mouth or nose and into the stomach. The doctor uses the endoscope to examine the lining of the esophagus, stomach, and first portion of the small intestine. If necessary, the doctor will use the endoscope to perform a biopsy, which involves collecting tiny samples of tissue for examination with a microscope.

Medications that reduce the amount of acid in the stomach can relieve symptoms that may accompany gastritis and promote healing of the stomach lining. These medications include

- antacids, such as Alka-Seltzer, Maalox, Mylanta, Roloids, and Riopan. Many brands on the market use different combinations of three basic salts—magnesium, calcium, and aluminum—

with hydroxide or bicarbonate ions to neutralize the acid in the stomach. These drugs may produce side effects such as diarrhea or constipation.

- histamine 2 (H<sub>2</sub>) blockers, such as famotidine (Pepcid AC) and ranitidine (Zantac 75). H<sub>2</sub> blockers decrease acid production. They are available both over the counter and by prescription.
- proton pump inhibitors (PPIs), such as omeprazole (Prilosec, Zegerid), lansoprazole (Prevacid), pantoprazole (Protonix), rabeprazole (Aciphex), esomeprazole (Nexium), and dexlansoprazole (Kapidex). All of these drugs are available by prescription, and some are also available over the counter. PPIs decrease acid production more effectively than H<sub>2</sub> blockers.

### References:

1. V.A. Galkin. Ichki kasalliklar. T., «Meditcina», 1989.
2. V./.. Porkovskiy. Infekcion kasalliklar. T., 1990.
3. F.M. A 'zamxo'jayev. Xirurgik kasalliklar. T., 1991.
4. B.M. Matacojeh. BHyrpeHHMe SojiaHH. M., 1992.
5. E.I. Salimov. Xatarli allergik holatlar. T., 1993.
6. K. Bahodirov. Ichki kasalliklarda tashxis va diagnostika. T., 1993.
7. V.M. Majidov. Yuqumli kasalliklar. T., 1993.
8. 'B. Sharopov. Ichki kasalliklar. T., Abu Ali ibn Sino nomidagi tibbiyot nashriyoti, 1994