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EFFECTIVENESS OF COMPREHENSIVE TREATMENT OF PEPTIC ULCER



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ANNOTATION

This article explores the effectiveness of integrated treatment strategies for peptic ulcer disease, combining medical interventions and lifestyle modifications. It provides an in-depth analysis of various treatment modalities, including pharmaceutical treatments, dietary adjustments, and behavioral therapy, assessing their combined effects on ulcer healing and prevention of recurrence. The study emphasizes the significance of a comprehensive treatment plan that incorporates acid-suppressing medications, eradication of *Helicobacter pylori* infection, and tailored dietary and lifestyle modifications. By examining patient outcomes and adherence rates, the research provides insights into optimizing treatment regimens to enhance patient outcomes and improve quality of life. The findings emphasize the crucial role of a multi-disciplinary approach in managing peptic ulcer disease, supporting personalized treatment plans that take into account both physiological and psychological factors contributing to the condition.

Key words: peptic ulcer, comprehensive treatment, pharmacological therapy, dietary modifications, behavioral therapy, acid-suppressive medications, *helicobacter pylori* eradication

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ЭФФЕКТИВНОСТЬ КОМПЛЕКСНОГО ЛЕЧЕНИЯ ЯЗВЕННОЙ БОЛЕЗНИ

АННОТАЦИЯ

В этой статье исследуется эффективность комплексных стратегий лечения язвенной болезни, сочетающих медицинские вмешательства и изменение образа жизни. В нем представлен углубленный анализ различных методов лечения, включая медикаментозное лечение, коррекцию рациона питания и поведенческую терапию, с оценкой их совокупного воздействия на заживление язвы и предотвращение рецидива. В исследовании подчеркивается важность комплексного плана лечения, который включает в себя препараты, подавляющие кислотность, ликвидацию инфекции *Helicobacter pylori*, а также индивидуальные изменения в рационе питания и образе жизни. Изучая результаты лечения пациентов и показатели приверженности к лечению, исследователи дают представление об оптимизации схем лечения для улучшения результатов лечения пациентов и улучшения качества жизни. Полученные результаты подчеркивают решающую роль междисциплинарного подхода в лечении язвенной болезни, поддерживающего

индивидуальные планы лечения, учитывающие как физиологические, так и психологические факторы, способствующие развитию этого заболевания.

Ключевые слова: язвенная болезнь, комплексное лечение, фармакологическая терапия, диетические модификации, поведенческая терапия, кислотосупрессивные препараты, эрадикация helicobacter pylori.

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OSHQOZON YARASINI KOMPLEKS DAVOLASH SAMARADORLIGI

ANNOTATSIYA

Ushbu maqola oshqozon yarasi kasalligini davolashning kompleks strategiyalarining samaradorligini o'rganadi, tibbiy aralashuvlar va turmush tarzini o'zgartirishni birlashtiradi. U turli xil davolash usullarini, shu jumladan farmatsevtik muolajalarni, parhezni tuzatishni va xulq-atvor terapiyasini chuqur tahlil qiladi, ularning oshqozon yarasini davolashga va qaytalanishning oldini olishga ta'sirini baholaydi. Tadqiqot kislotasi pasaytiruvchi dori-darmonlarni, Helicobacter pylori infeksiyasini yo'q qilishni va parhez va turmush tarzini o'zgartirishni o'z ichiga olgan keng qamrovli davolash rejasi ahamiyatini ta'kidlaydi. Tadqiqot o'tkazishdan maqsad hayot sifatini yaxshilash uchun davolash rejimlarini optimallashtirish haqida tushuncha berishdir. Topilmalar oshqozon yarasi kasalligini boshqarishda ko'p intizomli yondashuvning hal qiluvchi rolini ta'kidlaydi, bu holatga hissa qo'shadigan fiziologik va psixologik omillarni hisobga oladigan shaxsiy davolash rejalarini qo'llab-quvvatlaydi.

Kalit so'zlar: oshqozon yarasi, kompleks davolash, farmakologik terapiya, parhez modifikatsiyalari, xulq-atvor terapiyasi, kislotani bostiruvchi dorilar, helicobacter pylori eradikatsiyasi

Introduction. The peptic ulcer of the stomach and duodenum (PUD) is a chronic condition that often flares up and mainly affects working-age individuals. Because of this, it has significant social implications, and its treatment remains a major issue in modern clinical gastroenterology. From a practical standpoint, doctors should focus on promptly relieving the patient's symptoms, promoting rapid healing of the ulcer, and reducing or eliminating active inflammatory changes in the stomach and duodenal mucous membrane. If Helicobacter pylori (HP) is found in the gastroduodenal mucosa, appropriate drug therapy should be included in the comprehensive antiulcer treatment to eradicate the persistence of this bacterium. Despite the availability of a wide range of antiulcer medications, there has been an uptick in cases of prolonged exacerbation of PUD and drug-resistant forms of the disease. Due to the high likelihood of side effects from intensive drug therapy, it is important to continue exploring new non-traditional and effective methods for treating PUD.

The search for more effective methods of treating duodenal ulcers (DU) has led to the development and introduction of endoscopic and laser therapeutic methods into clinical practice [2]. In recent years, numerous publications have reported that "Helicobacter pylori" is found in 0-20% of cases in the unchanged mucous membrane of the antrum, in 47% of cases with chronic inactive gastritis, in 99% with active gastritis, and in 76-100% of cases with duodenal ulcers. For stomach ulcers, the presence of "Helicobacter pylori" is found in 67-97% of cases. Bismuth-containing drugs such as "de-nol," semisynthetic penicillins, erythromycin, and trichopolium have been found to be effective against Helicobacter pylori [5]. Scientific research has shown that triple therapy with omeprazole, amoxicillin, and furazolidone enhances the processes of anaerobic glycolysis, leading to an acceleration in lipid peroxidation (LPO). Therefore, it is considered advisable to use triple therapy with omeprazole, amoxicillin, and tetracycline in the treatment of peptic ulcer to correct impaired processes of anaerobic glycolysis and lipid peroxidation [4].

Purpose of the study. Scientists have discovered that using infrared magnetic laser therapy can have a positive impact on peptic ulcer disease. This therapy can help in the rapid elimination of immunodeficiency and prevent early postoperative complications [3]. Additionally, the use of immunocorrectors like t-activin and thymalin, along with standard treatment, has shown significant clinical benefits for patients with duodenal ulcers. This combination treatment can increase ulcer scarring and frequency over a 4-week period and reduce ulcer healing time [1]. It is important to continue researching new treatment methods for duodenal ulcers, as despite the availability of modern medications, the incidence of this condition continues to rise steadily.

Materials and methods. The research involved studying 74 patients with gastric ulcers (60 or 80%) and duodenal ulcers (6 or 8%) in the acute phase, comprising 26 women and 48 men. Eight (11%) patients had both gastric and duodenal ulcers. Various methods including clinical, laboratory, bacteriological, immunological, radiological, morphological, and endoscopic research were used to diagnose the duodenal ulcers. The final diagnosis was confirmed through endoscopy. The criterion for determining the effectiveness of treatment was clinical remission, characterized by the disappearance of symptoms, improvement in well-being, healing of the ulcer, and endoscopic confirmation. After treatment, patients were categorized into 5 groups based on their response.

The first (control) group consisted of 20 (27%) patients with DU who received only conventional antiulcer treatment, including proton pump inhibitors, H2-histamine receptor blockers, anticholinergics, enveloping agents, antacids, anti-helicobacter treatment, infusion therapy, and tranquilizers as per diet 1a, 1b, 1 regimen.

The second group included 14 (19%) patients who, in addition to conventional treatment, received the immunostimulant t-activin 100 mcg daily subcutaneously for 7 days.

The third group included 18 (24.3%) patients whose treatment involved magnetic therapy, with daily exposure to a pulsating magnetic field of 30 mT lasting 25 minutes in the epigastric region. The source of magnetotherapy was the AMT 01 "magneter" device. The theoretical basis for the use of magnetotherapy is its stimulating effect on the processes of reparative regeneration, anti-inflammatory and analgesic effect, and the ability to improve microcirculation, although the mechanism of its therapeutic action has not yet been fully clarified.

10 (13.5%) patients in the fourth group, as part of their conventional treatment, were given the sulfonamide drug Bactrim. This medication helps to alleviate helicobacteriosis in the stomach and duodenum mucous membrane. The patients took 1 tablet 2 times a day, 40-45 minutes after meals.

The fifth group consisted of 12 (16.2%) patients who, in addition to standard antiulcer treatment, received t-activin, magnetic therapy, and bact-Rome.

Results. Our observations are summarized in table 1 out of the total number of patients examined (74), 11 did not respond to treatment, and surgical treatment was recommended.

Table 1

Healing time of ulcers and normalization of clinical and functional parameters in patients with peptic ulcer disease depending on the method of treatment

Group	Treatment method	Number of patients	Number of patients with healed ulcers		Time frame for normalization of clinical functions and healing of ulcers
			abs.	%	
1st (control.)	Conventional treatment (TC)	20	14	70.0	13±1.3
2nd	T-activin +OL	14	11	78.5	11±1.2
3rd	Magnetotherapy	18	17	94.4	9.0±1.1

4th	Bactrim +OL	10	9	90.0	10±1.0
5th	T-activin+magnetotherapy+bactrim+OL	12	12	100.0	8.0±1.1

In the table data provided, it is evident that combining t-activin, magnetic therapy, and bactrim with traditional therapy enhances the effectiveness of treatment. This combination accelerates the normalization of both objective and subjective signs of the disease, ultimately reducing the healing period of ulcers. It is important to note that no side effects have been associated with these methods.

It is recommended that the entire treatment complex be prescribed to patients in the first few days of admission to the hospital after endoscopically confirmed gastric and duodenal ulcers. This recommendation applies to cases where Helicobacter is present in a biopsy specimen or after the registration of T-suppressor immunodeficiency.

Conclusion. Thus, the conducted studies suggest a new pathogenetically substantiated, highly effective method of treatment: a combination of the immunomodulator t-active, stimulation of reparative regeneration processes - magnetic therapy, the helicobacteriocidal drug Bactrim, and the generally accepted antiulcer drug.

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1 ЖИЛД, 2 СОН

АННАЛЫ КЛИНИЧЕСКИХ ДИСЦИПЛИН

ТОМ 1, НОМЕР 2

КЛИНИК ФАНЛАР ЙИЛНОМАСИ

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