

ANALYSIS OF THE CLINICAL PSYCHOLOGICAL STATUS OF PATIENTS WITH ACUTE GASTRITIS

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ABSTRACT

Gastritis is an inflammation of the lining of the stomach, often accompanied by disruption of the secretory and motility of the stomach. An analysis of the clinical psychological condition is presented.

Keywords- Gastritis, exogenous, endogenous, erosive, corrosive, gastrofibroscopy.

THE PURPOSE OF THE STUDY

To study the specific clinical course of acute gastritis in patients with digestive problems among the population of Surkhandarya.

METHODS AND TECHNIQUES OF CHECKING

The surkhandarya Regional Department of Gastroenterology conducted laboratory and instrumental (EFGDS) examination of 100 patients under the age of 65 with acute gastritis and without acute gastritis treated in 2018-2019.

Gastritis is a polyetiologic disease characterized by inflammation of the gastric mucosa, caused by a number of external and internal adverse factors.

Etiology and pathogenesis. Its origins include the following exogenous (eating disorders-quantity and quality and quality of food, overeating in the evening, alcohol abuse, excessive use of sharp spices in cooking, toxic infections caused by non-compliance with sanitary rules in the storage of food and ingredients, salmonella, effects of shigella, staphylococci, etc., the presence of allergies to certain foods-eggs, spices, fruits, raspberries, strawberries, etc., the effect of drugs – acetylsalicylic acid, corticosteroids, pyrazolone products, antibiotics, cardiac glycosides, etc.) and endogenous factors (infection – influenza, tuberculosis' autointoxication – kidney and liver failure, tissue breakdown in the body – burns, frostbite, exposure to light, etc.) are important.

The pathogenesis of the disease is inextricably linked to the factors that cause it and develops in two different ways. In exogenous acute gastritis, the etiological factor directly affects the gastric mucosa, causing its inflammation, and then secondary changes are added. In endogenous acute gastritis, the influencing factor causes gradual changes in the gastric mucosa by hematogenous route, and in the patient's condition the symptoms of general intoxication predominate. In some cases, both pathogenetic mechanisms are actively involved in the pathogenesis of the disease.

Classification: According to the changes in the acute exogenous and endogenous and gastric mucosa, its superficial (normal), erosive and corrosive types are distinguished.

Clinical view. The clinical manifestations of acute gastritis depend on its severity and clinical course. Patients with acute exogenous superficial (simple) gastritis may experience nausea, sometimes vomiting with mucus and undigested food, indigestion in the epigastric region abdominal pain, unpleasant taste in the mouth, general weakness, pale skin, covered tongue, some severe There is al decrease in blood pressure, signs of enteritis. In most cases, the disease lasts an average of 5-6 days.

In the development of acute corrosive gastritis, the effect of high concentrations of acid or alkaline substances on the gastric mucosa is important. As a result, mucosal necrosis is observed. In this form of acute

gastritis, patients experience severe pain in the mouth, esophagus and epigastric region, mucous and bloody vomiting, in severe cases, numbness and subsequent "acute abdominal" symptoms.

Laboratory and instrumental tests. Perfectly collected anamnesis and esophagogastroduodenoscopy examination are crucial in the diagnosis of acute gastritis. With its help it is possible not only to study the anatomical changes in the gastric mucosa, but also to determine its functional status and to obtain a biopsy when indicated, and sometimes to determine the etiology of the disease.

It has also been used in recent years to perform some treatments using gastrofibroscopy especially to inject drugs into the affected area, stop bleeding, treat with low-intensity laser beams, remove foreign bodies, polypectomy and evaluate the effectiveness of treatment.

As mentioned above, esophagoastrobrosocopy widely used in the diagnosis of diseases of the gastrointestinal tract, especially gastritis. However, there are a number of contraindications to its use, and the attending physician should be familiar with them.

- Significant arrowing of the esophagus;
- Presence of pathological processes in the thoracic cavity (tumor, mediastinitis, aortic aneurysm);
- Clearly manifested kyphoscoliosis
- High heart and respiratory failure;
- Acute circulatory disorders in the brain;
- Unstable angina, acute myocardial infarction, unstable angina class III-IV.

RESULTS OF THE STUDY

A study of the sex of the patients in the follow - up revealed acute gastritis in 62 % of women and 38 % of men under 65 years of age. Acute gastritis occurs in 62 % of women and 38 % of men in patients under 65 years of age when analyzed by age and sex in the primary and control groups. It can be seen that this disease is more common in women than in men, leading to a more severe course of the disease and dangerous complications.

Treatment: Treatment of patients is carried out without drugs and with the help of drugs. Treatment without drugs. Patients are advised to chew warm food 5-6 times a day before cooking. Treatment of acute gastritis is inextricably linked with the etiological factor that led to it. Treatments should begin with eliminating the effect of these factors on the gastric mucosa. After that, it is recommended to wash the stomach with warm water or chamomile tincture, conduct cleansing enemas. Intravenous glucose, saline and other saline solutions are injected. It is not recommended to eat on the first day of illness. From the second day, drink plenty of fluids (non - bitter tea , nectar tincture and other juices) . Patients can also consume warm boiled soups, non fat foods , dairy products (sour cream , semolina and rice porridge) . Antibacterial drugs are prescribed in cases where infection is crucial in the onset of the disease.

Conversely, in type A chronic atrophic gastritis, in addition to reducing the mechanical effects on the stomach, meat, vegetable soups, lean fish, adequate amounts of vegetables and fruits, juices and coffee are prescribed to enhance its secretory activity. Extensive use of spices in cooking is also prohibited.

Prophylaxis. Prevention of the disease includes measures such as storage of food and ingredients, as well as compliance with the rules of personal hygiene. Primary and secondary prevention of the disease includes adherence to a diet, abstinence from food and beverages (primarily alcohol) that have mechanical, chemical, thermal side effects, ie irritating and adversely affecting the gastric mucosa, personal hygiene, oral hygiene, etc. . These include eliminating occupational exposures and quitting smoking tobacco and nasvai.

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