



## MODERN METHODS OF TREATMENT OF CHRONIC GASTRITIS

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Article history:	Abstract:
<b>Received:</b> January 3 <sup>rd</sup> 2024 <b>Accepted:</b> February 26 <sup>th</sup> 2024	Gastritis is an inflammation of the mucous membrane of the stomach, leading to a violation of its function, especially secretory. If a person has gastritis, the incoming food is poorly processed, which leads to a violation of the absorption of nutrients for the human body.

**Keywords:** Modern methods of treatment, chronic gastritis

**INTRODUCTION.** Gastritis is a collective concept used to denote inflammatory and dystrophic changes in the gastric mucosa of various origin and course. Mucosal damage can be primary, considered as an independent disease, and secondary, caused by other infectious and non-communicable diseases or intoxication.

Disease statistics

There are two main forms: acute and chronic gastritis. Alcoholic gastritis, which develops against the background of alcohol abuse, is considered separately. There are no statistics on different forms of gastritis in Russia. In those countries where such statistics are available, chronic gastritis is recorded in 80-90% of gastritis patients, while the most dangerous form of gastritis, related to the so-called "precancerous conditions" — atrophic gastritis is found in patients younger than 30 years in 5% of cases, in patients aged 31 to 50 years — in 30% of cases, in patients over 50 years of age — in 50-70% of cases.

Chronic gastritis is a long-term recurrent inflammatory lesion of the gastric mucosa, occurring with its structural restructuring and impaired gastric functions. Chronic gastritis often develops asymptotically. There are two main forms of the chronic course of the disease: superficial and atrophic gastritis.

About 60-85% of the world's population suffer from chronic gastritis, especially at the young age from 18 to 35 years. Due to the current pace of urbanization, gastritis has become more common in children from 8 to 13 years old.

Gastritis is also divided in relation to the secretion of hydrochloric acid into:

Gastritis with low gastric acidity

Gastritis with normal gastric acidity

Gastritis with increased acidity of the stomach

Due to the presence of a certain type of gastritis in a person, different groups of drugs will be prescribed.

*Causes of gastric gastritis*

Due to the occurrence, they are divided into acute and chronic gastritis.

Acute gastritis is an acute inflammation of the gastric mucosa caused by exposure to an irritant, i.e. ingestion of chemically active substances (acids, alkalis), taking

medications (NSAIDs), poisoning with poor-quality food and/or contaminated with infected microorganisms.

The appearance and development of chronic gastritis is influenced by many factors. The main ones are exogenous.

*Exogenous factors are:*

The presence of bacteria such as *Helicobacter pylori* in the stomach, which are the main etiological factor in the occurrence of chronic gastritis. The effect of other bacteria has not been proven

Eating disorders

Alcohol and tobacco abuse

Long-term use of drugs that affect the gastric mucosa, the main ones are: NSAIDs and glucocorticosteroids (prednisone)

Emotional overstrain, stress

Along with exogenous factors, there are also internal (endogenous) factors contributing to the occurrence of chronic gastritis:

Genetic predisposition

Duodenogastric reflux

Endogenous intoxication

Chronic infectious diseases

Metabolic disorders

Hypovitaminosis

In other diseases of the gastrointestinal tract, for example, chronic pancreatitis, chronic cholecystitis, which reflexively affect the gastric mucosa.

Symptoms of gastritis

Aching or cramping pains are low-intensity in the epigastric region, more often occur on an empty stomach or immediately after eating

Constant heartburn, especially at night and in the morning, belching sour

Nausea, rarely vomiting of gastric contents

Belching air, sour or bitter taste

Heaviness in the epigastric region after eating, a feeling of rapid filling of the stomach

Unpleasant taste in the mouth, bitterness

Decreased appetite

Diagnosis of gastritis

General clinical analysis of blood and urine

Stool analysis for a coprogram



Biochemical blood analysis (liver tests, cholesterol, alkaline phosphatase)

ECG

Chest X-ray in 2 projections

Radiography of the esophagus, stomach with barium mixture

Ultrasound of the hepatobiliary system

Daily monitoring of pH in the lower part of the esophagus and stomach

EGDS

Non-invasive tests for the determination of Helicobacter pylori (respiratory)

Treatment of gastritis

The main treatment for chronic gastritis consists of following a healthy lifestyle and proper nutrition.

Maintaining a healthy lifestyle and proper nutrition consists in:

Abstaining from drinking alcoholic, highly carbonated beverages

Weight loss in case of obesity

Quitting smoking

The exclusion of eating in large quantities and at late hours

If such methods of non-drug treatment do not bring relief, medications are used.

It is recommended to start treatment at the first signs of inflammation in the stomach.

The following drugs will be used:

Prokinetics (help accelerate the progress of the food lump from the esophagus into the stomach, later into the duodenum, increase the tone of the lower esophageal sphincter) - Domperidone (Motilac, Motilium), Itoprid (Ganaton)

Antisecretory drugs (contribute to the suppression of hydrochloric acid secretion) - proton pump inhibitors (Omeprazole, Pantoprazole, Esomeprazole, Rabeprazole)

Antacids (Phospholyugel, Almagel, Gaviscon)

Belching with air, sour or bitter taste.

If contamination of the gastric mucosa of H.pylori is detected, a treatment regimen with antibacterial drugs is used.

The treatment regimen is selected individually according to the patient's condition and concomitant diseases.

There are several standard treatment regimens:

Antibiotics (penicillin series: amoxicillin, macrolides-clarithromycin).

Proton pump inhibitors (omeprazole, rabeprazole, esomeprazole, pantoprazole)

Bismuth preparations (novobismol, de-nol)

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