

Peptic ulcer disease. A complex approach

E.N. Kayumova
(Mozyr, Belarus)

Peptic ulcer is the most common disease of the digestive system. Despite the almost 200-year period of close study of this disease, the problem remains relevant at the present time. It is widespread throughout the world. In recent years, there has been a tendency for the growth of this disease, and duodenal ulcer occurs much more often than a stomach ulcer. According to statistics in Russia, every 7th person suffers from this disease, which changes the usual way of life of these people.

An ulcer is a defect in the mucous membrane and underlying tissues with a weak tendency to healing due to a slowdown in the development of granulation tissue and a violation of the epithelialization process. Ulcers are characterized by a long chronic course, deep tissue damage, the possibility of malignant degeneration. With a long-term relapsing disease, characterized mainly by seasonal exacerbations (spring-autumn) with the appearance of an ulcer in the wall of the stomach or duodenal ulcer, the diagnosis is made - peptic ulcer.

In recent years, the emerging changes in the ratio of the factors of "aggression" and "protection" of the mucous membrane began to be considered the decisive link in the pathogenesis of ulcer formation, both in the stomach and in the duodenum. The factors of "aggression" include an increase in the effect of the acidopeptic factor, due to an increase in the mass of secretory cells and an increase in the production of hydrochloric acid and peptin; violation of the motor-evacuation function of the stomach and duodenum (delay or acceleration of the evacuation of acidic contents from the stomach, duodenogastric reflux). The factors of "protection" are the resistance of the mucous membrane to the action of aggressive factors; gastric mucus formation; adequate production of hydrocarbons; active regeneration of the surface epithelium of the mucous membrane; good blood supply to the mucous membrane; normal content of prostaglandins in the wall of the mucous membrane; immune protection.

The main reason for these changes is long-term or often repeated psycho-emotional overstrain, usually of a negative nature (conflict situations, negative emotions, stress, overwork, a feeling of constant anxiety, etc.).

Heredity plays a certain etiological role. If your parents were sick with ulcer, then the probability that you will get sick is 30-40%. The main hereditary traits are an increased content of the parietal cells in the stomach that produce hydrochloric acid; the presence of the first blood group; hypersensitivity of cells to gastrin, etc.

Alimentary factors are also distinguished. Food that stimulates hypersecretion of gastric juice and peptin has a negative effect on the mucous membrane - spicy, spicy, smoked foods; irregular meals; dry food (coarse food injures the mucous membrane, with its prolonged use increases the possibility of the formation of chronic gastritis, some forms of which

can be considered a pre-ulcer condition.).

The development of the disease is influenced by smoking and alcohol consumption, which is associated with an increase in gastric secretion and peptic activity of gastric juice under the influence of nicotine and ethanol, as well as with the ability of ethanol to destroy the protein-lipid complex of the apical membrane of the cells of the surface epithelium of the mucous membrane.

An infectious agent - *Helicobacter pylori*, which reduces the protective properties of the mucous membrane, having mucinase and urease activity, plays a special role in the pathogenesis of ulcer. Urease activity lies in the fact that *Helicobacter pylori* is able to break down urea and surround itself with a cloud of ammonium, which protects the bacterium from the acidic contents of the stomach and duodenum 12. Mucinous activity is manifested in the cleavage of *Helicobacter pylori* mucin, which reduces the protective properties of mucus.

The intake of a number of medications can lead to ulceration. These include acetylsalicylic acid, indomethacin, brufen, glucocorticoids, reserpine, etc.

The development of ulcer with a predominant lesion of the duodenum, characterized by a persistent course, is characteristic of hyperparathyroidism. The genesis of ulcer in hyperparathyroidism has not been fully established. Apparently, an important role in the occurrence of parathyroid ulcers is played by hypercalcemia with arteriosclerosis and calcification of the vessels of the stomach and duodenum 12 with impaired blood supply and mucosal trophism. Parathyroid hormone also has a negative effect on the mucous membrane. Hyperparathyroidism as a cause of the formation of gastroduodenal ulcers often remains unrecognized for a long time.

In our center, 76 people were diagnosed with gastric ulcer and 12 duodenal ulcer at the age from 13 to 57 years.

During the diagnosis by the method of vegetative resonance test, it was revealed:

- psychological stress - 70 people;
- heredity - 25 people;
- bad habits, unhealthy diet - 63 people;
- disorders of the parathyroid gland - 52 people;
- the presence of *Helicobacter pylori* - 27 people.

In 30% of cases, all predisposing factors were present.

Depending on the results obtained, exogenous bioresonance therapy with fixed frequencies, induction programs, and endogenous bioresonance therapy were used in the treatment.

Normalization of parameters by the ART method and improvement of well-being were observed in 100% of cases.

Thanks to the "IMEDIS" equipment, we have a unique opportunity to determine the totality of all the factors affecting ulceration, to select treatment programs individually for each patient, to make OBR, CHR, to determine the optimal step of therapy.

Conclusion: with an integrated approach to the diagnosis and treatment of the disease, complete recovery can be achieved without surgery.

E.N. Kayumova Peptic ulcer disease. An integrated approach // XIXM .:" IMEDIS ", 2013, v.2 - P.182-185
