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Preventing Diseases And Treating Stomach And Duodenal Ulcers Using "Anti-Ulcer" Medication That Contains A Biologically Active Substance Against Ulcers

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Annotation
The article discusses about how effect Anti ulcer for stomach and duodenal ulcer and the distribution areas of the plants hypericum, plantago , as well as the unsurpassed role of leaves in promoting human health, the chemical composition and biological significance of vitamins hypericum, plantago, as well as several recommendations for the treatment of stomach and duodenal ulcerin modern medicine and medicine. traditional medicine based on the compound leaves hypericum, plantago, as well as data on the mechanism of action on the stomach and duodenal wall and their discussion.

Keywords:
stomach ulcer, duodenal ulcer, hypericum, plantago.

Introduction

The primary symptom of peptic ulcer, a chronic recurring condition that alternates between aggravation and remission, is the development of an ulcer in the stomach and duodenal walls. An H. pylori infection damages the stomach mucosa over time and is significant in the development of duodenal ulcers, gastric adenocarcinoma, MALT lymphoma, and gastric ulcers (GCC).

From the perspective of nosological independence, the following categories exist: · ulcers and symptomatic gastroduodenal ulcers; · TB linked to and unrelated to H. pylori.F. I. Komarov edited the classification in 1992. General illness features (WHO nomenclature): duodenal ulcer; gastric ulcer; peptic ulcer of unknown cause; and peptic gastrojunal ulcer following gastric resection. Form in clinical setting: recent or acute diagnosis; chronic. Curriculum: Latent; mild or infrequently recurrent; moderately severe or recurrent (between one and two relapses per year); severe (three or more relapses per year) or persistently recurring; and development of comorbidities. Phase: fading aggravation (incomplete remission); remission; and exacerbation (relapse).

The disease's morphological substrate characteristics. Ulcer types include: Chronic ulcer; Acute ulcer. Less than 0.5 cm is considered little; 0.5–1 cm is considered medium; 1.1–3 cm is considered huge; and more than 3 cm is considered giant. The phases of ulcer formation: active; scarring; red scar stage; white scar stage; not leaving scars for a lengthy period of time. Duodenum (bulb, postbulbar area, anterior wall, posterior wall, small curvature, big curvature); 3. stomach (cardia, subcardial region, stomach body, antrum, pyloric canal, anterior wall, posterior wall, small curvature, large curvature). Features of the gastroduodenal system's operations (only obvious dysfunctions of the motor, secretory, and evacuation systems are mentioned). Issues: mild, moderate, severe, or extremely severe bleeding; perforation; penetration; compensated, subcompensated, or decompensated stenosis; and cancer.

The aches are scorching, sharp, and harsh. Seasonality, rhythmicity, and periodicity are characteristics of UD pain. The alternating periods of pain and pain-free intervals indicate the frequency of discomfort.

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Depending on how much pee is consumed, the discomfort manifests at different times. Differentiating between early, late, night, and hunger pangs is standard practice. Breast cancer is typically characterized by early discomfort that manifests during the first hour after eating. Pains that are hungry, late, and nocturnal appear 1.5–4 hours after eating. These aches are typically experienced by individuals with IBDPC and are brought on by inflammatory alterations in the duodenal mucosa, hypersecretion of gastric juice, and motor abnormalities.

The location of the ulcer has a significant impact on its clinical appearance. Angina pectoris-like discomfort in the xiphoid process that radiates to the heart, left shoulder, back, and left scapular area is a hallmark of a cardiac ulcer. Pain manifests during meals, right after eating, and half an hour after eating. Because it frequently spreads to the omentum, mesentery of the transverse intestine, and pancreas, the ulcer of the stomach's considerable curvature is characterized by significant polymorphism.The hallmark of gatekeeper's ulcer is back discomfort that radiates. She also suffers from dyspeptic disorders, which include nausea, vomiting, acid reflux, and heartburn. Frequent bleeding from the ulcer is one of the characteristics of pyloric ulcers.

Perforation seldom complicates these ulcers.Postbulbar ulcers are frequently found in the first segment of the duodenum's descending portion or in the upper portion of the upper bend. Clinically speaking, postbulbar ulcers differ slightly from regular duodenal ulcers in that they have a less obvious ulcerative history, a more noticeable pain syndrome, more chronic pain that radiates to the back, and a propensity for frequent, repetitive bleeding. Early stenosis frequently complicates extra-bulbous ulcers. They can occasionally enter the pancreas. Exacerbations of UB are also frequently accompanied by heartburn, acid regurgitation, nausea, and constipation.50% of patients have heartburn, which is caused by decreased stomach secretory and motor activity.

IAB belching might be food, empty, or acidic. Hypersecretion of gastric juice results in acidic belching. In UD, nausea is uncommon and sometimes occurs before vomiting. Reflex stimulation of the inflamed area with gastric juice can produce vomiting, which often happens at the height of ulcerative symptoms and can happen early or late. The patient's condition usually improves after vomiting since the discomfort usually lessens or quits completely.

Physical examination: When acute UD is present, an objective examination frequently shows mild resistance of the anterior abdominal wall muscles together with discomfort in the epigastrium upon palpation. Additionally, Mendel's symptom—local percussion discomfort in the same area—may be present. These symptoms, however, are not exclusively associated with UB aggravation.
- the patient's forced position, when he is hunched over and presses his hands on the epigastrium, which hurts the most; - a positive Mendelian sign (local percussion pain in the epigastrium); - discomfort upon palpation in the pylorbulbar or epigastric area, accompanied by mild resistance of the anterior abdominal wall muscles in 70% of cases.

Because UD and other illnesses might have similar symptoms, physical examination results may not always indicate the existence of UD (UD C).
Instrumental research techniques are used in conjunction with biochemical, histochemical, and other techniques to obtain basic diagnostic information.
The primary diagnostic measures listed. Laboratory tests: · stool analysis for hidden blood – a positive result indicates gastroduodenal bleeding; · general blood test – anemia may occur (with visible or concealed ulcerative bleeding); · leukocytosis and elevated ESR in complex forms of UD (with ulcer penetration, severe perivisceritis).

Instrumental studies include: · esophagogastroduodenoscopy, an endoscopic examination that verifies the existence of an ulcerative defect and elucidates its location, depth, shape, size, and condition of the ulcer's bottom and edges. When the ulcer is located in the stomach and H. pylori is found, a biopsy and histological examination are required to rule out the ulcerative lesion's malignant nature.
It is possible to distinguish between acute and chronic ulcers using gastroduodenoscopy. The first is distinguished by noticeable inflammatory alterations on the ulcer's surrounding side. An acute ulcer has an oval or rounded form. A pale yellow to brown plaque typically covers the ulcer's bottom. The acute ulcers have well-defined borders.

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A criteria for evaluating the effectiveness of treatment is the endoscopic picture of a chronic stomach ulcer, which varies greatly depending on the stage of development (exacerbation, attenuation of the process, healing). When combined with a biopsy, gastroduodenoscopy is crucial for differentiating between benign and malignant stomach processes. Histological analysis of samples with GDZ enables the detection of neutrophil infiltration, an indication of the inflammatory process. Since the ulcerative-like type of prostate cancer is frequently seen, histological testing is particularly crucial when ulcerative colitis is present.

Treatment for peptic ulcers is done as an outpatient procedure. Treatment objectives: · quick relief of the disease's excruciating symptoms; · repair of ulcers; · removal of the infectious agent H. pylori to stop illness recurrences and exacerbations; · handling of complications and removal of life-threatening risks in the event of a complex disease course. Treatment for YAB is all-encompassing and consists of: - dietary nutrition; - - quitting alcohol and smoking; - refusing to use medications that cause ulcers; Normalization of work and relaxation schedules, as well as sanatorium-resort care.

There are no distinctions in the methods used to treat UABDPC and UAB. Patients are treated similarly to how duodenal ulcers are treated if it is determined that stomach ulcers are benign. The length of therapy varies, and stomach ulcers linger longer due to their bigger size and slower scarring. Non-pharmacological therapy: The treatment is all-encompassing and consists of quitting drinking and smoking, changing one's diet, and stopping the use of medications that cause ulcers, especially NSAIDs. Frequent, fractionated, mechanically and chemically mild dietary nourishment is the way to go.Frequent (5–6 times a day) fractional meals that adhere to the maxim "6 small meals are better than 3 large ones" and coolant sparing in terms of mechanical, thermal, and chemical aspects are advised.

A high-protein diet is recommended because it has a quicker therapeutic impact, speeds up ulcer repair, and reduces inflammation.

Medical care One significant aspect of contemporary diabetic medication is the lack of basic distinctions between the methods used to treat duodenal and stomach ulcers. The length of the pharmacotherapy course makes a difference. Pharmacotherapy principles include: · treating gastric and duodenal ulcers with the same method; · requiring basic antisecretory therapy; · choosing an antisecretory medication that keeps the intragastric pH above 3 for roughly eighteen hours each day; · prescribing an antisecretory medication in a precisely defined dosage; · endoscopic surveillance spaced two weeks apart; · antisecretory medication length based on ulcer healing time; · antihelicobacter eradication therapy in HP-positive patients; Anti-helicobacter therapy must be monitored for efficacy after four to six weeks; antihelicobacter therapy must be repeated if it proves ineffective; HP-negative patients must receive supportive anti-relapse therapy with an antisecretory medication; and risk factors for poor response to therapy (replacement of NSAIDs with paracetamol, selective COX-2 inhibitors, combination of NSAIDs with misoprostol, patient compliance, etc.) must be considered.

For UD, proton pump inhibitors (PPIs) are a fundamental treatment option. In addition to achieving scarring of the ulcerative defect as quickly as feasible, they are given to treat pain and dyspeptic illnesses.Because antacids can keep the intragastric pH level over 3 for four to six hours during the day, their efficacy as a monotherapy is inadequately high. However, because antacids operate quickly and are available over-the-counter, people with UD use them to treat pain and dyspeptic symptoms.The following are guidelines for treating patients with H. Pylori: · to control eradication, which is done four to six weeks following the conclusion of eradication therapy using a BOUT diagnosis of H. Pylori in a coolant biopsy obtained with FGDS or a C13 urea breath test;

PPIs should be stopped two weeks before to the planned control trial to prevent misleading negative results. Additionally, two diagnostic techniques (the histological approach, the C13 urea breath test, and BOUT) must be used to confirm a negative test result for H. pylori infection.· Depending on the extent of the ulcerative defect, control of scarring for duodenal ulcers is done after 2, 4, and 6 weeks, and for gastric ulcers, it is done 4, 6, and 8 weeks following the initiation of therapy.In the treatment of UD, a relapse-free course is a good prognostic indicator when H. Pylori eradication is successful.

Materials and research methods

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ANTI-ULCER has a huge impact on medicine when used to treat patients with duodenal and stomach ulcers. Samar is one among the naturally occurring physiologically active compounds for inflammation and quick wound healing. The use of ANTI-ULCER to treat patients with duodenal and stomach ulcers has a significant impact on medicine. Samar is one among the naturally occurring physiologically active compounds for inflammation and quick wound healing.

The Republic of Uzbekistan's Ministry of Health approved this biological addition, which supplements the anti-ulcer medication by supplying the intestine with the vitamins and microelements that are lacking in patients with this disease. It is advised that Uzbeks take this medication in addition to their primary medications.

Using laboratory markers, we have outlined the trace components that comprise our medication below.

The sample of the working solution prepare. Pre-dried, pulverized, extracted in scales accuracy of 0,001 g (Navigatortm, OHAUS®) 1 g of sample samples tigel porcelain in ash mufel methods to get dry in oven (Nabertherm, Germany) and 500 oc. heated with ash were taken. It originally 550 oC 100 oc/hour and was heated at a speed of 5 hours 550 oc temperature will hold. The ashes, which is formed icp-ms clean evident 6 ml 70% hn3 (Sigma Aldrich, Usa) and 2 ml of 60% li h2O2 pour mo'rili shkafda white smoke to be generated until the end of heating on the stove was heated. The solution was cooled down to 100 ml polypropylene tube and measuring the volume of water is held with ultra clean line was delivered. Filtered using syringe filter from the solution and analysis was used for this study.

Complete the analysis, thermo fisher scientific (Usa) produced by iCAP x pro duo ICP-OE induksion bound plazmali spektometrida optical emission was carried out. Create methods, the analysis of the results of the analysis QTegra ISDN in the program has been completed. The analysis parameters for 1 are listed in table.

1-table. The analysis method parameters.

Parameter	settings of the	
pump tubes are	for example Tygon® yellow/white	for drainage Tygon ® white/white
Pump speed	45 ayl./min	
Spring of the camera,	the glass cyclone	
Nebulayzer	concentric glass	
Nebulcannot, just as the flow of gas	0,6 l·min^{-1}	
flow of cooling gas	grows 12.5 in l·min^{-1}	
Auxiliary gas flow	of 0.5 l·min^{-1}	
in the central tubes are	2 mm	
rf power	1150 w	
Repeated	3 times	
Analysis of time	-- in a glimpse	Radial
	15 sec	15 sec

The results obtained. The results of the analysis have been listed in the following table.

2-the table. The chemical composition of the elements in the sample IBP-oe detected in the results of the method, mcg/100 g.

Analit, emission wavelength, nm (deteksiya method)	Anti-ulcer
Ag 338.289 (Aksial)	14.878±1.2
Al 396.152 (Aksial)	5342.386±16.8

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As 189.042 (Aksial)	10.716±0.9
Au 242.795 (Aksial)	3.743±0.2
B 249.773 (Aksial)	346.925±0.9
Ba 455.403 (Aksial)	118.468±0.8
Be 313.042 (Aksial)	7.48±0
Bi 223.061 (Aksial)	1.893±1.1
Ca 393.366 (Radial)	157800.655±853.7
Ca 396.847 (Aksial)	26359.533±48.3
Cd 228.802 (Aksial)	5.22±0.3
Ce 413.765 (Aksial)	7.949±0.1
Co 238.892 (Aksial)	<LOQ
Cr 283.563 (Aksial)	78.422±0
Cs 852.113 (Aksial)	465.201±4.6
Cu 324.754 (Aksial)	215.534±1.2
Dy 400.045 (Aksial)	1.689±0.4
Er 323.058 (Aksial)	3.117±0.2
Eu 381.967 (Aksial)	4.81±0
Fe 259.940 (Aksial)	5690.456±10.8
Ga 294.364 (Aksial)	<LOQ
Gd 335.047 (Aksial)	<LOQ
Ge 265.118 (Aksial)	<LOQ
Hf 339.980 (Aksial)	1.057±0.1
Hg 184.950 (Aksial)	2.563±0.1
Ho 345.600 (Aksial)	5.027±0
In 325.609 (Aksial)	14.839±0.4
Ir 224.268 (Aksial)	4.014±0.2
K 766.490 (Radial)	192805.739±1,557.3
La 333.749 (Aksial)	6.139±0.1
Li 670.776 (Aksial)	148.593±1
Lu 261.542 (Aksial)	4.63±0
Mg 279.553 (Radial)	51896.589±609.2
Mg 285.213 (Aksial)	55781.387±520.9
Mn 257.610 (Aksial)	628.866±1.4
Mo 202.030 (Aksial)	82.18±0.6
Na 589.592 (Radial)	3701.79±20.4
Nb 309.418 (Aksial)	1.939±0.1
Nb 316.340 (Aksial)	4.509±0.2
Nd 378.425 (Aksial)	13.111±0.4
Ni 221.647 (Aksial)	<LOQ
Os 225.585 (Aksial)	2.545±0.5
P 185.942 (Aksial)	30115.947±27.2
Pb 220.353 (Aksial)	10.543±0.3
Pd 340.458 (Aksial)	<LOQ
Pr 390.844 (Aksial)	<LOQ

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Pt 203.646 (Aksial)	33.785±0.4
Pt 265.945 (Aksial)	<LOQ
Rb 214.383 (Aksial)	84.406±19.2
Re 227.525 (Aksial)	<LOQ
Rh 343.489 (Aksial)	<LOQ
Ru 240.272 (Aksial)	<LOQ
Sb 206.833 (Aksial)	12.611±9.7
Sc 361.384 (Aksial)	5.312±0
Se 196.090 (Aksial)	<LOQ
Si 251.611 (Aksial)	1237.982±8.8
Sm 363.429 (Aksial)	7.097±0.5
Sn 189.989 (Aksial)	667.081±6.6
Sr 407.771 (Aksial)	1084.109±10.5
Ta 268.517 (Aksial)	<LOQ
Tb 350.917 (Aksial)	7.189±0.1
Te 238.578 (Aksial)	33.256±19.4
Th 283.231 (Aksial)	22.742±0.7
Ti 334.941 (Aksial)	27.376±0.2
Tl 190.856 (Aksial)	23.27±0.8
Tm 342.508 (Aksial)	0.337±0
U 264.547 (Aksial)	158.668±1.6
U 367.007 (Aksial)	117.381±2.7
V 309.311 (Aksial)	30.526±0.4

Prepare the standard solution. 68 one element's 2% hn3 in 10 mg/l with the concentration of the standard solutionc (Highpuritystandards, Usa), mercury of the elements of 2 mol/l the hn3 in 1000 mg/l concentration with a standard solution (Sigma Aldrich, Germany), 25 units of the element % 2 hn3 in 10 mg/l with the concentration of the standard solution (Aris, Usa)at 70% hn3 (Sigma Aldrich, Usa) using the solution of the elements of the 2% hn3 in the working standard solution was prepared and suyiltirish way with again 3 different standard working solution was prepared. Blank samples 2% li hn3 solution was used. From the solution above, which is the standard using the elements to 69 units kalibrlovchi line will form.

In conclusion, let's assume that gastric ulcers are among the most urgent problems in the world and that the best way to treat them is not just with prescription medications. In addition to anti-ulcer medications, we also play a significant role in the prevention of diseases and the prompt treatment of those that do occur. and the most efficient method of compensating for the fading microelements from stomach intestinal ulcers is what defines the suggested anti-ulcer composition.

References:

1) Gastroenterology. The National Guide / edited by V.T. Ivashkin, T.L. Lapina – M.GEOTAR-Media, 2012, 480 p.
2) The Toronto Consensus for the Treatment of Helicobacter pylori Infection in Adults. 2016
3) Malfertheiner P. et al. Management of Helicobacter pylori infection–the Maastricht V.Gut2016;0:1-25.
4) Diagnosis and treatment of acid-dependent and helicobacter-associated diseases. Edited by R.R.Bektayeva, R. T. Agzamova, Astana, 2005 – 80 p.
5) Manual of gastroenterology: diagnosis and therapy, CananAvunduk. – 4th ed., 2008 - 515 p.
6) Dinis-Ribeiro M. et al. J. Endoscopy 2012; 44:74-94.
7) Yuan Y, Ford AC, Khan KJ, et al. Optimum duration of Helicobacter pylori eradication (Review). The Cochrane Library 2013; issue 12. DOI: 10.1002/14651858.CD008337.pub2.

ISSN NO: 2770-2936
July 2025

8) Aruin L.I., Kononov A.V., Mozgovoy S.I. Actual issues of pathological anatomy: Proceedings of the III Congress of the Russian Society of Pathologists. Samara, 2009. Vol. 1.pp.5-8.