

GASTRIC SECRETION DISORDERS IN RHEUMATISM

Vafoeva Nigora Abrorovna

Assistant, Department of Propaedeutics of Internal Diseases

Samarkand State Medical University

Samarkand, Uzbekistan

Abstract: This article examines the impact of gastric secretion on rheumatic diseases. The study included data spanning three years. Sixty women and 40 men with rheumatic diseases were included, for a total of 100 patients under 30 years of age. For the study, subjects were given a cabbage juice decoction daily using the Riess-Petrov method. Test results revealed increased hypersecretion and gastromucoprotein. Circulatory impairment of grades 1-2 and nausea were observed.

Keywords: Rheumatism, stomach, patient, Riess-Petrov method, hypersecretion, gastromucoprotein, circulatory impairment, hyposecretion.

НАРУШЕНИЯ ЖЕЛУДОЧНОЙ СЕКРЕЦИИ ПРИ РЕВМАТИЗМЕ.

Вафоева Нигора Аброровна

ассистент кафедры пропедевтики внутренних болезней

Самаркандский государственный медицинский университет

Самарканд, Узбекистан

Аннотация: В данной статье изучается влияние желудочной секреции на ревматические заболевания. В исследование включены данные за 3 года. В исследование были включены 60 женщин и 40 мужчин с ревматическими заболеваниями, всего 100 пациентов в возрасте до 30 лет. Для исследования ежедневно давали отвар, приготовленный из капустного сока по методу Рисс-Петрова. По результатам анализов, повысилась гиперсекреция и гастромукопротеин. Наблюдалось нарушение кровообращения на 1-2 степени и тошнота.

Ключевые слова: Ревматизм, желудок, пациент, метод Рисс-Петрова, гиперсекреция, гастромукопротеин, нарушения кровообращения, гипосекреция.

Introduction. The most characteristic feature of the modern patient is multimorbidity (polymorbidity). In clinical practice, studying specific manifestations of syntropy (regular co-occurrence of different diseases in one organism), dystropy (regularly rare or impossible co-occurrence of different diseases in one organism), and interference (the influence of one disease on the course of another) is of great importance. In the presence of syntropy, practical interest lies in studying the specific characteristics and revealing the main trends in the development of two diseases: simultaneous development or sequential development of the second disease relative to the first [1,2,3]. Against the background of changing pathomorphosis of nosological forms, this becomes difficult. The formation of precancerous conditions of the stomach plays an important role in the state of the secretory function of the stomach. Its disturbances are most often caused by morphological changes, namely progressive atrophy of the mucous membrane with involvement of the main gastric glands and dysregenerative processes in the gastric mucosa [4,5]. Both parietal and chief cells can be involved in the inflammatory and dystrophic process, leading to a decrease in the secretion of hydrochloric acid and pepsinogens, and these specialized cells are replaced by mucocytes during atrophy. In recent years, an important role in the development and recurrence of erosive and ulcerative lesions of the gastric and duodenal mucosa has been attributed to changes in the microecology of the gastrointestinal tract, characterized by excessive growth of mucosal microflora and an increase in its aggressive properties [6,7]. The functional state of the digestive organs in rheumatism has been insufficiently studied. It is known that patients with rheumatism often present complaints related to the gastrointestinal tract.

Aim of the study. The purpose of the present work is to study the state of certain gastric functions in patients with rheumatism. When assessing the state of the

stomach, data on secretion, acidity, pepsin, mucus, chlorides, gastromucoprotein, proteins of gastric juice, evacuation rate of the test breakfast, and neutral red excretion (excretory function) were taken into account.

Materials and methods. The studies were conducted using the fractional method with cabbage decoction as the test breakfast according to Ryss-Petrov. 100 patients with rheumatism were under observation, including 60 women and 40 men. The majority of patients were under 30 years of age. 72% of those examined had suffered from rheumatism for more than three years.

Results. The active phase of rheumatism was observed in 76% of patients (in 15% — first rheumatic attack) and inactive in 24%. Valve defects of one kind or another were diagnosed in 78% of patients. In 46% of patients, there were signs of circulatory insufficiency of stages I–II. 44% of patients presented dyspeptic complaints. As can be seen, pathological changes in secretion were noted in 60% of patients (hypersecretion in 35%, hyposecretion in 25%); acidity changes in 77% (increased in 59%, decreased in 18%); digestive power in 60% (increased in 41%, decreased in 18%); gastromucoprotein in 67% (increased in 38%, decreased in 29%); evacuatory function in 74% (accelerated in 34%, delayed in 40%); excretory function in 75% of patients. In 47 patients, a significant amount of mucus was present in the gastric juice. Noticeable changes were also observed in the proteins of gastric juice. The average chloride content in the juice according to Volhard was 311 mg%. Fasting elevated acidity figures were noted in 18%, pepsin in 31%, gastromucoprotein in 40% of patients. No hypersecretion was observed on an empty stomach. The average chloride content was 291 mg%. In primary rheumatism, hypersecretion and delayed evacuation were more commonly observed in patients, while in circulatory insufficiency, hyposecretion and accelerated evacuation predominated.

Conclusion. In rheumatism, significant shifts occur in the main functions of the stomach, which must be taken into account in clinical practice. In the early stages

(active phase, onset of the disease), increased or normal hydrochloric acid secretion (hypersecretion or normoacid state) is often noted. With prolonged course, especially in protracted and recurrent forms, a decrease in secretory function more commonly develops — hypoacid or anacid state. This manifests as chronic atrophic gastritis with pronounced secretory insufficiency.

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