



## **ON THE ETIOLOGICAL AND PATHOGENETIC ASPECT OF NONSPECIFIC COLITIS**

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### **Abstract:**

Nonspecific (idiotic) inflammatory bowel diseases are a set of nosological forms of unknown etiology, which are characterized by ulcerative lesions of the walls of the large and/or small intestine as a result of their chronic nonspecific inflammation [25, **Error! Bookmark not defined.**, 2, 9]. Nonspecific ulcerative colitis is based on diffuse ulcerative-inflammatory lesions of the colon, which is clinically manifested by intestinal bleeding, frequent loose stools with an admixture of pus and blood, abdominal pain, tenesmus and constipation.

**Keywords:** Ulcer, Colit, Non-Specific Ulcerative Colitis, E. Coli, Lactose-Negative

### **INTRODUCTION**

Ulcerative colitis is registered all over the world, but the highest incidence is observed in North America, Northern Europe and Australia. A high incidence of ulcerative colitis is registered in Israel. At the same time, in India and Japan, the disease is extremely rare. In Europe and the USA, the incidence of ulcerative colitis occurs from 150 to 250 cases per 100 thousand population. At the same time, the age peak of morbidity occurs at the age of 20 to 40 years [**Error! Reference source not found.**].

Currently, there is no clear information about the etiology and pathogenesis of this disease. The hereditary predisposition to the development of an autoimmune inflammatory process in the mucous membrane of the colon in response to the contamination of its surface with microorganisms and viruses, as well as the contact effects of food, is most often considered. This opinion is based on the frequent combination of NAC with other autoimmune processes [7].

Ulcerative colitis is a lifelong condition that causes inflammation and ulcers inside your colon (large intestine). UC is one of the most common types of inflammatory bowel disease (IBD), alongside Crohn's disease. UC often causes bloody diarrhea and abdominal cramping. Inflammatory bowel disease (IBD) is an idiopathic disease caused by a dysregulated immune response to host intestinal microflora. The two major types of inflammatory bowel disease are ulcerative colitis (UC), which is limited to the colonic mucosa, and Crohn disease (CD), which can affect any segment of the gastrointestinal tract from the mouth to the anus, involves "skip lesions," and is transmural. There is a genetic predisposition for IBD, and patients with this condition are more prone to the development of malignancy [4,5,6].

The main stages of UC are mild, moderate, severe, and fulminant. Fulminant UC is a subset of the condition that causes sudden and severe symptoms. UC is not curable with medication, but treatments can reduce the frequency and severity of flares specific to the stage.

Dysbiosis plays an important role in the pathogenesis of this disease. Thus, as a result of the change of constipation and diarrhea in the bacteriological picture of feces, the proportion of functionally defective (lactose-negative and enzymatically weakened) strains of E. coli increases against the background of a moderate decrease in the growth of bifidobacteria [8,9]. At a young age, intestinal dysbiosis that has arisen for one reason or another is accompanied by diarrhea in combination with the fermentation process, allergic dermatitis occurring against the background of a pronounced psychovegetative disorder is noted.

Some people may go for weeks or months with very mild symptoms, or none at all (remission), followed by periods where the symptoms are particularly troublesome (flare-ups or relapses). During a flare-up, some people with ulcerative colitis also experience symptoms elsewhere in their body; which are known as extra-intestinal symptoms. These can include: painful and swollen joints (arthritis), mouth ulcers, swollen fat under the skin causing bumps and patches – this is known as erythema nodosum, irritated and red eyes, problems with bones, such as osteoporosis [12].

In many people, no specific trigger for flare-ups is identified, although a gut infection can occasionally be the cause. Stress is also thought to be a potential factor.

Ulcerative colitis symptoms may cause some people to lose their appetite and eat less, and they may not get enough nutrients. If you have ulcerative colitis, you should eat a healthy, well-balanced diet. For some



patients, there can be certain trigger foods. There are also foods associated with increasing risk for active disease. Some patients may choose to minimize certain foods in their diet, but it is always helpful to consult with your doctor, and a dietitian about your needs.

Trigger foods are any food that causes unpleasant symptoms. Although they can lead to symptoms, trigger foods don't necessarily cause harm (or inflammation) to your body. Everyone may have different trigger foods, although here are some common trigger foods and beverages:

- Foods high in insoluble fiber (does not dissolve in water) can be hard to digest: raw kale, skin of an apple, sunflower seeds
- High-fiber foods: Brussels sprouts, cabbage, cauliflower, asparagus
- High lactose-containing foods: cow's milk, cream, ice cream, custard
- Sugar alcohols and artificial sweeteners: sorbitol, mannitol, xylitol, sucralose, aspartame, saccharin
- Added sugars and sugary foods: cookies, pastries, coconut sugar, honey, maple syrup
- High-fat foods: butter, cheesy dishes, fried foods
- Spicy foods: sriracha, chili powder
- Alcohol
- Caffeinated coffee/tea, energy drinks, other caffeinated beverages
- Sugar-sweetened beverages: soda, coffee/espresso drinks with sugar/syrup, juices

Foods associated with increased risk for inflammation: Eating certain foods frequently over time has been found to increase the risk for inflammation. Instead of actively trying to restrict these foods, try to focus on adding more variety into your diet. For example, if you usually eat red meat every day, focus on adding a greater variety of protein into your diet so that you have chicken, turkey, tofu, eggs, tilapia, salmon, and tuna throughout the week[13,14,16,17,18].

Foods associated with increased inflammation include: red meat: beef, lamb, pork, veal, bison; processed meat: lunch/deli meat, bacon, hot dogs, sausages; coconut oil, dairy fat, palm oil

## CONCLUSION

The high incidence of ulcerative colitis in developed countries and its growth is also associated with lifestyle and diet. A high hygienic level in childhood, lactose intolerance, the use of large amounts of refined carbohydrates and preservatives, artificial feeding can

serve as prerequisites for the development of colitis [15].

Thus, despite numerous and versatile studies, there are contradictory and ambiguous questions in the study of the etiology and pathogenesis of ulcerative colitis, which indisputably leave this pathology relevant for further research.

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