



## RELATIONSHIP TO THE REFLUXATE TYPE OF THE EFFECTIVENESS OF TREATMENT DEGREE OF GASTROESOPHAGEAL REFLUX DISEASE

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### Article history:

**Received:** April 4<sup>th</sup> 2024

**Accepted:** May 6<sup>th</sup> 2024

### Abstract:

All measurements drawn at every level of AT treatment method of GERD are dedicated to logically enable the gastroesophageal reflux or duodenogastroesophageal reflux process, which does the function of generator at the occurrence of this disease. Even the scope of medicine (mainly prokinetics which are used individually) used at the medicamental level of alternative treatment method is small, it was defined that its therapeutical efficiency level can completely compete with the same indications of traditional method.

**Keywords:** gastroesophageal reflux disease, possible to conclude, bile acid reflux, alternative treatment, traditional method

**THE URGENCY OF THE PROBLEM** - Recently, gastroesophageal reflux disease (GERD) has lasted just over a quarter of a century since the digestive tract was recognized as an independent disease. Although it is the smallest of all known diseases of the digestive tract, it has risen to the forefront of the prevalence [1,3,6,7,8]. In the early stages of the GERD pathogenesis, almost all industry experts acknowledged that the main factor in the development of the disease is the components of gastric juice. Additionally, they assert that "this aggressive factor plays a decisive role in the formation of major clinical, endoscopic and morphological symptoms that occur during GERD" [2,4,5,6,7,9,11,12].

As you know, normally, the mucous membrane pH is about 5.5-7.0 in the esophagus. The pH of the mucous membrane of the esophagus is 4 and above (pH <4,0), ie the environment begins to have acetic acid. Therefore, the following motto among scientists in recent years is widespread: "Acidity is not a sign of boiling" [1,3,5, 8,10].

At that time, there was not enough information on the significance of alkaline or mixed-type refluxate in the formation of GERD. For this reason, most experts have unquestionably included GERD in the group of diseases that are related to gastric juice (HCl) (stomach and duodenum ulcer). In the course of the pathogenesis of GERD, the substitution of the aggressive factors of gastric juice has been instrumental in the formation of its proposed treatment scheme.

Because of this step, which is not always accurate, the main focus of all the treatment methods proposed by the GERD is to eliminate or at least

neutralize the effects of influential aggression factors (HCl). Over the past period, various methods of GERD therapy, based on the above-mentioned direction, have been proposed. Even when most of them are used step up or step down, the focus of the treatment focuses on the elimination or neutralization of aggressive capabilities of the components of the reflux.

It is worth noting that when the GERD pathogenesis is re-analyzed on the basis of personal experience accumulated throughout the years, it is thought that there may be conclusions that differ from the prevailing thoughts on the subject. It must be admitted that the aggressive factors of gastric juice or duodenal fluid in the pathogenesis of GERD are not the primary factor, as it is now recognized. As you know, these factors do not begin to absorb the aggressiveness when escaping the esophagus, but they are also present when they operate within the boundaries of their natural regions (gastric or duodenal gut). In these natural habitat, there are also some protective factors that can always neutralize their aggressive forces. However, the capacity of the esophagus in the esophagus does not have the power to eradicate the aggressive properties of the esophagus. Therefore, when the gastric juice or duodenal ulcer is directed toward the esophageal cavity, their aggressive properties are evident. Hence, the pathogenesis of GERD is not the aggressive ability of the stomach or duodenum, but their esophageal gastroesophageal reflux (GER) or duodenogastroesophageal reflux (DGER) can serve as the primary factor. It is well-known that many experts recognize theoretically.



It is well-known that the reflux is a living thing, its natural origin must be stomach or duodenal ulcer. It is secretly thrown into the esophagus during the GER or DGER process. Revealing the aggressive effects of the fluid component components depends on the extent to which the GER or DGER process is present and the duration of the process. It is also important that the type of refluxate medium (TRM) is acidic or alkaline during the GERD formation process.

The aggressive features of the components of biological fluids that form part of the reflux constitute an important part of the disease. However, this is a direct axiom of the GER or DGER process intensity. So it is time to put forward the slogan "No Reflux, No Fever". The question is right: "Is it primarily the aggressive factor or the need to eliminate the GER and DGER processes during the GERD procedure?" The logical perception of the problem will surely lead to the right recognition of the other. So, it is logical that the main focus of the innovative types of HERD treatment (in contrast to the present) is not to neutralize the impact of aggressive factors, but to eliminate the process of reflection.

Obviously, most industry professionals need to be able to interpret this problem in a correct way. Unfortunately, in the recognized methods of the HERD procedure, which is practically used, the logical understanding still exists. Most of them are recommended by proton pump inhibitors (PPI) as the main (essential) medicines. It is well known that they can only reduce the production of hydrochloric acid as required. This is a great deal to overcome the existing pathological process in the heart. However, the same situation can be caused by the disorder of equilibrium between the homeostatic images of an important organ such as the stomach and associated irregular digestion processes.

Therefore, it would be logical to justifiably recommend the prophylaxis group, which is capable of

The steps and optimal sequence of the GERD method of treatment

removing GER or DGER as a major source of treatment in modern GERD treatment schemes. However, in almost all modern treatment modalities, GERD is basically assigned a secondary status to prokinetic agents. However, from the perspective of the GERD pathogenesis, it should be recognized that its use should be a prerequisite for use of progenitors in PPI drugs.

The well-known slogan "Without the Reflux, GERD will not happen" also requires the use of prokinetics, which immediately eliminates GER or DGER. It is well known that the elimination of the reflection will lead to the loss of important clinical symptoms, including symptoms of jaundice. Therefore, when different types of reflection are successfully eliminated, there is no need to apply PPI proprietary. Because of the need to limit the process of acid formation spontaneously vanishes. Also, the acid-treating process is not always appropriate. In some cases, it may unreasonably distort the stability of the stomach-gumostasis symptoms.

It must be admitted that, in some respects, the situation in question may actually be contrary to some of the points listed in the HERD modern treatment standards. However, the GERD pathogenesis suggests that the results of modern interpretations suggest that there are steps to take in the guidelines. It is noteworthy that the supporters of this directive may be more likely to focus on the future prospect of research, rather than eliminating the process of producing chloride acid, which is not always appropriate, but rather to restore the gastrointestinal tract to the damaged motor.

Taking into account the abovementioned, the following is a GERD procedure method proposed by a team of specialists in the field of propaedeutics of internal diseases, including the author. The principal difference of this method from the others is: 1) the sequence of successive sequences; 2) the sequence of steps is optimized in accordance with the above instructions; The following is a schematic representation of the proposed HERD procedure:

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#### I. Nomedical treatment

- 1 - urgent (tea, coffee, alcoholic beverages, some medicines, etc.);
- 2 - measures to be taken to slow down (weight loss, smoking, and so on);

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#### II. Medical treatment

- 1 - prokinetics;
- 2 - PPI Factors;

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#### III. Surgical treatment

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The proposed HERD procedure consists of three stages, with sequential order primarily designed to eliminate different types of reflection

and, at the same time, to achieve predetermined treatment efficiency. Therefore, his median stroke step begins with the adoption of prokinetics rather



than PPI agents. It should be borne in mind that when using this treatment pad, you must strictly adhere to the order of sequence of steps. Because this procedure is one of the principal differences in the proposed treatment method. The I - step of the proposed treatment method of GERD, known as non - edbation, involves a number of conservative measures with the power to overcome the GER or DGER processes. 2) Slowing (weight loss, smoking, cigarette smoking, and cigarette smoking) 2) Slow (weight loss, smoking, and cigarette smoking) h.o. rejection). II is known as medicine, and it is recommended to take drugs that are effective in the GERD treatment. Acceptance of these drugs should be carried out in a strict sequence. In contrast to the GERD treatment methods that have been widely used up to date, treatment should be started first by using prokinetic monopreparations. Prokinetics should also be the primary (basic) part of the treatment plan when other groups of drugs (PPI agents, etc.) are recommended. It should be emphasized that PPI should be recommended only when the TRM is acidic or at nighttime traumatic symptoms. It requires the use of III - line surgical practice. It is appropriate to mention that the surgical practice should be applied when it is instructed to do so.

The step-by-step procedure of GERD is recommended to recognize the GER and DGER process for its role in the development of this disease and the recognition of progenetic as a basic drug for its admission and pathogenic evaluation. The application of step-by-step treatment in our own practice has confirmed that many of its aspects are natural and appropriate. It is understood that these conclusions are the personal thoughts of those who are in dispute with respect to the subject matter of the case.

#### *Comparative performance of alternative and traditional methods used in GERD*

As you know, GERC is not only the esophagus, but also the most common of all known diseases of digestive tract organs. From the earliest days of his life as an independent disease, many experts in the field have been diagnosed with disease (such as gastric and duodenal ulcer), which is caused by chloride acid in the gastric juice. Actually, this is the basis of the modern treatment methods of GERD as a result of this conclusion (also because of the existence of an alkaline reflux) that has not always been proven.

Undoubtedly, the role of chloride in the gastric juice is important during the formation of some clinical options. However, this phenomenon can only be caused by GER. Therefore, the fact that the share of the importance of the reflux process in the pathogenesis of GERD is higher than that of the chloride acid does not require confirmation. Perhaps, this is why the word reflexes in the GERD experimental name is also used. Considering the above points, it is desirable for GERD to be regarded as a disease involving the process of reflux rather than acid. Therefore, it is appropriate for the progenitor to form the basis of the drug used in its treatment, rather than PPI agents.

Taking this into account, at this stage of the research, it has been tasked to dynamically examine the results of the traditional and proposed alternative therapeutic efficacy (step-by-step) therapeutic efficacy in the HERD procedure. In order to accomplish this task, 76 patients with GERD type NERD with acidic appearance of TRM have consistently compared the dynamic results of the data obtained by applying the aforementioned treatment methods. The lifetime of the patients included in the study was between 18 and 56 years, meaning an average of  $38.4 \pm 5.2$  years. Of the 76 patients, 42 (55.3%) were male and the remaining 34 (44.7%) were female. All patients have a range of clinical parameters: age, gender, body mass index, GERD mean duration, recidivism, number of treatments taken up to date, and so on. and divided into two groups with a representative profile. The first group control group (CG) patients consisted of 37 (48.7%) individuals, mainly constituting the traditional method (TM) HERD. It consists of 40mg of tablet and 50mg of itomed or isopride hydrochloride (Promed, Czech Republic) tablet, mainly pantap or pantoprazole ("Nobel" farm, joint venture of Uzbekistan and Turkey). These drugs are recommended in the following order: pantap 1 tablet from 40 to 60 minutes in the morning and 1 pill every day, it should be taken 20 to 30 minutes before eating at 700, 1300 and 1900 hours. The duration of both drugs was 20-24 (mean  $22.4 \pm 3.6$ ) days.

The remaining 39 (51.3%) of the patients were involved in the second main group (MG) group and offered alternative treatment (AT) as a remedy. This technique consists of: non-lethality and medico-math stages. Nominal paralysis is as follows: immediate attention (tea, coffee, alcohol, some medications, etc.), and slow measurements (weight loss, smoking, and so on) received. The trimedat



or trimebutin ("Valenta", Russia), which is a universal type of prokinetics, has been used individually in the medikameto stage. It is mainly produced in the form of tablets and developed in a dose of 100 mg or 200 mg. Group patients received 200 mg of trimethate, 20 to 30 minutes before eating 700, 1300 and 1900 hours. The duration of administration was 20-24 (mean  $22.8 \pm 4.1$ ) days. The effectiveness of the recommended treatment modalities was dynamically analyzed every 10 to 12 days. The information you are looking for is listed in Table 1 below.

As can be seen from Table 1, the results of the therapeutic efficacy of the TM and AT methods

used in the treatment of patients with GERD were as expected. The following factors are used to assess the therapeutic efficacy of the TM and AT methods used in GERD procedures: 1) Dynamics of Significant Disease (%) of Primary Clinical Signs; 2) Positive changes in quantitative (points) values of important symptoms of GERD; 3) The number of GERD clinical manifestations throughout the day; 4) the number of night signs of a major symptom such as intoxication; 5) the scale of positive changes in the quality of life quality of patients; were used as a criterion. In order to timely record the timetable of changes to these criteria, each of the patients involved in the inspection was pre-made with individual questionnaires.

Table 1  
Dynamics of interferometric activity of AT and TM methods used in GERD

Basic Clinic characters  dating rate	MG (n=39)			CG (n=37)		
	From the Treatment:					
	You got it	Then (in days)		You got it	Then (in days)	
		10-12	23-24		10-12	23-24
1. Waterbrash	33 <u>84,6±8,5</u>	21 <u>53,9±5,4</u>	3 <u>7,8±0,7</u>	30 <u>81,1±7,8</u>	11 <u>29,7±2,7</u>	2 <u>5,4±0,6</u>
2. Regurgitation	19 <u>48,7±4,6</u>	8 <u>20,5±2,1</u>	0	17 <u>48,6±4,3</u>	9 <u>24,3±2,6</u>	2 <u>5,4±0,8</u>
3. Eructation	15 <u>38,5±3,6</u>	6 <u>15,4±1,6</u>	1 <u>2,7±0,4</u>	14 <u>37,8±3,2</u>	5 <u>13,5±1,1</u>	3 <u>8,1±0,6</u>
4. Gor.vo mouth (with a bitter taste in one's mouth)	7 <u>18,0±1,5</u>	3 <u>7,7±0,9</u>	0	6 <u>16,2±1,4</u>	3 <u>8,1±0,8</u>	1 <u>2,7±0,5</u>
5. The mouth is sour taste	23 <u>59,0±5,7</u>	9 <u>23,1±2,4</u>	0	20 <u>54,0±5,2</u>	8 <u>21,6±2,6</u>	2 <u>5,4±0,9</u>
6. Dysphagia	8 <u>20,5±2,1</u>	3 <u>7,7±0,9</u>	0	8 <u>21,6±2,5</u>	4 <u>10,8±1,2</u>	0
7. Odionophagy	7 <u>18,0±1,7</u>	4 <u>10,3±1,1</u>	1 <u>2,7±0,3</u>	7 <u>18,9±1,5</u>	3 <u>8,2±0,7</u>	1 <u>2,7±0,5</u>

Note: absolute, relative (%) in denominator;

Analyzing the dynamics of therapeutic efficacy results of the TM and AT methods utilized in a therapeutic manner as a key indicator of the GERD's clinical manifestations has led to the following important information. In the MG patients, this symptom was recorded in 33 (84.6%) patients, at the end of the first decade of treatment it was 21 (53.9%), and by the end

of the second decade this symptom was only 3 (7.8%) only.

Dynamic changes observed in the same clinical symptoms in CG patients have been different. If the symptoms were noted in 30 (81.1%) of the 37 patients, before the treatment, only 11 (29.7%) at the end of the first decade of the treatment, and only 2 (5.4%) of the symptoms at the end of the second



decade, It is worth noting that these positive changes were recorded in the first decade of the year. Significant severe fluctuations in the dynamics of symptoms of acne in the CG patients (unlike MG patients) can be explained by the effect of PPI agents in the TM. It should be noted that the therapeutic efficacy of Method AT in patients undergoing night-time attacks is also evidence of the fact that it does not require proof of the effectiveness of PPI agents.

### **CONCLUSION**

1. It should be noted that there was no significant difference between the dynamic changes observed in patients with MG and CG in symptoms other than GERD symptoms during the use of AT and T treatment methods. Similarly, the results of criteria allowing a thorough evaluation of the therapeutic efficacy of the methods of AT and T have also been synonymous with the outcome.
2. Thus, based on the data obtained at this stage of the research, it should be noted that the therapeutic efficacy of the EC method used in GERD treatment has been demonstrated in terms of resistance to the same symptoms. This competitive tendency has been demonstrated more thoroughly in therapeutic efficacy, in particular in patients who have not been diagnosed with night bumps. Also, we have a number of key aspects of AT methodology, including:
3. All the activities involved in each stage of the GERD procedure are aimed at logical remediation of the process of reflux (GER or DGER), when generating the disease;
4. While the therapeutic effectiveness of the therapeutic effectiveness method has been narrow (primarily individual progenitors), the therapeutic efficacy level of the drugs used in the therapeutic procedure of medicine has been demonstrated in a fully competitive manner;
5. The cost of treatment has declined from 20 to 30% due to the reduction in the number of drugs involved (mainly universal progenitors) in the process of using the AT method, and its pharmacoeconomic marks have increased significantly.

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