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TREATING ULCERATIVE COLITIS WITH MEDICINAL PLANTS AND INVESTIGATING THE QUALITY OF LIFE OF PATIENTS

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Abstract:

The fact that many contemporary treatments for ulcerative colitis use medicinal plants in addition to basic medications explains the significance of diagnosing the condition in traditional medicine. This article also discusses how SF36 and IBDQ32 surveys can be used to examine the quality of life of patients.

Keywords: ulcerative colitis, SF-36, IBDQ-32, and quality of life, medical plants.

One of the most urgent issues in gastroenterology at the moment is inflammatory bowel disease, which is defined by its complicated pathophysiology, frequent recurrence, life-threatening consequences, lack of therapy, and unclear origin. In a population of 100,000, ulcerative colitis affects 26-268 people. Europe and North America had the greatest yearly incidences of ulcerative colitis (24.3/100.000 and 19.2/100.000, respectively). In these deities, its frequency translates to 80–120 instances per 100,000 people, which translates to 80–120 cases per 100,000 population in terms of prevalence and 8–15 new cases per 100,000 population in a single year.

The ineffectiveness of this disease treatment's outcome is what gives the issue its societal relevance. The prevalence of nonspecific ulcerative colitis has sharply grown in recent years worldwide.Over the previous ten years, there has been a 60% increase in the number of patients with this condition. The majority of this tendency is seen in emerging nations. Over 60 cases of the disease are reported for every 100,000 persons, and the disease's pace of reduction is not statistically significant. It's important to remember that ulcerative colitis typically affects young, healthy individuals and causes early incapacity.

The disease always has a high recurrence and death rate, and the limited ability to diagnose the illness early is the cause of the poor efficacy of treatment methods in patients. This is explained by the fact that the pathophysiology has not been well investigated scientifically and that the disease's clinical symptoms are not readily apparent.

The prevention of somatic illnesses of different etiologies is one of the measures being done in our nation to strengthen the health sector and adapt the medical system to the standards of the world. In this context, the goal was to improve the quality of qualified services provided to the population in the primary health and sanitation service in order to raise the level of medical services to a new level in line with the seven priorities of the new Uzbekistan development strategy for 2022-2026.

By carrying out the aforementioned tasks, you can create strategies to lessen potential complications in ulcerative colitis patients, enhance the use of technologies that are up to date in the early diagnosis of the illness, predict how the disease will progress, decrease patients' working capacity and disability, and enhance their quality of life.

A generic survey called the SF-36 (Short Form — 36) is used to gauge life quality and evaluate health. Patients with ulcerative colitis or other chronic illnesses can have their health status evaluated using this method. The SF-36 survey is used to gauge a patient's psychological well-being, influence on everyday activities, and overall health.The SF-36 is a 36-question test that evaluates a patient's physical and mental health in eight areas:

Eight SF-36 survey sections:

1. Physical functions: the capacity of the patient to carry out everyday tasks and their physical potential.For instance, exercises, walks, or rising from a seated position.
2. Physical pain: the extent of the patient's discomfort and the activities they are unable to perform because

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of it. According to the SF-36, ulcerative colitis can induce discomfort due to intestinal inflammation and diarrhea.
3. General Health (General Health): the state of the patient's health and their perspectives on it.This part evaluates the patient's health assessment as well as the disease's effect on general health.
4. Tasks and social activities (Social function):the degree to which a patient can perform their activities in society and social life.Diarrhea, fatigue and other symptoms in ulcerative colitis can limit social activity.
5. Mental health(Mental Health): the patient's mental state, including depression, decreased mood, anxiety, and stress levels.Inflammatory diseases, including ulcerative colitis, can negatively affect the patient's psychological health.
6. Energy and fatigue (Vitality):the patient's overall energy level and fatigue level. In ulcerative colitis, patients can often experience fatigue, low energy and weakness.
7. Role-emotional psychological functions: the capacity to carry out daily tasks based on mental state.Changes in mental state brought on by disease may make it more difficult for the patient to carry out personal or professional tasks.
8. Physical functions (Role physical): the extent to which a person's physical state affects their ability to carry out everyday tasks.Physical activity may be hampered by the illness and its symptoms, which include discomfort and diarrhea.
Results of the SF-36 before treatment The following suggests that individuals with active ulcerative colitis may have lower SF-36 rates:
Physical activity may be hindered by weakness, diarrhea, and stomach pain (physical function, PF). Physical role : daily tasks or employment may be limited. In terms of body-related pain, or "BP," abdominal and intestinal discomfort are seen to be of utmost relevance. Because of the chronic nature of the condition, general health (GH) may be low. Chronic fatigue and poor energy levels may have contributed to a decline in quality of life (Vitality, VT). Social activity (also known as social function, or SF): involvement in social or professional activities may decline. Stress, anxiety, and sadness can all lead to a decline in mental health (MH). Mental role (Role Emotional, RE): Stress and depression can lower worker productivity.
Following successful treatment for ulcerative colitis (such as 5-ASA medications, corticosteroids, immunosuppressants, or biological therapy: inula helenium, calendula, achillea, plantago, hypericum and bidens), we can see an improvement in SF-36 markers.
Roll and physical activity: As digestive troubles subside, individuals become more active. Body-related discomfort: Abdominal pain may lessen based on how well the therapy works. When the body's food intake improves and diarrhea subsides, overall health and quality of life improve. An improvement in mental health and mental role is seen as a result of reduced anxiety, stress, and sadness. People can re-adjust to social life through social activities.
Chronic illnesses like ulcerative colitis, particularly inflammatory bowel disorders, can significantly affect a patient's health, capacity to work, and standard of living. By examining the patient's physical, mental, and social state, the SF-36 survey illustrates the whole impact of the illness.It is feasible to evaluate the efficacy of treatment using the SF-36 data. Both short-term and long-term impacts of the condition are visible. It is possible to create treatment plans with the goal of raising the patient's general quality of life.
Patients with inflammatory bowel illnesses (Irritable Bowel Disease, or IBD) can utilize the IBDQ-32 (Inflammatory Bowel Disease Questionnaire—32) to gauge their quality of life and the impact of their illness. Diseases like Crohn's disease and ulcerative colitis are the main conditions for which IBDQ-32 is utilized. IBDQ-32's objective: The purpose of the IBDQ-32 is to measure a patient's physical, mental, and social well-being in order to determine their quality of life and detect any issues linked to their condition.
The 32-question exam gauges how the disease's symptoms impact the patient's health and day-to-day activities.
1. Physical functions: the patient's state of health and how the illness affects their level of physical activity. Typically, bodily symptoms like pain, exhaustion, or diarrhea serve as the basis for questions .
2. Social functions: assesses how a patient's social functioning is impacted by a condition. The patient's restrictions in their social, familial, or professional interactions are evaluated here.
3. Emotional function (psychological state): mental state and mood, such as mood swings, anxiety, and sadness. The mental health of the patient may be impacted by inflammatory bowel disorders.
4. Quality of life (QoL): how the illness impacts the patient's everyday activities, sleep patterns, overall health, etc.
IBDQ-32 evaluation: every question is scored on a 7-point scale, with 1 being "never" or "very bad."7: Always or excellent. The overall result,

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which is calculated by summing together all of the survey items, demonstrates how the illness impacts the patient's quality of life.
Results from the IBDQ-32 show that patients with high scores have a decent quality of life, whereas those with low scores have negative disease effects.
A high total score indicates a great quality of life for the patient. Conversely, low scores show that the illness has a detrimental impact on the patient's physical and mental health.
1. Physical activities:
1. What has been the rate of being able to do physical activity yourself for the past 2 weeks?
2. How did you feel the pain associated with physical activities over the past 2 weeks?
3. How did intestinal symptoms limit you over the past 2 weeks?
2. Social activities:
4. How has the disease limited your social activities over the past 2 weeks?
5. Has it become difficult to spend time with family or friends due to illness?
6. Does it affect your work due to illness?
3. Mental health:
7. What was your mood for the last 2 weeks?
8. Has there been a feeling of anxiety or depression due to illness for the past 2 weeks?
9. Did you feel unhappy or depressed due to illness?
4. Quality of life:
10. How did intestinal symptoms affect your daily life over the past 2 weeks?
11. Have there been difficulties in improving sleep due to illness?
12. Has it become difficult to continue physical activities due to illness?
IBDQ-32 scores are typically poor prior to therapy due of intestinal symptoms such as frequent diarrhea, stomach discomfort, and the need for frequent seizures, which make patients uncomfortable. Systemic symptoms include weakness and exhaustion, as well as poor general energy levels in individuals. Social interaction: sufferers may withdraw from social interactions and spend more time at home. Emotional health: persistent sensations of stress and depression can lead to elevated levels of these conditions.
IBDQ-32 outcomes following therapy
If therapy is successful, the IBDQ-32 score might rise: Abdominal discomfort and constipation are two digestive symptoms that improve. Systemic symptoms become better: energy levels rise and weariness levels fall. Restoring social engagement makes it simpler to resume studying, working, or interacting with friends. Emotional health improves: the patient experiences less anxiety and sadness and gains confidence.
These inquiries evaluate the patient's physical, mental, and symptom conditions. Overall quality of life is indicated by scores derived from responses to questions. great ratings signify a great quality of life, whereas low values suggest a substantial impact of the condition on life.
Advantages of IBDQ-32 Individualization: each patient's condition and the consequences of their illness are evaluated separately. It is a metric of quality of life that considers social and psychological well-being in addition to the disease's medical symptoms. therapy adaptation: IBD aids in improving comprehension of the patient's condition and therapy modification. Evaluating the efficacy of therapy enables you to keep an eye on the patient's condition throughout the therapeutic process.

CONCLUSION:

1. The health status and quality of life of individuals with conditions like ulcerative colitis are better understood thanks to the SF-36 survey. This tool aids in identifying the illness and its effects on the patient's physical, mental, and social well-being. If SF-36 values declined during the active stage of ulcerative colitis, they may considerably recover following effective therapy. Indicators of patients' physical and mental health are improving, and their overall quality of life is rising.
2. The IBDQ-32 is a highly useful instrument for assessing how intestinal inflammatory conditions, such ulcerative colitis, affect a patient's quality of life. This survey helps physicians evaluate the efficacy of treatment by providing a better understanding of patients' symptoms, mental health, and physical health.
Patients with inflammatory bowel disorders, such as Crohn's disease and ulcerative colitis, can have their quality of life evaluated with the help of the IBDQ-32 survey. In addition to enabling efficient treatment management inula helenium, calendula, achillea, plantago, hypericum and bidens, this test will assist in assessing the patient's health and the effects of the illness on different regions. Prior to therapy, IBDQ-32 scores were low, but they may rise with treatment. These metrics are crucial for evaluating the patient's degree of disease control and quality of life.

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