Optimization of the Use of Medicinal Plants in Chronic Cholecystitis and Pancreatitis

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Abstract. In the last decade, both in Uzbekistan and abroad, despite certain successes in therapy associated with the appearance on the pharmacological market of new effective drugs for the correction of functional disorders of the digestive system, there has been a clear tendency towards an increase in the incidence of the biliary system. Pathology of the biliary tract and pancreas is a topical problem for modern medicine. Moreover, this trend is characterized by stability.

Key words: cholecystitis, pancreatitis, Literature analysis, randomized, medicinal plant.

Relevance Thus, according to scientific forecasting, the incidence of diseases of the digestive system in the next 15-20 years will increase in the world by at least 30-50% due to an increase in the number of diseases based on stress, dyskinetic, and metabolic mechanisms. This trend is also characteristic of pathologies of the biliary and pancreatic systems. Gallstone disease has become significantly “younger” and occurs not only in young people, but also in early childhood. Not only women, but also men are now increasingly susceptible to it. Cholecystitis and pancreatitis, defined as a type of acute or chronic inflammation that occurs in the gallbladder, caused by infection, irritation of bile, the outflow of pancreatic juice into the biliary tract, as well as disturbances in the metabolism of bilirubin and lipids and etc. Recent epidemiological studies have shown that the incidence of gallstone disease is constantly increasing, and this figure doubles every 10 years[4]. The incidence of gallstone disease increases steadily with age, varies by race, and is more common in female patients than in male patients[2]. For symptomatic cholecystitis, antibiotics and antispasmodics are traditional therapy. How cholecystectomy or laparoscopic cholecystectomy are also suitable treatment options[5]. However, this type of gallstone disease may recur within a few months. Gallstones can also recur in the biliary tract after cholecystectomy [2]. Therefore, it is important to identify effective treatment options and adjuvant therapies for cholecystitis. Traditional Oriental Medicine (TEM) has a long history of use in the treatment of cholecystitis and has developed an effective system of medical evaluation and treatment. In TEM, cholecystitis is classified as a type of disease with symptoms such as pain in the sides of the body, jaundice, enlarged liver, gall bladder, abdominal pain, etc. [6,7]. According to TEM, cholecystitis is caused mainly by incontinent food and drink, exogenous heat and moisture, chronic. The large amount of research literature on the treatment of cholecystitis using PET in the East is stimulating the development of innovative and improved therapeutic methods for treating this disease. However, even basic information about the literature, such as the level of evidence, quantity, trends in
publications and the existence of research institutions, remains unclear as they are not well studied or assessed outside the East due to language barriers and access.

Materials And Methods

The study examined data from a survey of 300 women and men with chronic cholecystitis and pancreatitis aged from newborn to 70 years. Persons of the studied category are divided into 3 groups: 1 group - control group; Group 2 - Men with chronic cholecystitis and pancreatitis; Group 3: women with chronic cholecystitis and pancreatitis. In accordance with the goals and objectives, the following research methods were determined: content analysis, comparative analysis and data synthesis of Electronic literature was carried out using the following databases: Eastern Biological Medicine Database (EBM), Database of the National Knowledge Infrastructure of the East (ENKI), Periodical Database publications of Eastern science and technology (VIP), Database of the Ministry of Science and Technology of Uzbekistan, Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE and EMbase.

RESULTS: As a result of a study in Palleniki in the area of the city of Bukhara, patients from infancy to 70 years were divided into 3 groups at the dispensary control. It turned out that the cubic percentage of the incidence of this disease is made up of people aged 40 to 70 years. Group 1 of 70 controls, Group 2, and Group 3 of 144 participants in the Cup study had a percentage of female participants. In group 2 there were 61 men with chronic cholecystitis and pancreatitis, and in group 3 there were 83 women with chronic cholecystitis and pancreatitis.

Conclusion: We showed what percentage of the population is used in the traditional healthcare system of Bukhara for the treatment of chronic cholecystitis and pancreatitis. Since such disorders still cause several deaths each year, it is important to conduct phytochemical and pharmacological studies on a wide range of promising species. Increasing access to traditional medicine, especially in rural areas, is also critical. Endangered species require special attention for the sustainable use of traditional herbal medicine. Published literature on TEM treatment of cholecystitis is of low quality and based on insufficient evidence, and cognitive medicine may provide a useful complementary basis for evaluation.

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