E CONF SERIES

International Conference on Multidisciplinary Sciences and Educational Practices
Hosted online from Rome, Italy
Website: econfseries.com 27th February, 2025

THE STOMACH

T.f.n dotsent. Khamrayev Khamza Khamidullayevich
Samarkand State Medical University
"Department of Internal Medicine"

Khasanov Farrukhjon Sherali o‘g‘li
Samarqand, O’zbekiston

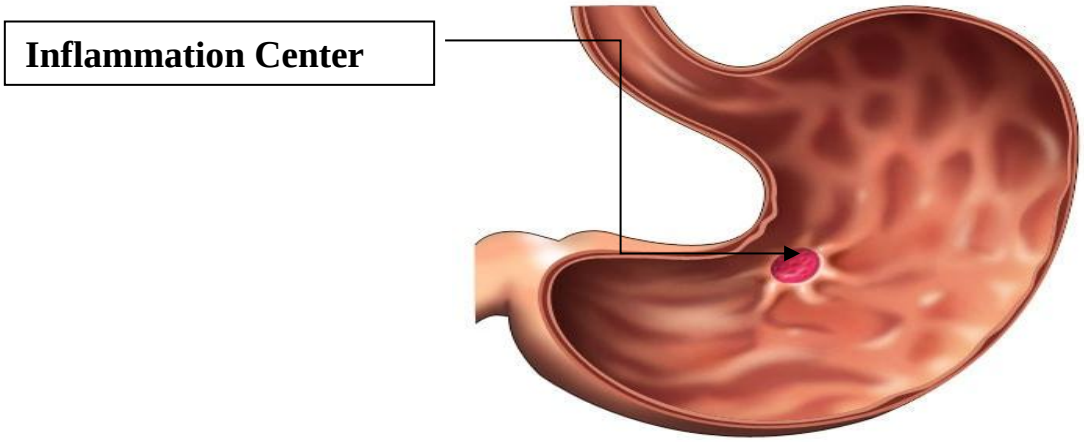
Abstract:
Role of the digestive tract in the digestive system. Anatomical, physiological and histological structure of the stomach. Relationship between them and the extent to which they are bounded by the body. Information about infectious and non-infectious diseases of the stomach at present. In what countries are the most common stomach diseases in the world? How many people suffer from such illnesses and how many percent of annual deaths. Measures to combat the diseases of the digestive system in the world.

Keywords: Gastritis, inflammation, stomach, ulcer.

The contents of the article: The stomach (ventrriculus, gastter) is the most important part of the digestive system and is the most extensive part of the digestive tract. The stomach is located above the abdominal cavity, the upper part of the condyle. There are the front and rear walls, small and wide curves. The stomach is divided into 5 parts: the entrance, the bottom, the body, the prepyloric (antral) and the pylorus (gates). Contains gastric juice: pepsin, chemosine, lipase enzymes and hydrochloric acid. Peppsin is the main enzyme in the gastric juice and is very important in the digestive process. Due to this enzyme activity, protein fibers with high molecular structure break down into simple-albumin and peptones. After mechanical treatment of the oral cavity through the esophagus, it is injected into the stomach through the esophagus. Here, the next change in food interferes with the juice of the stomach and undergoes chemical changes. Mechanical processing is carried out through the action of the stomach, and chemical processing by the

enzymes contained in it. As all organs have their own peculiarities, the stomach has its own characteristics. It does not require nutrients. The stomach also acts as a food depot. Through the stomach, the duodenum enters the intestinal nutrients.

Gastritis: Gastric mucosa is an inflammatory disease. The disease can be very severe, but chronic gastritis is more commonly studied because of its clinical significance.



Chronic gastritis accounts for 28-32% of all gastrointestinal diseases and 60-80% of stomach diseases. 45-50% of the world's population suffers from chronic gastritis.

Exogenous factors: Eating disorders, digestion of foods that are difficult to digest and difficult to digest. As a result of the frequent and frequent ingestion of food, the continuous production of alcohol, the production of HCI acid, pepsin and other enzymes in the stomach is disrupted.

Conclusion:

If the cause of gastritis is not known or the symptoms are severe and do not subside in a few days, one should consult the doctor to help make a diagnosis. Identifying the underlying cause is the key to treating and managing gastritis. Early and effective treatment with medications, simple lifestyle and dietary changes help prevent the complications of gastritis. Long-term lifestyle modifications are crucial in preventing gastritis episodes in the future. It may not be possible to prevent all

infections that cause gastritis. However, by maintaining good personal and food hygiene, one can decrease the risk of developing gastritis from infectious agents.

Used Literature:

1. Abdullakhojayeva D.G. Some aspects of atherosclerosis pathogenesis. // Med. J. of Uzbekistan, 1999, No. 4, pp. 94-97.
2. Abramov V.V. Integration of the immune and nervous systems. Novosibirsk, 1991, pp. 56-57.
3. Alyavi A.JL, Abdullaev A.Kh., Tulyaganova D.K., Nuritdinova S.K., Shodiev Zh.D., Saidaliyeva S.S. Cytokines in the diagnosis and prognosis of coronary heart disease // Therapeutic Bulletin of Uzbekistan. 2014. No. 1. pp. 125-130.
4. Arutyunov G.P. (Moscow), Report on the results of the symposium in Rome 02.97. // Treatment of atherosclerosis: research directions and clinical issues. // Clinical Pharmacology and Therapy, 1997, No. 6. pp. 67-69.
5. Aronov D.M., Ochakov R.G. Cardiac rehabilitation in Russia - problems and prospects. Russian Cardiology Journal. 2001., No. 3., pp. 4-9.
6. Aronov D.M. Statins reduce mortality and improve the course of atherosclerotic diseases. Russian Medical Journal, Vol. 11. No. 19, Moscow., 2003.
7. Aronov D.M., Lupanov V.P. Atherosclerosis and coronary heart disease. 2nd edition, revised. Moscow: Triada-Kh, 2009. 248 pages.
8. Atroshchenko E.S. Modern understanding of the mechanisms of microcirculation disorders in patients with stable angina // Pathophysiology and Experimental Therapy. - 1991. - No. 2. - pp. 60-63.
9. Afanasyeva O.I., Utkina E.A., Artemyeva N.V., Ezhov M.V., Adamova I.Yu., Pokrovsky S.N. Elevated concentration of lipoprotein(a) and the presence of small dense low-density lipoprotein subfractions as independent risk factors for coronary heart disease // Cardiology. 2016. No. 6. pp. 5-11.
10. Balonov K.M., Belotserkovsky M.V., Gurevich K.Ya., Gendel L.L. Changes in PACK in atherosclerosis. // Hematology and Transfusiology -1995.- No. 4. - pp. 23-25.

11. Bart B.Ya., Luchinkina E.E., Gordeev I.G., Arutyunov G.P., Taratukhin E.O. Comparative analysis of the effectiveness and safety of generic and original rosuvastatin // Cardiology 2016. No. 6. pp. 46-49.
12. Bogolyubov V.M. Medical Rehabilitation. Volume I. III., Perm., 1998, pp. 96-406.
13. Самадова Н. А. и др. SECTION: PHILOLOGY AND LINGUISTICS.
14. Самадова Н. и др. КЛИНИКО-ДИАГНОСТИЧЕСКИЕ ОСОБЕННОСТИ ИНФАРКТА МИОКАРДА У МОЛОДЫХ ПАЦИЕНТОВ В УСЛОВИЯХ НЕОТЛОЖНОЙ ПОМОЩИ //Журнал кардиореспираторных исследований. – 2021. – Т. 2. – №. 1. – С. 78-81.