

The Use of Medicinal Plants in Chronic Cholecystitis

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Received: 2024, 15, Sep
Accepted: 2024, 21, Sep
Published: 2024, 12, Oct

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Annotation: Chronic cholecystitis is an important medical and socio-economic problem of modern society. Over the past decade, both domestically and internationally, despite advancements in therapy with the introduction of new effective agents for treating functional disorders of the digestive system, there has been a notable rise in the occurrence of biliary system ailments. The pathologies concerning the biliary tract and pancreas pose significant challenges to contemporary medicine, with this trend showing stability.

Keywords: chronic cholecystitis, diagnosis, prevention, treatment, medicinal plants.

Annotation: Non-calculous cholecystitis is a form of cholecystitis caused by dysfunction or hypokinesis of the gallbladder. Polyethologicity and multiplicity of pathogenesis mechanisms of this disease require different approaches to its correction. In this situation, phytopreparations containing components of natural origin deserve special attention in combination with basic therapy. Curcumin has a protective effect against cholestasis through the farnesoid X receptor, which leads to the restoration of bile acid homeostasis and counteraction to inflammatory reactions and, as a result, to a decrease in cholestasis. Several studies have shown that curcumin has the ability to shrink the gallbladder. Despite the presence of a large number of various beneficial properties, the widespread use of curcumin in medical practice has until recently been limited by its low bioavailability. Forms with increased bioavailability, such as cavacurcumin, have been synthesized. Using the ext Pathology of the biliary tract and pancreas is an urgent problem for modern medicine. In the last decade, both in Uzbekistan and abroad, despite certain therapeutic successes associated with the emergence of new effective drugs on the pharmacological market for the correction of functional disorders of the digestive system, there has been a clear trend towards an increase in the incidence of the biliary system. Moreover, this trend is characterized by stability. 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, metabolic mechanisms. There are chronic stone-

free cholecystitis (CCH) and chronic calculous cholecystitis (HCX). Currently, the prevailing opinion is about the predominantly consistent development of gallbladder diseases. Functional motor-tonic disorders (dyskinesia) of the biliary tract, occurring in a hyperkinetic (hypertensive) or hypokinetic (hypotonic) type, respectively, with an increase or decrease in tone and contractile (motor) activity of the gallbladder, often contribute to stagnation, changes in physico-chemical properties and infection of bile in the gallbladder. A chronic inflammatory process develops, affecting its mucous membrane and wall – CKD. In most cases, it is the cause of the formation of cholesterol, bilirubin and mixed gallstones, the occurrence of HCG, which is often identified with gallstone disease. In the vast majority of cases, XX develops against the background of a bacterial infection that penetrates the gallbladder enterogenically (ascending from the intestine), hematogenically (from chronic foci of infection) or lymphogenically. The development of the disease is facilitated by stagnation of bile in the gallbladder, mainly due to hypokinetic dyskinesia of the biliary tract, abnormalities of their development, sedentary lifestyle (inactivity), nutritional errors (excessive consumption of fatty and fried foods, easily digestible carbohydrates, insufficient use of vegetable fiber, etc.), rare meals, obesity, repeated pregnancies, constipation and others. In the initial stage XX, the inflammatory process initiated by bacterial and other flora affects the mucous and submucosal membranes of the gallbladder. In the future, inflammatory infiltration spreads to the entire wall of the gallbladder with the development of connective tissue (fibrosis) and thickening of its wall, damage to the serous. The clinical picture of XX consists of pain, dyspeptic and neurotic syndromes. The nature of the pain is to a certain extent due to concomitant biliary dyskinesia: in the hypotonic variant, it can be constant or periodic, dull or aching, in the hypertensive case – more short-term, intense, cramping. The pain is localized in the right hypochondrium and the epigastric region, and can radiate to the right shoulder blade, collarbone, shoulder, and lumbar region. Hardly tolerated, very intense, cramping pains in the right hypochondrium with the above-described irradiation – biliary colic - are characteristic of HCG and are often caused by blockage of the gallbladder neck or extrahepatic biliary tract with a stone. Pain syndrome is provoked by the use of fatty, fried, smoked, spicy food, carbonated drinks; severe physical exertion (lifting and carrying heavy weights, physical exercises with torso bends, etc.), body shaking (riding in shaking vehicles, etc.), psychoemotional stressful situations. Dyspeptic syndrome is characterized by nausea, belching, bitterness in the mouth, bloating, upset stools (constipation or diarrhea), and decreased appetite. Vomiting is much less common. Quite typical manifestations of the neurotic syndrome are conflict, inconsistency, and a tendency to introspection. When examining a patient, it is often found that the sclera are subicteric, and the tongue is overlaid. With the help of palpation and percussion, pain points and zones caused by irritation of the autonomic nervous system are identified. The exacerbation of the disease is indicated by soreness when pressing at the point of the gallbladder (the intersection of the right costal arch with the outer edge of the rectus abdominis muscle), as well as under the right shoulder blade in the area of attachment of the XI–XII ribs to the spine. They indicate the presence of XX the occurrence or intensification of pain during exhalation or at the height of deep inspiration during palpation at the point of the gallbladder. Non-drug treatment provides for a reasonable alternation of rest and physical activity (morning exercises, swimming, outdoor walks, etc.), physical therapy, phytotherapy, the use of mineral waters and therapeutic nutrition. Usually, the 5th table is prescribed with frequent (4-5 times a day) meals of a small amount of food.

Diet therapy is an important component of treatment that promotes the stimulation of bile secretion, reduces the activity of the inflammatory process in the gallbladder, and prevents the formation of stones. Frequent, fractional, mechanically and chemically gentle nutrition improves the emptying of the gallbladder by stimulating its motor-evacuation functions. Individual food tolerance is taken into account. In the diet, the fat content is limited with a sufficient (normal) amount of proteins and carbohydrates. Exclude or limit the use of fatty, fried, moked and salty dishes, spicy seasonings, cholesterol-rich foods (offal, egg yolk, nuts,) An important component of treatment that promotes the stimulation of bile secretion, reduces the activity of the inflammatory process in the gallbladder, and prevents the formation of stones. Frequent, fractional,

mechanically and chemically gentle nutrition improves the emptying of the gallbladder by stimulating its motor-evacuation functions. Individual food tolerance is taken into account. In the diet, the fat content is limited with a sufficient (normal) amount of proteins and carbohydrates. Exclude or limit the use of fatty, fried, smoked and salty dishes, spicy seasonings, cholesterol-rich foods (offal, egg yolk, nuts, red and black caviar), cakes and pastries, creams, alcoholic and carbonated beverages. They increase the proportion of vegetables and fruits, vegetable oils (olive, sunflower, corn, etc.) with a normal diet of low-fat varieties of meat, poultry, fish, dairy products - milk, cottage cheese, etc. treatment of XX depends on the type of concomitant biliary dyskinesia, the absence or presence of stones in the gallbladder and extrahepatic bile ducts, and the severity of the disease. With a relatively mild clinical course of exacerbation characteristic of CKD, short courses (5-7 days) of antibacterial therapy with tetracycline (metacycline, doxycycline, etc.) and fluoroquinolone drugs (norfloxacin, iprofloxacin, etc.), sulfonamides (biseptol, etc.), nitrofurantoin derivatives (furagin, ersefuril, etc.) for internal use are used. Severe course of exacerbation of the disease (observed mainly in HCG) is an indication for parenteral use of fluoroquinolone antibiotics (levofloxacin, pefloxacin), cephalosporin (ceftriaxone, ceftazidim, cefepim, etc.), aminoglycoside (amikacin, tobramycin, etc.), semi-synthetic penicillins (amoxiclav, thimentin, etc.). To eliminate bile stagnation, drugs that enhance peristalsis of the biliary tract (olive oil, sea buckthorn, magnesium) are used. Cholagogues (drugs that increase bile secretion) are used with caution so as not to cause increased pain and exacerbation of stagnation. For treatment during the exacerbation of chronic uncomplicated cholecystitis, phytotherapy methods are used: decoctions of herbs (peppermint, valerian, dandelion, chamomile), calendula flowers. After the symptoms of exacerbation subside and the disease goes into remission, tubes with magnesium, xylitol or sorbitol are recommended. Phytotherapeutic therapy of chronic cholecystitis consists in taking decoctions of tansy, buckthorn, marshmallow, yarrow. Physiotherapy is used: reflexology, electrophoresis, SMT therapy, mud therapy, etc. Sanatorium treatment at balneological resorts is indicated.

Conclusion:

The study sheds light on the utilization of traditional healthcare systems in Bukhara for managing chronic. Given the persistent mortality rates associated with these disorders, there is a pressing need for phytochemical and pharmacological research on various medicinal plant species. Enhanced access to traditional medicine, particularly in rural areas, is essential. Additionally, species facing extinction require special attention to ensure sustainable traditional phytotherapy practices. Literature on TEM treatment for cholecystitis necessitates improved quality and evidence-based assessment, with cognitive medicine serving as a valuable supplementary evaluation tool.

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