

Gastritis: Modern Ideas About Causes, Symptoms and Treatment

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Annotation: The article is devoted to a comprehensive analysis of gastritis, one of the most common diseases of the gastrointestinal tract. Particular attention is paid to the psychosomatic mechanisms of gastritis development in students under chronic stress. Biological, psychological and behavioral aspects of gastritis pathogenesis, as well as modern strategies for treatment and prevention are considered. The importance of the psychoemotional state in the development of gastroenterological disorders is emphasized.

Keywords: gastritis, *H. pylori*, stress, psychosomatics, student environment, inflammation of the mucous membrane, heartburn, chronic inflammation, cognitive stress, psychoprophylaxis.

Introduction. Gastritis is an inflammation of the gastric mucosa, which can be acute or chronic. In the conditions of modern life, especially in the student environment, gastritis has become an almost everyday problem. According to WHO, up to 80% of young people experience symptoms of gastritis at least once in their lives. Gastritis is one of the most common pathologies of the digestive system. This disease is diagnosed in patients of any age and gender, but in older people, gastritis occurs more often. Due to the lack of symptoms and incorrect diagnosis, many people do not treat the disease for several years, resulting in complications and an increased risk of malignant tumor growth in the organ. Irregular meals, excessive stress, stress and sleep disturbances contribute to exacerbations. Over the years, I have observed symptoms of gastritis in my relatives and classmates, which became the reason for a more in-depth study of this disease. This prompted me to think about the need for a more in-depth study of the issue of prevention and treatment of gastritis among students.

Etiopathogenesis gastritis

Etiopathogenesis Gastritis involves a complex interaction of external and internal factors:

1. Infectious factor: *Helicobacter pylori*

- A spiral-shaped bacterium that lives in the lining of the stomach.
- Produces urease, which disrupts the mucous barrier and promotes inflammation.
- *H. pylori* infection is associated with the development of not only gastritis, but also peptic ulcer disease and stomach cancer.

2. Physiological imbalance

- Imbalance between aggressive factors (hydrochloric acid, pepsin) and protective factors (mucus, bicarbonates).
- Activation of the sympathetic nervous system against the background of chronic stress increases acid secretion and reduces blood supply to the mucosa.

3. Chemical and medicinal agents

- Taking NSAIDs (aspirin, ibuprofen) disrupts the synthesis of prostaglandins, which are necessary to protect the mucous membrane.

- Alcohol, nicotine, caffeine are chemical irritants.

4. Psychosomatic component

- Chronic stress causes vascular spasm and disrupts gastric motility.
- Cortisol levels increase, which worsens inflammation and acidity.

The causes of gastritis are studied by gastroenterologists, psychotherapists, nutritionists and physiologists. Modern research confirms that gastritis is a disease with a multifactorial nature, where biological, psychological and social factors play a leading role. In recent years, special attention has been paid to the role of psychosomatics and chronic stress in the development of inflammatory diseases of the stomach, especially among young people and students. Psychological and psychosomatic aspects: Research in the field of psychophysiology shows that psychoemotional overstrain has a direct impact on the functioning of the gastrointestinal tract.

Chronic stress, anxiety disorders and emotional suppression contribute to the activation of the sympathetic nervous system, disruption of the blood supply to the gastric mucosa and increased secretion of hydrochloric acid. According to the psychodynamic theory proposed by Sigmund Freud, suppressed emotions, in particular anger and anxiety, can be somatized and manifested through stomach diseases. Modern researchers such as Franz Alexander and Helen Dunbar claimed that gastritis is one of the so-called “magnificent seven psychosomatic diseases”, along with hypertension and ulcers. According to the cognitive-behavioral approach, anxious thinking, catastrophizing and maladaptive eating habits aggravate the symptoms of gastritis and interfere with its treatment.

Statistics and research:

- According to the WHO report (2022), gastritis is one of the three most common gastrointestinal diseases in people under 30 years of age.
- A study published in Gut Journal (2023) found that 62% of patients with chronic gastritis have increased levels of anxiety and disturbed sleep.
- According to Stanford University (2022), people with high levels of anxiety are 2.5 times more likely to develop gastrointestinal diseases, including gastritis
- A Harvard Medical School report (2022) found that 40% of medical students regularly experience gastritis symptoms around exam time.
- The European College Mental Health Survey (2021) found that 25% of students reporting gastrointestinal symptoms also suffered from anxiety or depression.
- According to the German Institute for Economic Research (2023), prolonged emotional stress increases the risk of developing psychosomatic gastrointestinal disorders by 60%.

Psychophysiological response to stress: Chronically elevated cortisol levels and activation of the hypothalamic-pituitary-adrenal axis (HPA axis) disrupt digestion regulation, reduce the level of protective prostaglandins, and contribute to a decrease in the mucin layer of the mucous membrane. These processes increase the vulnerability of the stomach to the aggressive effects of acid.

Classification and manifestations of neuroses

According to the International Classification of Diseases (ICD-10), gastritis is divided into acute and chronic, with chronic gastritis classified by etiology (including *H. pylori*-associated, autoimmune, chemically induced, etc.), as well as by the level of gastric secretion (with increased, normal or decreased acidity). The most common form in young people, especially among students, is chronic gastritis associated with *Helicobacter pylori*, as well as gastritis developing against the background of stress factors and dietary disorders. In clinical practice, the following forms are most often encountered:

- Gastritis with high acidity, accompanied by pain on an empty stomach, heartburn and sour belching.
- Gastritis with low acidity, manifested by a feeling of heaviness, bloating, loss of appetite and dyspeptic disorders.
- Stress-induced gastritis, which occurs against the background of emotional stress and psychosomatic disorders, especially during examination sessions.

Discussion

Considering gastritis from an interdisciplinary point of view, we can conclude that this disease is not only gastroenterological, but also has a pronounced psychosomatic nature. Modern research confirms that inflammatory processes in the gastric mucosa are closely related to the state of the central nervous system, the level of chronic stress and the behavioral characteristics of patients. Psychosocial conditions of modern student life - high academic workload, lack of sleep, unbalanced nutrition and fear of failure - also have a pronounced effect on the development of gastritis. Moreover, gastritis is closely associated with eating disorders. Students with anxiety and depressive symptoms often experience episodes of overeating, skipping meals or caffeine abuse. This creates a vicious circle in which psychoemotional stress and physiological inflammation mutually reinforce each other.

Treatment and prevention methods: Modern approaches to treating gastritis include drug therapy, dietary nutrition, and lifestyle changes. An important role in drug therapy is played by drugs aimed at reducing acidity and destroying *Helicobacter pylori* infection. Proton pumps (for example, omeprazole) and antacids (Almagel) help reduce acidity and protect the gastric mucosa. If *Helicobacter pylori* infection is detected, antibiotics (amoxicillin, clarithromycin) are prescribed.

One of the main methods of treatment is to follow a diet that excludes irritating foods (fatty, fried, spicy), as well as fractional meals - 4-5 times a day. Normalizing your lifestyle is also important: reducing stress with meditation and breathing exercises, giving up smoking and alcohol. Prevention of gastritis includes proper nutrition, stress management, regular exercise and monitoring your health.

Conclusion. Gastritis is not only a gastroenterological problem, but also a psychosomatic one. It often develops against the background of chronic emotional stress, especially in the student environment. Modern diagnostic and treatment methods allow us to effectively cope with the manifestations of gastritis, but prevention and the formation of a healthy lifestyle play a key role.

Conclusion. Thus, gastritis is a polyetiological disease, in the pathogenesis of which both biological and psychological factors play an important role. For effective treatment and prevention of relapses, it is necessary to take into account the individual characteristics of the patient, his psychoemotional state and behavior. Particular attention should be paid to the student risk group, in which gastritis is often combined with anxiety disorders. An integrated approach, including medical treatment, psychotherapy and prevention, is the most effective strategy in the fight against gastritis.

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