

A Critical Study of Patient Suffering from Ulcer

Dr. SONI RANI

UNIVERSITY DEPARTMENT OF HOME SCIENCE
B.R.A. BIHAR UNIVERSITY, MUZAFFARPUR (BIHAR)

ABSTRACT

In the many issues have been raised with regard to ulcer disease "ulcers" is a common gastrointestinal complaint. The intestinal tube is a "sounding board" structure for the nervous system. During acute psychic stress (worry, concern, competition), we are all aware of such symptoms as loss of appetite, tendency to loose stools, and even nausea and vomiting. Disordered autonomic nervous system function also occurs in longer lasting anxiety with such physiologic changes as increased production of gastric acid rapid emptying of the stomach, diarrhea or constipation, increased or decreased appetite.

INTRODUCTION:

The term Ulcer is used to describe any localized erosion of the mucosal lining of those portion of the alimentary tract that come in contact with gastric juice. The majority of Ulcer is found in duodenum although they also occur in the esophagus, stomach or jejunum. The factors that influence mucosal ability withstands destructive action are (i) the integrity of mucosal cell (ii) The ability of epithelial cell to regenerate themselves (iii) The mucosal barriers and (iv) The blood supply. Various topical irritants impair this tune including aspirin, alcohol, certain drugs caffeine or bile acids may come in contact with mucosal.

Highly emotional and nervous person who are prone to worry, fear and anxiety are susceptible to the development of peptic ulcer. The emotional and nervous factor may lead to hyperacidity of the gastric secretion and hyper motility of the stomach. A person accustomed to drinking too much of coffee or tea or alcoholic drinks are likely to develop peptic ulcer. Gastric stimulant such as caffeine and alcohol cause increased secretion of HCL in the stomach the incidence of peptic ulcer has been found to be greater in persons consumer habitually low protein die containing larger amount of spice and condiments. Condiments and spices stimulate the secretion of gastic. The present study focused attention on the factor involved in the etiology of ulcer are Heredity, Nervous stress, Gastric Hyper secretion, Gastric, Stimulants, bacterial infection, age potentially irritant substance, Diet and Emergency injuries.

Ulcer is a sore or hole in the lining of the stomach or duodenum (the first part of the small intestine). The most common ulcer symptom is gnawing or burning pain in the abdomen between the breastbone and the belly button. The pain often occurs when the stomach is empty, between meals and in the early morning hours, but it can occur at any other time. It may last from minutes to hours and may be relieved by eating food or taking antacids. Less common symptoms include nausea, vomiting, or loss of appetite. Ulcers may present bleeding, and if bleeding persists, it may lead to anemia causing weakness and fatigue. In cases of heavy bleeding blood may appear in vomit or bowel movements.

Ulcer Disease or PUD, one of the most common ulcers, refers to ulcer of the gastrointestinal tract in the region of the stomach. It is characterized by high acidity resulting in mucosal erosions causing extreme pain and discomfort. By definition, mucosal erosions should be equal to or exceed 0.5 cm.¹ It is the end result of an imbalance between the digestive fluids in the stomach and the duodenum. Most ulcers are caused by an infection, not spicy food, acid or stress. The stomach and the duodenal lining have several mechanisms that prevent ulcers from developing. A coating of mucus protects the stomach lining from the effects of acidic digestive juices. Food and other substances in the stomach neutralize acid. Certain chemicals produced by the stomach protect the cells lining the stomach. Peptic Ulcers can be broadly classified into Gastric or stomach ulcer and Duodenal Ulcer.

Important Factors for Ulcer patient:

Factors that can increase risk for ulcers include:

- ✚ Use of painkillers called non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin, naproxen (Aleve, Anaprox, Naprosyn, and others), ibuprofen (Motrin, Advil, some types of Midol, and others), and many others available by prescription; even safety-coated aspirin and aspirin in powered from can frequently cause ulcers.
- ✚ Excess acid production from gastrinomas, tumors of the acid producing cells of the stomach that increases acid output.
- ✚ Excessive drinking of alcohol.
- ✚ Smoking or chewing tobacco.
- ✚ Serious illnesses.
- ✚ Radiation treatment to the area.

An ulcer may or may not have symptoms. When symptoms occur, they may include:

- ✚ A gnawing or burning pain in the middle or upper stomach between meals or at night.
- ✚ Bloating.
- ✚ Heartburn.
- ✚ Nausea or vomiting.

In severe cases, symptoms can include:

- ✚ Dark or black stool (due to bleeding)
- ✚ Vomiting blood (that can look like "coffee grounds")
- ✚ Weight loss
- ✚ Severe pain in the mid to upper abdomen.

Though ulcers often heal on their own, you shouldn't ignore their warning signs. If not properly treated, ulcers can lead to serious health problems, including:

- ✚ Bleeding
- ✚ Perforation (a hole through the wall of the stomach).
- ✚ Gastric outlet obstruction from swelling or scarring that blocks the passage way leading from the stomach to the small intestine.

Taking NSAIDs can lead to an ulcer without any warning. The risk is especially concerning for the elderly and for those with a prior history of having peptic ulcer disease. Following are the conditions in which probability is more we may be more likely to develop ulcers if we:

- ✚ Are infected with the H. pylori bacterium

- ✚ Take NSAIDs such as aspirin, inbuprofen, or naproxen
- ✚ Have a family history of ulcers
- ✚ Have another illness such as liver, kidney, or lung disease.
- ✚ Drink alcohol regularly.
- ✚ Are age 50 or older

The pathological findings are the important sources of the information of the ulcerative diseases. The endocrinologist studying abnormal studying abnormal patterns of both gastric production and the hormonal control of gastric secretion of peptic ulcer have made important contributions.

To understand the basis etiology and pathogenesis of the fundamental efforts and basic knowledge is required. This has made the successful operational and medical therapy.

The focused on bringing the news of ulcer being a curable infection to the awareness of the public as well as stressing out the fact that health can be greatly improved and economic burden of the disease can be relieved by disseminating information about H. pylori. Successful treatment and eradication of H. pylori cures ulcer disease.

Result & Discussion:

The data obtained from the 40 patients were given as belows:

Table 1 Age & Ulcer Type

Age in Years	Duodenal Ulcer	Gastric Ulcer
20-30 years	3	1
31-40 years	15	3
41-50 years	6	0
51-60 years	8	0
61-70 years	8	1
Total	36	4
Total	40	

From the above table 1 of the age and the type of ulcer it can be clear that the more ulcer prone age in form 30 years & above. The ulcers are found in all age groups. Onset of the peptic ulcers is common after the age of 30 years. In the present study average of the patient was seen 34 years.

Table 2

Site	Duodenal Ulcer	Gastric Ulcer
Epigastrium	13	2
Right Hypochondrium	5	0
Epigastrium & right hypochondrium	11	1
Epigastrium & Umbilicus	6	0
Umbilicus & right hypochondrium	1	0
Umbilicus & left hypochondrium	0	1
Total	36	4

The majority observed site of the ulcer pain is the epigastrium.

Table 3: Type of pain

	Duodenal Ulcer	Gastric Ulcer
Burning	3	1
Burning and hunger	18	3
Dull aching	6	0
Hunger	5	1
Discomfort	3	0
Total	36	4

The burning & the hunger is the commonest type of pain observed in the duodenal ulcer.

Table 4 : Alcohol & Smoking among the patients

	Duodenal Ulcer	Gastric Ulcer
Alcohol	5	2
Smoking	15	3
Both	10	1
Total	30	6

All patients suffering from the ulcers are doing smoking as well as alcohol consumption.

Table 5 : Drug History

	Duodenal Ulcer	Gastric Ulcer
NSAID's	16	1
Steroids	3	2
Total	19	3

The previous regular consumption of the NSAID's & steroids are the also one of the factors for the duodenal & gastric ulcers.

The peptic ulcers are emerging as the commonest problem in upcoming days. The observation of duodenal ulcer is about 20 times more as compared to the peptic ulcers. The commonest problem for which patients was referred are the burning sensation in the abdomen and also the heart burns. Perforation is the commonest complication of peptic ulcers followed by hemorrhage and pyloric stenosis. Surgical intervention is the first line of treatment for perforation and pyloric stenosis while hemorrhage might be managed conservatively. However, the overall attributed decrease in the incidence of surgical treatment of peptic ulcer disease is yet unjustified. The use of proton pump inhibitors has transformed the treatment of peptic.

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