

CLINICAL EFFICACY OF PROBIOTICS AS AN ADJUNCT TO ERADICATION THERAPY IN PEPTIC ULCER DISEASE

<https://doi.org/10.5281/zenodo.18690077>

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Treatment of infection-related diseases *Helicobacter pylori* (NR), such as chronic gastritis and peptic ulcer disease, continues to be a complex medical problem, especially given that there are no methods that guarantee 100% success. In recent years, there has been a growing interest in researching the problems of insufficient effectiveness of eradication therapy (ET), which is confirmed by a significant number of meta-analyses and publications devoted to various aspects of this issue. In the 90s of the last century, the effectiveness of standard therapy regimens was about 90%, however, today in various countries, this figure rarely reaches 60% [1].

According to the Maastricht agreements, eradication schemes require a result of at least 80% of successful cases [2]. Initially, the effectiveness of "triple" therapy was quite high, but over time, this indicator decreased to 65-75%. The reasons for this include the increase in NR's resistance to antibacterial drugs, disruption of patients' adherence to recommendations, and side effects that worsen the fulfillment of prescriptions (e.g., gastrointestinal dysfunction). In response to this, the duration of the treatment course was increased to 10-14 days, which, in turn, led to the development of dysbioses and other side effects [3].

Research objective: To evaluate the effectiveness and safety of eradication therapy using the probiotic Helicocyte in combination with traditional anti-helicobakter therapy in patients with NR-associated diseases.

Materials and methods: The study included 40 patients aged 19 to 58 years, of which 26 were men and 14 were women (average age 32.5 ± 3.8). All of them suffered from type B chronic gastritis and duodenal ulcer disease in the acute phase. Patients were divided into two groups comparable in age, gender, and clinical signs of the disease. In the first group, a standard therapy regimen was used, including proton pump inhibitors, amoxicillin, clarithromycin, and bismuth trikaliiy decitrate. In the second group, the probiotic Helicocyte was added to the therapy. To assess the antisecretory activity of the drugs, pH-metry was used, and for the diagnosis of NR eradication, a direct urease test and an indirect respiratory

test with carbon dioxide were used. A study of the level of secretory immunoglobulin A (sIgA) in gastric juice was also conducted. The assessment was conducted before the start of therapy and 4 weeks after its completion.

Results: The study showed that in both groups, the symptoms of chronic gastritis and ulcer disease disappeared within the first week of treatment. 4 weeks after the completion of the therapy course, significant improvements in the pH-metric indicators of gastric juice were observed. In the control group, the effectiveness of eradication therapy was 75% according to the respiratory test, which was lower than the required indicator of 80%. While in the group receiving the probiotic Helicocyte, eradication was achieved in 90% of patients, which is a good result. Additionally, the inclusion of Helicocyte in the therapy contributed to an increase in the level of sIgA in the gastric mucosa, which enhanced its protective functions. Laboratory studies showed a 26.6% increase in the concentration of sIgA compared to the control group. Also, among patients receiving standard therapy, the number of dysbiosis cases increased after the treatment course - 45% of patients suffered from this condition, while in the probiotic group, a significant decrease in the number of dysbiosis cases was observed.

Conclusion:

1. Inclusion of the probiotic Helicocyte into the complex eradication therapy significantly increases the effectiveness of treatment *Helicobacter pylori*.
2. The probiotic promotes the improvement of intestinal microflora by reducing the manifestations of dysbacteriosis and normalizing stool.
3. The use of Helicocyte increases the level of sIgA in the gastric mucosa, which strengthens the barrier properties of the mucous membrane.
4. Helicocyte has good tolerance, does not cause serious side effects, which makes it recommended for use in the eradication therapy regimen for NR-associated diseases.

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