

ВЛИЯНИЕ КАЛЕНДУЛЫ, ТЫСЯЧЕЛИСТНИКА, ПОДОРОЖНИКА, ЗВЕРБОЯ, ЧЕРЕДЫ И ДЕВЯСИЛ НА РАССТРОЙСТВО ПИЩЕВАРЕНИЯ

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Аннотация. В статье рассматриваются области распространения растений звербой, тысячелистник, подорожник, календула и девясил, а также их невероятные преимущества для здоровья, химический состав и биологическая значимость витаминов листьев. Также рассматриваются современные методы лечения язвенного колита. Традиционная медицина, основанная на составных листьях звербой, тысячелистник, подорожник, календула и девясил, а также их влияние на стенки толстой кишки.

Ключевые слова: язвенный колит, звербой, тысячелистник, подорожник, календула, девясил

TREATING DIGESTIVE DISORDERS WITH CALENDULA, ACHILLEA, PLANTAGO, HYPERICUM, BIDENS, AND INULA HELENIUM

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Annotation. The distribution areas of the plants hypericum, plantago, calendula officinalis, and inula helenium are covered in the article along with the unparalleled health benefits of leaves, the chemical makeup and biological significance of the vitamins as well as a number of suggestions for treating ulcerative colitis in contemporary medicine. Traditional medicine based on the compound leaves of Inula helenium, hypericum, plantago, and calendula officinalis, along with information on how they work on the colon wall and a discussion on it.

Keywords: ulcerative colitis, hypericum, achillea millefolium, plantago, calendula officinalis, inula helenium

Most often affecting individuals between the ages of 30 and 40, ulcerative colitis is a chronic, idiopathic inflammatory disease that damages the colon and causes impairment. Starting in the rectum and spreading to the proximal sections of the colon, it is characterized by intermittent and recurrent mucosal inflammation. Inducing and sustaining clinical and endoscopic remission is the goal of treatment. The primary treatment option for mild to moderate ulcerative colitis is aminosalicylates; flare-ups of the condition can be treated with local and systemic steroids; and moderate to severe cases are treated with immunosuppressants and

biological medications and with herbs. Up to 15% of ulcerative colitis patients require a colectomy.

The study of epidemiology With ulcerative colitis, there is no sex preponderance. Between the ages of 30 and 40 is when illness onset is most common. Around the world, ulcerative colitis has been becoming more common over time. According to reports, Australia (17.4 per 100,000), Canada (19.2 per 100,000), and northern Europe (24.3 per 100,000) have the greatest rates of ulcerative colitis. The largest prevalences are seen in the USA (214 per 100,000), Canada (248 per 100,000), and Europe (505 per 100,000). There seem to be disparities in the prevalence of ulcerative colitis throughout Europe, with northern and western nations reporting greater occurrences than eastern nations offspring of migrants from low-incidence to high-incidence nations have a same chance of acquiring ulcerative colitis as offspring of non-immigrants. Although there is less information from developing nations, ulcerative colitis is becoming more well recognized in South America, Central Asia, and the Middle East.

Differential diagnosis and clinical presentation The most typical symptoms of ulcerative colitis, a chronic illness that affects the colonic mucosa, are diarrhea and blood in the stool. Up to 15% of individuals may have serious illness when they first arrive. While abdominal pain is typically less of a defining characteristic than in Crohn's disease, symptoms might include urgency, incontinence, exhaustion, increased frequency of bowel movements, mucus discharge, nocturnal defecations, and abdominal discomfort (cramps). Severe illness can also cause weight loss and fevers. The degree of colonic involvement determines the classification of ulcerative colitis.

Physical examination may show signs of anemia, abdominal tenderness, and blood on rectal exam; abdominal distention and tympany on percussion may indicate colonic dilatation, necessitating immediate radiological assessment; patients with proctitis may primarily exhibit urgency and tenesmus (sensation of incomplete evacuation); in pancolitis, bloody diarrhea and abdominal pain may be more prominent; and up to 10% of patients with proctitis or left-sided colitis may experience paradoxical constipation. Although anal or perianal fistulas should arouse concern for Crohn's disease, ulcerative colitis patients may develop anal fissures or skin tags as a result of diarrheal irritation. *Clostridium difficile* should be screened out at diagnosis and flare-ups since it is a significant flare-up precipitant and is linked to an increased risk of surgery and death. The differential diagnoses are listed on the panel. About one-third of ulcerative colitis patients may experience extraintestinal symptoms, and up to 25% may experience extraintestinal symptoms prior to being diagnosed with inflammatory bowel disease. The most frequent extraintestinal symptom seems to be peripheral arthritis; ulcerative colitis is more likely than Crohn's disease to cause primary sclerosing cholangitis and pyoderma gangrenosum.

Diagnostic investigations

Histology, endoscopic findings, symptoms, and the lack of other possible diagnoses are all used to make the diagnosis of ulcerative colitis. To exclude out enteric superimposed infections, stool evaluations (stool culture and *Clostridium difficile* test) should be performed on all individuals with suspected ulcerative colitis. Patients may have leukocytosis, thrombocytosis, anemia, or iron insufficiency. In cases of severe illness, hypoalbuminemia is a predictor of both poor response to biological therapies and the need for a colectomy. ESR and C-reactive protein, two indicators of inflammation, might be normal in mild to moderate ulcerative colitis or high in severe cases.

The diagnosis of ulcerative colitis can only be made by endoscopy and biopsies. For individuals suspected of having inflammatory bowel disease, a colonoscopy with terminal ileal intubation is advised. Erythema, lack of normal vascular pattern, granularity, erosions, friability, bleeding, and ulcerations are classic endoscopic findings in ulcerative colitis. Usually starting in the rectum, the illness spreads proximally in a continuous, circular manner. Patchy disease or rectal sparing may be caused by systemic or topical drugs and should not be taken as proof of Crohn's disease.

Although histological inflammation can occur in mucosa that appears normal, mucosal inflammation frequently has a distinct boundary between inflammatory and normal mucosa. Unlike Crohn's disease, where the surrounding mucosa may appear uninfamed, ulcerative colitis ulcers are invariably linked to mucosal inflammation. A cecal patch, or localized area of inflammation surrounding the appendiceal orifice, is present in up to 75% of people with ulcerative colitis with distal disease. Backwash ileitis, a modest inflammatory alteration in the terminal ileum, can occur in up to 20% of patients with pancolitis.

Imaging tests are typically not very helpful in making the diagnosis. A simple upright abdomen film should be used to check for toxic megacolon in patients with acute severe ulcerative colitis, which is defined as mid-transverse colon dilatation greater than 5.5 cm. Although CT and MRI are not sensitive or specific enough to be diagnostic tools, they may reveal a thicker, haustral colon.

The best course of treatment for ulcerative colitis depends on assessing its severity and scope. Usually, the severity of the disease is categorized as mild, moderate, severe, or remission. There are many different ulcerative colitis severity indicators, but the Mayo, Lichtiger, and Simple Clinical Colitis Activity indices are the most often used. Given the correlation between endoscopic healing and higher remission rates and a lower risk of colectomy, endoscopy is crucial for determining the severity of the illness. Endoscopic ulcerative colitis scores that are often utilized include the Ulcerative Colitis Endoscopic Index of Severity and the Mayo score's endoscopy subscore.

Furthermore, histological disease activity can be categorized using histological scores like the Nancy index or Robarts Histopathology index. Severity ratings for ulcerative colitis do not consider the whole impact of ulcerative colitis; instead, they only include disease activity at a particular timepoint. As a result, there is a drive to reinterpret disease severity using composite criteria that include: (1) the impact of the disease on patient symptoms, quality of life, and disability; (2) measurable inflammatory burden using objective indicators of disease activity and extent; and (3) the course of the disease, including extraintestinal manifestations, flare-up frequency, and structural damage.

Targeted treatment, illness surveillance, and long-term care The method to treating ulcerative colitis has changed to a treat to target technique, where patients are evaluated often to make sure they are reaching rigorous goals for disease management. Endoscopic remission and the elimination of patient-reported symptoms (rectal bleeding and diarrhea) are the goals for ulcerative colitis. Three to six months after starting a new treatment, the colon should be immediately evaluated due to the significance of endoscopic healing. Endoscopic healing can be evaluated using flexible sigmoidoscopy alone.

A post-hoc analysis of a clinical trial found that a fecal calprotectin cutoff of 150 mg/kg was optimal for endoscopic remission (sensitivity of 0.79 and specificity of 0.75). Patients should have a follow-up at least every 3 months until symptoms resolve, and then at least every 6–12 months with the aim of maintaining tight control. Non-invasive markers, such as fecal calprotectin, can be used to monitor disease activity once patients are in remission. For many years, enema has been used in traditional medicine to strengthen the body, cure certain illnesses, and cleanse the intestines. Its primary areas of application are listed below: In traditional medicine, enema is used to rid the body of slags and poisons. Apple cider vinegar, lemon water, filtered warm water, tinctured chamomile, and tinctured walnut leaves are used for this.

An enema made with warm water and olive or sunflower oil is advised to ease constipation and enhance bowel movements. To lessen inflammation, an enema containing chamomile, medicinal herbs, or tinctured Calendula, achillea, plantago, hypericum, bidens, and inula heleniumis employed. This technique helps to lessen discomfort by calming the intestinal lining. Calendula, achillea, plantago, hypericum, bidens, and inula helenium tincture are used to relieve vomiting caused by helminthiasis. Folk medicine also utilized Wormwood tincture and Tansy (Pizhma) to prevent vomiting.



Folk medicine also utilized Calendula, achillea, plantago, hypericum, bidens, and inula helenium tincture and Calendula, achillea, plantago, hypericum, bidens, and inula helenium to prevent vomiting. In traditional medicine, an enema with honey, lemon juice, or aloe juice is used to boost immunity and improve overall health. The liver is cleansed with an enema using hot saline or a magnesium sulfate solution. An enema with lemon juice or olive oil is occasionally used to clean the bile ducts.

Calendula, achillea, plantago, hypericum, bidens, and inula helenium

- Transfer 2 teaspoons of each into 1.5 liters of boiling water. The soup float and consume half a liter of milk after a two-hour stand. One liter of cleaning enema is used to exfoliate the sang enema. A tablespoon of levomekol is first drawn in. Fifty grams of cotton are taken out on the second day. Singing to 10 minutes to the left and 15 minutes to right the patient lies sideways to the pelvic floor after taking the tincture. 14 days of enema are exfoliated in this order.

Making an enema can sometimes be more detrimental than helpful. In the following circumstances, it is advised to use caution or refrain from doing enemas altogether:

1. Acute ulcerative colitis: the intestinal mucosa is compromised, and using an enema may raise the risk of bleeding or damage. Acute and severe inflammatory processes can also occur. Since Crohn's disease is an autoimmune condition, doing an enema may make it worse.
2. The possibility of intestinal perforation. If the intestinal wall has sores or cracks, an enema may result in major consequences.
3. Bleeding-related diseases: An acute hemorrhoid infection; an enema may result in bleeding. Rectal cracks: the intestinal solution may cause the cracks to become painful and result in bleeding. When there is intestinal bleeding (melena, rectal bleeding), an enema is absolutely not an option
4. Fever and acute infectious illnesses. Dysentery, salmonellosis, and enterocolitis are examples of intestinal illnesses that might raise the risk of compromised intestinal microbiota and infection transmission. A fever (over 38°C) might intensify the body's inflammatory response.
5. Edema and intestinal blockage: If a patient has intestinal obstruction (obstruction), an enema may make their situation worse. An intestinal tumor (polyp, malignancy) may raise the chance of bleeding and pain.
6. In the early stages of pregnancy, an enema may induce uterine contractions and raise the chance of an early miscarriage. Pregnancy and certain gynecological illnesses Care should be exercised while performing an enema on women who have a low uterus or who have experienced a miscarriage during a prior pregnancy
7. Too frequently make an enema. The intestine's capacity to self-clean might naturally deteriorate. The risk of contracting dysbacteriosis rises.

Important guidelines for enema usage. The solution should be between 36 and 37°C, which is the body temperature. An Esmarch mug or specialized rubber or plastic enema balloon (syringe) is used to administer the therapy. Avoid using the enema too frequently since this might interfere with the intestines' normal function. An enema is absolutely not an option in situations of acute inflammation, intestinal perforation, or bleeding.

Conclusion

Colitis has been successfully treated with medicinal herbs. Because of its mode of action, it aids in reducing symptoms and reducing inflammation in those who have the illness. It should be mentioned that medical specialists should be consulted before using therapeutic herbs. They are able to manage any adverse effects and establish the right dose. The best way to cure colitis is using medicinal herbs; however, other factors should also be considered. This include lifestyle modifications including regular exercise, stress management, and a nutritious diet.

In addition to the standard treatment for colitis, the application of medicinal herbs to the joints enhances quality of life. The patient's overall health and the severity of their colitis should be considered before administering an enema. If any of the aforementioned problems exist, using an enema is not advised. Therefore, before beginning any treatment, it is crucial to speak with a doctor. In traditional medicine, enemas are used to cleanse the body and treat a variety of illnesses. On the other hand, overuse may result in compromised gut microbiota. Because of this, seeking medical advice prior to using traditional treatments is advised.

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