

Stage Treatment and Results of Dispersion Analysis in Ulcer of the Stomach and Duodenal

Kobilov EE*, Tukhtaev MK, Kushmatova DE and Tukhtayeva NM

Samarkand State University, Samarkand Medical Institute, Siyab Medical College, Samarkand, Uzbekistan

***Corresponding Author:** Kobilov EE, Samarkand State University, Samarkand Medical Institute, Siyab Medical College, Samarkand, Uzbekistan.

Received: June 02, 2020; **Published:** September 24, 2020

Abstract

A social hygienic study examined the factors influencing the occurrence and dynamics of the course of gastric ulcer and duodenal ulcer in 379 patients. A total of 26 institutions were covered by the study. The results of the data show that a complete staged treatment (clinic, hospital, sanatorium). Not all patients receive 24.3% over the entire study period. In the first year of the disease, it affected only 6.8 patients. According to the expert commission, 62.3% of patients require operative accommodation 55.6% in the sanatorium-resort 68.8% of patients with physical therapy for physical therapy. But they were implemented consistently by 45.9%, 24.3%, 18.9%. Analysis of variance analysis shows that the dynamics of disease are most affected by 45.1% of operational personality. In cases when it is carried out in a planned manner, the influence increases to 67.2%. If the patient was under clinical supervision, he underwent a complete staged treatment and underwent planned surgical intervention, the strength of influence increased to 74.6%.

Keywords: *Stage Treatment; Dispersion Analysis; Ulcer; Stomach; Duodenal*

Introduction

The incidence of gastric and duodenal ulcers is still a problem of medicine in all countries of the world, due to its high prevalence, the frequency of relapses and complications leading to temporary and permanent disability, as well as to high mortality [1-5].

Research Methodology

In the study of 14 clinics and 8 hospitals, we received data for adults in the city of Samarkand, as well as regional institutions - the registry office and the state administration, the city VTEK, the regional trade union. A total of 26 institutions were covered by the study.

The object of observation were patients with stomach ulcers and duodenum - residents of the mountains. Samarkanda, treated in the city's medical and preventive institutions for three years.

Results and Discussion

We have studied all the stages (polyclinic, hospital, sanatorium) of medical care for ulcers.

Analysis of the data shows that not all patients (24.3%) are fully treated.

In the first year of the disease, when full stage treatment is much more effective, it is carried out in only 6.8% of patients (Table 1). Inpatient and spa treatment in most cases are carried out in the late stages of the disease, when long-term outpatient treatment does not generally give the desired effect.

Year of observation	Total sick		Gone are all the stages	Gone is the stag. treatment	Passed the sanatorium stage	It is under dispensary supervision
	Abs	%				
1 st year	379	100	6,8% ± 1,3	31,2% ± 2,4	3,1% ± 0,9	13,3% ± 1,7
For the entire study period	379	100	24,3% ± 2,2	72,1% ± 2,3	24,3% ± 2,2	45,9% ± 2,6

Table 1: Coverage of phased treatment of ulcer patients in the first year and for the entire study period.

Special attention requires coverage of dispensary supervision, which is 45.9% and the number of diseases covered in the first year is low (13.3%).

Comparisons of some of the actual treatment and preventive measures carried out with expert evaluation data showed that 62.3% of ulcer patients needed prompt treatment (Figure 1).

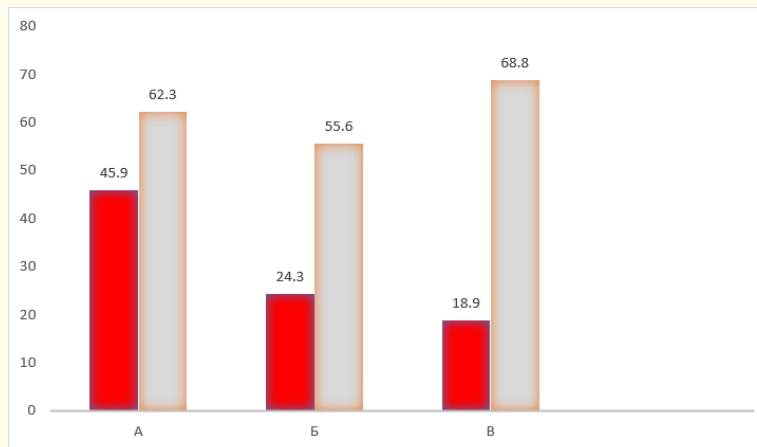


Figure 1: Comparison of some of the actual treatment and prevention measures carried out and expert assessment data. A - Surgical intervention; B - Spa treatment; B - Physiotherapy, LFC; ■ Actually held; ■ It was necessary to carry out.

In the totals studied by us for the entire period studied spa treatment used 24.3% of patients. However, according to experts, 55.6% of patients need such treatment.

Analyzing patients in physiotherapy and LFC, 68.8% of patients needed, but it was drained in 18.9%.

The study also examined the impact of certain socio-hygienic and biological factors on the dynamics of ulcers.

The analysis of the dynamics of gastric and duodenal ulcers with a statistical assessment of the reliability is quite convincing. However, it is also interesting to determine the power of influence of each factor.

Dispersion analysis has to not only assess the effect of several factors on health, but also to show the degree of influence of each factor. To determine the effect of certain socio-hygienic and biological factors on the dynamics of the course of ulcer disease, we used a method of dispersal analysis. The results of the tests with maximum reliability ($R^2 > 0.1$) show that the dynamics of the disease are most strongly influenced by surgical treatment (45.1%). when it is carried out as planned, the force of influence increases to 67.2% (Table 2). For three years, operational activity ranged from 11.0% to 52.6%.

Reasons	Estimated	Table	Error risk	The power of influence in %
Operational intervention	368,3	4,66	0,1	45,1
Including planned operational intervention	227,7	4,71	0,1	67,2
Dispensary surveillance	23,8	4,66	0,1	7,9
Stage treatment	23,3	4,66	0,1	7,4
Dispensary - stage treatment - surgery	236,9	4,75	0,1	74,6
Material and housing conditions	13,4	4,66	0,1	6,6
Working conditions	27,3	4,62	0,1	4,5
Food	40,1	4,66	0,1	8,5
Psychological factor	13,9	4,66	0,1	6,5

Table 2: The results of the variance analysis. Current dynamics ulcerative disease of the stomach and duodenum.

Percentage of the effect of the dispensary of patients ulcer disease is assessed 7, 9.

Interestingly, when the patient was under dispensary supervision, underwent full stage treatment and underwent surgery, the force of influence increased to 74.6% this is 14.2% more than the mathematical amount calculated separately for each of these types (7.9, 7.4, 45.1/60.4; 74.6-60.4.14.2). This suggests that when treatment and preventive measures are carried out comprehensively, the effect is much increased, that is, the combined positive effect of them on the dynamics of the disease exceeds the simple amounts of their influence in a single form.

Among other factors, the most pronounced influence is the nutrition (8.5%).

Conclusion

1. Not all patients (24.3%) need to improve the continuity in the work of the clinic, hospital, sanatorium in the examination and treatment of these patients.
2. According to the expert commission, 62.3% of patients need surgery, 55.6% in spa treatment, 68.8% of patients in physiotherapy, LFC.
3. The results of the dispersion analysis shows that when treatment and preventive measures are carried out comprehensively, the resulting effect is much increased, i.e. the combined positive effect of them on the dynamics of the disease.

Bibliography

1. Abdulkhakov RA. "Epidemiology *Helicobacter pylori*". *Practical Medicine* 4.18 (2006): 2-3.
2. Gomelskaya GL., *et al.* "Research of continuity in medical care between inpatient and polyclinic institutions/Owls". *Health* (1981): 21-25.
3. Cousin MI. "Vagotomy yesterday and today the works of the 30-union congress of the Hirugov". Minsk (1983): 237-241.
4. Kushner LD. "Experience the rehabilitation and stage treatment of ulcer patients according to the gastroenterology department of the clinic". In the n. It's like. *Practical gastroenterology: the namesake. Scientific. It's a good one. Andijan* (1981): 222-223.
5. Polyakov V and Sokolova NS. "Taking a dispersive analysis of alternatives in social and hygienic studies". *Owl Snooty Protection* 8 (1969): 28-34.

Volume 9 Issue 10 October 2020

All rights reserved by Kobilov EE., *et al.*