

Peptic Ulcer: Mechanism, Pathogenesis & Treatment

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Abstract: *Peptic ulcer disease, defined as the breakdown of the stomach and/or duodenum epithelial. The mucosal barrier is still a leading source of morbidity and mortality. One of the main etiological. The factoris H. Pylori. Using non-steroidal anti-inflammatory medicines while infected with H. Pylori (naids). Epigastric Patients frequently experience discomfort, heartburn, reflux symptoms, and Nausea. Stomach lining inflammation is a symptom of peptic ulcer disease. Most of the time, the diagnosis is made after the endoscopy of the upper gastrointestinal tract. Ulcer is prevalent Condition that affects people all over the world. Allopathic ulcer treatment has negative health Consequences due to unpleasant side effects. Numerous herbal plants and secondary metabolites Are now used to treat ulcers. The two most frequent causes of peptic ulcers are infection with Helicobacter pylori or taking non-steroidal anti-inflammatory drugs (nsaids), such aspirin. Nadis' rebecoming a more common cause of ulceration, notably ulcers worsened by gastrointestinal (GI) Bleeding, as H. Pylori infection becomes less common in affluent nations. Only around 15% of People infected with H. Pylori develop an ulcer in their lifetime, with the risk being dictated by the Virulence of the H. Pylori strain, host genetics, and environmental factors (particularly smoking). The Inhibition of the gastroprotective cyclooxygenase (COX)-1 enzyme is a major cause of NSAID induced Ulcers.*

Keywords: *Peptic ulcer disease*

