

*“Gastric problem among the people of Bangladesh and
awareness of healthy food and diets”*



B. Pharm (Honors) Project Report

A project report submitted to the Department of Pharmacy, Faculty of Allied Health Sciences, Daffodil International University, Dhaka in partial fulfilment of the requirements for the degree of Bachelors of Pharmacy

Submitted by

Al Mustafiz Nobi

ID: 171-29-1064

Department of Pharmacy

Daffodil International University

APPROVAL

This thesis, **Gastric problem among the people of Bangladesh and awareness of healthy food and diets**; submitted to the Department of Pharmacy, Faculty of Allied Health Sciences, Daffodil International University, has been accepted as satisfactory for the partial fulfilment of the requirements for the degree of Bachelor of Pharmacy (B. Pharm) and approved as to its style and contents.

BOARD OF EXAMINERS

Professor Dr. Muniruddin Ahamed

Head of the Department

Professor and Head

Department of Pharmacy

Faculty of Allied Health Sciences

Daffodil International University

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Al Mustafiz Nobi

Author

DEDICATION

“I dedicate this work to my God first, then to my parents, teachers, and friends”

DECLARATION

I, hereby humbly declare that, the dissertation work titled “Gastric problem among the people of Bangladesh and awareness of healthy food and diets” a requirement for the degree Bachelor of Pharmacy (B. Pharm) program under the faculty of Allied Health Sciences Daffodil International University, Bangladesh was carried out by me under the guidance of my supervisor during the study period of June 2021 to April, 2022.

Supervised by:



Ms, Tahmina Afroz,

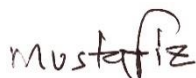
Lecturer

Department of Pharmacy

Faculty of Allied Health Sciences

Daffodil International University

Submitted by:



Al Mustafiz Nobil

ID: 171-29-1064

Department of Pharmacy

Faculty of Allied Health Sciences

Daffodil International University

ABSTRACT

The stomach disorders are among the most common gastrointestinal diseases that reduce the quality of life. Traditional medicine had been important in treatment of disease since long ago. The causes of stomachache in Iranian traditional medicine are, abnormal humeric substance in sensation of the stomach. Diagnosis and treatment of stomach pain is important, gastrointestinal tract disorders spreads to other organs and Bangladesh is a developing country but it's a pleasure that the health sectors are improving gradually. There is more than 70% people are suffering by gastric problem. It is the most common stomach disorder in Bangladesh. The stomach disorders are among the most common gastrointestinal diseases that reduce the quality of life and the problem are gradually rising. The purpose of the study is to investigate what kind of gastric problem are most of the people are suffering and why and which medicine they are taking to reduce the problem. I am using a cross-section analysis; a structured questionnaire was set collect information from the respondents (N=133) who are living all of the area of Bangladesh. Our study reviles that, majority 74% of the respondents were in the group 20-30 years, followed by 30-40 years 11.5%. About 10% of the respondents were in the group grater then 40 years of the total respondents 11.7% people are showing gastric problem more than once a week where 14% people have severe gastric problem and 77.5% people are taking medicine when they facing gastric problem.

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CHAPTER 1

INTRODUCTION

1.1 Gastritis:

Gastritis is a gastric problem that occurs due to stomach lining inflammation. [1] Stomach lining contains some cell which produces acid, enzyme and mucus-like parenteral cell, which help to breakdown food for digest. [1] If any kind of problem occurs in the stomach lining it may produce less or imbalance production of acid, enzyme, and mucus. [1] This condition hampers normal digestive function and occurs a gastric problem called Gastritis. [1] [2] There is acute and chronic Gastritis problem. Severe inflammation of stomach lining called acute Gastritis if it's last for long called chronic Gastritis. [2]



Figure 1: Gastric problem

There are lots of signs and symptoms being present such as abdominal pain, other possible symptoms are nausea and vomiting, bloating, loss of appetite and heartburn. [2] Also, there are some complications include stomach bleeding, stomach tumor, stomach ulcer. [2] Common causes include infection of *Helicobacter pylori* and the use of NSAID drugs. [2]

1.2 What causes gastritis:

Different sorts of gastritis have diverse causes. A few of these incorporate:

☐ Bacterial infection by *H. pylori*:

Helicobacter pylori (*H. pylori*) infection is most common cause of gastritis. ^[1] That infect the stomach lining and it's also transmitted from person to person through direct contact with saliva, vomit or fecal matter, and contaminated food and water. ^[3] Some critical illness such as after major surgery or traumatic injury may also develop gastritis. ^[2] Eating spicy food, long time use of aspirin as well as OTC pain and fever medicine. ^[4]

Alcohol may cause gastritis by damaging stomach lining. ^[5] Gastritis can happen due to drinking alcohol that causing pain and sickness.

☐ Stomach lining damage:

Different components can harm the stomach lining to cause gastritis, including:

- Drinking liquor and taking certain drugs
- Aspirin and torment reliever, counting NSAIDS
- Swallowing a destructive substance
- Bacterial or viral infections
- Radioactive medications to the upper guts or lower portion of the chest
- Surgery to evacuate portion of the stomach

☐ Autoimmune disease

Immune system infections may too contribute to gastritis. This happens when the resistant framework begins to assault the bodies possess solid tissue within the stomach lining.

☐ Food allergies

The connect between nourishment sensitivities and gastritis isn't however clear. In any case, nourishment hypersensitivities can cause an uncommon sort of gastrointestinal irritation called eosinophilic gastroenteritis.

1.3 Sign & symptom:

Gastritis doesn't cause recognizable indications in everybody. The foremost common indications are:

- Nausea
- Vomiting
- Abdominal pain
- Abdominal bloating
- Indigestion
- Black, tarry stool

1.4 Complication of gastritis:

Chronic gastritis hurts your stomach lining that risk for other health problem such as,

☐ Ulcer

H. pylori can damage stomach lining and small intestine. That can allow stomach acid to create an open sore. About 10% people with H. pylori will develop an ulcer. A peptic ulcer is a sore on the lining of your stomach, small intestine or esophagus. A peptic ulcer within the stomach is called a gastric ulcer. A duodenal ulcer is a peptic ulcer that develops in the first part of the small intestine (duodenum). Esophageal ulcer occurs in the lower part of your esophagus. [3]

☐ Inflammation of the stomach lining

Gastritis may be redness and swelling (irritation) of the stomach lining. It can be caused by drinking as well much liquor, eating fiery nourishments, or smoking. A few maladies and other wellbeing issues can moreover cause gastritis.

☐ Stomach cancer

Gastric cancer may be a disease in which dangerous (cancer) cells shape within the lining of the stomach. Age, count calories, and stomach infection can influence the hazard of creating gastric cancer. Indications of gastric cancer incorporate acid reflux and stomach inconvenience or torment. [3]

1.5 Risk factor:

Factors that increase your risk of gastritis include,

☐ Bacterial disease

In spite of the fact that disease with *Helicobacter pylori* is among the foremost common around the world human contaminations, as it were a few individuals with the disease create gastritis or other upper gastrointestinal disarranges. Specialists accept vulnerability to the bacterium may be acquired or might be caused by way of life choices, such as smoking and count calories.

☐ Regular use of pain relievers

Common torment relievers — such as ibuprofen, ibuprofen (Advil, Motrin IB, others) and naproxen (Aleve, Anaprox) — can cause both intense gastritis and inveterate gastritis. Utilizing these torment relievers frequently or taking as well much of these drugs may decrease a key substance that makes a difference protect the defensive lining of your stomach.

☐ Older age

More seasoned grown-ups have an expanded chance of gastritis since the stomach lining tends to lean with age as a result more seasoned grown-ups are more likely to have *H. pylori* disease or immune system clutters than more youthful individuals are.

☐ Excessive alcohol use

Alcohol can chafe and dissolve your stomach lining, which makes your stomach more helpless to stomach related juices. Intemperate liquor utilize is more likely to cause intense gastritis.

☐ Stress

Extreme push due to major surgery, damage, burns or serious contaminations can cause intense gastritis.

☐ Your own body assaulting cells in your stomach

Called immune system gastritis, this sort of gastritis happens when your body assaults the cells that make up your stomach lining. This response can wear absent at your stomach's defensive barrier.

Autoimmune gastritis is more common in individuals with other immune system disarranges, counting Hashimoto's infection and sort 1 diabetes. Immune system gastritis can too be related with vitamin B-12 lack.

CHAPTER 2

PURPOSE OF MY STUDY

2.1 Purpose of my study

- Identify the rational motive of gastritis.
- Explain clinical approaches for the diagnosis of gastritis.
- Analyze current treatment and administration choices utilized in gastritis.
- Review the significance of diagram the significance of participation and dissuasion among the proficient group to improve the conveyance of care in patients with gastritis, driving to effective understanding results.

CHAPTER 3

LITERATURE REVIEW

3.1 Literature review

Gastrointestinal cancer (GI) could be a major wellbeing issue. Patients with gastric, pancreatic, colorectal, bile channel and rankle bladder cancer frequently have progressed illness at the time of determination and are by and large troublesome to remedy, coming about in a terrible forecast for most patients. Aggravation plays an imperative part within the advancement and growth of cancer, which has driven to a developing intrigued within the pro-inflammatory cytokine interleukin 6 (IL-6).

The gastric H,K-ATPase is the essential target for the treatment of acid-related infections. Proton pump inhibitors (PPIs) are frail bases composed of two moieties, a substituted pyridine with a essential pKa of approximately 4.0, which permits specific collection within the secretory canaliculus of the parietal cell, and a benzimidazole with a moment pKa of almost 1.0. PPIs are acid-activated prodrugs that change over to sulfenic acids or sulfenamides that respond covalently with one or more cysteines open from the luminal surface of the ATPase. Since of covalent official, their inhibitory impacts final much longer than their plasma half-life. In any case, the brief half-life of the medicate within the blood and the necessity for corrosive enactment disable their viability in corrosive concealment, especia lly at night. PPIs with longer half-life guarantee to make strides corrosive concealment. All PPIs allow amazing recuperating of peptic ulcers and create great comes about in reflux esophagitis. PPIs combined with anti-microbials annihilate Hel

The predominance of *Helicobacter pylori* (*H. pylori*) disease is tall, but the frequency of gastric cancer is moo in locals of Bangladesh. The gastric mucosa was observed in Bangladeshi patients to look at the contrasts between Bangladeshis and Japanese. The scores for glandular decay and intestinal metaplasia in *H. pylori*-positive. Bangladeshis were altogether lower than those in Japanese. All age bunches of Bangladeshis had antrum predominant gastritis, though corpus-predominant gastritis was more common than antrum predominant gastritis in more seasoned Japanese age bunches. These comes about may clarify the moo frequency of gastric cancer in Bangladeshis and the tall rate in Japanese.

Gastric corrosive emission was smothered in patients with secretory the runs (cholera and etec) compared with those with loose bowels (amoebiasis and shigellosis) or culturenegative loose bowels. Patients acted as their possess controls, and 4 to 12 weeks after affirmation gastric corrosive discharge was comparative in patients with amoebiasis, shigellosis and cholera, suggesting that these were ordinary values. This was backed by the comparable

levels detailed in sound Bengali individuals of poor financial course utilized as controls in another think about (see Figs 11 and 12); their mean age was 34 a long time, and their mean weight was 43 kg (Pillay et al., 1972). Patients with amoebiasis and shigellosis had comparable and steady gastric corrosive levels all through the runs and recuperation. The blister of *E. histolytica* is safe to corrosive (Ravdin & Petri, 1995), so mean gastric corrosive levels would not be anticipated to incline to this disease. Shigellosis may happen independent of typical gastric corrosive since this pathogen

CHAPTER 4

TREATMENT & DIETS

4.1 Treatment

Gastritis treatment varies person to person. [8] Some medicine kill bacteria and other alleviate indigestion type symptoms. [8] So there is some effective treatment are discussing bellow,

☐ Antibiotics:

There is a bacteria called *Helicobacter pylori* (*H. pylori*) which cause infection that cause gastritis. So at this types of case you should take antibiotic therapy to recover. [8]

☐ Antacids:

Antacid are basically base which react with acid in our stomach to neutralize. Where acid and base are cause neutralization reaction produce water and salt. [9] Here figure 13 represent the antacid reaction. Calcium carbonate reduce acid exposure. It also helps to relive inflammation.

[8]

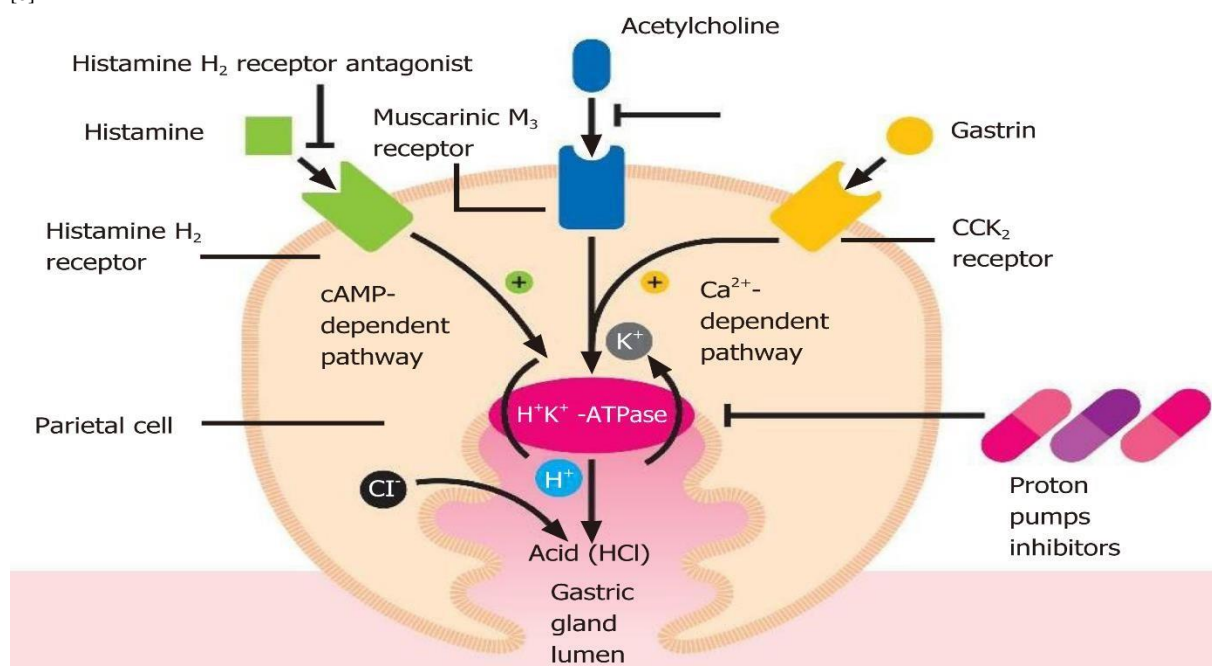


Figure 2: Proton pump inhibitors mechanism of action

☐ Histamine (H2) blockers:

Histamine release from ECL cell that stimulate parietal cell to make acid. [10] Medicine like Ranitidine block H2 to stop acid making cells in the stomach lining. [10]

Proton pump inhibitor: Proton pump inhibitor (PPI) are a class of medicine that reduce acid production. That block the H, K-ATPase channel inhibiting gastric acid secretion. [11]

4.2 What to eat on a gastritis diet



Figure 3: Healthy Gastritis diet

A few nourishments may offer assistance oversee your gastritis and reduce the symptoms. Diet does not for the most part cause persistent gastritis, but eating a few nourishments can make

the side effects more regrettable. These may incorporate fricasseed, fiery, and exceedingly acidic foods.

Some individuals discover that the taking after nourishments and drinks offer assistance ease side effects of gastritis:

- high-fiber nourishments, such as entirety grains, natural products, vegetables, and beans
- low-fat nourishments, such as angle, incline meats, and vegetables
- foods with moo corrosiveness, counting vegetables and beans □non-carbonated drinks & caffeine-free drinks

4.3 Foods to avoid on a gastritis diet

Foods that are high in fat may compound aggravation within the lining of the stomach. For a few individuals, nourishment hypersensitivities can trigger gastritis.

In these cases, distinguishing and maintaining a strategic distance from these nourishments may treat and avoid gastritis. Some shapes of gastritis are caused by drinking liquor as well regularly or drinking as well much in a brief period.

Foods that will chafe the stomach, in this manner making gastritis more regrettable, incorporate:

- Alcohol
- Coffee & Carbonated drinks
- Acidic foods, such as tomatoes
- Fruit juices
- Fatty foods
- Fried foods & spicy food

CHAPTER 5

METHODOLOGY

5.1 Introduction

This chapter looks at the technique utilized in this ponder. It depicts the inquire about setting, the consider plan, the think about populace, the ponder test, the inquire about instrument, the strategy and the information examination. The chapter closes with the ethical thought.

5.2 Research design

The inquire about was outlined particularly to distinguish the current situation of Gastric issue in Bangladesh.

5.3 Study population

The think about populace were all the classes of individuals living in Bangladesh. The analyst utilized purposive testing procedure.

5.4 Data collection procedure

After getting assent of cooperation from the members, Analyst clarified the reason of the ponder to the respondents. After getting verbal educated assent. Information was collected employing a semi-structured survey by google frame. Test estimate is 133.

5.5 Research instrument

A set of organized studies made by the investigator was utilized in this consider.

5.6 Method of data analysis

After collection of information, all met surveys were checked for precision and internal consistency to deny missing or clashing data and those were arranged of information investigation was done through Google form and then add in Microsoft word.

5.7 Ethical consideration

Verbal educated assent was taken from the think about members some time recently beginning information collection. The secrecy of the respondents was kept private and think about subjects were educated that they can be able to take off the program at any organize of information collection. The ponder was endorsed by Office of Drug store, Workforce of United Wellbeing Sciences, Daffodil Universal College, Dhaka, Bangladesh.

5.8 Question:

1. Age: ...
2. Occupation: ...
3. Gender: ...
4. Location: ...
5. Do you have any gastric problem?
 - a. Yes
 - b. No
6. Are you suffering or had suffered any gastric problem past 6 months?
 - a. Yes
 - b. No
7. Which kind of symptom show during Gastric problem?
 - a. Nausea or recurrent upset stomach
 - b. Abdominal bloating
 - c. Abdominal pain
 - d. Vomiting
 - e. Indigestion
 - f. Ulcers
 - g. Burning sensation in the stomach
8. Frequency of showing symptoms?
 - a. More than once a week
 - b. Once a week
 - c. More than 2 times a month, but not daily
 - d. Irregular
 - e. Rarely
9. Which kind of gastric problem do you have?

- a. Severe
- b. Normal
- c. Irregular

10. Do you take any medicines for Gastric Problem?

- a. Yes
- b. No

11. Frequency of taking medicine?

- a. each time when gastric problem show
- b. Often
- c. Rarely
- d. Never

12. If you take medicines, then which types of medicines you take?

- a. Homeopathy
- b. Allopathy
- c. Herbal

13. Which medication normally did you take as treatment of Gastric problem?

- a. Answer:

14. how much effective your medicine is?

- a. Answer:

CHAPTER 6

RESULT & DISCUSSION

6.1 Result

6.1.1 Distribution of the respondents according to age

Table 6.1.1:

Age	Respondents	Percentage
10-20	5	3.8%
20-30	96	74%
30-40	15	11.5%
>40	14	10.7%

This table showed that the majority 74% of the respondents were in the age group 20-30 years, followed by 10-20 years 3.8%. About 11.5% of the respondents were in the age group 30-40 years and age group greater than 40 years 10.7%.

6.1.2 Distribution of the respondents according gender

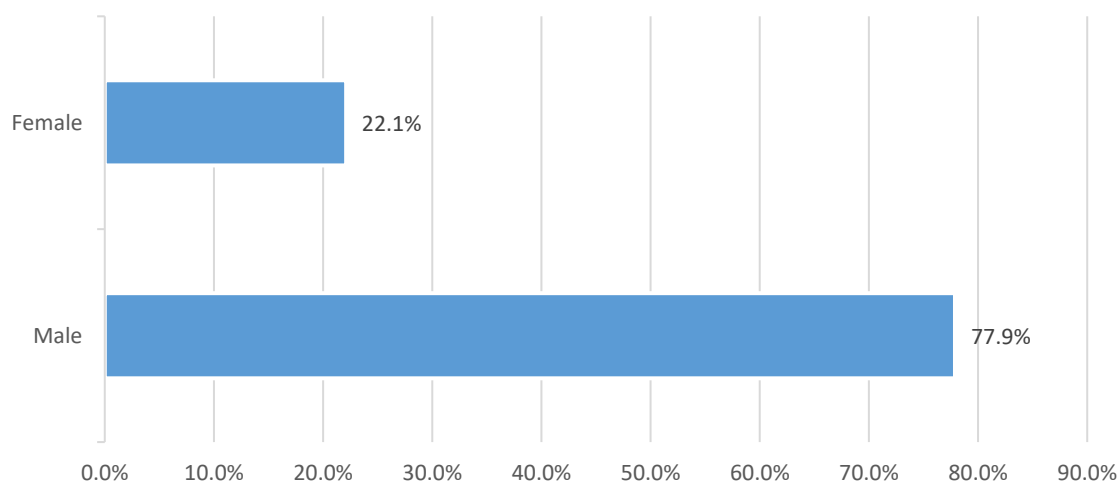


Figure 6.1.2.1: Distribution of the respondents according gender

This figure shows that the majority 77.9% of the respondents was male and the rest of respondents were female 22.1%

6.1.3 Distribution of the respondents according occupation.

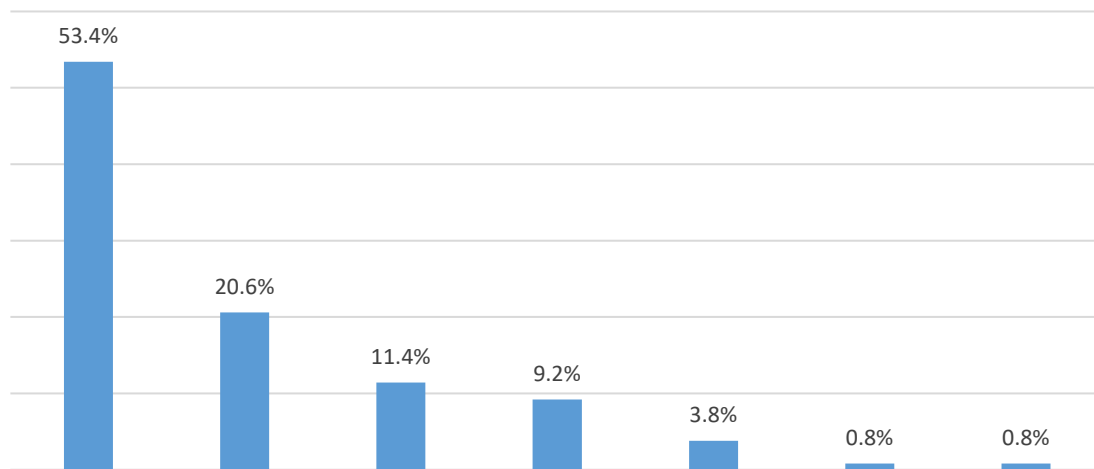


Figure 6.1.3.1: Distribution of the respondents according occupation

This figure shows that 53.4% are student and 20.6% are job holder. 11.5% respondents are house wife and 9.2% respondents are Businessmen. And the rest of other

6.1.4 Distribution of the respondents according Gastric problem

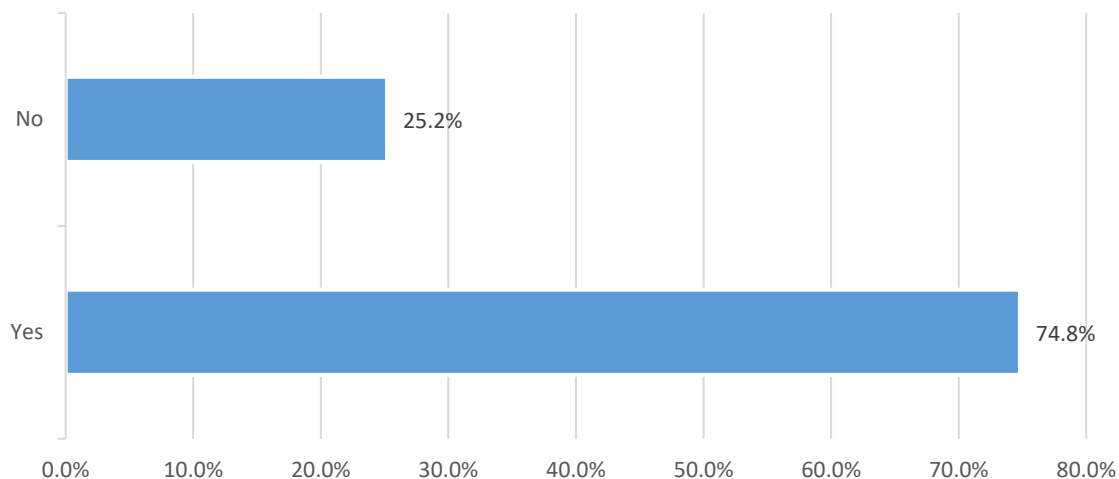


Figure 6.1.4.1: Gastric problem

This figure show that 74.8% respondents have gastric problem and 25.2% people have no gastric problem.

6.1.5 This figure show respondent is suffered or suffering gastric problem past 6 months.

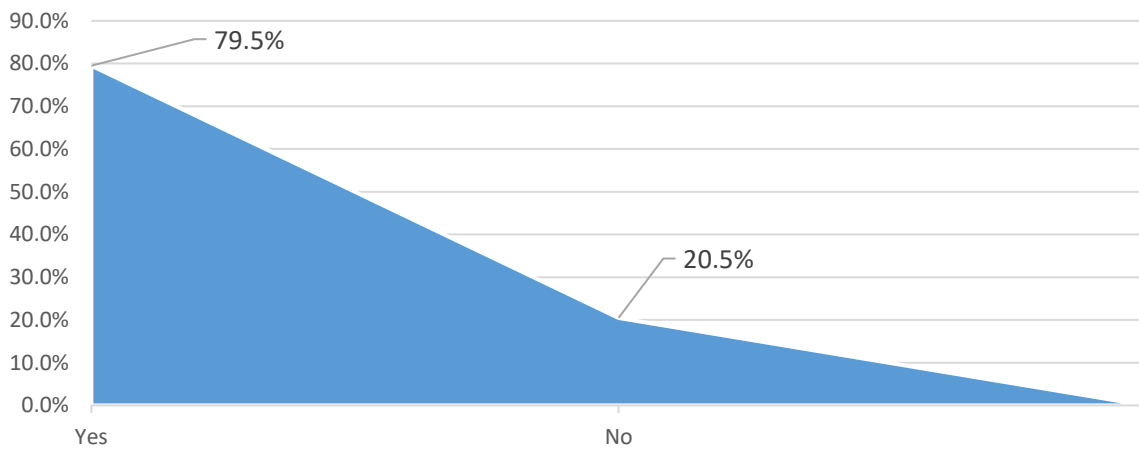


Figure 6.1.5.1: respondent is suffered or suffering gastric problem

This figure show past 6 month 79.4 % people are suffered with gastric problem and 25% have no gastric problem.

6.1.6 Distribution of the respondents by symptom during gastric problem

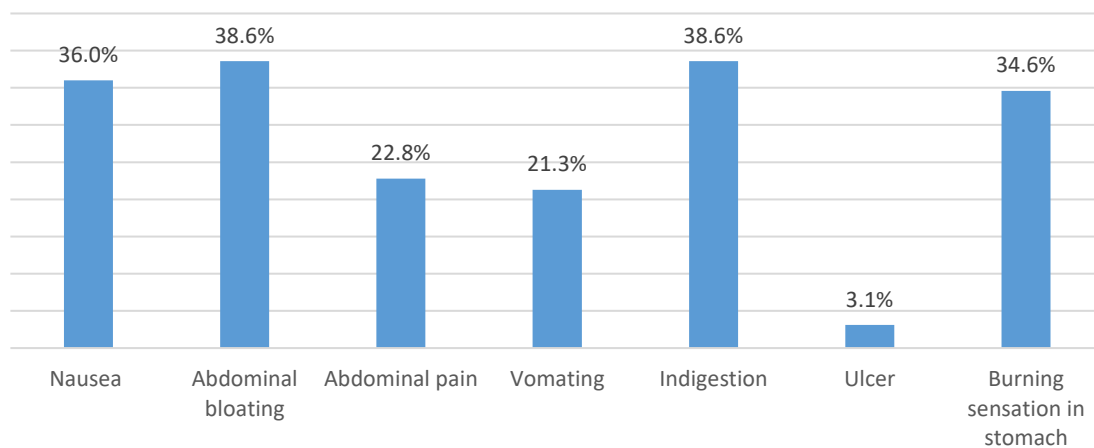


Figure 6.1.6.1: Distribution of the respondents according occupation

This figure show that 36.2% percent respondents show nausea during gastritis. 38.6% people show abdominal bloating. 22.8% respondents show abdominal pain. 21.3% people have vomiting problem and 38.6% respondents have indigestion problem, 3.1% people have ulcer, 34.6% people have burning sensation.

6.1.7 Distribution of the respondents by frequency of showing symptom

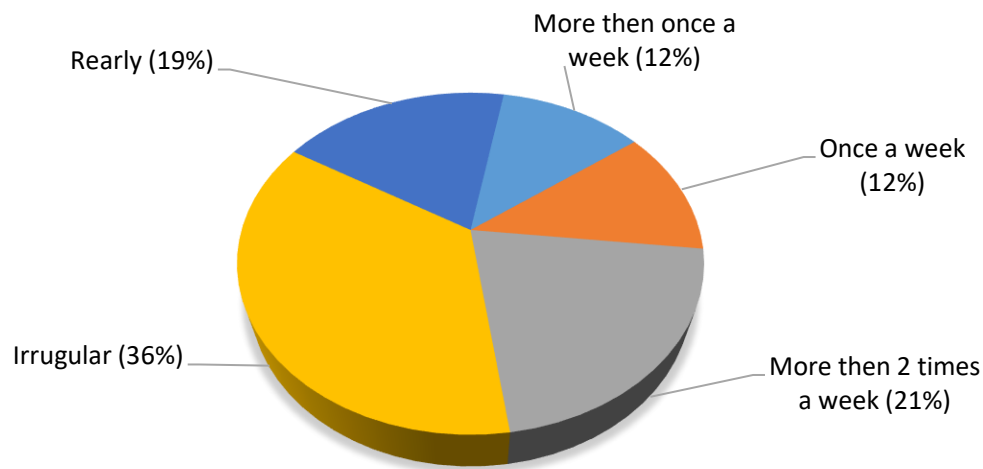


Figure 6.1.7.1: Frequency of showing symptom

This figure show 11.7% respondents show symptoms more than once a week. 11.5% respondents show once a week, 21.1% respondents show symptoms more than 2 times a month, 35.9% people show symptoms irregular and 18.8% People show symptoms irregular.

6.1.8 Distribution of the respondents by types of gastric problem

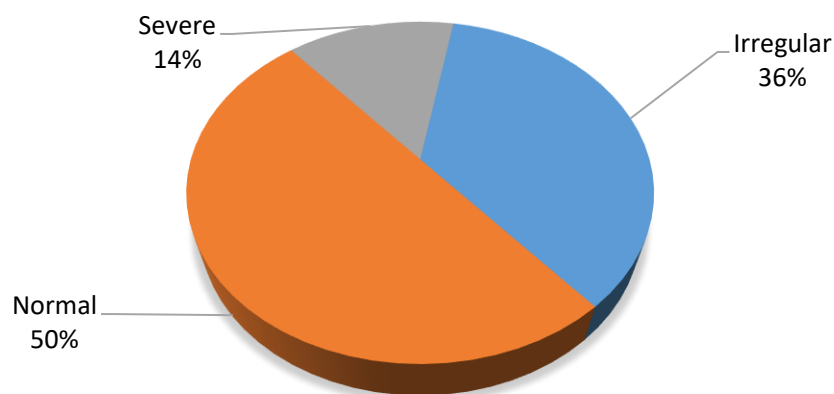


Figure 6.1.8.1: Types of Gastric problem

This figure show 14% respondents have severe gastric problem 49.66% respondents have normal gastric problem and 36.4% respondents have irregular gastric problem.

6.1.9 Distribution of the respondents by taking gastric medicine

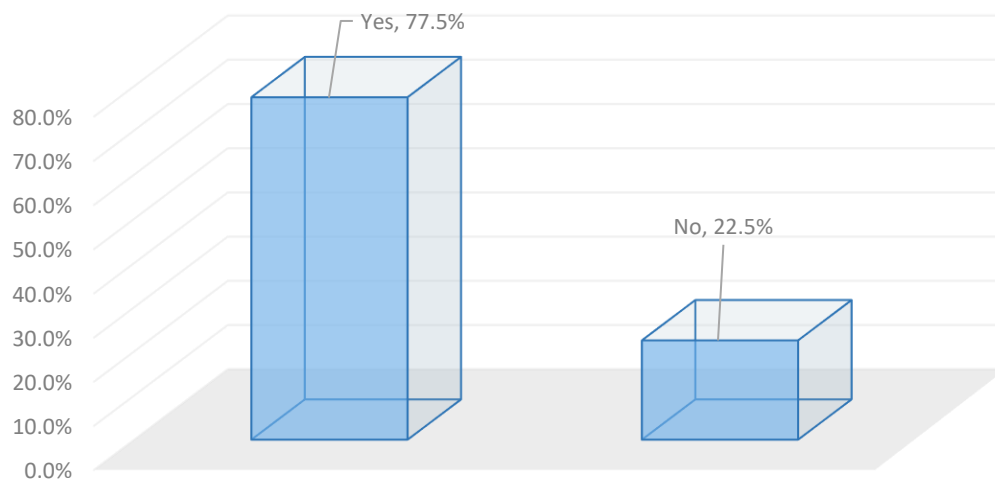
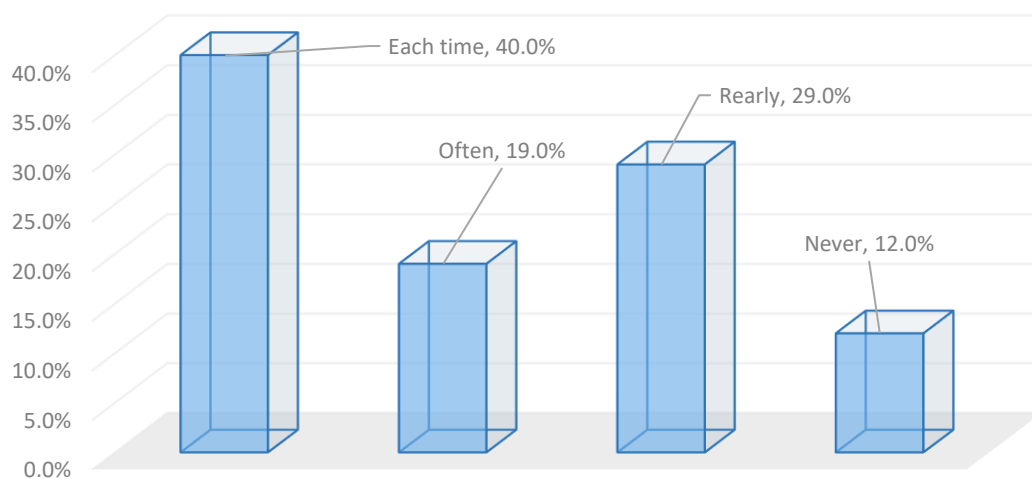


Figure 6.1.9.1: Taking gastric medicine

This figure show 77.5% respondents are takes medicine during gastric problem and 22.5% do not require any gastric medicine.

6.1.10 Distribution of the respondents by frequency of taking medicine



6.10.1: Frequency of taking gastric medicine

This figure show 40% respondents take medicine each time when they face gastric problem, 19.2% respondents take medicine often 29.2% respondents take medicine rarely and 11.5% respondents never take medicine when face gastric problem.

6.1.11 Distribution of the respondents by taking medicine types of medicine

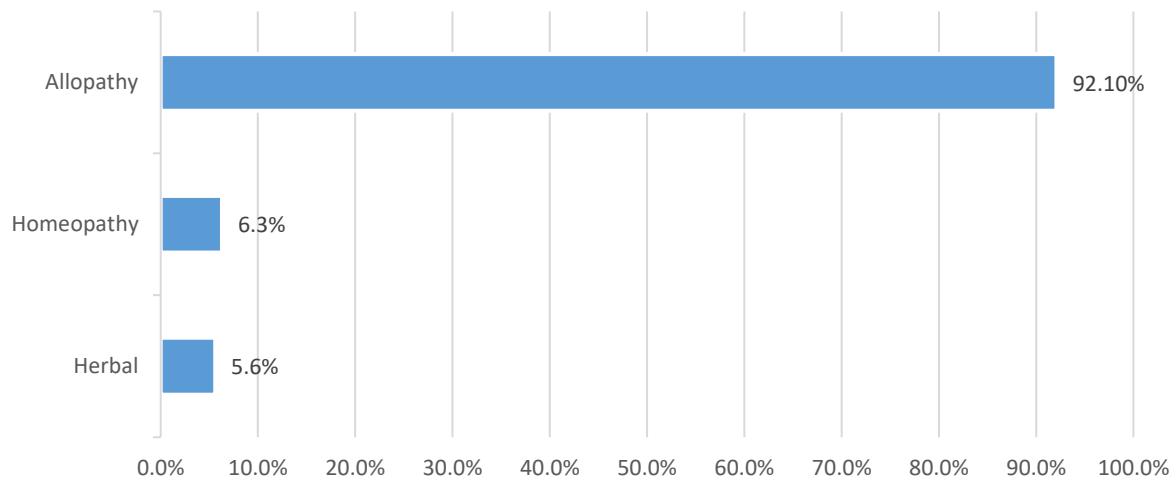


Figure 6.1.11.1: Distribution of the respondents according gender

This figure show 6.3% respondents take homeopathy medicine; 92.1% respondents take allopathy medicine & 5.6% respondents take herbal medicine.

6.1.12 Distribution of the respondents by the medicine effectiveness.

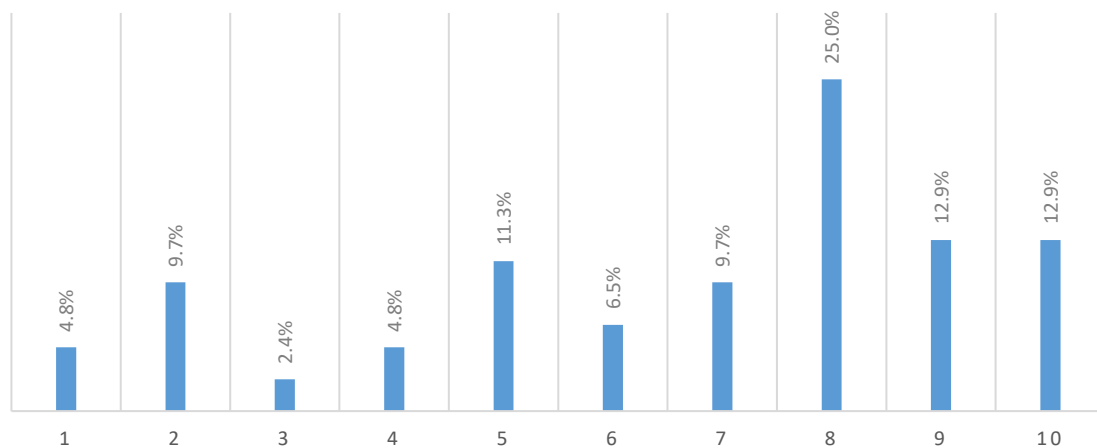


Figure 6.1.12.1: Medicine effectiveness

This figure show 4.8% respondents have less effectiveness of medicine 25% respondents have highest effectiveness of medicine.

6.2 Discussion

In this study the mean age of the respondents was 20-30 years and majority 77.9% of the respondent's were male. Most of the respondents are from different area of Bangladesh. Majority 53.4% of the respondents are student. 74.8% respondents are suffering gastric problem and 25.2% respondents have no gastric problem.

Among 133 respondents of the survey, 12.5% respondents show gastric problem once a week and 35.9% respondents are suffering gastric problem irregularly. 79.4% respondents suffer gastric problem last 6 months. there 228% respondents show abdominal pain symptoms other 38.6% show indigestion symptoms. And also 34.6% respondents show burning sensation symptom.

Where 14% respondents have severe gastric problem and 49.6% respondents have non severe gastric problem and 36.4% respondents have irregular gastric problem. 77.5% respondents taking medicine and 22.5% respondents do not take medicine. 40% people taking medicine each and every time when they face gastric problem 19.2% respondents taking medicine often and 29.2% respondents taking medicine rarely. 6.3% respondents take homeopathy medicine; 92.1% respondents take allopathy medicine & 5.6% respondents take herbal medicine. 4.8% respondents have less effectiveness of medicine 25% respondents have highest effectiveness of medicine.

CHAPTER 7

CONCLUSION

7.1 Conclusion

As the aim of the study was to know the percentage of people are suffering with gastric problem. And what type of gastric problem they are suffering also how frequently the problem are showing. The effect of the medicines. Purposive sampling technique was used on a population sample of 133 based on semi-structured questionnaire. The result shows that; majority of the respondents are suffering with gastric problem and many of them were interested in self-treatment. Though gastric problem is rising gradually but it can be deadly if proper treatment is not taken. As prevention is better than cure, by the practice of diets control maintenance healthy life style and take proper medicine will help to reduce gastric problem.

CHAPTER 8

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