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Incidence of Growing Acidic Peptic Disease in Adolescents

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Editorial Note

Helicobacter pylori (H. pylori) is an organism that causes several gastric issues in majority of the formulation, it is a gram- negative bacteria that increases the secretion of acid in stomach causing ulcer of stomach and duodenum [1]. The gastric cells secrete a certain amount of acid which is a natural mechanism as it activates an enzyme system which aids in easy digestion of the food particles. Diseases such as gastro esophageal reflux disease (GERD), esophageal ulcer, gastric ulcer; gastritis, duodenal ulcer, Zollinger Ellison syndrome (ZES) and Meckel's diverticluar ulcer are collectively represented by the term acid peptic diseases. Helicobacter pylori attacks the gastric mucosa and causes ulcers in the stomach lining and duodenum. Major complications in peptic ulcer disease includes perforation and haemorrhage; resulting in mortality of patients [2]. It is also believed that dietary factors also lead to H. pylori infection [3]. Somia Gul et al. [4] in her research article emphasized on the Acidic peptic disease being more common in populations with increased junk food consumption. In the study, 400 patients (200 males; 200 females) from different social class and backgrounds from Karachi were included. A questionnaire comprising 15 questions were circulated and the questions in general related to their lifestyle. Samples were collected for the prevalence of *H. pylori* and results were determined. Results clearly demarcated direct relationship of bacteria to acidic peptic disease and alarming high rate in people consuming junk food. Adolescents consuming beverages, soft drinks are more prone as the acidic environment is more

References

- 1 Dewan B, Shah D (2013) A study to evaluate the symptomatic efficacy and safety of Lafaxid TM (Lafutidine 10 mg) in patients with acid peptic disorders in India. Br J Med Med Res 3: 821-831.
- 2 Miller TA (1988) Emergencies in acid-peptic disease. Gastroenterology Clinics of North America 17: 303-315.
- 3 Jarosz M, Rychlik E, Siuba H, Respondek W, Ryzko-Skiba M, et al. (2009) Dietary and socio-economic factors in relation to *Helicobacter pylori* re-infection. World J Gastroenterol 15: 1119–1125.
- 4 Gul S, Jawed L, Tariq S, Aziz S (2016) *Helicobacter pylori* Association with Acid Peptic Disease: It's Incidence in population Having Increase Junk Food Intake. Transl Biomed 7: 1-3.
- 5 Izzotti A, Durando P, Ansaldi F, Gianiorio F, Pulliero A (2009) Interaction

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favourable for the bacterial existence and survival. Adequate amount of nutritional intake of fruits and vegetables and vitamins may be able to reduce the pathological consequences of *H. pylori* infection [5]. Knoops et al. emphasized the role of vitamin C as a chemopreventive in the *H. pylori* bacterial infection [6]. Vitamin C is highly concentrated in the stomach mucosa and gastric juice and hence probably may lower the *H. pylori* gastric infection and influences the course of infection eventually; through several mechanisms [7,8]. Thus, a diet rich in fruits, vegetables and poor in meat, fats may have a good effect against the progression of the *H. pylori* gastric disorders.

between *Helicobacter pylori*, diet, and genetic polymorphisms as related to non-cancer diseases. Mut Res: Fundamental Mol Mechan Mutagen 667: 142–157.

- 6 Knoops KTB, De Groot LCPGM, Kromhout D, Perrin AE, Moreiras-Varela O, et al. (2004) Mediterranean diet, lifestyle factors, and 10-year mortality in elderly European men and women: The HALE project. J American Med Association 292: 1433–1439.
- 7 Jarosz M, Dzieniszewski J, Dabrowska-Ufniarz E, Wartanowicz M, Ziemlanski S, et al. (1998) Effects of high dose vitamin C treatment on *Helicobacter pylori* infection and total vitamin C concentration in gastric juice. European J Cancer Prevent 7: 449–454.
- 8 Shi LQ, Zheng RL (2006) DNA damage and oxidative stress induced by *Helicobacter pylori* in gastric epithelial cells: protection by vitamin C and sodium selenite. Pharmazie 61: 631–637.