URGANCH DAVLAT TIBBIYOT INSTITUTI
JANUBIY OROLBO‘YI TIBBIYOT JURNALI
2 - TOM, 3 - SON. 2026
14.00.00 - TIBBIYOT FANLARI ISSN: 3093-8740

SURUNKALI ATROFIK GASTRIT BILAN KASALLANGAN BEMORLARDA PSIXOEMOTSIONAL BUZILISHLAR KLINIK STRUKTURASI VA PSIXOKORREKSIYASI

Ibadullayev Bekzod Baxramovich – Asab kasalliklari, tibbiyot psixologiyasi va psixoterapiya kafedrasi dotsenti, PhD (Urgench, Uzbekistan)
ORCID: 0009-0003-6759-5387
Elektron pochta: clinpsixolog@mail.ru

Setrizayev Imron Buvaxaddiniy - Asab kasalliklari, tibbiyot psixologiyasi va psixoterapiya kafedrasi assistenti (Urgench, Uzbekistan)
ORCID: 0009-0005-9773-8275
Elektron pochta: sfayzullayev70@gmail.com

Annotatsiya: Ushbu maqolada rivojlangan surunkali gastrit bo‘lgan bemorlarda psixoemotsional buzilishlarning klinik strukturasiga psixodiagnostik so‘rovnomalar yordamida baholandi. Takomillashtirilgan psixokorreksion metodlar yordamida korreksiya o‘tkazilgan holda davolashdan oldingi va keyingi natijalar statistik tahlil qilingan.
Kalit so‘zlar: surunkali gastrit, xavotir, rigidlik , frusturatsiya, agressivlik

КЛИНИЧЕСКАЯ СТРУКТУРА ПСИХОЭМОЦИОНАЛЬНЫХ НАРУШЕНИЙ И ПСИХОКОРРЕКЦИЯ У ПАЦИЕНТОВ С ХРОНИЧЕСКИМ АТРОФИЧЕСКИМ ГАСТРИТОМ

Ибадуллаев Бекзод Бахрамович
доцент кафедры нервных болезней, медицинской психологии и психотерапии Ургенчского государственного медицинского института, PhD
Сетризаев Имрон Бувахаддиний
ассистент кафедры нервных болезней, медицинской психологии и психотерапии Ургенчского государственного медицинского института

Аннотация: В данной статье клиническая структура психоэмоциональных нарушений у пациентов с развившимся хроническим гастритом оценивалась с помощью психодиагностических опросников. Проведена коррекция с использованием усовершенствованных психокоррекционных методов, а результаты до и после лечения подверглись статистическому анализу.
Ключевые слова: хронический гастрит, тревожность, ригидность, фрустрация, агрессивность

CLINICAL STRUCTURE OF PSYCHO-EMOTIONAL DISORDERS AND PSYCHOCORRECTION IN PATIENTS WITH CHRONIC ATROPHIC GASTRITIS

Ibadullaev Bekzod Bahramovich
Associate Professor, Department of Nervous Diseases, Medical Psychology and Psychotherapy, Urgench State Medical Institute, PhD

URGANCH DAVLAT TIBBIYOT INSTITUTI
JANUBIY OROLBO‘YI TIBBIYOT JURNALI
2 - TOM, 3 - SON. 2026
14.00.00 - TIBBIYOT FANLARI ISSN: 3093-8740

Setrizaev Imron Buvakhaddiniy
Assistant, Department of Nervous Diseases, Medical Psychology and Psychotherapy, Urgench State Medical Institute

Annotation: In this article, the clinical structure of psycho-emotional disorders in patients with advanced chronic gastritis was assessed using psychodiagnostic questionnaires. Correction was carried out with improved psychocorrectional methods, and the results before and after treatment were statistically analyzed.

Keywords: chronic gastritis, anxiety, rigidity, frustration, aggressiveness

Surunkali atrofik gastrit (SAG) dunyo bo‘yicha eng keng tarqalgan ovqat hazm qilish kasalliklaridan biridir va u oshqozon saratonining eng ko‘p uchraydigan oldindan belgilovchi holatidir [1–3]. Dunyo bo‘yicha taxminan 25 % tarqalishga ega bo‘lib, global sog‘liqni saqlash tizimiga katta yuk bo‘lib qolmoqda. SAG bilan og‘rigan bemorlarda oshqozon saratoni rivojlanish xavfi yil sayin ortib bormoqda, yillik o‘sish taxminan 0,1 % ni tashkil etadi. 2020 yilga nisbatan 2040 yilga kelib oshqozon saratoni uchrash chastotasi 47 % ga oshishi kutilmoqda [1,28,29,36]. Bundan tashqari surunkali atrofik gastrit (SAG) so‘nggi yillarda bemorlarning o‘rtacha yoshi pasayishi bilan SAGning uchrash chastotasi ortdi [4]. SAG surunkali gastritdan rivojlanadi va ko‘pincha bir necha yil davomida infektsiya va oshqozon shilliq qavatining yallig‘lanishidan kelib chiqadi. Yallig‘lanish natijasida oshqozon hujayralarining normal tuzilishi uzoq muddatda buzilishi, bezlarning kamayishi va hujayralarning funksional yetishmovchiligi oxir-oqibat shilliq qavatning qisqarishiga olib keladi [5–7]. SAGning dastlabki bosqichida bemorlarda odatda aniq simptomlar bo‘lmaydi, biroq ba’zida yuqori qorin bo‘shlig‘ida dam bo‘lish, og‘riq, ishtahaning yo‘qolishi va ko‘ngil aynishi kuzatiladi [8,9]. H. pylori infektsiyasi sababli SAG rivojlangan bemorlarda gastroezofageal reflyuks [10], gemolitik anemiya [11] va suyak metabolizmi buzilishlari [12,13] kabi boshqa asoratlar ham uchrashi mumkin. Uzoq muddatli SAG bilan og‘rigan bemorlarda depressiya uchrash chastotasi ≈50 % deb qayd etilgan va depressiya kasallik davomiyligi bilan ijobiy bog‘liq bo‘lgan [14], hatto tezlashtirilgan qarish bilan izohlangan [15]. Eng muhim jihati shundaki, SAG bilan og‘rigan bemorlarda oshqozon saratonining yillik uchrash chastotasi 0,004–0,3 % ni tashkil etadi, bu SAGni ushbu xavfli kasallik uchun muhim xavf omili sifatida ko‘rsatadi [15–18]. SAGning sabablari orasida H. pylori infektsiyasi, ovqatlanish, genetika, immunologik va boshqa omillar mavjud [17]. Uzoq muddatli xavotir va depressiya ham SAG uchun xavf omillari sifatida qayd etilgan [18]. Patogenezdagi farqlarga ko‘ra, atrofik gastrit SAG va autoimmun atrofik gastritga bo‘linadi [19.21]. SAGning asosiy sababi H. pylori infektsiyasidir. Infektsiya oshqozon bo‘ylab parietal hujayralarning parchalanishiga olib keladi va oxir-oqibat shilliq qavatning qisqarishiga sabab bo‘ladi [22–24]. H. pylori bilan zararlangan bemorlarda saraton rivojlanish xavfi infektsiyasizlarga qaraganda yuqoriroq [25]. Autoimmun atrofik gastrit, shuningdek, A-tur gastrit deb ham ataladi, bu organ-spesifik immun vositachiligidagi kasallik bo‘lib, oshqozon fundusi va tanasidagi devor hujayralarining immun yo‘li bilan buzilishi natijasida shilliq qavatning atrofiyasiga olib keladi [26–29]. Shu bilan birga ovqat hazm qilish tizimi kasalliklari va kayfiyat hamda xavotir buzilishlari o‘rtasidagi munosabatga qiziqish doimiy bo‘lib kelmoqda. Bir qator klinik va epidemiologik tadqiqotlar kayfiyat va xavotir buzilishlari bilan keng tarqalgan ovqat hazm qilish kasalliklari, jumladan, oshqozon yarasi, irritabiy ichak sindromi va Kron kasalligi o‘rtasida sezilarli bog‘liqlikni aniqlagan (Dunlop va boshq., 2003; Goodwin va boshq., 2006; Mawdsley va Rampton, 2005; Mayer, 2000; Mayer va boshq., 2001; Schwarz va boshq., 1993; Walker va boshq., 2008; Whitehead va boshq., 2002). Bir nechta klinik tadqiqotlar gastrit bilan og‘rigan bemorlarning ayrim guruhlarida depressiv simptomlarning yuqori darajada ekanligini (Magni va boshq., 1982; Solov’eva va boshq., 1997) hamda umumiy gastroenterologik ambulator bemorlar orasida kayfiyat va xavotir buzilishlari tashxislarining yuqori

darajada uchrashini hujjatlashtirgan (Jiang va boshq., 2009). [26–29]. Shunga qaramay, gastrit va ruhiy buzilishlar o‘rtasidagi munosabatga oid ba’zi muhim savollar hali ham javobsiz qolmoqda. Shu maqsadda mazkur tadqiqot ishida surunkali gastrit rivojlangan bemorlarda psixoemotsional buzilishlar klinik strukturasini aniqlash va korreksiya qilishga e’tibor qaratiladi. [32–35]

Maqsad: Surunkali atrofik gastrit rivojlangan bemorlarda psixoemotsional buzilishlar strukturasini aniqlash va unda psixokorreksiya o‘tkazish

Material va metodlar: Urganch davlat tibbiyot institute klinikasida psixoemotsional buzilishlar rivojlangan surunkali atrofik gastrit tashxisi bilan davolanib yurgan 46 ta bemor kuzatuvga olindi va ikki guruhga ajratildi. Shundan 23 bemor birinchi guruhga, 23 ta bemor ikkinchi guruhga biriktirildi Bemorlarimiz psixoemotsional buzilishlar darajasini aniqlashda Ayzenk (bemorlarning o‘z ruhiy holatini baholash) so‘rovnomasidan foydalanildi.

Bemorlarda o‘tkazilgan psixoterapevtik usullardan ratsional psixoterapiya va kognitiv-bixeviorial psixoterapiya tanlab olindi, bemorlarimizning taqsimlanishi quyidagicha ko‘rinishda bo‘ldi

Tadqiqotimizda psixoemotsional buzilishlar psixokorreksiyasi bemorlarni ikkita guruhga ajratilgan holda olib borildi:

1 chi asosiy (n=23) guruhdagi bemorlarimizda bazis davoga+kognitiv-bixeviorial psixoterapiya, 2 chi taqqoslash (n=23) guruhida bazis davo+psixoedukativ terapiya bilan birgalikda 2 oy davomida ambulator sharoitda olib borildi. Olingan ko‘rsatkichlar statistik tahlil qilingan holda, quyidagi natijalar olindi.

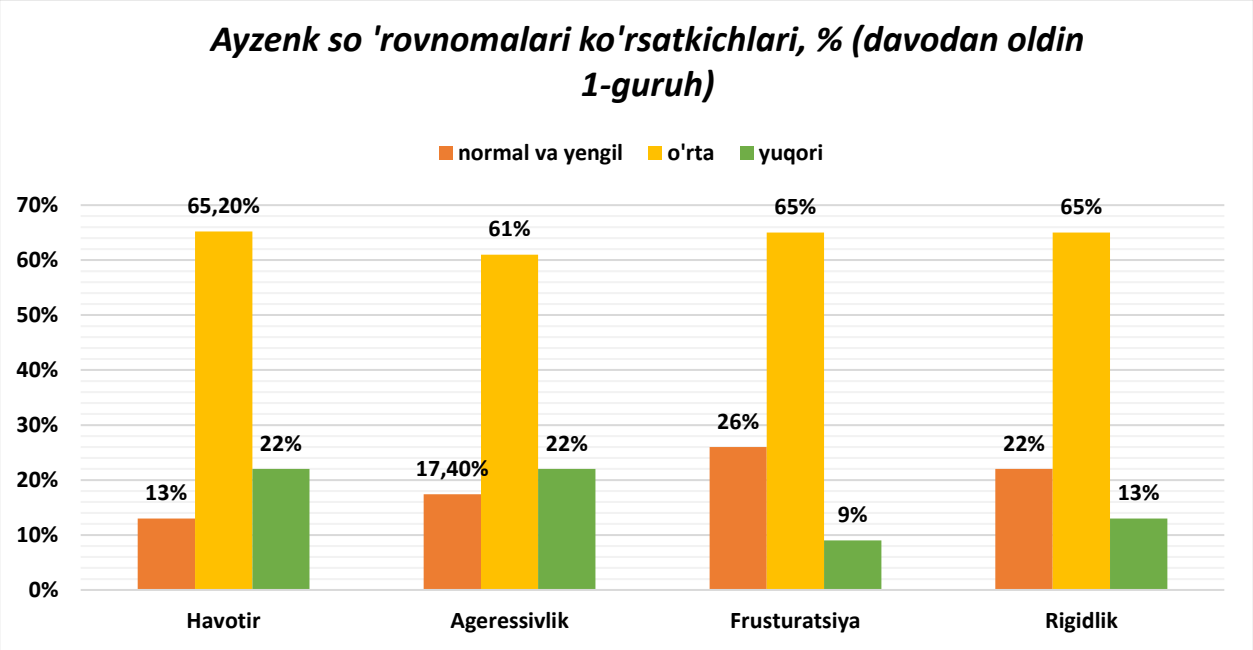
Bemorlarda o‘tkazilgan psixoterapevtik usullardan ratsional psixoterapiya va kognitiv-bixeviorial psixoterapiya tanlab olindi, bemorlarimizning taqsimlanishi quyidagicha ko‘rinishda bo‘ldi: *(1-jadval)*

	1-guruh		2-guruh		Jami	
	abs.	%	abs.	%	abs.	%
A	11	47,8	11	47,8	22	47,8
E	12	52.2	12	52,2	24	52,2
Yoshi	35,0±0,9		36,1±1,0		35.2±1,1	

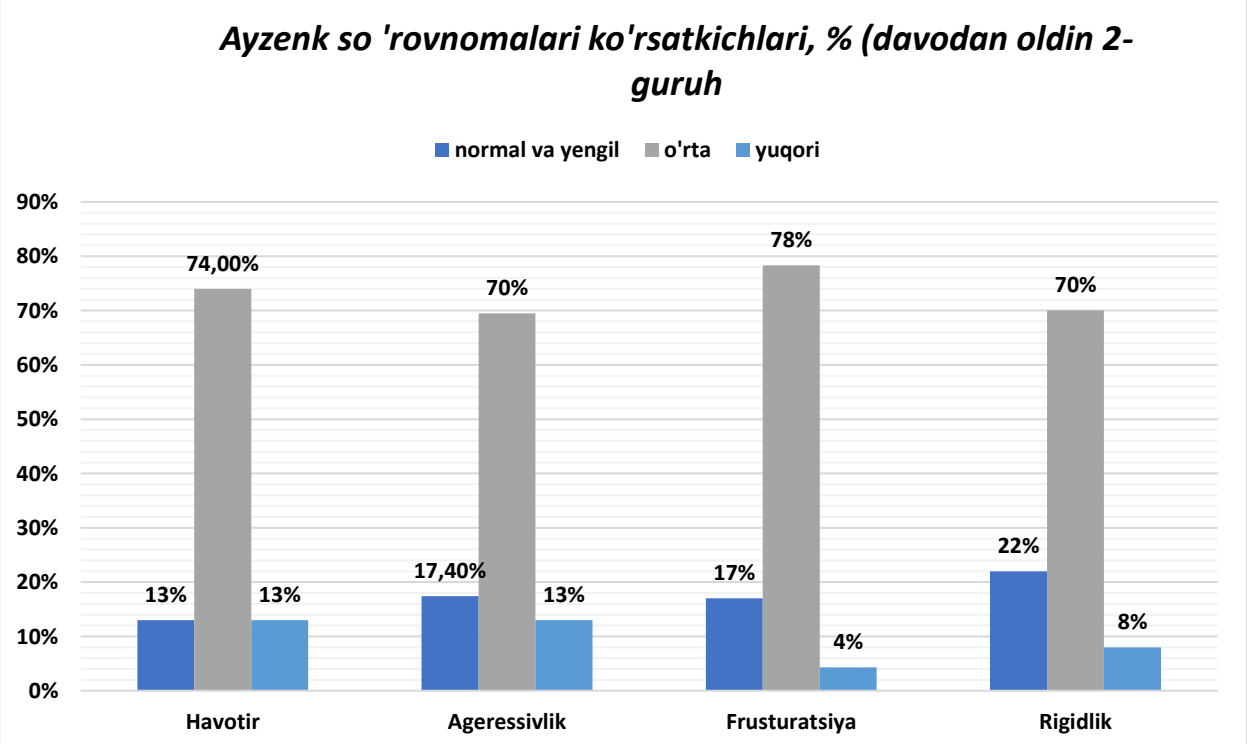
Unga ko‘ra 1-guruhdagi bemorlarimizning 12 (52,2%) i erkaklar, 11 (47,8%) i ayollar bo‘lib, ularning o‘rtacha yosh ko‘rsatkichi 35,0±0,9 tashkil qildi, 2-guruhdagi bemorlarning 12 (52,2%) i erkaklar, 11 (47.8%) i ayollar bo‘lib, ularning o‘rtacha yoshi 36,1±1,0 ni tashkil qildi. Olingan ko‘rsatkichlarni tahlil qilishda statistika usularidan (foizli tahlil, Styudentning t-mezoni, r-qiymatni hisoblash orqali natijalarining ishonliligi baholangan, olingan natijalar $p<0.05$ asosida ishonchli deb topilgan.

Natijalar: Bemorlarimizda olib borilgan psixometrik tekshiruvlar ko‘rsatkchilari davodan oldingi va davodan keyingi statistik taxlil qilinganda quyidagi natijalar shakllandi (1-rasm).

URGANCH DAVLAT TIBBIYOT INSTITUTI
JANUBIY OROLBO‘YI TIBBIYOT JURNALI
2 - TOM, 3 - SON. 2026
14.00.00 - TIBBIYOT FANLARI ISSN: 3093-8740



Unga ko‘ra 1-guruhdagi (n=23) bemorlarimizda Ayzenk so‘rovnomasi bo‘yicha, havotir 13% (n=3) ida aniqlanmadi 7,0±0,0, 65,2% (n=15) ida o‘rta 12,8±0,21, 22% (n=5) ida yuqori darajada 17,8±0,25, agressivlik 17,4% (n=4) ida aniqlanmadi 7,0±0,0, 61% (n=14) ida o‘rta 12,0±0,18, 22% (n=5) ida yuqori darajada 18,0±0,0, frusturatsiya 26% (n=6) ida aniqlanmadi 7,0±0,0, 65% (n=15) ida o‘rta 12,6±0,16, 9% (n=2) ida yuqori darajada 18,3±0,21, rigidlik 22% (n=5) ida aniqlanmadi 7,0±0,0, 65% (n=15) ida o‘rta 12,7±0,21, 13% (n=3) ida yuqori darajada 18,0±1,5 ekanligi aniqlandi, 2 guruhda bemorlarimizda olinga Ayzenk so‘rovnomasi ko‘rsatkichlar quyidagi ko‘rinishga ega bo‘ldi (2-rasm).

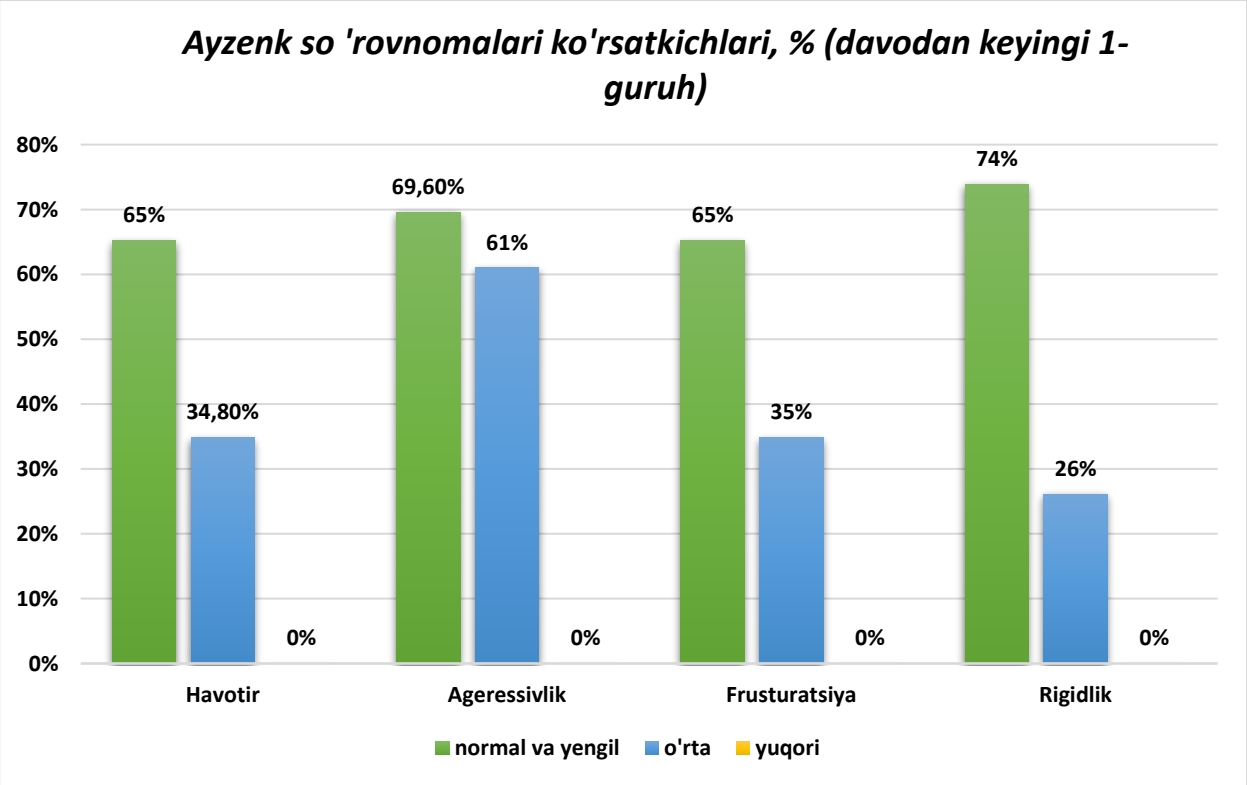


Taqqoslash guruhidagi bemorlarda esa havotir darajasi 13% (n=3) ida aniqlanmadi 6,4±0,1, 74% (n=17) ida o‘rta 12,6±0,21, 13% (n=3) ida yuqori darajada 17,6±0,18, agressivlik 17,4% (n=4) ida

URGANCH DAVLAT TIBBIYOT INSTITUTI
JANUBIY OROLBO‘YI TIBBIYOT JURNALI
2 - TOM, 3 - SON. 2026
14.00.00 - TIBBIYOT FANLARI ISSN: 3093-8740

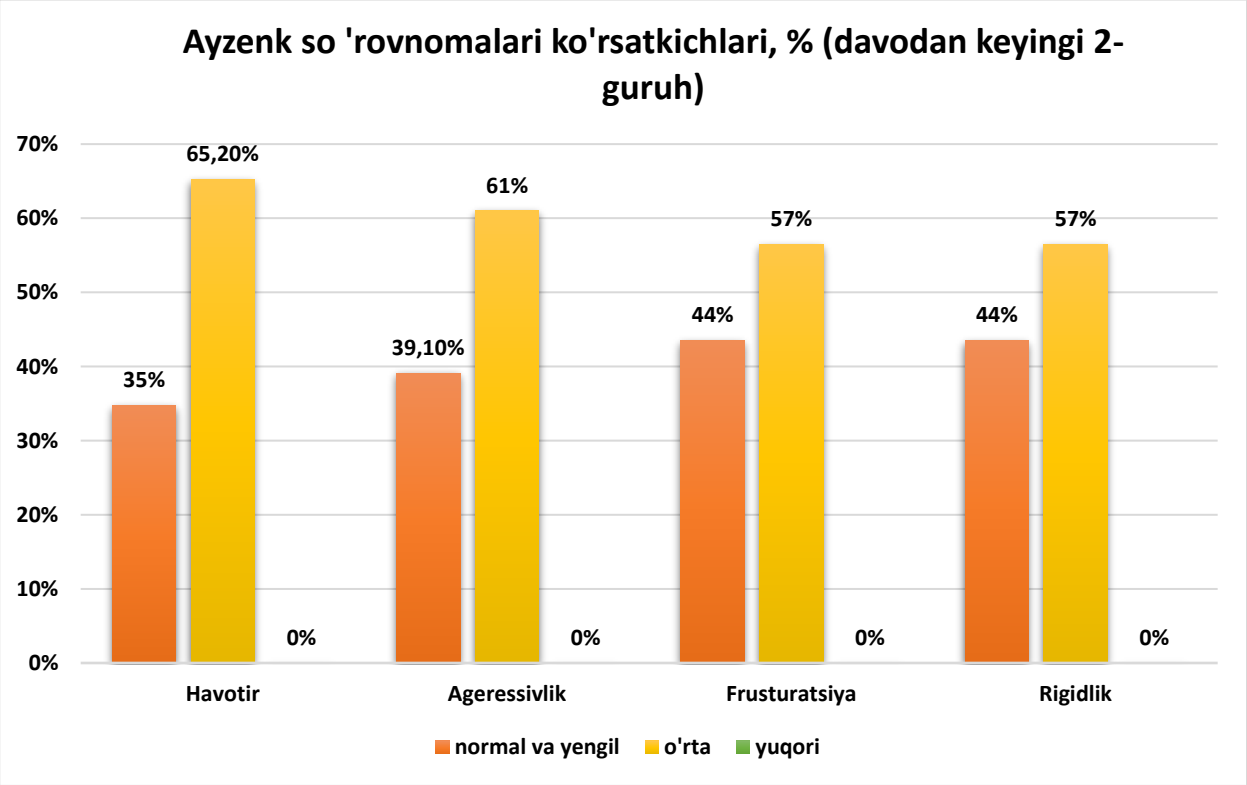
aniqlanmadi 7,0±0,0, 69,5% (n=16) ida o‘rta 11,7±0,23, 13% (n=3) ida yuqori darajada 17,0±0,58, frusturatsiya 17% (n=4) ida aniqlanmadi 7,0±0,0, 78,3% (n=18) ida o‘rta 12,4±0,22, 4.3% (n=1) ida yuqori darajada 18,6±0,24, rigidlik 22% (n=5) ida aniqlanmadi 7,0±0,0, 70% (n=16) ida o‘rta 12,3±0,24, 8% (n=2) ida yuqori darajada 19,3±0,48 ekanligi aniqlandi.

Bemorlarda olib borilgan ko‘rsatkichlar korreksiyadan oldingi psixometrik ko‘rsatkichlar statistik jihatdan sezilarli darajada farq qilmaganligi aniqlandi (p>0,05). Bemorlarimizda olib borilgan psixokorreksiya natijasida quyidagi ko‘rsatkichlar shakllandi va statistik tahlil qilindi (3-4 rasmlar).



Davodan keyin 1-guruhdagi (n=23) bemorlarimizda Ayzenk so‘rovnomasi bo‘yicha, havotir 65,2% (n=15) ida aniqlanmadi 6,4±0,12, 34,8% (n=8) ida o‘rta 9,1±0,26, agressivlik 69,6% (n=16) ida aniqlanmadi 6,3±0,09, 30,4% (n=7) ida o‘rta 8,7±0,16, frusturatsiya 65,2% (n=15) ida aniqlanmadi 6,4±0,10, 34,8% (n=8) ida o‘rta 8,4±1,0, rigidlik 73,9% (n=17) ida aniqlanmadi 6,4±0,11, 26,1% (n=6) ida o‘rta 8,7±0,13 pasayganligi aniqlandi (p<0,001). Taqqoslash guruhida esa bu ko‘rsatkichlarda nisbatan statistik farqlanish borligi aniqlandi, unga ko‘ra 2-chi guruhda

URGANCH DAVLAT TIBBIYOT INSTITUTI
JANUBIY OROLBO‘YI TIBBIYOT JURNALI
2 - TOM, 3 - SON. 2026
14.00.00 - TIBBIYOT FANLARI ISSN: 3093-8740



Davodan keyin 2-guruhdagi (n=23) bemorlarimizda Ayzenk so‘rovnomasi bo‘yicha, havotir 34,7% (n=8) ida aniqlanmadi 6,2±0,11, 65,2% (n=15) ida o‘rta 9,1±0,26, agressivlik 39.1% (n=9) ida aniqlanmadi 6,4±0,1, 61% (n=14) ida o‘rta 8,8±0,2, frusturatsiya 43.5 % (n=9) ida aniqlanmadi 6,3±0,1, 56.5% (n=14) ida o‘rta 8,2±1,0, rigidlik 43.5% (n=9) ida aniqlanmadi 6,4±0,12, 56.5% (n=14) ida o‘rta 8,4±0,3 pasayganligi aniqlandi ($p<0,001$). Asosiy guruh va taqqoslash guruhida ko ‘rsatkichlar o’zaro solishtirilganda 1 chi guruh bemorlarida 2 chi guruhga nisbatan statistik farqlanish bilan o ‘zgarish kuzatilganligi aniqlandi.

Xulosa: Olingan natijalardan shuni xulosa qilish mumkinki, surunkali atrofik gastrit bilan kuzatuvga olingan bemorlarimizda psixoadaptatsion buzilishlar yuqori ekanligi aniqlandi, o‘tkazilgan psixoterapevtik davo muolajalaridan so‘ng asosiy guruhdagi bemorlarimizda havotir, frusturatsiya,agressivlik va rigidlik darajalarining, 2 chi guruhdagi bemorlarimizga nisbatan sezilarli darajada pasayganligi, bu esa o‘z navbatida bu bemorlarda orol bo‘yi muxitida va shunga o‘hshash noqulay klimatga ega bo‘lgan sharoitda yashovchi axolida somatik kasalliklar natijasida rivojlanuvchi psixoadaptatsion va psixoemotsional buzilishlarni korreksiya qilishda kognitiv-bixeviorial terapiyani standart davolash jarayonlariga tadbiq qilish samarali natijalarga erishishiga turtki bo‘lishi kuzatuvlarimizda o‘z isbotini topdi.

ADABIYOTLAR

1. A.C. de Vries, N.C. van Grieken, C.W. Looman, M.K. Casparie, E. de Vries, G. A. Meijer, E.J. Kuipers, Gastric cancer risk in patients with premalignant gastric lesions: a nationwide cohort study in the Netherlands, Gastroenterology 134 (4) (2008) 945–952.
2. H. Song, I.G. Ekheden, Z. Zheng, J. Ericsson, O. Nyr´en, W. Ye, Incidence of gastric cancer among patients with gastric precancerous lesions: observational cohort study in a low risk Western population, Bmj 351 (2015) h3867.

3. Y. Yin, H. Liang, N. Wei, Z. Zheng, Prevalence of chronic atrophic gastritis worldwide from 2010 to 2020: an updated systematic review and meta-analysis, Ann. Palliat. Med 11 (12) (2022) 3697–3703.
4. Y. Zhang, F. Li, F. Yuan, K. Zhang, L. Huo, Z. Dong, Y. Lang, Y. Zhang, M. Wang, Z. Gao, Z. Qin, L. Shen, Diagnosing chronic atrophic gastritis by gastroscopy using artificial intelligence, Dig. Liver Dis. 52 (5) (2020) 566–572.
5. P. Sipponen, M. Kekki, K. Seppala, M. Siurala, The relationships between chronic gastritis and gastric acid secretion, Aliment. Pharmacol. Ther. 10 (Sup1) (2014) 103–118.
6. Y.-K. Wang, L. Shen, T. Yun, B.-F. Yang, C.-Y. Zhu, S.-N. Wang, Histopathological classification and follow-up analysis of chronic atrophic gastritis, World J. Clin. Cases 9 (16) (2021) 3838–3847.
7. E. Miceli, M.V. Lenti, D. Padula, O. Luinetti, C. Vattiato, C.M. Monti, M. Di Stefano, G.R. Corazza, Common features of patients with autoimmune atrophic gastritis, Clin. Gastroenterol. Hepatol. 10 (7) (2012) 812–814.
8. B. Annibale, G. Esposito, E. Lahner, A current clinical overview of atrophic gastritis, Expert Rev. Gastroenterol. Hepatol. 14 (2) (2020) 93–102.
9. M. Carabotti, G. Esposito, E. Lahner, E. Pilozzi, L. Conti, G. Ranazzi, C. Severi, M. Bellini, B. Annibale, Gastroesophageal reflux symptoms and microscopic esophagitis in a cohort of consecutive patients affected by atrophic body gastritis: a pilot study, Scand. J. Gastroenterol. 54 (1) (2019) 35–40
10. Z. Azmaiparashvili, V.M. Jorge, C. Antunes, An Atypical Presentation of Chronic Atrophic Gastritis: Hemolytic Anemia and Mesenteric Panniculitis, Case Rep. Hematol. 2017 (2017) 1–5.
11. A.S. Kim, H.-J. Ko, Atrophic Gastritis as a Risk Factor for Bone Loss in Premenopausal Women in Their 40s: A Retrospective Cohort Study, Calcif. Tissue Int. 104 (1)
12. K.M. Aasarød, M.P. Mosti, A.K. Stunes, J.E. Reseland, T. Basso, U. Syversen, R. Fossmark, Impaired skeletal health in patients with chronic atrophic gastritis, Scand. J. Gastroenterol. 51 (7) (2016) 774–781.
13. X. Zhao, M. Wu, D. Zhang, Y. Sun, Y. Yang, H. Xie, Y. Su, J. Jia, S. Zhang, The relationship of interpersonal sensitivity and depression among patients with chronic atrophic gastritis: The mediating role of coping styles, J. Clin. Nurs. 27 (5- 6) (2018).
14. X. Gao, Y. Zhang, H. Brenner, Associations of Helicobacter pylori infection and chronic atrophic gastritis with accelerated epigenetic ageing in older adults, Br. J. Cancer 117 (8) (2017) 1211–1214.
15. L. Zhang, Y. Liu, P. You, G. Feng, Occurrence of gastric cancer in patients with atrophic gastritis during long-term follow-up, Scand. J. Gastroenterol. 53 (7) (2018) 843–848.
16. L. Vannella, E. Lahner, B. Annibale, Risk for gastric neoplasias in patients with chronic atrophic gastritis: a critical reappraisal, World J. Gastroenterol. 18 (12) (2012) 1279–1285.
17. G. Esposito, E. Dilaghi, M. Cazzato, E. Pilozzi, L. Conti, M. Carabotti, E. Di Giulio, B. Annibale, E. Lahner, Endoscopic surveillance at 3 years after diagnosis, according to European guidelines, seems safe in patients with atrophic gastritis in a low-risk region, Dig. Liver Dis. 53 (4) (2021) 467–473.
18. S. Wessler, L.M. Krisch, D.P. Elmer, F. Aberger, From inflammation to gastric cancer - the importance of Hedgehog/GLI signaling in Helicobacter pyloriinduced chronic inflammatory and neoplastic diseases, Cell Commun. Signal 15 (1) (2017) 15.
19. H. Wu, G. Liang, M. Kong, Y. Zhang, Y. Zhou, J. Han, X. Hu, Y. Li, Y. Li, Q. Zhan, S. Chen, Y. Du, W. Chen, The status and risk factors for anxiety/depression in patients with atrophic chronic gastritis: a cross-sectional study, Ann. Palliat. Med 11 (10) (2022) 3147–3159.

20. S.C. Shah, M.B. Piazuelo, E.J. Kuipers, D. Li, AGA Clinical Practice Update on the Diagnosis and Management of Atrophic Gastritis: Expert Review, Gastroenterology 161 (4) (2021) 1325–1332.
21. F. Zingone, V. Pilotto, R. Cardin, G. Maddalo, C. Orlando, M. Fassan, I. Marsilio, E. Collesei, F. Pelizzaro, F. Farinati, Autoimmune Atrophic Gastritis: The Role of miRNA in Relation to Helicobacter Pylori Infection, Front Immunol. 13 (2022) 930989.
22. S.Y. Zheng, L. Zhu, L.Y. Wu, H.R. Liu, X.P. Ma, Q. Li, M.D. Wu, W.J. Wang, J. Li, H.G. Wu, chronic atrophic gastritis and cellular senescence, Helicobacter, Helicobacter pylori-Posit. 28 (1) (2023) e12944.
23. J. Zhao, S. Xu, Y. Gao, Y. Lei, B. Zou, M. Zhou, D. Chang, L. Dong, B. Qin, Accuracy of Endoscopic Diagnosis of Helicobacter pylori Based on the Kyoto Classification of Gastritis: A Multicenter Study, Front Oncol. 10 (2020) 599218.
24. X.K. Lin, W.L. Wang, Analysis of high risk factors for chronic atrophic gastritis, Saudi J. Gastroenterol. 29 (2) (2023) 127–134.
25. B. Holleczek, B. Schottker, ¨ H. Brenner, Helicobacter pylori infection, chronic atrophic gastritis and risk of stomach and esophagus cancer: Results from the prospective population-based ESTHER cohort study, Int. J. Cancer 146 (10) (2019) 2773–2783.
26. L. Conti, B. Annibale, E. Lahner, Autoimmune Gastritis and Gastric Microbiota, Microorganisms 8 (11) (2020).
27. F. Nehme, K. Rowe, W. Palko, N. Tofteland, W. Salyers, Autoimmune metaplastic atrophic gastritis and association with neuroendocrine tumors of the stomach, Clin. J. Gastroenterol. 13 (3) (2020) 299–307.
28. I. Coati, M. Fassan, F. Farinati, D.Y. Graham, R.M. Genta, M. Rugge, Autoimmune gastritis: Pathologist’s viewpoint, World J. Gastroenterol. 21 (42) (2015) 12179–12189.
29. H. Sung, J. Ferlay, R.L. Siegel, M. Laversanne, I. Soerjomataram, A. Jemal, F. Bray, Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries, CA Cancer J. Clin. 71 (3) (2021) 209–249.
30. M.A. Adamu, M.N. Weck, L. Gao, H. Brenner, Incidence of chronic atrophic gastritis: systematic review and meta-analysis of follow-up studies, Eur. J. Epidemiol. 25 (7) (2010) 439–448.
31. K. Van den Bulck, A. Decostere, M. Baele, A. Driessen, J.C. Debongnie, A. Burette, M. Stolte, R. Ducatelle, F. Haesebrouck, Identification of non-Helicobacter pylori spiral organisms in gastric samples from humans, dogs, and cats, J. Clin. Microbiol 43 (5) (2005) 2256–2260
32. Ibadullayev B.B, , Setrizayev I.B, Kurbonboyev S.K. Surunkali gastrit bilan kasallangan bemorlarda adaptasion buzilishlar klinik srukturasi va psixokorreksiyasi// Modern digital technologies in education: problems and prospects, 26-27-b, Polsha-2025
33. Ibadullayev B.B. Screening of Psychoemosional Disorders in Patients with Second Type of Diabetes - A New Psychodiagnostic Approach to Typical Diagnosis and Treatment// American Journal of Medicine and Medical Sciences 2022, 12(4): 399-403
34. Ibadullayev B.B. Medical-Psychological Approach to the Correction of Adaptation Disorders Developed in Patients with Second Type of Diabetes// American Journal of Medicine and Medical Sciences 2022, 12(5): 481-486,
35. Kurbonboyev S.K, Ibadullayev B.B. Postxolesistektomik sindrom rivojlangan bemorlarda psixoemotsional buzilishlarni korreksiya qilishda tibbiy-psixologik yondashuv// Modern digital technologies in education: problems and prospects, 26-27-b, Polsha-2025
36. World Health Organization. (2023). *Mental health and noncommunicable diseases*. Geneva: WHO Publications.