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مجلة علمية محكمة تصدر عن كلية التربية بجامعة المرقب

المعقد السادس والعشرون
يناير 2025م

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 - يتحمل الباحث مسؤولية الأمانة العلمية وهو المسؤول عما ينشر له .
 - البحوث المقدمة للنشر لا ترد لأصحابها نشرت أو لم تنشر .
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- يرفق بالبحث تزكية لغوية وفق أنموذج معد .
- تعدل البحوث المقبولة وتصحح وفق ما يراه المحكمون .
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- يخضع البحث في النشر لأولويات المجلة وسياستها .
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Study of Pantoprazole and Omeprazole to Effect in the Treatment of Acute Gastric Ulcers and Reflux Esophagitis

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Abstract

This study explores the effectiveness of Pantoprazole and Omeprazole in treating acute gastric ulcers and reflux esophagitis. A questionnaire was distributed to 56 individuals at pharmacies in Khoms, Kaam, and Souq Al-Khamis, focusing on medication use patterns, effectiveness, and perceived side effects. The results indicated that Omeprazole was the most commonly used medication (89.3%), with 71.4% of participants believing it was effective for treating acidity. Although Pantoprazole was less frequently used (30.4%), it also showed positive outcomes in symptom relief. A significant portion of participants (87.5%) reported improvement after using these medications. Despite some side effects being noted (30.4%), the majority of respondents (69.6%) did not experience any adverse reactions. The findings highlight the widespread use and perceived effectiveness of PPIs in managing gastrointestinal disorders, with a strong preference for Omeprazole over Pantoprazole. The study also reflects patients' tendency to self-medicate, often without medical consultation, raising concerns about potential risks associated with unsupervised drug use.

Introduction

Historically, peptic ulcers were considered a chronic, recurring illness. However, the discovery of *Helicobacter pylori* infection as a major causative factor and the subsequent development of proton pump inhibitors (PPIs)—potent anti-secretory medications—revolutionized the management and treatment of peptic ulcers (Remacha & Lanas, 1995). Despite these advancements, recent trends in hospitals indicate a rise in ulcer disease, particularly among older adults. This increase is attributed to factors such as the growing use of nonsteroidal anti-inflammatory drugs (NSAIDs) among the elderly and medical advancements that have enabled patients with serious comorbidities to live longer (Cheung et al., 2009).

The primary treatment for peptic ulcers remains PPI therapy. However, some ulcers fail to heal even with 8 to 12 weeks of appropriate anti-secretory treatment, a condition referred to as "refractory peptic ulcers." These ulcers may be caused by several factors, including continued NSAID use, large ulcer size, malignancy, treatment resistance, or underlying acid-hypersecretory conditions. One common cause of refractory peptic ulcers is recurrent *H. pylori* infection, particularly with resistant strains (Bagirova et al., 2015). Understanding the diagnosis and management of these refractory cases is crucial for clinicians.

Gastroesophageal Reflux Disease (GERD)

Gastroesophageal reflux disease (GERD) is another common gastrointestinal disorder characterized by the reflux of stomach contents into the esophagus and mouth, often leading to troublesome symptoms. GERD is diagnosed when this reflux results in persistent symptoms or complications, such as inflammation or damage to the esophageal lining (Kim et al., 2012).

The two primary symptoms of GERD are:

1. Heartburn (reflux),
2. Regurgitation (the sensation of stomach contents rising into the mouth).



While these symptoms are characteristic of GERD, extra-esophageal symptoms—such as chronic cough, laryngitis, asthma, tooth erosion, and non-cardiac chest pain (epigastric pain)—are also frequently associated with the condition. GERD is linked to reduced quality of life, poor sleep, and decreased workplace productivity. Furthermore, untreated or poorly managed GERD can lead to serious complications, including Barrett's esophagus, esophageal strictures, reflux esophagitis (the most common complication), and in rare cases, esophageal cancer (S. J. Sontag et al., 1992).

Treatment for GERD typically includes a combination of medications, dietary adjustments, lifestyle changes, and, in some cases, surgery. Over-the-counter medications may be effective for short-term relief, while long-term management requires prescription medications. Pharmacists play a key role in assisting patients with managing adverse drug reactions and interactions and in providing guidance on the proper use of GERD medications.

Causes of Peptic Ulcers

Peptic ulcers are open sores that develop on the inner lining of the stomach or the upper part of the small intestine. They can be caused by several factors, including:

1. **Smoking:** Smoking increases the production of stomach acid and reduces the protective mucus in the stomach, which can contribute to the development of ulcers (Wedemeyer et al., 2014).
2. **Stress:** While stress does not directly cause ulcers, it can worsen symptoms and slow the healing process in individuals who already have ulcers.
3. **Genetic factors:** Family history can play a significant role in an individual's susceptibility to developing ulcers.
4. **Helicobacter pylori Infection:** This bacterium is a leading cause of peptic ulcers. It disrupts the stomach's protective mucus layer, allowing stomach acid to irritate the tissue.
5. **NSAIDs (nonsteroidal anti-inflammatory drugs):** Chronic use of NSAIDs, such as aspirin or ibuprofen, can damage the stomach lining and lead to ulcer formation (Wedemeyer et al., 2014).

Symptoms of Peptic Ulcers

The symptoms of a peptic ulcer can vary in intensity, but common signs include:

- **Nausea:** A general feeling of discomfort or unease in the stomach.
- **Vomiting:** In some cases, ulcers may cause vomiting, especially if complications arise.
- **Stomach Pain:** A dull or burning pain in the stomach area, typically occurring between meals or at night.
- **Weight Loss:** Unexplained weight loss may occur due to changes in appetite or difficulty eating because of pain (Academy of Nutrition and Dietetics, 2021–2022).

Omeprazole

Omeprazole is a proton pump inhibitor (PPI) commonly used to treat conditions involving excessive stomach acid, such as gastroesophageal reflux disease (GERD), gastric ulcers, and **Helicobacter pylori** infections. Omeprazole is available both over-the-counter (OTC) and by prescription, depending on the dosage. It is FDA-approved for conditions like GERD, erosive esophagitis, and stomach ulcers. It is also used in combination with antibiotics for the eradication of **H. pylori** infection (Rehner et al., 1995).

Pantoprazole



Pantoprazole, another widely prescribed proton pump inhibitor, is used for the treatment of GERD, erosive esophagitis, and conditions such as Zollinger-Ellison syndrome, which cause excessive stomach acid production. Like omeprazole, pantoprazole is available in both oral and intravenous forms. The oral form is a delayed-release formulation, while the injectable form is typically used in hospital settings for more severe cases where patients cannot take oral medication (Zheng, 2009).

Dosage and Administration of Omeprazole and Pantoprazole

Both omeprazole and pantoprazole are typically taken 30 minutes before the first meal of the day to optimize their effectiveness. For individuals who have difficulty swallowing pills, alternative forms of the medications, such as oral granules or orally disintegrating tablets (ODTs), are available. These alternatives dissolve easily in the mouth, making it easier for patients, especially children or the elderly, to take the medication as prescribed (FDA, 2015).

Side Effects of Omeprazole and Pantoprazole

While both omeprazole and pantoprazole are effective in treating acid-related gastrointestinal conditions, they can cause side effects. Common side effects include:

- Headache
- Diarrhea
- Abdominal pain
- Vomiting
- Gas
- Dizziness
- Nausea

These side effects are generally mild and may resolve with continued use or after discontinuation of the medication. However, in rare cases, more serious side effects, such as kidney issues or low magnesium levels, may occur, particularly with long-term use (Zheng, 2009; Torrent Pharmaceuticals, 2022).

Study Methodology

This research employs a descriptive analytical approach to explore the effectiveness of Omeprazole and Pantoprazole in treating acute gastric ulcers and reflux esophagitis. The goal is to derive insights that contribute to a better understanding of how these medications impact patient health.

Sources of Data

- **Secondary Sources:** textbooks, academic journals, articles, reports, and previous research studies on gastrointestinal diseases and their treatments. Credible online databases were also consulted for additional information.
- **Primary Sources:** Data was collected through a questionnaire distributed to 56 individuals. The questionnaire aimed to assess patient experiences with Omeprazole and Pantoprazole, including preferences, side effects, and effectiveness. The responses were analyzed to identify trends related to the treatment of gastric ulcers and reflux esophagitis (DailyMed, 2012).

The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), applying descriptive statistics like percentages and frequencies to summarize participant responses.

Result and Discussion



Since the target of this study is the study of Pantoprazole and Omeprazole to effect in the treatment of acute gastric ulcers and reflux esophagitis, the researchers distributed 56 questionnaire forms to Khoms, Kaam, and Souq Al-Khamis pharmacies. The following table shows the study sample:

Table 1. shows the number of distributed questionnaires, those that were lost, and those that were suitable for analysis

Response rate %	Subject to Study	The unlikely	Obtained	The lost ones	Distributed Forms
100%	56	0	56	0	56

Study Tool

A list has been prepared around the study of Pantoprazole and Omeprazole to effect in the treatment of acute gastric ulcers and reflux esophagitis. The questionnaire consists of two main sections: personal data of the respondent (age and gender) and the study variables.

Statistical methods used in the research

The questionnaire was transcribed and analyzed using the Statistical Package for the Social Sciences (SPSS). Among the statistical tools, measures used are the following:

Percentages and frequencies: This is mainly used for the purposes of knowing the frequency of categories of a variable and is useful to researchers in describing the study samples.

Table 1. shows the number of participants related to this study.

Range of Age/Years	Frecuency			Percentage %
	Female	Male	Total	
From 15 to 35	5	25	30	53.6
From 36 to 55	9	7	16	28.6
From 56 to 75	4	4	8	14.3
From 76 to 85	0	2	2	3.6
Total	18	38	56	100.0

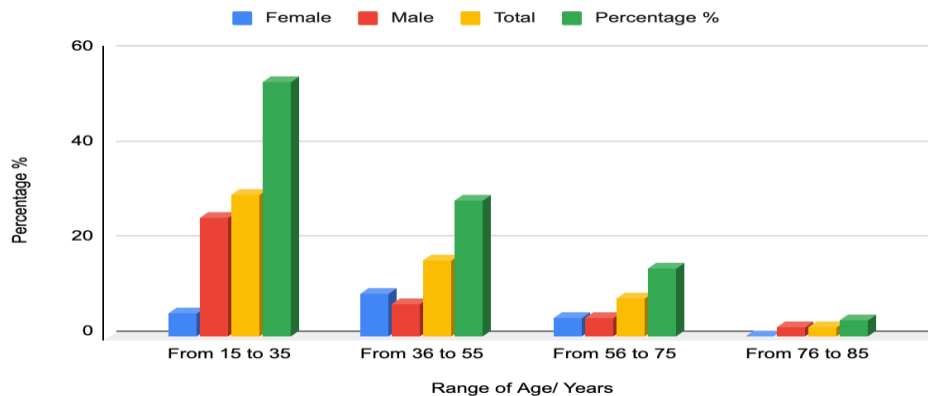


Figure 1. represents the distribution of sample members according to age for the study sample.



As shown in Figure 1, the majority of participants are between the ages of 15 and 30, accounting for 53% of the sample, with most being male. The next largest group consists of individuals aged 35 to 55, making up 28%. Meanwhile, 14% of participants are aged between 55 and 75, and the smallest group is those aged 75 to 85, which may suggest positive findings from the study.

Table 2. shows the answers to the question: When suffering from acidity, do you prefer medication for it?

Answers	Frequency	Percentage %
Yes	41	73.2
No	14	25.0
Sometimes	1	1.8
Total	56	100.0

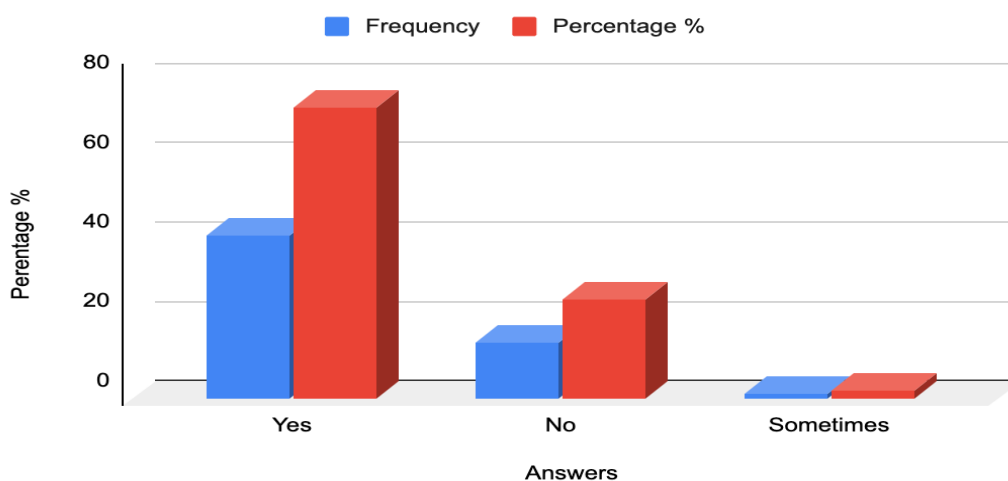


Figure 2. shows the comparison between the answers to the question: When suffering from acidity, do you prefer medications for pain? And when do you use the medications?

Figure 2 represents the distribution of the sample members according to the difference in taking medications and when to take them. It was clearly reported that 73% of the sample members choose to take medications, and 25% of patients do not prefer medications.

Table 3. shows the answers to the question: When do you use medication?

Answers	Frequency	Percentage %
Always	17	30.4
Sometimes	15	26.8
As needed	24	42.9

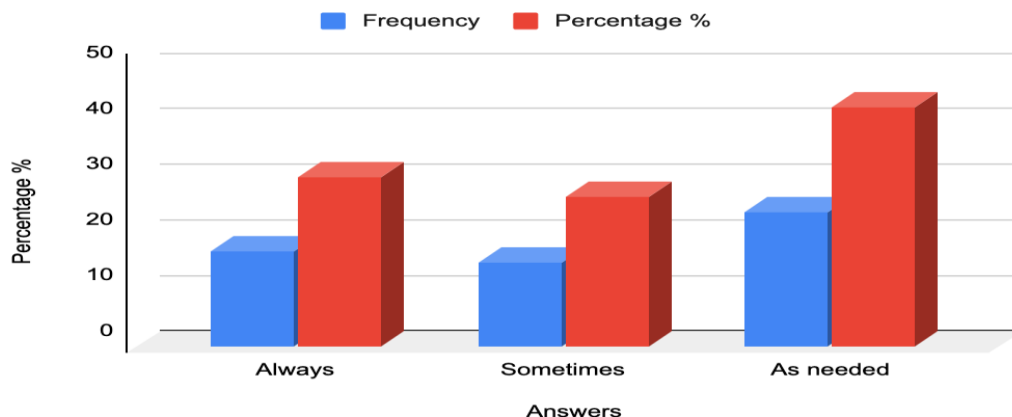


Figure 3. Describe the answers for the question, When do you use medication?
As shown in Figure 3, 30% of individuals report always taking medication when experiencing acidity. In contrast, 26% of patients take medication only sometimes. Interestingly, 42% of individuals take medication as needed, which could indicate positive outcomes from the study. Table 4. shows the answers to the question: When do you take the acidity medication?

Answers	Frequency	Percentage %
After meal	9	16.1
Before meal	33	58.9
Any time	14	25

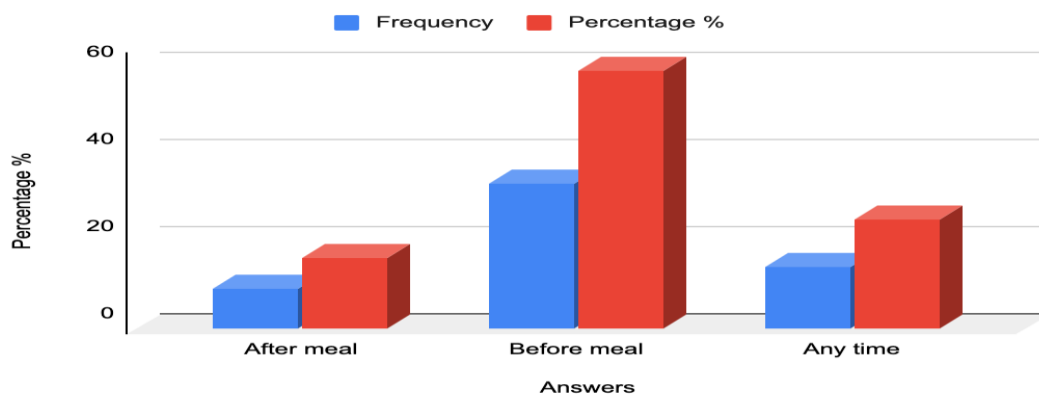


Figure 4. represents the distribution of the sample members according to the methods of using anti-acid medications.
Figure 4 shows that the majority of participants (58%) take acidity medications before eating, while 16% use them after meals. Additionally, fewer than 16% take the medication only as needed.



Table 5. shows the answers to the question: What is the most effective form of medication used?

Answers	Frequency	Percentage %
Tablet	46	82.1
Syrup	4	7.1
Injection	6	10.7

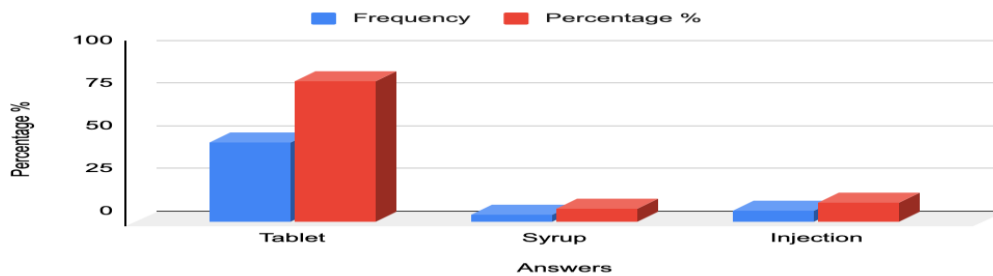


Figure 5. shows the most effective drug form for the study sample.

As shown in Figure 5, 82% of individuals opted for pill intake. In contrast, only 10% chose injections, and an even smaller 7% preferred taking them as a drink. These trends may indicate favorable outcomes in the study.

Table 6. shows the answers to the question: Are you a user of the heartburn medication, Omeprazole?

Answers	Frequency	Percentage %
Yes	50	89.3
No	6	10.7

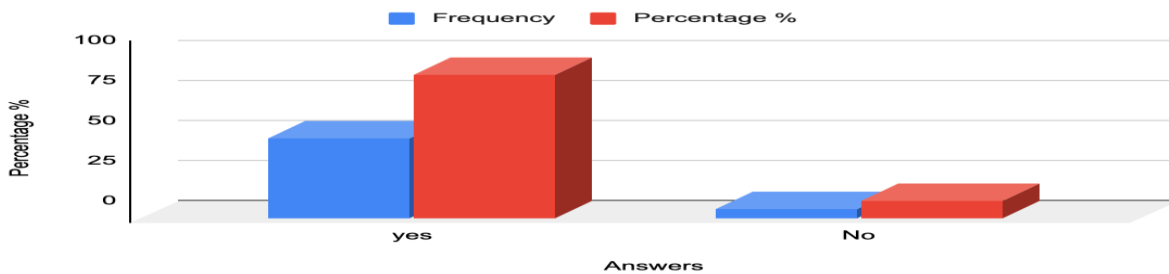


Figure 6. represents the distribution of sample members according to users of Omeprazole.

Figure 6 shows that the majority of patients, 89%, use heartburn medication, specifically Omeprazole, while 10% do not use any heartburn medications.



Table 7. shows the answers to the question: How are you prescribed this medication?

Answers	Frequency	Percentage %
With consultation	27	48.2
Without Consultation	29	51.8

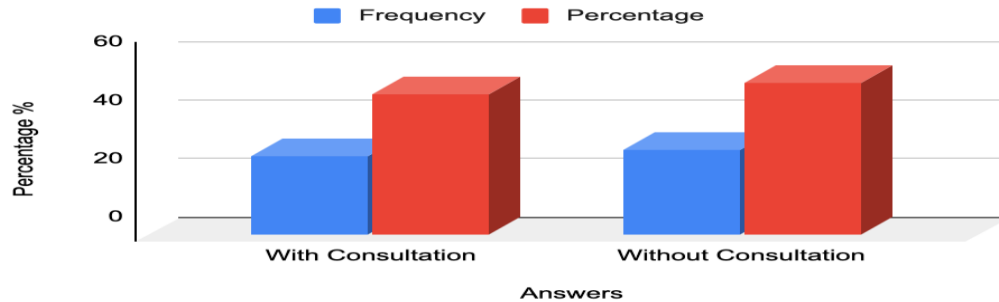


Figure 7 shows sources of use of heartburn medication for the study sample.

As can be seen in Figure 7, 8% of respondents take the medication based on a doctor's recommendation, while 51% do not. This discrepancy could have either positive or negative implications for the patients' health.

Table 8. shows the answers to the question: Do you think that medicine is effective in treating acidity?

Answers	Frequency	Percentage %
Yes	40	71.4
No	3	5.4
Sometimes	14	23.2

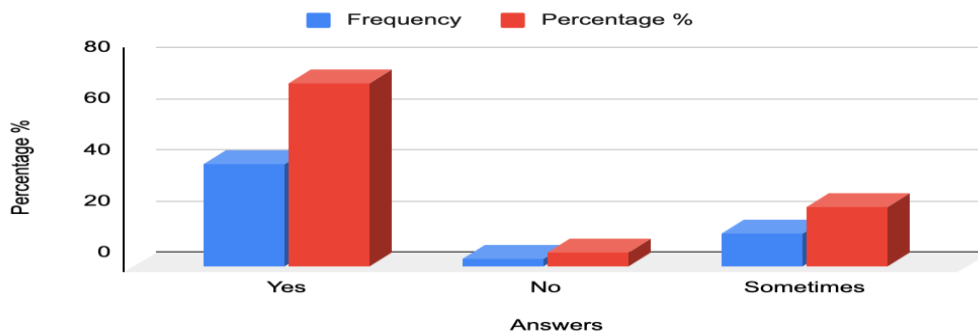


Figure 8. shows the comparison between the answers to the question, Do you think that medicines are effective in treating acidity?

Figure 8 illustrates the distribution of sample members based on their belief in the effectiveness of medications for treating acidity. The majority, 71%, believe the medications are effective, while 23% think they are sometimes helpful. Only 5% of respondents consider the medication



ineffective, suggesting a generally positive outcome for the study.

Table 9. shows the answers to the question: How long is this medication used to treat acidity?

Answers	Frequency	Percentage %
For years	21	37.5
As nessessary	25	44.6
For months	10	17.9

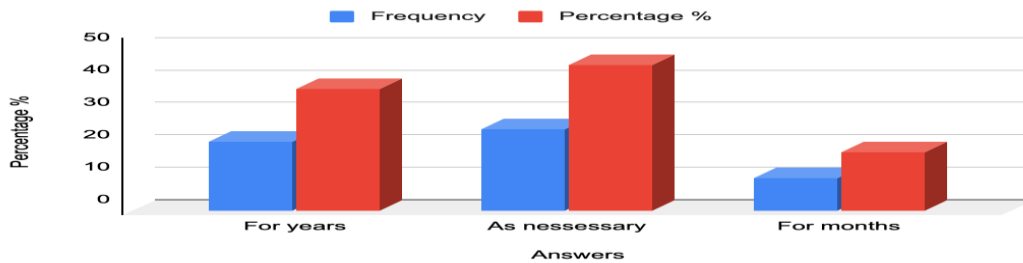


Figure 9. represents the answers to the question, How long is this medication used to treat acidity?

Figure 9 depicts the duration of medication use among the study sample. It shows that 44% of individuals use the medications as needed, 37% have been using them for years, and 17% have been using them for several months.

Table 10. shows the answers to the question: Have you noticed any side effects when using Meprazole and Omeprazole?

Answers	Frequency	Percentage %
Yes	17	30.4
No	39	69.6

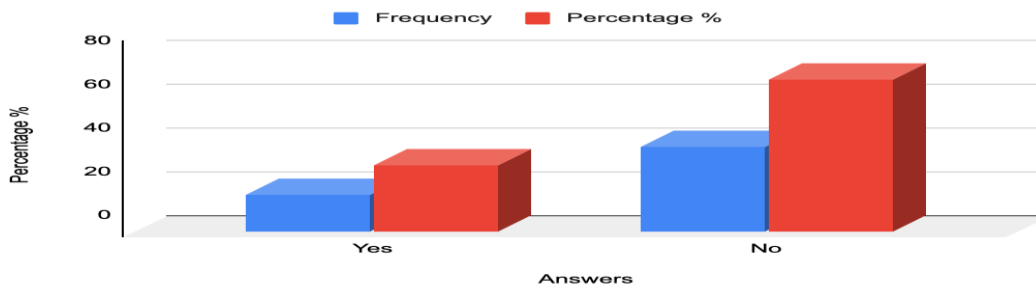


Figure 10. shows the comparison between the answers to the question: What side effects are observed and treatment achieved?

As can be seen in Figure 10, the distribution of sample members' responses regarding observed side effects. Among the participants, 30% reported experiencing side effects, while 69% did not notice any side effects. This suggests a positive outcome for the study, indicating that the



treatment is generally well-tolerated.

Table 11. shows the answers to the question: Have you been treated for this disease?

Answers	Frequency	Percentage %
Yes	31	55.4
No	25	44.6

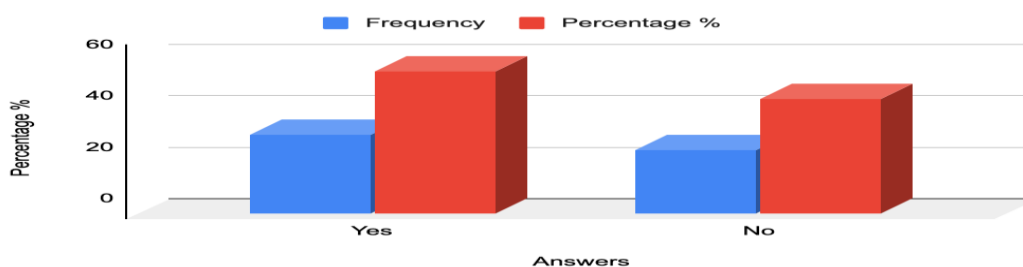


Figure 11. shows the answers to the question: Have you been treated for this disease?

As shown in Figure 11, the patients according to the answers to the question about observation of the treatment for this disease. It was found that the majority of the sample members were treated; their percentage is 55%. In contrast, those who did not find benefit from the medication are 44%.

Table 12. shows the answers to the question: to what extent do these medications affect painkillers?

Answers	Frequency	Percentage %
Very effective	18	32.1
No effect	30	53.6
Do not know	8	14.3

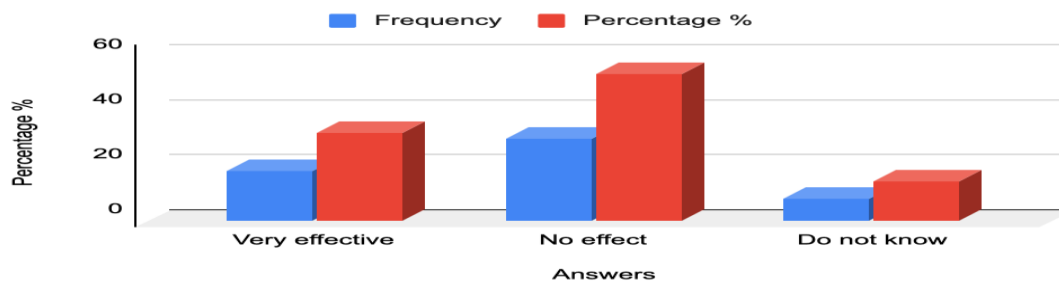


Figure 12. shows the effect of these medications on painkillers.

Figure 12 illustrates the distribution of sample members' responses regarding the effect of these medications on pain relief. It was found that 32% of participants believe the medications are very effective, while 53% do not consider them effective. Additionally, about 14% of respondents were uncertain about their effectiveness.



Table 13. shows the answers to the question: Which other medications are used most commonly with ulcer drugs?

Answers	Frequency	Percentage %
Painkillers	20	35.7
Antibiotics	9	16.1
Other midecations	27	48.2

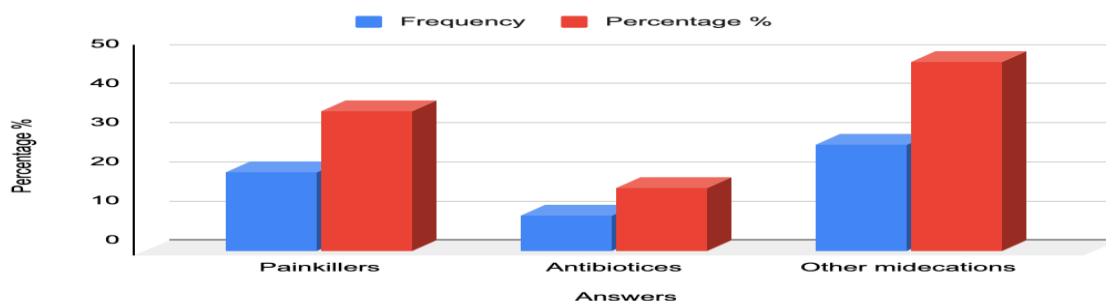


Figure 13 shows the answers to: Which other medications are used most commonly with ulcer drugs?

Figure 13 shows the distribution of sample members' responses to the question, "Which other medications are most commonly used with ulcer drugs?" It was found that 48% of participants believe other medications help in treating ulcers, while 35% report that painkillers are most commonly used alongside ulcer treatment. The smallest group, 16%, indicated that antibiotics are commonly used to treat acidity.

Table 14. shows the answers to the question: How much improvement do you feel when you use the medication?

Answers	Frequency	Percentage %
Very good	49	87.5
Good	7	12.5

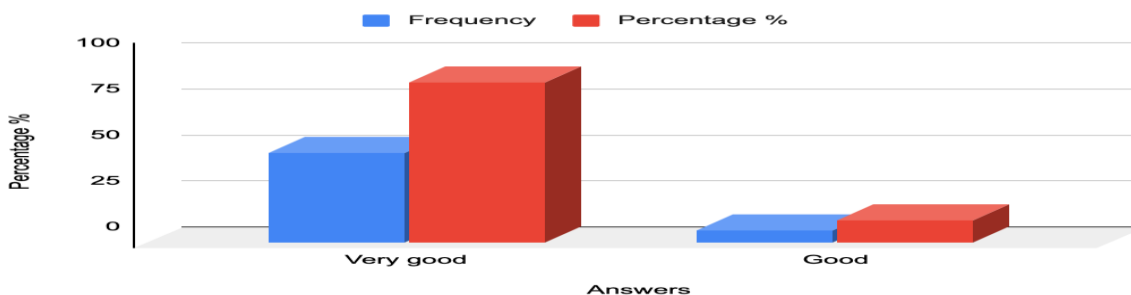


Figure 14. shows the answers to the extent of improvement you feel when you use the treatment.



As shown in Figure 14, the distribution of sample members' responses to the question "To what extent have you felt improvement when using the medication?" reveals that the majority, 87%, experienced noticeable improvement. In contrast, 12% reported feeling only slight improvement. Table 15. shows the answers to the question: Are you a user of Omeprazole or Pantoprazole?

Answers	Frequency	Percentage %
Omeprazole	38	67.9
Pantoprazole	17	30.4
Missing System	1	1.8

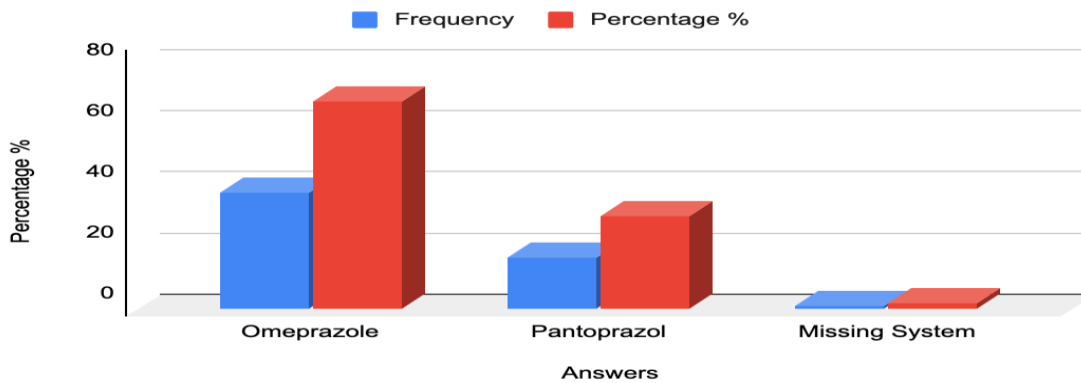


Figure 15. shows the answers of users to use Omeprazole or Pantoprazole.

Figure 15 illustrates the distribution of patients' responses to the question about their use of Omeprazole or Pantoprazole. The results show that a larger proportion of the sample, 68%, use Omeprazole, while 30% use Pantoprazole.

Table 16. shows the answers to the question: Which manufacturer do you prefer?

Manufacturer	Frequency	Percentage %
Egyptian	1	1.8
Turkish	2	3.6
Italian	13	23.2
Indian	20	35.7
Jordanian	3	5.4
French	8	14.3
Any	8	14.3
System Missing	1	1.8

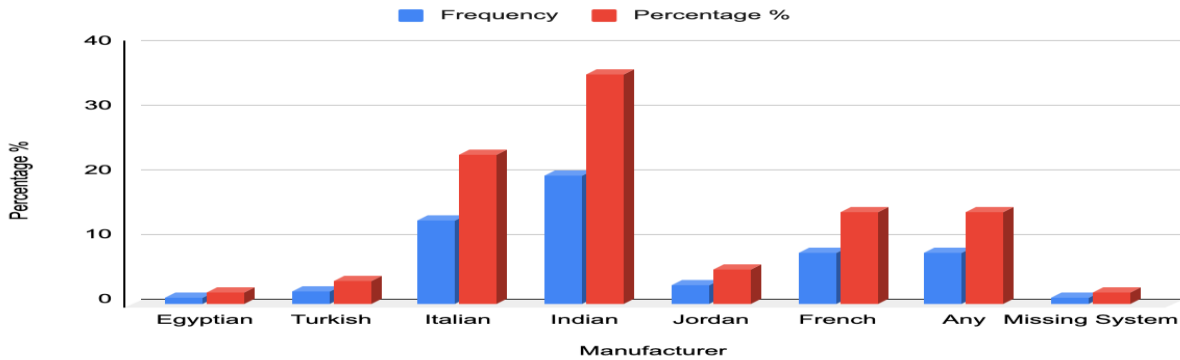


Figure 16. illustrates the manufacturer the drug users preferred.

As shown in Figure 16, patients generally do not differentiate between medications based on the manufacturer, as many take medicines without focusing on the company name. However, 35% of participants prefer Indian-made medicines, followed by 23% who favor Italian manufacturers. The least preferred medications come from Egyptian and Turkish companies.

Conclusion

The results of this study confirm the effectiveness of Pantoprazole and Omeprazole in managing acute gastric ulcers and reflux esophagitis. The high usage of Omeprazole and the positive patient-reported outcomes suggest that these PPIs are effective in relieving symptoms associated with acidity and reflux. Most participants (71.4%) found the medications to be effective, with 87.5% reporting noticeable improvements in their condition. While side effects were observed in 30.4% of patients, these were relatively mild and did not significantly detract from the overall treatment benefits.

The study also highlights a concerning trend of patients using these medications without medical consultation (51.8%), which may contribute to suboptimal outcomes or potential misuse of the drugs. Despite this, patients seem generally satisfied with their treatment, as evidenced by the 87.5% who reported improvement. The preference for Omeprazole over Pantoprazole suggests that patient familiarity and accessibility may play a role in medication choice.

Overall, while Pantoprazole and Omeprazole are effective in treating acute gastric ulcers and reflux esophagitis, further research is needed to assess the long-term effects and safety of prolonged PPI use. Additionally, greater emphasis should be placed on patient education to ensure appropriate use, minimize risks, and enhance the therapeutic outcomes of these medications. Future studies could focus on comparing the efficacy of Pantoprazole and Omeprazole in different populations, particularly those with refractory ulcers, and explore alternatives for managing patients with chronic conditions.

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Supplements Questionnaire Form

1. When suffering from acidity, do you prefer to use medicines?
 - Yes
 - No
2. When do you use medication?
 - Always
 - Sometimes
 - As needed
3. When do you take the acidity medications?
 - After meal
 - Befor meal
 - Any time
4. What is the most effective form of the drug used?
 - Tablet
 - Syrup
 - Injection
5. Are you a user of the heartburn medications Omeprazole and Pantoprazole?



- Yes
 - No
6. How are you prescribed this medication?
- With consultation
 - Without consultation
7. Do you think that medicine is effective in treating acidity?
- Yes
 - No
 - Sometimes
8. How long is this medication used to treat acidity?
- For years.
 - For months.
 - If necessary
9. Have you noticed any side effects when using Omeprazole and Pantoprazole?
- Yes
 - No
10. Have you been treated for this disease?
- Yes
 - No
11. To what extent do these medications effect painkillers?
- Very effective
 - No effect
 - Do not Know
12. Which other medications are used most commonly with ulcer drugs?
- Painkillers
 - Antibiotices
 - Other medications
13. How much improvement do you feel when you use the treatment?
- Very good
 - Good
14. Are you a user of..
- Omeprazole
 - Pantoprazole
15. Which manufacturer do you prefer?
- Egyptian
 - Turkish
 - Italian
 - Indian
 - Jordanian
 - French
 - Any



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