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ASXAQ IS A PHYSIOLOGICALLY ACTIVE MEDICATION USED TO TREAT AND PREVENT PERSISTENT CONSTIPATION IN PEOPLE.

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Annotation
The article discusses the distribution areas of ASXAQ . the nature of enhancing intestinal function, the vitamin-rich properties that the gut requires, and the use of the physiologically active drug ASXAQ in patients with persistent constipation. Chronic constipation has been shown to be the most successful treatment and preventative measure for clinical signs., as well as data on the mechanism of action on the colon wall and their discussion.

Keywords:
Constipation,ASXAQ, qulaty of life, diseases of the gastrointestinal

Introduction

"Constipation" is derived from the Latin word constipation, which literally translates as "congestion." One of the most pressing human issues is chronic constipation (CK), which is why patients seek treatment from physicians of many disciplines, including gastroenterologists, internists, and general practitioners. Less than three bowel movements per week, separation of high-density feces, a lack of a sense of full bowel emptying after defecation, a feeling of "blocking" the contents in the rectum during attempts, the need for strong attempts, the requirement for finger removal of contents from the rectum, and finger support of the pelvic floor are the symptoms of constipation, according to the Roman Criteria for Constipation on Functional Diseases of the Gastrointestinal.

A complex of symptoms, including changes in the shape and consistency of feces (solid, fragmented feces, types 1 and 2 on the Bristol scale), a feeling of incomplete bowel movement, excessive, frequently pointless straining, and dependence on laxatives or manipulations that facilitate the act of defecation (enemas, transanal or transvaginal manual, etc.), are typically associated with constipation, which is defined as an extension of the intervals between acts of voluntary defecation that lasts for 72 hours or longer.

One of the polyethological diseases is constipation. The three types of constipation are primary, secondary, and idiopathic, depending on the underlying reasons and contributory variables. Irritable bowel syndrome and disorders of the colon and its innervation (dolichosigma, dolichocolon, megacolon, Pyre syndrome, Hilaiditi syndrome, Hirschsprung's

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disease) are examples of primary constipation. Retrocele, anal fissure, complex hemorrhoids, rectum prolapse, diverticulitis, ischemic colitis, and other colon disorders can all cause secondary constipation.

Increasing with age, 14–35% of adult patients have persistent difficulty defecating and a reduction in the frequency of bowel movements. These studies show that women are more likely than men to experience chronic constipation, and older women are significantly more likely than men to experience severe constipation.

The most natural rhythm of bowel movement with a typical, mixed diet is a daily morning stool that comes easily (instantaneously, rapidly, and fully), giving the impression that the colon has been entirely emptied of its contents. The symptoms of chronic constipation include decreased stool (less than three bowel movements per week), a feeling of incomplete bowel movements, and difficulty defecating with little discharge, typically consisting of solid and fragmented "sheep-like" intestinal contents. In addition to experiencing unpleasant and even painful feelings during defecation, over 50% of patients with chronic renal disease may require severe and protracted straining that is occasionally ineffective.

The following are clarified during the patient interview: the frequency of bowel movements throughout the week; the consistency of the feces (lump formation and/or hardness); the presence of impurities (blood, mucus, and pieces of undigested food); the quality of the feces (feeling of obstruction or difficulty in performing it); the necessity of excessive straining during bowel movements; the dissatisfaction with bowel movements (feeling of incomplete bowel movements); and the necessity of specific manipulations to facilitate bowel movements. Finding the clinical characteristics of each patient is crucial for selecting additional therapeutic strategies because, in most cases, these characteristics do not respond to standard treatment programs, and failing to identify them is a common cause of therapy failure.

You may rule out more than only organic pathology (tumor lesions, inflammatory illnesses) with a colonoscopy. Colon melanosis, caused by long-term usage of anthraquinone-type laxatives, can be diagnosed by endoscopic examination. Strict attention to the guidelines for patient preparation for research is essential for a proper diagnosis and effective treatment of colon disease. It is not advised for people with constipation who do not exhibit signs of anxiety to have routine blood testing, radiography, or endoscopy.items that encourage bowel movements should make up the majority of the patient's diet, whereas items that postpone bowel movements should be consumed in moderation (Appendix B). There are two types of dietary fiber that may be found in food: soluble and insoluble. Whole-grain meals like wheat, corn, and rice include insoluble fiber, which softens and expands stools, increasing their weight and decreasing intestinal transit time during regular bowel movements. Fruits, vegetables, and cereals have more soluble fiber. Lowering blood glucose and cholesterol levels is one of the additional benefits linked to soluble fiber. Five servings of fruits and vegetables a day are currently advised due to the accompanying health advantages.

Their primary benefit is their quick mechanism of action, which allows evacuation to occur in an average of 6–12 hours. These medications do have certain disadvantages, though, chief among them being a reduction in drug sensitivity and a loss of therapeutic action (they result in the development of degenerative alterations in the cells of the Meissner and Auerbach plexuses) [30], which calls for a continuous increase in dosage. Furthermore, using stimulant laxatives causes diarrhea, cramping stomach discomfort, and flatulence instead of regular bowel movements, which frequently results in the development of electrolyte imbalances

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(hypokalemia). Keep in mind that it is not advised to use stimulant laxatives for more than two weeks.

Another crucial biologically active ingredient, ASXAQ, is utilized extensively in medicine to combat clinical symptoms like persistent constipation. It is composed of several healing herbs and has no negative effects on patients. The sanitary epidemiology center in Ham was approved by the Republic of Uzbekistan's Ministry of Tax Preservation. Young adults can get up to three doses of this tincture in a single day.

Another crucial physiologically active ingredient, ASXAQ, is utilized extensively in medicine to combat clinical symptoms like persistent constipation. It is made from various healing herbs and has no negative affects on patients. The sanitary epidemiology center in Ham was approved by the Republic of Uzbekistan's Ministry of Tax Preservation. Young adults can get up to three doses of this tincture in a single day. With its action, ASXAQ effectively reduces the quantity of gas collected in the colon, a condition known as metiorism. It also has the ability to improve intestinal flora and constipation.

Consistent usage enhances gastrointestinal function without causing any problems. This indicates that a high effect may be obtained in the research of its composition, mainly due to the fact that it is rich in proteins and flavonoids and has a high antioxidant content.

Materials and Methods:

Use reactive and equipment. Vitamin b_{12} “Rhydburg Pharmaceuticals” (Germany), vitamin c - “Carl Roth GmbH” (Germany), B_9 “ds nutritional products GmbX” (from germany), B_1, B_2, B_3, B_6, PP vitamins “BLDPharm” (china)is obtained. At the level of HPLC in clean water, asetonitril, chemical clean in the brand acetic acid and sodium alkali manufacturing of chemical agents to use led.

The plant composition of the water-soluble vitamins produced in japan, the amount of the company shimadzu LC-Nexera xromatografik was carried out in liquid Lite 40 highly effective .

Prepare the standard solution. C (cas 50-81-7), B_1 (CAS 59-43-8), B_6 (CAS 58-56-0), B_3 (CAS 59-67-6), B_{12} (CAS 68-19-9) , and PP (CAS 98-92-0) vitamin solution (100 mg/l) of her 5 mg of vitamin a from the amount of 50 ml of 0.1 n hcl solution and li dissolved is prepared. B_2 (CAS 83-88-5) and b_9 (CAS 59-30-3) of the standard solution to 50 ml of 5 mg of this vitamin of vitamin 0,025% sodium dissolved in the alkali solution was prepared. Then the initial B_1, B_6, B_3, B_{12}, PP vitamin 200 mk and mixed at the concentration of each vitamin were obtained from 14.286 mg/l solution was prepared. 7.143 hence, 3.571, 1.786 mg/l standard solution was prepared. Also vitamin c 286, 143, 71.5, 57.2 mg/l with the concentration of the standard solution are prepared. Graphics for drawing Kalibrlovchi 0 mg/l concentration in pure water was used.

1 table. In the determination of vitamin measure the phase of the program.

Time, minutes	Atsetonitril (A), %	0.5% acetic acid li (B), %
0	0	100
3	0	100
14	20	80
17	50	50
18	0	100
25	Finish	

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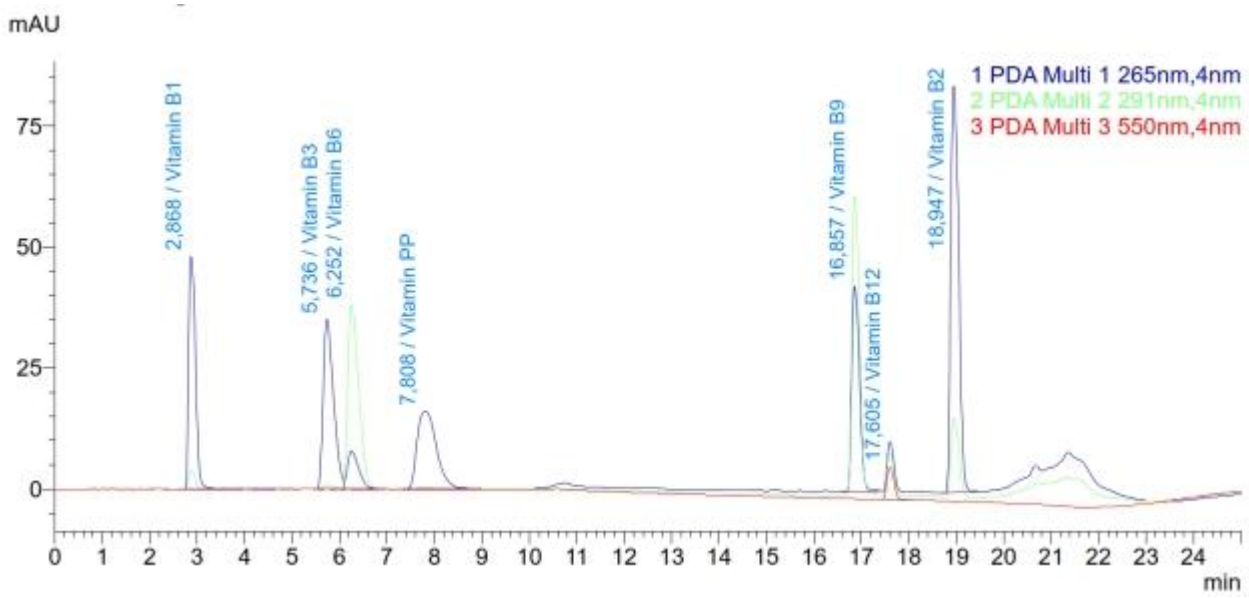
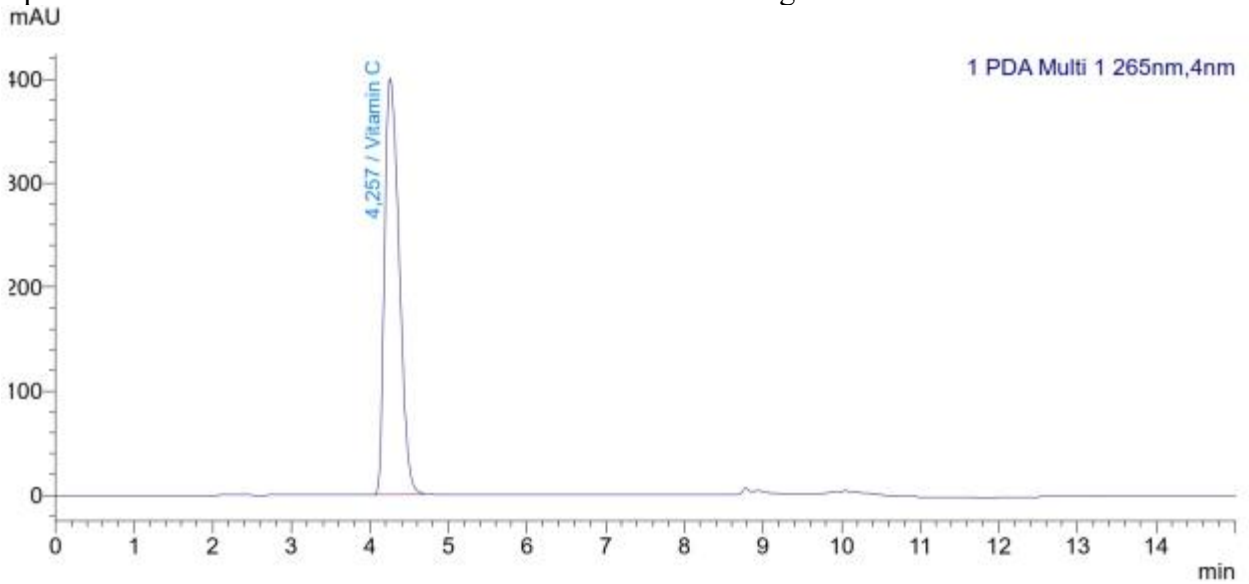
2table. In determining the amount of vitamin c in measure the phase of the program.

Time, minutes	Atsetonitril (A), %	0.5% acetic acid li (B), %
0	0	100
2	0	100
6	50	50
6,01	0	100
15	Finish	



1-picture. Vita see also:s standard solutionshis nest chromatogram.



2-picture. Vita see also: C chromatogram of the standard solution.

The results obtained.

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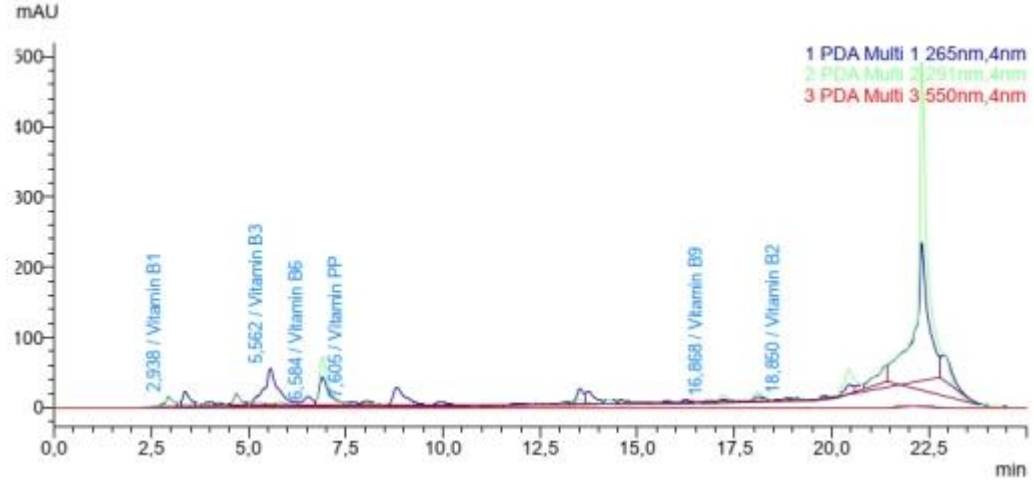
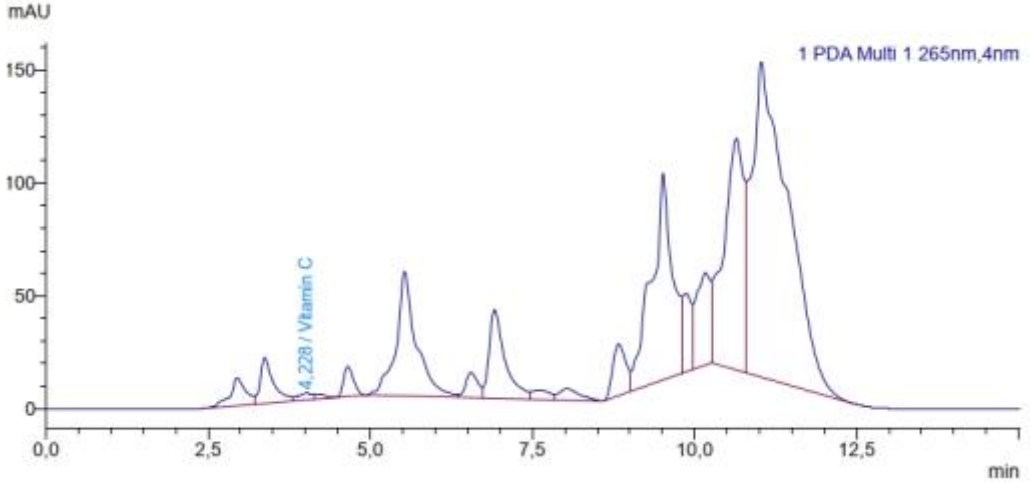
extract in the composition vitamins determine. The sample extract chromatogram (3-4 picturess) were taken and the results on the basis of 100 g of the sample, the amount of vitamins in the composition of the following formula is 3-tablesbrought.

$$X = \frac{C_{st.\,vitus} \cdot V_{extract}}{m_{samples}} \cdot 100\ g$$

Here, X – amount of vitamin content in 100 grams of fruit, mg;
$C_{st.\,vitus}$ – extract vitamin content in YuSSX detected with the method of concentration, mg/l;
$V_{extract}$ – the size of the sample extract, l;
m_{sample} – extract extracted for the preparation of the mass of the sample.



3-paint. The sample extract and vitamin content chromatogram identify.



4-picture. The sample extract and vitamin content chromatogram identify.
3-the table.
Amount of vitamin a in the extract and hold the time.

Vitamin	hold time, sec	Concentration, mg/l,	the amount of 100 g of the sample, mg
vitamin b_1	2,938	6,631	16,578
vitamin b_3	5,562	35,897	89,743

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vitamin pp	7,605	2,925	7,313
vitamin b_9	16,868	0,642	1,605
vitamin b_2	18,85	0,956	2,390
vitamin b_6	6,584	0,849	2,123
vitamin b_{12}	is detected	0	0,000
vitamin c	4,228	0,889	2,223

The sample extractiselect prepare. Water-soluble vitamins for the extraction ofshn g 1 from our sample for checking workshops and measure out 50 ml of volume konussimon was put into the tube and 25 ml of 0.1 n hcl was added to a solution of li. The mixture GT sonic the hedgehog-D3 (China) branded ultrasonic bath at 60 ºC at a temperature of 20 minutes for the extraction was. Then the mixture sovitilib, filtrlangan with the water in the tube and measuring 25 ml was delivered. Extract from the amount of 1.5 ml of 0,22 mkm li syringe filter was filtered and used for the analysis laid out and in vialaga.

chromatogram conditions.

Vitamin products to determine. Sworth tandy solution and sample extract LC-40 pump, TB-40 avtosampleri, SP-M40 photo-with diod matrisa from detector (PDA) is LC-Nexera chromatogram liquid Lite 40 highly effective and Lab Solutions ver. 6.92 software were analyzed using. The geese C18 pack pants (150 × 4.6 mm; 5 mkm, Shimadzu, Japan) by reverse-phase columns of the asetonitril (a) and acetic acid in water at 0,2and 5% solution of li (b) consisting of a gradient in the phase mobility (table 1) were used. In'jection size 1mk at 0, 0 is the flow rate,6 ml/min and columns termostat temperature of 40 °C has been identified as. Of each vitamin analytical signal (peak area) of the threeunits of the wave lengths, 265, 291, 550 nm at recorded (1-3 pictures). Vitamin c for 15 minutes to determine was used (table 2) and 265 nm wave length is the measure of the analytical signal.

In conclusion

One of the most urgent issues in contemporary gastroenterology is chronic constipation. First and foremost, a proper diagnosis that considers all of the patient's symptoms and complaints is essential to the effectiveness of his therapy. Improving the patient's quality of life and resolving the entire spectrum of issues related to chronic constipation should be the goals of effective treatment. The patient's lifestyle and diet must be changed, laxatives must be prescribed, and ASXAQ must be used as part of the step-by-step treatment.

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