

**METHODS OF USING MEDICINAL PLANTS FOR CHRONIC CHOLECYSTITIS.***Nurova.N.S**of Bukhara State Medical Institute, Bukhara assistant of the department**of internal diseases family medicine Bukhara State Medical Institute*

**Annotation :** Gastrointestinal disorders cause morbidity and can lead to mortality, especially in the developing world where sanitation is deficient. A large part of the human population relies on medicinal plants for treating various diseases, including gastrointestinal disorders. The present review summarizes the traditional uses of medicinal plants of Nepal used to treat gastrointestinal disorders, and evaluates their bio-efficacy based on a review of the available phytochemical and pharmacological literature.

**Key words :** diagnosis , prevention to take chronic cholecystitis , treatment , medicinal plants

**Abstract :** This of the disease polyethological and pathogenesis mechanisms abundance him/her to correct various approaches demand does . Such without , naturally come output components own inside received herbal remedies main therapy with together separately attention is worthy . Curcumin farnesoid X receptor through from cholestasis protection to the effect yes , this bile acid homeostasis to restore and inflammation reactions against to stand and as a result cholestasis to decrease take comes . One row research this showed that curcumin grass bubble reduction to the ability has . Many numerical various kind useful features to the existence despite the fact that curcumin medical in practice wide application close until then with its low bioavailability limited was . Kavacurcumin such as biological existence high was forms synthesis made from ex . use Grass roads and stomach under diaper pathology modern medicine for current is a problem .

**Material and methods:** We searched various electronic databases and libraries for literature on medicinal plants used in Bukhara for the treatment of chronic cholecystitis. In the Bukhara region, a control group of 140 patients was recruited, of which 73 took medicinal plants and 67 took only drugs.

**Results:** We documented a total of 140 patients used for the treatment of chronic cholecystitis in Bukhara. Which was treated by the largest number of patients (47), followed by pain in the right hypochondrium, bitterness in the mouth, nausea and they took and they took medicinal plants. We showed the diversity and importance of medicinal plants used to treat gastrointestinal disorders in the traditional health care system of Nepal. As such disorders are still causing several deaths each year, it is of the utmost importance to conduct phytochemical and pharmacological studies on the most promising species. It is also crucial to increase access to traditional medicine, especially in rural areas. Threatened species need special attention for traditional herbal medicine to be exploited sustainably. The rest (97) did not take the medicinal plant. The results showed that the population receiving medicinal plants had a shorter recovery period and a longer remission period.

**Conclusion:** The study sheds light on the use of traditional health systems in the treatment of chronic diseases in Bukhara. Given the persistent mortality rates associated with these diseases, there is a need for phytochemical and pharmacological studies on various medicinal plant species. There is a need to expand access to traditional medicine, especially in rural areas. In addition, endangered species require

special attention to ensure sustainable traditional phytotherapy methods. The literature on the treatment of cholecystitis requires quality improvement and evidence-based evaluation, and cognitive medicine serves as a valuable additional evaluation tool.

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