

Letter to Editor

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Functional Dyspepsia

Abdullah M Nasrat^{1,2*}, Eman Al-Ayoubi¹ and Yasir Raza³¹Department of General Surgery, Balghsoon Clinic, Jeddah, Saudi Arabia²Department of Nutritional Therapy, Damak Center, Jeddah, Saudi Arabia³Stem Cell Research Laboratory, Sindh Institute of Urology and Transplantation, Karachi, Pakistan

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Functional dyspepsia is a clinical syndrome defined by chronic or recurrent pain or discomfort in the upper abdomen of a variable origin. A general agreement exists on the irrelevant role played by *Helicobacter pylori* in the pathophysiology of most cases of functional dyspepsia worldwide [1].

Diagnosis of *H. pylori* is based on the clinical symptoms and detection of *H. pylori* serum antibodies. Specific sensitive diagnostic tests are available but *H. pylori* serum antibodies, though non-specific, is suggested for screening of patients because of being cost effective as the matter of *H. pylori* dyspepsia is a typical subject of cost-effectiveness [2,3].

The efficacy of antibiotic treatment for non-ulcer dyspepsia is controversial, different trials have given conflicting results. Overall, antibiotic eradication treatment for non-ulcer dyspepsia symptoms had no significant effect on quality of life compared with placebo and was found more costly if compared to antacid treatment [4,5]. Bio-organic acids; lactic and acetic, have been proved effective in symptomatic and clinical cure of dyspepsia due to interference with *H. pylori* energy metabolism or its respiratory chain metabolism as the main sources of energy for *H. pylori* are via pyruvate and the activity of the pyruvate dehydrogenase complex is controlled by the rules of feedback regulation and product inhibition; lactate and acetate are demonstrated among the end products of pyruvate metabolism [6,7].

H. pylori is not just a bad bug in all instances; the juxta-mucosal ammonia produced by *H. pylori* protects the gastric wall from its acid if it goes in excess. The residual ammonia inside the lumen of the stomach resulting from the buffering process between the ammonia and the gastric acid is not toxic, it is even beneficial; as it functions as smooth muscle tonic maintaining the integrity of the gastro-esophageal sphincter and hence preventing reflux [2,7].

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*Corresponding author: Abdullah M Nasrat, Department of General Surgery, Balghsoon Clinic, Jeddah, KSA, Saudi Arabia, Tel: + 966 (012) 667 3645; E-mail: abdullahahnasrat@yahoo.com

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