# The pharmacology of the growing digestive tract.

### Emmanuel Muema\*

Department of Pharmaceutical Science, Dali University, China

## Introduction

The human body's intricate and essential digestive system is in charge of processing food, taking in nutrients, and getting rid of waste. The size, structure, and function of the digestive tract change significantly from childhood to adulthood. Healthcare workers and researchers must comprehend the pharmacology of the developing digestive system in order to treat and care for patients at various developmental stages. The pharmacological elements of the developing digestive tract will be examined in this article, with a focus on the changes that take place from childhood to maturity [1].

Throughout the first few years of life, an infant's digestive tract rapidly changes since it is still developing. Breast milk or formula is the baby's main source of sustenance at birth. The infant's digestive tract gets better at breaking down and absorbing food as it gets older. This stage is identified pharmacologically by the use of particular drugs and dietary supplements. Formula milk is an essential nutritional option for infants who are not breastfed. To guarantee that their goods are easily digested and contain all the nutrients required, formula producers are subject to stringent restrictions. Personalized feeding programs are possible due to variations in formula composition, such as soy-based, cow's milk-based, or specialty formulas for certain medical concerns [2].

Certain medications that must be dosed carefully based on weight and age, such as antibiotics, antacids, and reflux treatments, may be necessary for infants and early toddlers. To establish the appropriate dosages for this age range, pharmacological research in this field is crucial. The digestive tract continues to develop and change during adolescence. Nutritional practices and hormonal fluctuations are important throughout this developmental stage [3].

Adolescent pharmacological considerations consist of: Dietary supplements, including multivitamins or iron supplements, can be used by adolescents, particularly if they have certain dietary requirements or nutritional limitations. Pharmacologists research these supplements' safety characteristics and ideal dosages. Adolescence can bring on conditions including inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS). These disorders are managed with appropriate pharmacological therapy, such as immunosuppressants and anti-inflammatory medications [4].

The digestive tract continues to develop and change during adolescence. Nutritional practices and hormonal

fluctuations are important throughout this developmental stage. Adolescent pharmacological considerations consist of: Dietary supplements, including multivitamins or iron supplements, can be used by adolescents, particularly if they have certain dietary requirements or nutritional limitations. Pharmacologists research these supplements' safety characteristics and ideal dosages. Adolescence can bring on conditions including inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS). These disorders are managed with appropriate pharmacological therapy, such as immunosuppressants and anti-inflammatory medications [5].

#### Conclusion

The dynamic field of pharmacology of the developing digestive tract takes into account an individual's changing needs from infancy to old age. Healthcare professionals must comprehend these age- and developmentally-related changes in order to recommend the right drugs and therapies. Furthermore, further study in this area contributes to the safety and efficacy of pharmaceutical therapies, improving digestive health for people of all ages.

#### References

- 1. Klinger W. Pharmacology of the developing digestive system. Pharmaco Therap. 1983; 22(1):41-51.
- AG HB. Pharmacology of α-glucosidase inhibition. Euro J Clin Invest. 1994;24(S3):3-10.
- 3. Ben-Horin S, Chowers Y. Neuroimmunology of the gut: Physiology, pathology, and pharmacology. Curren Opini Pharmacol. 2008;8(4):490-5.
- 4. Awouters F, Niemegeers CJ, Janssen PA. Pharmacology of antidiarrheal drugs. Annu Rev Pharmacol Toxico. 1983;23(1):279-301.
- Macke L, Schulz C, Koletzko L, et al. Systematic review: The effects of proton pump inhibitors on the microbiome of the digestive tract—evidence from nextgeneration sequencing studies. Alimen Pharmacol Thera. 2020;51(5):505-26.
- Del Pozo-Acebo L, López de las Hazas MC, Margollés A, et al. Eating microRNAs: Pharmacological opportunities for cross-kingdom regulation and implications in host gene and gut microbiota modulation. Briti J Pharmacol. 2021;178(11):2218-45.

Citation: Muema E. The pharmacology of the growing digestive tract. Asian J Biomed Pharmaceut Sci. 2023;13(102):202

<sup>\*</sup>Correspondence to: Emmanuel Muema, Department of Pharmaceutical Science, Dali University, China, E-mail: Muema@nuel.12.cn

Received: 24-Oct-2023, Manuscript No. AABPS-23-119398; Editor assigned: 28-Oct-2023, PreQC No. AABPS-23-119398 (PQ); Reviewed: 10-Nov-2023, QC No. AABPS-23-119398; Revised: 15-Nov-2023, Manuscript No. AABPS-23-119398(R); Published: 22-Nov-2023, DOI:10.35841/aabps-13.102.202

- Scarpignato C, Gatta L, Zullo A, Et al. Effective and safe proton pump inhibitor therapy in acid-related diseases–a position paper addressing benefits and potential harms of acid suppression. BMC medicine. 2016;14:1-35.
- 8. Tian Y, Rong L, Nian W, et al. Gastrointestinal features in COVID-19 and the possibility of faecal transmission. Alime Pharmacol Thera. 2020;51(9):843-51.
- 9. Mayer EA, Tillisch K, Bradesi S. Modulation of the brain–gut axis as a therapeutic approach in gastrointestinal disease. Alime Pharmacol Thera. 2006;24(6):919-33.
- 10. Hawkins KG, Casolaro C, Brown JA, et al. The microbiome and the gut-liver-brain axis for central nervous system clinical pharmacology: Challenges in specifying and integrating in vitro and in silico models. Clinical Pharmacology & Therapeutics. 2020;108(5):929-48.

Citation: Muema E. The pharmacology of the growing digestive tract. Asian J Biomed Pharmaceut Sci. 2023;13(102):202