

# Stress Gastritis, Silent Symptom of the Forgotten War in the East of the Democratic Republic of Congo: State of Affairs and Control Strategies

Dujardin MAKEDA\*

Department of research, Medical Research Circle (MedReC), Goma, DR Congo

\***Corresponding Author:** Dujardin MAKEDA, Department of research, Medical Research Circle (MedReC), Goma, DR Congo, Tel.: +243852597981, E-mail: makedadujardin1@gmail.com

**Citation:** Dujardin MAKEDA (2025) Stress Gastritis, Silent Symptom of the Forgotten War in the East of the Democratic Republic of Congo: State of Affairs and Control Strategies, J Gastroenterol Compl 6(1): 101

**Received Date:** September 15, 2025 **Accepted Date:** September 30, 2025 **Published Date:** October 09, 2025

## Highlights

**Keywords:** Gastric; War; DRC; East; Symptom

- Prolonged war context in Eastern DRC favoring the emergence of stress gastritis, caused by chronic exposure to violence, forced displacement, and insecurity.
- Neglect of stress gastritis by under-equipped health systems, which prioritize physical injuries over frequently occurring psychosomatic suffering.
- Proposal of concrete and adapted strategies, including strengthening the healthcare system, community awareness, psychological support, and enhanced international cooperation.

## Short Communication

Stress gastritis is an acute or chronic inflammation of the stomach lining, not caused by infections like *H. pylori*, but triggered by prolonged exposure to extreme physical or psychological stress. In war zones, such as the East of the Democratic Republic of Congo (DRC), this condition becomes a significant public health issue that is often neglected [1].

The objective of this article is to examine the impact of stress gastritis in conflict zones in Eastern DRC and to propose appropriate strategies for managing this neglected condition.

For over 20 years, Eastern DRC, particularly the provinces of North and South Kivu, has been mired in continuous armed conflicts. The populations live under constant stress, caused by clashes between armed groups and interethnic violence. This unstable environment creates fertile ground for the emergence of conditions like stress gastritis. The latter manifests itself through abdominal pain, nausea, digestive issues, and is exacerbated by chronic anxiety resulting from war and violence [1, 2].

Stress gastritis is often overlooked or misdiagnosed in these war zones. Indeed, local health systems, under-equipped and overwhelmed, primarily focus on treating war injuries. As a result, this condition becomes a "silent symptom" of the forgotten war, significantly affecting the quality of life of patients [2].

The primary causes of stress gastritis in the DRC are psychological. Intense stress caused by war, forced displacement, and the loss of bearings increases the anxiety of the population. These conditions are especially difficult for internally displaced persons who live in extreme precariousness: overcrowding, lack of potable water, malnutrition, and lack of medical care worsen digestive issues [3].

Although stress gastritis is primarily a digestive disease, its repercussions go far beyond physical discomfort. The social and psychological consequences are considerable.

Chronic pain and fatigue hinder people's ability to work, meet their needs, and actively participate in the reconstruction of their communities [4]. This pathology adds to the other troubles caused by war, exacerbating a vicious circle of suffering [3, 4]. If left untreated, stress gastritis could become a "parallel war," affecting entire generations.

To reduce the incidence of stress gastritis and its consequences, several strategies must be implemented. First, it is crucial to strengthen local healthcare systems. In war zones, where access to care is limited, it is essential to train medical staff in managing stress-related diseases, such as gastritis, and to establish specialized centers for digestive and psychological pathologies to ensure comprehensive care [2, 5]. Second, stress management awareness programs should be launched. The local population needs to be trained to recognize the signs of stress and adopt effective coping strategies, while emphasizing the importance of a balanced diet, hydration, and hygiene to manage gastritis. Community support groups can also play a key role in the healing process by providing spaces for listening and sharing for those suffering in silence [5].

It is also essential to consider the psychosocial aspect of the disease by providing psychological support and psychotherapeutic care for victims of chronic stress. Finally, strengthened international cooperation is essential: humanitarian actors and NGOs must provide financial and logistical support to improve the region's healthcare infrastructure and create mental health programs [5]. These combined actions will help better manage stress gastritis and its impacts in conflict-affected regions.

Stress gastritis, although often overlooked, is an important condition in the war zones of Eastern DRC. It reflects the physical and psychological suffering of populations trapped in prolonged conflicts. It is crucial that Congolese authorities, in collaboration with the international community, take urgent measures to address this health crisis.

Recognizing stress gastritis as a major public health issue is a priority. Effective management must combine actions at the medical, psychological, and social levels to help the Congolese population recover from the devastating effects of war.

## Supplementary Information

Not applicable

## Acknowledgments

The authors would like to thank the direction of Medical Research Circle (MedReC) of Democratic Republic of the Congo for the realization of this present paper.

## Author Contributions

All authors are contributed equally

## Funding

The authors did not receive any financial support for this work. No funding has been received for the conduct of this study.

## Data Availability

Not applicable

## Declarations

## Ethics Approval and Consent to Participate

Not applicable

## Use of Artificial Intelligence Tools

No artificial intelligence was used in generating the manuscript.

## Conflict of Interest

All authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

## Provenance and Peer Review

Not commissioned, externally peer reviewed

## References

1. Minushkin ON, Zverkov IV, Lvova NV, Skibina YS, Inevatova VS (2020) Chronic gastritis: current state of the problem. *Ter Arkh*, 92:18-23.
2. Tesson JR, Greccourt L, Fumery M, Banse R, Kime A, Chatelain D (2020) An unusual case of gastritis. *Ann Pathol*, 40: 414–7.
3. Kakimoto S, Harada Y, Shimizu T (2023) Phlegmonous gastritis. *CMAJ*, 195: E1525-E1526.
4. Kakimoto S, Harada Y, Shimizu T (2021) Gastric, 195: E1525–E1526.
5. Pioche M, Jacques J, Saurin JC (2019) Gastric and duodenal ulcers. *Gastritis. Rev Prat*, 69: e147–e154.

Submit your next manuscript to Annex Publishers and benefit from:

- › Easy online submission process
- › Rapid peer review process
- › Online article availability soon after acceptance for Publication
- › Open access: articles available free online
- › More accessibility of the articles to the readers/researchers within the field
- › Better discount on subsequent article submission

Submit your manuscript at

<http://www.annexpublishers.com/paper-submission.php>