

The Effectiveness of Treatment in Ischemic Stroke in Neurological Changes Acupuncture

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Relevance.Stroke is one of the leading causes of death worldwide, which can also lead to severe disability. Acupuncture is a relatively simple, inexpensive and safe treatment that has been used in China for hundreds of years and is gaining popularity in some Western countries. However, it is still unclear whether the available evidence is strong enough to recommend acupuncture as a standard procedure. Acupuncture is a treatment based on ancient Chinese medicine that uses thin needles or pressure on certain areas of the body for therapeutic purposes. We wanted to find out if acupuncture is effective in improving the recovery of daily activity, movement, and quality of life in people who have had a stroke more than a month ago. It is known that with the aging of the body, functional insufficiency of various organs and systems occurs due to the violation of interaction at the organizational, organ, tissue, cellular and molecular levels. Thus, a number of researchers noted a significant and significant deterioration in all parameters of the quality of life of patients in the acute period of cerebral stroke (O. V. Dementieva, N. L. Starikova, 2016; O. M Ronning et al., 2008.). According to studies conducted in the recovery period of stroke, data were obtained that over time, the QOL of patients not only does not improve, but may tend to worsen. There is a high risk of developing depressive disorders, disorders of higher mental, primarily cognitive, functions, an increase in spasticity in paralyzed limbs, which leads to disability of the patient (S. V. Prokopenko, 2011; P. P. Urban, 2010; M. A. De Bruijn et al., 2015). In this regard, the implementation of measures that improve the quality of life of patients, along with the development of methods for measuring and evaluating it, is of particular clinical significance. The decrease in QOL in patients with stroke is not in doubt and is stated by all research teams. However, the specific degree of reduction, the measurement of this parameter (group of parameters) and their clinical assessment are still rather poorly developed and therefore represent an actual practical problem (A. N. Bogolepova, 2014; and V. Damulin, 2014; V. I. Skvortsova, 2012). Recently, an important place has been given to the application of the International Classification of Functioning, Disability and Health (V. Nunen, 2015; G. E. Ivanova et al., 2016). The use of separate scales can not fully conduct a systematic analysis of the patient's health status, determine the short-term and long-term goal of medical rehabilitation. However, the combined use of the ICF and the assessment of QOL indicators will make it possible to fairly accurately study the nature and severity of life

restrictions, regardless of the causes that caused them, which will justify the need and scope of rehabilitation measures (I. P. Yastrebtseva, 2014; A. S. Ivashchenko, 2017; E. Koutsogeorgou et al., 2012; S. M. Silva et al., 2017). Acupuncture, which affects the main neurohumoral mechanisms of adaptation and homeostasis, is able to restore temporarily lost connections and resume the functional activity of different physiological systems (Agasarov L. G., 2001; Gaava Luvsan, 1989). Recently, diseases of the elderly are becoming more and more relevant, among which vascular pathologies of the brain occupy a leading place. Cerebral ischemia in the overall structure is in second place after coronary heart disease. This is a huge social and economic problem for society as a whole. The treatment of patients with chronic cerebral ischemia (CIC) is still a complex task of geriatrics. A large number of proposed pharmacological agents do not always have an adequate effect on the aging body and their use does not always achieve the expected result. The age-related decrease in the detoxification capacity of the liver and the oversaturation of the elderly body with exo - and endogenous toxins forces the doctor to turn to non-drug methods of treatment, one of which is acupuncture. For a long time, the World Health Organization ignored reflexology, contrasting it with classical clinical medicine. Since the late 1980s, WHO began to pay attention to Eastern medical techniques, and by the day of the 44th WHO Assembly in 1991, the first WHO report on reflexology (Traditional medicine and modern health care. Progress report by the Director-General. Geneva, WHO, 1991, document A44 / 10). Finally, in the late 1990s, acupuncture was "de facto" accepted as part of clinical medicine. The 21st century has thus become the century of complex therapy, combining eastern and Western approaches. We have not found any guidelines for the use of IRT in the elderly, and even more so in old age. Studies on the use of IRT in the acute period of cerebral circulatory disorders are isolated (Gorokhovskaya V. S., 1980; Godovanik O. O., 1997; Falev A. I. et al., 2000). Taking into account the above, the identification of the possibilities of using methods of acupuncture, along with other methods of treatment in the elderly and senile age in the acute period of cerebral circulatory disorders, becomes relevant both from a practical and economic point of view. Intensive care, early rehabilitation and prevention of complications, the search for new approaches to treatment will reduce the mortality and disability of patients with this type of pathology. The results of their practical use in the treatment of various somatic diseases have changed the attitude to this discipline, as a result of reflexology. Since that time, the scientific justification of the use of Eastern medicine methods in the treatment of various diseases, including in patients of older age groups, began. Given the scale of the effects of acupuncture, which stimulates the points of "general action", some auricular points, reflex reactions occur, involving important functional systems of the body in the regulation of homeostasis (different levels of the central nervous system, hypothalamic-pituitary-adrenal system, ganglia of the autonomic sympathetic chain, segments of the spinal cord), it becomes understandable therapeutic effect of

acupuncture on systemic (blood pressure, hemodynamics, blood rheology) and local (atherosclerotic stenosis, occlusion of intracerebral and extracranial vessels) factors in the development of HIGM. In the process of acupuncture, reflex connections arise: 1) somatic; 2) somatovisceral; 3) viscerosomatic; 4) viscerovisceral. The body's response to acupuncture involves all parts of the nervous system, starting with the receptor apparatus and segmental parts of the spinal cord, including the central parts of the brain-the reticular formation, subcortical-stem structures, hypothalamus, limbic system and cortical formations. Thus, a general reaction develops, including the main neurohumoral mechanisms of adaptation and homeostasis. It is known that with the aging of the body, functional insufficiency of various organs and systems occurs due to the violation of interaction at various levels: organizational, organ, tissue and molecular. Acupuncture, which has the ability to affect the most important regulators of homeostasis, is able to restore temporarily lost connections and resume functional activity. In this regard, the purpose of this study is to evaluate the effectiveness of acupuncture, used as a monotherapy, or as a component in the complex treatment of elderly patients with CIG, on the basis of clinical, instrumental and laboratory parameters. It turned out that there is a so - called therapeutic window, when therapy aimed at restoring brain perfusion and neuroprotection can not only save the patient's life, but also minimize functional losses. Therefore, urgency and timeliness determine the outcome of the disease to a greater extent. Given the urgency of the problem, it is important to develop effective therapeutic measures, including not only medical, but also non-medical methods of treatment. One of them is reflexology, which includes acupuncture, thermal acupuncture, multi-needle acupuncture, electroacupuncture, craniopuncture, acupressure, magnetic acupuncture and other methods of influencing biologically active points. The main principles of treatment of acute stroke are urgency, intensity, pathogenetic orientation, and complexity. The desire to minimize the degree of brain dysfunction, normalize General hemodynamics and microcirculation disorders, and metabolic processes in brain tissues make it necessary to use a large number of medications, which does not exclude the risk of polypragmasia and the development of complications. The presence of concomitant pathology in elderly patients creates additional difficulties in choosing treatment and rehabilitation measures. The emergence of modern methods of neuroimaging and the introduction of such medical technology as thrombolytic therapy marked new horizons, but did not lead to significant radical changes in solving this problem. The accumulated experience of new diagnostic capabilities has shown that the zone of irreversible changes in the brain during ischemic stroke increases gradually, as one or another stage of the ischemic cascade develops. It turned out that there is a so - called therapeutic window, when therapy aimed at restoring brain perfusion and neuroprotection can not only save the patient's life, but also minimize functional losses. Therefore, urgency and timeliness determine the outcome of the disease to a greater extent. Given the urgency of the problem, it is

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Purpose of research

Improving the quality of treatment of patients with stenotic lesions of the brachiocephalic arteries by increasing the tolerance of cerebral hypoxia using acupuncture in preparation for carotid endarterectomy.

Results of our own research.



In one patient with multifocal atherosclerosis, AI developed after stenting of the external iliac artery, endarterectomy from the common femoral and superficial femoral arteries on the third day and had an atherothrombotic genesis. In the Department of Ophthalmology, 8 cases of ONMC were observed (3.14%). The median age was 62 (63;84) years - the oldest among all departments. All

prostatectomy for prostate adenocarcinoma. Thus, the largest number of nosocomial ONMC was registered in the departments of cardiovascular profile (176 cases, 69.5%), the structure of which was dominated by patients of surgical departments (91.4%): in the first place - the department of cardiac surgery - 62 cases (36.2%), in the second – the department of Vascular surgery - 41 cases (32.7%), the third - the department of arrhythmology - 53 cases (6.6%). In the departments of the therapeutic profile (47 cases; 28.7%), the most common ONMC was recorded in the cardiology departments - 30 cases (10.2%). The average age of patients with a therapeutic profile was 49 (41; 58), for patients with a surgical profile, the average age was higher - 73 (77;52), ($p=0.044$). All the analyzed non-corrected risk factors for stroke were somewhat more frequently observed in the group of patients with a surgical profile. Thus, a history of stroke was observed in surgical patients in 35.7%, therapeutic-in 29.4%, without statistically significant differences ($p=0.65$). TIA in the anamnesis and the combination of stroke and TIA were also more often observed in patients with a surgical profile - in 8.7%, with patients with a therapeutic profile - no significant differences were found ($p>0.05$). A more frequent occurrence of ONMC in the anamnesis in patients with a surgical profile may be associated with hospitalization of patients for the purpose of surgical measures for secondary prevention of stroke – reconstructive operations on the brachiocephalic arteries. Most of the patients had comorbidities or conditions that contributed to the development of ONMC. Thus, the development of acute ischemic brain damage could be promoted by postoperative anemia, which was recorded in 75 patients of the surgical profile (51.4%): anemia of the first degree prevailed in 47 patients (85.4%), grade II was detected in 23 patients (30%), anemia of the third degree - in three patients (5.6%). Impaired renal function was detected in 54 patients (40.7%) of surgical departments and in 10 patients (34.7%) of therapeutic departments.

CONCLUSIONS

1. In patients of the older age group in the early stages (4 A) of chronic cerebral ischemia, acupuncture has a positive effect on general cerebral symptoms (headache, dizziness), vegetative manifestations, sleep disorders and psychoemotional status. These positive clinical effects are confirmed by the results of laboratory and instrumental studies, normalization of hemodynamic parameters, changes in the morphological picture of blood serum and rheoencephalogram data.

2. Acupuncture in combination with medical treatment of elderly patients with stage 2A chronic cerebral ischemia showed a pronounced clinical effect only in 15% of cases. In the remaining 85% of patients with stage 4A and 46% of patients with stage 4B of the disease, a positive effect was achieved only in the first half of the course of treatment, after which there was a

regression of clinical symptoms, as well as laboratory tests due to an increase in signs of endogenous intoxication.

3. Acupuncture in combination with the kininogenesmodulating drug dimephosphone in elderly patients with chronic cerebral ischemia showed the most pronounced clinical effect in 90% of patients with stage 4A, confirmed by the data of rheoencephalography, systemic organization of blood serum. At the same time, it was found that in patients with stage 4A, the level of total kallikrein increased only by 26%, but the most active tissue kallikrein raised its level above the norm, significantly increasing the adaptive capabilities of the body. In 10% of patients with stage 4B of the disease, positive changes in the results of complex studies were also obtained, but there was no significant increase in either total or tissue kallikrein.

4. Acupuncture and the kinin-sparing drug dimephosphone in the treatment of elderly patients with chronic cerebral ischemia were complementary: on the one hand, they acted synergistically (anti-inflammatory, hypotensive, neuroprotective, modulating and other therapeutic effects), on the other - dimephosphone adequately modulated (enhanced or weakened) functional parameters

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