

## REFLEXOLOGY IN THE TREATMENT OF NEUROLOGICAL CHANGES IN ISCHEMIC STROKE

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**Resume:** Treatment and rehabilitation of patients who have suffered a brain stroke, a wide arsenal of medications does not provide a sufficiently pronounced clinical effect, requires large material costs, which is especially characteristic of new-generation drugs, has significant restrictions on use associated with the occurrence of adverse side effects, toxic and allergic reactions, the development of tolerance to the drug, drug dependence, etc.

**Keywords:** Evaluation, effectiveness, treatment, neurological, changes in ischemic stroke.

**Relevance:** More than forty years of experience in the use of reflexology in our country and in the CIS countries has convincingly shown its capabilities in the treatment and rehabilitation of neurological patients. During this period, many regularities and mechanisms of action of acupuncture therapy (IRT) were revealed (VogralikVG, Vogralshs MV, 1988; Ignatov Yu. D. et al., 1990; Bogdanov N. N., 2000; Kachan A. T., 2002). We have not found any guidelines for the use of IRT in the elderly, and even more so in old age. Works on the use of IRT in the acute period of cerebral circulation disorders are isolated (Gorokhovskaya V. S., 1980; Godovanik O. O., 1997; Falev A. I. et al., 2000). Given the above, the identification of the possibilities of using acupuncture methods, along with other methods of treatment in the elderly and senile 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, search for new approaches to treatment will reduce the mortality and disability of patients with this type of pathology. Carotid endarterectomy is the most significant measure for the prevention of ischemic stroke caused by occlusive damage to the carotid arteries (A. B. Pokrovsky, 2001). However, the risk of perioperative cerebrovascular complications, ranging from 1.6% to 24%, imposes increased requirements for determining indications for surgical treatment. Complications include ischemic disorders (71%): cerebral embolism, circulatory ischemia with compression of the common carotid artery; and hemorrhagic hyperperfusion damage and the phenomenon of brain edema on the background of cerebral venous discirculation (29%). Up to 60% of complications occur during the intraoperative period (M. Spenser, 1999). The degree of preservation of the compensatory capabilities of the cerebral blood flow has a great influence on the outcome and even on the very possibility of performing surgical treatment (De Bekay, 1996). Stroke is an acute violation of the cerebral circulation, characterized by the sudden appearance of focal and General brain neurological symptoms. Causes that lead to strokes in young people: arterial dissection and coagulopathy, rarely atherosclerosis and hypertension, cardioembolism due to prosthetic heart valves, as well as: unfavorable heredity, aggravated by frequent stress, unbalanced diet, alcohol abuse and Smoking. Migraines and taking oral contraceptives and Smoking significantly increase the risk of strokes in young women. The number of disorders of cerebral circulation during pregnancy, childbirth, and the postpartum period increases due to changes in the hormonal background, hemodynamics, and blood clotting. You can suspect the presence of a stroke in a young person if there are the following signs: dizziness; weakness or numbness in the limbs on one side; numbness in half of the face; speech disorders; a feeling of "porridge 165 in the mouth"; a distorted face; a sharp deterioration in visual acuity; loss of habitual skills (writing, reading). If there is one of the first signs of a stroke, the patient should be put to bed, put a pillow under his head and call an ambulance.

Stroke is the third and, according to some data, the second most frequent cause of death in the population and occupies a leading position as a cause of persistent disability worldwide. Treatment of stroke is one of the main problems of modern neurology. The results of experimental studies have shown that the acute and early recovery periods of ischemic stroke are crucial for the formation of a residual neurological defect, the degree of adaptation and functional compensation of patients. Taking this into account, in recent years the attention of researchers and practitioners has been focused on developing a set of medical measures to restore impaired body functions in the acute period of ischemic brain stroke, which is the most promising for prognosis.

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 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, acupressure, magnetic acupuncture and other methods of influencing biologically active points.

**Conclusions:** Reflexology is an effective method of additional treatment of elderly patients in the acute period of cerebral infarction, which allows to achieve significant results in reducing the neurological defect. Comparison of the dynamics of motor disorders obtained during joint medical and IRT treatment of the main and comparison groups, significantly significant results were obtained - ( $0.01 < P < 0.05$ ), which makes it advisable to use the acupuncture method in elderly people in the acute period of cerebral infarction to improve recovery of strength in paretic limbs. When evaluating data in patients with speech disorders by type of Senso-motor aphasia, the main and comparison groups reliable data is obtained in terms of intensity, blur speech ( $0.01 < P < 0.05$ ). For the rest of the parameters, there is only a tendency to improve.

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