

The effectiveness of the complex homeopathic preparation "Aurum-plus" at
treatment of patients with ischemic stroke in the acute period
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Summary

Examination of 114 patients with ischemic stroke in the acute period showed an acceleration and increase in the effectiveness of treatment when the complex homeopathic drug "Aurum-plus" is included in the treatment program.

Vascular diseases of the brain are one of the leading causes of death and high disability in the Russian Federation. The share of acute cerebrovascular accidents (CMC) in the structure of total mortality in our country is 21.4%, and disability after a stroke reaches 3.2 per 10 thousand of the population, ranking first among all causes of primary disability. In our country, there are more than 1 million stroke survivors, and more than 80% of them had disabilities of varying severity [3]. However, the treatment of such patients, especially in the acute period of the disease, in particular the choice of adequate pharmacological drugs, is a difficult task. First of all, the severity of the patient's condition is important, which is determined by various disorders of functions as a result of cerebral damage,

Homeopathic preparations, in particular, the complex homeopathic preparation "Aurum-plus" (State Registration No. R№003642 / 1), open a unique opportunity for a safe and pathogenetically substantiated increase in the effectiveness of treatment of cerebrovascular pathology. Possessing anti-sclerotic, improving microcirculation, reducing venous stasis, metabolic, antihemorrhagic, hypolipidemic, immunomodulating, vasodilating properties, the drug "Aurum-plus" can become a promising agent in the treatment of vascular diseases of the brain. This served as the rationale for the study of the therapeutic properties of the complex homeopathic preparation "Aurum-plus" in the treatment of patients with ischemic stroke in the acute period.

Materials and methods

The studies were carried out on the basis of the neurovascular department of the city clinical hospital No. 9 in Voronezh. Were examined and treated 114 patients admitted to the department with a diagnosis of "cerebral infarction in the carotid basin." Informed consent was obtained from all patients. The criteria for the inclusion of patients in the study were: the presence of a confirmed ischemic stroke, the absence of hemorrhagic syndrome of any localization and etiology, injuries and operations in the last 3 months before the stroke. The exclusion criteria from the study were: pregnancy, severe liver and kidney pathology, mental illness, therapy-resistant hypertension with blood pressure above 180/110 mm. rt. Art. The diagnosis of ischemic stroke was established based on

history, complaints, neurological examination and was confirmed by computed tomography (CT) and ultrasound.

The patients were divided into 2 groups: the first, which consisted of 50 people, received only a standard set of allopathic drugs used to treat ischemic stroke. The second group of patients, which consisted of 64 people, along with traditional allopathic therapy from the first day of admission, received a complex homeopathic preparation "Aurum-plus" according to a special scheme.

In all patients, the neurological status was assessed in terms of the Orgogozo scale - 10 indicators and the Original scale [4] - 13 indicators at admission, 7 days later and after the end of treatment. To determine the emotional state of patients at the beginning, middle and at the end of treatment, the SAN test was performed. Evaluation of the emotional state of patients was carried out by the subjects themselves and consisted of three main components: well-being, activity and mood. CT of the brain was performed on a Tomoxan-cxg tomograph (Philips). The main indicators of cerebral hemodynamics were determined by the method of ultrasound Doppler with a diagnostic computer system "Doplex 2500" from "Astel Ltd" (Russia, Rybinsk). The measurements were carried out in a continuous mode at frequencies of 4 and 8 MHz, in a pulsed mode at a frequency of 2 MHz.

Basic therapy includes three main directions: correction of vital functions disorders, measures aimed at normalizing homeostasis, and metabolic protection of the brain. For these purposes, we used: antihypertensive drugs, antiarrhythmics, diuretics, as well as diazepam, cerebrolysin, piracetam, actovegin, cavinton, trental, heparin, phenylin. The above basic standardized treatment was carried out in 50 patients who were assigned to the control group. In 64 patients, which made up the main group, against the background of the basic treatment, the complex homeopathic preparation "Aurum-plus" was used (the 3rd and 6th centesimal dilutions were used). The drug was prescribed according to the scheme: 5 globules for the first 2-3 days, then, if the drug was well tolerated, 7 globules 3 times a day for 2 weeks. The processing of the material and presentation of the results were carried out on a PC based on an Intel Pentium III microprocessor using the SPSS statistical analysis package and an Excel 7 spreadsheet in the Windows operating environment [1]. To prove the reliability of changes in one or another parameter, a nonparametric test was used: Wilcoxon's T test [2, 6].

Results and discussion

Acute onset, cerebral and focal symptoms, as well as data from additional research methods made it possible to establish the localization of ischemic stroke, which was then confirmed by imaging research methods. All patients, depending on the data of CT examination (Fig. 1), were divided into 4 groups. In 7 people (14.9%) receiving a traditional set of allopathic drugs, and 12 people (31.5%) receiving an additional homeopathic preparation, no focal changes were found on tomograms. This group of patients was considered as patients with pseudo-stroke (with a very small focus of cerebral ischemia) and was designated by the term - CT negative ischemic stroke (CT NI). In 4 patients (8.5%) of the control group and 4 patients (10.5%) of the main groups, focal changes were found on tomograms ranging in size from 5 to 15 mm in diameter; they were classified as minor stroke (MI). In 11 patients (23.4%) of the "allopathic" and 12 patients (31.5%) of the "homeopathic" group, focal changes in the largest diameter ranged from 16 to 30 mm; they are referred to as mean stroke (SI). In 24 people (51.1%) of the first group and 10 people (26.5%) of the second group, the largest size of focal changes was 31 mm or more; they were classified as major stroke (BI). The density of the focus in the control group ranges from 12 to 25 units, in the main group from 14 to 5% of the second group, the largest size of focal changes was 31 mm and more; they were classified as major stroke (BI). The density of the focus in the control group ranges from 12 to 25 units, in the main group from 14 to 5% of the second group, the largest size of focal changes was 31 mm and more; they were classified as major stroke (BI). The density of the focus in the control group ranges from 12 to 25 units, in the main group from 14 to

23 units Hydrocephalus (internal, external or mixed) was observed in the control group in 38 patients (76%), in the "homeopathic" group - in 34 patients (53.1%). Cerebral edema was associated with stroke in 2 patients (3.1%) of the study group.



Rice. 1. Frequency of occurrence of various types of ischemic stroke in the control and main groups

According to the data obtained, a small focus of ischemia (less than 0.5 cm in size), designated as CT - negative stroke, occurred in patients who received an additional homeopathic drug 1.7 times more often than in patients who took a standard set of allopathic drugs. At the same time, a significant decrease in the number of large strokes (2.4 times) in patients receiving "Aurum-plus" is noteworthy.

Insofar as exists straight addiction severity neurological symptomatology from the size of the ischemic focus, we can state an easier course, better and faster recovery of impaired functions and, accordingly, a higher level of health and quality of life in patients who received a complex homeopathic preparation along with a traditional set of medicines. According to Doppler ultrasound, the dependence of the degree of lesion of extracranial vessels on the size of the ischemic focus is observed: the larger the size of the cerebral infarction, the more pronounced the degree of the stenosing process in the extracranial vessels of the head.

A comparative characteristic of the clinical efficacy of treatment of patients with ischemic stroke was carried out on the basis of determining the total total score of the severity of neurological deficit according to the Orgogozo and Original scales. The dynamics of changes in indicators of neurological deficit is shown in Table 1.

Table 1

Changes in indicators of neurological status according to the Orgogozo and Original scales with standard treatment and with the use of the homeopathic drug "Aurum-plus" (in points)

Сроки Шкалы	Контрольная группа		Основная группа	
	Оргогозо		Оригинальная	
До лечения	49,6 ± 2,55	31,02 ± 0,75	59,6 ± 1,79	34,2 ± 0,41
7 суток	51,06 ± 2,89	31,5 ± 0,86	69,1 ± 2,04*	36,8 ± 0,59**
14 суток	52,8 ± 3,23	32,0 ± 0,97	78,4 ± 2,29*	39,9 ± 0,77*

* – $p < 0,001$; ** – $p < 0,05$

As follows from Table 1, the indices of recovery of neurological status with standard treatment are lower than with treatment with a homeopathic preparation. Analysis of the indicators revealed that the severity of neurological deficit changed very slightly in patients who received only standard allopathic treatment. In patients who additionally received the homeopathic drug "Aurum-plus", indicators of restoration of impaired functions were more dynamic and improved according to the Orgogozo scale by 31.5% ($p < 0.001$); according to the Original scale - by 13.7% ($p < 0.001$).

Indicators (according to the SAN questionnaire) of the psychoemotional state at the end of treatment slightly exceed the initial data. So, for example, in the control group, the "Well-being" indicator, the patients determine the improvement by 27.4%, the "Activity" indicator - by 19.5%; indicator "Mood" - by 25%. Patients who received an additional homeopathic preparation assess their condition more optimistically: their well-being improved by 74.5% ($p < 0.001$), activity - by 71.4% ($p < 0.001$), mood - by 84.9% ($p < 0.001$).

The revealed changes indicate an improvement in the psychoemotional state, which contributes to the transition to a higher level of reactivity and indicates a certain optimization of adaptation processes in the body, an increase in protective forces. This ultimately alleviates the severity of the disease, contributes to a decrease in the frequency of exacerbations and a softer, more calm nature of the course of a chronic pathological process.

To clarify the nature of the effect of the homeopathic remedy on individual indicators of the restoration of neurological deficit, a study was carried out that allows tracing the dynamics of changes in motor disorders, as the most important and capacious signs of improvement in patients' condition.

During treatment in the hospital, in 10% of patients in the control group and in 20.3% of patients in the main group, mild paresis of the extremities fully recovered; muscle tone returned to normal; foot pathological signs disappeared; complete restoration of the state of the cranial nerves was noted.

In 8% of patients in the control group and in 23.4% of patients receiving a homeopathic preparation, moderate paresis recovered to the lungs. These patients showed good recovery of the state of the cranial nerves. Almost complete recovery of moderate hemiparesis (up to mild pyramidal insufficiency) was observed in 2% of patients in the control group and in 17.1% of patients in the main group. Only in one case was the persistence of pronounced distal arm monoparesis observed in a patient taking a homeopathic preparation.

These patients also showed positive dynamics of the state of the cranial nerves and good recovery when performing coordination tests. In 4% of patients in the control group and 4.7% of patients in the "homeopathic" group, gross hemiparesis observed upon admission to the hospital became easily pronounced upon discharge; there was a good recovery of the cranial nerves (there was a slight deviation of the tongue or slight asymmetry of the nasolabial folds); sensitivity was almost completely restored. Severe hemiparesis recovered to moderate after inpatient treatment in 8% of patients in the control group and in 7.8% of patients in the main group. In addition, in 4.7% of patients in the group receiving a homeopathic preparation, there was a recovery of pronounced hemiparesis to mild pyramidal insufficiency.

40% of patients in the control group and 4.7% of patients receiving "Aurum-plus" were discharged from the hospital without positive dynamics in the neurological status. Worsening of the condition in the form of an increase in hemiparesis was observed in 12% of patients in the control group and

1.6% of patients in the "homeopathic" group; lethal outcome - in 4% of the first and 1.6% of the second group, respectively. Consequently, in the patients of the main group, there is a positive tendency to restore the impaired functions of the nervous system.

Thus, the inclusion of the homeopathic remedy "Aurum-plus" in the treatment program for patients with ischemic stroke optimizes the treatment process, reduces the manifestations of unwanted drug action, improves the quality of life, and reduces mortality.

conclusions

1. Standard allopathic treatment of ischemic stroke does not allow complete restoration of all parameters of the impaired functions of the central nervous system, both in the acute period of the disease, and taking into account the long-term consequences of cerebral infarction.

2. The use of a homeopathic drug against the background of a traditional allopathic treatment of ischemic stroke reveals the determining influence of "Aurum-plus" on the level of psychoemotional adaptation of patients and on the stimulation of restoration of disturbed body functions.

3. The complex homeopathic preparation "Aurum-plus" has a positive effect on the course acute period of ischemic stroke against the background of the use of traditional treatment and helps to reduce the focus of ischemia, better and faster elimination of neurological deficit and, accordingly, better results of treatment of cerebral infarction.

Literature

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